

National Cardiovascular Disease Database (NCVD)

- ♥ ACS Registry
- ♥ PCI Registry

NHAM ASM 2008

4 April 2008

Kuala Lumpur Convention Centre

Dato' Seri Dr Robaayah Zambahari – Chair NCVD Board
Prof Dr SIM Kui-Hian – Chair NCVD Board

Dato' Dr Jeyaindran Tan Sri Sinnadurai – Chair ACS Registry
Dato' Dr Hj Azhari Rosman – Chair ACS Registry

Dato Dr Rosli Mohd Ali – Chair PCI Registry

Prof Dr Wan Azman – Chair Publication



Paradiagm Shift

- ♥ Guestimate
- ♥ Evidenced Based
- ♥ Health Economic





To establish a
nation wide cardiovascular database
that can

- ♥ Polish away the 'guess estimate' attitude - morbidity & mortality of CVD in country
- ♥ Focus on the real risk of CVD
- ♥ Determine the burden of CVD among Malaysian
- ♥ Promote effective treatment & prevention programs
- ♥ Facilitate research



Disease Burden

Disease/Medical Condition	Admissions	Deaths
Ischemic Heart Disease	37,020	2,556
Infective Endocarditis	353	42
Heart Failure	10,242	891
Hypertension with heart disease	1,923	21
Hypertension without mention of heart disease	33,514	134
Aortic and other aneurysm	767	114
Other vascular and vasculitic disorders	301	7
Stroke (all types)	10,815	1,750
Malignant neoplasm of trachea, bronchus and lungs	4,483	698
Malignant neoplasm of cervix uteri	2,627	94
Malignant neoplasm of breast	5,123	275
Leukaemia	5,915	224
Malignant neoplasm of stomach	1,256	140

MOH hospital admissions and deaths attributed to cardiovascular and circulatory disorders compared to common malignancies in 2002





MyNCDs

Malaysia Non Communicable Disease Survey

The Summary of the Results

The data for Malaysia NCD Surveillance 2005/06 was obtained from 2,572 subjects, with total response rate of 84.6%. The following is the summary of the results, focused on key findings only.

Combined NCD Risk Factors

It was estimated about 11.6 million adults aged 25-64 years were having at least one NCD risk factor. Only about 3% of Malaysian adults did not have risk factor.

Raised Blood Pressure

The prevalence of raised blood pressure was 25.7%. The prevalence for men and women was 26.3% and 25.0%, respectively.

It was estimated about 3.1 million or 1 in 4 adults aged 25-64 years had elevated blood pressure. The estimated number of known hypertensives and the newly diagnosed were 1.4 and 1.7 million, respectively.

Based on ethnicity, the prevalence of raised blood pressure was highest among Chinese (31.0%) followed by Malays (23.4%) and Indians (21.6%).



NHMS III 2006 – Diabetes

National Health Morbidity Survey

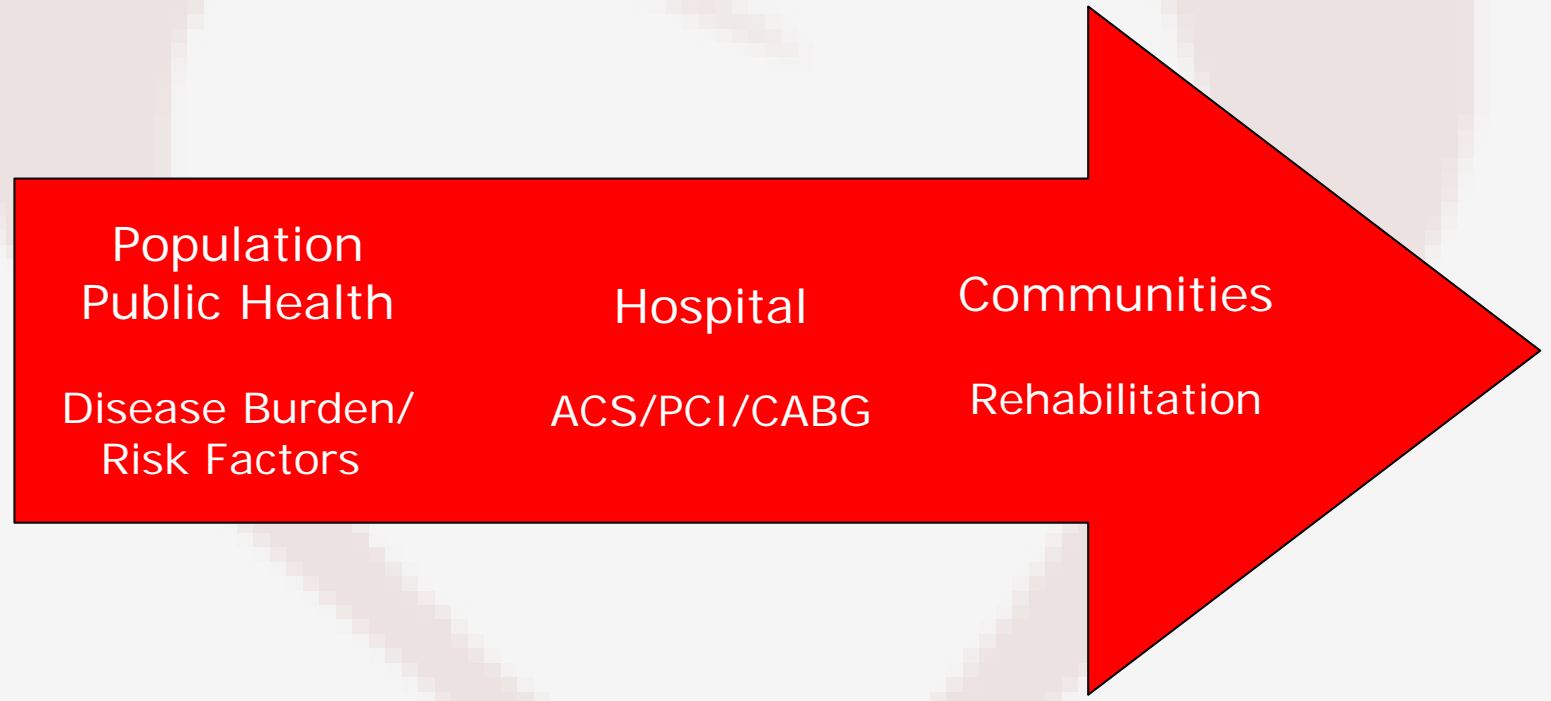
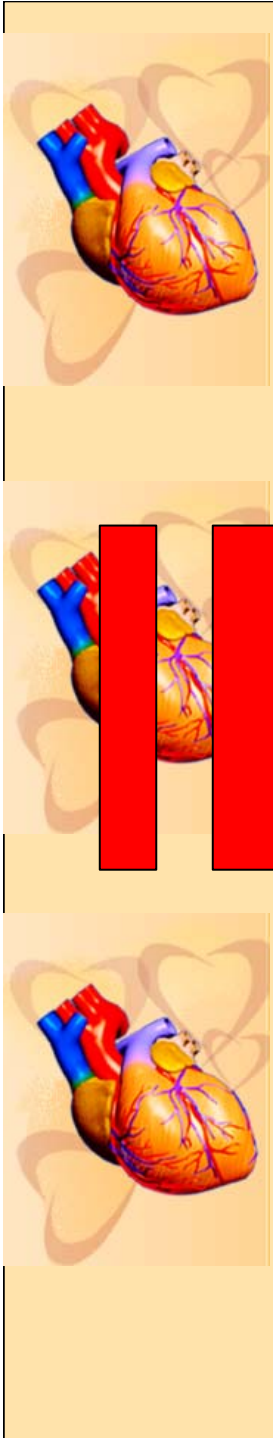


