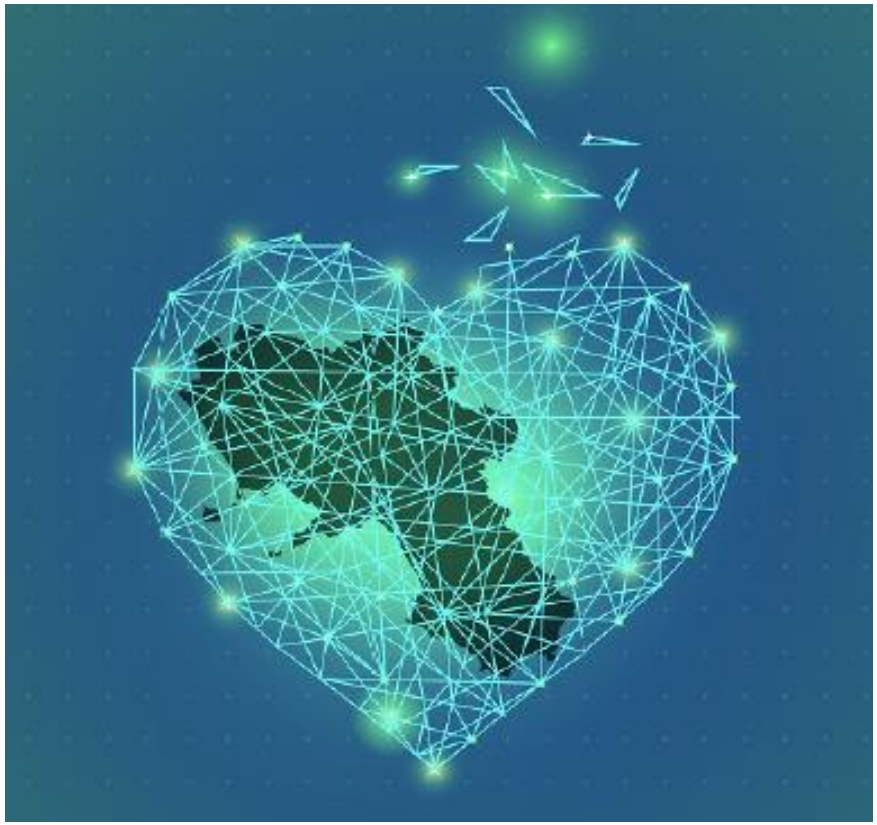


SCA CAMPANIA: I PROSSIMI PASSI

Giovanni Esposito
Professore Ordinario di Cardiologia,
Università degli Studi di Napoli "Federico II"

NAPOLI

OSPEDALE "ANTONIO CARDARELLI"
AULA MEDITERRANEO

Via Antonio Cardarelli, 9

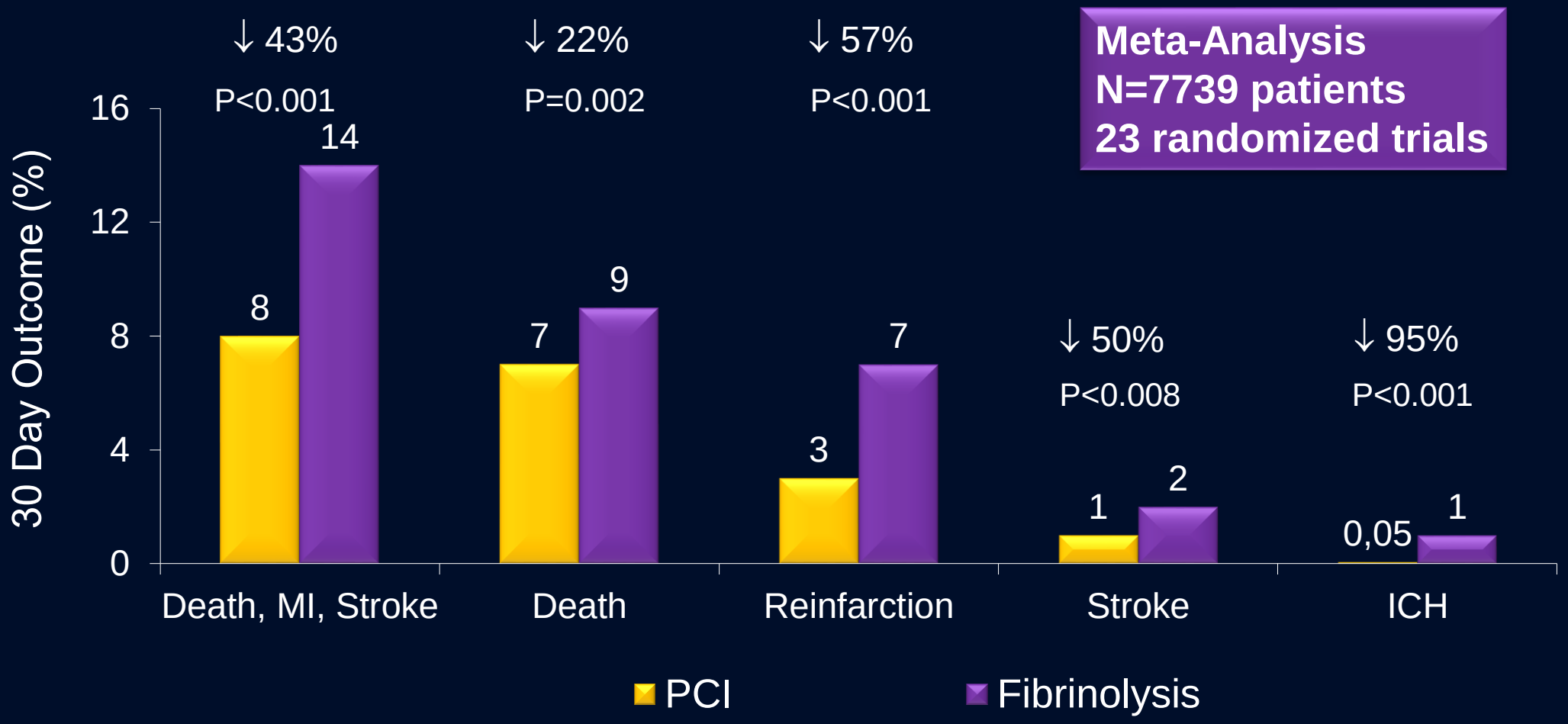
3 DICEMBRE 2019

GESTIONE CLINICA DELLA SINDROME CORONARICA ACUTA IN REGIONE CAMPANIA

2019 MOTORE SANITÀ
Gestire il Cambiamento

Reperfusion Strategy in Acute MI

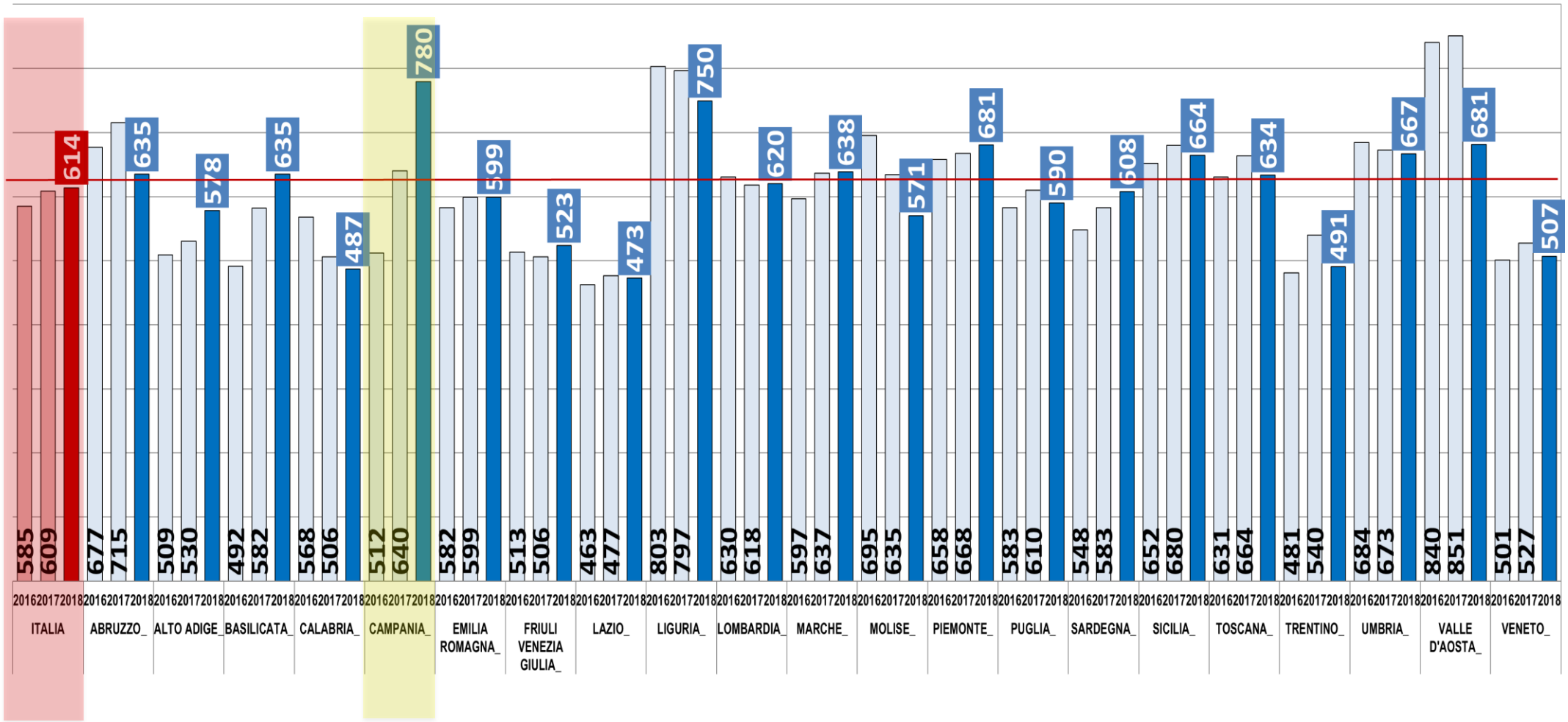
Keeley EC et al. *Lancet* 2003;361:13



23 deaths, 44 MI's and 11 strokes prevented for every 1000 pts treated with primary PCI instead of fibrinolysis

