

- **A** Acute
- **M** Myocardial
- I Infarction in
- **S** Switzerland

University of Zurich

Institute of Social and Preventive Medicine



AMIS Plus Registry

Acute Myocardial Infarction in Switzerland

Status of the project

Dragana Radovanovic

March 5, 2009

Status of the project - March 2009

- Some more AMIS Plus figures
- How are the data collected?
- What do hospitals gain?
- Database status
- Achievements





- 76 Swiss hospitals have taken part
- More than 600 doctors have entered data
- Data Center moved twice















- 12 employees
- AMIS Plus questionnaire revised 12 times
- Number of variables were extended from 115

to > 180

4 IT data entry system changes



- 5 reports
- 28 newsletters
- Hundreds of data analyses
- Collaborated with
 - Quality Assessment Organisations
 - Swiss Heart Foundation
 - Federal Office of Public Health
 - Federal Office of Statistics





- Meetings
 - Steering Committee 23x



- Participants' and Sponsors' 4x







AMIS Plus Project

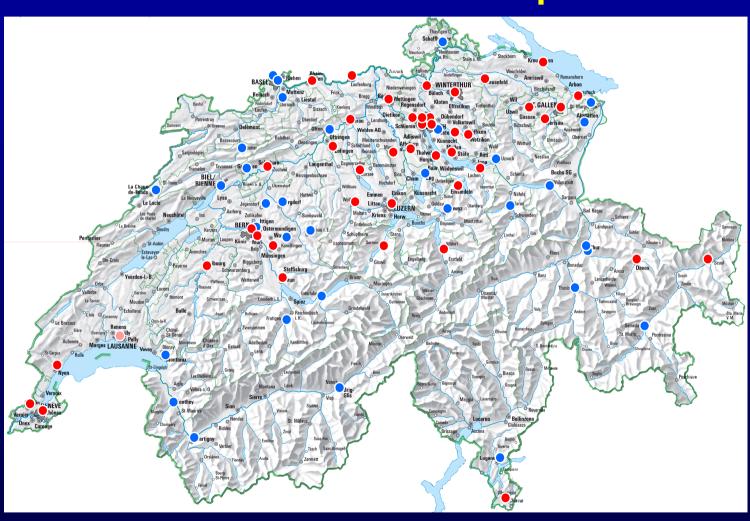
Where are we today?

5th March 2009





AMIS Plus Participants





Switzerland



AMIS Plus Questionnaire

University-of-Zurich Institute of Social- and Preventive-Medicine AMIS-Plus-C	Questionnaire A M Myocardial Myocardial Infarction in S Switzedand						
	0903						
AMIS-Data-entry-identification							
Hospital							
Patient·ID·number							
Physician·ID							
Date-of-data-entry	Day····· ··· ·· ··· ··· ··· ··· ··· ··· ·						
PA	TIENT-AT-ADMISSION						
Date-of-birth	Day· · · · · · · · · · · · · · · · · · ·						
Gender	O·Male·····O·Female						
Weight- (eg: 68.5-kg is rounded up to 0 6 9 ⋅ kg)	·kg						
Height							
Admission∙date	Day· · Month· · Year·						
Admission·time	hh						
Basic·insurance·coverage·	O·Yes···O·No						
Transfer (was the patient transferred from another hospital?)	O·Yes···O·No IF·YES·→·Hospital·name? Ganzer Bildschirm Ganzer Bildschirm Ganzer Bildschirm Ganzer Bildschirm						
»Condition							
Symptoms·at·admission							
 Pain 	O·Yes···O·No···O·Unknown						
 Dyspnea 	O·Yes···O·No···O·Unknown						