	1986 NHMS I	1996 NHMS II	2006 NHMS III n = 34,539	2006 NHMS III	2006 NHMS III
	> 35 yo	> 30 yo	> 30 yo	> 18 yo	18 – 29 yo
Prevalence	6.3%	8.3%	14.9%	11.6%	2.4%
Known diabetes	4.5%	6.5%	9.5%	7.0%	0.4%
Newly diagnosed	1.8%	1.8%	5.4%	4.5%	2.0%
Impaired Glucose Tolerance (IGT) / Fasting Glucose (IFG)	4.8% *	4.3% *	4.7% #	4.2%**	3.1% #

** based on IGT; # based on IFG



Disease Management





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[PRINT VERSION](#)

The Euro Heart Survey programme provides systematic cardiovascular surveys, which contribute to improved cardiovascular patient care in Europe.

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Euro Heart Surve

Several sessions will be de
cardiovascular diseases ar



Euro Heart Survey Programme

ESC Quality Assurance Programme to Improve Cardiac Care in Europe

**Clinical reality of coronary prevention in Europe:
A comparison of EUROASPIRE I, II and III
surveys.**

**Lessons learned from the Euro Heart Survey
Programme**

Professor David A Wood

**on behalf of the Survey Expert Committee and all
investigators participating in the Euro Heart Survey on
Preventive Cardiology**

n how

www.escardio.org Euro Heart Survey - ESC congress, Vienna, September 2007





American College of Cardiology



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NCDR™ is the National Cardiovascular Data Registry, a confidential quality measurement program for cardiac and vascular facilities.

New office-based program for cardiac patients:

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For Improving Continuous Cardiac Care

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For acute coronary syndrome patients

CathPCI Registry™
For diagnostic cardiac catheterizations and percutaneous coronary interventions

ICD Registry™
For implantable cardioverter defibrillators

CARE Registry™
For carotid artery revascularization and endarterectomy procedures

Save time and improve patient care with the IC³ Program™

NCDR™ is an initiative of the American College of Cardiology Foundation, with partnering support from the following organizations: CathPCI Registry™ - the Society for Cardiovascular Angiography and Interventions; ICD Registry™ - Heart Rhythm Society; CARE Registry™ - the Society for Cardiovascular Angiography and Interventions, the Society of Interventional Radiology, the American Academy of Neurology, the American Association of Neurological Surgeons / Congress of Neurological Surgeons, and the Society for Vascular Medicine and Biology.





56th *The Cardiology World Comes to New Orleans*
Annual Scientific Session



March 24 - 27, 2007
New Orleans



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Welcome

■ Latest CVN Videos (posted: 04/18/07)

ACTION Registry

- [Highlights from ACC'07](#)
- [Launch of the ACTION Registry](#)

ICD Registry

- [Highlights from ACC'07](#)

CARE Registry

- [Highlights from ACC'07](#)

NCDR

- [NCDR Celebrates its 10-year Anniversary, March 24, 2007](#)
- [Jack Lewin's Inside View on D2B, Feb. 29, 2007](#)





57th Annual Scientific Session
MARCH 29 – APRIL 1 • CHICAGO



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The Society for Cardiovascular
Angiography and Interventions



American College of Cardiology's
Innovation in Intervention



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ACC.org

invitation only) will attend this event, bridging the College's past, present and future.

Join Us for the Following Programs as a Prelude to ACC.08

9th NCDR® Annual Meeting

NCDR Quality Journey 2008: From Data Collection to Quality Improvement
March 27 – 28, 2008
McCormick Place
Chicago

Drawing on the success of, and feedback from, previous programs, this intense two-day meeting will meet your needs for registry-specific information; presentations and experiences from other registry participants; and presentations by experts on cutting-edge topics in healthcare. Most importantly, you'll hear how others have led successful quality improvement initiatives in their facilities.

[Click here to register today!](#)

NCVD Milestones...

Dates	Summary
15 Oct 2005	▪ Approval of MOH-MRG
9 Dec 2005	▪ 1 st NCVD-ACS Steering Committee
1 Jan 2006	▪ Establishment e-NCVD (web application)
2 Mar 2006	▪ Involvement of State Hospitals
7 Dec 2006	▪ 1 st PCI Registry Steering committee
14 April 2007	▪ 1 st Annual NCVD Meeting @ 11 th NHAM ASM
19 Dec 2007	▪ Formed ACS Report Writing Committee
3 April 2008	▪ 1 st MyCARE Steering Committee



Registries

♥ Acute Coronary Syndrome (ACS) Registry

♥ Established in year 2006

♥ Chaired by

♥ Dato' Dr Jeyaindran Sinnadurai (MOH)

♥ Dato' Dr Hj Azhari Rosman (IJN)

♥ Started with 10 sites

♥ Percutaneous Coronary Intervention (PCI) Registry

♥ Established in year 2007

♥ Chaired by

♥ Dato' Dr Rosli Mohd. Ali (MOH)

♥ Started with 8 sites





National Cardiovascular Disease Database (NCVD)

**ANNUAL REPORT OF THE
NCVD-ACS REGISTRY
2006**

EDITORS:

WAN AZMAN WAN AHMAD, SIM KUI-HIAN



NHAM
National Heart
Association of
Malaysia



MINISTRY OF HEALTH, MALAYSIA
Research that matters to patients



Progress

- ♥ Inaugural Report of ACS registry 2006
 - ♥ Cover 5 chapters
 - ♥ Provision of acute coronary care services in Malaysia
 - ♥ Patients characteristics
 - ♥ Clinical presentation & investigation
 - ♥ Treatment
 - ♥ Outcomes
- ♥ available online @ www.acrm.org.my/ncvd





Progress....

♥ Publications

- ♥ Chair : Prof Dr Wan Azman Wan Ahmad
- ♥ 2 papers in MJM
 - ♥ Acute Coronary Syndrome (ACS) Registry:
Leading the charge for National Cardiovascular Disease (NCVD) Database
 - ♥ The foundation of NCVD-PCI registry: The first Malaysia Multi-centre Interventional Cardiology Project



Progress....

