

Date: July 8, 1996

To: UCLA Medical and Nursing Staff

From: Gregg C. Fonarow, M.D.
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on behalf of the Cardiology Quality Improvement Committee

The CLOT Team Program, UCLA Clinical Practice Guidelines for AMI, and Cardiac Hospitalization Atherosclerosis Management Program (CHAMP) were implemented to improve the detection, speed and efficacy of treatment implementation, and cardiovascular patient outcome at UCLA. This program has also implemented measures to ensure that cardiac patients are treated with and discharged on medical therapy consistent with those research based interventions which reduce mortality and prevent coronary artery disease progression. As part of this effort, the UCLA Medical Center has been participating in the National Registry for Myocardial Infarction (NRMI) to track AMI treatments, timing, and patient outcome compared to a national data set of over 250,000 patients.

The Cardiology Quality Improvement Committee has set as goals the diagnosis of AMI and initiation of therapy within 10 minutes of patient arrival and the restoration of normal (TIMI 3) blood flow across the infarction related artery by direct angioplasty within 120 minutes. An addition goal is for all patients without contraindications to receive medical treatments that have been demonstrated to improve CAD patient outcome. Based on the NRMI Registry, UCLA has achieved among the lowest mortality reported among the 1438 centers participating nationwide. Our utilization of appropriate medical therapies i.e. aspirin, heparin, beta blockers, and ACE inhibitors is the best reported by a hospital in the United States. UCLA also has achieved the lowest rate of calcium channel blockers use. We would like to thank the individual physicians and nurses whose contributions have made these results possible.

Attached is a summary of the treatment goals as well as the current data regarding utilization of therapy. As part of our continuous quality improvement program we will periodically provide feedback regarding our consistency in treating this patient population and patient outcome at the UCLA Medical Center. Members of the Cardiology Quality Improvement Committee are listed on the next page. If you have any questions regarding this program, please do not hesitate to contact us at any time.

UCLA Acute MI Time and Treatment Goals

The following goals are based on clinical trials of therapy for acute myocardial infarction demonstrated to improve outcome. The evidence and rationale for the utilization of these therapies is detailed in the UCLA Acute Myocardial Infarction Practice Guidelines. The goals also take into account the percentage of patients with potential contraindications or intolerance of the therapies.

Door to Diagnosis and Initiation of MI Therapy = 10 minutes

Door to Open Artery with Direct PTCA = 120 minutes

Medications:

	<u>Arrival-24hrs</u>	<u>Discharge</u>
ASA	99%	99%
Heparin	96%	NA
Beta Blocker (IV then PO)	80%	90%
<u>Nitrates</u>		
IV	60%	NA
PO/Topical		20%
SL prn		100%
ACE Inhibitor	40%	70%
Calcium Blocker	0%	0%
<u>Antiarrhythmic Agents</u>		
Lidocaine	6%	NA
Oral Type I AA	0%	0%
Amiodarone		10%
HMG CoA RI		98%

UCLA Cardiology Quality Improvement Committee - July 1, 1996: Gregg Fonarow, Anna Gawlinski, Suzette Cardin, Larry Yeatman, Marshall Morgan, Kelly Hubbell, Jerome Hoffman, Samira Moughrabi, Carmen Guerro, Kate Perry, Joan Ming, Carol Mochizuki, and Rita Jue.

Medications Received Within 24 Hours of MI Diagnosis

	UCLA 92-93 n=96	UCLA 95-96 n=107	NRMI 95-96 n=118,795
ASA	68%	91%	77%
Heparin	74%	76%	73%
Beta Blockers	6%	35%	33%
Nitrates	86%	73%	62%
Calcium Blockers	68%	12%	17%
ACE Inhibitors	2%	20%	15%
Lidocaine	25%	14%	15%

Medications Prescribed at Hospital Discharge

	UCLA 92-93 n=96	UCLA 95-96 n=107	NRMI 95-96 n=118,795
ASA	78%	91%	73%
Beta Blockers	12%	60%	47%
Nitrates	62%	68%	56%
Calcium Blockers	68%	6%	24%
ACE Inhibitors	8%	54%	30%
HMG CoA RI	6%	86%	NA

Clinical Outcome (April 95 - March 96)

	All Patients		No Reperfusion Rx		Direct PTCA	
	UCLA	Nation	UCLA	Nation	UCLA	Nation
Length of Stay (d)	5.1	5.3	5.3	5.5	5.0	5.2
Mortality	8.8%	10.6%	10.3%	13.0%	5.9%	7.9%

NRMI 2 Data Report April 95 - March 96, 1438 Centers with 118,795 patients. 1992-1993 data and HMG CoA RI utilization by internal chart audit. Direct PTCA data includes patients with direct cath followed by CABG.