



# As Serious as a Heart Attack: Navigating the Hurdles in Creating STEMI System

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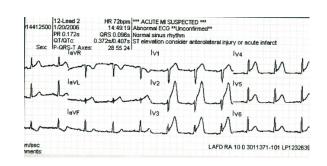
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#### Background



- Early PCI has been shown to be superior to fibrinolytic therapy and is associated with \( \precent \) morbidity and mortality for patients with STEMI
- Fewer than 1 out of every 4 pts with STEMI in the US undergo PCI within the established benchmark 90 minutes, as recommended by the American Heart Association

#### Los Angeles County



- One of the nation's largest counties with 4,084 square miles, an area some 800 square miles larger than the combined area of the states of Delaware and Rhode Island.
- Population = 10.3 million
- 75 paramedic receiving hospitals







- Paramedics were instructed to acquire a 12 lead ECG on all patients > age 35 c/o CP and also on all patients with any s/sx suggestive of an acute cardiac condition
- A prehospital 12 lead ECG interpreted by computer analysis as, "acute MI suspected" was considered a positive prehospital STEMI.

#### **Initial Opposition**

- Community hospitals without 24/7 PCI
- Concerns over loss of revenue
- All chest pain patients
- All cardiac chest pain patients
- All STEMIs

#### **Gradual transition**

- 12 lead ECGs introduced in the field (LAFD) in 2004
- Paramedics urged to transport/divert patients where 12 lead reads "Acute MI Suspected" to cath lab hospitals
- Early successes
- No formalized specialty center/diversion criteria

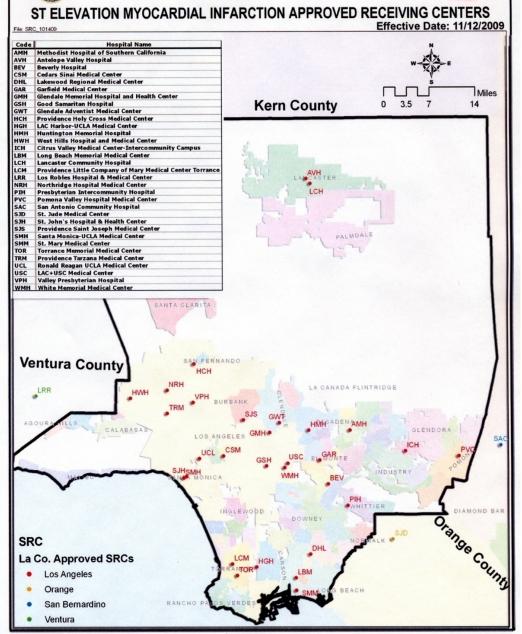
#### **Creation of STEMI Receiving Centers**

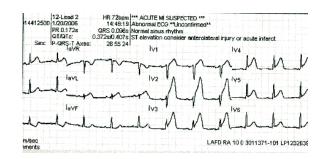
- 24/7 PCI
- Interventional cardiologist as medical director of the SRC program
- Data submission to LA County EMS Agency
- Approval and audits by LA Co EMSA
- Only a few to start, but many followed
- Peaked at 34, now at 32



#### LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES







#### Results



 During year 1 (2008) there were 1220 patients with a STEMI identified on prehospital 12 lead ECG, of whom 734 (60%) underwent emergency PCI.