pPCI/1.000.000 Abitanti

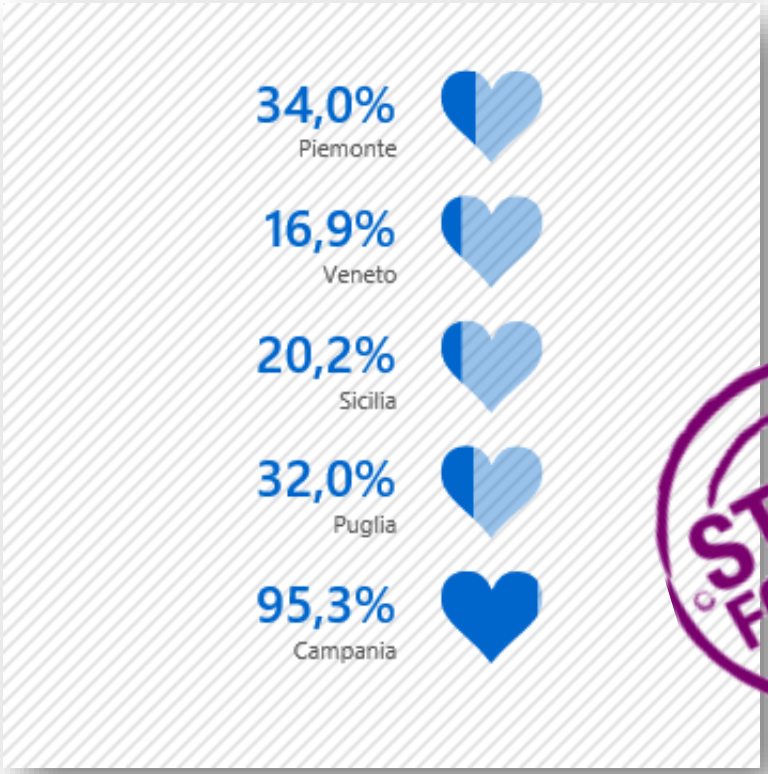
Italia e Regioni 2016-2018

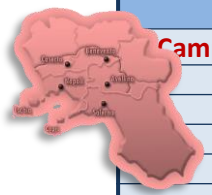


thinkheart with GISE

CAMPANIA 2018

REGIONI TARGET DI SFL - STENT FOR LIFE: PPCI CON DELTA % 2012-2018





Regione	Anno	pPCI	Δ n.	Δ %
Piemonte	(Inizio studio SFL) 2012	2.475	70	13,96%
	2013	2.581	22	3,89%
	2014	2.649	7	1,18%
	2015	2.791	34	5,65%
	2016	2.896	27	4,24%
	2017	2.933	10	1,55%
	2018	2.978	23	3,50%
	aumento 2012-2018		192	34,0%
Veneto	(Inizio studio SFL) 2012	2.133	9	2,13%
	2013	2.167	4	1,01%
	2014	2.237	10	2,29%
	2015	2.344	22	4,77%
	2016	2.461	25	5,26%
	2017	2.587	26	5,28%
	2018	2.486	-20	-3,83%
	aumento 2012-2018		77	16,9%
Sicilia	(Inizio studio SFL) 2012	2.994	52	9,54%
	2013	3.139	29	4,84%
	2014	3.221	4	0,70%
	2015	3.353	26	4,16%
	2016	3.307	-7	-1,03%
	2017	3.438	28	4,32%
	2018	3.339	-16	-2,31%
	aumento 2012-2018		118	20,2%
Puglia	(Inizio studio SFL) 2012	1.823	11	2,48%
	2013	2.160	83	18,46%
	2014	2.089	-23	-4,22%
	2015	2.334	60	11,73%
	2016	2.377	12	2,17%
	2017	2.479	27	4,63%
	2018	2.388	-20	-3,30%
	aumento 2012-2018		151	32,0%
Campania	(Inizio studio SFL) 2012	2.156	49	14,97%
	2013	2.297	24	6,44%
	2014	2.375	6	1,63%
	2015	2.838	80	19,67%
	2016	2.994	28	5,69%
	2017	3.739	129	25,13%
	2018	4.543	139	21,76%
	aumento 2012-2018		454	95,3%

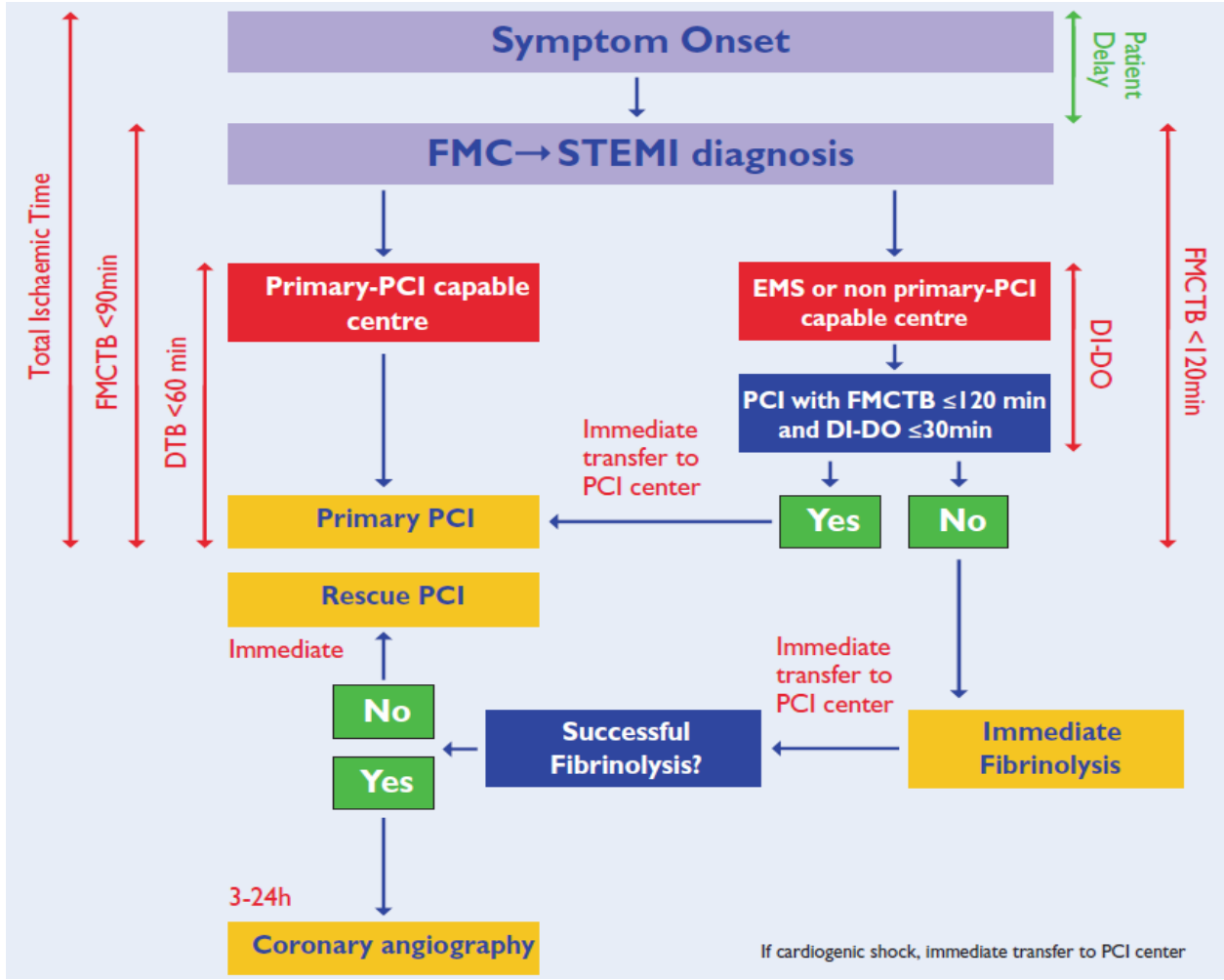
Optimizing Patient- and Health-System Delays in The Management of Acute MI

Windecker S et al. *Eur Heart J* 2014; 35:2541-619

1/3 of patients with evolving MI die before first medical contact!