Date	Events
14 April 2007 (11 th NHAM ASM)	<ul style="list-style-type: none">♥ Presentation of NCVD ACS & NCVD PCI Registry interim results♥ NCVD 1st Annual meeting♥ Involved in exhibition
11 July 2007 (My LIVE 07)	<ul style="list-style-type: none">♥ Presentation of NCVD ACS & NCVD PCI Registry Interim Analysis results♥ Involved in exhibition
2 August 2007	<ul style="list-style-type: none">♥ International Medical Video Interventional Program (IMVIP)♥ Title: PCI in Patients with Diabetes Mellitus
8 Sept 2007 (7 th MOH-AMM)	<ul style="list-style-type: none">♥ Presentation of NCVD ACS & NCVD PCI interim results
26 October 2007 (NCCR)	<ul style="list-style-type: none">♥ Presentation of NCVD ACS Registry interim results





Key of success:

COLLABORATION

Progress and achievement of NCD

joint sacrifices of

MOH, IJN, Universities & private

Support of

NHAM & CRC HKL





NCVD ACS registry

Dato' Dr Jeyaindran Tan Sri Sinnadurai – Chair ACS Registry
Dato' Dr Hj Azhari Rosman – Chair ACS Registry



Active Sites

YEAR 2006 & 2007 (13 SDPs)

- ♥ Alor Star Hospital, Kedah
- ♥ Ipoh Hospital
- ♥ Kuala Lumpur Hospital
- ♥ National Heart Institute
- ♥ Penang Hospital
- ♥ Queen Elizabeth Hospital
- ♥ Raja Perempuan Zainab II Hospital
- ♥ Sarawak General Hospital
- ♥ Sultanah Aminah Hospital
- ♥ Tuanku Fauziah Hospital, Kangar
- ♥ Tuanku Ja'afar Hospital, Seremban
- ♥ Tengku Ampuan Afzan Hospital, Kuantan
- ♥ University Malaya Medical Centre

YEAR 2008

- ♥ Malacca Hospital



Patient's Demographics

Baseline (n=6,361)

Age	
Min, Max	18.33, 99.52yrs
mean \pm sd	58.95 \pm 12.03 yrs
Male	74.7 %

Baseline (n=6,516)

Ethnic : Malay	46.6 %
Chinese	23.6 %
Indians	23.3 %
Other Malaysian	4.4 %
Foreigners	1.2%

* Other Malaysians include Punjabi, Iban, Kadazan Dusun, Orang Asli, Melanau, Murut, Bajau, Bidayuh

**For 57 cases, there are no information on ethnicity



CV Risk factors

Baseline (n=6,516)

Dyslipidaemia	33.90 %
Hypertension	61.30 %
Diabetes	43.48 %
Family History of premature CVD	12.77 %
MI history	16.76 %
Documented CAD	15.15 %
New onset angina (< 2 weeks)	13.23 %
Chronic angina (onset > 2 weeks ago)	47.73 %
Chronic Lung Disease	3.45 %
Renal disease	7.14 %
Peripheral vascular disease	0.87 %
Cerebrovascular disease	3.84 %
Heart Failure	7.77 %



Clinical examination

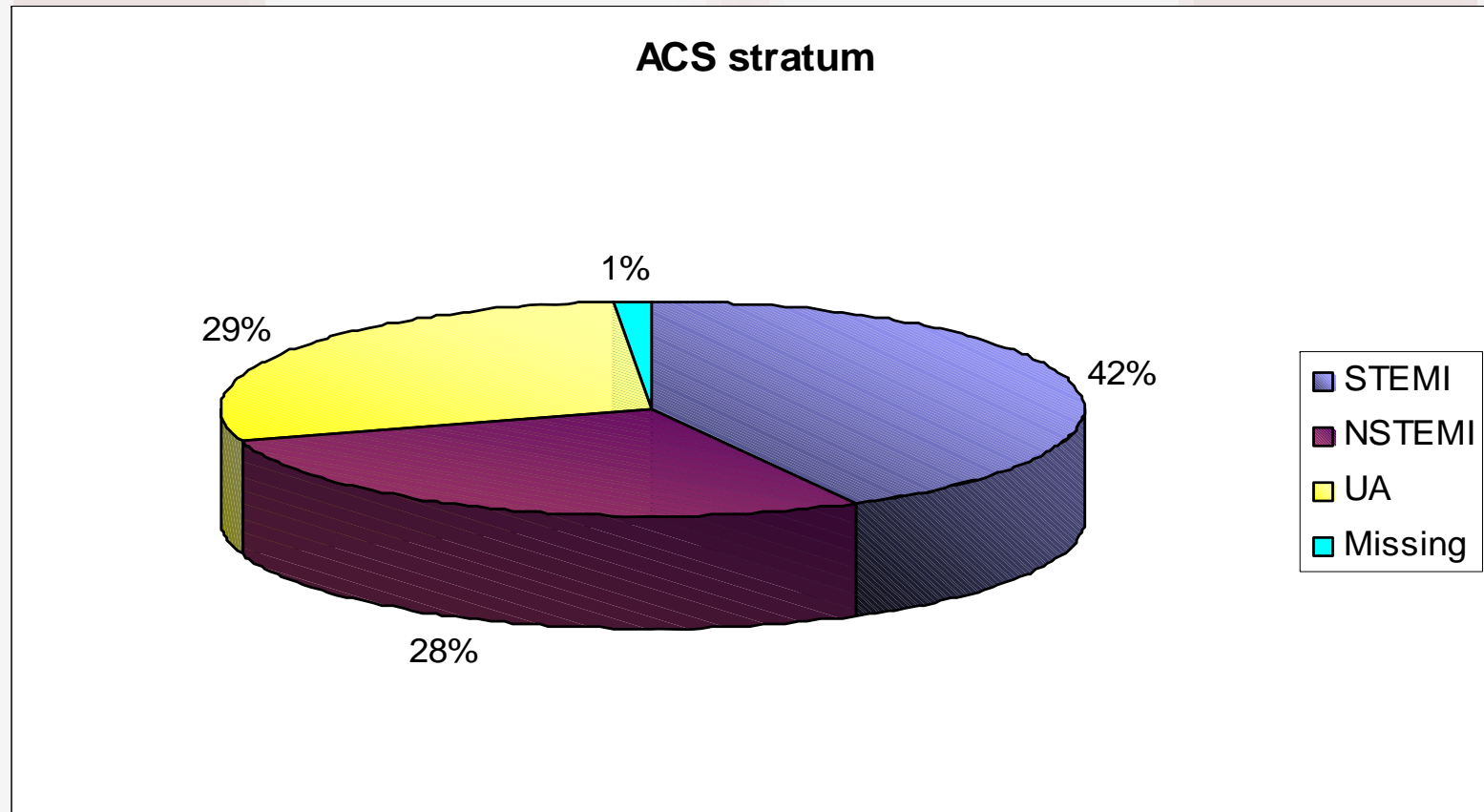
Baseline (n=6,516)

Heart Rate	83.7 beats/min
Systolic BP	140.7 \pm 29.3 mmHg
Diastolic BP	81.5 \pm 16.44 mmHg

Killip classification	
I	49.25 %
II	16.59 %
III	4.05 %
IV	3.15 %
Not stated	12.23 %
Not available	14.73 %



