

MACSTRAK Quarterly

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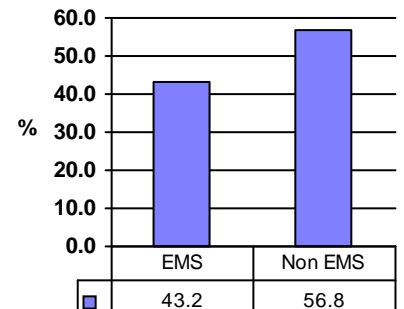
April, May & June 2005

Practice Guidelines – Acute Coronary Occlusion (ACO)

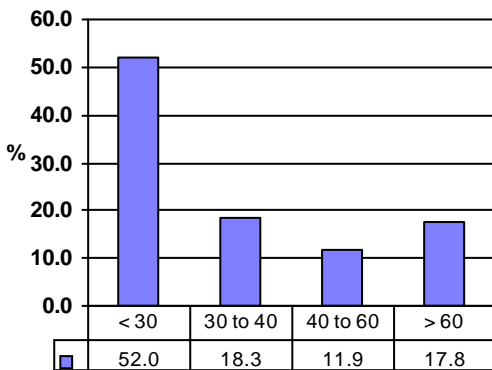
Practice guidelines are helpful tools in achieving best practice and the best outcomes for our patients. The ACC/AHA recently presented comprehensive guidelines for the management of ST Elevation Infarction, and a Canadian perspective was provided by a Working Group of the CCS (CWG). Both are available at www.ccs.ca.

These guidelines emphasize the importance of time to treatment. Improving time to treatment begins with reducing the delay to first medical contact. Patients with symptoms of acute coronary occlusion should be encouraged to access the 911/EMS programs. In 2004, less than half of our patients receiving a primary patency intervention (thrombolysis or PCI) presented to hospital via EMS, with most presenting to an ER as a walk-in. There is clearly more work to do in patient education. The CWG also encourages improvements in EMS to include the use of infield diagnosis by ECG. This will allow earlier triage and treatment. Tertiary cardiac care is highly centralised in Canada, and both early triage and transfer capacity will be important in improving care.

Transport EMS - Reperfusion Therapy National 04Yr



Thrombolysis Time (mins) National 05Q1

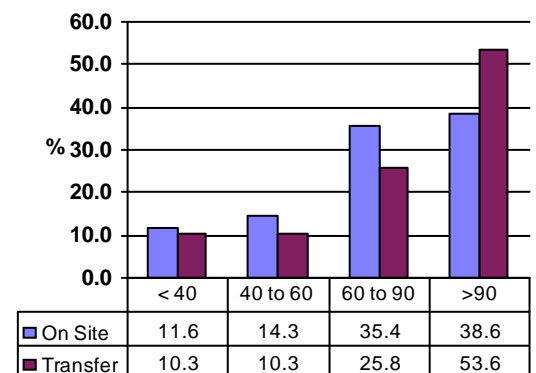


Standards for time to thrombolysis and time to primary angioplasty are also discussed in the guidelines. Times to thrombolysis in MACSTRAK are good but require monitoring to maintain the highest standard. Primary angioplasty can be monitored with door to balloon time but the CWG encourages the use of the time delay of PCI compared to thrombolytic therapy. This time is the number of minutes to first balloon inflation from the time that you could have given thrombolytic therapy. Data comparing outcome differences demonstrates that any survival advantage with primary PCI turns to harm when the delay with PCI is longer than 60 minutes (1,2). The critical decision

pathway involves a choice when the ECG shows ST elevation. From that point, if the time to first inflation of a PCI balloon is greater than 60 minutes, PCI is an unattractive choice. MACSTRAK reports the time from Diagnostic ECG to primary PCI as a marker of this time difference. The 60 minute standard is difficult to achieve.

The CWG also suggests that a centre should "at least quarterly, evaluate it's time to treatment and other measures of performance in a transparent fashion to ensure optimal adherence to guidelines". Your support of the MACSTRAK Project makes that feasible. but we wonder what the other centres are doing?

Diag ECG to PTCA Time (mins) National 04Yr



1). Nallamothu B,K et al. American Journal of Cardiology. 94(6):772-4, 2004 Sep 15.
2). Nallamothu B,K et al. American Journal of Cardiology. 92(7):824-6, 2003 Oct 1

A Word about Data Clarifications

Data Clarification Forms (or DCFs) are data correction forms that are distributed to centres at least twice during a quarter. Most often, the information contained on the DCF can be obtained from the logbook and includes fields such as admit date, birthdate, gender, admit diagnosis, origin and discharge date. These fields were either missing on the original form or the information provided did not make sense to us. For example, a person with the birthdate of September 14, 2005 would be queried to the centre as that date has not yet occurred.

Also included in the DCFs is information regarding thrombolysis and primary PTCAs. Times are queried for both types of reperfusion therapy in order to provide the most complete timeline reports possible. Please note that timelines are required for patients who are transferred from another hospital to receive a primary PTCA as transfers are included in the Primary PTCA Timeline report.

It has been noted over the last several quarters that the data clarifications are not being received at the Project Office as close to the designated date as possible. Due to this, much of the information that can be "fixed" is being entered as missing and therefore reported as missing.

Here are a few hints to help you get your data clarifications to the Project Office on time:

Alert the Project Office if your fax number has changed or if there is a better fax number to send the DCFs to.

Have one person (either the coordinator or their designate) complete the DCFs.

Call the Project Office if you have any questions about the queried information.

FAX your completed DCFs to the Project Office as the time for mail delivery is sometimes unpredictable.

If you miss the DCF deadline please still send in your completed form at the earliest possible date. Anything that has been entered as 'missing' can be reentered to reflect the corrected data. The reports will be regenerated and distributed to centres via MacsFlirt. Once you have installed your latest update you will notice your 'missing' rates dropping and the overall quality of your data is improved.



Spring has finally arrived and just like many of you we're spring cleaning. We're updating our records. Please let us know if your coordinator or hospital name has changed. Maybe you have a new phone number or email address. Contact the Project Office with any changes so we can keep our records up to date.

The MACSTRAK Project Office

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Important Dates

Please keep in mind the following deadlines for Second Quarter 2005:

June 7, 2005

Supply mailout.

July 8, 2005

All 2nd quarter forms to be at Project Office.

July 27, 2005

Data Clarification deadline.

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Do you have any topics that you would like to see covered in a newsletter? Give us a call or write us an email and we will answer any requests we can!