

Abstract No. **3**

Category: **Acute Coronary Syndromes**

Title: **Facilitating primary angioplasty for ST- elevation myocardial infarction patients increases reperfusion rates within quality times and reduces mortality: Collaboration among federal and private care**

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Abstract:

BACKGROUND: The OCDE reported that before the infarction code programme, Mexico was leading the mortality rates with a 28%, compared with a mean of 7.9%. The benefits of percutaneous coronary intervention (PCI) have shown to be largely time-dependant with lower rates of mortality when shorter delays to reperfusion. In an effort to improve care, this Infarction Code was developed for ST-elevation myocardial infarction (STEMI) patients admitted at a non-PCI capable federal hospital. In our country most of the cath labs working 24/7 are in private hospitals. We used to treat patients with pharmacoinvasive therapy, with incomplete reperfusion patient needs a rescue angioplasty, but in some cases with long delays (transfer more than 4 hours), presenting complications and death. For this reason, in June 2018 we achieved a collaboration between private and federal care being able to offer primary PCI for eligible STEMI patients. The purpose is to evaluate the impact of a primary PCI program for STEMI patients transferred from to a non-PCI capable federal hospital to a private PCI center, to reduce STEMI mortality rate by performing primary PCI.

METHODS: Observational prospective study using the data of 80 patients with STEMI who when arriving to Emergency Room of a non-PCI capable federal hospital activated our network and were transferred with the help of specialized ambulances to a private PCI Center receiving primary PCI. We estimated and evaluated time delays in treatment contrasting the results with patient's outcomes.

RESULTS: We included 72 patients with Type I STEMI in a period of 9 months, manage with primary PCI, 79% (57 patients) men and 21% (15 patients) were women, median age was 60±11 years, median first medical contact to diagnosis time was 25±32 minutes, median diagnosis to wire crossing time was 95±31 minutes, total ischemic time was 352±234 minutes. Mortality at one month post-PCI was 8.6%, and non-cardiogenic shock related mortality was 2%.

CONCLUSIONS: Transferring STEMI patients for primary PCI within the locality has demonstrated to reduce treatment delays nearing management guidelines goals and resulting in an improved of patient's outcome with a remarkable mortality rate reduction.