H.Maggiore della Carità - Novara - Italy

The clinical pathway of Acute Coronary Syndrome

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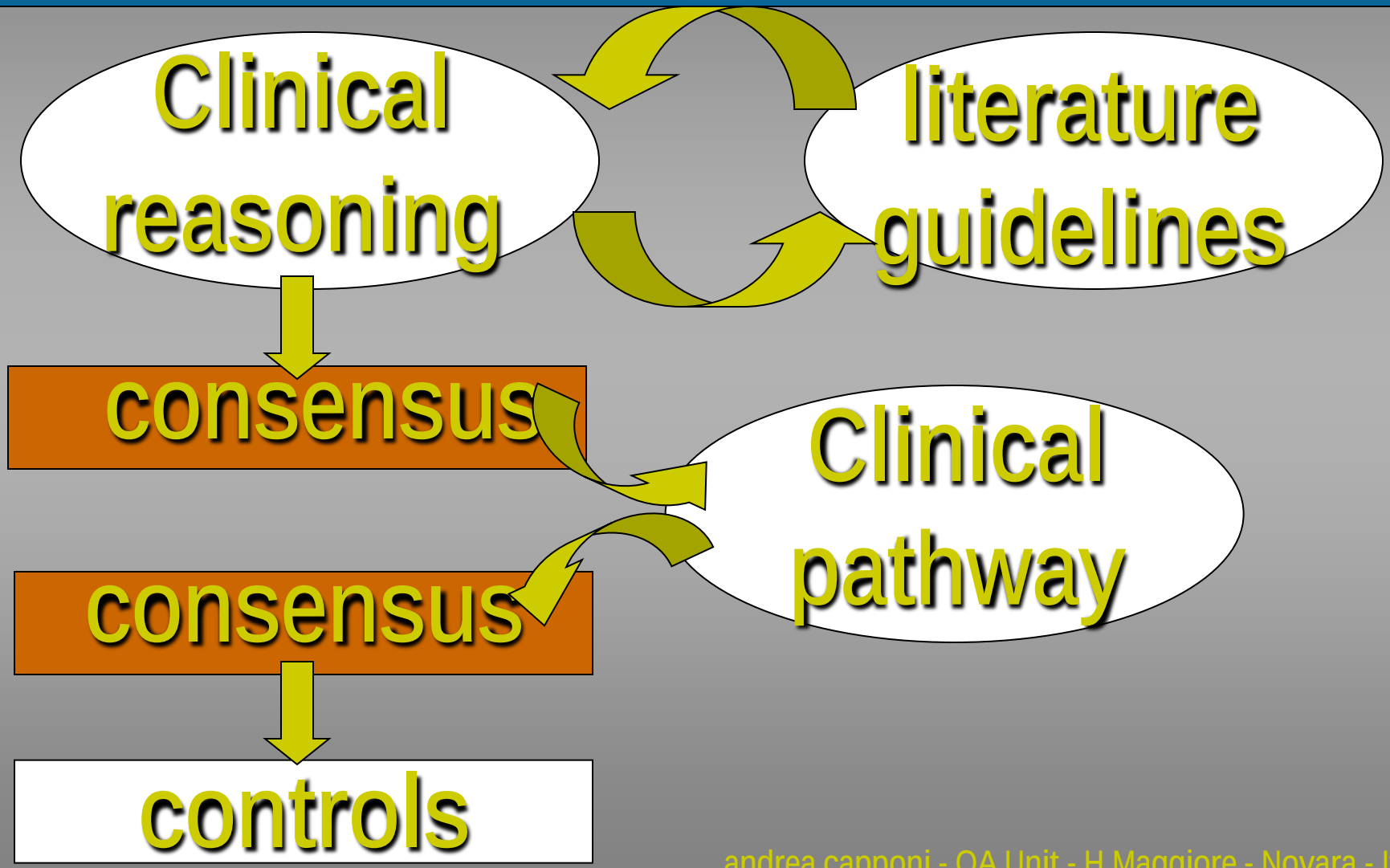
Clinical Pathways definition



