



# Patras Primary Radial - Valves

## Primary PCI

Delays in establishing primary PCI  
networks in Greece

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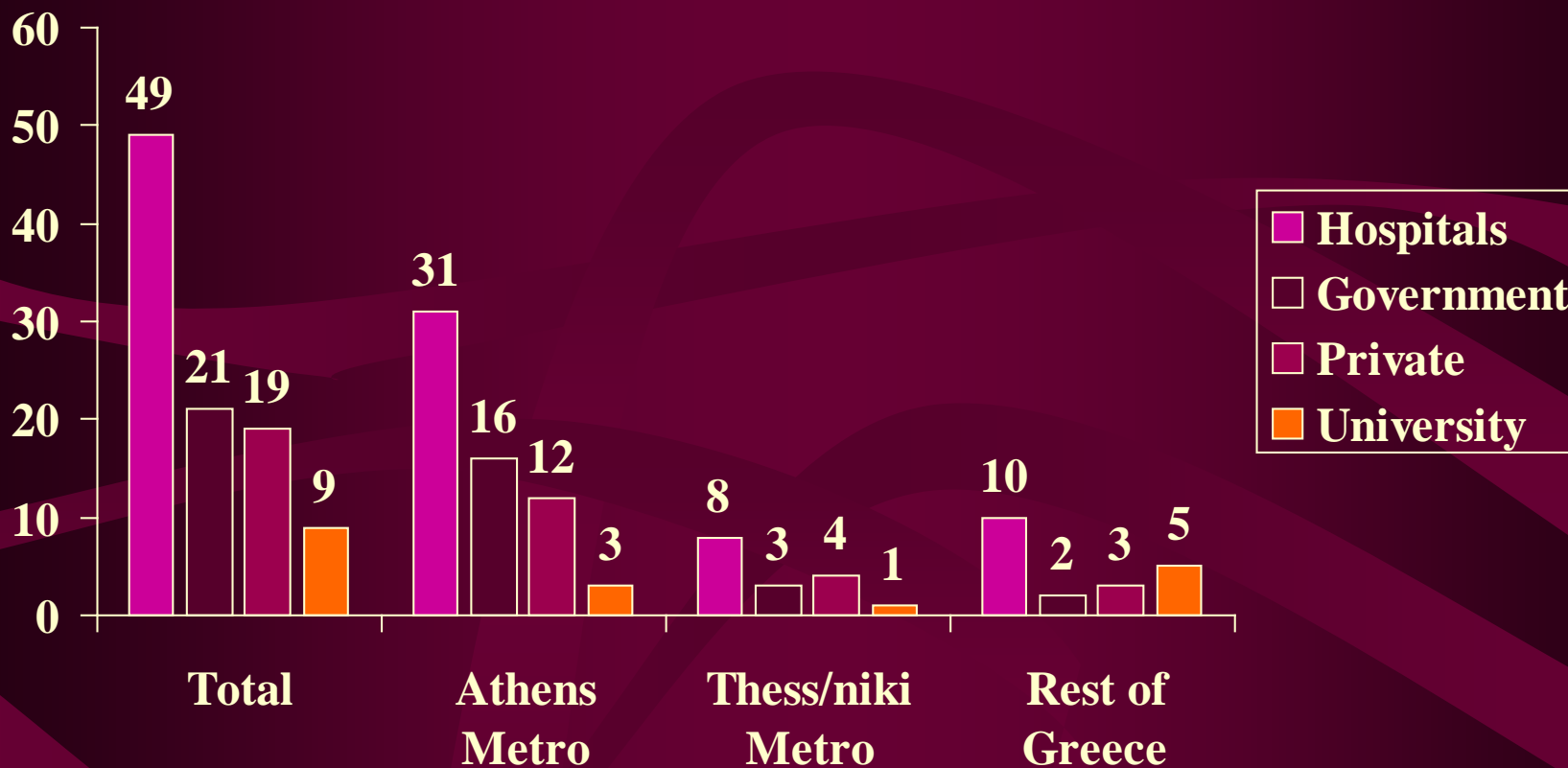
# Patras Primary Radial-Valves