Networks and Logistics to Reduce Delays

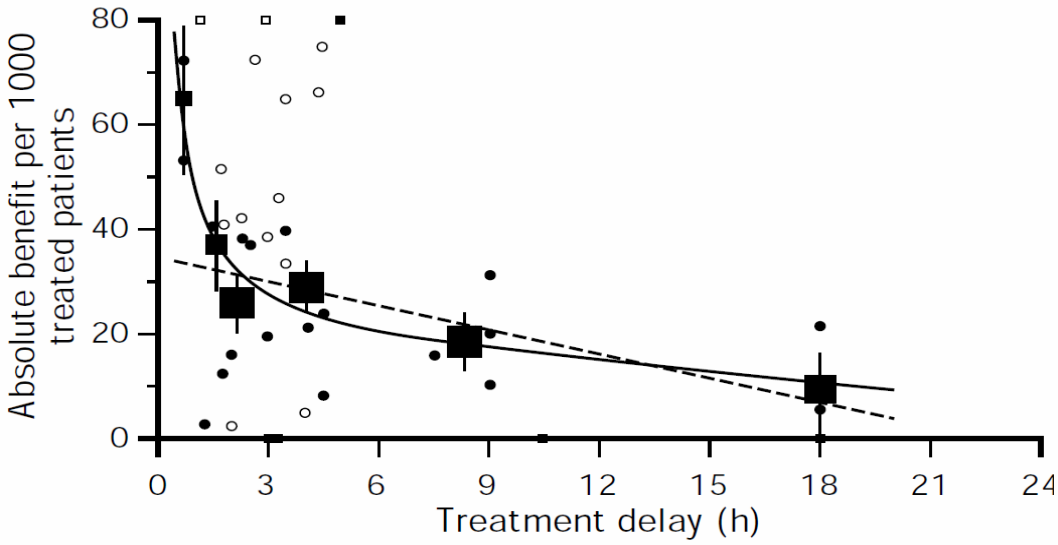
- Established AMI protocols and monitoring of time delays
- Setup of regional networks to deliver reperfusion therapy
- Prehospital ECG acquisition and catheterization lab activation
- Bypassing non-PCI capable hospitals and emergency rooms



Relation Between Time To Reperfusion and Mortality Reduction

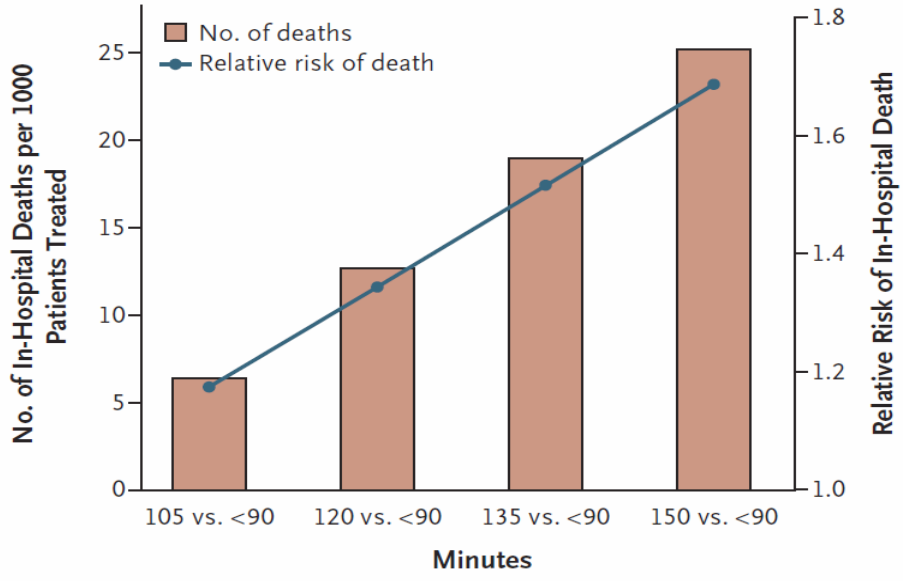
Fibrinolysis and Treatment Delay

Boersma E et al. *Lancet* 1996



Primary PCI and Treatment Delay

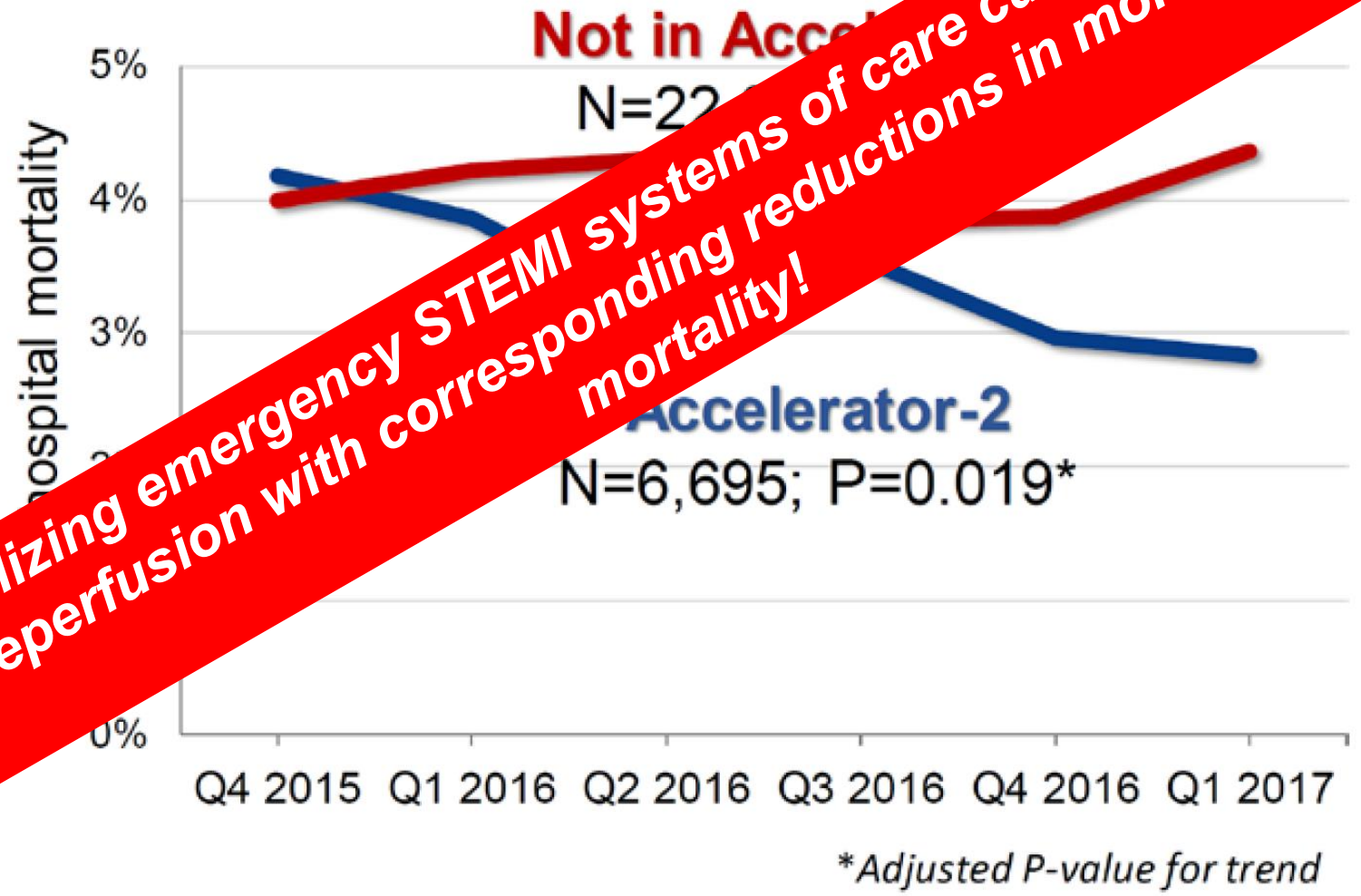
Nallamothu BK et al. *N Engl J Med* 2007



