

Enhancement Care Program for Patients with Acute Coronary Syndrome (ACS) in QEH

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Background

1. QEH is one of the major tertiary cardiology referral centre in HK with around 4500 cases every year → burden on hospital beds and affect quality of care
2. Patients admitted for ACS with early percutaneous coronary intervention (PCI) will be beneficial



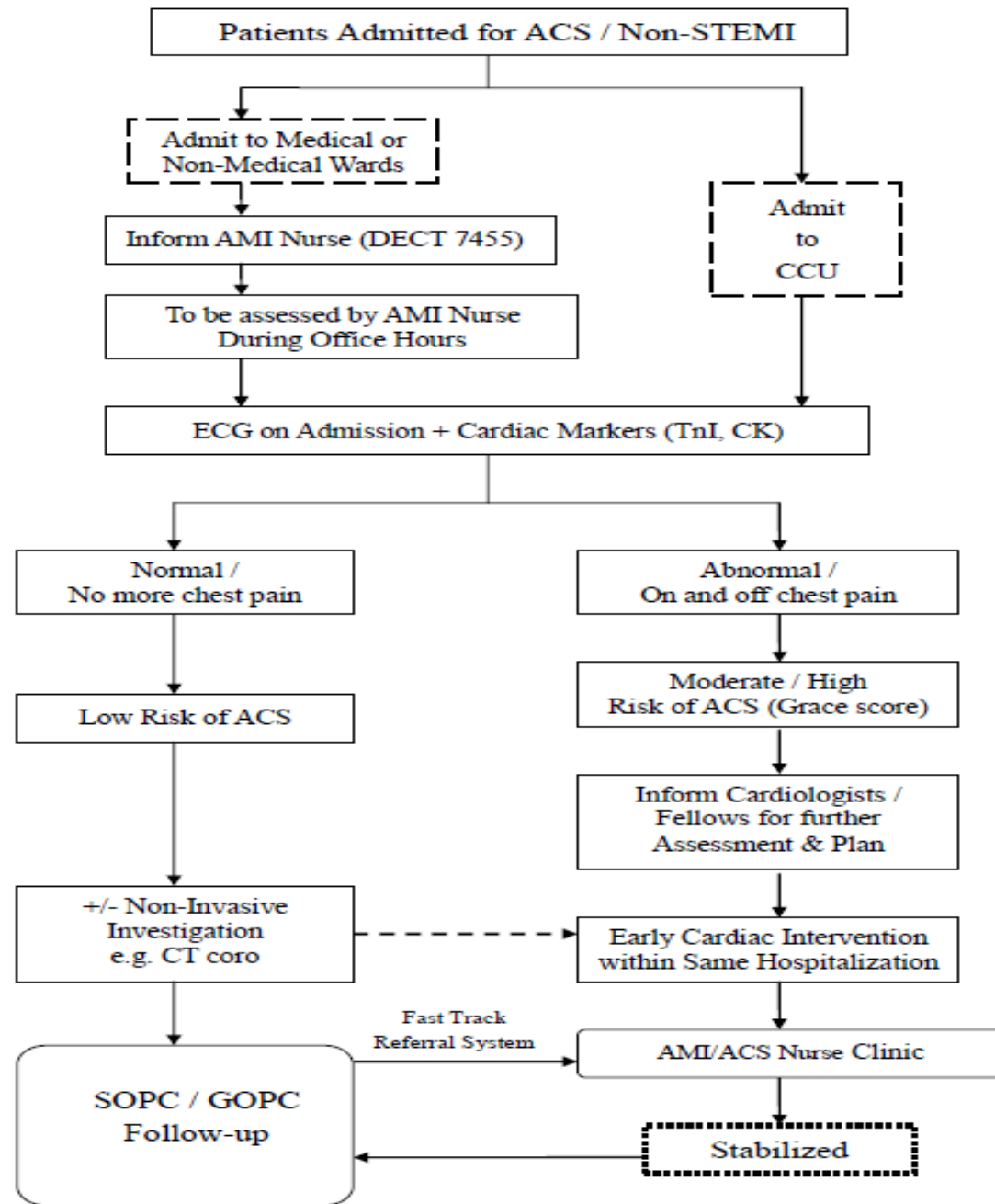
(Class 1, LOE: A, Circulation 2012)

Angioplasty & The Procedure

- Angioplasty or PCI (Percutaneous Coronary Intervention) are techniques used to widen the narrowing in coronary arteries without surgery



**Flowchart of "Enhancement Program of ACS/NSTEMI in OEH
(Monday to Friday)"**



Results (July 2013 – March 2014)

- 416 calls received (122 females and 294 males)
- Management
 - 125 (29 %) patients in-patient coronary angiogram +/- PCI were arranged,
 - 92 (22%) patients with early out-patients coronary angiogram +/- PCI were arranged
- Outcome
 - 77 (61%) patients with PCI done
 - 18 (14%) patients required in-patient or early out-patient CABG (Coronary Artery Bypass Grafting)
 - The mean length of hospital stay could be reduced by 2 hospital bed days (*intra-departmental cardiac consultation will be provided within 48 hours, then consider to arrange intervention*), if patients can be earlier assessed by our Cardiac nurse and Cardiologist



Results (July 2013 – March 2014)

Grace Score Stratification

(Prediction tool of risk of death and myocardial infarction)

	Mean (SD)	Range
Age	69.04 +/- 11.12	35- 88
In-hospital Mortality (%)	5.85 (7.61)	0.4-46
6-month Mortality (%)	14.14 (14.47)	1.2-79
1-year Mortality (%)	15.11 (15.42)	1.6-79
3-year Mortality (%)	26.86 (22.82)	1-91
Combined risk of death or Myocardial Infarction (%) at 1 year	19.16 (15.76)	3.5-91



Conclusions

- Improves patients' survival with better quality care provided
- Reduces the pressure on hospital bed utilization
- Saves health care costs

“Enhancement care program for ACS” is safe and effective



Thank You