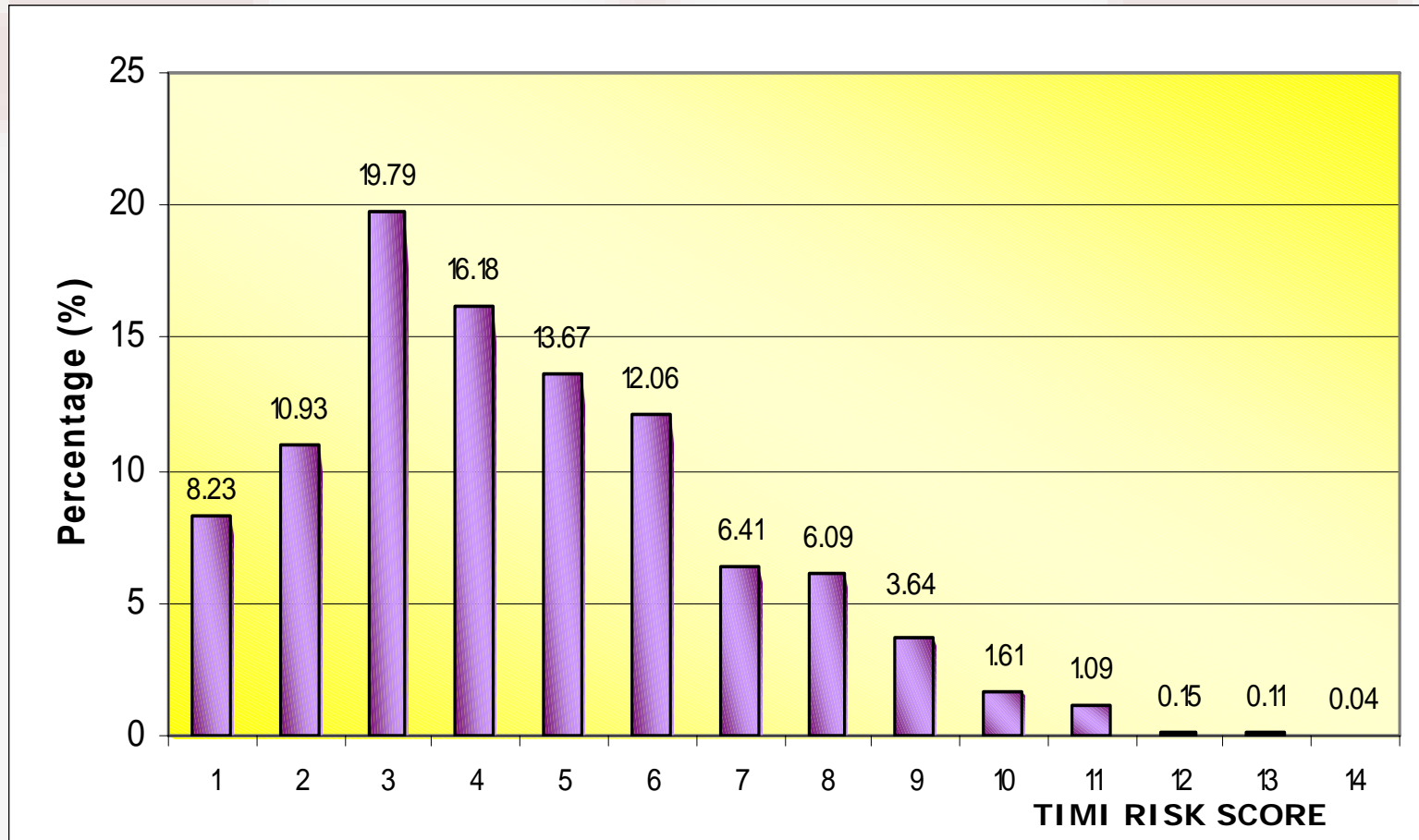
Ischaemic status by ACS stratum (n=6,516)



Baseline (n=6,516)



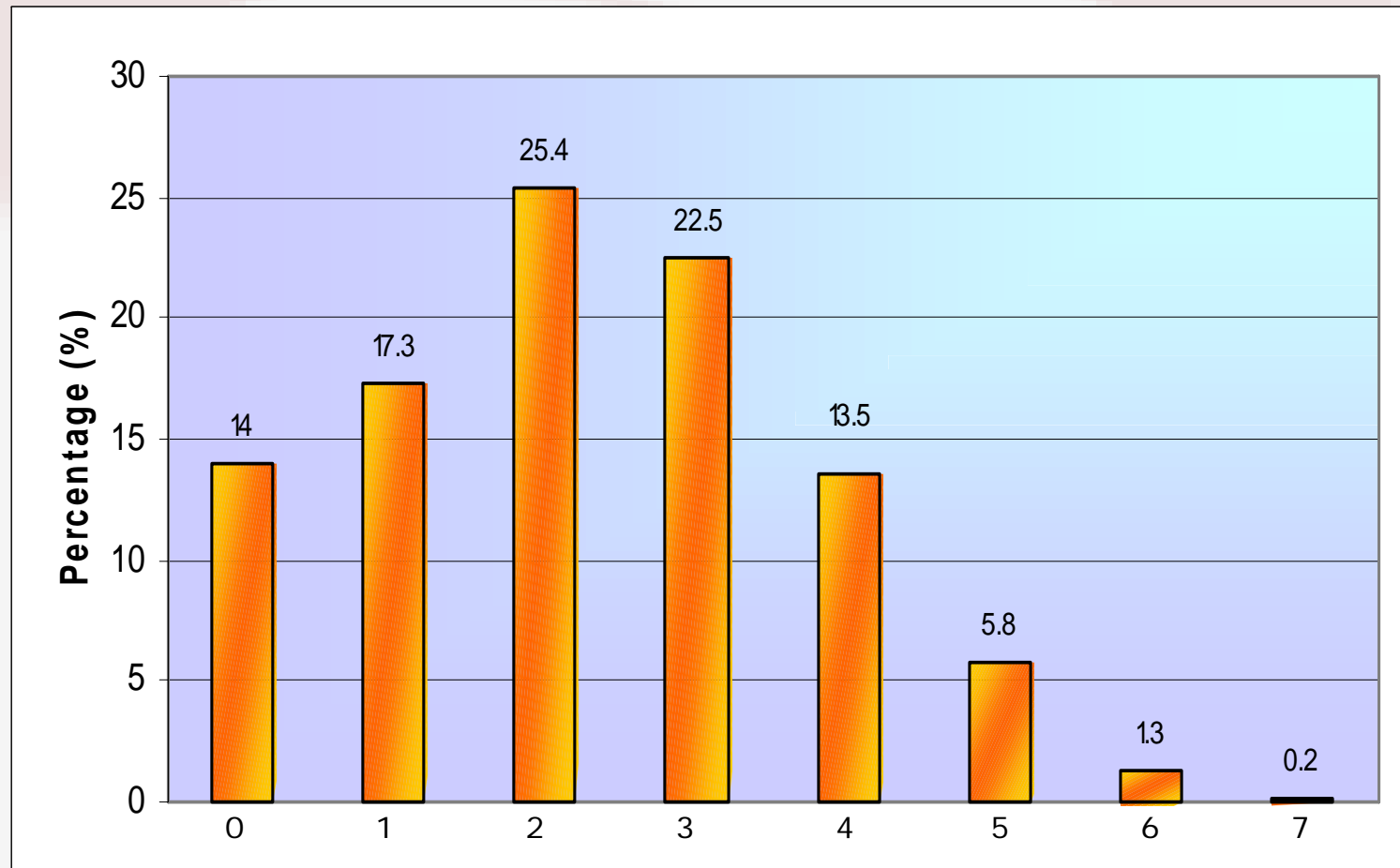
TIMI Risk Score for STEMI (n= 2744)