Infarction in Switzerland

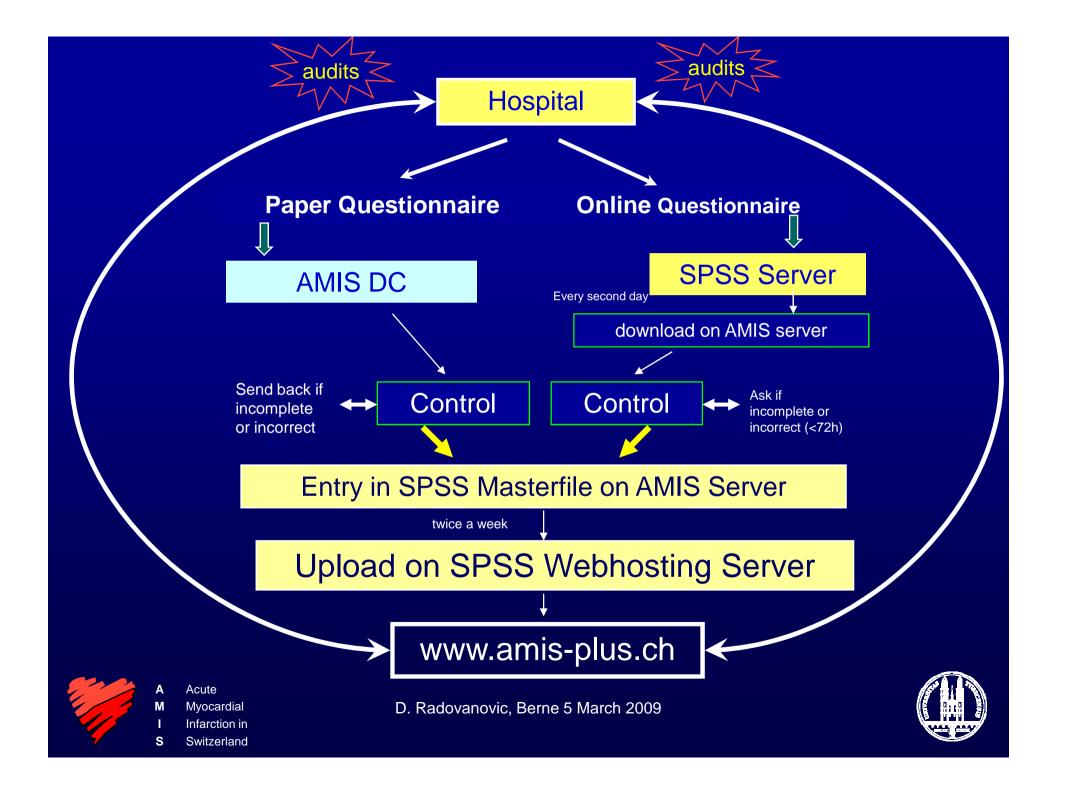


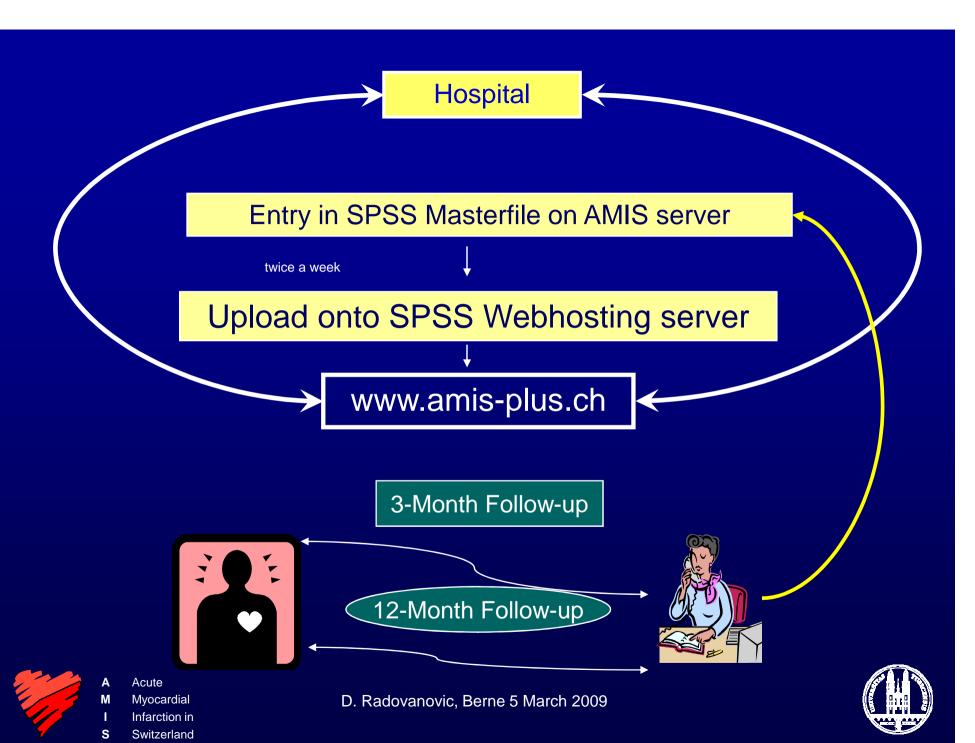
AMIS Plus Questionnaire

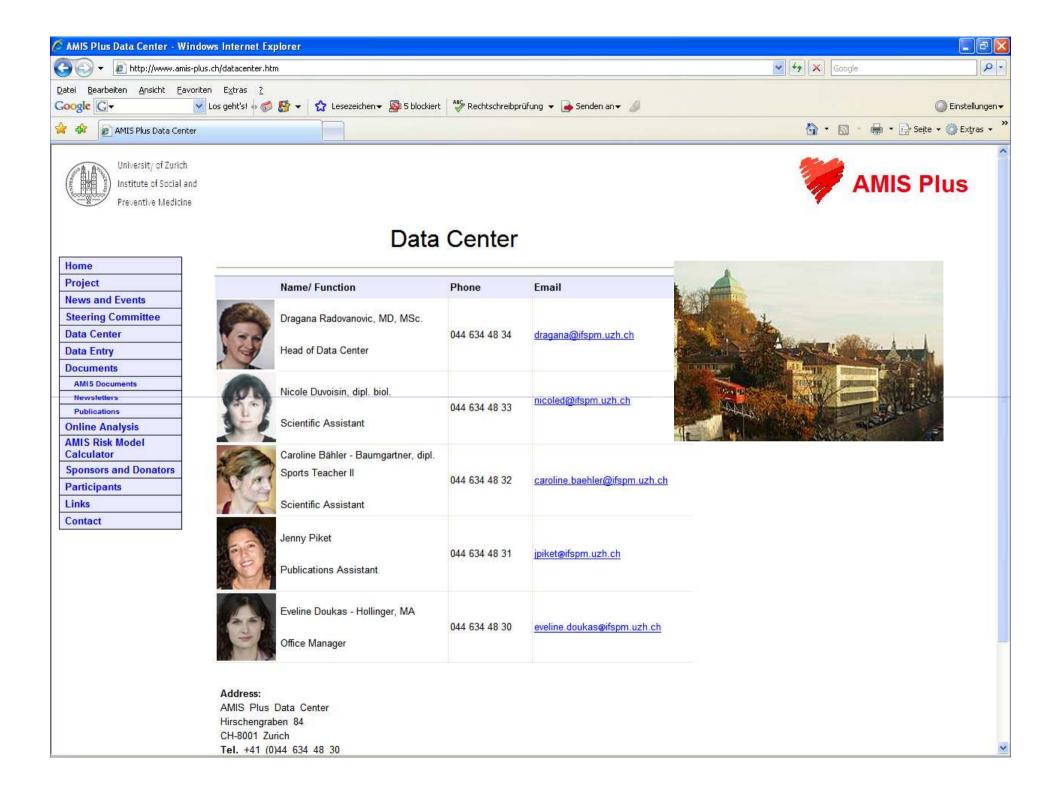
- Over 180 variables that include:
 - Demographics
 - Risk factors, symptoms
 - Immediate therapy
 - Laboratory parameters
 - Hospitalisation course and discharge treatment
- Since March 2005 long-term follow-up
 - 3-months
 - 12-months

