SASCI STEMI EARLY REPERFUSION

As you are aware the SASCI STEMI Early Reperfusion project started in the Tshwane (Pretoria) region. This project focuses on STEMI as the diagnosis and management and is well defined and supported by evidence based studies. Although this project focuses on STEMI patients, which form a minority of acute coronary syndrome (ACS) patients, I am optimistic because the side effects of establishing good education, networking and capturing data will also benefit all other ACS patients. These 3 focus areas are detailed further below:

Education

Education starts at cathlab hospitals and is intended for nursing staff, allied professionals, emergency room doctors, specialists as well as hospital staff and managers. Educational activities are then launched in hospitals without cathlabs, emergency rooms found in other city hospitals, referring general practitioner groups and other referring suburban centres. We also try to include as many as possible emergency medical services (EMS) staff members, general practitioners, physicians, managers, nursing staff and anyone else who may be part of the process. Finally we intend to start a patient awareness programme through the Heart and Stroke Foundation (HSF). While these sessions focus on STEMI management, they also open up educational possibilities to all other aspects of the acute coronary syndrome (ASC) patient, therefore benefiting an even larger group of patients.

Networking

Establish a network to ensure proper transport of the patient to effective medical care. This will most likely assist all other ACS patients in obtaining appropriate care.

Research/Registry with follow up to ensure outcome data

Data for the South African population either does not exist or is frowned upon as the accuracy of the data is often not validated directly from the source.

Although it has taken some time to get the various stakeholders to start collaborating on improving care for acute myocardial infarction (AMI) patients in the Tshwane region, we are making progress. We are slowly identifying the responsible doctor in each cathlab and fostering commitment to the project. We continue our work towards obtaining permission from the various hospitals to start the registry as soon as possible. We learnt in our pilot project that without buy in from hospitals and the hospital groups, the registry will not succeed. We do however plan on running a 2 months survey during the second part of 2014 but need to ensure that the hospitals are educated and prepared to enthusiastically support the capturing of data. Furthermore, in order for ethics approval to be given, we need to obtain permission from the respective cathlab hospitals. In the interim I have met with Dr Ashley Chengadoo from Netcare but was not yet able to meet with Dr Lloyd Kaseke from Life Healthcare. Dr Tom Mabin will meet with Mediclinic to obtain their support for the survey. We have also completed the last GP educational meetings and plan a second round of meetings in 2015.

Due to the success of the project in the Tshwane region, we have now reached the stage of national roll out. In order to drive the project forward a steering committee (as listed below) has been formed:

Dr Adriaan Snyders	National Coordinator
Dr David Kettles	SASCI Representative and Coordinator Eastern Cape
Dr Sajidah Khan	Coordinator KwaZulu-Natal and assisting in research survey registry
Prof Rhena Delport	Research/registry
Amy Wolfe	Education material and literature
George Nel (MSM)	Finances and Logistics
Dr Len Steingo	Coordinator Johannesburg North and West
Dr Chris Zambakides	Coordinator Johannesburg South and East
Dr Tom Mabin	Coordinator Western Cape; collaboration with HSF and patient awareness

Dr Shirley Middlemost Western Cape and education material

Although the national roll out is still in its infancy, a number of key steps have already been taken:

- The following industry members have funded the programme thus far: Axim, Boston, Aspen, Baroque, Angio Quip, Amayeza and Pharma Dynamics, with pledges received from Edwards, Medtronic, Biotronik, Boehringer, Torque Medical and B Braun.
- Prof Rhena Delport assisted with a report for Stent for Life (SFL) to be published in a supplement of Euro-Intervention as part of a paper that describes the opportunities and challenges in building STEMI systems of care in SFL-affiliated and collaborating so-called emerging countries, namely India, China, South Africa and Mexico.
- Dr Sajidah Khan represented us at a SFL working dinner during the EuroPCR 2014 congress.
- I have started to meet with the EMS in the Pretoria region, although it has proven to be a daunting task. In Pretoria there are 24 different EMS but only 2 are capable of appropriately transporting and caring for myocardial infarctions namely Netcare and ER24. We still have limited information on the status of public health EMS.
- I met with Willem Stassen from ER 24, Chief Fire Medic and head of ER 24 Research Committee. He is one of 180 emergency medicine medics with a degree in emergency medicine and qualified to give thrombolytic medicine. Many of these 180 medics are involved with training and management and some are contracted to work elsewhere in Africa. He is presently working on his doctorate evaluating resources and efficacy of managing STEMI patients. This is a huge task and in line with our project. I offered our assistance with training in STEMI and explained our strategy of developing a network/team to effectively manage not only STEMI patients but all patients with cardiac chest pains.
- I am consulting with some industry partners to develop effective ECG diagnosis and to ensure that ECG units on ambulances are suitable. There are also discussions with industry members concerning the development of an electronic registry and other aspects of our programme.

