A SILVER-LINING TO KATRINA: ELIMINATION OF INTER-CAMPUS TRANSFER DELAY IN STEMI CARE

i2 Poster Contributions
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Background: Timely primary percutaneous coronary intervention (PCI) is recommended for ST-elevation myocardial infarction (STEMI), with increasing focus being paid to the time required for inter-hospital transfer. An overlooked barrier to timely care is inter-campus transfer when the emergency department (ED) and cardiac catheterization lab (CCL) are in separate buildings. In August 2005, Hurricane Katrina closed one campus of the Medical Center of Louisiana at New Orleans (MCLNO), forcing the ED and CCL to move into one building. We studied the impact of that closure on door-to-balloon times (DTB).

Methods: DTB for all STEMI patients between 1/04 and 6/11 were analyzed (as reported in MCLNO’s Core Measures Report). National recommendations (i.e. single-pager activation, CCL ready within 30 minutes, etc.) were implemented prior to 2004; the consolidation of clinical services under one roof merely eliminated inter-campus transfer.

Results: In 2004-5, 28 patients presented with STEMI with a DTB of 156.5 ± 62.6 minutes. From 2006-11, 97 patients presented with STEMI with a DTB of 90.7 ± 54.3 minutes (see Figure; arrow indicates reopening of hospital as a single-campus). The percentage of patients treated ≤90 minutes increased from 10.3% to 67.0%.

Conclusions: Along with other measures to reduce DTB, attention needs to be focused on inter-campus transfer. Hospital design should include attention to this element of delay in care. The closure of one campus allowed for significant system improvement at MCLNO.