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 disease\(^1\) and to have better mortality rates for patients hospitalized with AMI\(^2\). 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)

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<tr>
<th>Type of Hospital</th>
<th>Description of what Continuous Cardiology Coverage may look like</th>
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| Hospital with Primary PCI Program                     | • Single call activation protocol in place to alert everyone from ED to cath lab  
  o EMS providers initiate pre-hospital activation of cath lab when STEMI patient identified  
  o ED physician initiate single call activation immediately after patient arrives at hospital and is identified as requiring a cath lab procedure  
  o Protocols to assist ED physician in identifying when to activate STEMI system  
  o 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  
    o If not possible, then non-interventional Cardiologist on site 24/7  
    o If not possible, then Cardiology Fellow (if training hospital) on site 24/7  
    o If not possible, then Cardiologist available by phone and available to come in 24/7 |
| Non-PCI Hospital                                       | • 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