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Read more country updates in the upcoming editions and send your stories to: stentforlife_comms@wcgworld.com
Dear All,

It gives me great pleasure to welcome you to the very first edition of the Stent for Life Initiative Newsletter. The aim of this newsletter is to provide key news and updates, in addition to best practice sharing and learnings from local countries.

As you know, the Stent for Life Initiative continues to expand with three new countries, Egypt, Italy and Romania, joining us in 2010, and Portugal at our first Countries Meeting in Prague in February 2011 (bringing the total number of countries involved to 10). I would like to take this opportunity to welcome everyone involved with the Initiative in these four new countries. We look forward to working with you.

The Stent for Life Initiative has some very concrete objectives around the delivery of and access to the life-saving indications of p-PCI, with the aim of reducing the mortality and morbidity of patients suffering from acute coronary syndromes (ACS). It is therefore important that we remain tightly focused on delivering real change that measurably improves outcomes. We are in the course of developing various materials which will support you in achieving this locally and these will be provided over the coming months.

In this first edition of the newsletter, we will showcase just a few of the wonderful projects that are being undertaken by our member countries. I’m sure all of us can feel inspired by our colleagues’ successes, and while all our local situations are different, I hope you will be able to find ideas from some of these case studies.

Finally, I would like to thank all of you for your ongoing commitment to the Stent for Life Initiative, and for your hard work, both past and future. We would love to be able to share your successes in future issues of this newsletter, so please do contact us with your stories and updates.

Zuzana Kaifoszova
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The annual Aegean International Ambulance Rally and Symposium has been a fixture of the Turkish emergency medicine calendar since 2004. The event tests ambulance teams on the speed and effectiveness of their response to a simulated medical emergency. Last year, ambulance teams from fifteen countries, including Turkey, Hungary, Poland, Portugal and the UK, took part.

ʻIn 2010, the Stent for Life Initiative became one of the rally’s sponsors,ʼ said Dr Omer Goktekin, Stent for Life Country Champion, Turkey. ʻCompetitors were asked to respond to a simulated acute myocardial infarction. It was a great awareness-raiser for us.ʼ

The Stent for Life Initiative has been busy in Turkey over the last 12 months. As well as its involvement with the Ambulance Rally, the initiative has also signed up twenty pilot centres where it will work to improve the existing infrastructure and processes, to expand access to p-PCI.

ʻOur main objectives are to work with the Ministry of Health to ensure there are enough cardiologists in each centre to provide twenty-four hour cover, and of course sufficient support staff too,ʼ said Dr Goktekin. ʻThe Ministry of Health is perfectly aligned with our goals, and has made the Stent for Life Initiative a priority. They have plans to fund ten or twelve new centres to ensure nationwide coverage.ʼ

Stent for Life Turkey is also investing in a training programme for cardiologists working at the Stent for Life pilot centres. So far, five courses have been held at the Interventional Simulation Training Centre (IKSEM), training over 60 cardiologists, with a further five courses planned for 2011.

It is with great sadness that we bid a fond farewell to Dr Alexander Doganov, who passed away in early 2011. Dr Doganov was the Cath Lab Director of the National Heart Centre Cath Lab in Sofia and also taught postgraduate trainees in interventional cardiology.
The Stent for Life Initiative began 2011 with the inaugural Country Briefing Meeting in Prague on February 8—9, 2011.

‘We were thrilled to welcome Country Champions from so many of the Stent for Life member countries,’ said Zuzana Kaifoszova, Stent for Life Project Manager, Europe. ‘2011 is a huge year for all of us, and it couldn’t have started in a more positive way.’

Dr Petr Widimsky, Past Co-Chairman of the Stent for Life Initiative, kicked-off the meeting by discussing the important data collecting processes that will take place in 2011 to compare and review progress made since the 2009 benchmark.

The meeting also provided an opportunity for all Stent for Life Initiative countries to come together and share ideas, challenges and goals for Stent for Life at the local level.