Clinical Pathways definition

Documents

01 - Pathology description
02 - Clinical reasoning
03 - Guidelines searching strategy
04 - Admission/Discharge criteria
05 - Clinical pathway
06 - matrix of responsibility
07 - controls

CONTROLS

Clinical folder based indicators

1. ECG within 5 minutes
2. Thrombolytic agent within 30 minutes (Oryx)
3. PTCA (hemodynamics unit) within 30’ (Oryx)
4. Time to CABP (after PTCA) (1 day)
5. Time to CABP after angiography (7 days)
6. ASA at arrival (24h before-after admission) (Oryx)
7. ASA at discharge (if not contraindicated) (Oryx)
8. ACEI at discharge (if LVSD e EF <40%)(Oryx)
9. b-blockers at arrival (24h before-after admission) (Oryx)
10. B-blockers at discharge (Oryx)
11. Smoking cessation advise (Oryx)
12. Observance of the indications to PTCA
13. Observance of the indications to fibrinolysin
14. Evidence of decision taken on ST-guard

CONTROLS

Clinical database Indicators

1. % AMI with PTCA
2. % AMI with PTCA and CABP
3. % AMI with PTCA and CABP within 24h
4. Lenght of stay of AMI with PTCA
5. AMI mortality (Oryx)
6. AMI with PTCA mortality (Oryx)

Audit check-list

- The clocks at Emergency /Hemodynamics / ECG are synchronized?
- The Clinical Pathway is present, known, updated?
- Time of arrival at Hemodynamics is recorded in the clinical folder?
- Were all the working nurses trained for the ST guard?

CONTROLS

Clinical questionnaire

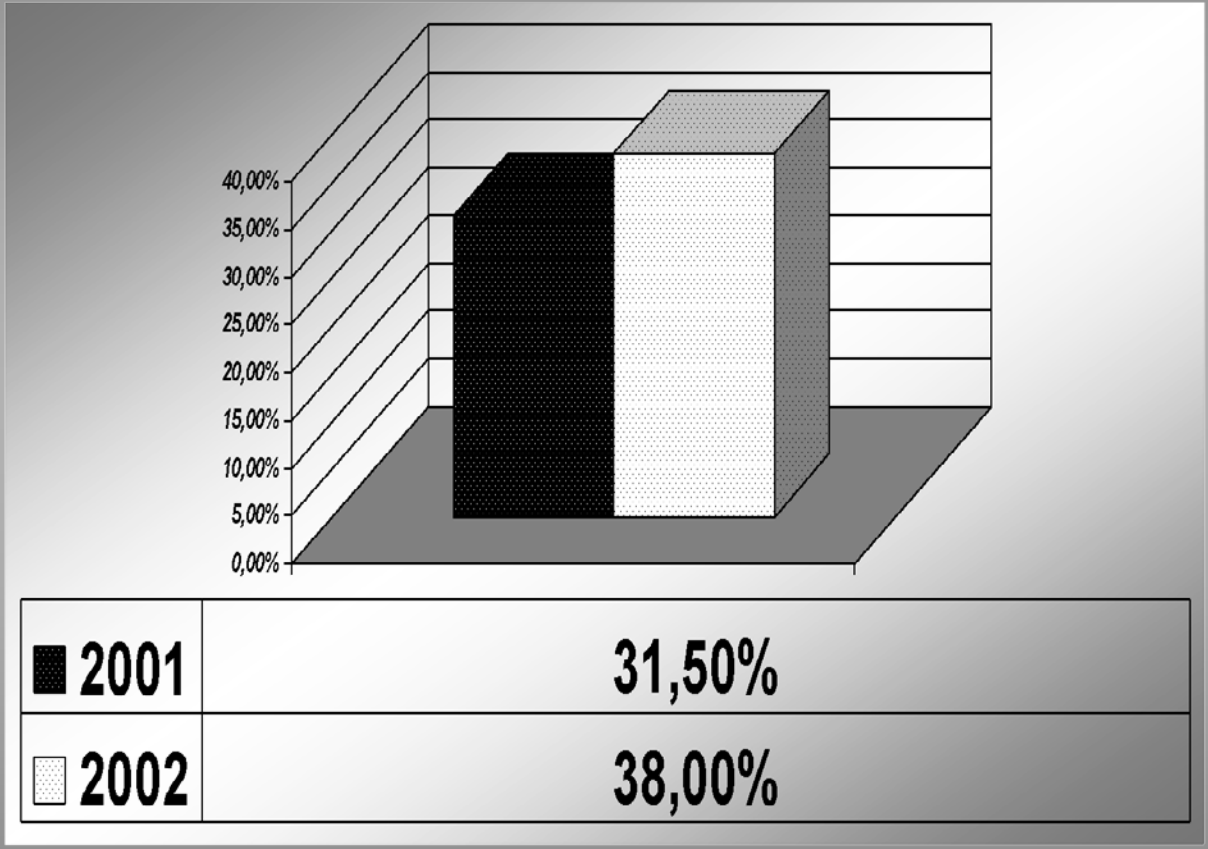
Which of the following question is true for the use of beta-blockers in patient with AMI?

