
- In a national sample of patients diagnosed as having STEMI, 11.0% had an initial non-diagnostic ECG during evaluation.
- Of those patients with an initial non-diagnostic ECG, 72.4% had a follow-up ECG with diagnostic criteria for STEMI within 90 minutes of their initial ECG.
- There did not appear to be clinically relevant differences in baseline comorbidities, clinical presentation, guidelines-based treatment administration, or in-hospital outcomes between patients diagnosed as having STEMI on an initial ECG and those diagnosed on a follow-up ECG.
- The decision for further ECG monitoring in patients being evaluated for ACS who have an initial non-diagnostic ECG cannot be based on medical history and presentation variables alone and should be generally employed for patients in this group.

Robert F. Riley, MD, is a second year fellow in a 4-year NHLBI T32-supported combined clinical research fellowship in Cardiology and cardiovascular epidemiology at Wake Forest Baptist Health in Winston-Salem, NC. He received his medical degree from the University of Virginia School of Medicine and completed his residency in Internal Medicine at the University of Washington. Dr. Riley's research focuses on investigating guidelines-adherence, processes of care, and outcomes for patients being evaluated and treated for acute coronary syndromes, specifically ST-segment elevation myocardial infarction (STEMI). He has recently published several registry-based retrospective studies and is currently the principle or co-investigator of several prospective studies and trials investigating the care of this patient group. Email: rriley@wakehealth.edu

See more about Mission: Lifeline


Participation in national quality improvement programs such as Get With The Guidelines-Coronary Artery Disease (GWTG-CAD) is associated with greater adherence to guideline recommended therapies for coronary artery disease. Among GWTG-CAD participating hospitals, guideline-concordant care in coronary artery disease was initially higher at teaching hospitals.

There was a significant temporal improvement in guideline adherence at both teaching and non-teaching hospitals with each year of participation in the GWTG-CAD program both by program years and by calendar
Participation in GWTG-CAD was associated with greater relative improvement at non-teaching hospitals such that differences by hospital teaching status in guideline-recommended care were eliminated over time.

Lori M. Tam, MD is a fellow in Cardiovascular Medicine at Johns Hopkins University in Baltimore, MD. She is a graduate of Cornell University and Oregon Health & Science University School of Medicine and completed her residency in Internal Medicine at Brigham & Women's in Boston, MA. Dr. Tam's research interests include quality of care/outcomes research in coronary artery disease and cardiac computed tomography.

See more about Get With The Guidelines - Heart Failure, Stroke, and Coronary Artery Disease

Survival Trends in Pediatric In-Hospital Cardiac Arrests: An Analysis From Get With The Guidelines-Resuscitation. Saket Girotra, MD, SM, John A. Spertus, MD, MPH, Yan Li, PhD, Robert A. Berg, MD, Vinay M. Nadkarni, MD, Paul S. Chan, MD, MSC, for the American Heart Association Get With the Guidelines-Resuscitation Investigators. [Epub 12/18/12] Circ Cardiovasc Qual Outcomes

- Survival from in-hospital cardiac arrest has improved substantially between 2000 and 2009 at hospitals participating in the American Heart Association's Get With The Guidelines-Resuscitation registry.
- Risk-adjusted rates of survival to hospital discharge has increased from 13.7% in 2000 to 22.3% in 2009 (adjusted rate ratio per year 1.04; 95% CI, 1.03-1.06; P <0.001 for trend).
- Improvement in survival was driven by an improvement in acute resuscitation as well as post-resuscitation care, and was seen regardless of whether the initial rhythm was treatable by defibrillation (ventricular fibrillation, pulseless ventricular tachycardia) or not (asystole, pulseless electrical activity). This suggests broad-based quality improvement in the delivery of resuscitation care in the United States.
- Improvement in survival was accompanied by a decrease in risk-adjusted rates of clinically-significant neurological disability: from 32.9% in 2000 to 28.1% in 2009 (adjusted rate ratio per year 0.98; 95% CI, 0.97-1.00, P = 0.02 for trend)

Press Release: More Children Surviving In Hospital Cardiac Arrest

Dr. Saket Girotra is an Associate in Medicine, Division of Cardiovascular Diseases at University of Iowa Carver College of Medicine. He received his medical education in India at the All India Institute of Medical Sciences, New Delhi. After completing medical school, he attended the Harvard School of Public Health to pursue a Master of Science in Epidemiology as a Presidential Scholar. Subsequently, he completed a residency in Internal Medicine at Medical College of Wisconsin, and fellowships in Cardiology and Interventional Cardiology at University of Iowa. Dr. Girotra's expertise is in the field of health services and outcomes research. His prior research has examined variation in hospital quality for cardiac diseases (acute myocardial infarction, heart failure) and procedures (coronary artery bypass surgery). His current work is focused on the epidemiology of in-hospital cardiac arrests and understanding hospital-level variation in cardiac arrest survival.

See more about Get With The Guidelines - Resuscitation
To be removed from this email/newsletter list, please use the link below and follow the instructions.

Remove my address from only this email/newsletter list
Remove my address from all association mailings

You will be removed from the email/newsletter list within 24 hours.

Privacy Policy | Ethics Policy | Conflict of Interest Policy

To unsubscribe via postal mail, please contact us at:
American Heart Association
Attn: Email Subscriptions Group
7272 Greenville Ave. Dallas, TX 75231