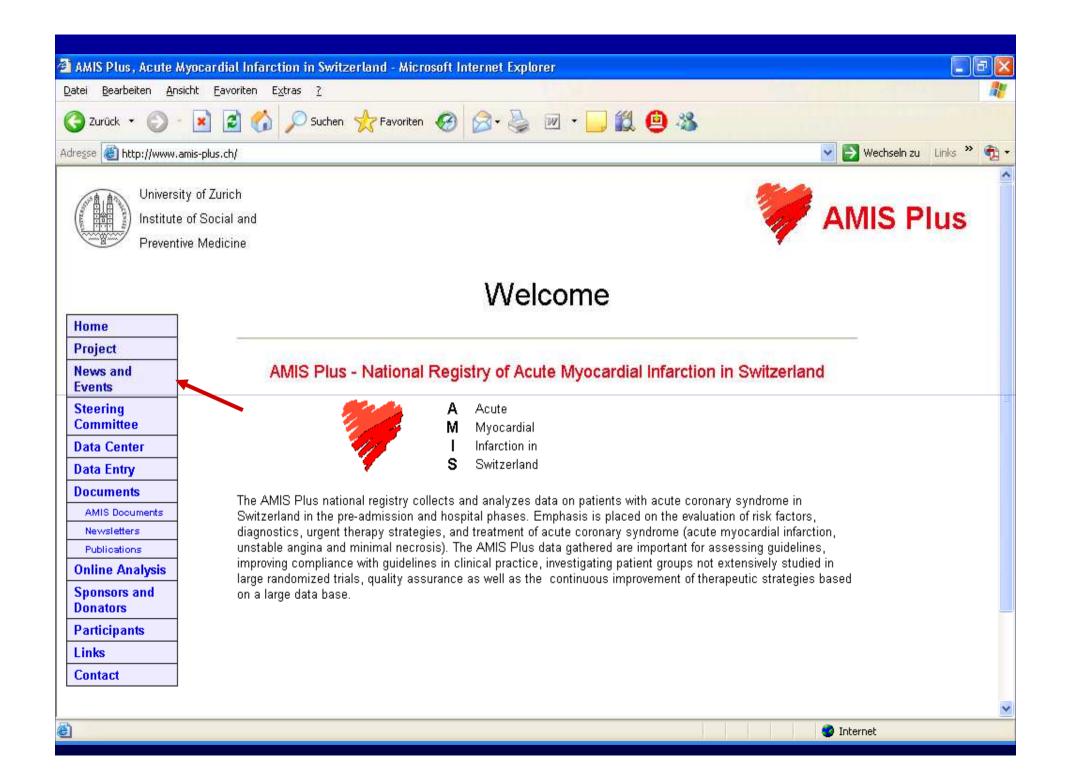


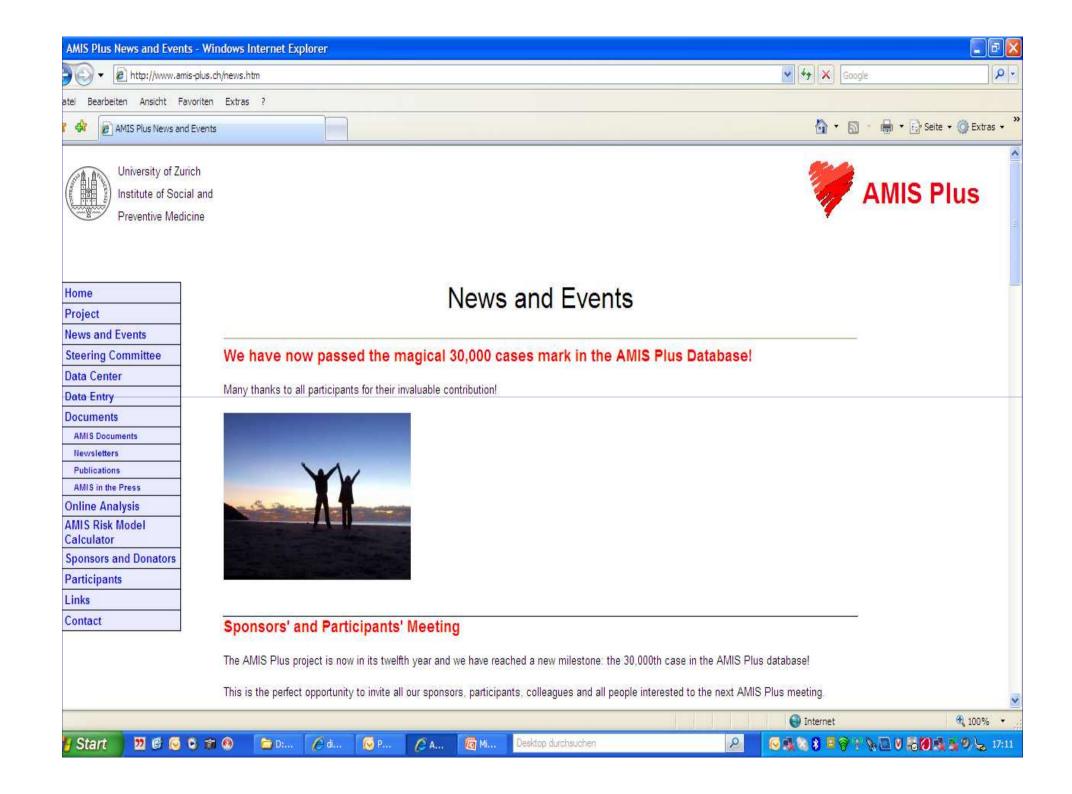


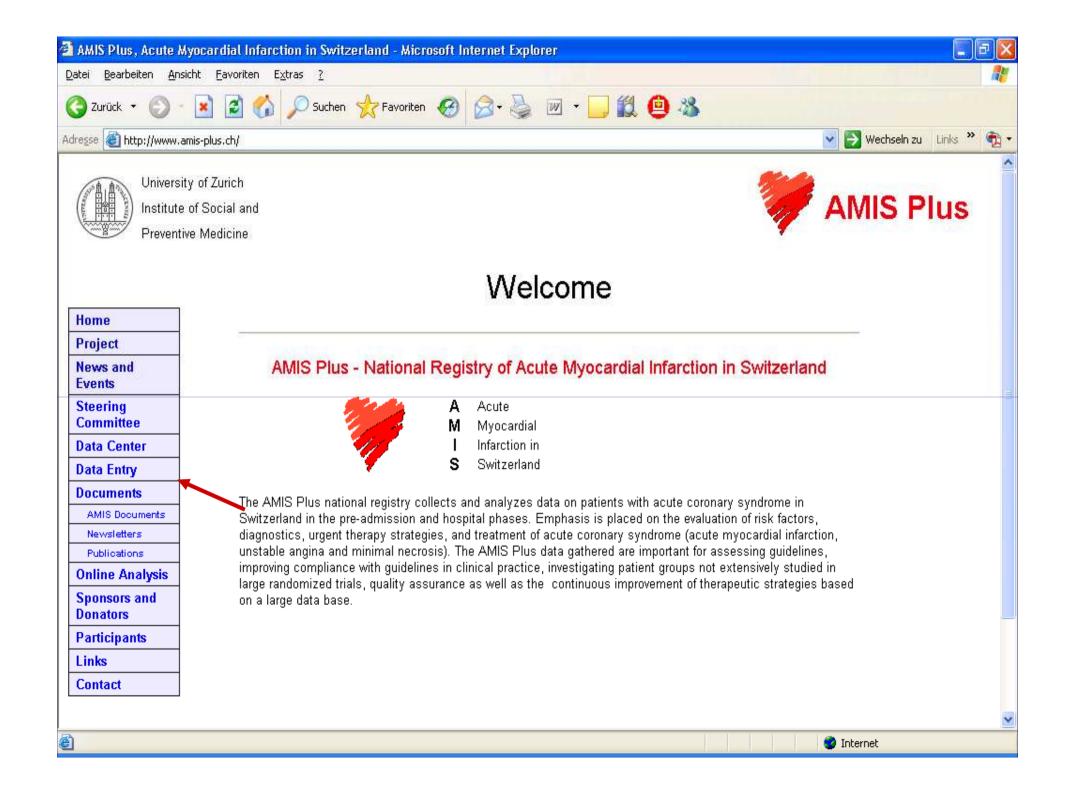


