NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator guidance

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# Indicator CCG91

The proportion of patients with ST-segment elevation myocardial infarction (STEMI) who had coronary reperfusion therapy.

# Indicator type

Clinical commissioning group indicator.

# Rationale

All patients with ST-segment elevation myocardial infarction (STEMI) presenting 12 hours or less after onset of symptoms should undergo coronary reperfusion therapy. Coronary reperfusion therapy can be fibrinolysis or primary percutaneous coronary intervention.

# Source guidance

[Acute coronary syndromes. NICE guideline NG185](https://www.nice.org.uk/guidance/ng185) (2020), recommendation 1.1.3.

[European Society of Cardiology. ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation](https://www.escardio.org/Guidelines/Clinical-Practice-Guidelines/Acute-Myocardial-Infarction-in-patients-presenting-with-ST-segment-elevation-Ma) (2017)

# Specification

Numerator: The number of patients in the denominator who had coronary reperfusion therapy.

Denominator: The number of patients with STEMI.

Calculation: (Numerator/denominator)\*100

Exclusions:

* Patients with contraindication to coronary reperfusion therapy.
* Patients presenting too late after onset of symptoms.
* Patients who refuse treatment.

Data source: [Myocardial Ischaemia National Audit Project (MINAP) dataset.](https://www.nicor.org.uk/national-cardiac-audit-programme/datasets/)

Minimum population: The indicator would be appropriate to assess performance of individual CCGs.

# Further information

This is NICE indicator guidance, which is part of the [NICE menu of indicators](https://www.nice.org.uk/Standards-and-Indicators/index). This document does not represent formal NICE guidance.

This indicator is based on hospital level indicators originally developed by the European Society of Cardiology (ESC) Acute Cardiovascular Care Association (ACCA).