‘It was fascinating to learn of all the hard work and success of our members,’ said Dr Widimsky. ‘The situation is different in each country, which means the strategies and tactics we employ must also be different, but there is great scope to learn from each other.’

As well as exchanging ideas on subjects as diverse as relationship building and communicating effectively with patients, the meeting also saw the official signing of the Stent for Life Declaration by Dr Helder Pereira, Country Champion, Portugal.

The second day of the meeting focused on the Stent for Life Initiative communications approach and the need to ensure consistency throughout countries. The attending Country Champions were given the opportunity to provide feedback on various communications materials, including a public campaign, which will all be available for use in countries in the coming months.
France Sets the Stent for Life Benchmark

Stent for Life Country Champion, France, Professor Martine Gilard believes that only by benchmarking the current situation can the Stent for Life Initiative hope to demonstrate improved outcomes, and so gain widespread support for its work.

ʻIt will take a lot of effort and resources to shift current practice nationwide,ʼ Professor Gilard said. ʻThe only way to mobilize all the necessary stakeholders in France is to provide concrete evidence that we can make a significant difference to outcomes.ʼ

Five pilot areas—or Departments—were selected in which to measure AMI outcomes both before and after Stent for Life Initiative activities, and so provide an objective assessment of the success of those activities.

ʻThe Departments we chose were varied in terms of population, geography and resources, and were a good representative sample of all the French departments,ʼ Professor Gilard explained.

In November of 2010, the first Stent for Life Initiative survey was conducted across these five Departments. Information on over 200 AMIs was gathered from all relevant stakeholders, including cardiologists, ambulance doctors and cath lab surgeons. Data collected included the time delay before making the emergency call, who that call was made to (many people in France call their general practitioner, rather than the emergency services), the length of time to cath lab and the treatment given (thrombolysis or p-PCI).

ʻWe are currently analysing this data, and will work with health professionals in each of the five Departments to develop plans to improve the response to and treatment of AMI across all the various health professionals involved,ʼ said Professor Gilard. ʻAt the same time, we will be conducting a media and public awareness campaign to educate the public on what to do and who to call.ʼ

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This campaign will include placing educational posters and pamphlets in the offices of all 6,200 general practitioners across the five Departments.

In November 2011, a second survey, identical to the first, will be conducted in the same five Departments so that changes in procedure and outcomes can be measured. ʻIf we are able to provide evidence of significant improvements – and I am convinced that we will – then the Stent for Life Initiative will be well-placed to attract the partners and funding we need to expand our programme to the whole of France,ʼ said Professor Gilard.

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Like many European countries, Spain is organised into regions that have a degree of autonomy over many policy areas, including health. So while forming a strong relationship with the Spanish Society of Cardiology was an important early success for Stent for Life Spain, there was still work to be done.

‘Our national group, the Spanish Society of Cardiology, has sub-societies in each of Spain’s seventeen regions,’ explained Dr Matias Feldman, Stent for Life Spain National Project Manager, ‘and we obviously wanted each of the regional societies to be firmly behind the Stent for Life Initiative.’

Stent for Life Spain organised a national meeting for representatives from each of the seventeen regional cardiology societies. During that meeting, which took place on October 4th in Madrid, all the regional societies signed up to be part of the Stent for Life Initiative, giving the initiative a truly national presence.

“We also invited representatives from each regional Health Ministry to accompany their regional cardiology society to the meeting. This gave us the opportunity to brief this important political audience on our aims, and present an analysis of the p-PCI situation in Spain and the need for urgent change,” said Dr Feldman.

In this way, Stent for Life Spain has been able to take its message to key national and regional stakeholders, and is preparing for an exciting 2011. Future activities include a special Stent for Life edition of the Journal of the Spanish Society of Cardiology, dedicated sessions at the Spanish Society of Cardiology Congress, and the initiation of updated AMI network programmes in three Spanish regions.
Egypt is one of the newest members of the Stent for Life Initiative, having signed the Stent for Life declaration at the ESC congress, Stockholm, in August 2010. In the five months since, they have been extremely active in creating their organisational structure and getting themselves ready for action.