Impact of a Regionalization of STEMI Care: Lifeline Accelator-2

Jollis JG et al. *Circulation* 2018;137:376–387

12 Metropolitan Regions across US with 132 PCI-cente… …encies

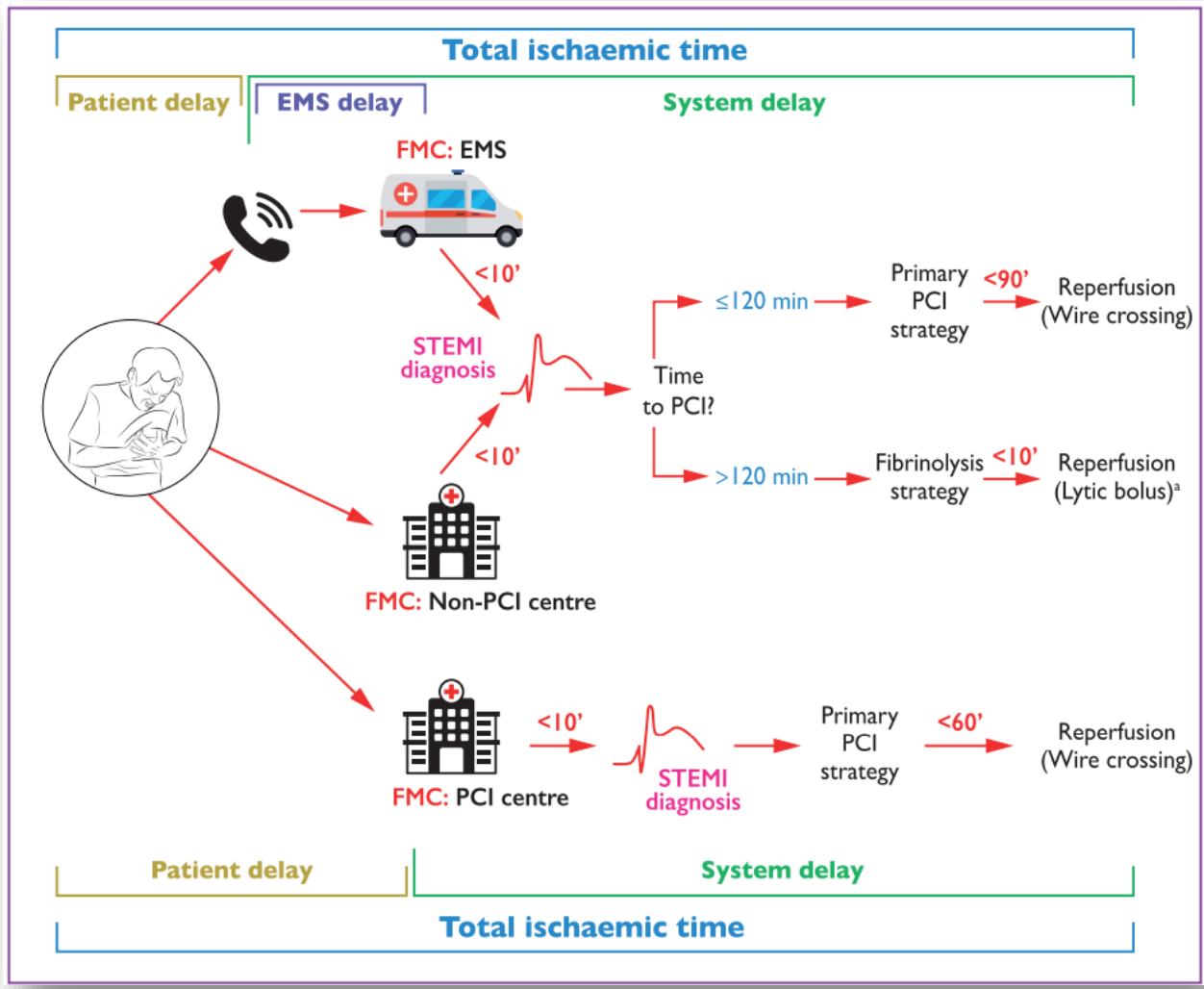


Regionalizing emergency STEMI systems of care can reduce the time to reperfusion with corresponding reductions in morbidity and mortality!

OTTIMIZZAZIONE TEMPI DI ACCESSO:

UTILIZZO DEL 118

Modes of patient presentation in STEMI patients



Ibanez et al. Eur Heart J 2017

Self Transport Vs. Emergency Medical Service Transport among STEMI Patients

Mathews R et al. *Circulation* 2011; 124:154-63

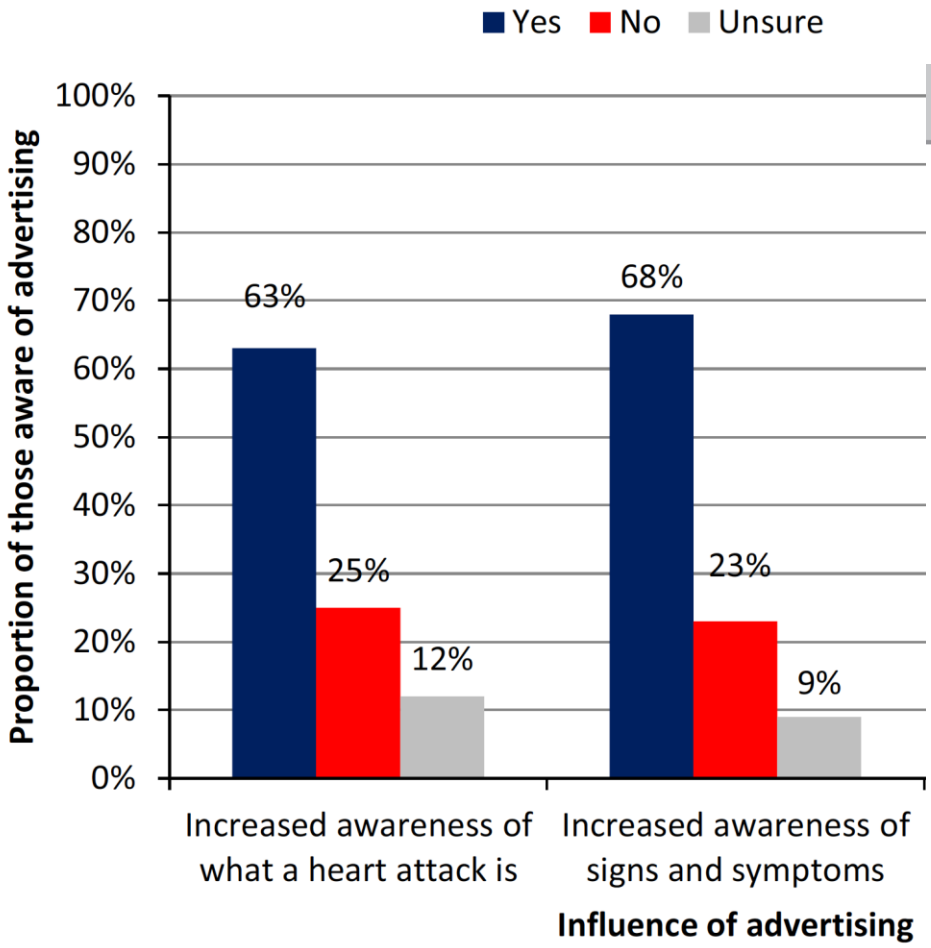
N=37,634 Pts – EMS Transport used only in 60% of patients

	Self-Transport (n=15 049), min	EMS Transport (n=22 585), min	*P*
Symptom-onset-to-hospital-arrival time	120 (60–285)	89 (57–163)	<0.0001
Time to ECG	8 (4–14)	5 (2–10)	<0.0001
Door-to-balloon time†	76 (61–93)	63 (48–80)	<0.0001
Door-to-needle time‡	29 (18–51)	23 (13–36)	<0.0001

Mass Media Campaigns' Influence on Prehospital Behavior for Acute Coronary Syndromes

