

MACSTRAK QUARTERLY

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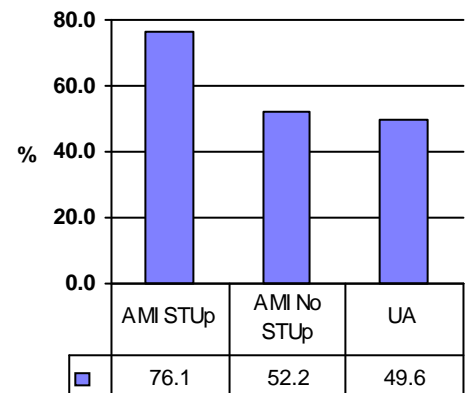
ACS - A Look at Medication at CCU Discharge

Macstrak reports a snapshot of medication use at CCU discharge. For ACS patients, the cornerstones of long-term management are usually set over this early period. Your Macstrak reports let you assess your use of early therapy and compare your use to benchmarks set by other hospitals and guidelines. The graphs included with your data disk can help you get started.

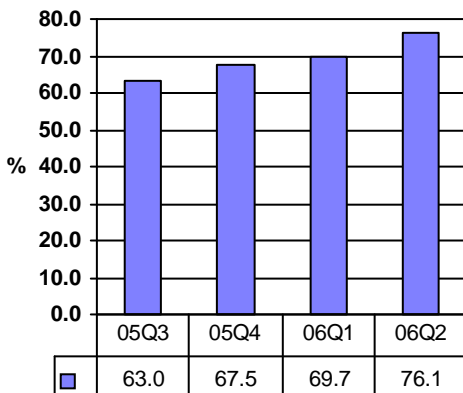
A major objective with ACS patients is to prevent another coronary occlusion event. Angioplasty and stenting are effective but medication can decrease events both while waiting for intervention and over the

long-term. ASA is used in most ACS patients and thienopyridines, such as clopidogrel, are also widely used. The first graph shows the use of clopidogrel in each category of ACS. Use in AMI ST Up patients is high but the AMI No ST Up and Unstable Angina groups, although at risk of events, have not received as much attention. The next graph shows that the penetrance of clopidogrel continues to increase in AMI ST Up patients but use in the other ACS groups is flat.

Clopidogrel National 06Q2



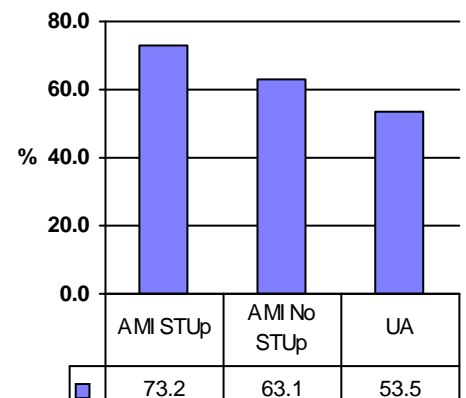
Clopidogrel AMISTUp Qtrs



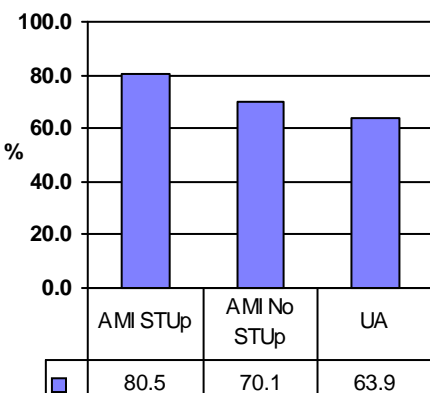
Another objective in ACS therapy is to limit adverse remodeling of the myocardium following injury. ACE inhibitors are effective in meeting

this objective and the next graph shows their use at CCU discharge in the ACS groups. These agents also decrease the incidence of occlusion events but will have a higher impact in patients with significant cardiac injury.

ACEI ACS National 06Q2



Statin ACS National 06Q2



While not changing early outcome, the statins are important in preventing new plaque formation and improving long-term outcomes. Again, AMI ST Up patients have excellent penetrance but the other ACS patients appear to receive less attention.

CCU discharge is a good time to assess our progress in initiating effective therapies. The data suggests that we are doing well with AMI ST Up patients but may have neglected the other ACS patients. How is your centre doing?

A WORD ABOUT FORMS

Timeline Section

- Hospital Arrival:** Refers to the time the patient arrived at the first hospital. If a patient is transferred to your hospital for a PCI then the hospital arrival time should be the arrival at the sending hospital.
- First ECG:** The EMS box should only be marked if the first ECG was done by the EMS. Please do not mark this box to indicate that the patient arrived via EMS—that is captured in the Patient Origin section.

ACS Initial Management Section

This section should only be completed during admission to the CCU. If a patient has reperfusion therapy during their stay in the CCU, this information should be recorded in the Course in CCU section.

- Yes/No:** If the patient receives any type of reperfusion therapy, please mark “Yes”. Reperfusion therapy includes both Tlysis and PCI.
- Thrombolysis:** Please be sure to indicate where thrombolysis was started.
- Adjuvant Therapy:** Complete this section only if the patient receives reperfusion therapy (either Tlysis or PCI).
- Primary/Rescue PCI:** Select “here” if the PCI was done in your hospital. Select “transfer” if you are sending the patient to a tertiary centre for a PCI.
- Transfer (departure):** This is the time the patient was transferred from the first hospital to a tertiary site for a PCI.

Course in CCU

Please do not change any of the printed labels. The only section of the Course in CCU that can be altered to reflect labels specific to your hospital is the Optional Fields section.

CCU Discharge

- Discharge Diagnosis:** Every patient should have a discharge diagnosis regardless of whether the patient died, left against medical advise, was transferred to another unit or hospital or was discharged home.

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Important Dates

Please keep in mind the following deadlines for 3rd quarter 2006:

- | | |
|---------------|---|
| September 1st | Supply mailout |
| October 13th | All 3rd quarter forms due at project office |
| October 30th | DCF deadline |

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