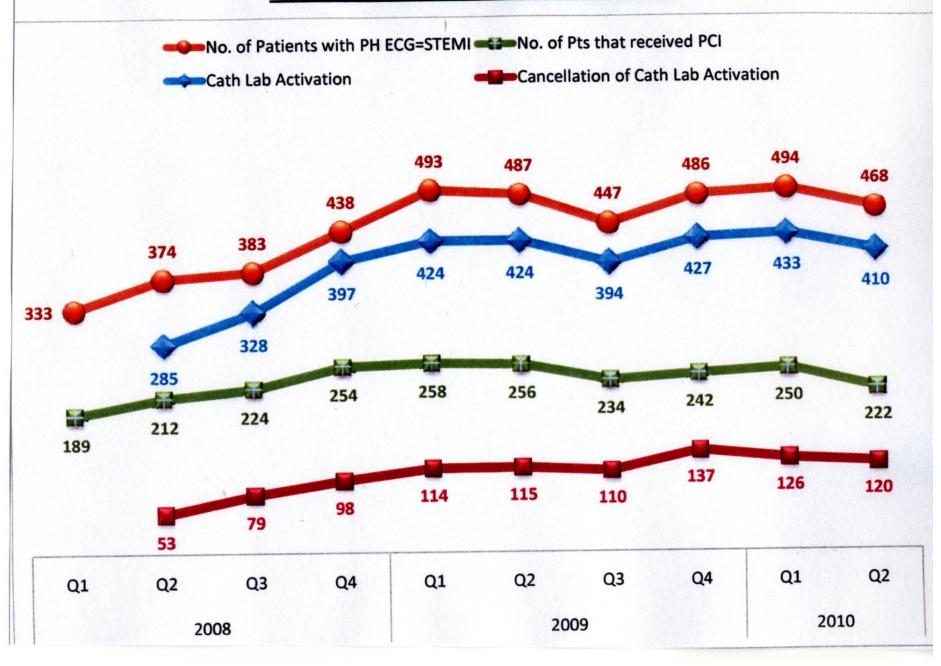
## Los Angeles County SRC Data

		2008				2009				2010
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
# pts with PH ECG=STEMI	333	374	383	438	493	487	447	486	494	468
# SRC'S	29	32	32	32	34	31	32	33	32	32
MEAN AGE	64.8	66	65	66.1	65.7	64.7	64.8	65.7	66.4	65.1

#### **Median Times**

		2008				2009				2010
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
EMS TO BALLOON (E2B)	88	88	84	84	82	78	79	80	77	77
DOOR TO BALLOON (D2B)	63	65	64	62	58	57	60	62	58	57
EMS TO ER DOOR (E2D)	19	20	21	22	20	20	19	19	19	19

#### Los Angeles County EMS Agency STEMI RECEIVING CENTER VOLUME REPORT



## Disposition of Prehospital "STEMIs"

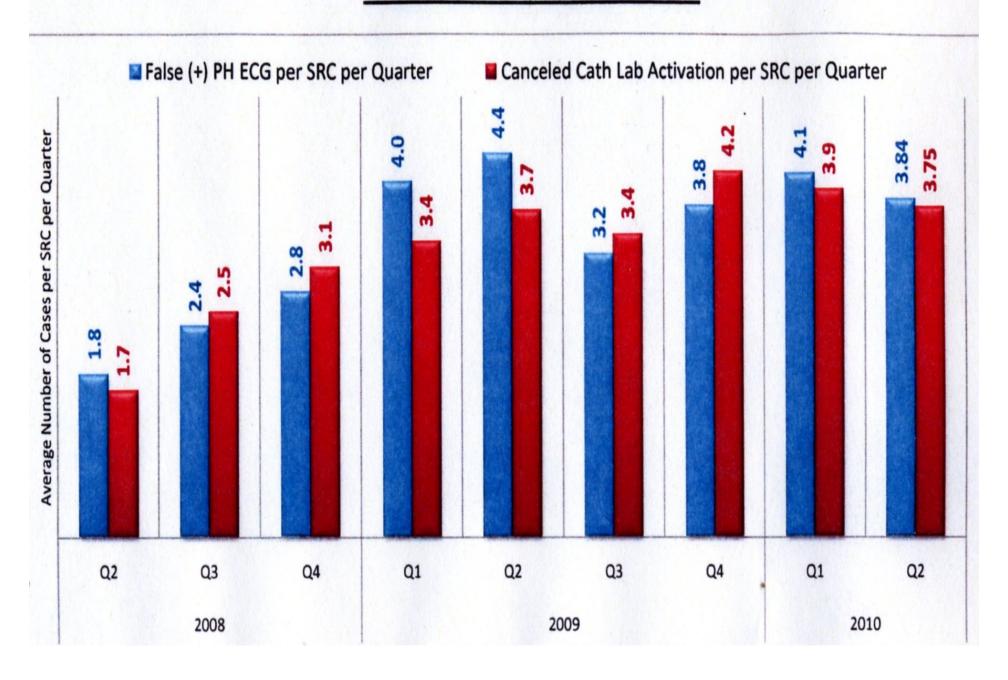
		2008				2009				2010
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	189	212	224	254	258	256	234	242	250	222
PH+/ER+ AND PCI	(57)	(57)	(59)	(59)	(52)	(53)	(52)	(50)	(51)	(47)
	46	90	70	59	78	66	92	96	81	86
PH+/ER+ BUT NO PCI	(14)	(24)	(18)	(14)	(16)	(14)	(21)	(20)	(16)	(18)