1. Earl treatment doesn't change the survival, as far as it is given at the symptoms onset of hypertension.
2. Use of beta-blockers with intrinsic sympathicotonic activity significanty reduce one-year mortality.
3. *In 1000 patients with AMI six-month treatment with beta-blockers prevents 4 deaths and and one-year treatment 13 deaths.*

Which of the following question is true for the use of ACEI in patient with AMI and LVSD?

1. In 1000 pazients with AMI prolongued treatment with ACEI prevents 72 deaths
2. Use of ACEI in all patients with AMI significantly reduces reinfarction rates
3. Use of ACEI *is recommended in all patients with LVSD <40%*

Acute Coronary Syndrome



Year	NUM	DEN
2001	143	454
2002	179	471
chi square 4,31		
P: <0,05		

% AMI treated with PTCA

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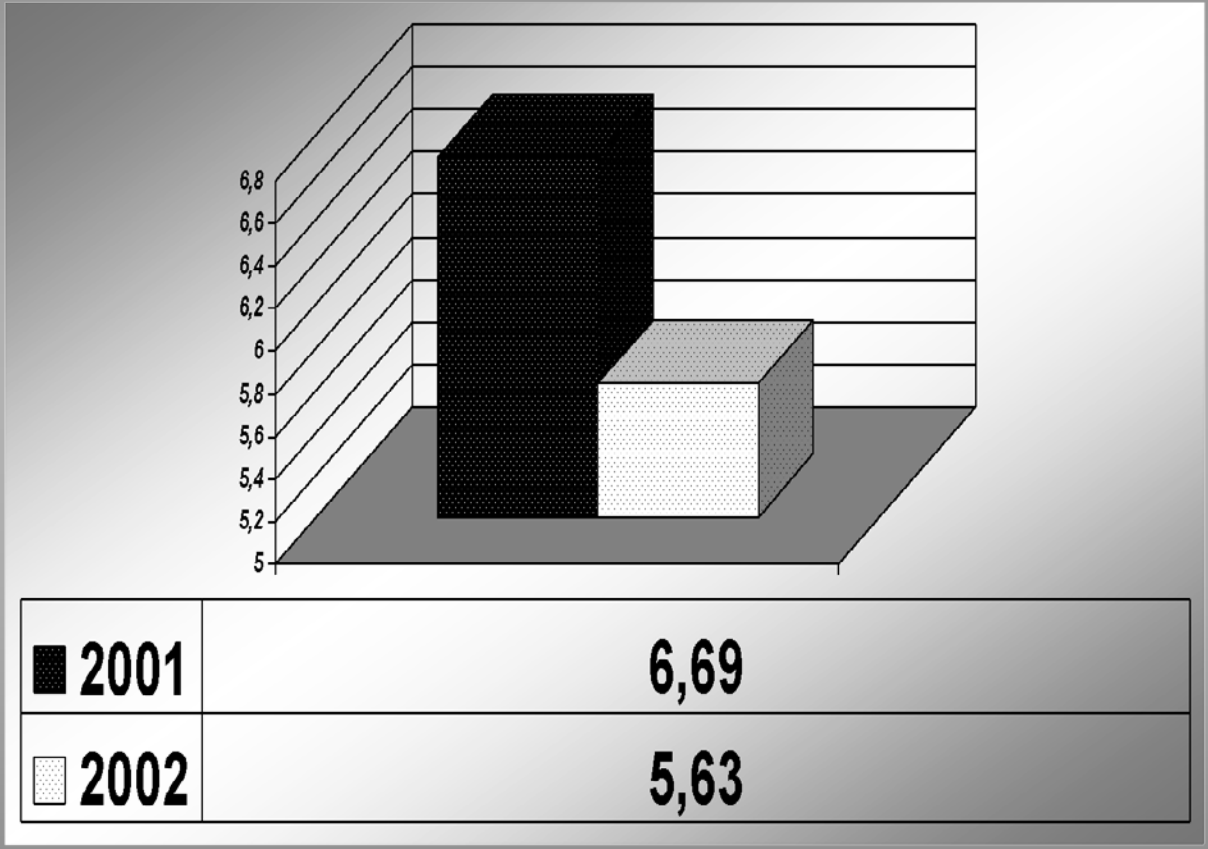
Acute Coronary Syndrome



