

What is new in the Treatment of STEMI?

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DISCLOSURE

Relevant Financial Relationship(s)

None

Off Label Usage

None

Part 1

- Treatment delays at non PCI hospitals
 - Magnitude of problem
 - Alternatives
- Non PCI hospitals in Europe
 - New ESC/EACTS guidelines

A photograph of a medical team in an interventional catheterization laboratory. In the foreground, a man in a green surgical gown and mask is looking down. Behind him, two other men in green gowns and masks are looking towards the right. On the right, a woman in a blue scrub top is looking at a large medical monitor. The room is brightly lit with overhead lights, and various medical equipment, including a large C-arm and IV stands, are visible.

Primary PCI:

The superior reperfusion strategy for STEMI
and preferred over fibrinolysis

Minimize delays

DTBT <90 min

STEMI at Non PCI-capable Hospitals

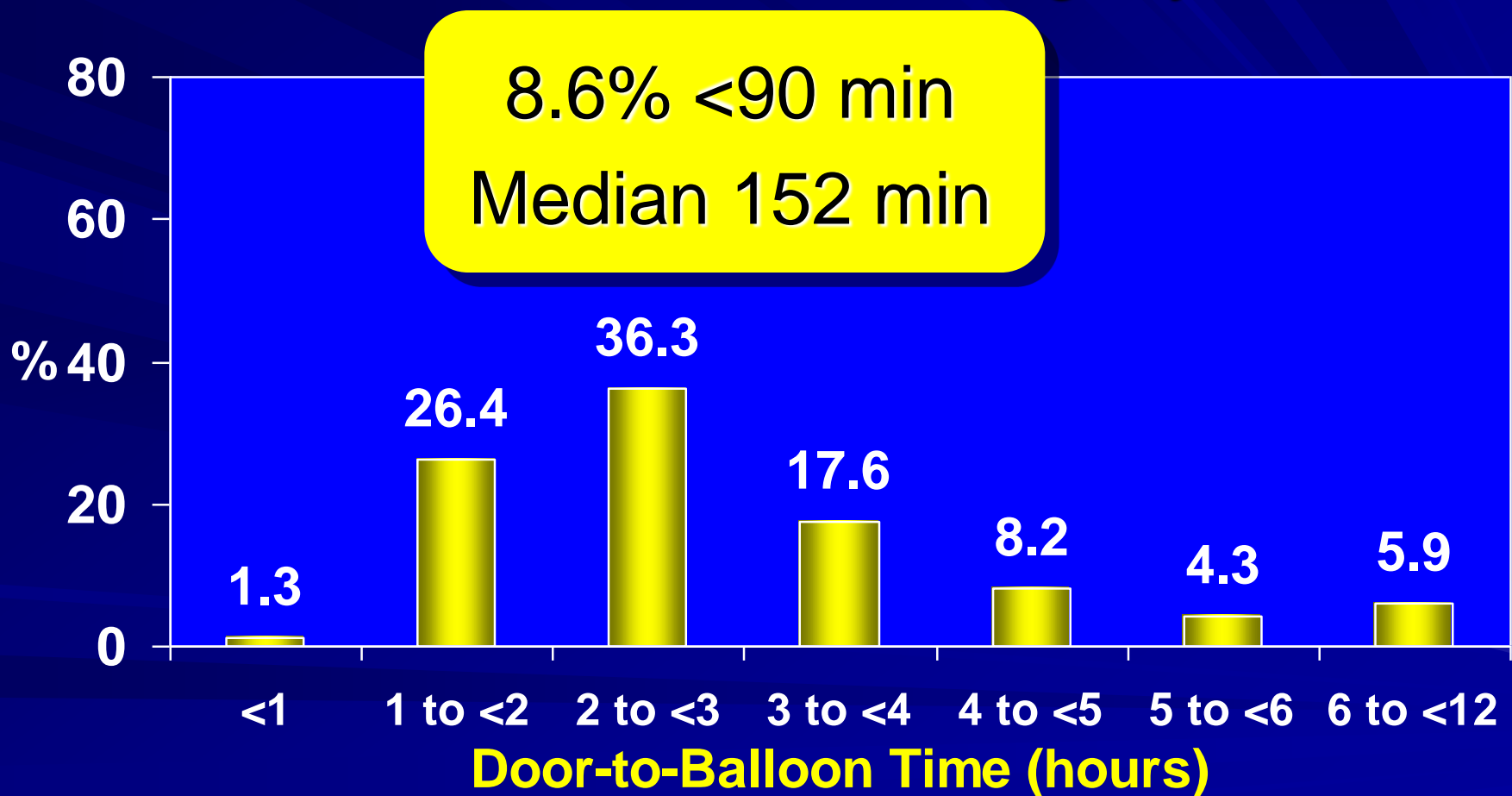
2009 ACC/AHA Class I Guidelines

Community should develop STEMI system of care as per “Mission Lifeline”

- Multidisciplinary team meetings + QA data
 - EMS, non PCI (referral) and PCI capable hospitals (receiving)
- Process for prehospital identification and activation
- Destination protocols for receiving hospitals
- Protocol: shock patients at non PCI hospitals

