

# MINAP AT A GLANCE

Data from the period April 2019 to March 2020



Of 86,547 confirmed cases of myocardial infarction (MI) there were 900 fewer STEMI and 400 more NSTEMIs in 2019/20 compared to 2018/19



83.2% of STEMI cases receive reperfusion therapy, almost all by Primary Percutaneous Coronary Intervention (PPCI) (up from 74.3% in 2010/11)

**Call-To-Balloon time (CTB):** the global response of the health service from the time the patient calls for help until the PCI. This is itself made up of

**a) Call-To-Door time (CTD):** during which the ambulance service must respond to the call, make a pre-hospital assessment, provide appropriate treatments and convey the patient to hospital. This is a measure of ambulance service response.

**b) Door-To-Balloon time (DTB):** during which hospital staff must confirm the diagnosis, assess the patient's suitability for PCI, prepare for and begin to perform the PCI. This is a measure of the hospital response.



Call-To-Balloon times for STEMI are lengthening (up from 110 minutes in 2010/11 to 126 minutes in 2019/20)



Call-To-Door times for STEMI are lengthening (up from 58 minutes in 2010/11 to 80 minutes in 2019/20)



**Place of care and specialist care:** Admission to a cardiac ward allows optimum cardiac monitoring and access to highly trained cardiac nursing staff. Specialist care has been associated with more positive outcomes and patients seen by specialists are more likely to be referred for recommended interventions.



61% of patients with NSTEMI are admitted to a cardiac ward (no change for three years)



76.3% of STEMI cases undergo in-house echocardiography (up from 57.5% in 2010/11)



96.4% of NSTEMI cases are seen by a member of a cardiology specialist team



Of those NSTEMI cases seen by a specialist 83.5% of NSTEMI cases eligible for angiography undergo this procedure in-house – but only 54.9% within the 72 hours recommended by national guidelines

## Ongoing management of heart attack patients



>90% of MI patients are discharged on standard secondary prevention therapies but only 68% of those with LV systolic dysfunction leave hospital on a mineralocorticoid receptor antagonist (MRA) (no change over three years).

These medicines have been shown to reduce the likelihood of subsequent coronary events in those who have suffered heart attack.



81% of heart attack patients are referred for cardiac rehabilitation

Exercise-based cardiac rehabilitation programmes are associated with fewer cardiac deaths in patients with coronary artery disease.