# Acute Coronary Syndromes Programme

Emphasis on developing an optimal reperfusion strategy for Ireland

## Objectives of the ACS programme

<table>
<thead>
<tr>
<th>Quality</th>
<th>Access</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Every patient with acute coronary syndrome is managed according to the optimal reperfusion protocol (including early angiography for NSTEMI)</td>
<td>Every patient with acute coronary syndrome is diagnosed correctly, without delay and transferred to an appropriate cardiology unit for investigation and treatment</td>
<td>Reduce mean length of stay for STEMI patients from 5 to 4 days and thus reduce the number of bed days by 1800 per year</td>
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<td>Implement programme to prevent cardiovascular disease</td>
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<td>Reduce mean length of stay for Non ST Elevation ACS (NSTEACS) patients saving over 6200 bed days per year</td>
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## Current situation

**Pre-hospital protocols**
- Current PHECC protocol needs update
- No ambulance bypass local hospital to PCI centre
- Only 80% of ambulances have 12 lead ECG
- Only 50% of 12 lead ECGs can transmit
- All paramedics trained to apply/interpret ECGs

**Primary PCI Centres**
- Dublin area – 3 x 24/7 and 2 x 9-5 centres
- South/South East – 1 x 24/7 and 1 x 9-5 centre
- West/Mid West – 1 x 24/7 and 1 x 9-5 centre
- North West – no Primary PCI centres

**Issues**
- Some centres (24/7 and 9-5) have only one lab
- Only some 24/7 PCI centres manage a 1:5 rota
- Many 9-5 centres have less than 3 cardiologists

**In Hospital**
- Average of less than 4 day hospital stay for STEMI
- No national protocol for PCI after thrombolysis
- No national protocol on early PCI for NSTEACS
- No national protocol on local repatriation

**Key benefits of the ACS programme**
- Reduced mortality from ACS (particularly STEMI and NSTEMI) – 30 per year
- Reduction of bed days for ST Elevation MIs (STEMI) patients – 1800 per year
- Reduction of bed days for Non ST Elevation ACS (NSTEACS) patients – 6200 per year
- Reduction in incidence of stroke (due to reduction in use of thrombolysis)
- Hospitals dealing with ACS patients working in networks
- Each ACS patient engaging with local hospital for cardiac rehabilitation

## Desired situation by end 2015

**Pre-hospital protocols**
- Clear pre-hospital STEMI protocol (see figs 1 & 3)
- Ambulance bypass local hospital to PCI centre
- All operational ambulances to have 12 lead ECG
- ECGs capable of transmission and interpretation
- All paramedics trained to apply/interpret ECGs

**Primary PCI Centres**
- Dublin area – 2 x 24/7 and 1 x 9-5 centre
- South/South East – 1 x 24/7 and 1 x 9-5 centre
- West/Mid West – 1 x 24/7 and 1 x 9-5 centre
- North West – improved transport/helicopters

**In Hospital**
- Average of less than 4 day hospital stay for STEMI
- Urgent transfer to PCI centre after thrombolysis
- Angiography/PCI on NSTEACS within 24-72 hrs
- Early repatriation of ACS patients to local hospital

## Main challenges

- Resourcing of the pre-hospital emergency services
- Resourcing of PCI centres (human and equipment)
- Allaying fears of adverse effect on general cardiology
- Overcoming local political resistance to change
- Engagement with Northern Ireland to improve NW

## Acknowledgements

- ACS Programme Working Group
- ACS Programme Clinical Advisory Group