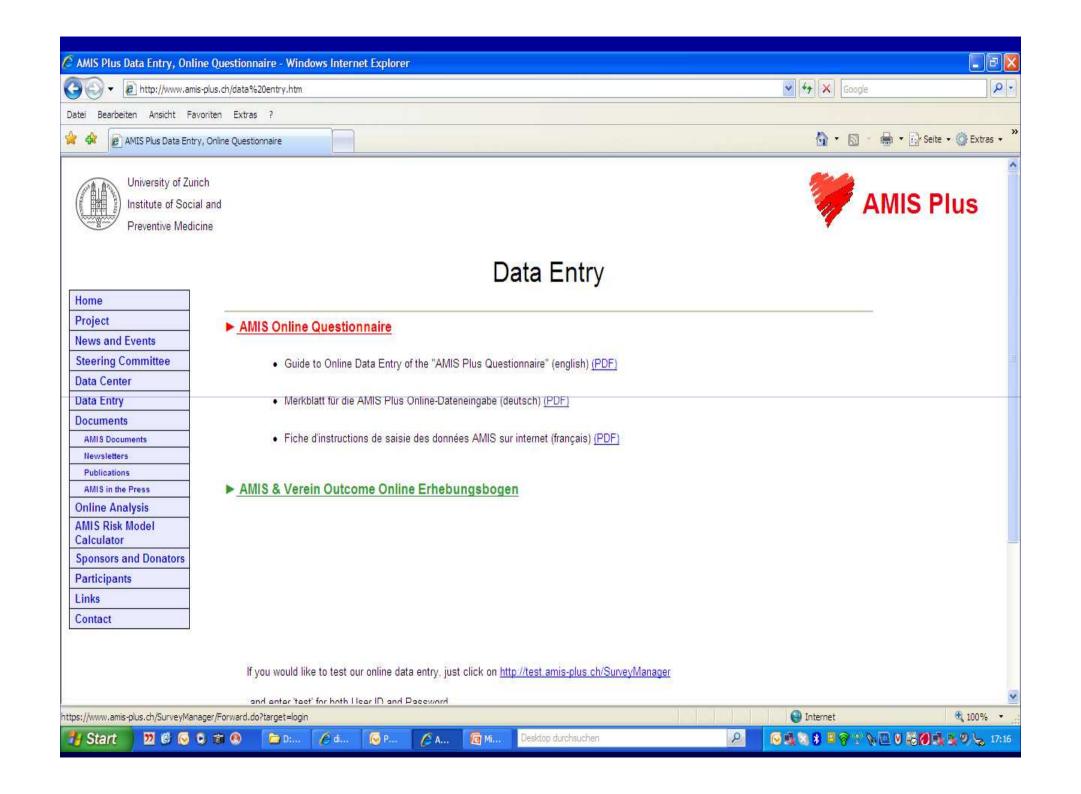


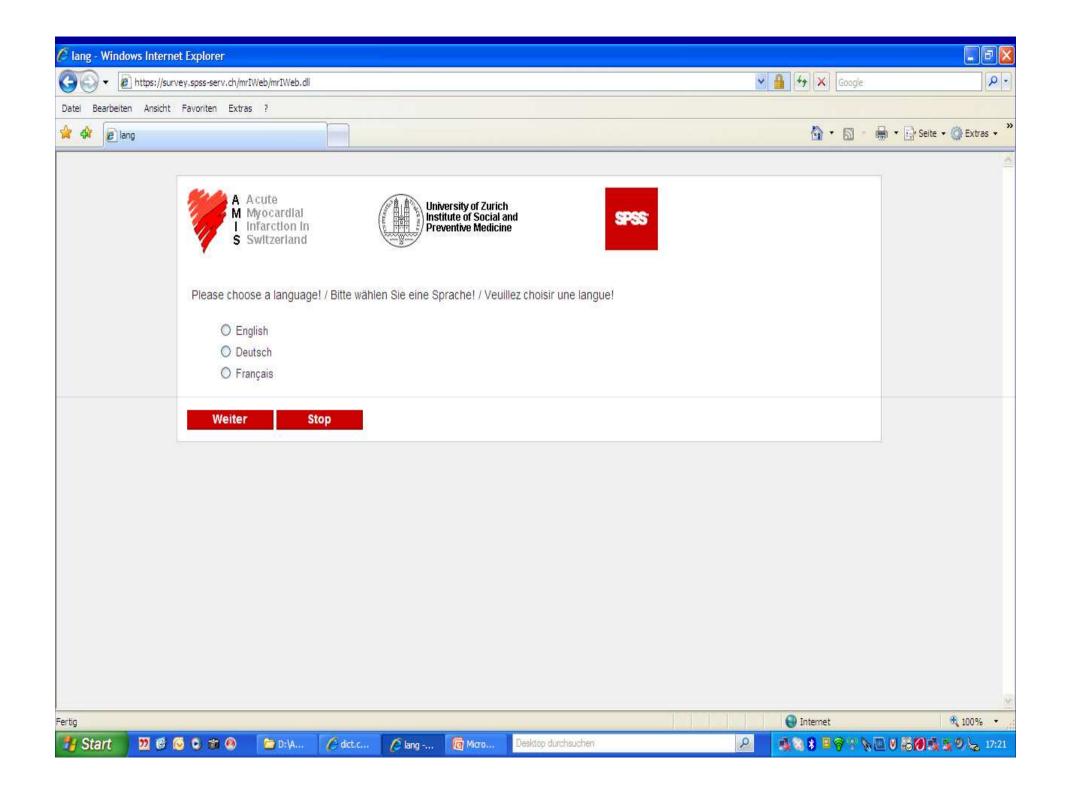




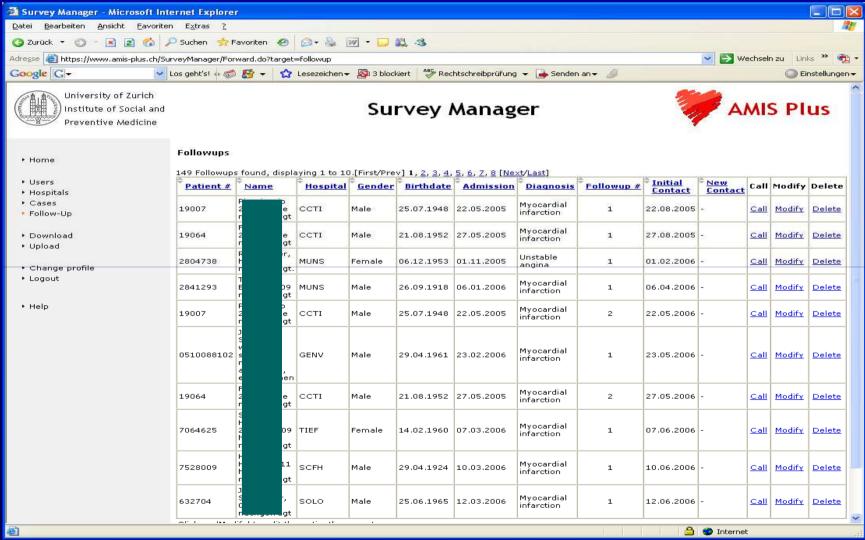








Follow up Online