- Nothing to declare

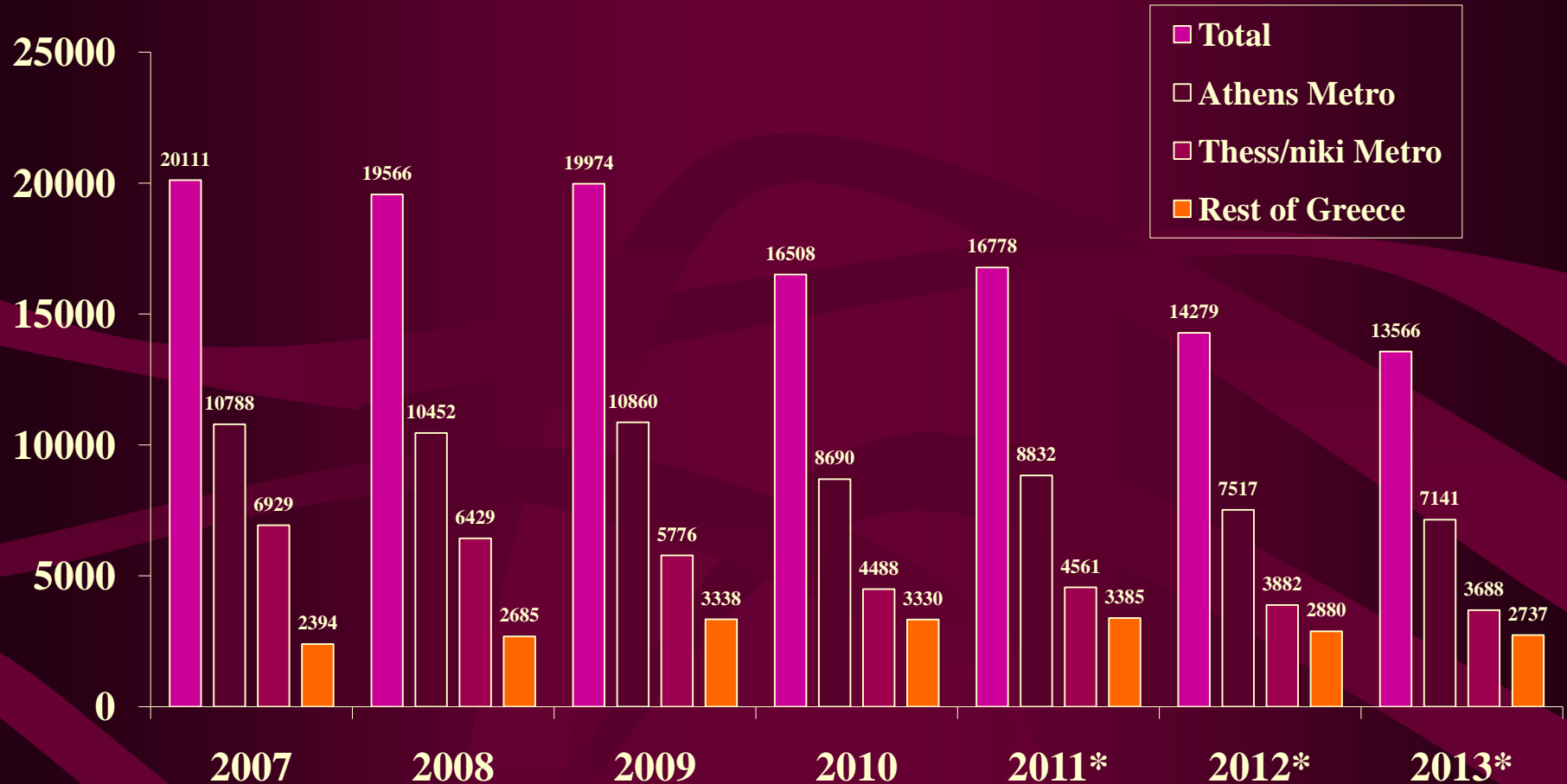
# Establishing a Primary PCI network

- High-volume primary PCI Center/Operators 24/7 (“hub”)
- Multiple Referring Hospitals (“spoke”)
- Creating a plan for each referring hospital for primary vs facilitates vs delayed PCI
- Making the plan to work (EMS-Triage-ED of Referring Hospital-EMS-Accepting Hospital)
- Analyze pitfalls-Assess results