Year	StDev	Cases
2001	3,86	454
2002	4,86	471
Student T 3,65		
p: <0,001		

LOS IMA with PTCA

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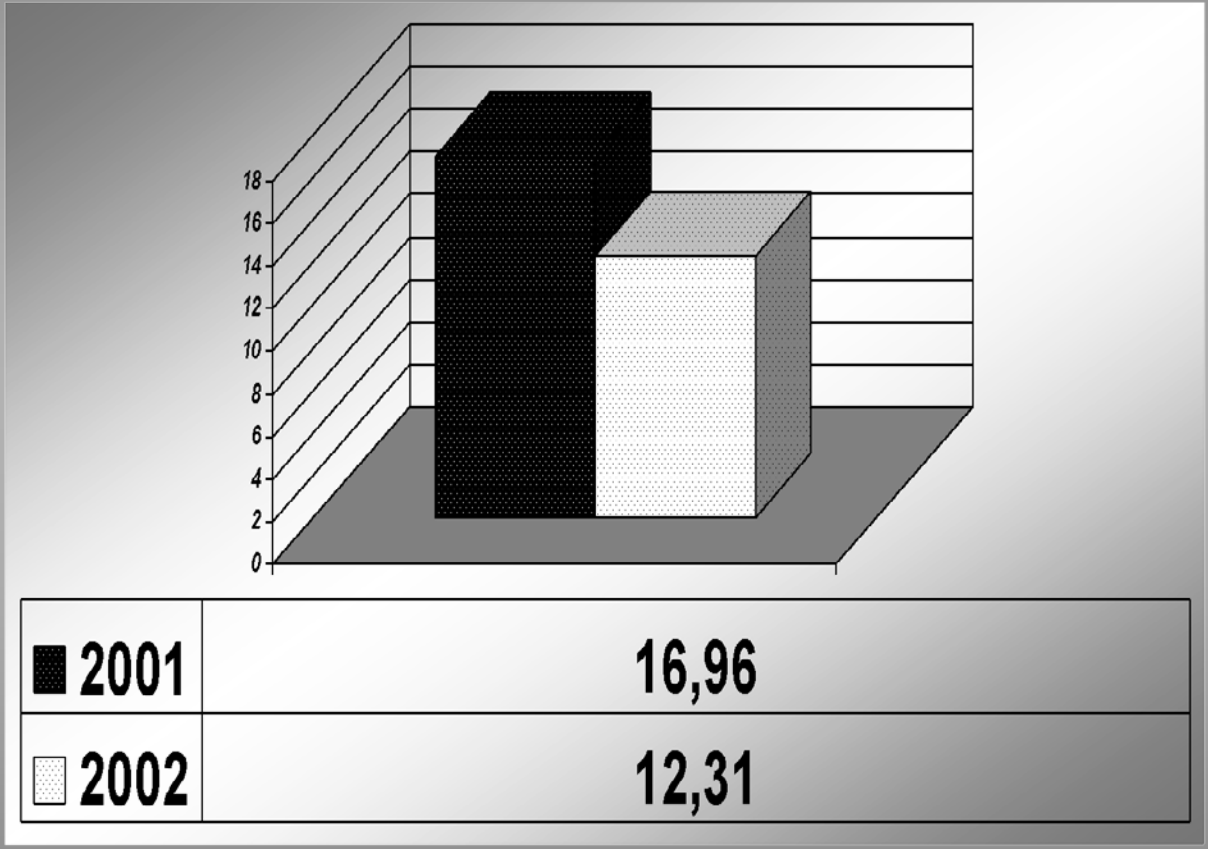
Acute Coronary Syndrome