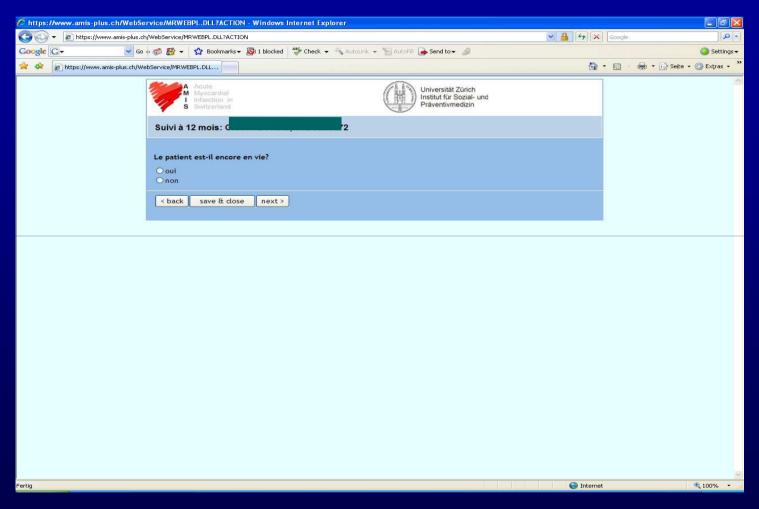


Acute

Myocardial Infarction in Switzerland



Follow up Questionnaire



