

ADVANCED **STEMI**

MANAGEMENT SOLUTIONS

Scalable solutions to help decrease door-to-balloon (D2B) times for STEMI patients

Acute Myocardial Infarction (AMI) is one of the leading causes of death worldwide. With over 500,000 patients admitted to the ED annually in the United States with STEMI (ST Segment Elevation Myocardial Infarction), every minute lost in determining treatment can affect your patient's outcome.

Percutaneous Coronary Intervention (PCI) has been proven to be the most effective treatment for these STEMI patients, but this must be done quickly. AHA, ACC and ERC guidelines recommend a door-to-balloon time of less than 90 minutes 75% of the time, but only 32% of patients get PCI within that time-frame! This 90-minute goal is receiving additional focus from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a standard of care in hospitals, and will be a key performance measure for maintaining JCAHO accreditation as well as being recognized as a PCI treatment center.



EMS

EMS communication to emergency

Decreasing the door-to-balloon time is a collaborative effort between EMS, the hospital ED and the cath lab. The pre-hospital 12-lead ECG sent from the field starts this process, helping the ED physician determine the best treatment path for the patient: quicker activation of the cath lab or sending the patient to the closest PCI treatment center.

ZOLL recognizes that STEMI solutions need to be both easy to implement and comprehensive. That is why we have worked to provide the most advanced, reliable products to assist you in the treatment of your patients and in reaching your goals.

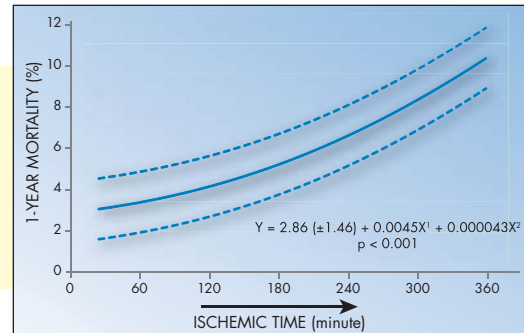
The ZOLL Data Relay Bluetooth transmission



ZOLL Data Relay Option

Door-to-Balloon in Less Than 90 Minutes

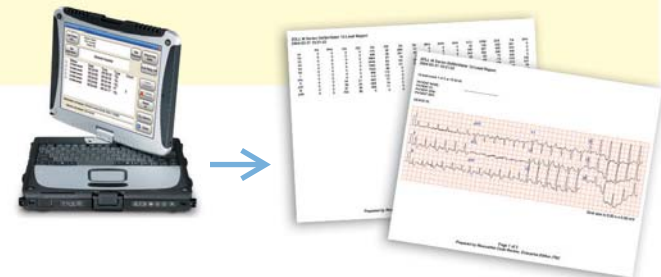
Every 30 minutes of PCI treatment delay is associated with a 7.5% increase in one-year mortality. In effect, longer door-to-balloon time intervals mean increased in-hospital mortality rates.²



department

option is one proven method of sending the patient's 12-lead ECG and vitals wirelessly to the hospital – to a fax or email destination, or even to the cardiologist's PDA. Other options include satellite phone, radio transmission or simple landline. Effective solutions tailored to your infrastructure and budget.

For more than a decade, ZOLL has partnered with GE Healthcare to provide GE's Marquette 12SL® Analysis Program in our ALS defibrillators. ZOLL products are the only devices able to provide direct connectivity from the field to GE's MUSE® cardiology information system – used in 41 of the top 50 U.S. hospitals. Sending the 12-lead ECG to GE's MUSE system provides the physician with the patient's current ECG as well as any previous ECGs, allowing a comparison of ECG records.



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ZOLL STEMI Transmission Receiving Options

Transmission	Fax/Printer	Email	EPCR	General Devices Carepoint Manager	Philips TraceMaster ECG Management*	GE MUSE	PDA
Landline	•				•	•	
Cellular Phone	•	•	•	•	•	•	•
Satellite Phone	•			•	•	•	
Radio	•			•			

*Uses Datamed FT from Engineering Solutions Inc.

ZOLL is a resuscitation solutions pioneer, distinguished by consistency in management, ownership, and approach for nearly 30 years. As a financially strong, public company, ZOLL has an enviable product quality and reliability record. ZOLL technologies to help advance the practice of resuscitation include pacing, defibrillation, circulation, ventilation, data management, and fluid resuscitation. These comprehensive technologies help clinicians, EMS professionals, and lay rescuers resuscitate sudden cardiac arrest and trauma victims. ZOLL's commitment is to be the dependable choice for all providers in the field of resuscitation.



- Magid et al. "Relationship between time of day, day of week, timeliness of reperfusion and in-hospital mortality for patients with acute ST-segment elevation myocardial infarction." JAMA 2005; 294:803-812.
Nallamothu et al. "Times to treatment in transfer patients undergoing primary percutaneous coronary intervention in the United States: National Registry of Myocardial Infarction (NRM1) - 4 analysis." Circulation 2005; 111: 761-767.
- De Luca et al. "Time delay to treatment and mortality in primary angioplasty for acute myocardial infarction: every minute of delay counts." Circulation 2004; 109: 1223-1225.

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