# PCI Centers: 2013

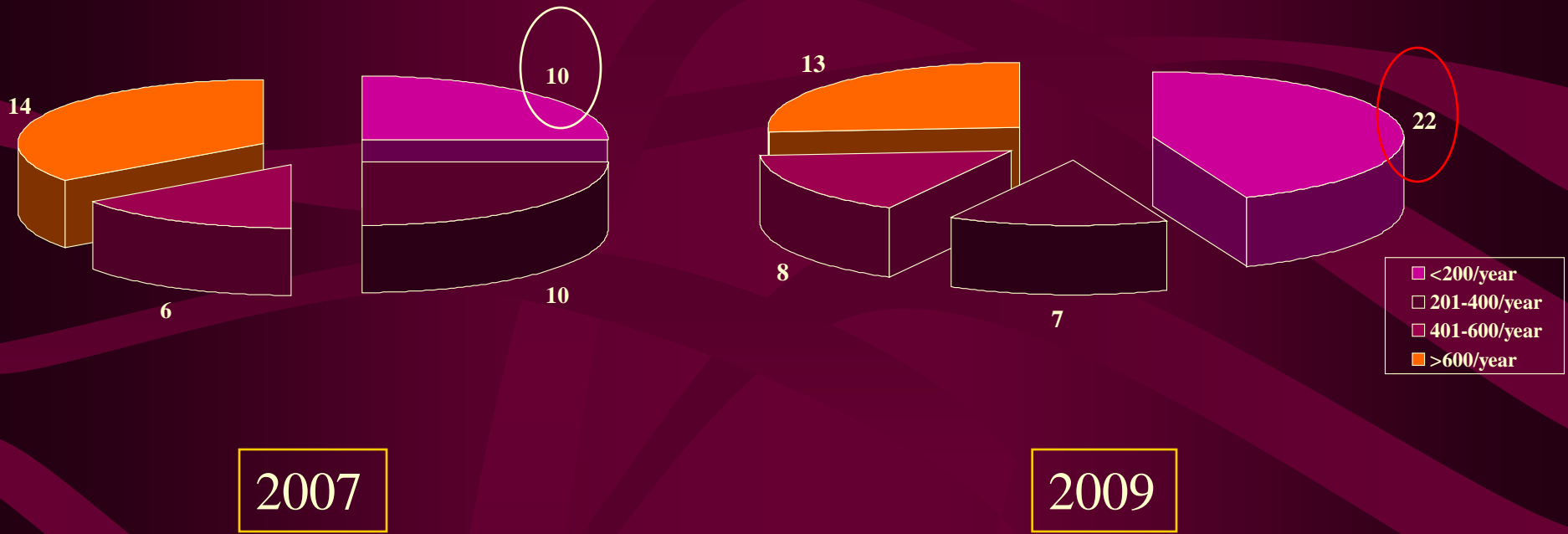


# PCI Procedures 2007-2013



\* Estimated numbers

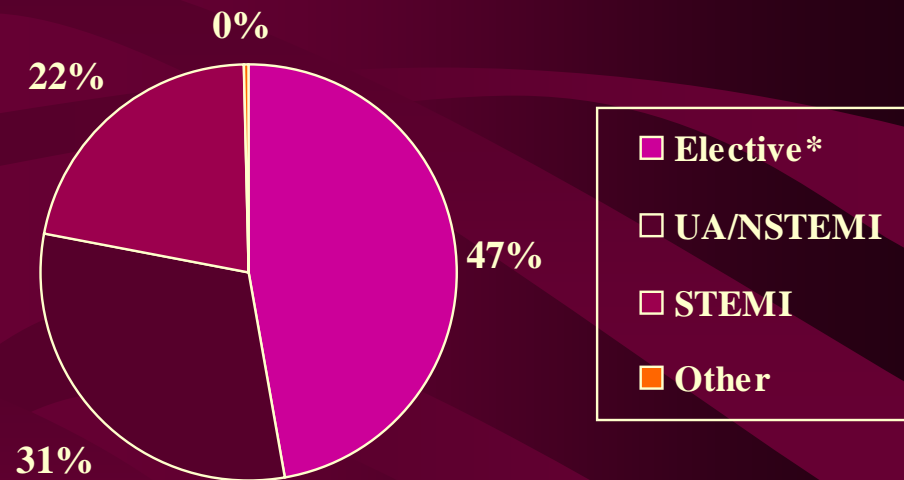
# PCI Volume per Center: 2007-2009



# Hellenic PCI Registry (2/2008-10/2010)

n=3441 patients: PCI Indication

