

Stent for Life Initiative

How can we improve system delay and patients' delay in STEMI

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Stent for Life INITIATIVE

To improve the delivery and patient access to the life saving indications of PCI thereby reduce the mortality and morbidity of patients suffering from acute coronary syndromes.



2011 Stent for Life Initiative

10 countries participate in the program

- Declaration Signature Ceremony
EAPCI General Assembly at ESC 2009
Bulgaria, France, Greece, Serbia, Spain, Turkey
- Declaration Signature Ceremony
EAPCI General Assembly at ESC 2010
Egypt, Italy, Romania
- Declaration Signature Ceremony
SFL Countries Meeting, February 2011
Portugal

Stent for Life Initiative

ESC STEMI Guidelines Implementation in Countries

Key Learning Points

- Integrate SFL into National Cardiology Program
- Engage all stakeholders e.g. physicians, politicians, payers and patients' organizations
- Build Regional PPCI Network and Infrastructure (EMS)
- Establish National ACS/AMI Registry – measure quality
- Increase Disease Awareness (Educational campaign to government, payers and lay public)

How Can We Improve System Delay

Effective PPCI Network

- Design effective regional network (*EMS, non-PCI hospitals and PCI centers*) should cover an area with *population around 0,5 million* (cca 0,3 – 1 million).
- *PPCI centers which are part of the network should provide non-stop (24/7) services for primary PCI.*
- Respect the right of local hospitals to take care for the patients after primary PCI is completed and the patient is stabilized (*tertiary transport to the local hospital* nearest to patient's home).
- *EMS* is an integral part of the network. Training of EMS staff, ambulance cars equipment with 12 leads ECG and implementation of strict transportation protocols ensure that *early diagnosis* can be made.

How Can We Improve System Delay Transport & Time

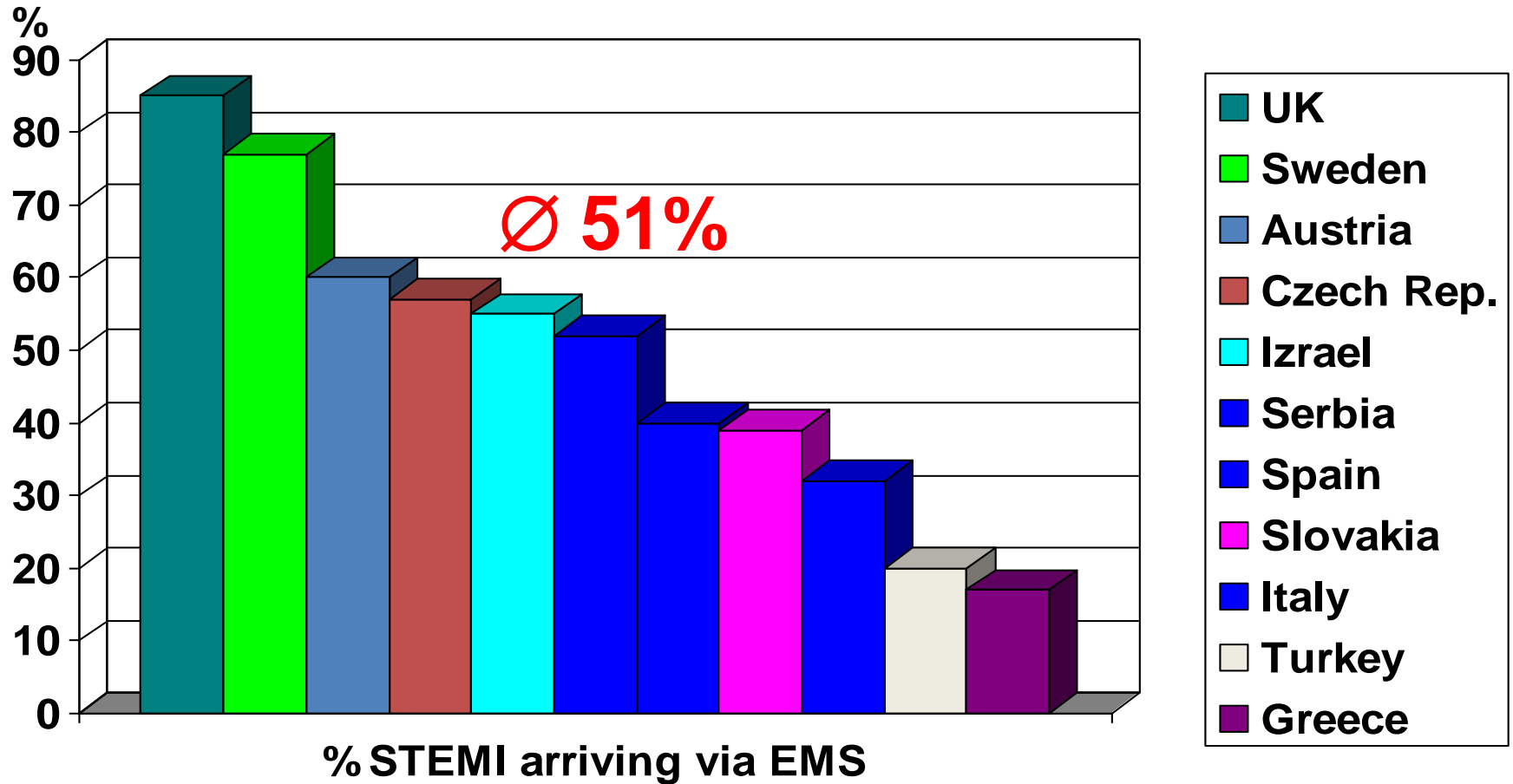
- Implement protocols and critical care pathways to achieve FMC to balloon time <90 minutes.
 - Clear definition of geographical areas of interest
 - Shared protocols based on risk stratification
 - Transportation with appropriately equipped and trained staff
- Primary transport should bypass the nearest non-PCI hospital and the Emergency Room or Intensive Care Unit of the PCI center.
 - Admission to Emergency Room (or ICU) in the PCI center delays reperfusion by at least 20-40 minutes.
 - Admission to non-PCI hospital followed by the „secondary transport“ to PCI center delays reperfusion by at least 30-60 minutes.

