Indicators for Care Quality and Safety Improvement (IPAQSS)

Hospital Management of acute Myocardial Infarction

Indicators for acute coronary syndromes with ST segment elevation

National results of the 2015 campaign

2014 data

- 99.2% of 366 healthcare organisations, managing more than 10 patients with myocardial infarction (MIs), participated in the collection of indicators.
- A cardiologist participated in the collection in 85% of healthcare organisations and an emergency medicine specialist in 11% of healthcare organisations.
- 8566 patient records acute coronary syndromes with ST segment elevation (STE-MI) of less than 12 h were analysed. (IL MANQUE UN MOT ENTRE RECORDS ET ACUTE)
- 3 national indicators collected by healthcare organisations were not subject to public reporting.
Patient population presenting with STEMI managed within 12 hours

- 8566 records, i.e. 41% of records with a diagnosis of MI were STEMI of less than 12 hours, managed in 337 healthcare organisations:
  - 25% were women;
  - mean age 63 years, 21% of patients were aged over 75 years;
  - 45% were smokers;
  - 18.6% had heart failure (Left Ventricular Ejection Fraction (LVEF) ≤ 40%).

Admissions and transport

- 31% were admitted through the emergency department.
- 67% were admitted directly to the interventional cardiology centre (CCI).
- 70% were transported by SMUR [Mobile Emergency and Resuscitation Service].

Rate of reperfusions

- 88% of patients were reperfused within 12 hours. This rate increased to 92% for patients admitted directly to a CCI and decreased to 82% for emergency department admissions.
- 11% of reperfusions were performed by thrombolysis and 89% by primary angioplasty.
- 71% of reperfusions were performed within the recommended times.

3 indicators for acute STEMI

- **Rate of patients presenting with a delay between arrival at a healthcare organisation [equipped with a CCI or cardiology intensive care unit (CICU)] and puncture ≤ 60 minutes**
  - 75% of STEMI patients were punctured within 60 minutes of arrival time, as recommended.

- **Administration of aspirin, another antiplatelet drug and an anticoagulant during the acute phase**
  - 96% of patients were administered recommended treatment during the acute phase.

- **Quality of STEMI patient records**
  - 94% of patient records managed for STEMI included complete clinical documentation.
Main findings and trends compared to the 2013 campaign

- 41% of MI records were patients with STEMI presenting within 12 hours of symptom onset.
- In terms of population, it should be noted that the proportion of patients aged over 75 years decreased by 5 points and the population of smokers increased by 5 points.
- Direct access to a CCI increased by 20 points, going from 47% to 67%.
- The rate of reperusions performed within the recommended timeframe increased from 57% to 71%.
- Better reperfusion rates and times were observed when patients arrived directly to a CCI.
- For 3/4 of patients, the time between arrival at a healthcare organisation (equipped with a CCI) and puncture for angioplasty was as recommended, i.e. ≤ 60 minutes. This time was 5-fold longer for patients admitted via the emergency department.
- The national results of the indicators evaluating the acute phase treatment administration and quality of STEMI records are greater than 90%. There is still room for improvement in terms of traceability of coronary history investigation and measurement of blood glucose at admission.

Supplemental analysis “STEMI pathway from onset of symptoms to reperfusion”

Based on information collected, a supplemental analysis is made available on key points for the “symptom onset to reperfusion” pathway.

8566 STEMI < 12 H

<table>
<thead>
<tr>
<th>Event</th>
<th>Direct transfer to CCI</th>
<th>Admission to emergency department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom onset</td>
<td>1 h 21 min</td>
<td>2 h 18 min</td>
</tr>
<tr>
<td>1st medical contact</td>
<td>1 h 37 min</td>
<td></td>
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<tr>
<td>(qECG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reperfusion</td>
<td>1 h 20 min</td>
<td>1 h 24 min</td>
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<tr>
<td>Discharge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Median thrombolysis time: 28 min
Median primary angioplasty time: 1 h 18 min
Direct transfer to CCI: 1 h 18 min
Admission to emergency department: 1 h 24 min

Median thrombolysis time: 2 h 05 min
Median primary angioplasty time: 3 h 17 min
Direct transfer to CCI: 3 h 03 min
Admission to emergency department: 4 h 04 min

Rate of reperusions 88%
- Primary angioplasty 89%
- Thrombolysis 11%
- 71% of reperusions performed within recommended timeframe

CCI: interventional cardiology centre or cardiology intensive care unit.
Since 2010, healthcare organisations involved in the collection of care quality and safety indicators are required to report indicator results in accordance with ministerial order, which itself is published annually.

Publicly reported indicators are available for each healthcare organisation on the **Scope Santé** website, an informational website on the quality of management at healthcare organisations for care users (patients and the general public), developed in partnership with the Ministry of Health [www.scopesante.fr](http://www.scopesante.fr) (French version).

The full report is available only in French on the Has website [www.has-sante.fr](http://www.has-sante.fr)

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