



Stunning Improvements in D2B Times in the U.S.

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Median door-to-balloon (D2B) times for patients undergoing percutaneous coronary intervention following an acute myocardial infarction have declined from 94 minutes in 2005 to 64 minutes in 2010, a study published on Aug. 22, 2011 in *Circulation* reports. The improvements represent a more than 30 percent decline in D2B times. The percent of patients with D2B times less than 90 minutes increased from 44.2 percent to 91.4 percent from 2005 to 2010, as did the percent of patients with D2B times less than 75 minutes (23.3 percent to 70.4 percent). The study uses the Centers for Medicare and Medicaid Services data from Jan. 1, 2005, to Sept. 30, 2010.

The study also looked at D2B times by patient and hospital demographics, and found the greatest improvements in those patients or hospital types that had the worst D2B times at the start of the study. D2B times for patients greater than 75 years of age declined by a median of 38 minutes, women by 35 minutes and African Americans by 42 minutes. D2B times for hospitals with greater than 500 beds declined by a medium of 34 minutes, for-profit hospitals by 38 minutes, and hospitals in the East South Central and Mid Atlantic Census regions by 40 minutes and 35 minutes, respectively.

The paper notes the important role that ACC's D2B Alliance had on improving times by promoting the integration of proven strategies into practice. The D2B Alliance was launched in 2006 to provide clinicians,

administrators, other health care professionals, hospitals and other partners with key evidence-based strategies and support tools to not only reduce D2B times to meet the guideline-recommended time of 90 minutes or less, but sustain these gains over time. Since its creation, more than 1,000 hospitals (including several internationally) have enrolled in the D2B Alliance. Many of these hospitals also participate in the ACC's NCDR® program.

According to the authors of the paper, the improvement in D2B times “demonstrates the results that can be produced by collaboration among health care professionals, hospitals, federal research agencies, and national organizations interested in patient care toward the achievement of a share goal.” The collaboration should serve as a template for future quality efforts, they write. The level of care demonstrated by the D2B study's findings shows that registry participation combined with dedication to programs like D2B and Mission: Lifeline leads to substantial improvements in the quality of care delivered. By measuring patient care in an appropriate and actionable way, registries bring to light the invaluable improvements being made by physicians and clinical care teams. Learn more about the ACC's suite of hospital and practice-based registries at NCDR.com.

For a perspective piece from study author and ACC Board of Trustees member **Harlan Krumholz, MD, FACC**, visit the ACC in Touch Blog. You can also view a journal scan on CardioSource.org.

For information about the D2B Alliance and additional quality improvement programs that help hospitals demonstrate performance, visit CardioSource.org/QualityPrograms.

Median D2B Times:

2005: **94** min. 2010: **64** min.

Less than 90 Minutes:

2005: **44.2** pct. 2010: **91.4** pct.

Less than 75 Minutes:

2005: **23.3** pct. 2010: **70.4** pct.

>75yrs. declined **Women** declined **African Americans** declined

38 min. **35** min. **42** min.