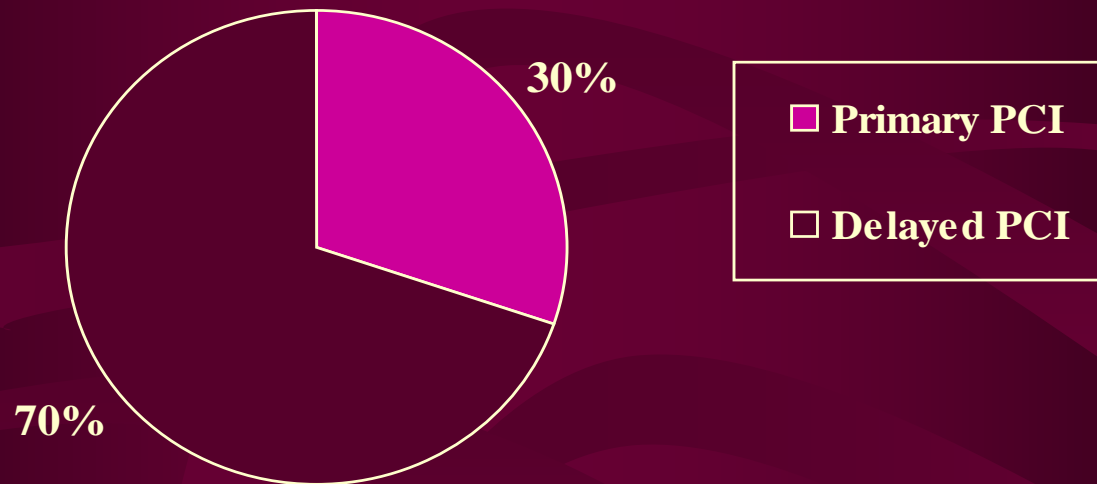
<b>Elective PCI*</b>	1622 (47.1%)
<b>ACS (UA/NSTEMI)</b>	441 (12.8%)
<b>STEMI</b>	<b>284 (8.3%)</b>
<b>ACS stabilized</b>	622 (18.1%)
<b>STEMI stabilized</b>	<b>458 (13.3%)</b>
<b>Other</b>	14 (0.4%)