Bray JE et al. *J Am Heart Assoc* 2015;4:e001927

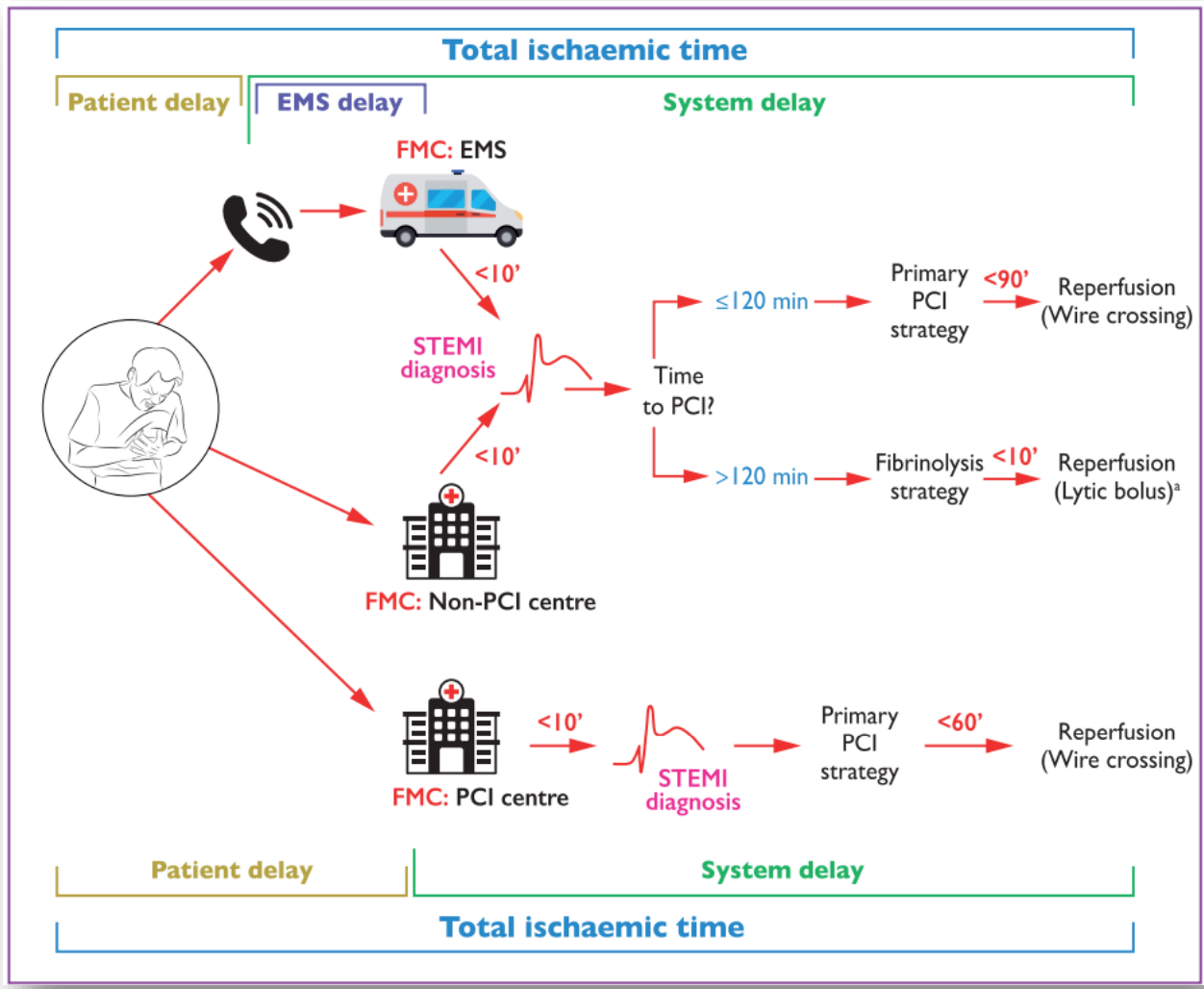
199 Pts with ACS admitted to an Australian Hospital



Model	Covariates	OR (95% CI)	*P* Value
Patient delay ≤1 hour*	Aware of campaign	2.25 (1.03 to 4.91)	0.04
	≥10 years' education	1.99 (1.03 to 4.91)	0.05
	Recognize symptoms as heart related	4.52 (2.11 to 9.68)	<0.001
	Symptoms came and went	0.17 (0.08 to 0.36)	<0.001
	Choosing to wait and see if symptoms would go away	0.39 (0.18 to 0.86)	0.019
	STEMI	3.22 (1.30 to 7.96)	0.011
	Sudden onset	3.22 (1.53 to 6.80)	0.002

