



Arizona
CHAPTER

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Arizona Chapter Plays Critical Role in Stunning Improvements in D2B Times in the U.S.

Cooperation and coordination between American College of Cardiology physicians and cardiovascular teams are reaping benefits for Arizona patients, in a study released recently. For patients suffering heart attacks, the faster they reach the hospital door, and undergo balloon opening of the artery, the better the results.

In this study, median door-to-balloon (D2B) times for heart attack patients undergoing percutaneous coronary intervention (opening of blocked artery) following an acute myocardial infarction (heart attack) have declined from 94 minutes in 2005 to 64 minutes in 2010, a study published on August 22 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 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 have enrolled in the D2B Alliance. In Arizona, 21 hospitals participated in the D2B Alliance. This participation, along with the participation of hospitals in surrounding states, led to an increase in the percent of patients with D2B times of less than or equal to 90 minutes from 45 in 2005 to 93 in 2010 in the Pacific census region. The Arizona Chapter played a critical role in the D2B Alliance's success by [insert summary of state activities].

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. To read a summary of key points of the study, access the [CardioSource journal scan](#). For a perspective piece from study author and ACC Board of Trustees member Harlan Krumholz, MD, FACC, visit the [ACC in Touch Blog](#).

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

Our Mission: "To prevent cardiovascular diseases and to ensure optimal quality of care for individuals affected by these diseases."