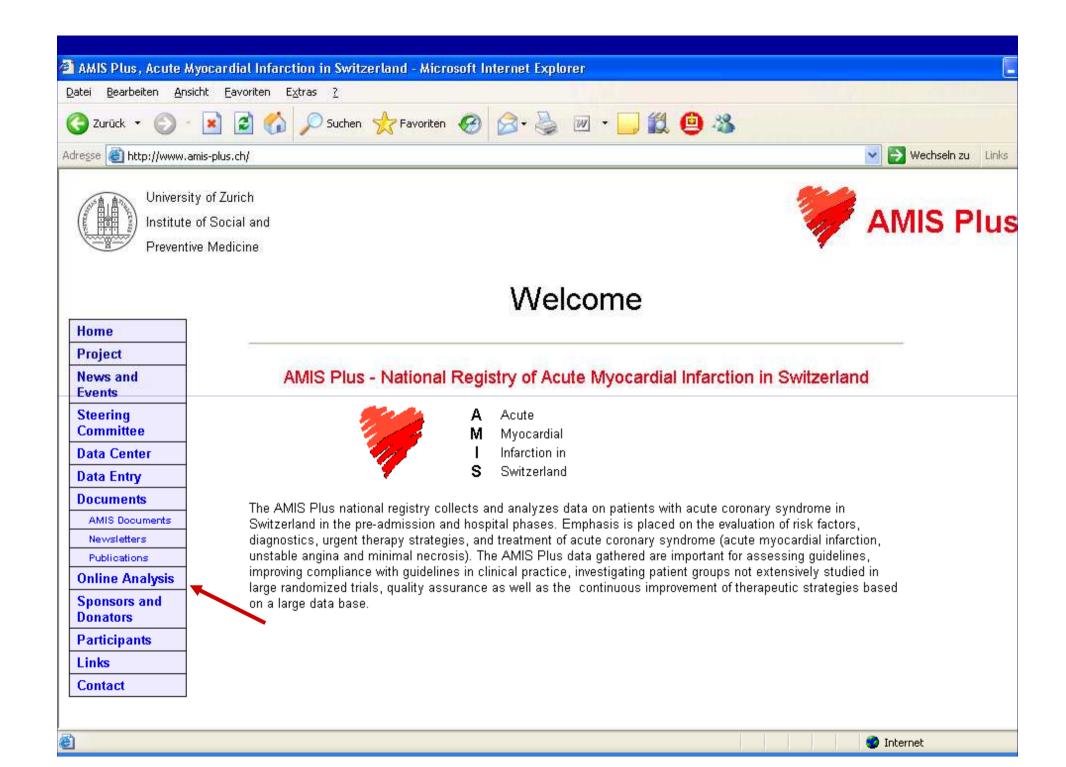


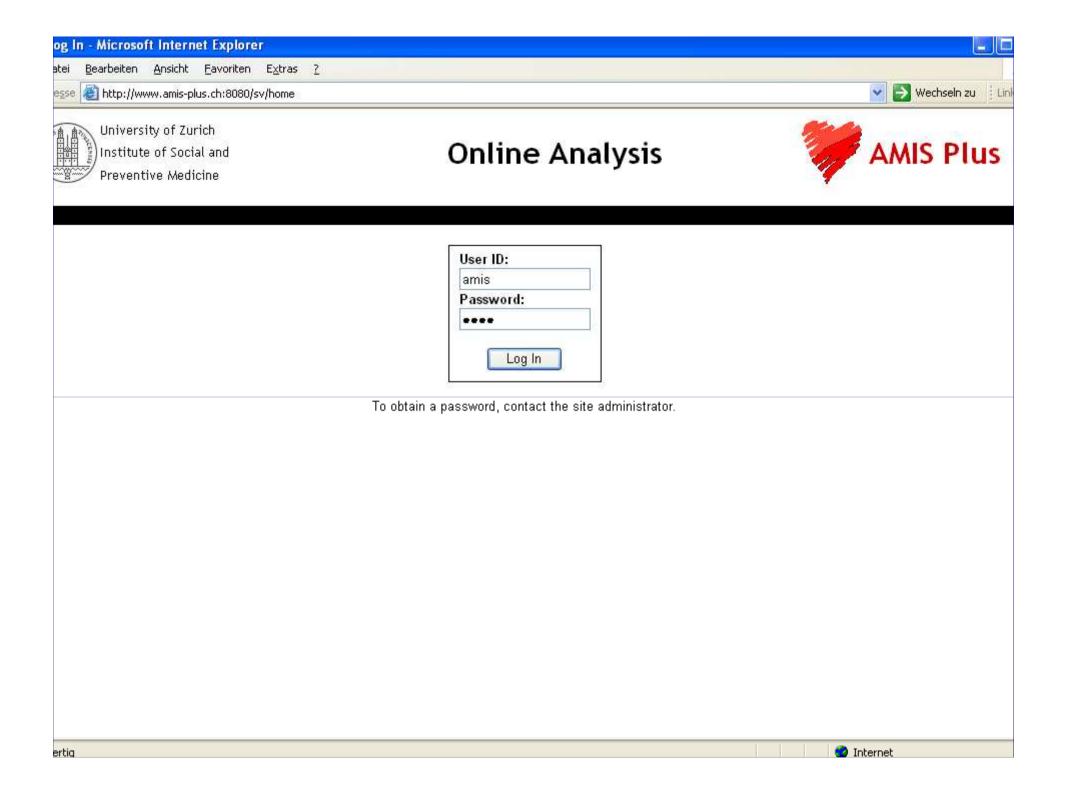


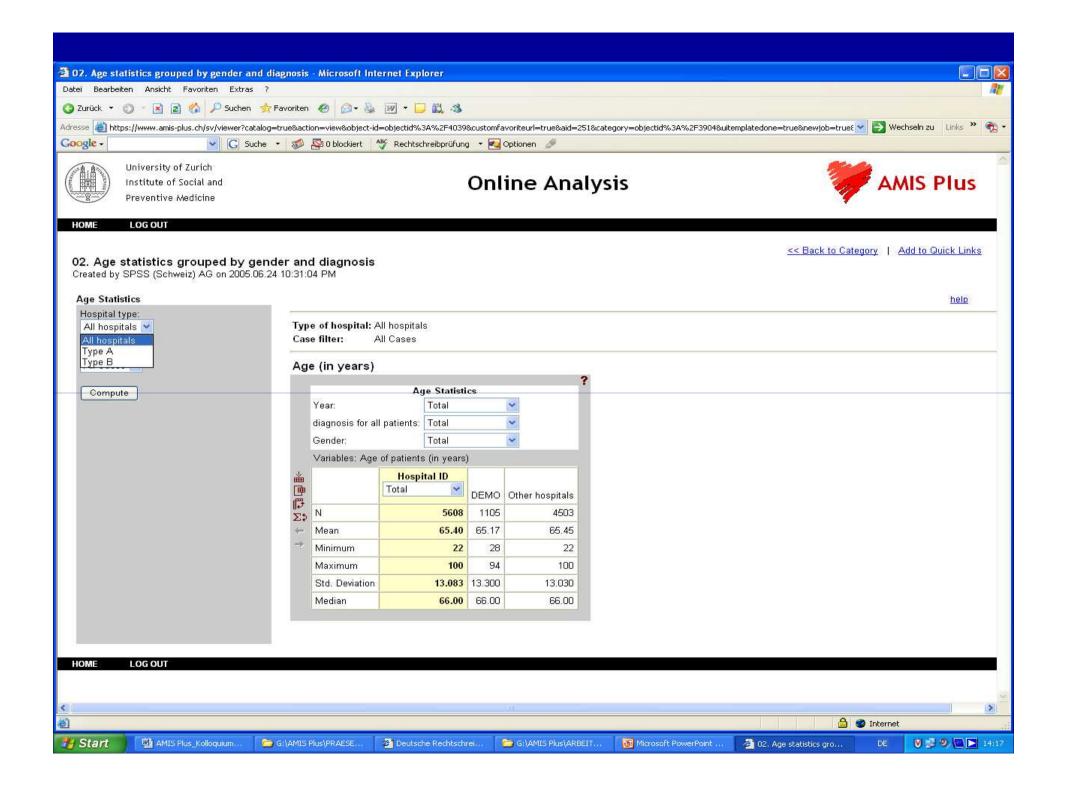
What's in it for the hospitals?

