

Infarct Registry

01.01.11-31.12.11

**EVALUATION OF STEMI CARE OF PATIENTS IN OUR
INSTITUTE, BASED ON THE NATIONAL INFARCT
REGISTRY PROGRAM**

Infarct Registry

STEMI (ACS) SYSTEM INDICATOR

“

Primary Percutaneous Coronary Intervention (**PPCI**) is the most complex, multi-disciplinary, and time-sensitive therapeutic intervention in the world of medicine.

- Our process is measured in **Minutes**
 - Our outcomes are measured in terms of **Mortality**
- Teamwork** and smooth **Transitions** are essential”

- Ivan C. Rokos, MD, FACEP, FAHA, (FACC)
- Emergency Physician
- Asst. Clinical Professor, UCLA
- Staff Physician, Olive View-UCLA
- Staff Physician, Northridge Hospital
- Los Angeles, CA



Infarct Registry GOKI

01-01.11. - 31.12.11

ACS



507



UA/NSTEMI[†]

200 (42%)



STEMI

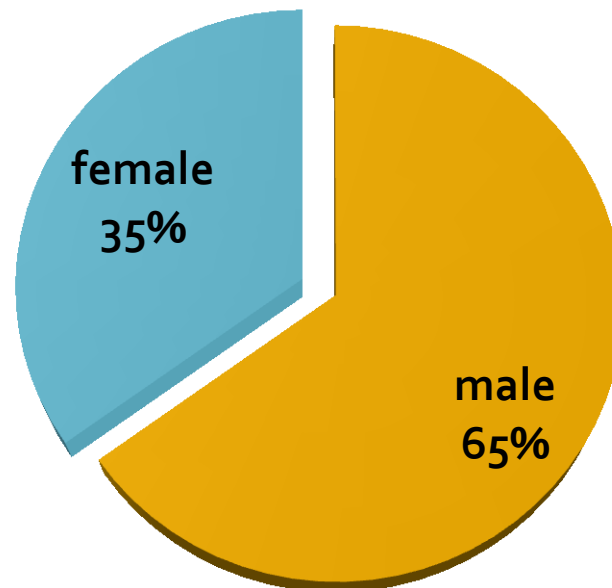
307 (48%)

AGE, GENDER

Infarct Registry GOKI 10.01.01-11.12-31

n= 307

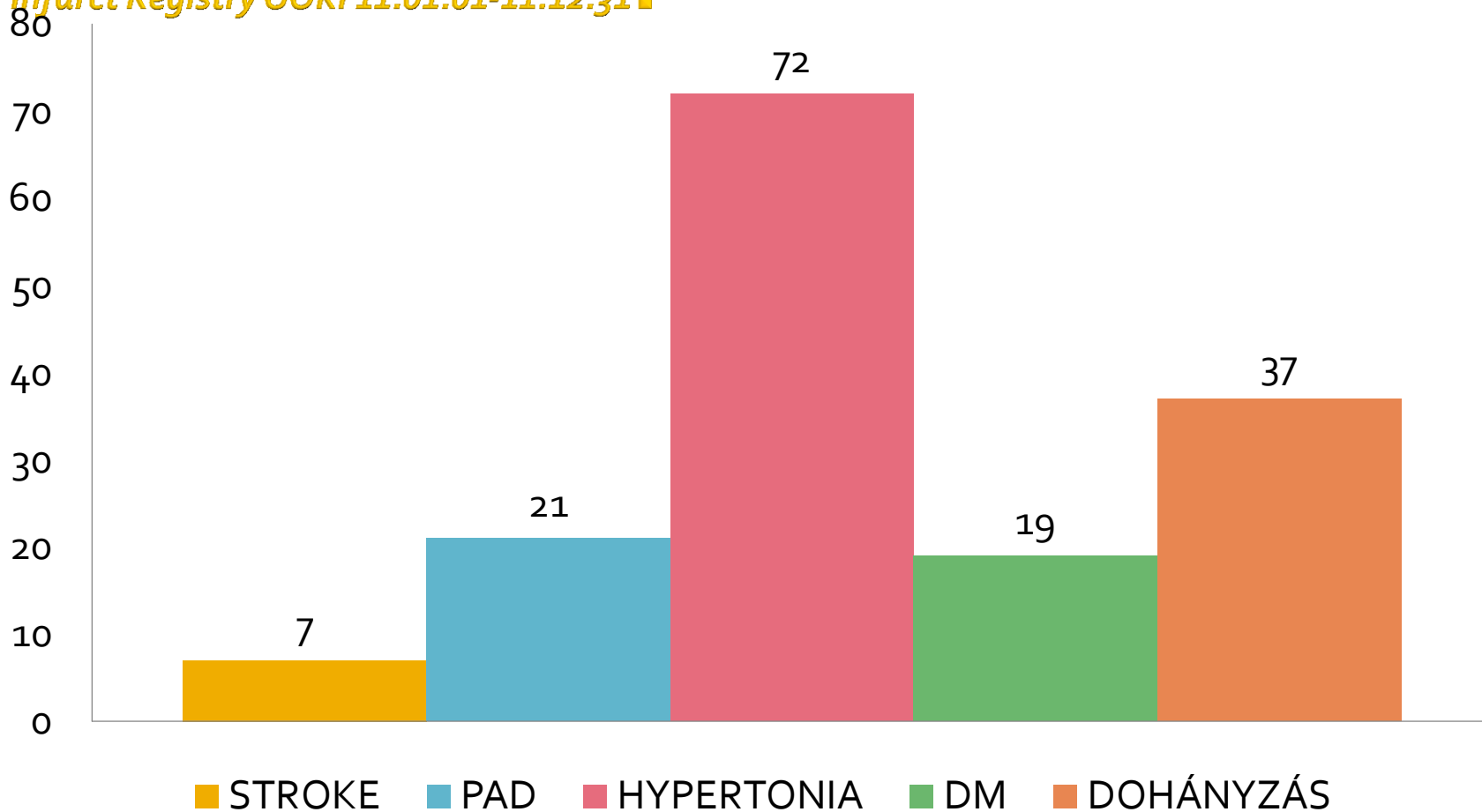
Mean age: 62 years



CASE HISTORY (RISK FACTORS)

n= 307 (%)

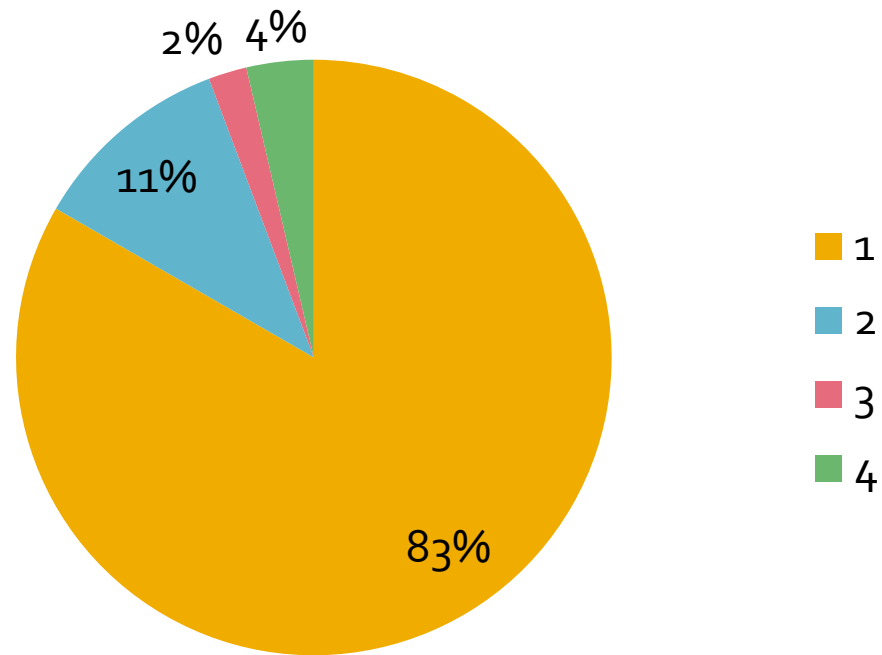
Infarct Registry GOKI 11.01.01-11.12.31 ■



KILLIP CLASS ON ARRIVAL

Infarct Registry GOKI 10.01.01-12.31.