\*Stable angina/documentated ischemia

# Hellenic PCI Registry (2/2008-10/2010)

## n=742 STEMI patients: Type of Therapy

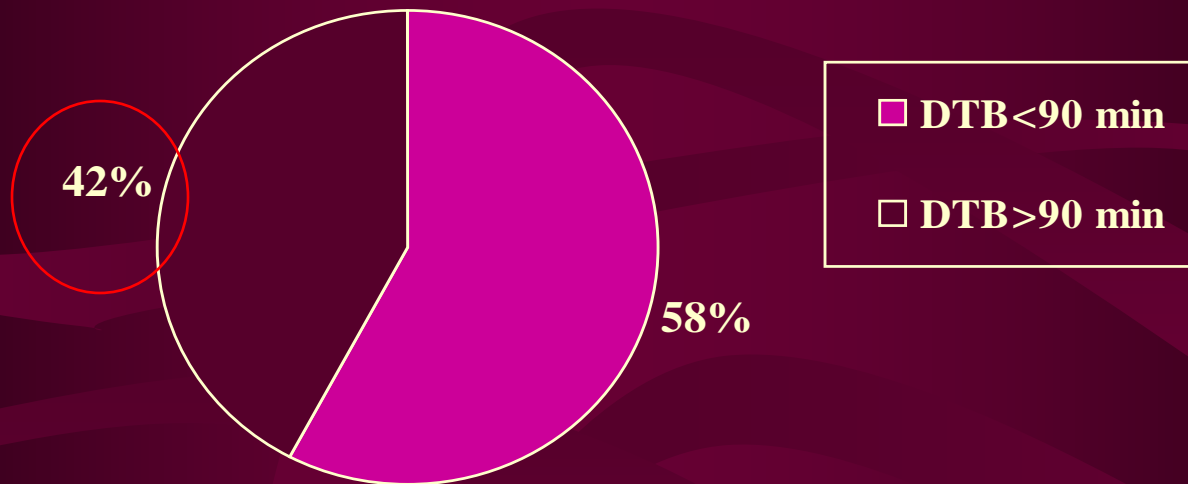


<b>Thrombolysis prior PCI</b>	267 (35.9%)
<b>Primary PCI</b>	225 (30.3%)
<b>Delayed PCI</b>	517 (69.7%)



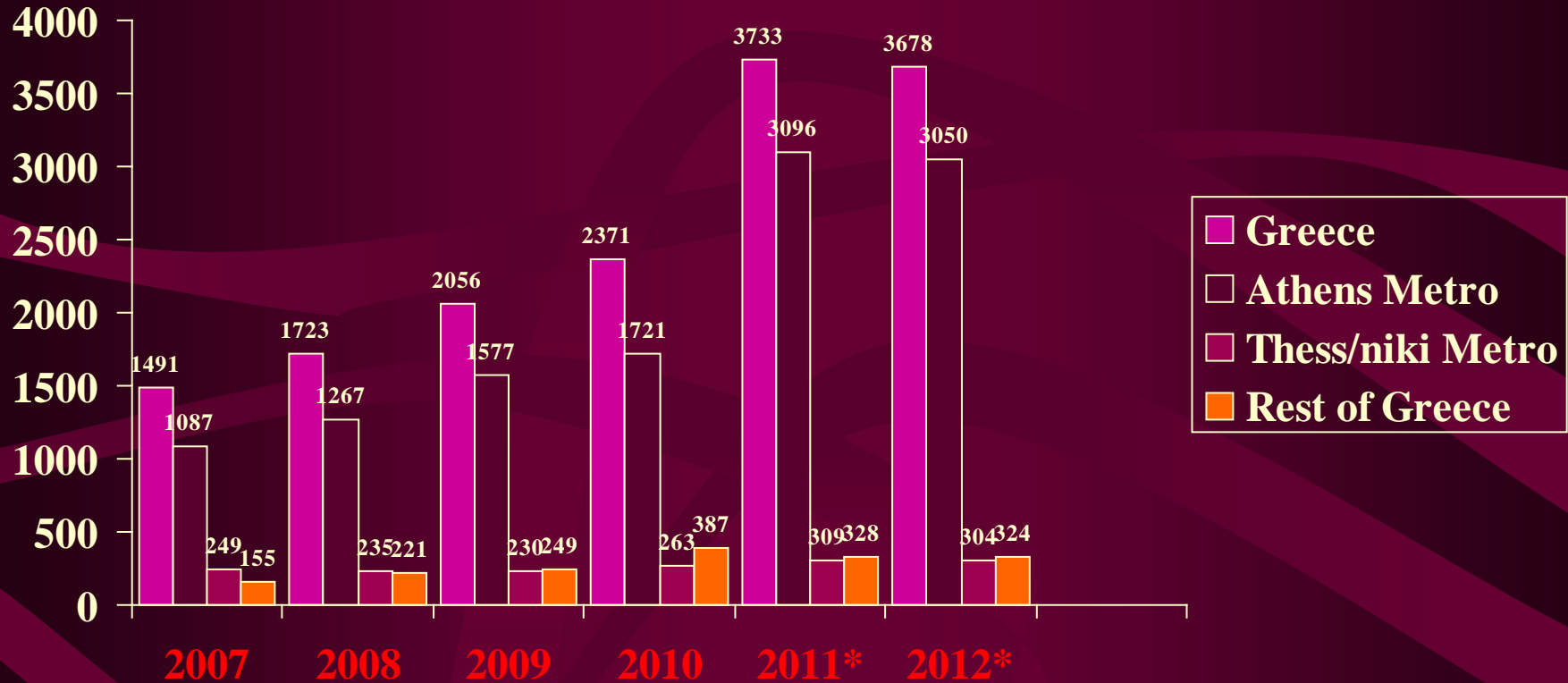
# Hellenic PCI Registry (2/2008-10/2010)

