

Myocardial infarction: coronary reperfusion

NICE indicator

Published: 27 August 2021

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Indicator

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

Indicator type

Network / system level indicator.

The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

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 \(2020\)](#), recommendation 1.1.3
- [Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation. European Society of Cardiology \(2017\)](#)

Specification

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

Denominator: The number of patients with STEMI.

Calculation: Numerator divided by the denominator, multiplied by 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](#).

Minimum population: The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

ISBN: 978-1-4731-5562-6