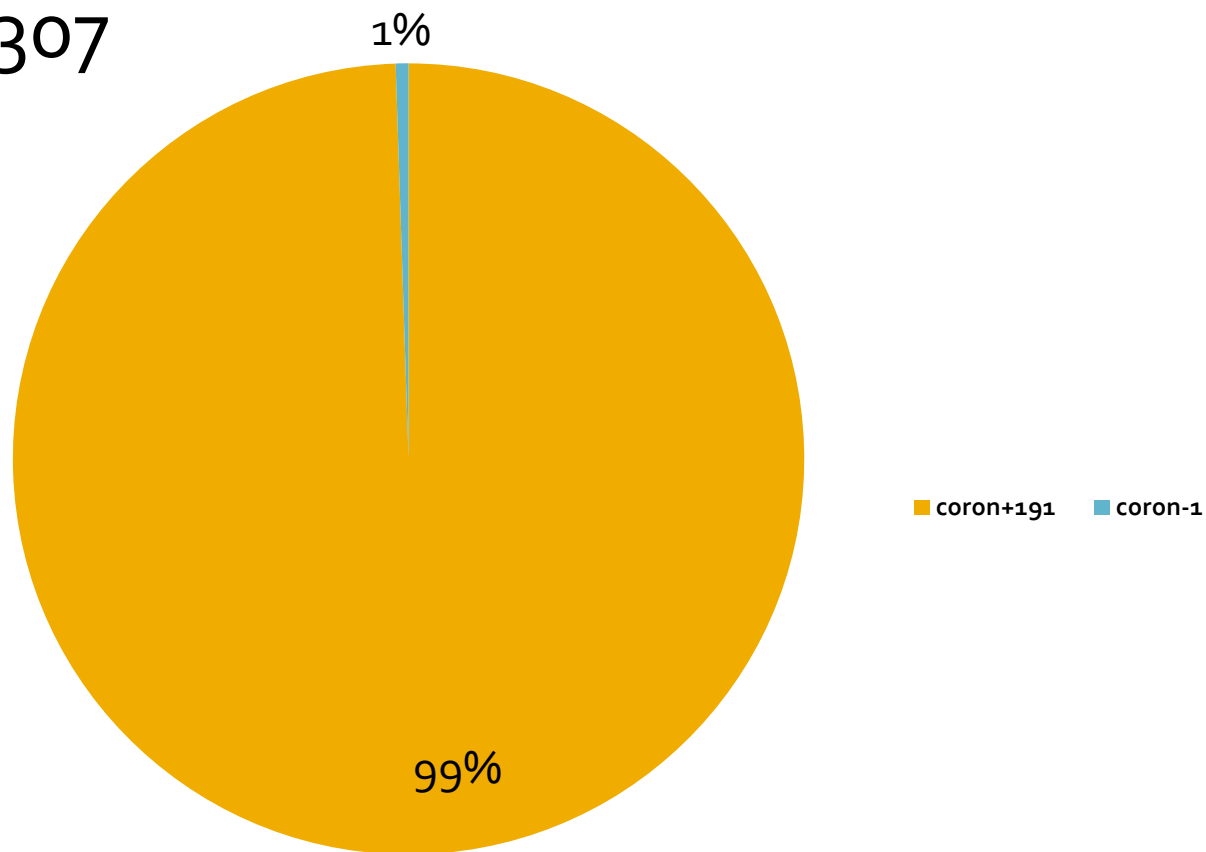
n = 307



CORONAROGRAPHY

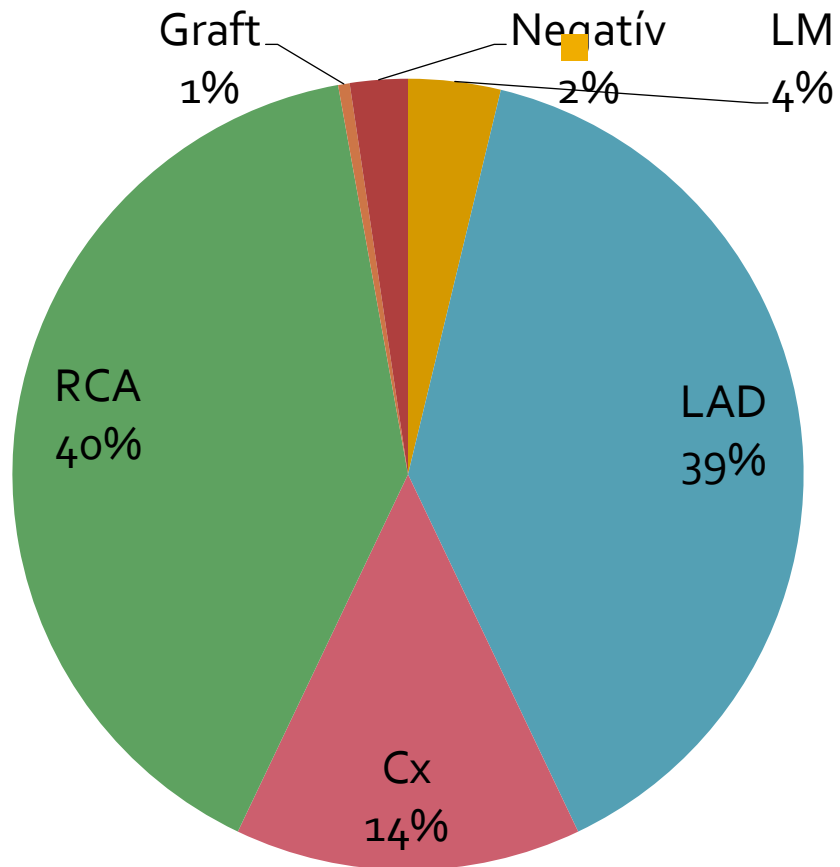
Infarct Registry GOKI 11.01.01-11.12.31.

