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Impact of hospital management process re-engineering on patients with ST segment elevation myocardial infarction: A single center experience of China-Japanese union hospital of Jilin University

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China-Japan Union Hospital of Jilin University (CJUH) is located in the center of Jilin Province, Northeast of China. As one of the central affiliation hospitals attached to the national health and family planning commission of the people's republic of China, CJUH receives patients with high critically illness in the whole province and the annual inpatients and outpatients 119,859 and 1,612,413 (in 2016) respectively. While the number of patients with cardiovascular diseases accounts a large proportion (41,000 inpatients, 120,000 outpatients). Therefore, in order to find a quick and reliable management process, CJUH has experienced unprecedented changes gradually during the recent five years. Firstly, after one-year preparatory work, in January 2015, CJUH successfully set up Chest Pain Center (CPC) via the authentication of China Chest Pain Center. According to statistics analysis with data of patients with ST-segment-elevation myocardial infarction (STEMI) in CPC during 2015, 2016 and 2017 (up to July), average time of Symptom-On To First Medical Contact (SO-FMC), First Medical Contact To Balloon (FMC2B), cardiogram to diagnosis time, door to balloon time (D2B) and hospital days decreased with statistical significance. Secondly, considering ambulances in the city are dispatched by Municipal First-Aid Center (MFAC) for the past few decades that cause a long Pre-Hospital-Transferring Delaying Time (PDT). Therefore, August 2017, an emergency station allocated with ambulances was set up and all emergency personnel are taken alternating shifts by CJUH staff, in order not only to decrease SO-FMC and PDT, yet to have better cooperation between pre-and in-hospital treatment.

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