Time-to-Reperfusion with Inter hospital Transfer

ACC National CV Data Registry

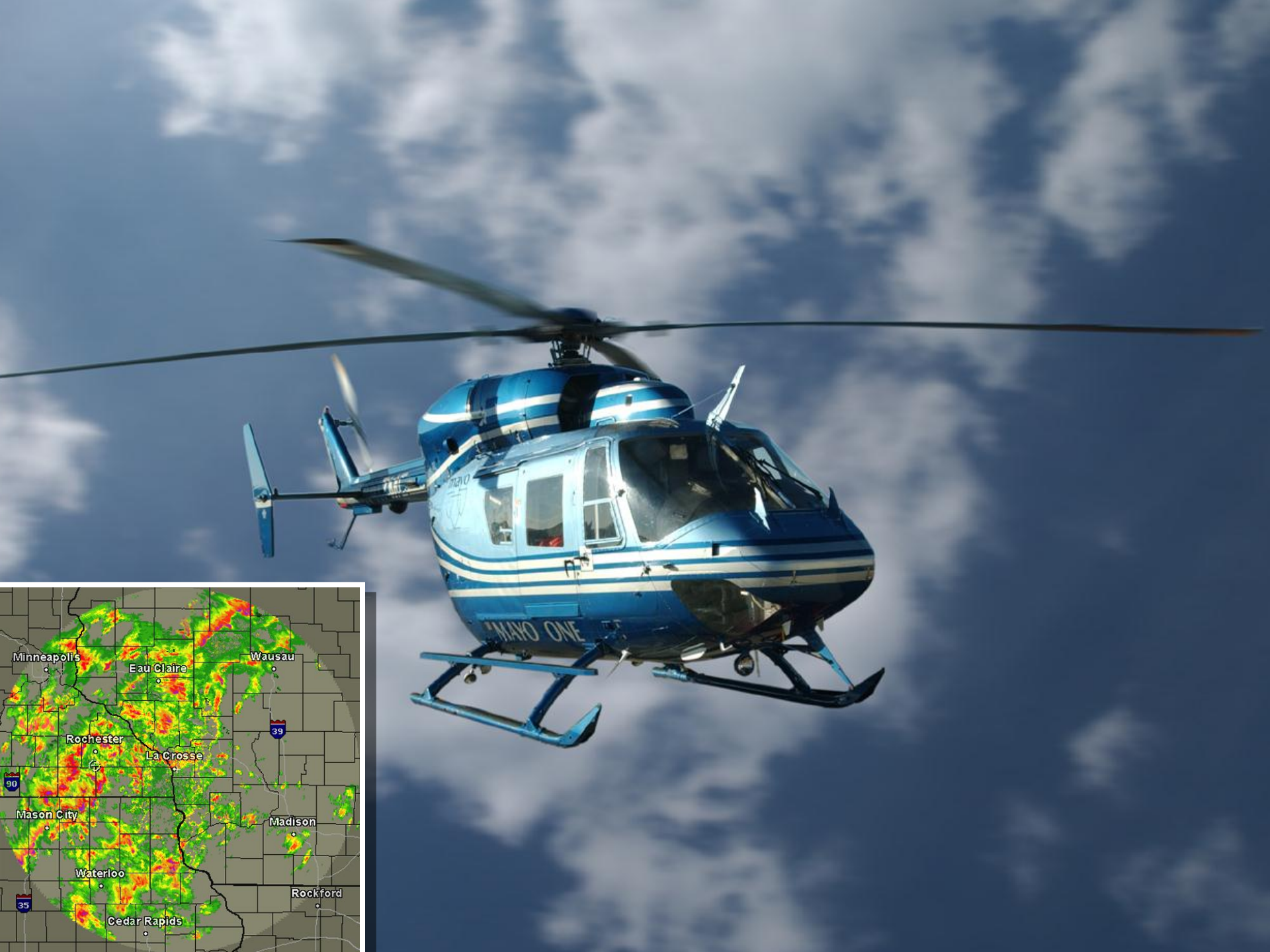


Rochester, Minnesota – December and January
and February
and March
and April....