Year	NUM	DEN
2001	77	454
2002	58	471
chi square 4,00		
p: <0,05		

Mortality in all patients

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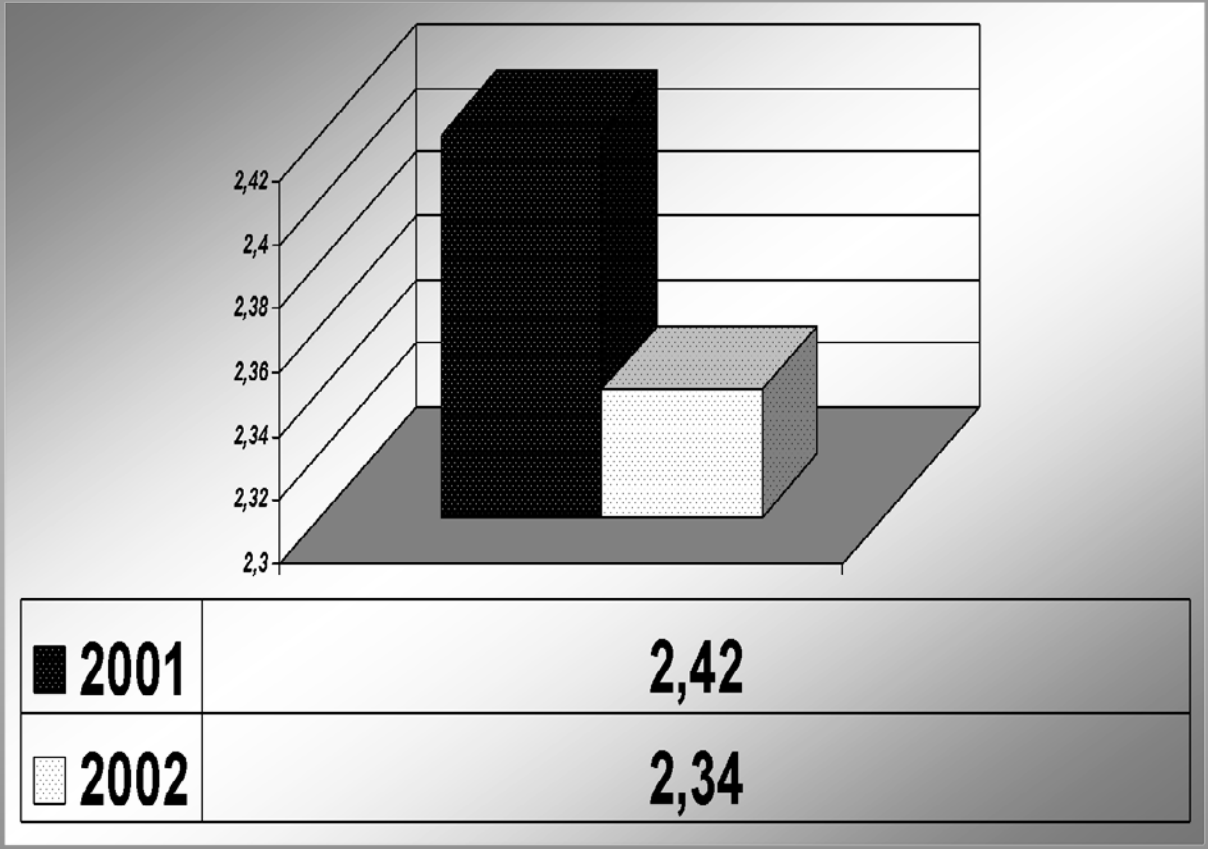
Acute Coronary Syndrome



Year	NUM	DEN
2001	11	454
2002	11	471
chi square 0,007		
p: n.s.		

