

# Acute coronary syndromes in peak hours and off-peak hours. Is there a lost opportunity?



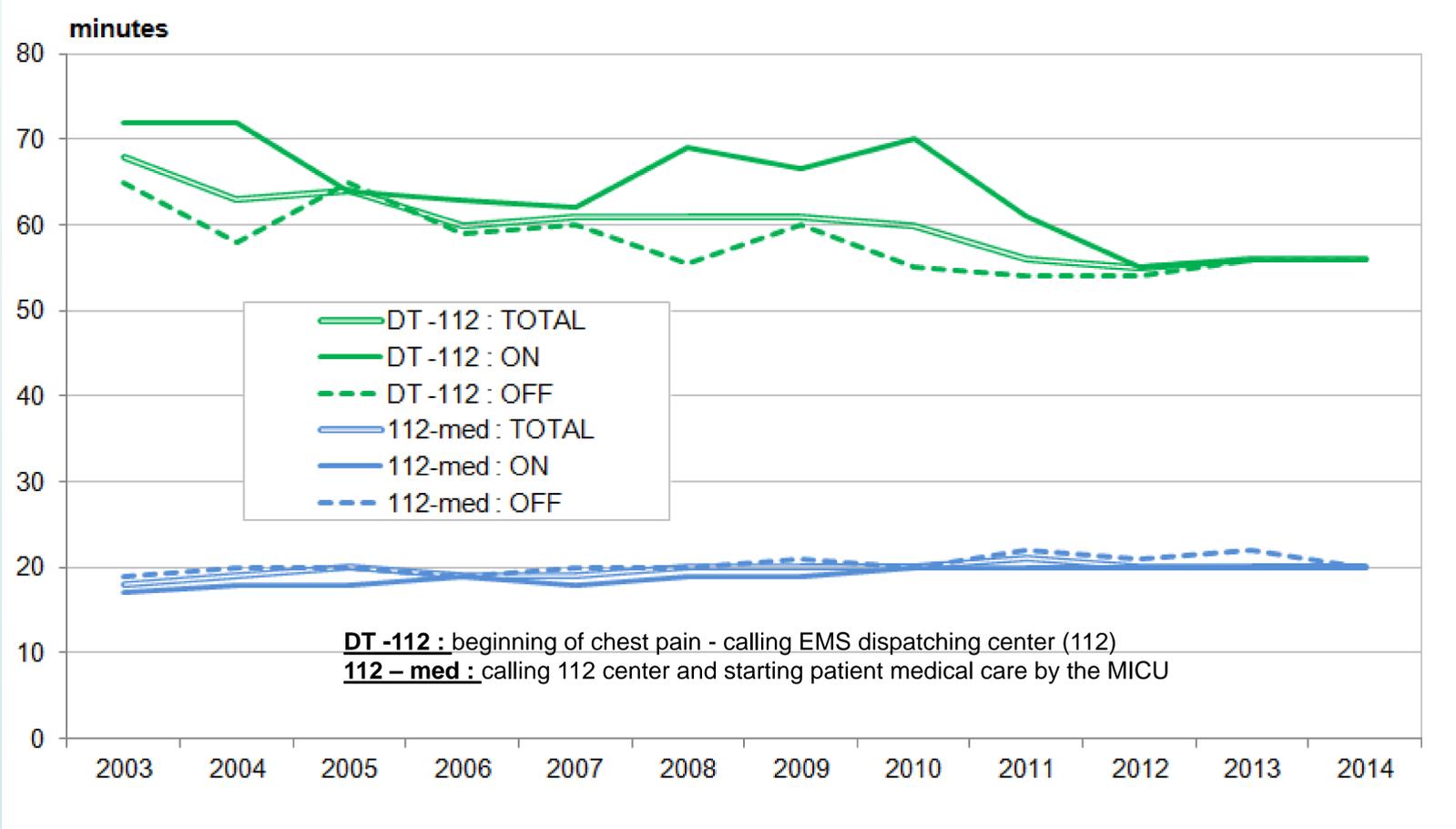
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## Introduction :

The time-period before prehospital patient management of an acute coronary syndrome (ACS) is influenced by many factors. The time when patient care begins is a factor altering these time periods significantly.



**Median times by years**

## Methods :

Data was retrieved from a regional prospective register that lists all acute coronary syndromes with ST segment elevation (STEMI) managed by 8 prehospital Emergency Medical Services (EMS) and 39 MICUs. Patients with a STEMI within 24 hours from 2003 to 2014 were included, excluding secondary transport. Two periods were defined: ON from 7.00 a.m. to 7.00 p.m. from Monday to Friday, excluding public holidays; otherwise OFF. Average time periods studied: the beginning of chest pain - calling EMS dispatching center (112) (DT-112), calling 112 center and starting patient medical care by the MICU (112-med). Wilcoxon test is significant if  $p < 0.05$ .

## Results :

19,965 patients were included during the period. The CP-112 time periods decreased unlike 112-med time periods which remained stable. The increment between ON and OFF periods has decreased; it is almost non-existent since 2011.

## Discussion :

Since 2003, the time taken for prehospital care for STEMI in our region has been constantly improving, nowadays without loss of opportunity during ON periods. Calling centre 112 at the onset of any chest pain is vital and is well understood by patients; this can be further improved as it seems difficult to act on the 112-med time periods.