



**Service Priorities and Programmes**  
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**An Audit on the In-hospital Management of Non-ST elevation Myocardial Infarction: Single Center Experience**

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**Introduction**

Non-ST elevation Myocardial Infarction (NSTEMI) is a disease with significant mortality and morbidity causing heavy burden on healthcare system. There are international guidelines on invasive management of NSTEMI and evidence suggests adherence to guidelines improves patient outcomes.

**Objectives**

To evaluate the 1) burden of NSTEMI in a regional hospital in Hong Kong and 2) adherence to international treatment guidelines on invasive management of NSTEMI.

**Methodology**

A prospective cohort analysis was performed from October to December 2016 in Queen Mary Hospital. Patients admitted with a clinical diagnosis of NSTEMI were assessed by cardiologists and managed accordingly. Data on patient demographics, timing of cardiac ward admissions and invasive management were analyzed.

**Result**

92 patients entered the cohort and one was excluded due to wrong diagnosis. Mean age was 69.7 and 64.8% were male. Only 65 (70.7%) were able to admit to cardiac ward before discharge, of those the median time of transferal to cardiac ward from admission was 29.6 hours. Median length of stay was 6 days. 61 (67%) were planned for invasive management and eventually 54 (59.3%) received percutaneous coronary intervention (PCI) and 2 (2.2%) received coronary bypass grafting (CABG). Median time to coronary intervention is 5 days. Only 7.4% patients adhered to the international guidelines on timing of invasive management of NSTEMI. There is a large service gap in the in-hospital management of NSTEMI. Adherence to guidelines is low and further analysis on the contributing factors is needed. This has important resource implication for the future improvement in NSTEMI patient care.