Mortality in patients under 65

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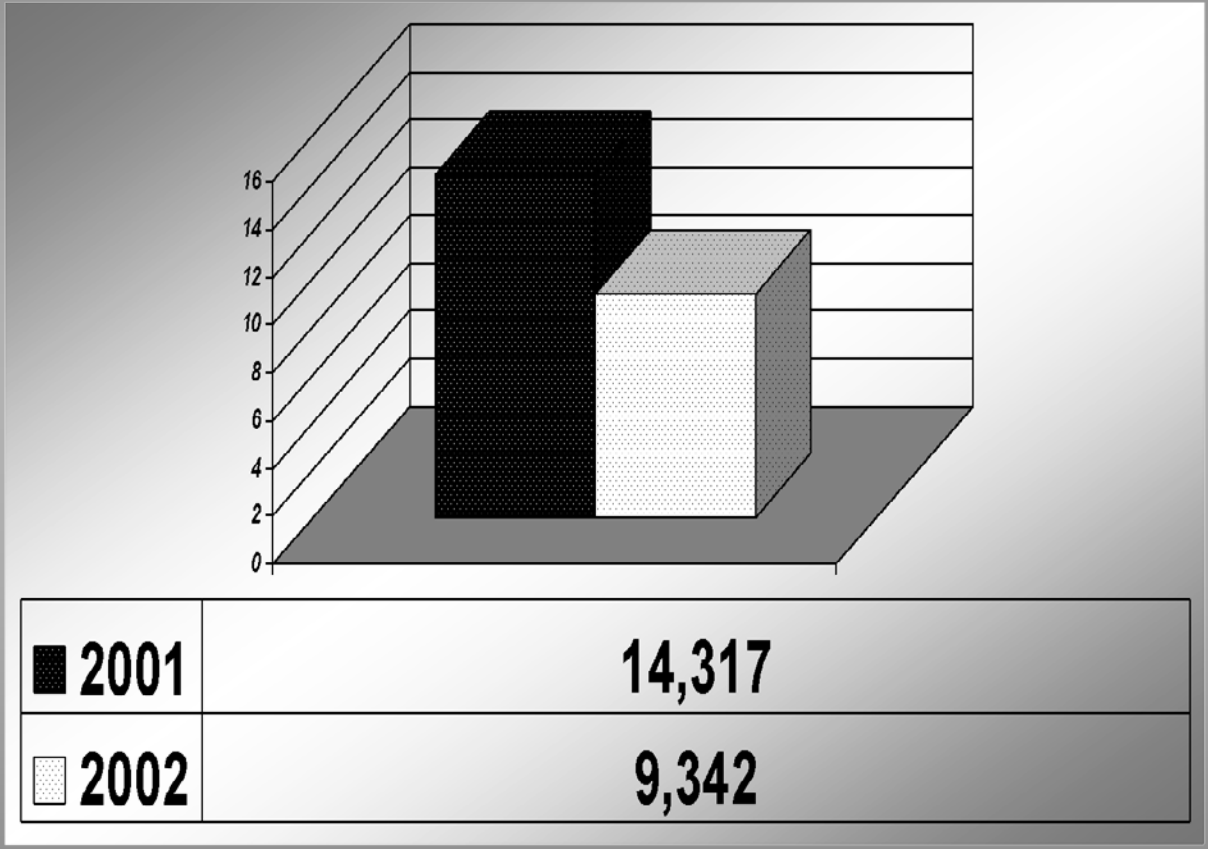
Acute Coronary Syndrome