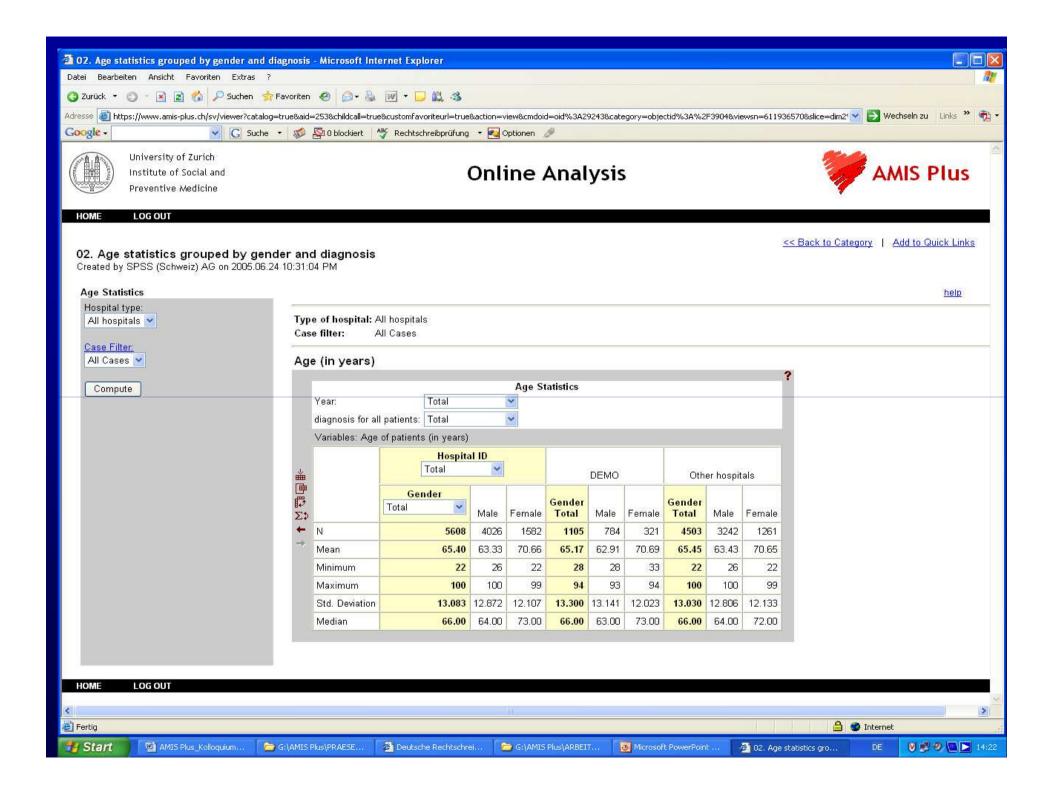












January 1997 to March 2009

 30,234 patients with acute coronary syndrome

STEMI 58.3%

NSTEMI/UA 41.7%





- 30,234 ACS patients
- Gender:
 - female 28%,
 - male 72%
- Age: 65.6 y (13.1y)
 - Female 71.2 y (12.9 y)
 - Male 63.4 y (12.3 y)





30,234 ACS patients

Crude in-hospital mortality 6.8%

STEMI

- 1997 - 12.2% 2008 - 6.1%

NSTEMI

- 1997 - 8.2% 2008 - 3.6%





Status of Follow up

- Started in June 2005
- The starting time of FU was different for various hospitals
 - due to different approval dates from the Cantonal Ethic Commission and/or
 - internal organisational difficulties
- 44 hospitals have participated in follow-up
- One hospital performs own follow-up





Status of Follow-up

3-month follow-up

- Total available

4278 / 4456 (96%)

12-month follow-up

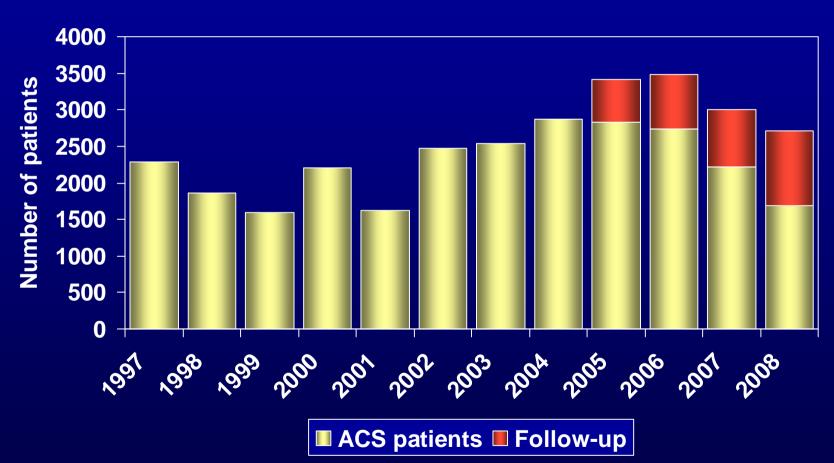
- Total available

3314 / 3423 (97%)





AMIS Plus Registry Number of patients and follow-ups









> 30,000 patients enrolled



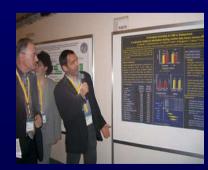


Resulting in....

 57 presentations at congresses and meetings

55 abstracts

» Best Abstract Award for Excellence in Scientific Research







Resulting in....

- 1 diploma
- 4 dissertations
- 2 press releases





AMIS Plus Publishing Activities

Manuscripts

nu	is	hed		21
			4	

peer-reviewed 13

-in press

-submitted 5





Gender differences in management and outcomes in patients with acute coronary syndromes: results on 20 290 patients Dragana Radovanovic, Paul Erne, Philip Urban, Osmund Bertel, Hans Rickli, Jean-Michel Gaspaz, on balled of the AMIS Place Investigators from the AMIS Plus Registry

Heart 2007,93:1369-1375, doi: 10.1136/hrt.2006.106781 behalf of the AMIS Plus Investigators for differences in management and outcomes have been reported in acute coronary

1369

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THE AMERICAN

IOURNAL of

MEDICINE ®

ORIGINAL ARTICLE

Admission glycaemia and outcome in patients with acute coronary syndrome

DAMARIS MÜDESPACHER, DRAGANA RADOVANOVIC, FDOARDO CAMENZIND, MANERED ESSIG OSMUND BERTEL PAUL ERNE FRANZ ROBERT EBERLI, FELIX GUTZWILLER ON BEHALF OF THE AMIS PLUS INVESTIGATORS

Abstract

ome studies of patients with acute myocardial infarction have reported that hyperglycaemia at admission may be associated with a worse outcome. This study sought to evaluate the association of blood glucose at admission with the outcome of unselected patients with acute coronary syndrome (ACS).