Baseline (n=6,516)



TIMI Risk Score for NSTEMI/UA (n=3,688)



Baseline (n=6,516)



Fibrinolytic Therapy Status

Baseline (n=2,744)

Given at this centre	59.2 %
Given at another centre prior to transfer	12.3 %
Not given - proceeded directly to primary angioplasty	7.4 %
Not given - Missed Thrombolysis	14.2 %
Not given - patient refusal	0.1 %
Not given - Contraindicated	4.5 %
Not Applicable	2.3 %





Baseline (n=2,744)

Fibrinolytic Drug Used (n=1,624)	
Streptokinase	92.2 %
Others	2.3 %
Missing	5.5 %

Door to needle time (mins)	246.6 ± 298.3
-----------------------------------	----------------------

Baseline (n=6,516)

Cardiac Catheterization	
Yes	19.1 %
No	64.5 %
No - transferred to another centre	2.1 %
Missing	14.3 %



Pharmacological Therapy

Drug used/given during admission (%)			
Drug	Pre-admission	During	After discharge
ASA	51.4	90.9	72.7
ADP Antagonist	20.6	60.7	45.9
GP Receptor inhibitor	0.5	3.3	
UF Heparin	1.4	13.8	
LMWH	10.4	53.8	
Beta Blocker	26.6	65.9	54.9
ACE Inhibitor	20.5	58.3	48.4
Angiotensin II receptor blocker	7.5	4.9	6.4
Statin	31.6	90.0	73.9

Baseline (n=6,516)



In-hospital Clinical Outcome

Outcome (%)

Discharged	89.3
Transferred	1.2
Died	6.8
NA	2.7

Cause of Death (%)

CVD	72.6
Non-CVD	17.2
Missing	10.2



At 30 days & 12 months.....

30 days (n=4,584)

12 months (n=1,563)

Outcome	
Alive	86.2%
Death	3.1 %
Lost to FU	9.2 %
Transferred	0.3 %
Missing	1.2 %

85.4 %
2.6 %
11.5 %
0.2 %
0.3 %

Cause of death	
CVD	55.6 %
Non CVD	8.4 %
Others	11.9 %
Missing	24.1 %

58.5 %
7.3 %
17.1 %
17.1 %



Readmission.....

30 days (n=4,584)

12 months (n=1,563)

ACS	3.86 %	1.86%
STEMI	10.2 %	10.3 %
NSTEMI	18.1 %	10.3 %
UA	57.6 %	51.2 %
Missing	14.1 %	28.2 %
Heart Failure	0.39 %	0.45%
Revascularization	6.02 %	5.95%
PCI	85.5 %	76.3 %
CABG	9.5 %	16.1 %
Stroke	0.15 %	0.13 %