n= 307



INFARCT RELATED ARTERY

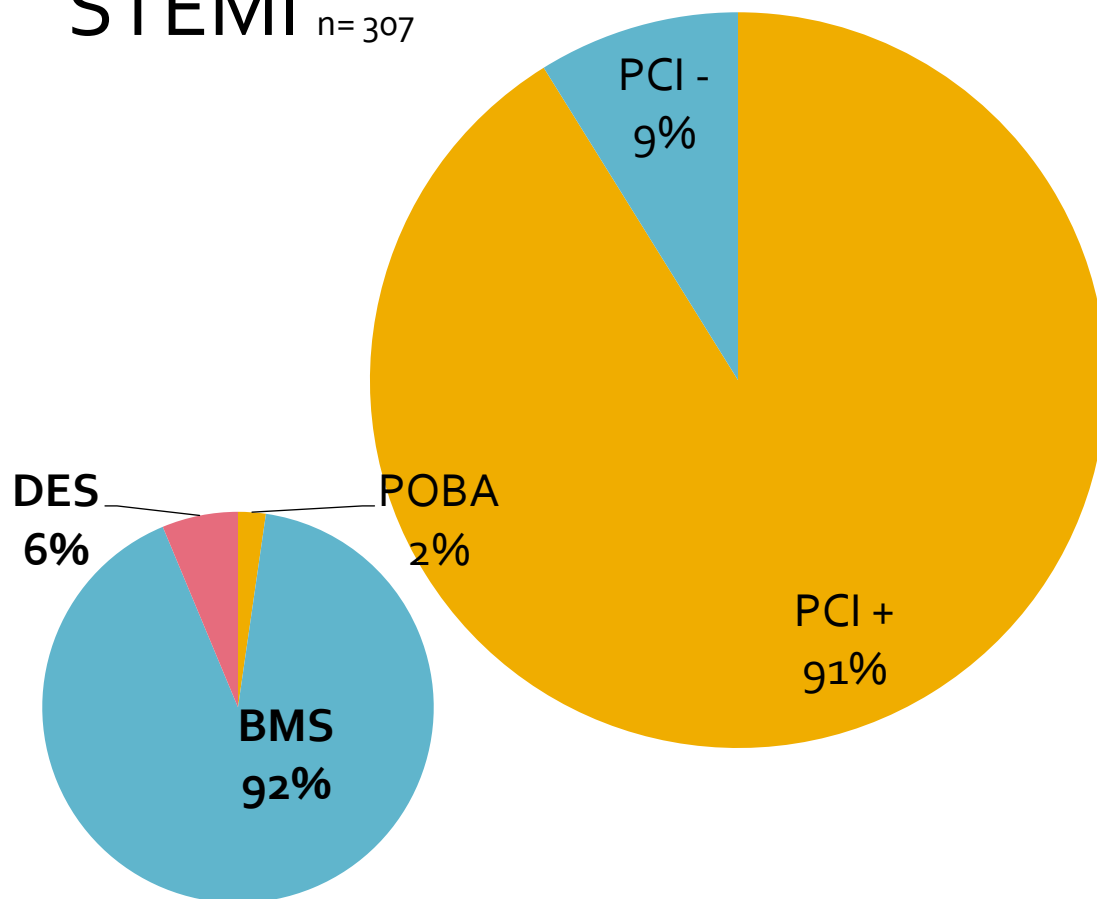
n= 307



REVASCULARIZATION METHOD

Infarct Registry GOKI 11.01.01-11.12.31

STEMI $n=307$

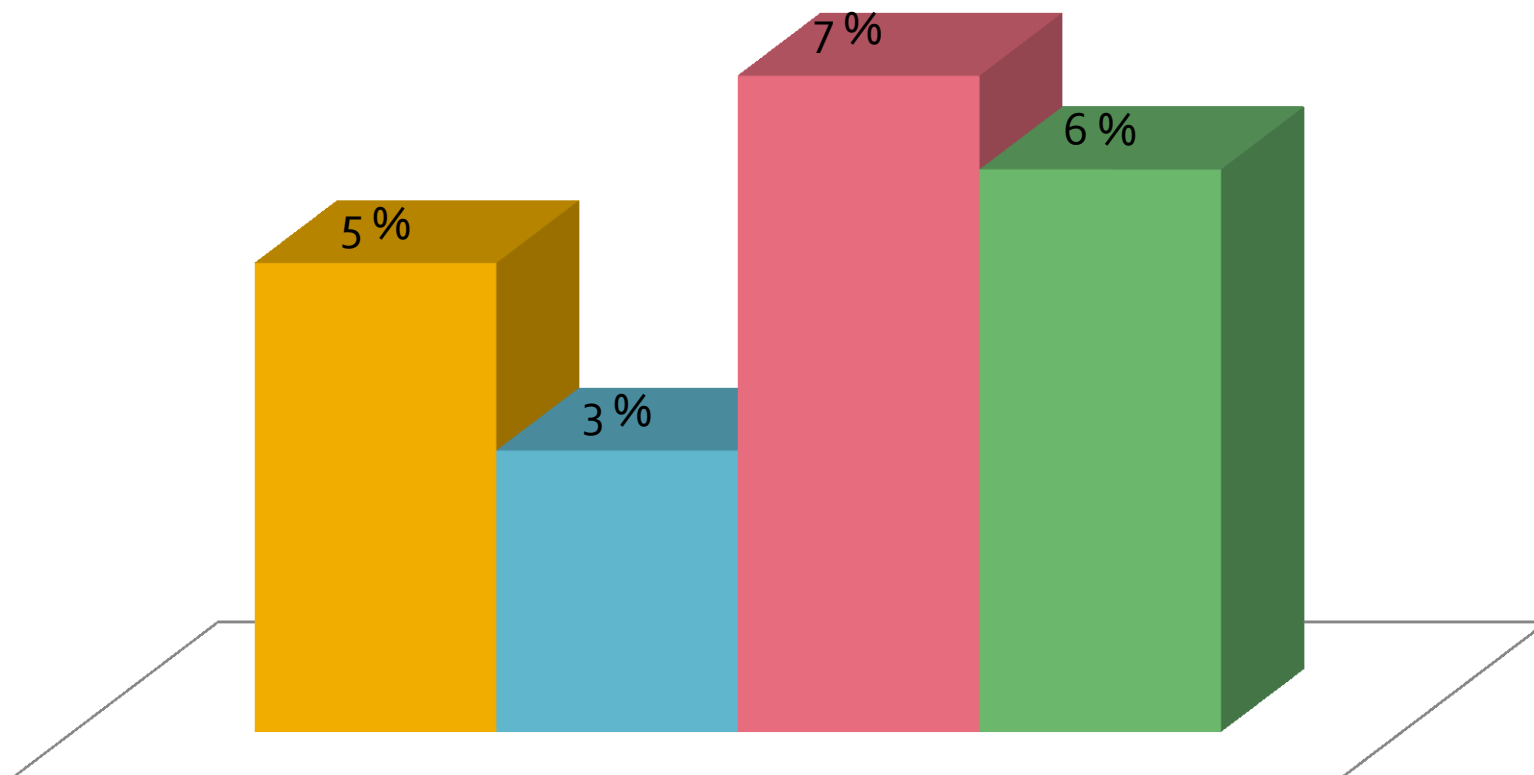


Therapeutic escalation rate

Infarct Registry GOKI 11.01.01-11.12-31.

STEMI n= 307(%)

■ SOKK ■ CPR ■ RESPI. ■ IABP

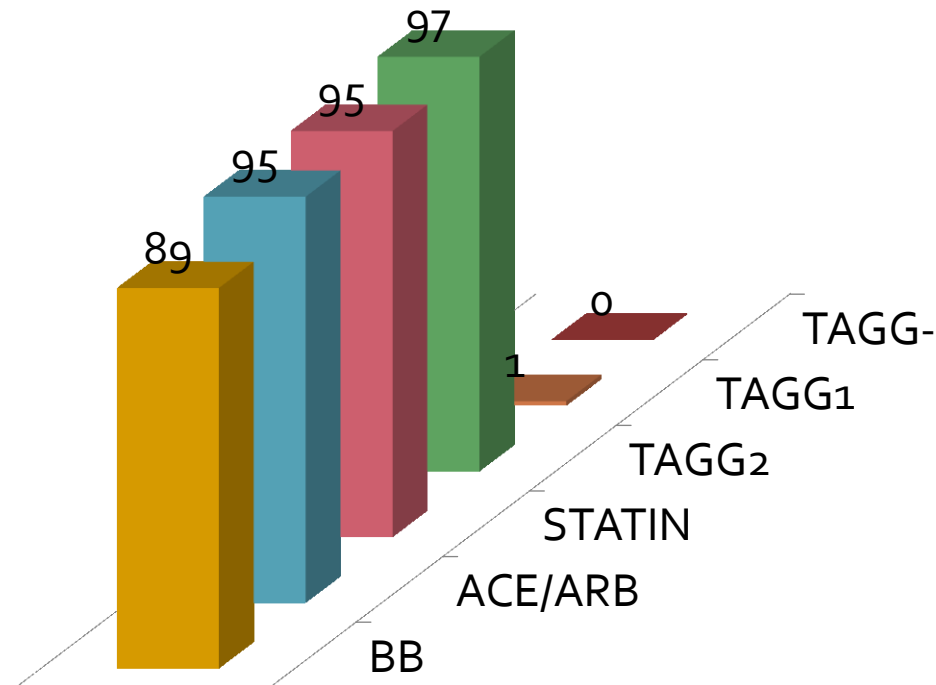


MEDICAL TREATMENT

Infarct Registry GOKI 11.01.01-11.12.31.

n= 307(%)

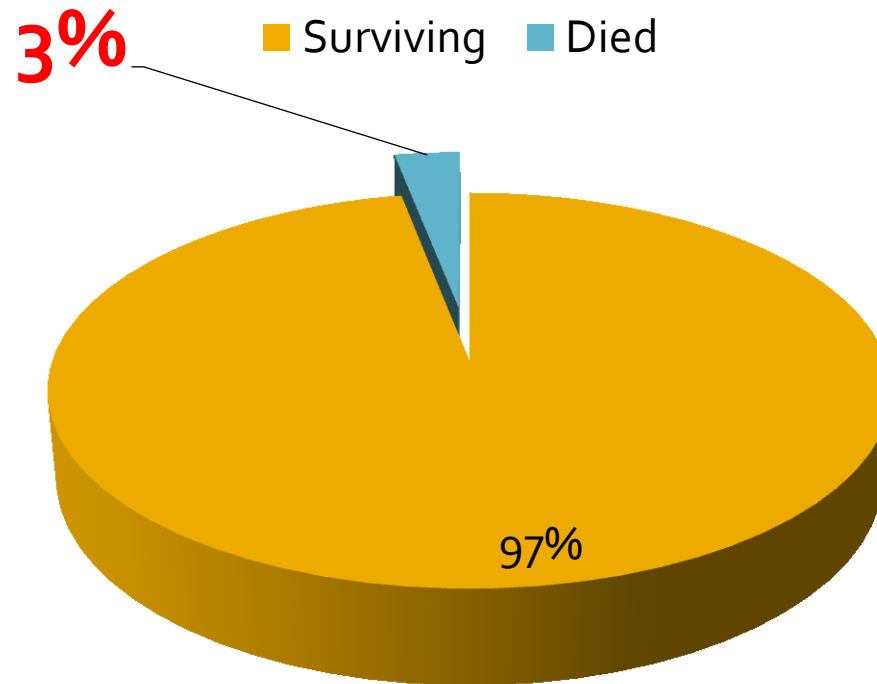
■ BB ■ ACE/ARB ■ STATIN ■ TAGG2 ■ TAGG1 ■ TAGG-