TRASPORTO SECONDARIO

Modes of patient presentation in STEMI patients

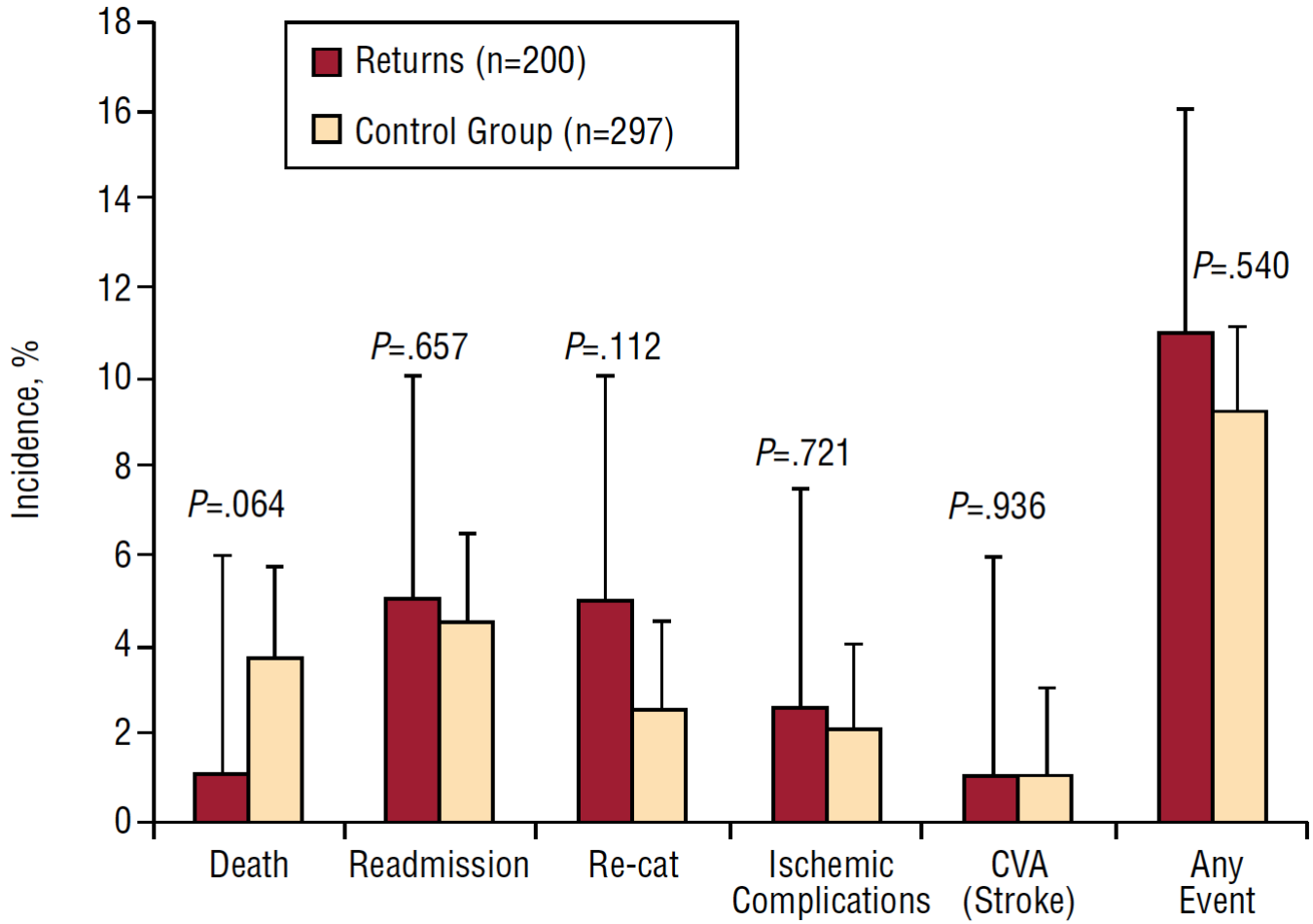


Ibanez et al. Eur Heart J 2017

TRANSFER BACK TO A REFERRING NON-PCI HOSPITAL IN STEMI PATIENTS

Estévez-Loureiro R et al. *Rev Esp Cardiol. 2009;62:1356-64*

497 STEMI Pts – Clinical Outcomes @30 days

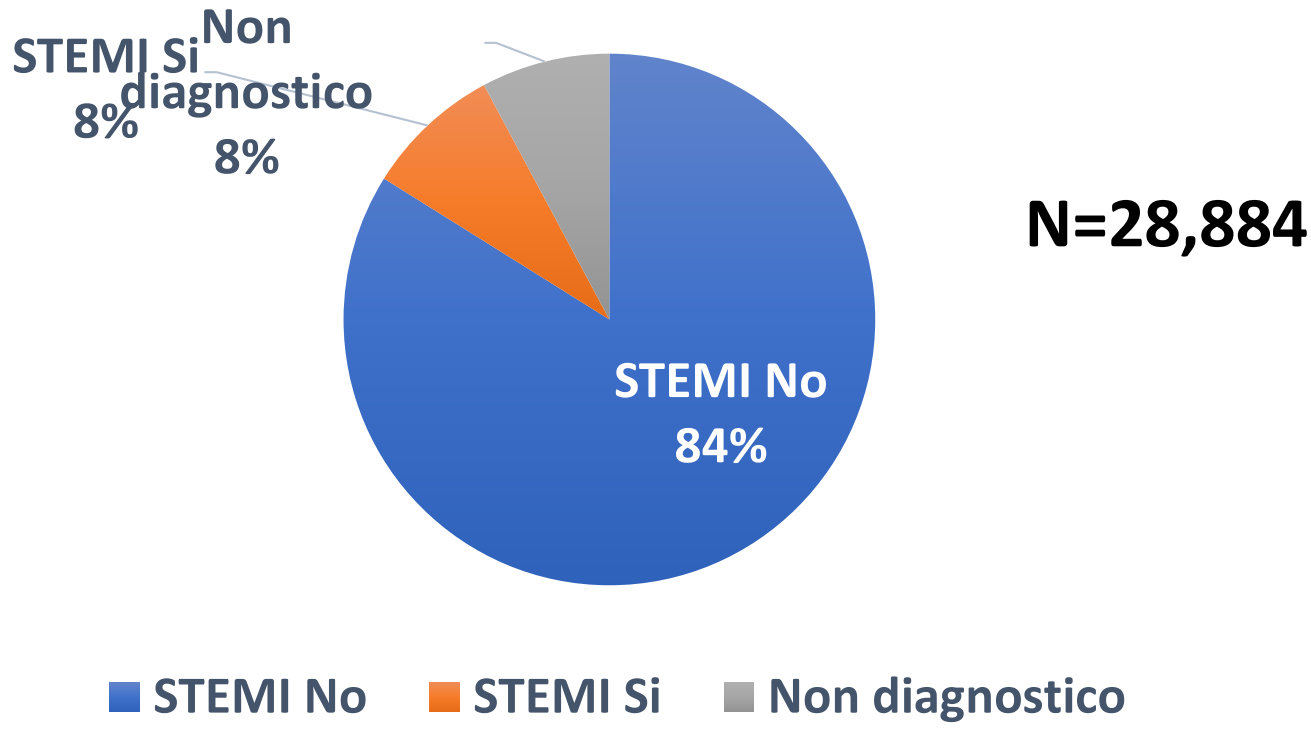


TRANSFER BACK TO A REFERRING NON-PCI HOSPITAL: 2017 ESC GUIDELINES

Transfer back to a referring non-PCI hospital		
Same day transfer should be considered appropriate in selected patients after successful primary PCI, i.e. those without ongoing myocardial ischaemia, arrhythmia, or haemodynamic instability, not requiring vasoactive or mechanical support, and not needing further early revascularization.[263]	IIa	C