NCVD-PCI Registry

Dato Dr Rosli Mohd Ali – Chair PCI Registry

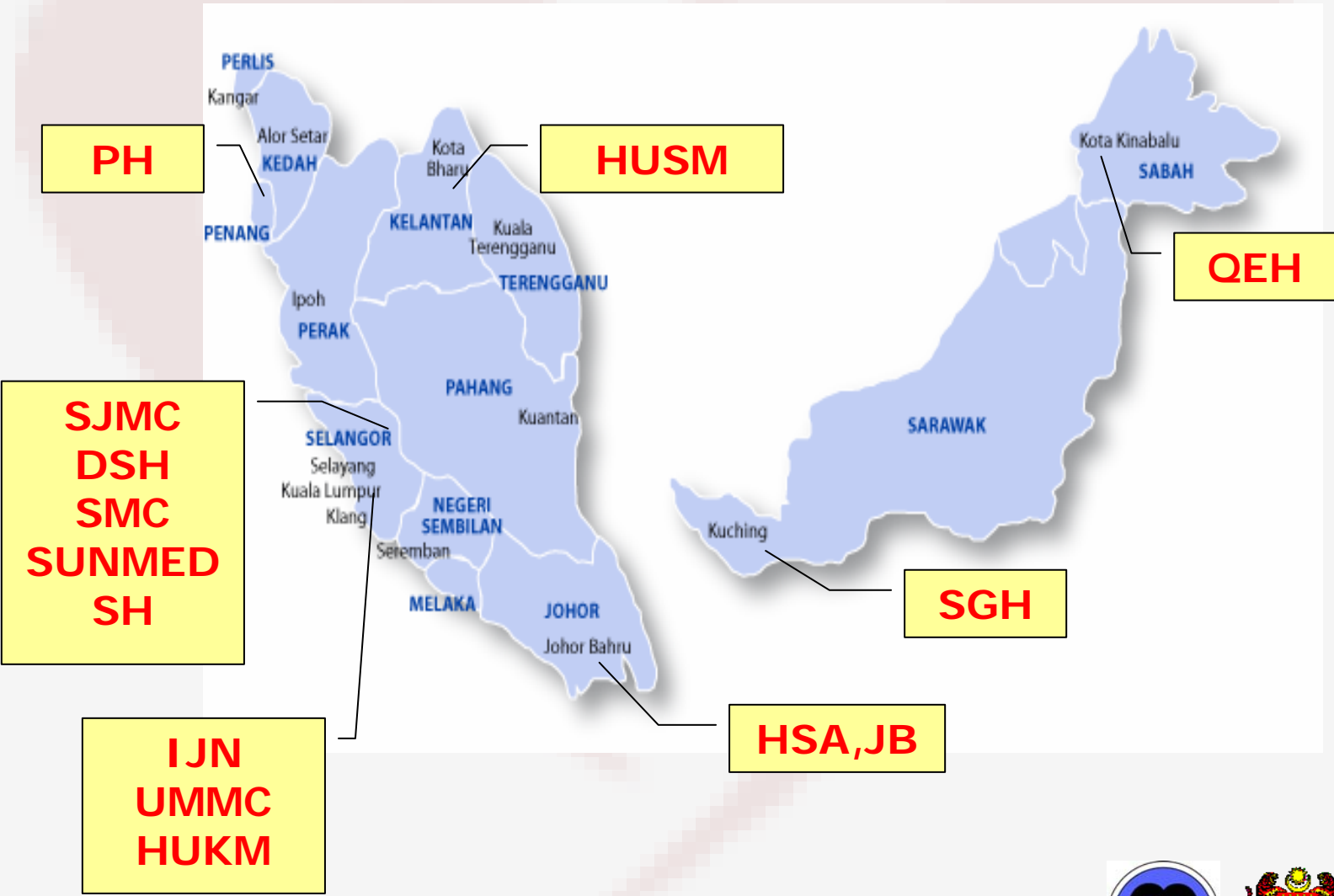


Methodology

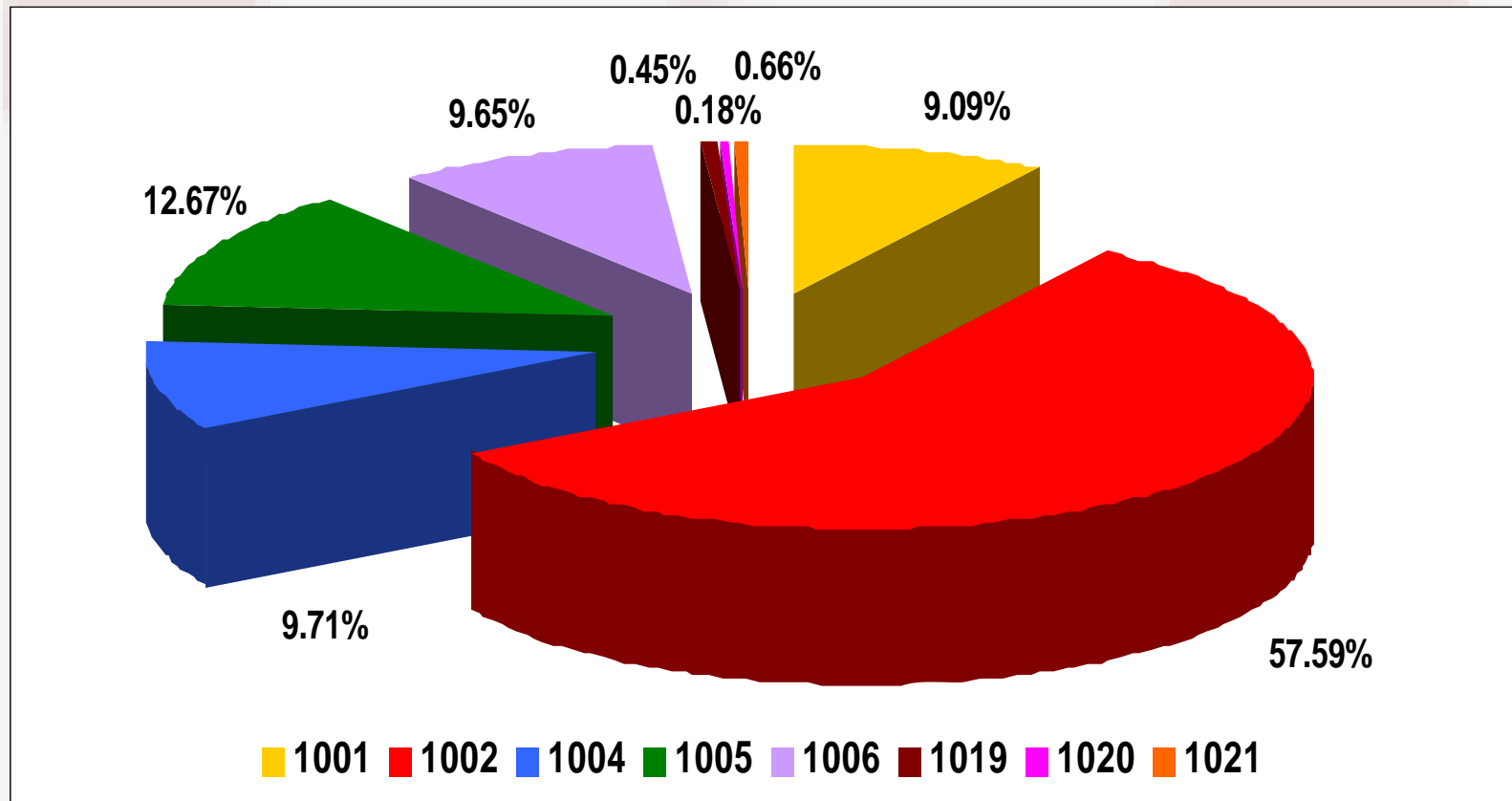
- ♥ Sponsored by MOH and NHAM
- ♥ Collaboration work with Melbourne Intervention Group (MIG)
- ♥ Case Report Form (CRF) –share the similar data fields & definitions with MIG
- ♥ Web application – online data entry



13 participating Sites.....



Number of PCI registered (online) by Source Data Providers (SDP)



Total PCI = **3,346** as of 12th March 2008



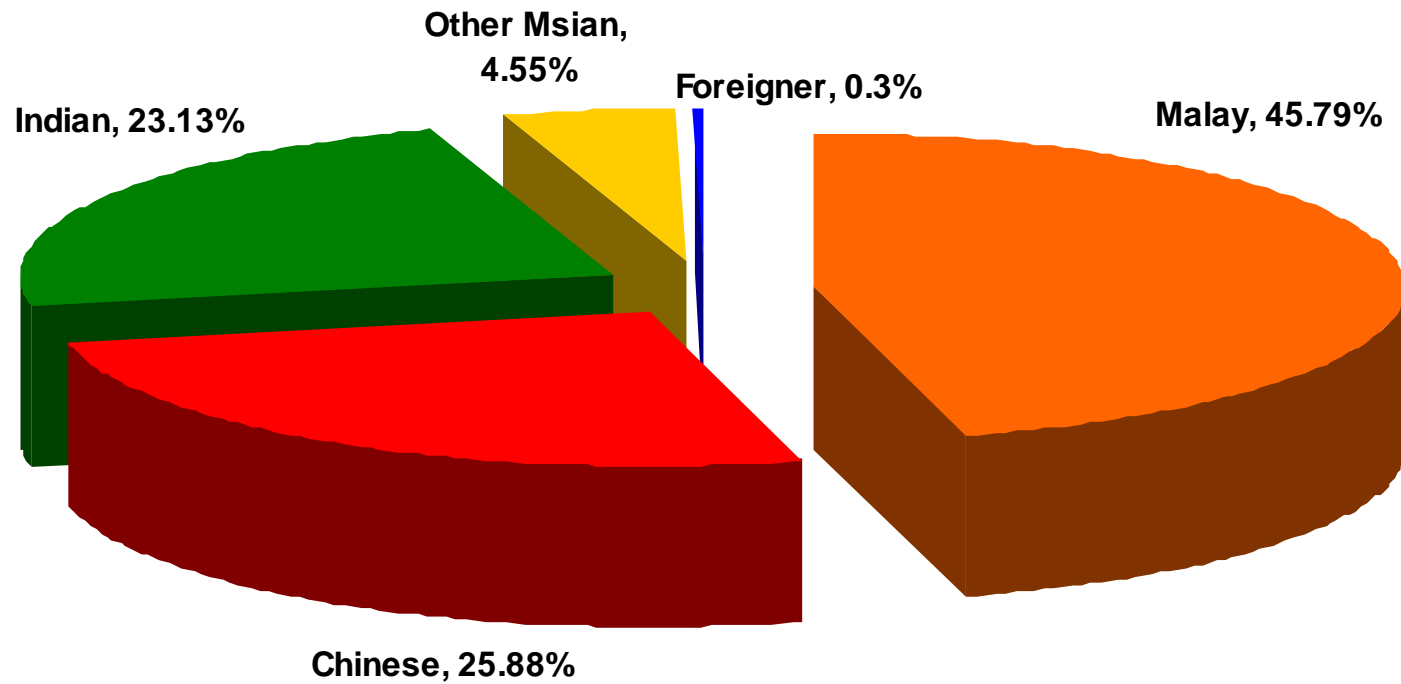
Patient Demographics

Baseline n=3,346

Age	
Min, Max	23, 90 yrs
mean \pm sd	56.47 \pm 10.2 yrs
Male	81.59 %
Malaysian	95.40 %



Percentage of Ethnic Groups



* Other Malaysian includes Punjabi, Iban, Kadazan Dusun, Melanau, Bidayuh, Other Sabahan and Other Sarawakian