J. Knot: How to set up an effective national primary angioplasty network: lessons learned from five European countries(EuroIntervention, August 2009).

How Can We Improve Patient Delay

A key barrier in every market is lack of public action to urgently call an ambulance as soon as heart attack symptoms are observed

Only 51% STEMI in Europe arrive to the first hospital via EMS



How Can We Improve Patient Delay

ACT NOW. SAVE A LIFE Public Campaign

In those countries/regions where PPCI network is established and functioning key objectives are:

Phase 1:

- Increase disease awareness among public
- Educate patients and public to recognize AMI symptoms
- ACT quickly and call emergency ambulance car

Phase 2:

- Target ACS @ women
- Educate about PPCI and its life saving indication



Public Campaign Objective

***Save a Life* by knowing the signs of a heart attack and acting quickly to call emergency medical services so the best treatment can be received in the fastest possible timeframe**

First 2011 SFL Pilot Campaign Countries

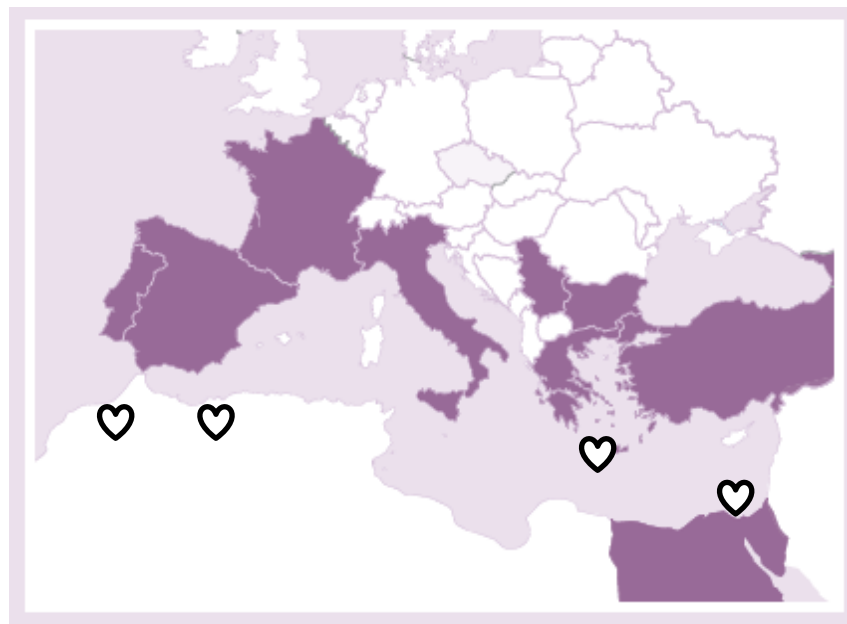
Bulgaria (national campaign) and Portugal (corporate scope)

- Local communication agency contracted
- Campaign plan was reviewed and approved by SFL central
- Launch on World Heart Day, 26 September

Spain and Turkey

- Under discussion

Public Awareness
Campaign to be piloted in
3-4 countries in 2011!



There are differences in the manifestation and treatment of ACS in women

Significant gender differences have been demonstrated in the manifestation of acute coronary syndromes, as well as in patients undergoing coronary revascularization procedures:

- The risk of adverse events during and after the procedures, including coronary dissection and peripheral local bleeding, is greater in women than in men.
- Higher prevalence of silent ischemia and of unrecognized myocardial infarction in women, even if angina prevalence is similar,

There are differences in the manifestation and treatment of ACS in women

- Women with confirmed coronary disease are less likely to undergo revascularization than male; women are under-treated especially with PCI (24.4% for men vs 22.9% for women),
- Women are twice as likely to suffer death or non-fatal myocardial infarction during the 1-year follow-up period, even after multivariable adjustment for age, abnormal ventricular function, severity of coronary disease, and diabetes.

SFL & Women Heart

What can we do to save women heart?

- Initiate a discussion related to ACS in women with all stakeholders
 - physicians
 - clinical trial investigators
 - patients
- Analyze SFL 2011 survey data by gender
- SFL & WIN Education program on ACS at women
- ACT NOW.SAVE A LIFE public campaign tailored to women