In hospital mortality rate

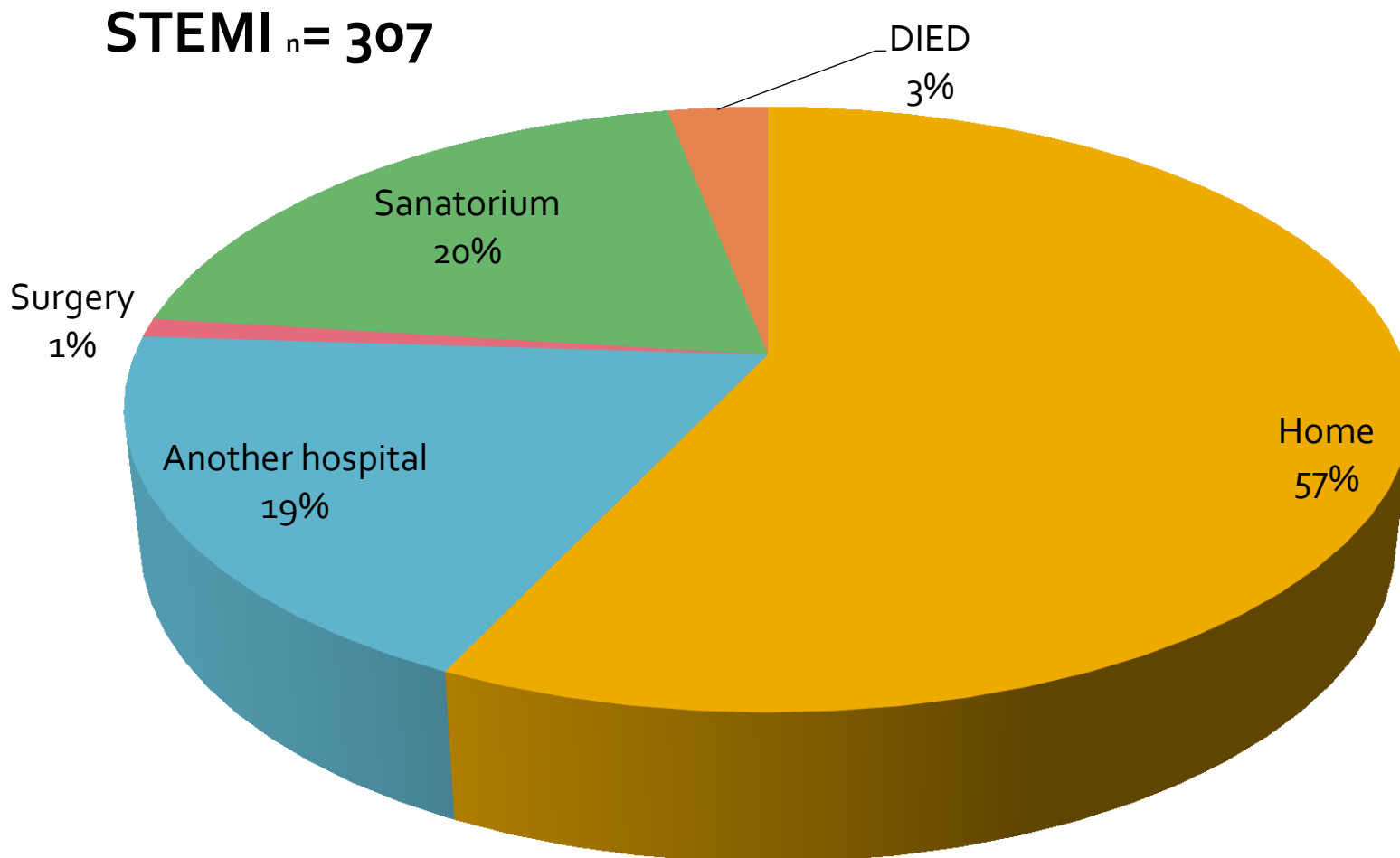
Infarct Registry GOKI 11.01.01-11.12.31 ■

STEMI n=307



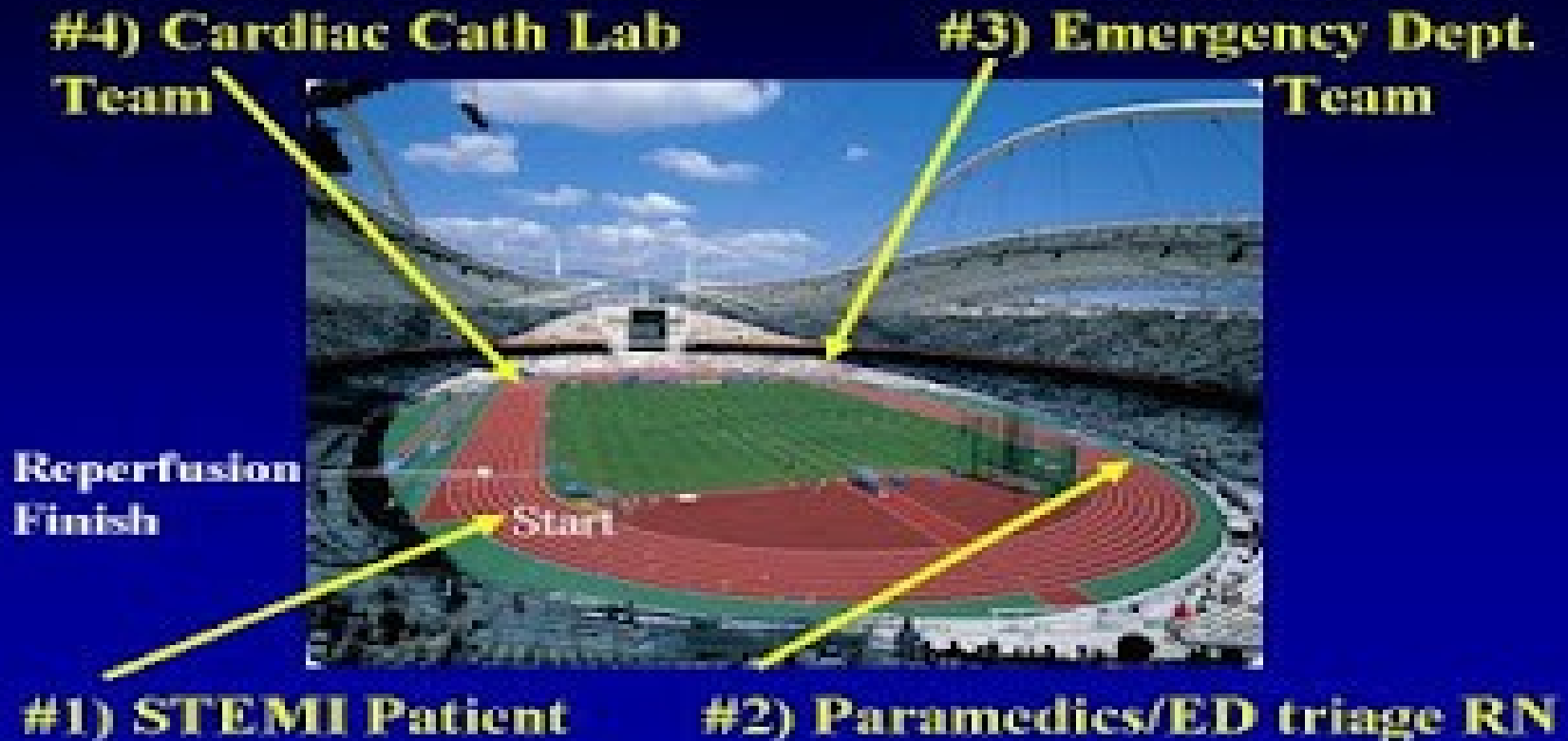
DEPARTURE FROM THE HOSPITAL

Infarct Registry GOKI 11.01.01-11.12.31.