## n=225 STEMI Primary PCI Patients: Times



<b>Mean symptom to door (min)</b>	249
<b>Mean door to balloon (min)</b>	140
<b>Door to balloon &lt; 120 min</b>	147 (65.3%)
<b>Door to balloon &lt; 90 min</b>	130 (57.7%)

# Primary PCI numbers: 2007-2013



\*Estimated numbers

# Optimizing STEMI Care

- EMS system assessment and improvement
- Evaluate existing models
- Establish local initiatives
- Explore the possibility of national STEMI certification

# Regionalization: Key Components

- “Spoke and Hub” concept
- Proximity around the Hub Center
- STEMI Treatment 365/7/24 at Hub Center
- Organized Treatment Plan for each “Spoke” Institution
- Analyze existing barriers

# Emergency Medical Services

- Standardization of the evaluation and treatment of patients with suspected acute MI, including the pre-hospital ECG
- Mode of ECG evaluation (Paramedics, computed interpretation, transmission to physician)
- EMS STEMI pathway

# EMS Mission

- Time from symptom onset to EMS call (FMC)
- Time from EMS call received (FMC) by public safety to EMS arrival at hospital door
- Time from FMC to balloon inflation
- Time from pre-hospital ECG to balloon inflation
- Patient Statistics (ECG-who went where-survival)

# STEMI Referral Center

- STEMI primary angioplasty pathway
- Thrombolysis pathway
- Door-to-first ECG <10 min
- Proportion of STEMI eligible patients for reperfusion (demographics-delayed presentation etc)
- STEMI Referral Center ED door-to-balloon time for transfer patients (“spoke” ED in and out and “Hub” ED door-to balloon)

# STEMI Receiving Center

- Major coordinating role – 365/24/7 availability
- STEMI DTB time < 90 min (non transfer)
- STEMI Referring ED DTB <90 min
- FMC to balloon <90 min (non transfer)
- FMC to balloon <120? min (transfer)



# STEMI System Coordination

- EMS
- STEMI Referring Hospital (ED)
- STEMI Receiving Hospital (ED & Cath Lab)
- Collection of data and performance measurements to drive changes