An Icy Road to Mayo Clinic

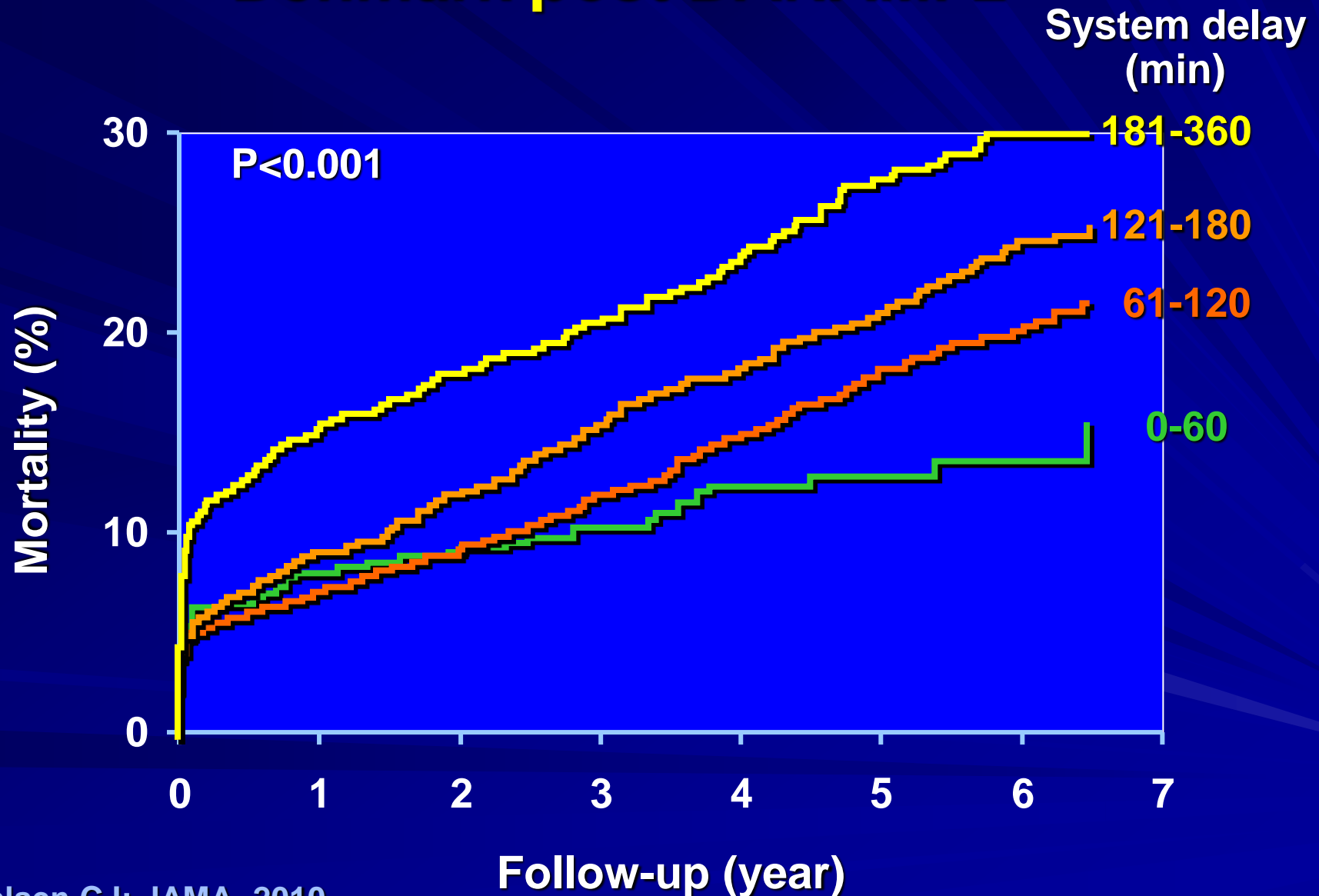






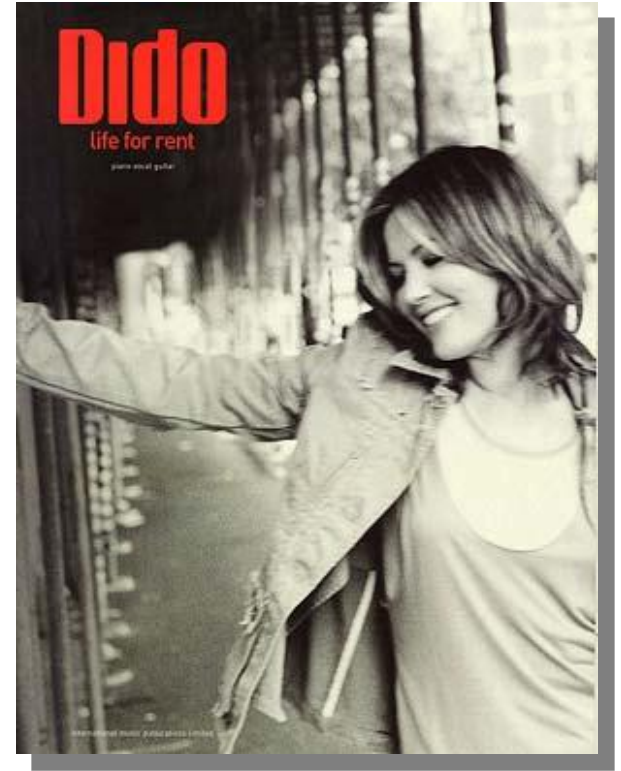
System Delays and Mortality

Denmark post DANAMI-2



What...or who...is DIDO?