STEMI SYSTEME: „sprint for myocardium“

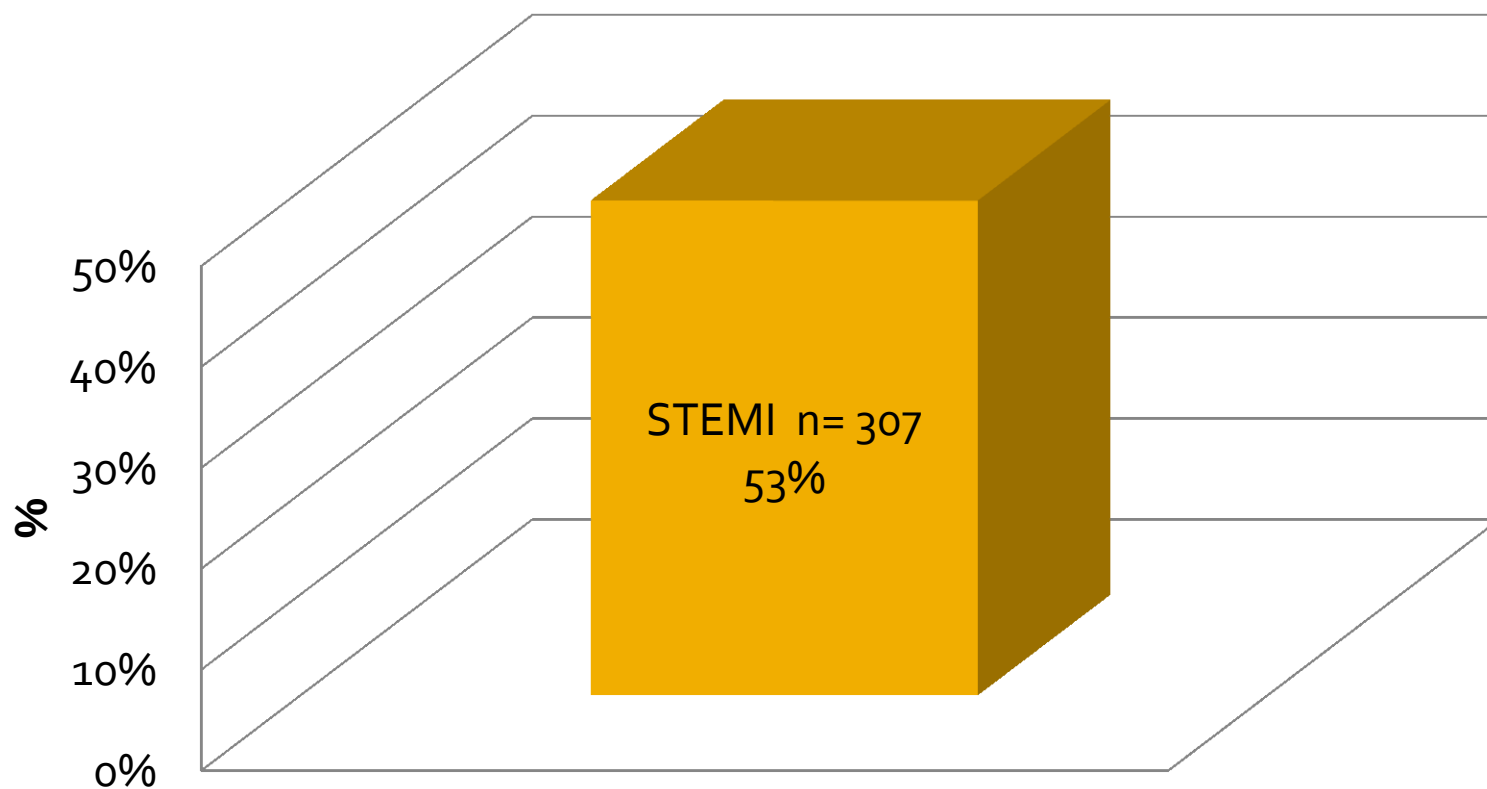
STEMI Reperfusion Sprint Relay



START: FIRST MEDICAL CONTACT

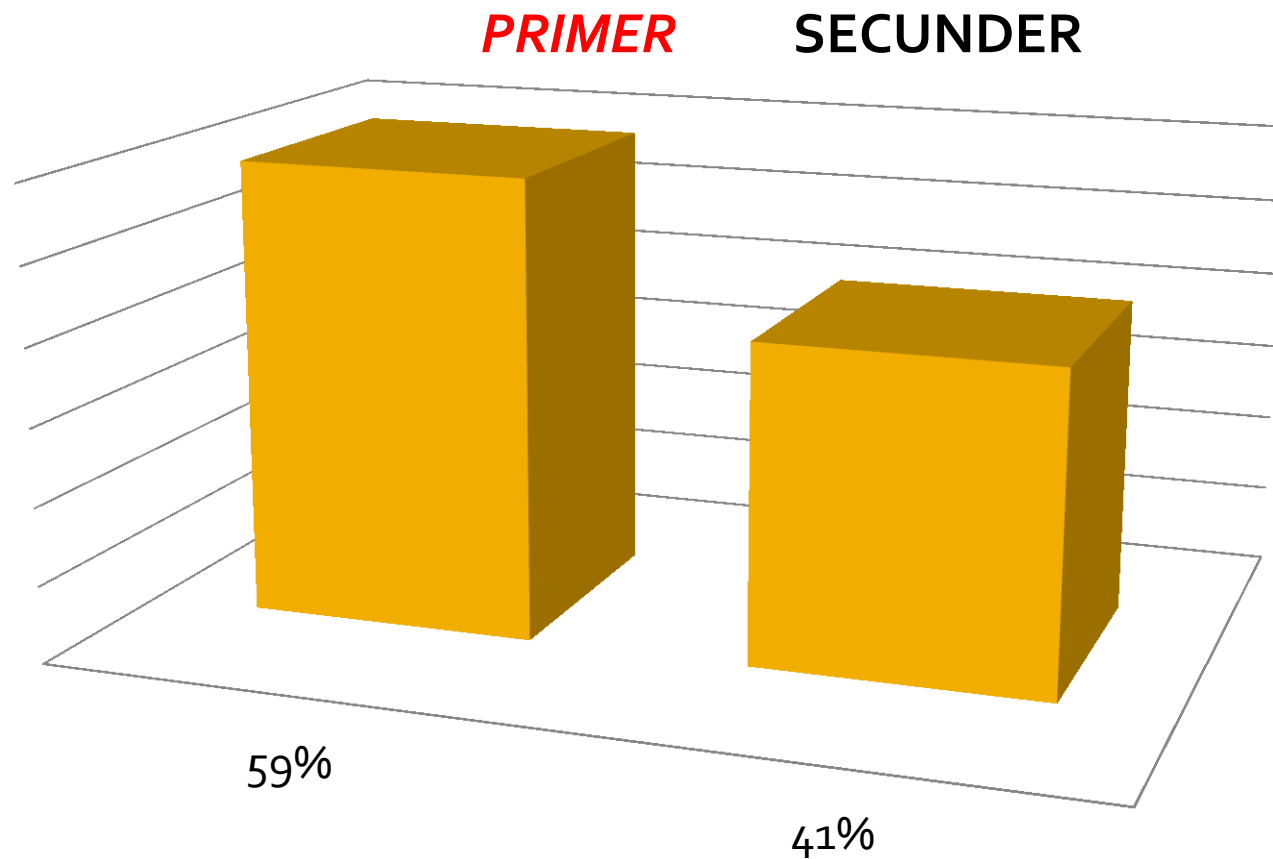
Infarct Registry GOKI 10.01.01-12.31

EMS/call 104



TRANSPORT: *SPRINT VS. WALKING*