#### False positive prehospital ECGs

- 19-34%
- Average # of false positive ECGs per SRC per quarter 1.8 - 4.4
- Of those cases where cath team was canceled,
   49% were attributed to false + prehospital ECG



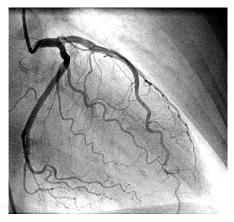
# LOS ANGELES COUNTY EMS AGENCY STEMI RECEIVING CENTER REPORT



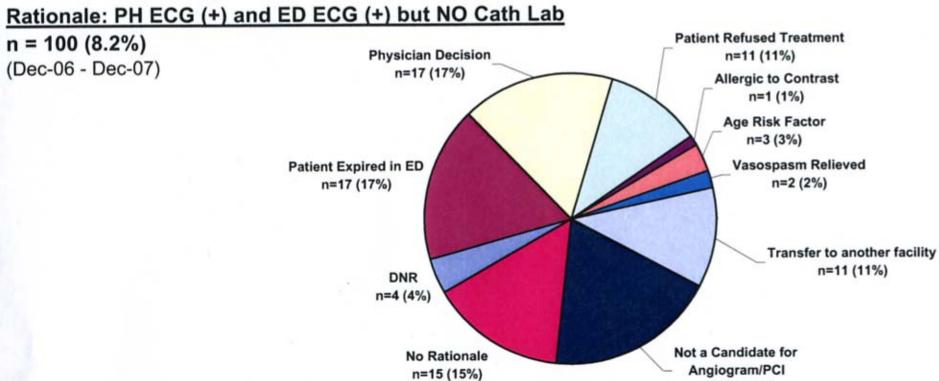
# Prehospital ECG + and ER ECG -

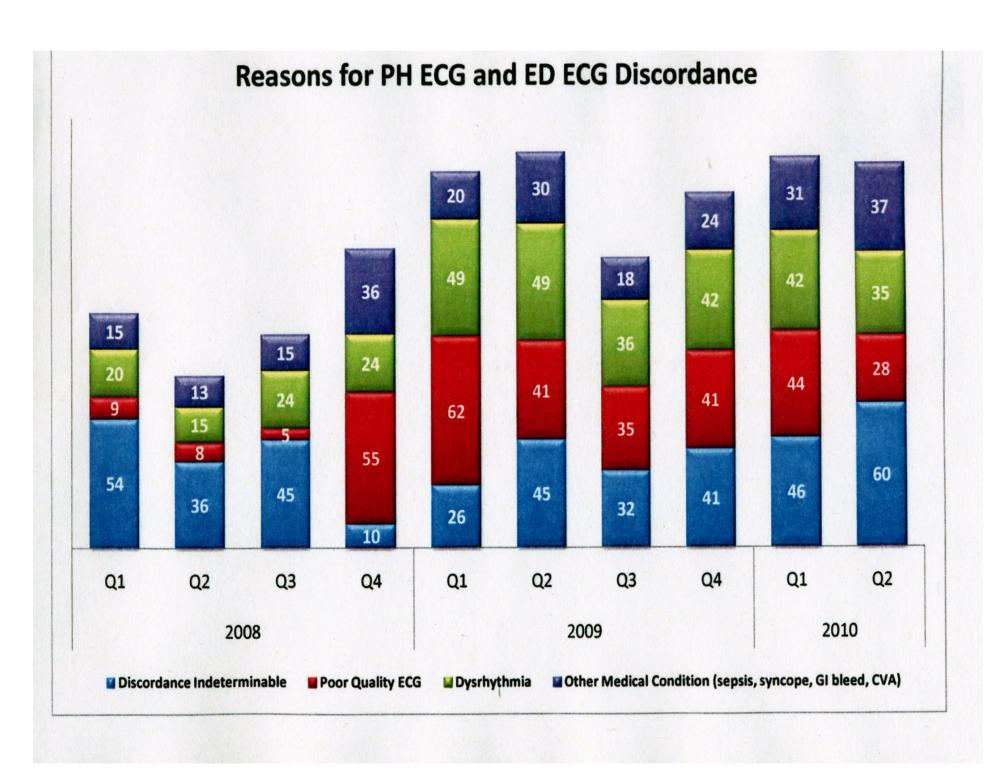
	2008				2009				2010
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
98	72	89	125	157	165	121	148	163	160
(29)	(19)	(23)	(29)	(32)	(34)	(27)	(31)	(33)	(34)