- A. The first Queen of Carthage
“La Regina Cartagine” (*It.*)
- B. A female pop singer
- C. A CMS (Medicare) performance metric for AMI
- D. All of the above



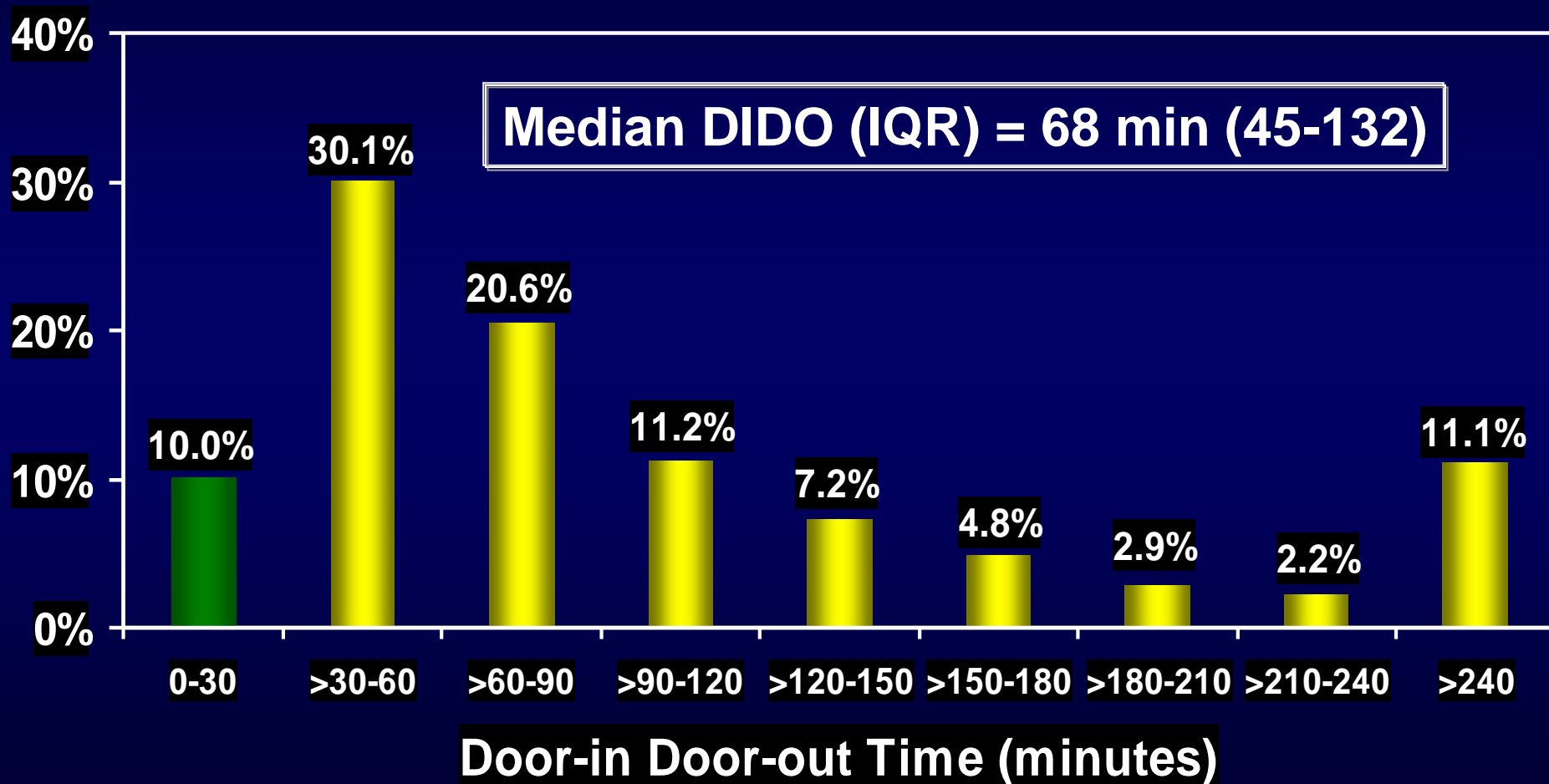
“DIDO” Door-In to Door-Out (time)

New performance measure for STEMI
referral facilities transferring patients for
PPCI:

“Door-in to door-out” time: <30 minutes

CMS and Hospital Compare already
collecting these data!

