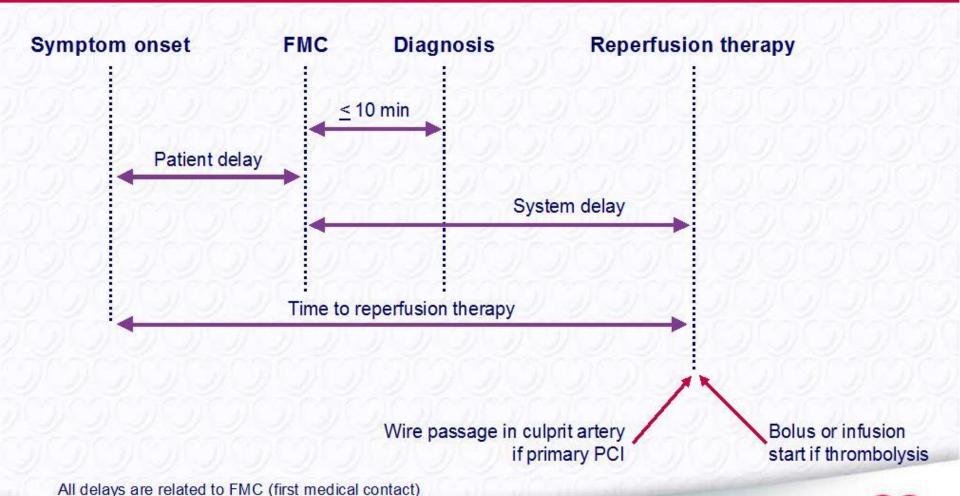
STEMI SYSTEM OF CARE-REDUCING ISCHAEMIC TIME-IN SOUTH AFRICA

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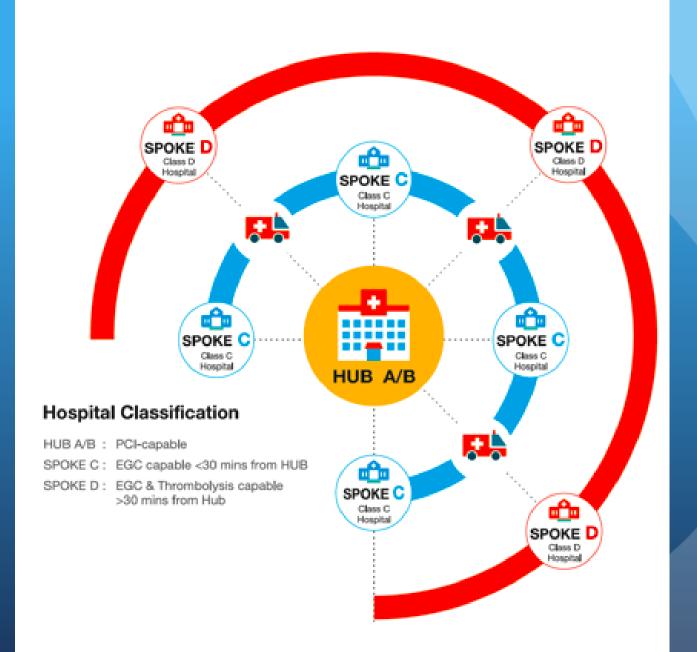
Components of delay in STEMI and ideal time intervals for intervention

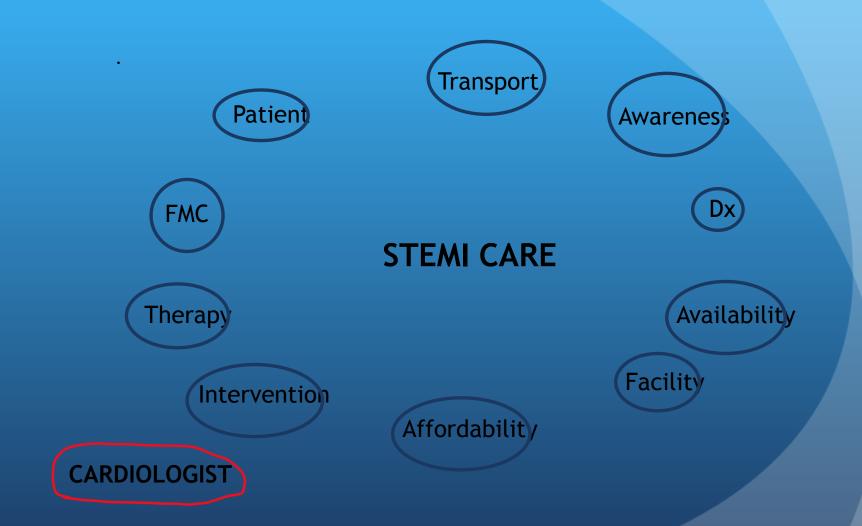


European Heart Journal (2012) 33, 2569–2619 doi:10.1093/eurheartj/ehs215



Figure 8. The Hub and Spoke Model for STEMI Care Models.