Clinical Background & CV Risk Factors

Baseline (n=3,346)

Dyslipidaemia	75.73 %
Hypertension	73.37 %
Diabetes	44.62 %
<i>OHA</i>	78.09 %
<i>Insulin</i>	10.25 %
Family History of premature CVD	16.44 %
MI history	35.15 %
Documented CAD	52.06 %
New onset angina (< 2 weeks)	21.94 %
Congestive Heart Failure (> 2 weeks prior)	3.62 %
Chronic Lung Disease	0.75 %
Cerebrovascular disease	1.46 %
Peripheral vascular disease	1.08 %
Chronic renal failure	6.46 %

Total PCI = 3,346 as of 12th March 2008





Previous Revascularization

Baseline (n=3,346)

Previous PCI	22.50 %
Previous CABG	3.65 %

Clinical Presentation

Baseline (n=3,346)

Acute Coronary Syndrome (n=676)	20.20 %
STEMI	43.79 %
NSTEMI	30.47 %
Unstable Angina	22.63 %

* For 21 cases, the information on ACS stratum are Not Available



PCI status

Baseline (n=3,346)

Elective (n = 2,992)	89.42 %
Staged PCI	22.36 %
Urgent (NSTEMI/UA)	4.63 %
Rescue	1.97 %
Primary	2.54 %
Missing	1.44 %

Total PCI = 3,346 as of 12th March 2008



Adjunctive Pharmacotherapy PCI

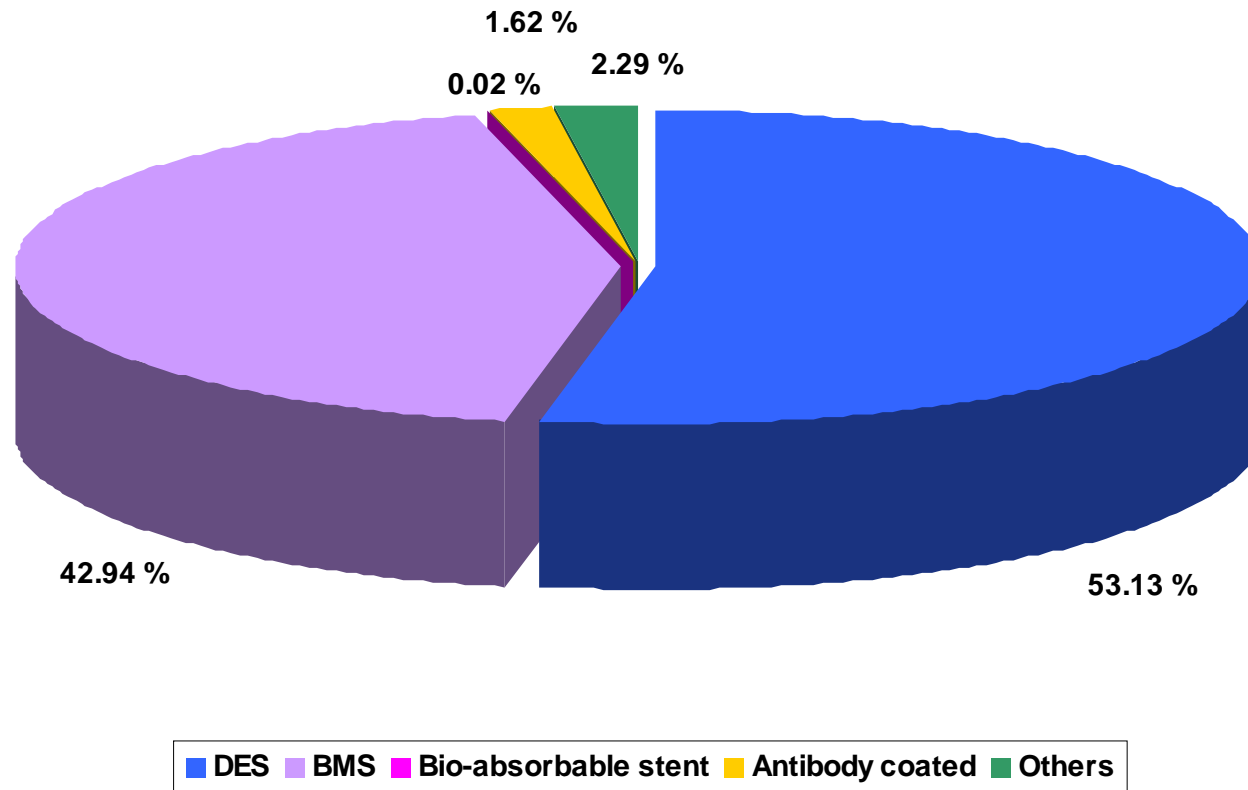
Baseline (n=3,346)

Thrombolytics	4.24 %
Iib/ IIIa Blockade	6.10 %
Heparin	78.96 %
LMWH	5.41 %
Ticlopidine	3.92 %
Bivaliruddin	0.33 %
Aspirin	94.89 %
Clopidogrel	96.77 %

Total PCI = 3,346 as of 12th March 2008



Percentage of stent by total number of stent used (n = 5,547)



Other stents refer to stents other than listed in the Reference Stent List
Total Stent, n = 5,547 as of 12th March 2008



In-hospital Outcome

Baseline (n=3,346)

Outcome	
Alive	95.16 %
Death	1.08 %
Transferred	0.06 %
Missing	3.71 %

Cause of death	
Cardiac	80.56 %
Vascular	5.56 %
Renal	2.78 %
Pulmonary	2.78 %
Missing	8.32 %

Location	
In lab	11.76 %
Out of Lab	88.24 %

Total PCI = 3,346 as of 12th March 2008



Medications at discharge

Baseline (n=3,346)

Aspirin	89.33 %
Clopidogrel	91.09 %
Ticlopidine	8.64 %
Statin	86.79 %
Beta blocker	67.45 %
ACE inhibitor	50.45 %
ARB	12.76 %
Warfarin	1.23 %
Others	58.46 %

Total PCI, n= 3,346 as of 12th March 2008



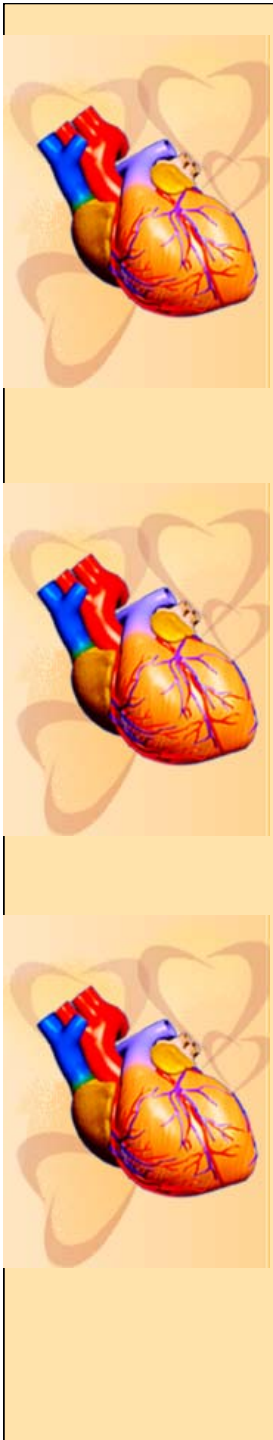
Outcome at 30 days FU & 6 months FU

Outcome		30 days FU	6 mths FU
Alive	95.77 %	95.77 %	98.18 %
Death	0.40 %	0.40 %	0.61 %
Transferred	0.08 %	0.08 %	-
Lost to FU	3.51 %	3.51 %	0.91 %
Missing	0.24 %	0.24 %	0.30 %

Total 30 days FU = 1,253 as of 12th March 2008

Total 6 months FU = 329 as of 12th March 2008





How to get into eNCVD?