‘We wanted to get the right people on board as soon as possible,’ said Dr Ahmed El Shal, Stent for Life National Project Manager, ‘and we were fortunate to have Professor Mohamed Sobhy, Professor of Cardiology at Alexandria University, to act as our Country Champion. We were quickly able to appoint our Steering Committee and Task Force.’

Stent for Life Egypt held two meetings in November and December of last year. The first included representatives from all potential major sponsors to let them know about the project and elicit support. The second meeting was attended by more than 50 senior cardiologists, representing public, private and military hospitals from all regions of the country, as well as senior representatives for ambulance drivers and the insurance industry. Over the course of several days, and in numerous breakout and workshop sessions, this group worked to put together the key elements of Egypt’s strategic plan, which are as follows:

1. To create national and regional registries for improved data collection
2. To develop education programmes for ambulance drivers, junior doctors and cardiologists, as well as other stakeholders, based on the ESC guidelines
3. Pilot centres would be chosen, based on the Stent for Life Initiative criteria
4. A media campaign would be undertaken to educate physicians and patients
5. Meeting would be arranged with potential sponsors to gain support
6. Stent for Life would work with a mobile telephone company to develop a means of direct communication between ambulance drivers and the cath lab

This strategic plan has been presented to the Minister for Health, and the next steps for Stent for Life Egypt are to choose their pilot centres, develop the educational programme in those areas, and begin data collection for the new registries. We wish them the best of luck as they move forward with their activities.
In Portugal, the newest Stent for Life Initiative member, the process of assembling the Steering Committee is already underway. High profile members include Dr Rui Cruz Ferreira (Coordinator for Cardiovascular Disease at the Ministry of Health) and Dr Miguel Soares-Oliveira (President of the National Institute of Medical Emergency, INEM).

‘The challenge in Portugal is that the situation is very inconsistent,’ said Dr Ferreira. ‘In some areas, such as the Algarve or Braga in the north, the p-PCI network is well organised and efficient. Our task is to ensure that best practice is adopted throughout the country.’

Improving care for STEMI patients has been a priority for the Portuguese Ministry of Health for a number of years now. The optimal experience of the patient, from the onset of AMI to treatment in the cath lab, has been dubbed the ‘Via Verde’ or ‘Green Way’. In the Algarve, for example, the Green Way is very well managed. When a patient calls the emergency number, a doctor arrives to assess the situation, followed closely by an ambulance. The ambulance is equipped with ECG equipment and, crucially, the ability to transmit ECG data for remote analysis. The driver can then be instructed to take the patient straight to the nearest cath lab, by-passing any other hospitals that are not equipped for p-PCI. In this way, more patients can be treated earlier.

“Unfortunately,” said Dr Ferreira, “the ‘Green Way’ does not function in all areas of Portugal. This is something we have been looking at within the Ministry of Health, and we are delighted to partner with the Stent for Life Initiative to implement the ‘Green Way’ across the nation.”

Portugal has also identified several other challenges. Incredibly, in some regions only around 5% of AMI patients are transported to the cath lab by an emergency ambulance. The vast majority arrive at hospital – often the wrong hospital where there is no cath lab – by taxi, private vehicle or some other means. The average percentage of direct admissions across the country is 23%.

‘It is clearly a priority for us to educate the public to pick up the phone and call the ambulance,’ said Dr Soares-Oliveira. ‘But it does not end there. We must also better integrate the three types of emergency departments in Portugal into an operational network, with strong lines of communication to the cath lab, including ECG transmissions where this does not currently exist.’

Another challenge in Portugal is a lack of interventional cardiologists. ‘We probably have enough centres,’ said Dr Helder Pereira, Country Champion, Portugal, ‘but we don’t always have enough interventionalists to keep all of them running 24/7. We are looking at why this is, and how we can encourage more Residents into interventional cardiology.’