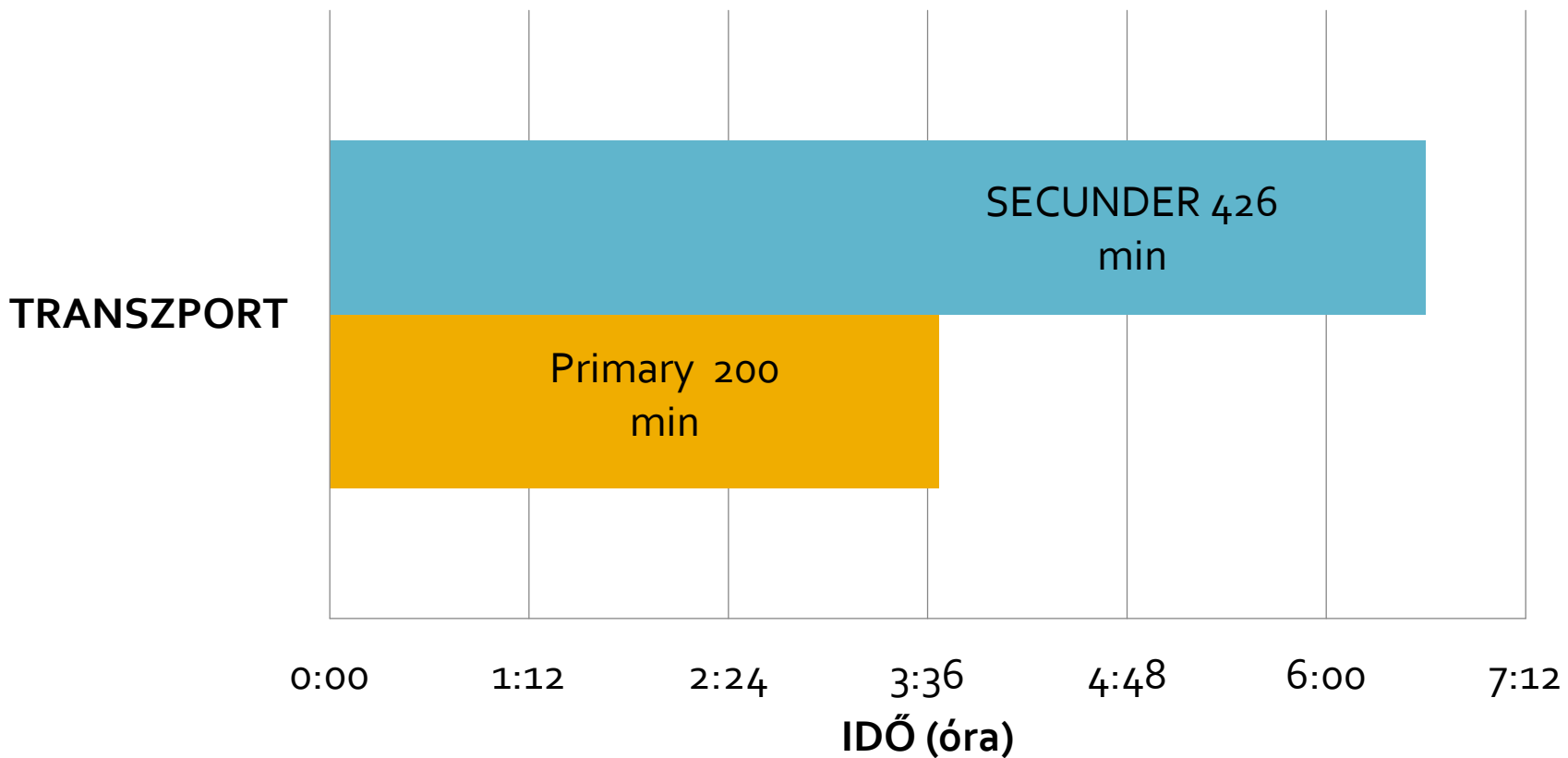
Infarct Registry GOKI 10.01.01-12.31



STEMI MEDIAN TRANSPORT DELAY

Infarct Registry GOKI 11.01.01-11.12.31.

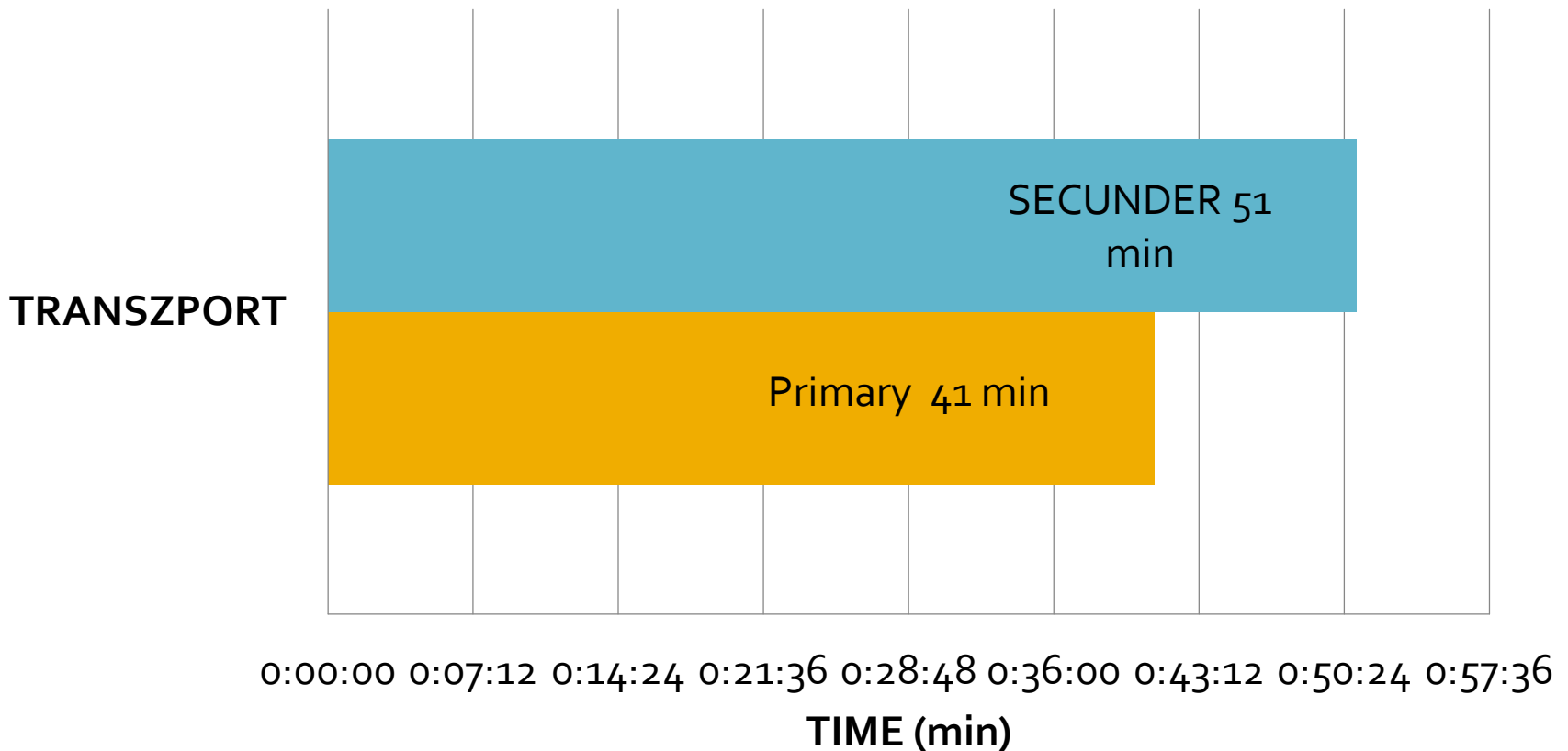
ONSET TO DOOR MEDIATE TIME



STEMI MEDIAN DOOR TO BALLOON TIME

Infarct Registry GOKI 11.01.01-11.12.31.

