



STEMI PROVINCIAL CARE NETWORK (RAPIAM- LA RIOJA). INDEPENDENT MONITORING BY CONTINUOUS RECORD ARGEN-IAM-ST. PART I) OBJECTIVES, DESIGN, AND IMPLEMENTATION

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Abstract:

Introduction Early reperfusion of AMI with ST elevation is essential to reduce morbidity and mortality cardiovascular.

Goal Regionalize the management of AMI in La Rioja, with minimum standards and reperfusion available for Most eligible patients, removing access barriers and organizing Thrombolysis (TT) logistics and Primary angioplasty (ATCP) and rescue (ATCR), or when a drug-invasive strategy is indicated (EFI).

Objective 1) Implement a mixed public, state and private network model, based on knowledge of the existing barriers at the local level, and in common regional algorithms; 2) Improve detection, diagnosis and treatment of AMI in the Province; 3) Decrease the rate of patients not receiving reperfusion; 4) Reduce the delay of the symptoms-Treatment times.

Intervention Reperfusion in the IAM with Supra-ST

Prospective Observational Design, independent centralized online analysis

Methods

LA RIOJA: Surface: 89,680 km². Population: 333,642 inhabitants (National Census 2010). Estimated in 2015:

367728 inhabitants. Density: 3.7 Hab./Km²; distribution: 72% in urban area; 28% rural area. Rioja City: Center of political, economic and industrial activities. It concentrates the highest degree of complexity in health, 180,995 inhabitants (2010 Census data). The EPI-INFO statistical program was used and the data were analyzed centrally by C.E.T.I.F.A.C. -ARGEN-IAM-ST)

Results At the time of cutting for centralized analysis (04-15-2019) 89 patients had been included, Men: 75 (84.3%), Women: 14 (15.7%). Median age (IR 25% -75%): 59 years (50-64). All completed the in-hospital follow-up. Social Coverage: Public System (SP): 51.7%



(46/89); Social Work (OS): 44.9% (40/89); Prepaid Medicine (MP): 3.4% (3/89).

Conclusions

1.-It was feasible to implement an IAM Provincial Care Network program in La Rioja, on the base of a mixed public, state and private scheme, with a peripheral network of City Hospitals and regional interiors (primary referral centers) and high complexity center with ATP capacity, ATCR and EFI in the capital city (high complexity receiving center). 2.- The training began

intensive network professionals in the cardiovascular emergency of public hospitals regional and capital city, to know the barriers and dictates to increase the rate of and shorten delay times. 3.-More than half of the patients admitted to the network belonged to the state public system and the rest came from the subsector of social security and medicine

prepaid. The national results and conclusions derived from their analysis will be communicated in the second part of the study this Congress.

4.-The service network model that includes regional protocols, measurements and feedback in a single common national registry and with the continuous support of coordinators regional, could improve the detection, diagnosis and treatment of patients with AMI-ST.

Publication of speakers:

1. Reproducibility of the SYNTAX score in medical practice

Cardiology and Cardiovascular Medicine, July 09-10, London U.K.

Citation: Dr. Pomés Iparraguirre, Horacio, STEMI PROVINCIAL CARE NETWORK (RAPIAM- LA RIOJA). INDEPENDENT MONITORING BY CONTINUOUS RECORD ARGEN-IAM-ST. PART I) OBJECTIVES, DESIGN, AND IMPLEMENTATION, Cardiovascular Medicine 2020, July 09-10, London U.K