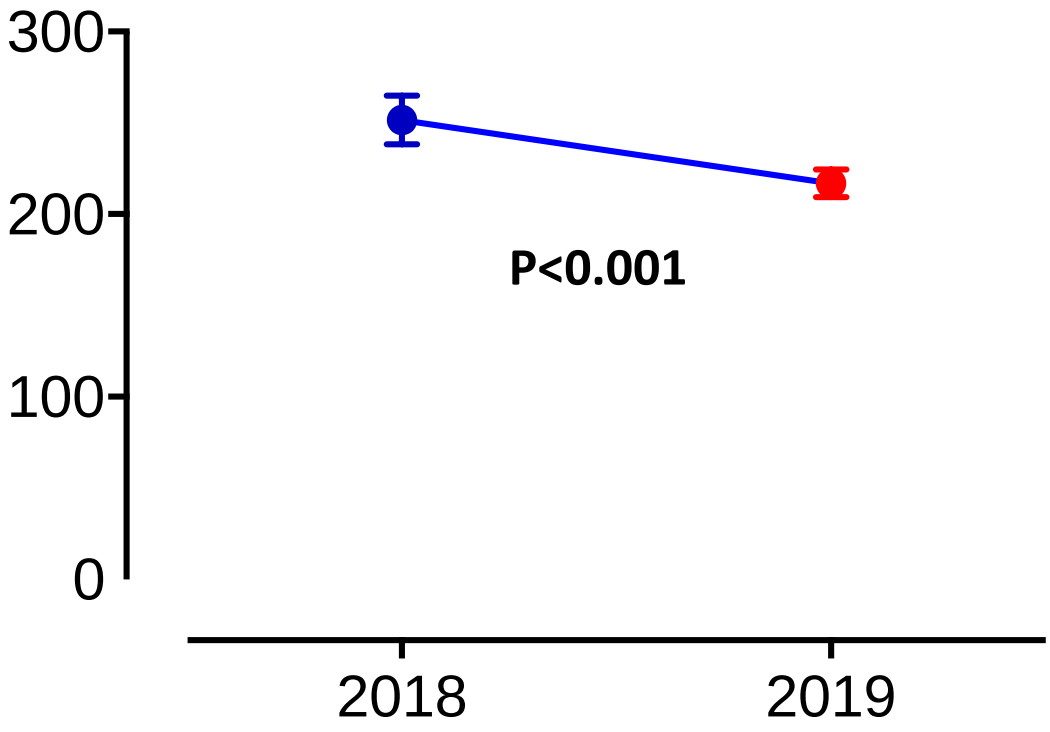
OTTIMIZZAZIONE
SISTEMA REFERTAZIONE ECG

DIAGNOSI RETE IMA 2018-2019: ASL NA1-2-3

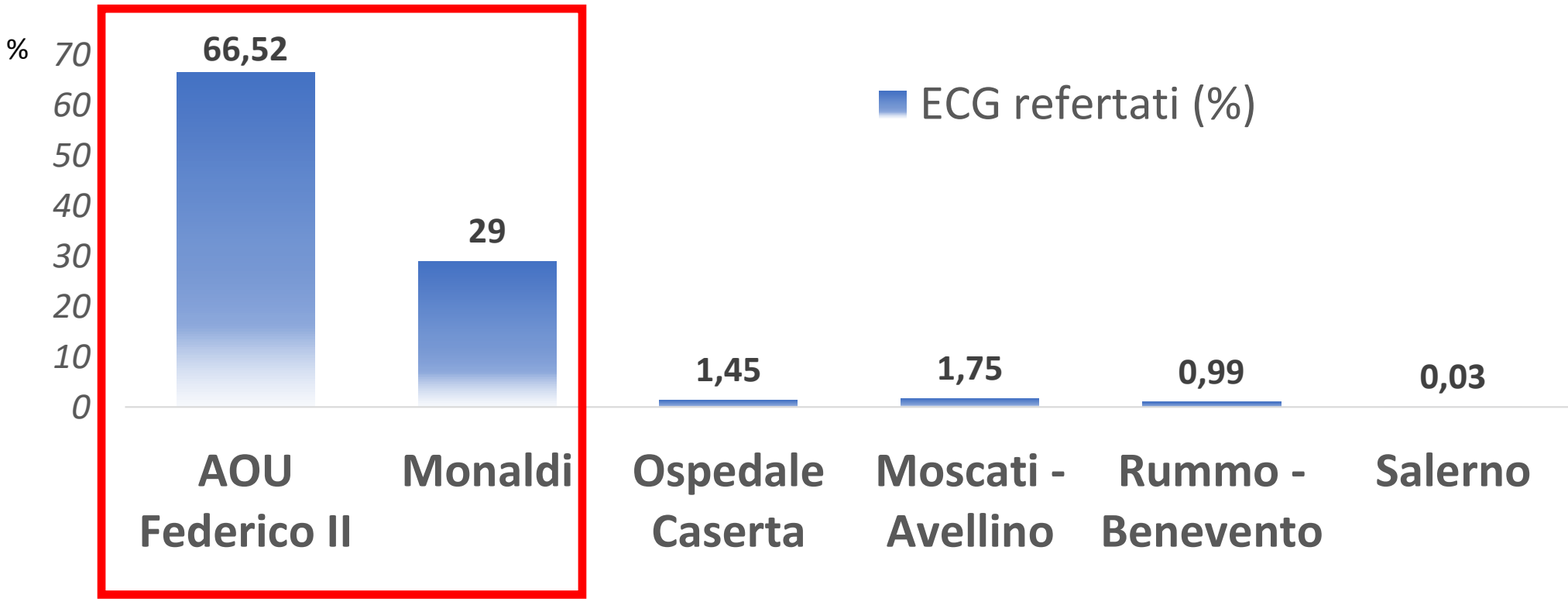


Tempi Medi di Refertazione ECG: 2018 Vs. 2019

Tempo medio di refertazione:
251 vs. 216 secondi

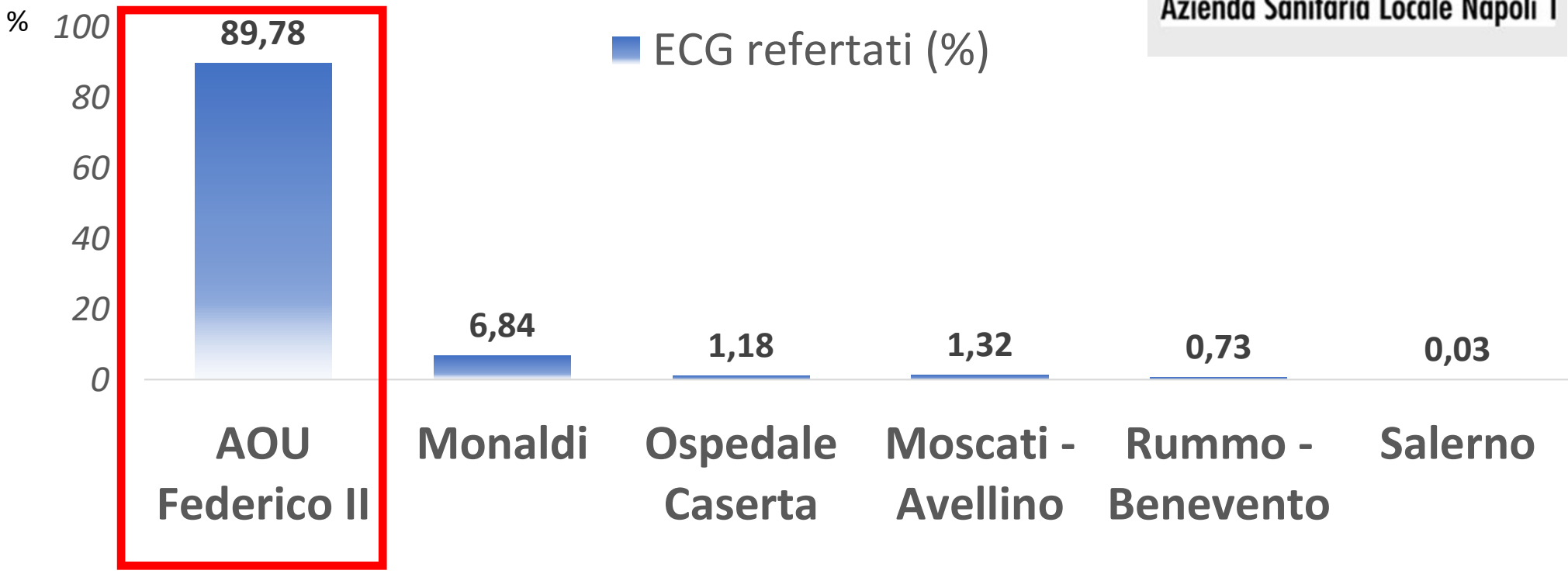


REFERTAZIONE ECG PER ASL NA1-2-3

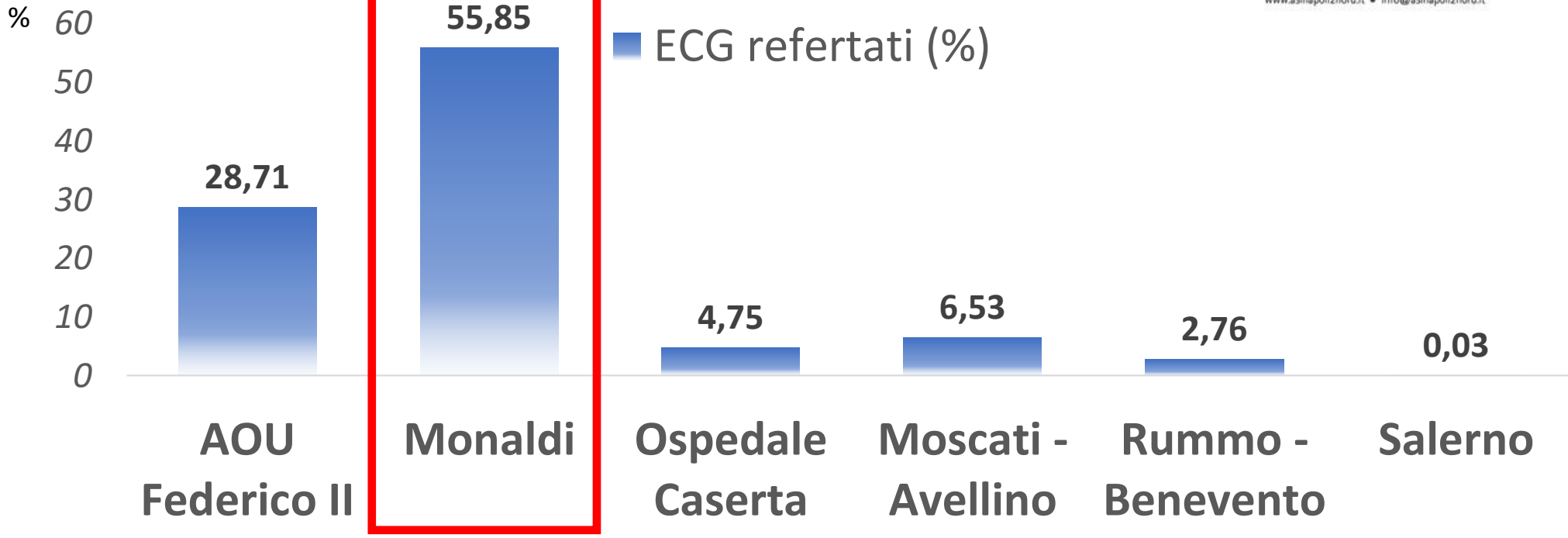


Analisi basata 28,840 ECG refertati nel 2018-2019

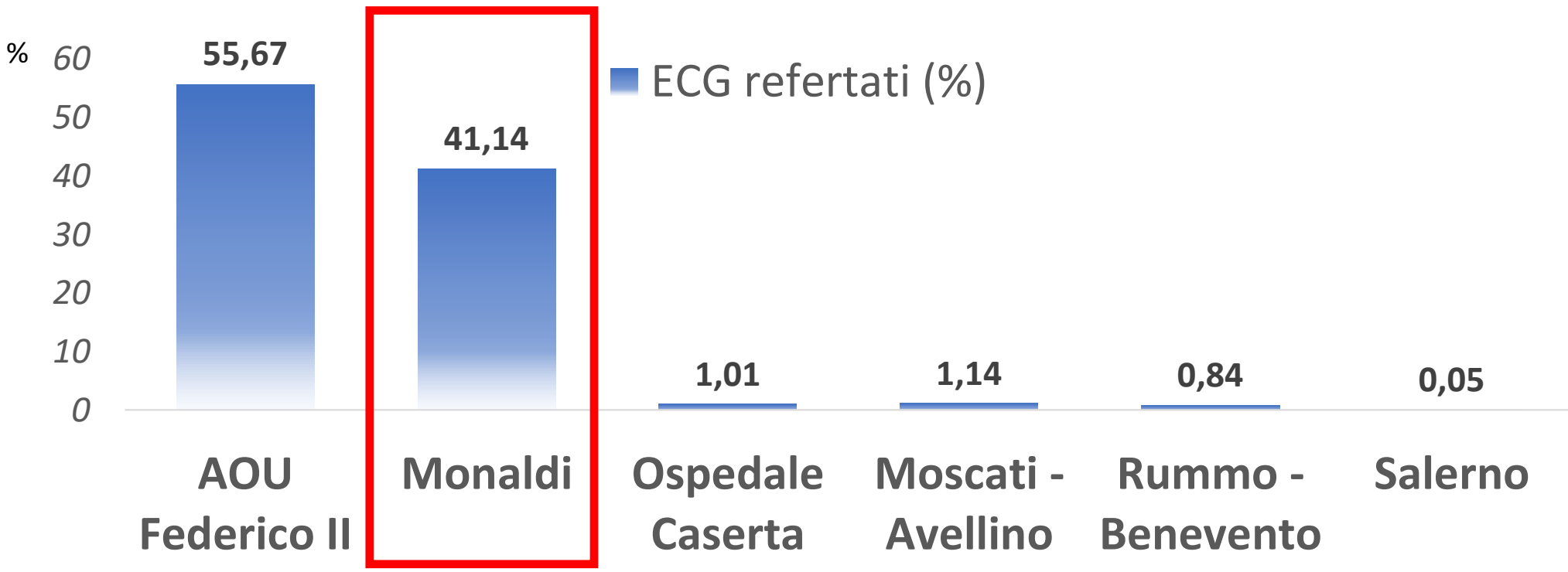
REFERTAZIONE ECG PER ASL NA1



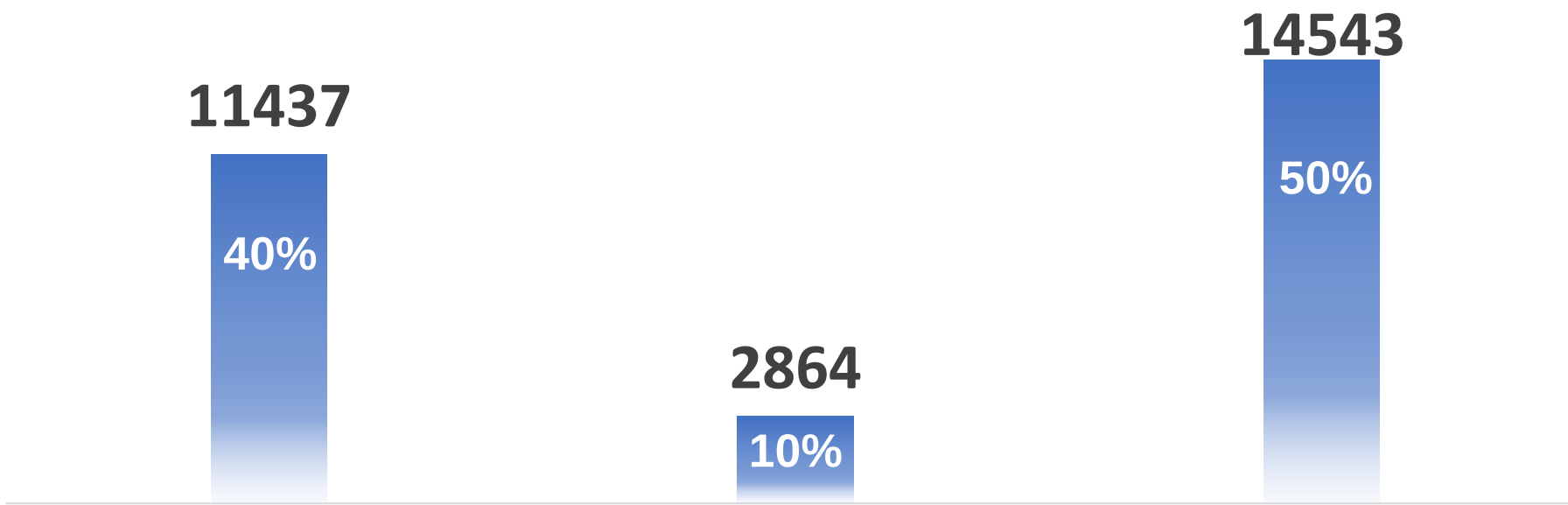
REFERTAZIONE ECG PER ASL NA2



REFERTAZIONE ECG PER ASL NA3

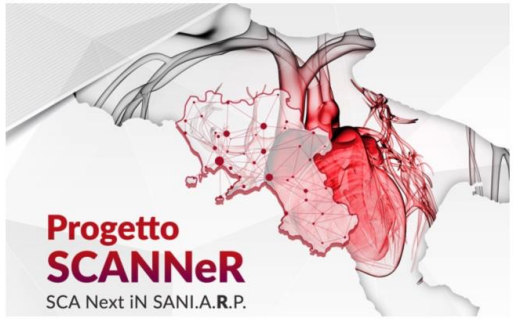


UTILIZZO RETE IMA IN RELAZIONE ALL'ASL DI PROVENIENZA



PERCORSI REGIONALI POST-SCA

Progetto SCANNeR: SCA Next in SANI.A.R.P.



L'alta incidenza delle patologie cardiovascolari rende necessaria una profonda riflessione in merito alle politiche Regionali che governano il processo di assistenza e che devono permettere la presa in carico del paziente al fine di garantire, attraverso il coordinamento delle funzioni, il raggiungimento dell'equilibrio tra appropriatezza, sostenibilità e adesione ai trattamenti.

Obiettivi:

- Condividere il valore di appropriatezza della piattaforma Sani.ARP;
- Condividere la necessità di raggiungimento dell'obiettivo di appropriatezza attraverso i codici ICD9
- Condividere l'acquisizione delle credenziali Sani.ARP per i cardiologi ambulatoriali ASL e convenzionati per la gestione della continuità terapeutica sul territorio del paziente cronico
- Condividere le condizioni che, nel contesto regionale, influenzano la gestione del paziente con SCA e ad alto rischio di recidiva ischemica;
- Condividere la necessità di sviluppo di PDTA integrati nel piano delle cronicità;
- Individuare progettualità medico-scientifiche utili per colmare gli unmet needs regionali nella gestione e il follow-up del paziente con SCA ad alto rischio recidiva ischemica oltre i 12 mesi

The Hawthorne Effect

You can’t improve what you don’t measure!

If you can’t measure something,
you can’t understand it.

If you can’t understand it,
you can’t control it.

If you can’t control it,
you can’t improve it.

Criticità Rete IMA

Common Barriers to Building a successful STEMI Network of Care

Kaifoszova Z et al.
EuroIntervention 2016;12:14-17

Insufficient number or geographical spread of 24/7 catheterisation laboratories (cathlabs), most typically concentration in big cities, shortage in less populated large areas.