Door-in Door-out Time at Referring Hospital

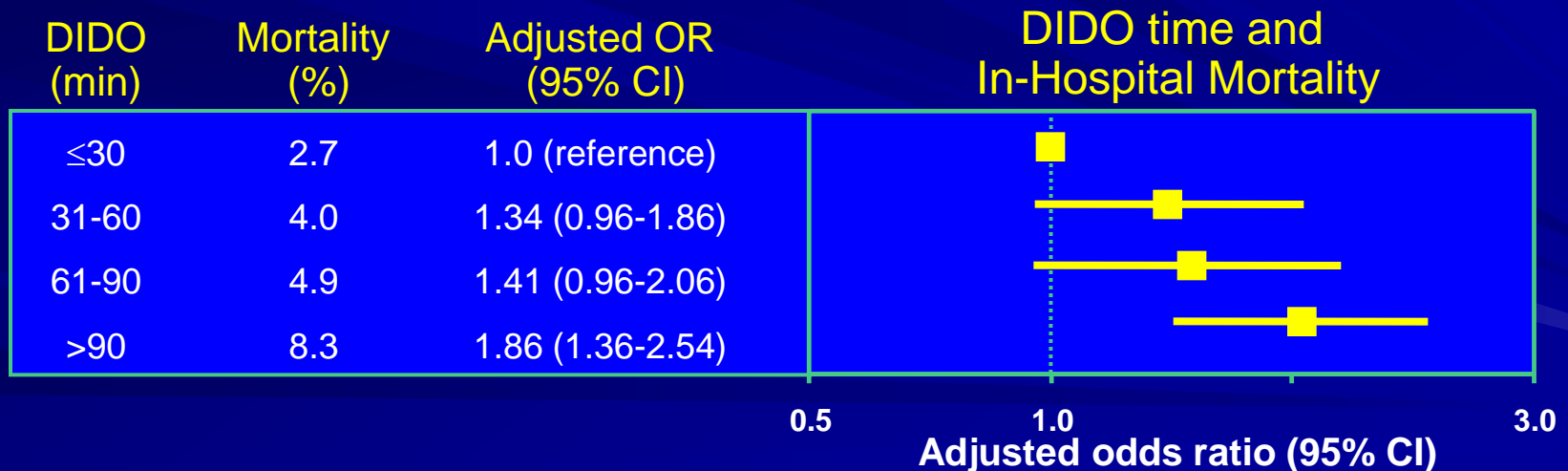


DIDO and In Hospital Mortality

NCDR ACTION Registry-GWTG

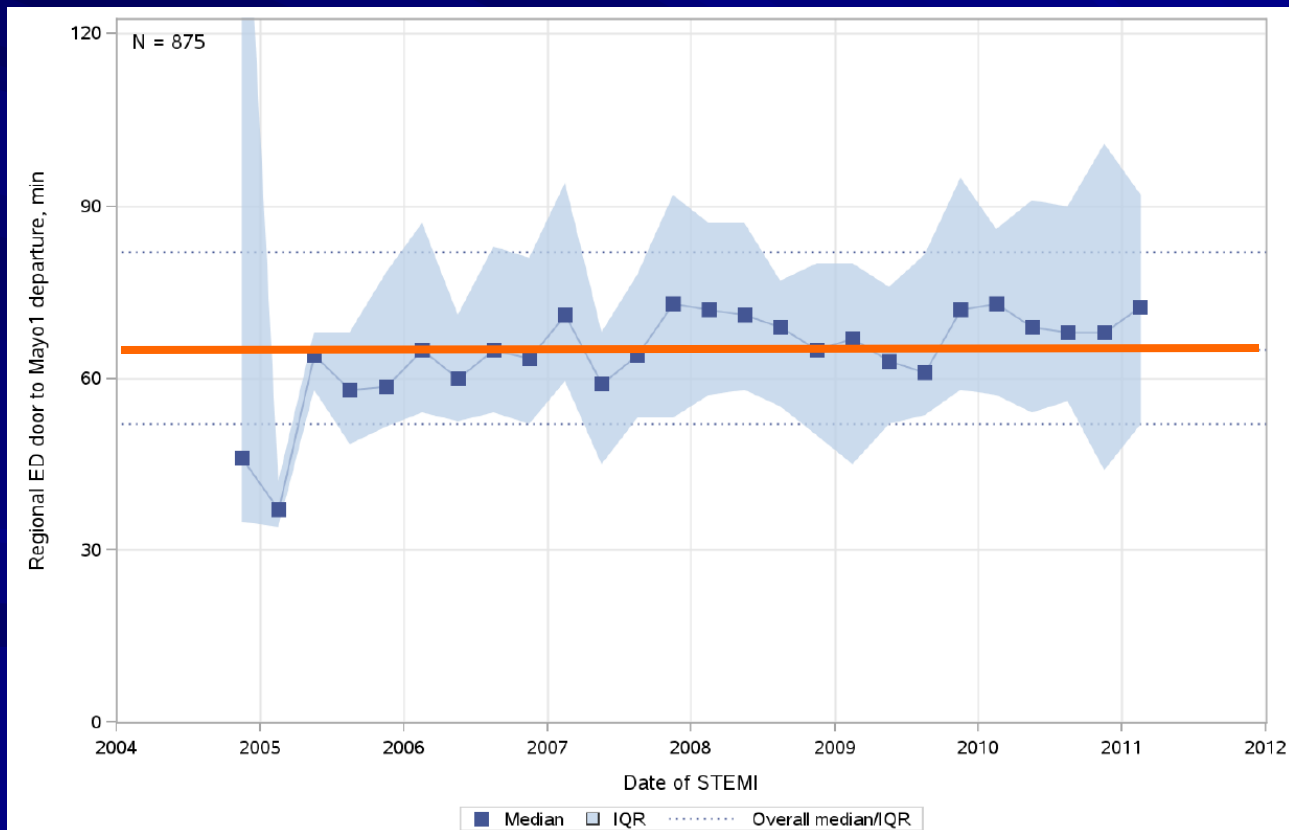
DIDO ≤ 30 min
2.7% mortality

DIDO >30 min
5.9% mortality



DIDO Times for Mayo Regional Sites:

