Response to Letter Regarding Article, “ST-Elevation Myocardial Infarction Diagnosed After Hospital Admission”

We appreciate the kind words and support from Dr Dai et al regarding our Circulation study that described the characteristics and outcomes of patients who develop ST-segment–elevation myocardial infarction (STEMI) after hospital admission.1,2 We agree that this is a high-risk STEMI population that is currently underrecognized. These patients are less likely to receive reperfusion, and when they do, it is frequently delayed. These factors, along with higher comorbidities, contribute to the higher-than-expected mortality for these patients and provide an important opportunity for quality improvement. Implementation of a standardized in-hospital STEMI protocol improved time to treatment and led to a significant reduction in 1-year mortality from 30.8% to 10.5% (P=0.02).

As the authors recently reported, these patients are not rare. On the basis of the 2001 California State Inpatient Database, 7.8% of STEMI-related admissions (1729 of 22,369) occurred in hospitalized patients,3 which is nearly identical to the 8% we reported at the Minneapolis Heart Institute at Abbott Northwestern Hospital.

We applaud the authors for instituting a healthcare systemwide educational campaign to improve the awareness among noncardiac staff and units using early ECG acquisition and interpretation and the formation of a cardiac response team. Although the care of STEMI patients presenting via the emergency department has improved dramatically, very few hospitals in the United States have protocols in place for the recognition and treatment of patients who develop STEMI after hospital admission. We agree that this is a unique opportunity to further improve STEMI care in the United States.

Disclosures

None.

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