A Report from the AMIS Registry

intervals [CI] 1.05-1.14, p<0.001) per mmol/L. The OR for in-hospital mortality was 1.04 (95% CI 0.99-1.1; p=0.140) per mmol/L for patients with diabetes but 1.21 (95% CI 112-1.30; p<0.001) per mmol/L for non-diabet-

In conclusion, elevated glucose level in ACS patients on admission is a significant independent predictor of in-

CLINICAL RESEARCH STUDY

Philip Urban, MD, a Dragana Radovanovic, MD, b Paul Erne, MD, c Jean-Christophe Stauffer, MD, d

4- 8Cardio-Vascular Center Zurich, Klinik im Park, Zurich, Switzerland.

Giovanni Pedrazzini, MD,e Stephan Windecker, MD,f Osmund Bertel, MDg; For the AMIS Plus investigators

"Cardiovascular Department, La Tour Hospital, Geneva, Switzerland; "AMIS Plus Data Center, Institute of Social and Preventive

Medicine, University of Zurich, Zurich, Switzerland; "Cardiology Department, Cantonal Hospital, Luzern, Switzerland; d'Cardiology Department, Cantonal Hospital, Luzern, Switzerland; d'Cardiology Center, Cantonal Hospital, Fribourg, Switzerland; "Cardiocentro, Lugano, Switzerland; "Cardiology Department, Inselspital, Bern,

Impact of Changing Definitions for Myocardial Infarction:

Annals of Internal Medicine e and Treatment of

ARTICLE IN PRESS

n of In-Hospital Mortality for Acute Myocardia Switzerland With Admission During Routine Du Admission During Out of Hours: Insight Into the MD^{a,*}, Jean-Christophe Stauff



Simple point of care risk stratification in acute coronary syndromes: The AMIS model

Heart Drug

David J. Kurz, Abraham Bernstein, Katrin Hunt, Dragana Radovanovic, Paul Erne, Zbigniew Siudak and Osmund Bertel

Heart published online 9 Dec 2008

Downloaded from heart.bmijournals.com on 17 June 2005

CARDIOVASCULAR MEDICINE

Trends in reperfusion therapy of ST s myocardial infarction in Switzerland: nationwide registry

A-A Fassa, P Urban, D Radovanovic, N Duvoisin, J-M Gaspa Plus Investigators

> Objective: To document the trends in reperfusion there (STEMI) in Switzerland Design: National prospective multicentre registry, AMI

angina in Switzerland), of patients admitted with acute Setting: 54 hospitals of varying size and capability in Patients: 7098 of 11845 AMIS Plus patients who pr branch black on the ECG at admission

Main outcome measures: In-hospital mortality and its

Philip Urban, MD*, Osmund Bertel, MDe, Paul Erne. Ju During Ot AMIS Plus Reg

Clinical Trial

Heart Drug 2003;3:134-140 DOI: 10.1150/000072929

Early Drug Therapy and In-Hospital Mortality following Acute Myocardial Infarction

Paul Erne^a Dragana Radovanovic^b Philip Urban^d Jean-Christophe Stauffer® Osmund Bertel® Felix Gutzwillerb for the AMIS Plus Investigators 1

*Division of Cardiology Kantonsspital Luzern *AMIS Plus Data Center Institute for Social and Preventive Medicine, University Zürich, Division of Cardiology, Stadtspital Triemli, Zürich, Division of Cardiology, Hôpital La Tour, Genève, °Division of Cardiology, Centre Hospitalier Universitaire Vaudois, Lausanne, Sw

Key Words

Drug therapy - Acute myocardial infarction - In-hospital mortality

pating hospitals between 1997 and the effect of factors and drug mortality was assessed by logi Results: Age and diabetes we

Cardiovasc Drugs Ther (2007) 21:389-398 DOI 10.1007/s10557-007-6044-0

Age-Related Differences in the Use of Guideline-Recommended Aedical and Interventional Therapies for Acute Coronary

dress W. Schoenenberger, MD, *† Dragana Radovanovic, MD, † Jean-Christophe Stauffer, MD & Evons D. Ebook. MD, ** Andrews P. Stauffer, MD & areis w. schoenenberger, M.D.; Dragana Kaaovanovic, M.D.; Jean-Christophe S.; Gutzwiller, M.D., Philip Orban, M.D., Franz R. Eberli, M.D., ** Andrew S. Sunsationen.

Determinants of Costs Coronary Syndromes: 2 of More Than 10 000 P.

Mathias Brankana . Draggoe Rudo anos Paul Erne · Thomas D. Szucs

IJЭ

CARDIOLOGY

Original Research Cardiology 2008;199:156-162 DOI: 10.1159/900196676

Accepted at

The Impact of Statin Treatment on Presentation Mode and Early Outcomes in Acute Coronary Syndromes Lo Eberli J.C. Stauffer O. Bertel P. Erne

AMIS Plus Publishing Activities

Ongoing works:

-Manuscri	pts	8
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Dissertation

– Master Thesis1





Future

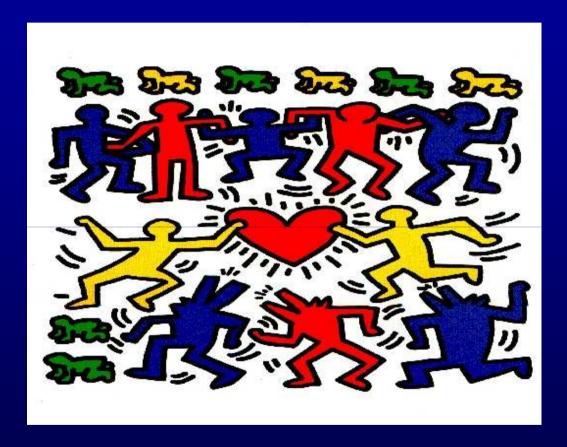
Thanks to your support and our efforts

- Keep working on this unique registry
- Better representation by including all hospitals in Switzerland treating AMI patients
- Expand follow-ups
- Hub for new topics and studies
- Perform further analyses from existing data pool
- Enhance publishing activity





AMIS Plus Project



Thank you!