Suboptimal cathlab staffing (possibly due to insufficient funding or training).
Inadequate reimbursement for the procedures performed.
Dissimilarities in STEMI management in different regions/cathlabs.
Delayed emergency service response, or inappropriate response, for example taking STEMI patients to the nearest Emergency Room even though it does not have a cathlab (lack of straightforward transport protocol).
Inadequately equipped emergency services, for example the ambulance does not have ECG equipment as standard, or personnel are inadequately trained.
Commercial bias in areas with excessive density of 24/7 cathlabs.
Lack of effective quality control (emergency medical services and PCI centres).
Low awareness of STEMI symptoms by patients and/or family, leading to delayed contact with emergency services.
Lack of a national registry demonstrating the current situation on a nationwide and local level pointing out the areas for improvement, measuring the impact of primary PCI and showing the progress made over a certain period of time.
Ineffective communication and collaboration among key parties, e.g., healthcare professionals, government representatives and/or patients.

GISE

William WIJNS Entrata - UNINA 13 ottobre 2019 11:57

Your impact on STEMI care delivery in Campania and beyond Dettagli

A: Giovanni Esposito, Cc: Prof. Dr. Giuseppe Tarantini, William Wijns

Dear Prof Esposito, dear Giovanni,

In final preparation of the upcoming anniversary GISE meeting
I have the following request for you

In the talk on MI treatment, I would like to refer to your achievement in obtaining a "decreto" that has changed completely and enabled the management of acute STEMI (and NSTEMI) patients in Campania, and after that, has influenced the care delivery in the rest of Italy

I remember the launching meeting in Napoli that I attended as Stent for Life chair
But I do not remember the date
Would you have any picture or any slide remembering the meeting
And/or the impact

I want to make the point that evidence is important but also how proper leadership can really make an impact on patient's lifes
Through re-organisation of care delivery
And you can be credited for that

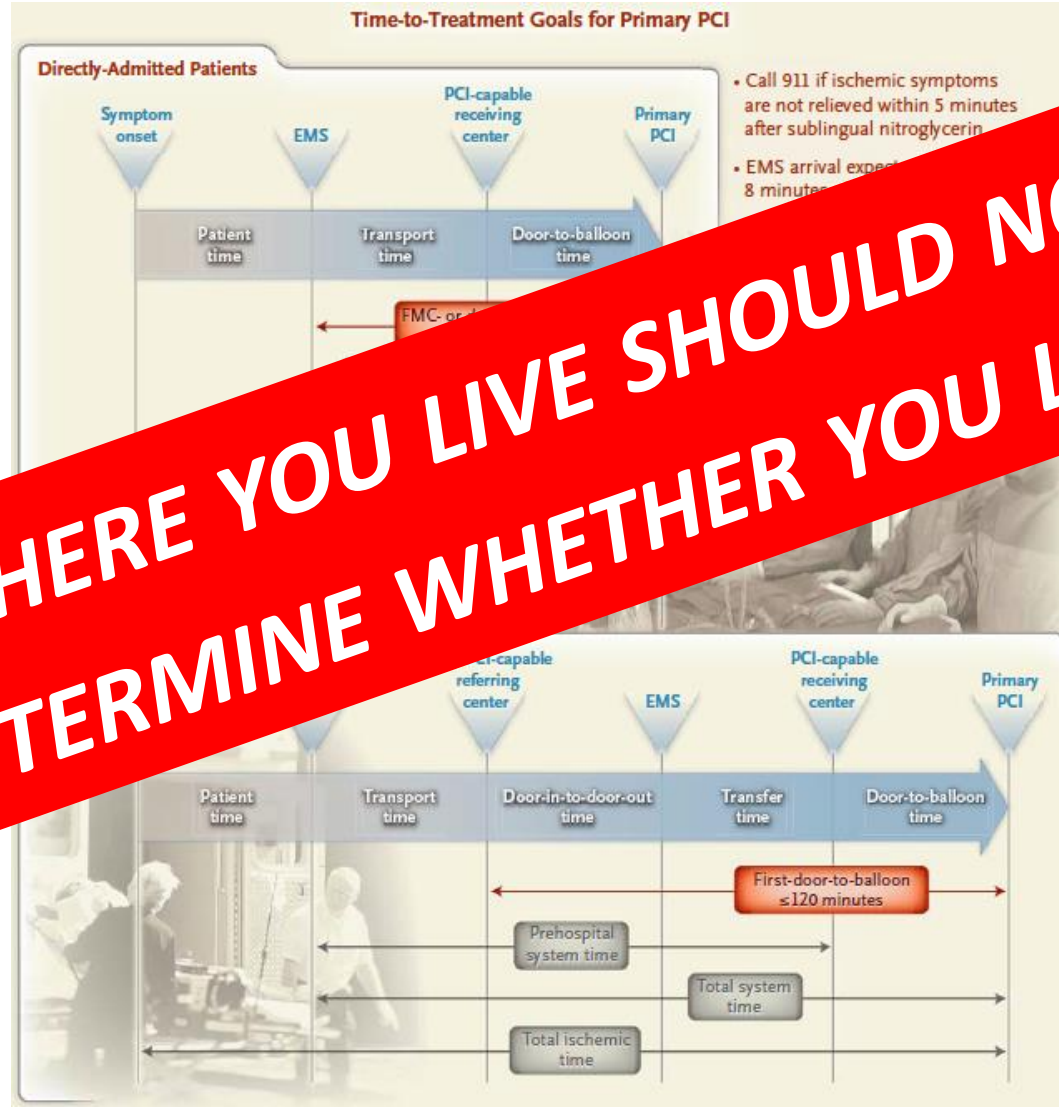
If you have any statement or 1 or 2 slides at hand that can substantiate that, it would be very helpful if you could forward them to me
Thanks in advance
WW

CONCLUSIONS

STEMI Management: Pre-Network Era

CONCLUSIONS

STEMI Management: Network Era



WHERE YOU LIVE SHOULD NOT DETERMINE WHETHER YOU LIVE!