#### Rationale for no PCI



n=19 (19%)





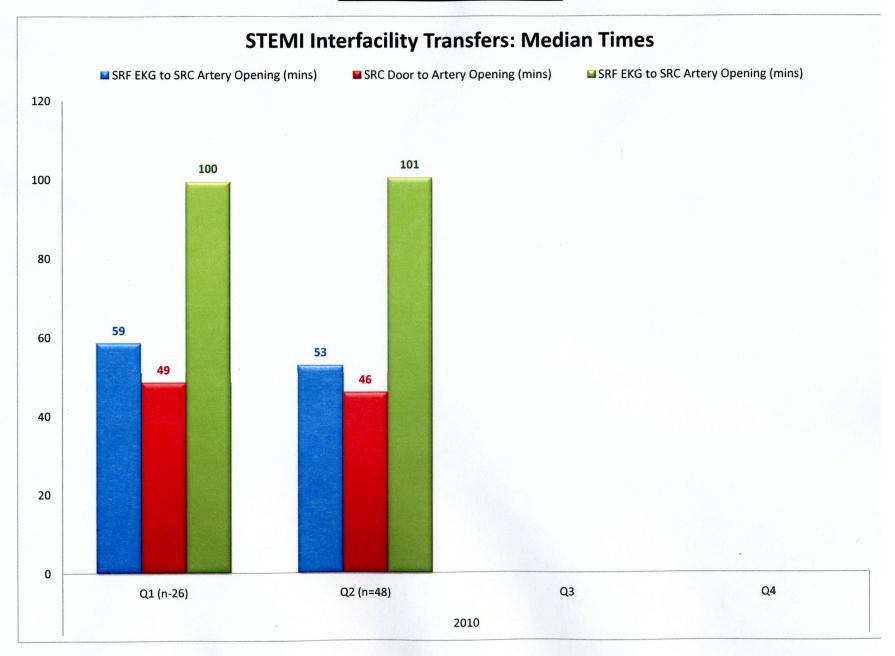
#### Explanations for false positives

- 1st two quarters 2010: n=297
- # STEMIs = 962
- # false positives = 297 (31%)
  - Other medical conditions
    - (sepsis, GIB, CVA, etc) = 68 (23%)
    - Dysrhythmias = 77 (26%)
    - Poor quality ECG = 72 (24%)
    - Discordance indeterminate = 106 (36%)

# **Interfacility Transports**



- IFT process approved in 2010
- Non-SRC hospitals (SRFs) may call 911 for an IFT for STEMI pts
- First two quarters: n=74 pts
- Mean SRF to SRC artery opening = 100 min
- Mean SRC door to artery opening = 47 min



#### Summary



- SRC is accessible within 20 minutes from anywhere in LA County
- D2B times within the 90 minute benchmark were achieved in almost 90% of STEMI patients after implementing our regionalized SRC system.
- E2B is a more accurate reflection of time line
- False positives remain a problem
- 12 lead ECG transmission is ready for prime time
- Even in a very large, complex system a regional SRC network can be established through partnership with EMS, emergency medicine, and cardiology
- Build upon your successes!



#### Glenn L. Allen

Los Angeles Fire Department 36 Year Veteran

Line of Duty Death Notice

February 18, 2011

