Abstract No.   **4**
Category: **Acute Coronary Syndromes**
Title: **Evaluation of the Colombian Guideline for Acute Coronary Syndrome**
               Implementation using Quality Indicators
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Abstract:

Background: Acute coronary syndrome (ACS) is the first cause of death in the world and Colombia. The evaluation of quality indicators is useful for implementing healthcare policies.

Methods: Data was obtained from the cath laboratory registry of one center in Medellin and manual review of the electronic medical records of 2 cohorts corresponding to the second semester of 2016 and 2018. The rates of the prioritized quality indicators were calculated and evaluated according to accomplished percentage (good >80%, regular 60-79%, deficient <60%).

Results: A total of 386 patients with ACS were registered. The median age was 65 (interquartile range 57-73) and 60% were men with high prevalence of hypertension (71,24%), dyslipidemia (54,40%), diabetes (33,42), previous myocardial infarction (29,02%), previous percutaneous revascularization (23,83%) and renal disease (22,28%). ST segment elevation myocardial infarction (STEMI) (29,27%), non-STEMI (NSTEMI) (46,89%) and unstable angina (UA) (23,83%) were diagnosed. Percutaneous coronary intervention with drug-eluting stent was performed in 60,36%, medical management (32,64%) and coronary artery bypass surgery (6,99%). All-cause mortality was 5,44%. 9 patients died in cath laboratory, all of them in cardiogenic shock. In NSTEMI/UA, the measure of troponins was 86,44%. Early invasive strategy in intermediate and high-risk GRACE score was performed in 91,62%. Left ventricle ejection fraction (LVEF) was estimated in 86,79%. Aspirin, clopidogrel and statins were prescribed in the most of patients. In heart failure or LVEF <40 were prescribed inhibitors of the renin angiotensin system (RAS) (90,42%) and beta-blockers (93,61%). Remission to cardiac rehabilitation was highest in 2016 in STEMI (78,18%) and NSTEMI (75,92%), while in UA it was lowest in 2018 (43,63%).

Conclusion: The evaluation of prioritized quality indicators shows a good rates of determination of troponins and LVEF, prescription of dual antiplatelet therapy, statins, RAS inhibitors, beta-blockers and early invasive strategy in intermediate and high-risk patients. Remission to cardiac rehabilitation rate was low, mainly in patients with UA.