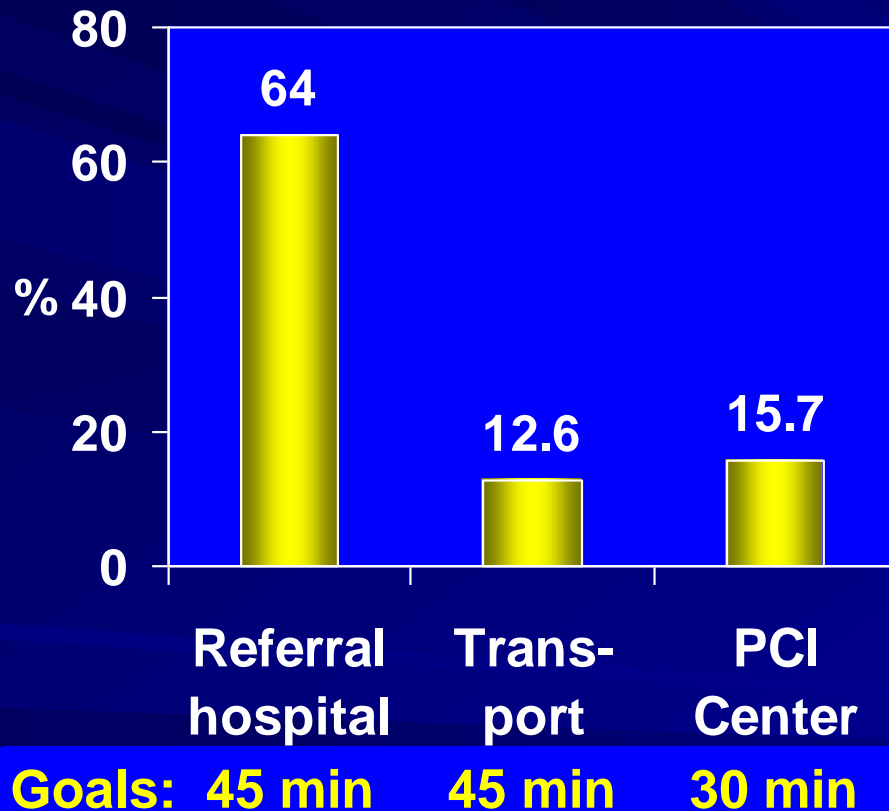
Median = 65 minutes



Transfer Delays for PPCI

Minneapolis Heart Institute

Locus of Delay



Referral hospital

Awaiting transport	26%
Emergency Dept.	22%

Longest delays:

Diagnostic dilemma	96 min
Non diagnostic ECG	81 min

Transport

Distance and weather
(Zone-dependent)

PCI Center

Cath team delay	45%
Complex procedure	37%

Longest delays:

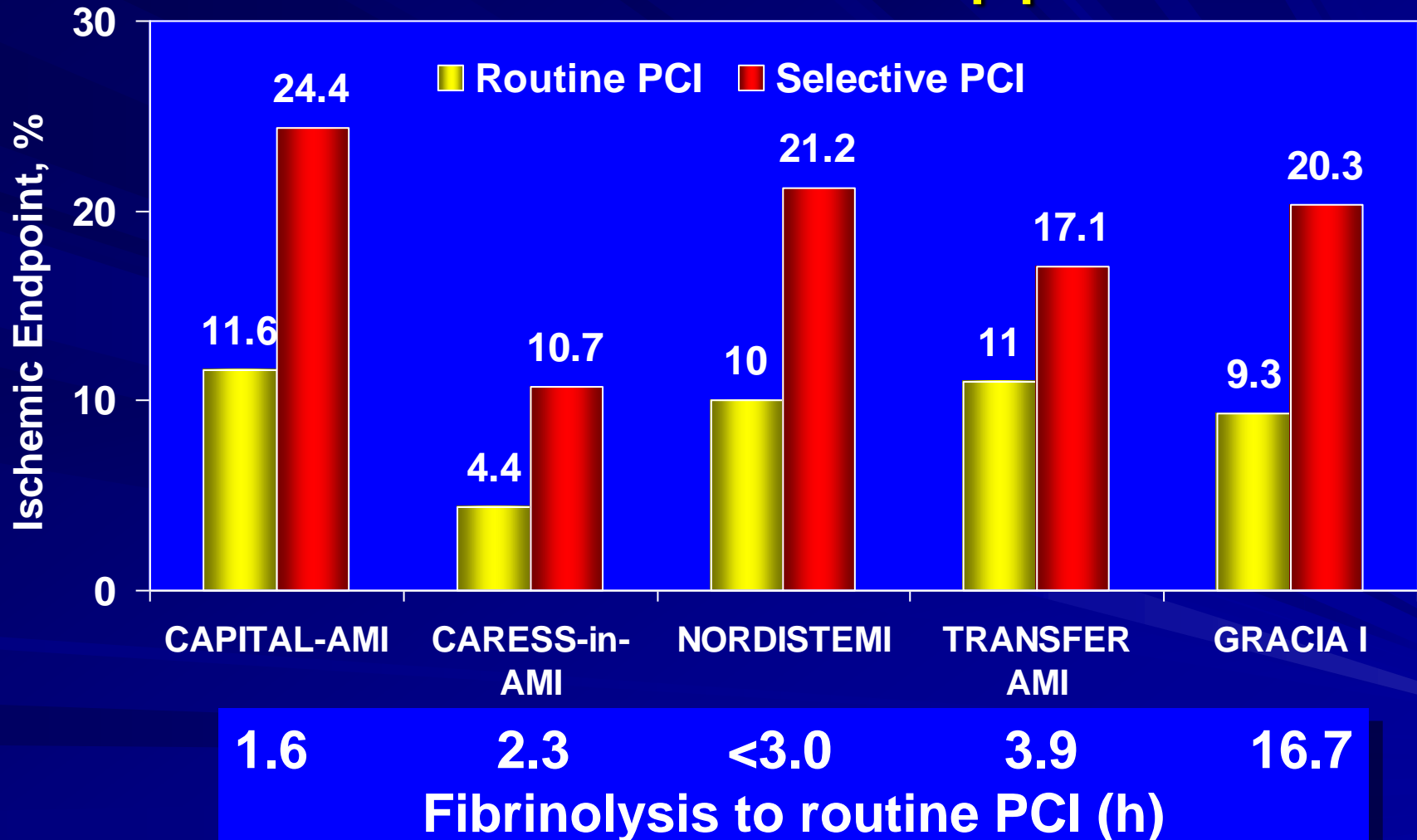
Diagnostic dilemma	95 min
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Door-in to door-out

