

Transfer for better outcome: the Neuchatel experience

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The data about safety of transfer and outcome of "real-world" patients with acute ST-Elevation Myocardial Infarction (STEMI) for primary percutaneous coronary intervention, showed by Gachoud et al. [1] are quite important.

Authors prevented our speculation about an insufficient number of patients using the well-planned methods. As it is well known that implementation of this reperfusion strategy requires appropriately prepared community action, the only objection is that the authors did not strongly point this out.

For the patients with STEMI from the Bjelovar-Bilogora County (north-western Croatia; 133.084 inhabitants), included in the Croatian Primary Percutaneous Coronary Intervention Network [2], we learned that the primary treatments for cardiovascular diseases are knowledge and information. All necessary equipment and education is financed by the county budget, so the implementation can begin only after convincing local politicians of the advantages of this reperfusion strategy. During the last three years we continuously educated the public about early

recognition of symptoms of myocardial infarction and possibilities of better outcome of the patients with STEMI using the pay for quality concept. We noticed that all profiles of pre-hospital and hospital medical staff needed further education and training on field-to-hospital 12-lead ECG, management of acute STEMI and sudden cardiac arrest. Therefore, we organised several meetings and workshops on these subjects. Our protocols were approved by the county assembly.

As we know that named procedures cost moderate amounts of money and take several months in the first phase, our educated and equipped hospital medical team accompanied the patient to the intervention centre.

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- 2 Ivanusa M. Cardiac catheterization laboratory and transfer for percutaneous coronary intervention: available to all? *Am J Cardiol.* 2006;97:591.

Authors' reply

Peter Wenaweser

We would like to thank Dr. Ivanusa for his interest in our work and his useful comments. We fully agree with him that a professional and well trained medical team is absolutely necessary to provide a good clinical outcome in patients with STEMI transferred for an acute coronary intervention. Furthermore, still a lot of public work has to be done to get the community informed of the need of immediate action in case of an acute heart attack. We agree that registries may help to improve the complex logistic process that involves different specialities.

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