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Team approach results in dramatic improvement in timely heart attack care

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Healthcare professionals using new time-saving strategies to coordinate care for patients having a heart attack saw dramatic improvement in "door-to-balloon" (D2B) times—the time from when a patient enters the hospital to the time blood flow is restored to the heart by opening a blockage with angioplasty. The faster patients are treated, the more likely they are to survive. The results are published by Yale researchers and their colleagues in the December 15 issue of the *Journal of the American College of Cardiology*.

The D2B Alliance, a national campaign sponsored by the American College of Cardiology, and 38 partner organizations have set a goal of 75 percent of patients receiving life-saving heart attack care within 90 minutes of hospital arrival.

Less than half of hospitals surveyed in the study met clinical guidelines in door-to-balloon times in 2005. Today, more than 80 percent are meeting the guidelines, according to the most recent data from the National Cardiovascular Data Registry (NCDR).

The Yale team surveyed D2B times in 831 hospitals participating in the NCDR CathPCI Registry from April 1, 2005 to March 31, 2008. The survey showed marked reductions in unnecessary delays in treatment and widespread adoption of recommended strategies to improve care. The improvement was seen across the nation, not just in select hospitals or states.

Some examples of strategies to reduce delays in door-to-balloon times include emergency medicine staff activating the catheterization laboratory with a single call, expectations to have the catheterization team be in the laboratory within 20-30 minutes of being paged, and providing prompt data feedback to staff about door-to-balloon times.

"The key is to have a leader and a team devoted to a single goal and to be persistent, even in the face of setbacks," said first author Elizabeth Bradley, professor of public health at the Yale School of Public Health. "This campaign has changed the way heart attack care is delivered—for the benefit of patients."

Senior author on the study Harlan M. Krumholz, M.D., the Harold H. Hines, Jr. Professor of Medicine and Public Health at Yale School of Medicine, said that patients are now being treated so rapidly that in some cases the heart attack is aborted, damage is avoided and patients rapidly experience a full recovery. "This remarkable leap in performance is a tribute to the nation's interventional cardiologists and other healthcare professionals who quickly adopted effective systems that were developed by NIH-sponsored research," he said.

"Most of what we read about in healthcare reform is about healthcare financing," Bradley said. "This effort shows that the way care is organized can have tremendous impact, and with relatively little added resources."

More information: *Journal of American College of Cardiology*, Issue (December 15, 2009).

Source: Yale University (news : web)

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