

Surviving MI

AN ACC QUALITY INITIATIVE

Strategies for Ensuring 24/7 Cardiology Expertise, Ideally On-Site

Cardiologists are more likely than non-cardiologists to deliver evidence-based care of patients with cardiovascular disease¹ and to have better mortality rates for patients hospitalized with AMI². Many top performing hospitals have been successful in implementing round-the-clock cardiology staffing. Nonetheless, some institutions with limited resources face challenges in adopting this type of program.

EVIDENCE BASE FOR CARDIOLOGY COVERAGE ON SITE 24/7

- Cardiologists have greater training and experience in the care of patients with AMI.
- Cardiologists provide more accurate estimates of adverse event rates and more realistic risk-benefit assessments for patients.
- Hospitals with cardiologists (interventional, cardiologists, non-interventional cardiologists, or cardiology fellows) always on site have been shown to have significantly lower 30-day RSMR for patients with AMI.

MOST COMMON SCENARIOS FOR CONTINUOUS CARDIOLOGY COVERAGE

(To help hospitals deliver good AMI care, especially those without cardiologists on site 24/7)

Type of Hospital	Description of what Continuous Cardiology Coverage may look like Please email SurvivingMI@ACC.org to share your hospital's experience with ensuring continuous cardiology coverage.
Hospital with Primary PCI Program	<ul style="list-style-type: none"> • Single call activation protocol in place to alert everyone from ED to cath lab <ul style="list-style-type: none"> ○ EMS providers initiate pre-hospital activation of cath lab when STEMI patient identified ○ ED physician initiate single call activation immediately after patient arrives at hospital and is identified as requiring a cath lab procedure ○ Protocols to assist ED physician in identifying when to activate STEMI system ○ Have all necessary items for treatment of STEMI patient in one place (i.e., STEMI drug box) • Back-up plan in the event 2 STEMIs present near simultaneously • Back-up plan when single physician covers more than one hospital • Written protocols – STEMI, chest pain • Pharmacist involvement in management of AMI care (see metric #8 for more details) • Interventional cardiologist on site 24/7 <ul style="list-style-type: none"> ○ <i>If not possible</i>, then non-interventional Cardiologist on site 24/7 ○ <i>If not possible</i>, then Cardiology Fellow (if training hospital) on site 24/7 ○ <i>If not possible</i>, then Cardiologist available by phone and available to come in 24/7
Non-PCI Hospital	<ul style="list-style-type: none"> • Education program for ED staff on STEMI care • Well-developed and tested transfer protocols • Working with large system for timely transfer of STEMI patients • Feedback loop for transferring hospital to know the outcome of transferred patients

References

1. Go, A.S., Rao, R.K., Dauterman, K.W., Massie, B.M., 2000. A systematic review of the effects of physician specialty on the treatment of coronary disease and heart failure in the United States. *Am Journal Med* 108, 216–226. doi:10.1016/S0002-9343(99)00430-1.
2. Jollis JG, DeLong ER, Peterson ED, et al. Outcome of acute myocardial infarction according to the specialty of the admitting physician. *N Engl J Med* 1996; 335:1880–7.