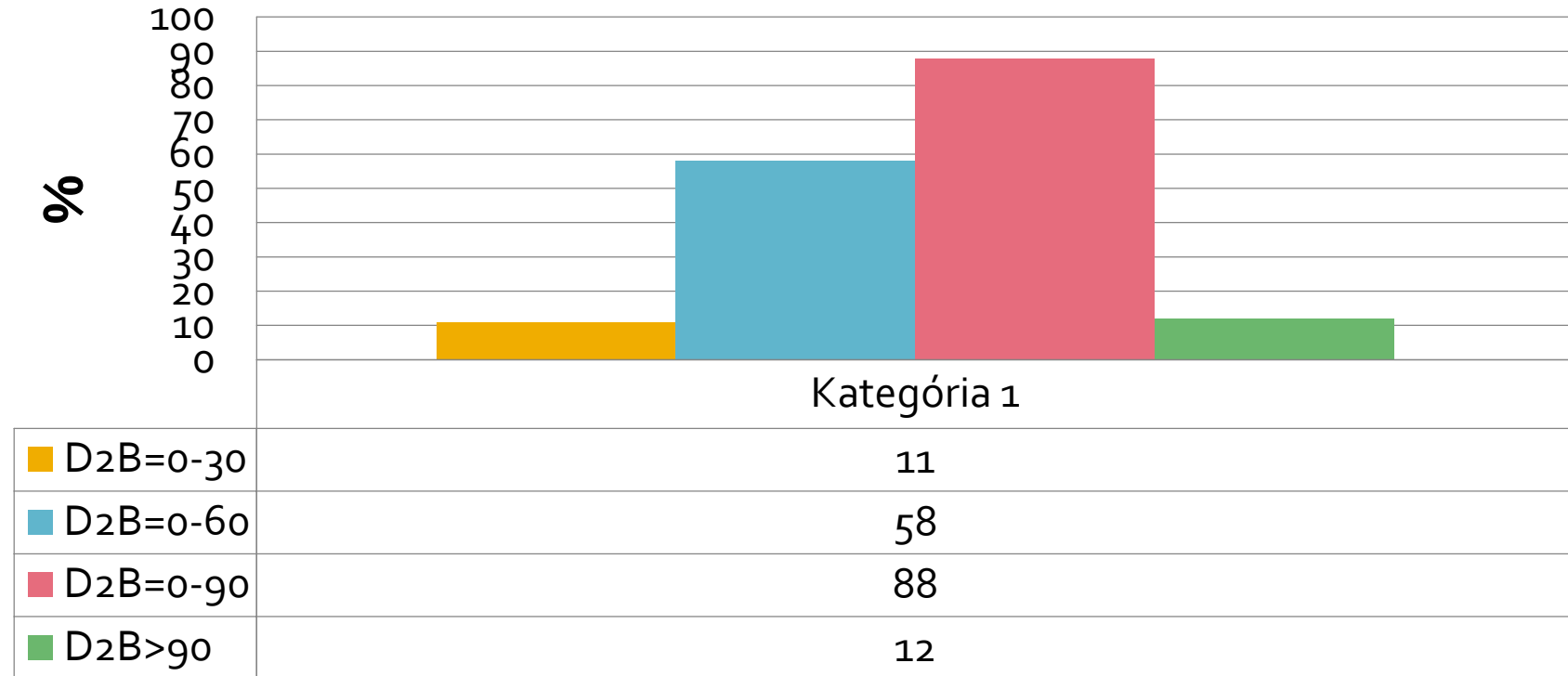
MEDIAN DOOR TO BALLOON TIME



STEMI D2BT rates

Infarct Registry GOKI 11.01.01-11.12.31.

N= 307



- ↓D2B from 90 to 60 minutes associated with ↓0.8% Mortality
- ↓D2B from 60 to 30 minutes associated with ↓0.5% Mortality

(Rathore et al, 2009 BMJ 338:b1807)

STEMI TRANSPORT AND MEDIAN TOTAL DELAY („onset to balloon“)

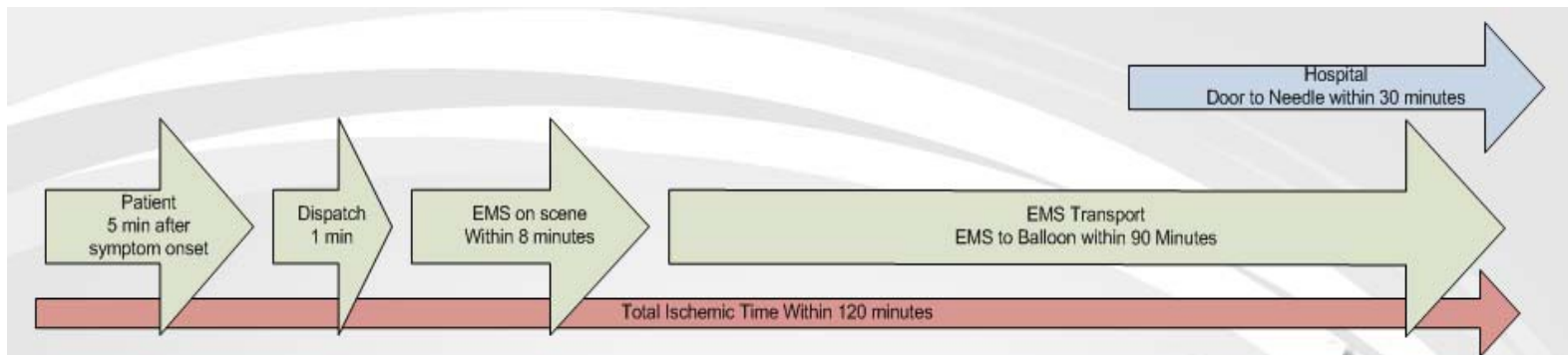
INFARCT REGISTRY GOKI

11.01.01-11.12.31

„ Real world“

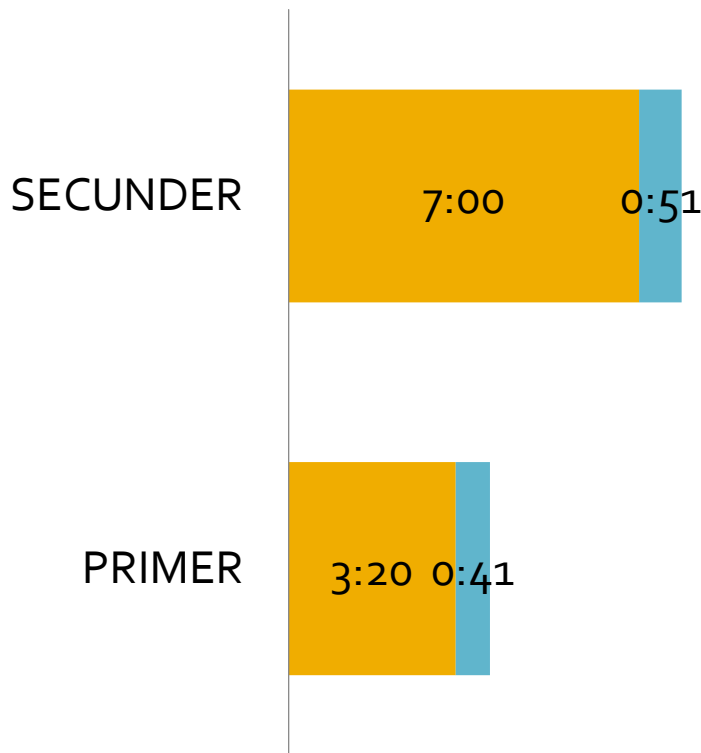
- PRIMARY TRANSPORT: $220+41= 261$ min
 - SECUNDER TRANSPORT: $426+51= 477$ min
- Primary vs. Secunder : 216 min**

„ Ideal world“



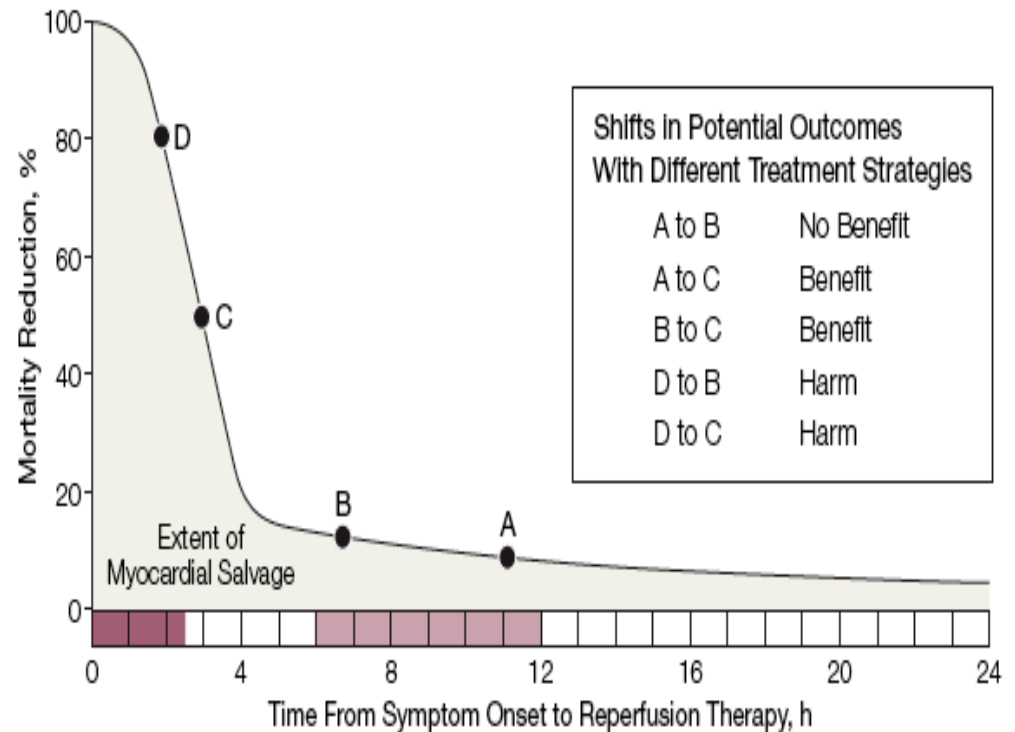
STEMI SYSTEME: WHAT'S THE GOAL?