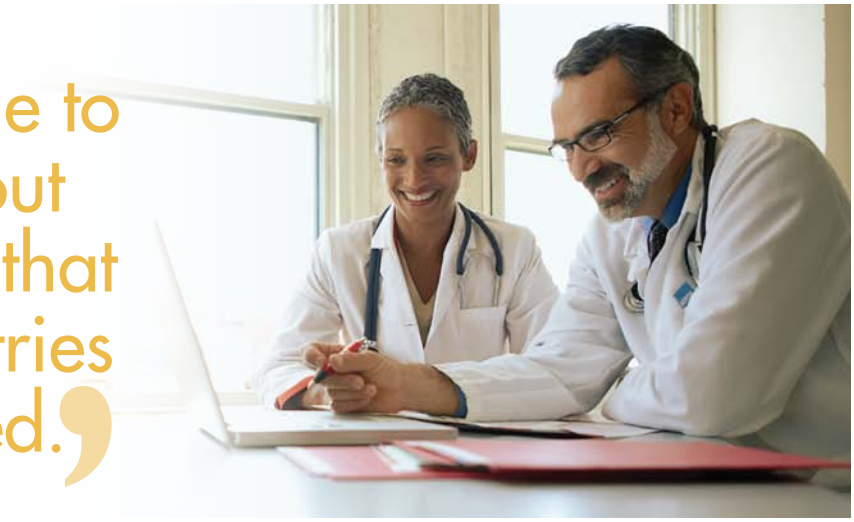
> “We are slowly identifying the responsible doctor in each cathlab and fostering commitment to the project.”

- The educational activity in Mosselbay and the Eastern Cape has been driven by the enthusiasm of ISCAP. Until now we have not received any requests for assistance from any other regions. A priority focus of the project in the next 6 months will be the establishment of effective communication with government. We would like to see the regions well prepared before we embark on a patient awareness campaign. However, we may need to consider public pressure from patients for improved care if healthcare continues to ignore their responsibility.
- I met with Dr Lara Goldstein, Head of the Emergency Department and Helen Joseph Hospital, which is the first public Hospital indicating interest to participate in our project. It seems that rather than wishing or begging for public hospitals to participate, we will assist hospitals who want to participate voluntarily and who are able to identify a person to take responsibility for that hospital.

Continued on page 114

SASCI STEMI EARLY REPERFUSION CONTINUED

> We continue to learn about challenges that other countries have faced.



- I am in the process of making contact with Stent India. India launched a very successful programme and has already had 2 2-day courses which were not only attended by physicians but all other members of the network including participation and active involvement from their government. I envision developing a similar programme and inviting them to South Africa. Please visit their website: www.stemiindia.com

From an international perspective, we continue to learn about challenges that other countries have faced and how they have managed to overcome these hurdles. India has started a very successful programme in certain provinces and one of the key contributors to their success has been the involvement of the Indian government. In order to highlight the importance of managing AMI patients, India STEMI held a weekend symposium involving the government. Delegates included doctors, EMS and hospital staff with the focus of the meeting being on upskilling and the development of a network monitored by an effective registry to which all physicians had to contribute. The success of this project can be attributed to the involvement of government. In the South Africa setting, our fragmented medical services are a challenge but should not make an effective network impossible.

Another key step to improving AMI patient care in India has been the development of a PC based ECG which is installed in ambulances and which immediately sends the patient's ECG to the doctor on call. Local government, in a few Indian provinces, has also taken out and continues to pay for medical insurance for all registered inhabitants who do not have access to private health care to ensure that every STEMI patient will be covered for transport to a cathlab center and consequent effective treatment. If India has been able to implement such a successful system, there is no reason that South Africa cannot follow suit. I have made contact with the India STEMI project to investigate the possibility of learning from their programme and maybe work towards a similar symposium in South Africa in 2015.

Effective/Correct Diagnosis that lead to correct/Effective Management is Cost Effective at any price while Ineffective/incorrect Diagnosis and or Incorrect/ineffective Management is expensive at any price.

All readers are invited to contact their local SASCI group or myself for further information but also to contribute with your participation. We have educational material, a poster available and you are also invited to contribute to our educational library which is managed by Amy Wolfe.

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