- Accountability for hospitals transferring to PCI facility
 - Previously none
 - Opportunity review and improve performance
- Impacts “First door to balloon” time
 - Joint responsibility
- Fibrinolysis as alternative (per guidelines)
 - Majority eligible

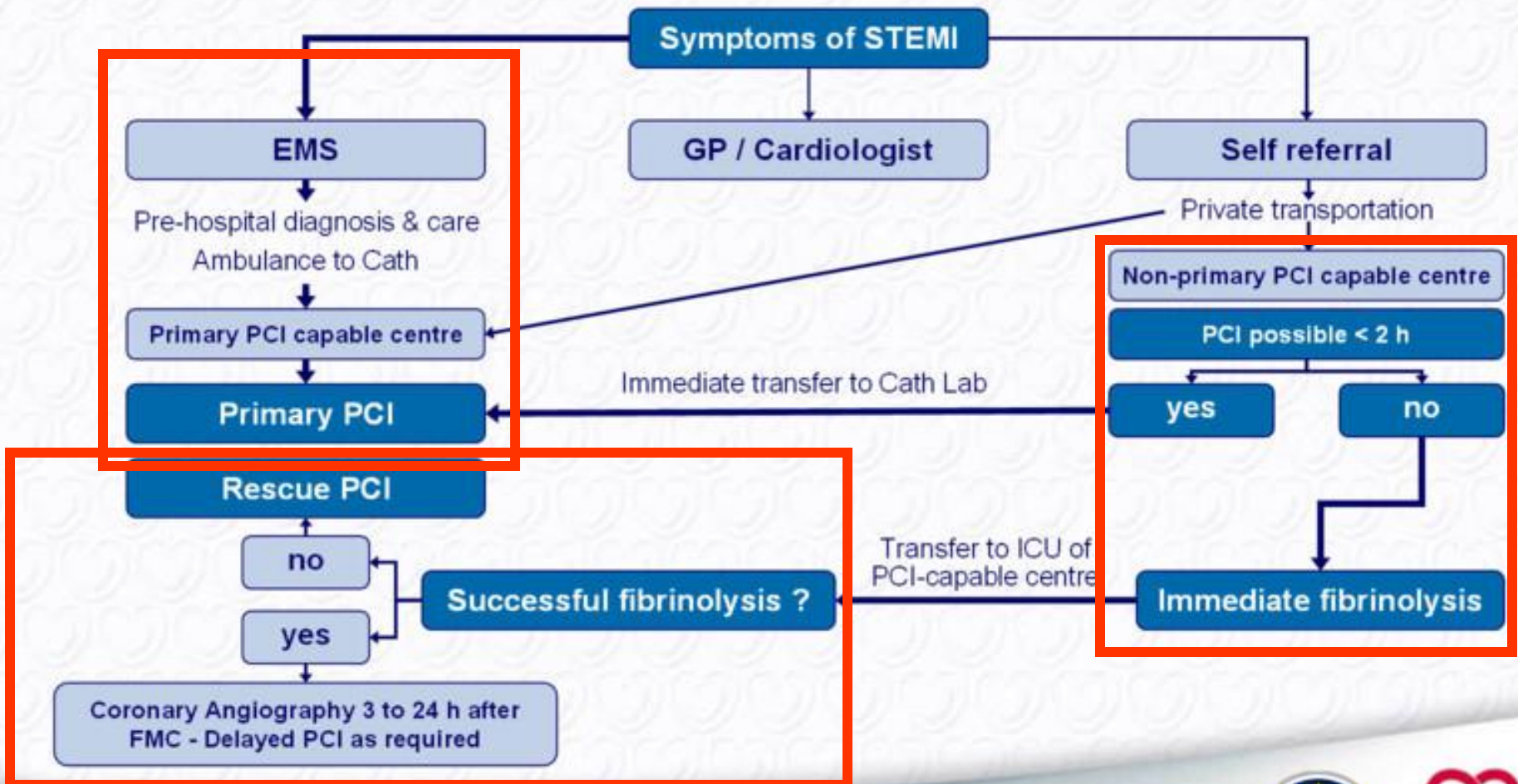
Early PCI after Lysis

Pharmaco-invasive Approach



Adapted from Verheugt FA: NEJM 2009

Organisation of STEMI patient disposal describing pre- and in-hospital management, and reperfusion strategies within 12 h of First Medical Contact (FMC)