„MYOCARDIAL SALVAGE“



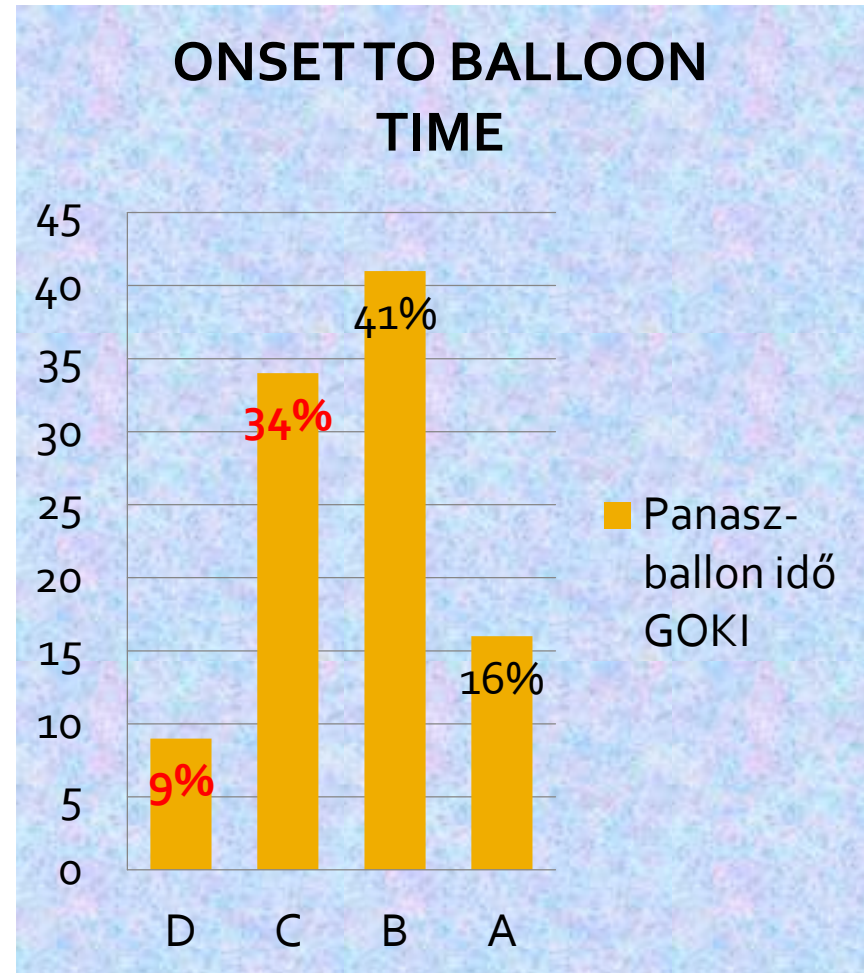
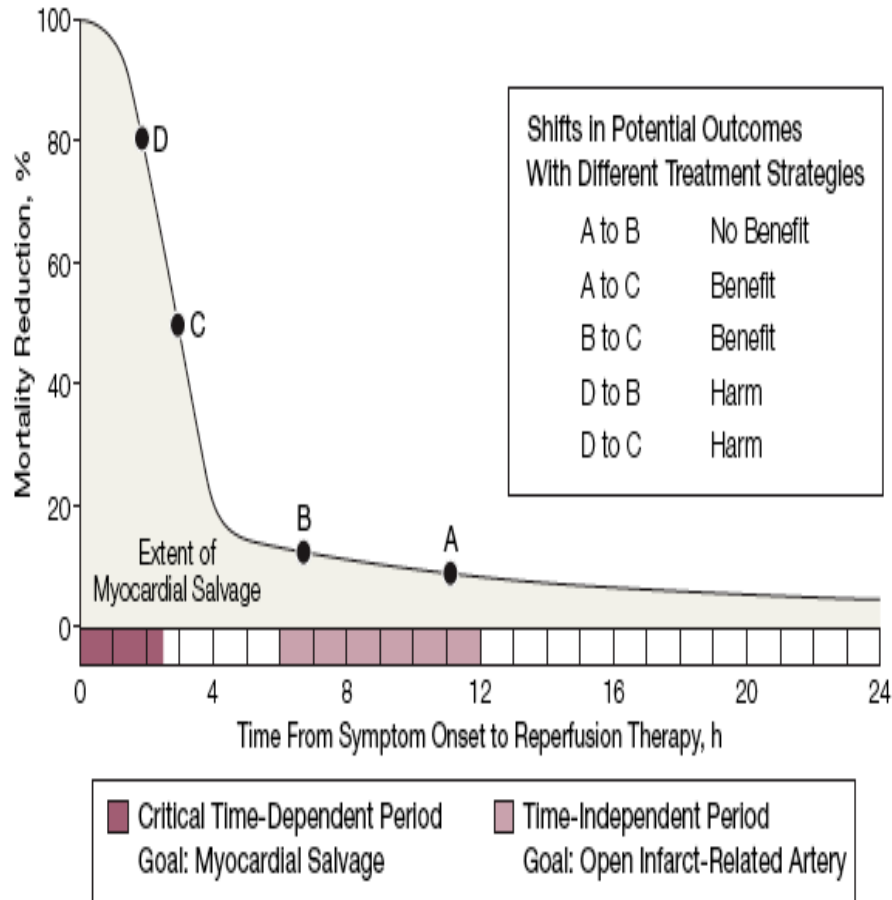
0:00 2:24 4:48 7:12

■ P₂D ■ D₂B



„The Slope of the Curve” SLOPE UP!!!!!!

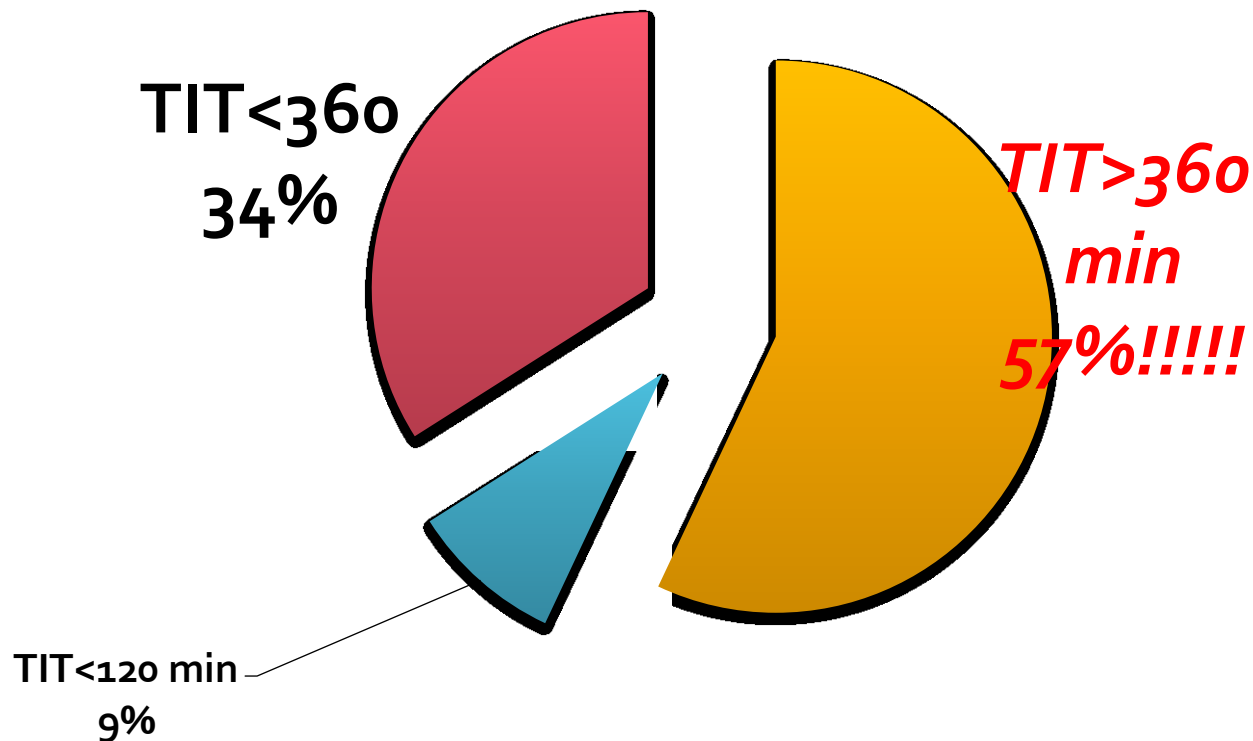
(Gersh, B 2005 JAMA 293:979)



„Time waits for no one.....“

Infarct Registry GOKI 11.01.01-11.12-31 ■

TOTAL ISCHAEMICTIME (TIT)



Infarct Registry GOKI: MESSAGE

01.01.11-12.31.11

- The need to shorten delays and to improve the quality of care for STEMI pts. is urgent.
- Prehospital management is a key issue.
- *In hospital mortality rate and the treatment characteristic of patients with STEMI were comparable with data of similar high volume center.*

Thank you for your attention!
National Infarct Registry