Year	NUM	DEN
2001	66	454
2002	47	471
chi square 4,47		
p: <0,05		

Mortality in patients over 65

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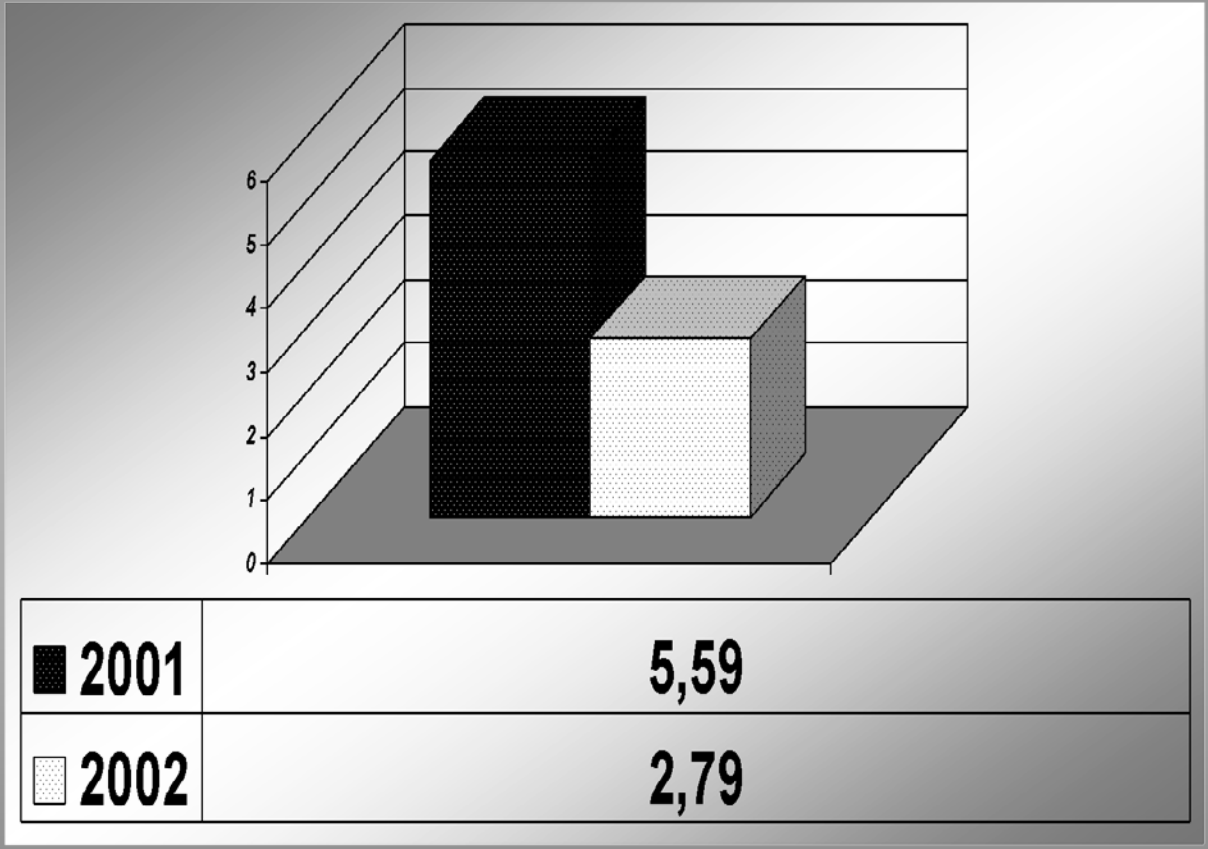
Acute Coronary Syndrome



Year	NUM	DEN
2001	8	143
2002	5	179
chi square 1,60		
p: n.s.		

Mortality IMA with PTCA

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CONCLUSIONS

1. The clinical pathway increased the accessibility to PTCA in A.C.S.
2. has helped in increasing the efficiency, by reducing the LOS
3. has contributed towards lowering the mortality
4. Mortality lowering concerned patients over 65
5. Mortality lowering is likely due to the increase of ACS treated with PTCA (PTCA is a low-mortality technique).

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