AN UNEXPECTED SILVER-LINING TO KATRINA: ELIMINATION OF INTER-CAMPUS TRANSFER DELAY IN STEMI CARE.

Daniel Englert, MD; Navneet Sharma, BS; Neeraj Jain, MD; Murtuza J. Ali, MD
Section of Cardiology, Department of Medicine, LSUHSC

**Introduction**
- Timely primary percutaneous coronary intervention (PCI) is recommended for ST-elevation myocardial infarction (STEMI), with increasing focus on the time required for inter-hospital transfer.
- Systems of care should focus on delivering primary PCI within 90-minutes of hospital arrival as a systems goal.
- An overlooked barrier to timely care is inter-campus ambulance transfer when the emergency department (ED) and cardiac catheterization lab (CCL) are in separate buildings.
- In August 2005, Hurricane Katrina closed one campus of the Medical Center of Louisiana at New Orleans (MCLNO), forcing the ED and CCL to move into one building.
- We studied the impact of that closure on the door-to-balloon times (DTB) at MCLNO.

**Methods**
- Door-to-Balloon times for all STEMI patients between January 2004 and June 2011 were analyzed, as reported in MCLNO’s Core Measures Report to Centers for Medicare and Medicaid Services.
- National recommendations, (including single-pager activation, CCL ready within 30 minutes, etc.) were in place prior to 2004.
- The consolidation of clinical services under one roof merely eliminated inter-campus transfer delay and represented the only significant change in the study period.

**Results**
- In 2004-5, 28 patients presented with STEMI with an average DTB of 156.5 ± 62.5 minutes.
- From 2006-11, 97 patients presented with STEMI with an average DTB of 90.7 ± 54.3 minutes.
- The percentage of patients treated within a 90-minute DTB increased from 10.3% to 67.0% after the ED and CCL were moved into the same building. (red line indicating 90 minute mark; green arrow indicating reopening of hospital after Katrina).

**Conclusions**
- Along with other measures to reduce DTB, attention needs to be focused on inter-campus transfer.
- Hospital design should include attention to this element of delay in care.
- The closure of one campus allowed for significant system improvement at MCLNO.