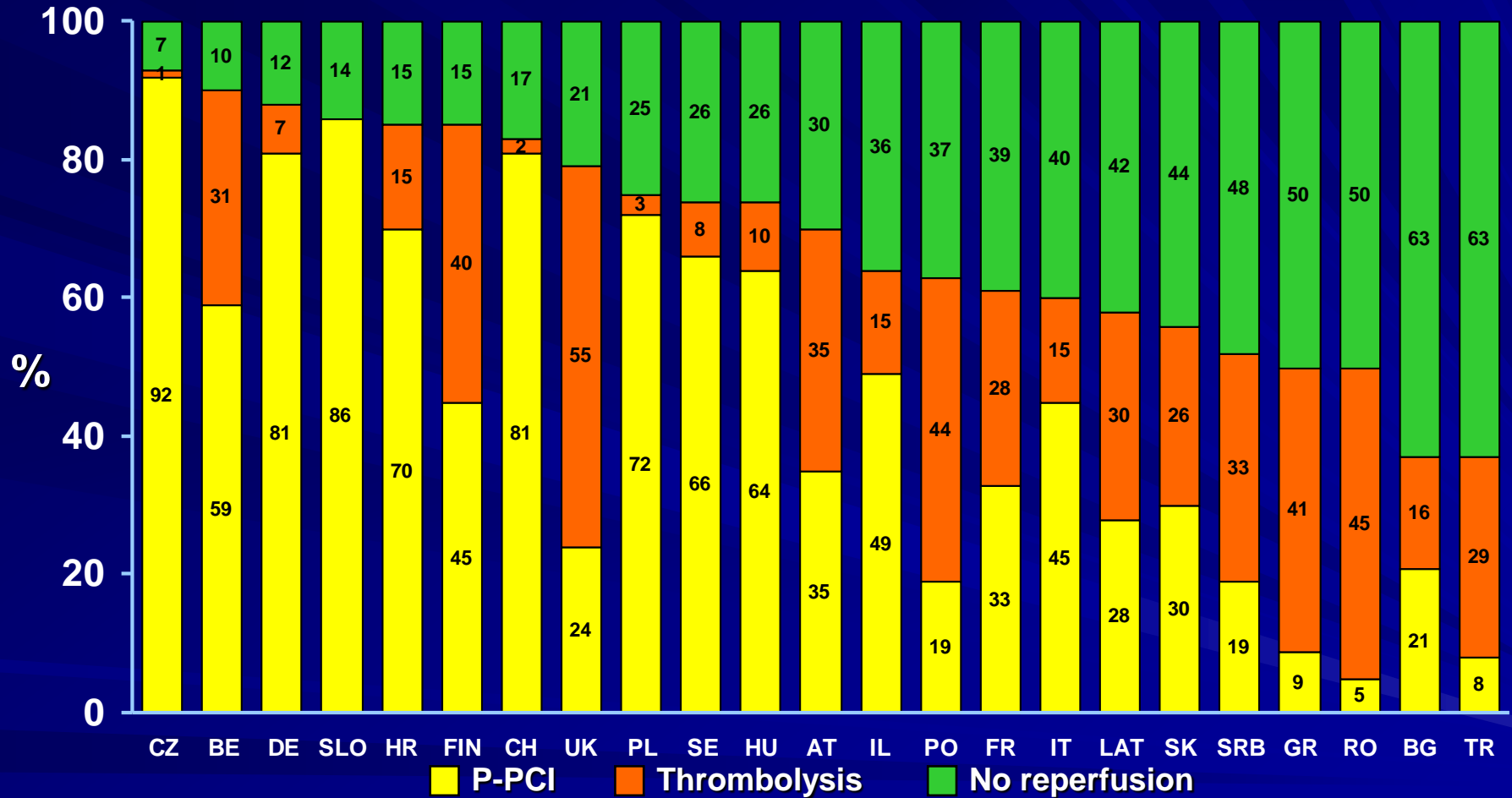
New recommendations for PCI in STEMI

Indication	Time from FMC	Class	Level
PCI after fibrinolysis: Routine urgent PCI is indicated after successful fibrinolysis (resolved chest pain/discomfort and ST-segment elevation).	Within 24 h	I	A
Rescue PCI should be considered in patients with failed fibrinolysis.	As soon as possible	IIa	A

- In order to reduce delay for patients with no reperfusion, transfer to PCI center of all post-fibrinolysis patients is recommended.

European Heart Journal (2010) 31, 2501-2555
European Journal of Cardio-thoracic Surgery (2010) 38, S1-S52

STEMI Treatment Across Europe 2005-2008



Widimsky P: EHJ 2009

Universal use of Primary PCI: Constraints

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graph TD; A[Universal use of Primary PCI: Constraints] --> B[Logistics and resources]; A --> C[Timeliness]; B <--> C;
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Logistics and
resources

Timeliness



Transferring the Interventionalist ...Not the Patient