FMC....

Education

ECG

Lytic

Network

Transport

Enthusiasm

Affordability

RECOGNITION OF THE DIAGNOSIS

- Patient Awareness
 - Value?
 - Who
- At First Medical Contact
 - Knowledge
 - ECG and other facilities
 - Clinical Decision
 - Medication Availability
 - Confidence
 - Networking

- Education
 - Heart and Stroke Foundation
 - National Program by ?
- Education- Who When
 - Programs Workshop
 - Materials Algorithms Etc.
- Network information
 - EMS Collaboration
- ECG and Medication Availability?
 - No national data
 - But ...

STEMI SA

Education Workshops for FMC

- Limited On request
- By Who- Nationally From the Hub
- Financials
- Success depends on the Hub and Enthusiasm
- Materials available
- Lots more to be done
- Bigger Regional half day sessions
- Smaller referral center discussions

At FMC

- ECG Availability -
 - Perceptions often not available
 - No excuse not to ask advice
 - Cell Phone Number Availability?
 - In private each units responsibility not an issue
 - In public department of Health

Poor ECG Interpretations Skills

Management at FMC

- Lytic and other drug availability
 - Not data but And even No GP Practice ... Even PTA
 - Financial concern Vs Cos of Morbidity Mortality
 - Not giving Clopidogrel ...
- Transport referral Challenges
 - Authorization ...
 - Ambulance availability
 - Ambulance Preference
 - Referral pathway preference
- Troponinitis

DATA

- Data on computers
- Data collections without a Question
- Too limited ... too extensive
- Patient and Institutional Consent
- Financials

What more can we do ??

- PCI Hospital Driven Programs
 - Referral Center Education
 - Transfer Arrangements
 - Establish Contact Numbers
 - Referral Sheet
 - Hospital Funding Lytics
 - Including Public Hospitals

• STEMI / Chest Pain Accreditation

- Requirements
 - Educational programs to referral centers
 - Morbidity & Mortality Review & Reporting
 - Data Collection
- Advantages
 - Streamline to Reperfusion
 - Volumes Relates to Outcomes
 - Marketing
 - Centers of Excellence

- Lytic and other Medication Availability
 - Need Data and Monitoring
 - Industry Responsibility
 - Public Health Strategy
 - Lytic Reporting Funding Collaboration

• Public Private Partnership ???????

- Nothing in Place
- Access to angiography
- Basic funding Package
- In and out strategy
- But
- Success at FMC → Angiography Issue ...

- National Transfer Transport Guideline
 - Collaborations
 - Availability Taking vs Fetching
 - Default Funder Authorization meeting criteria
 - Database of Facilities

FUNDING

- Logistics and Admin Hospitals
- Lytics replacement
- Insured default package with criteria
- Company Social Responsibility Equipment
- Dedicated Educational Grant Contributions
- Industry Registration as Supporter Admin & Travel

Consensus Meeting

- All role Players
- Including National government Health Department
- Academic / Tertiary Institutions
- Funders
- Emergency Services
- Purpose Outcome Monitored Driven

Health Care Provider Participation

- Evaluating and contributing to educational material
- Reporting on initiatives and programs
- Data collections Ownership and Ethics and Consent issues
- Hub Hospital Driven Initiatives
- Local Morbidity Mortality Meeting

Ongoing Networking

- Stent Save Life
- EuroPCR
- AfricaPCR
- ESC
- SA Heart
- SASCI
- Emergency Physicians
- Emergency Medical Systems Structures -Transport

TASK FORCE

- > 1 Cardiologist
- Who can Meet
- Need Implementation
- Need New Ideas
- National Authority
- Tertiery Institutions involvement
- Government Dept of Health participation

• THIS IS MORE THAN TREATING STEMI

- Collaboration
- Even Risk Factor Management
- Private Public Partnership
- Central to cardiac disease
- Rewarding
- Etc

QUESTIONS

• CONTRIBUTIONS

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