How to get into eNCVD?



The image shows a screenshot of the ACRM (Association of Clinical Registries, Malaysia) website. The page features a navigation menu on the left, a main content area with a welcome message and registration information, and a right sidebar with various links and contact information. A large watermark URL is overlaid on the page.

ACRM Association of Clinical Registries, Malaysia

HOME Clinical Databases News & Events Contact Us

Welcome to ACRM

The ACRM (Association of Clinical Registries, Malaysia) was established for the purpose of facilitating the set up and maintenance of clinical registries and databases in the country. Registry databases include information concerning demographics, diagnosis, treatment history and outcomes. A variety of output can be generated from the information collected.

In Malaysia however, there have been a lot of debatable issues surrounding clinical databases. The common problem seems to be in terms of collecting and sharing the data as well as database maintenance. Most institutions collect data for their own use. The majority of them have reservations with regards to data sharing even if it is for a common good. This is due to lack of incentives and disincentives. These issues will remain unresolved unless there are a set of standards that need to be developed (in terms of content and quality) and share databases.

This association was established to meet to those needs. It will be used as a platform to set up and maintain clinical databases for key diseases in Malaysia. It also aims to be the one stop portal where users can have access, physically and virtually to majority of clinical databases in Malaysia.

Register with us!

If you are currently involved or maybe planning to set up a clinical register or maybe interested in clinical databases, please send us an email at: contact@acrm.org.my

We also welcome participation from both individuals as well as organizations keen to link up with us!

Sign up as ACRM member today !!

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 - PERSATUAN REGISTRASI KLINIKAL MALAYSIA
 - Level 3, Dermatology Block, Hospital Kuala Lumpur, Jalan Pahang, 50586, Kuala Lumpur, Malaysia.
 - Phone: 603-4044 0815

Watermark: www.acrm.org.my

Visitor number:

How to get into eNCVD?

Microsoft Internet Explorer window showing the National Cardiovascular Disease Database (NCVD) website. The address bar displays <http://www.acrm.org.my/ncvd/index.htm>. A blue arrow points from the address bar to the URL www.acrm.org.my/ncvd.

The website content includes:

- Navigation Menu:** HOME, About NCVD, ACS, PCI, Contact
- Left Sidebar:** PRESENTATION, GOVERNANCE BOARD, EXPERT PANEL, CENTRES DIRECTORY, NCVD REGISTRY UNIT, REGISTRATION, DATA REQUEST, PUBLICATIONS, NEWS & EVENTS, GALLERY, LINKS, FAQ, eNCVD
- Visitor Counter:** Visitor number: **003617** since 30/3/2006
- Main Content:** **NCVD** The National Cardiovascular Disease Database (NCVD) is a service supported by the Ministry of Health (MOH) to collect information about cardiovascular disease in Malaysia, which will enable us to know the incidence of cardiovascular disease, and to evaluate its risk factors and treatment in the country. This information is useful in assisting the MOH, Non-Governmental Organizations, private healthcare providers and industry in program planning and evaluation, leading to cardiovascular disease prevention and control. **JOIN NCVD!**
- Latest Updates:**
 1. NCVD-PCI registry
 2. NCVD-ACS registry
 3. NCVD - the milestones of the database

6 Feb 2007 - The e-application of PCI Registry, ePCI is available online for users now!

Get yourself registered with PCI Registry. Should you have any enquiries, please do not hesitate to contact us.
- Right Sidebar:**
 - Sponsors:** Ministry of Health, Malaysia; National Heart Association Malaysia (NHAM)
 - Contact Us:** Manager, National Cardiovascular Disease Database, c/o Clinical Research Centre, Kuala Lumpur Hospital, 1st Floor, MMA House, 124, Jalan Pahang, 50286 Kuala Lumpur, Malaysia. Phone: 03-4044 3060 / 03-4044 3070; Fax: 03-4044 3080; Email: ncvd@acrm.org.my; Website: <http://www.acrm.org.my/ncvd>



Web application-eNCVD

Thu, Apr 12, 2007


NCVD
National Cardiovascular Disease Database

Welcome to
NATIONAL CARDIOVASCULAR DISEASE DATABASE
WEB APPLICATION
eNCVD

To access eNCVD web application
Sign in to eNCVD

Username:

Password:

 **Sign in**

This site chose VeriSign SSL for secure e-commerce and confidential communications.
[Sign-in help](#)


ABOUT SSL CERTIFICATES

Thu, Apr 12, 2007

NCVD
National Cardiovascular Disease Database

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Please select one of the following applications:

- Acute Coronary Syndrome (ACS)
- Percutaneous Coronary Intervention (PCI)
- Logout



Real time report

♥ Accessible to CENTRE REPORT Anytime and Anywhere

Total Acute Coronary Syndrome Stratum By Year of Admission for all SDPs

	2005	2006	2007	Total
ACSStratum				
Missing	0	0	78	35
Not available	0	0	3	0
NSTEMI	0	2	819	73
STEMI	0	0	1378	173
UA	0	2	1111	95
Grand Total	0	4	3389	376

Total ACS Patient by Gender for all SDPs

Sex	No	Percentage
Female	1047	25.1 %
Male	3104	74.4 %
Missing	21	0.5 %
Grand Total	4172	100.0 %



BENEFITS with eNCVD

- ♥ YOUR OWN CENTRE DATA at FINGER TIPS
- ♥ Compare YOUR CENTRE STATISTICS with NATIONAL STATISTICS

Report

Patient Listing

1	Patient Listing Report
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Centre Statistics Report

1	Total ACS Patient Admission Notification by Hospital By Month by SDP
2	Total Acute Coronary Syndrome Stratum By Year of Admission By SDP
3	Total ACS Patient By Killip Class by SDP
4	Total ACS Patient by Gender By SDP
5	Total ACS Patient Notification by Age Group By SDP
6	Total ACS STEMI Patient Notification by Fibrinolytic Therapy Status by SDP
7	Total ACS STEMI Patient Notification by PCI Urgent Type by SDP

Registry Statistics Report

1	Total ACS Patient Admission Notification by Hospital By Month
2	Total Acute Coronary Syndrome Stratum By Year of Admission for all SDPs
3	Total ACS Patient By Killip Class for all SDPs
4	Total ACS Patient By Gender for all SDPs
5	Total ACS Patient Notification By Age for all SDPs
6	Total ACS STEMI Patient Notification by Fibrinolytic Therapy Status for all SDPs
7	Total ACS STEMI Patient Notification by PCI Urgent Type for all SDPs



Benefits continues.....

♥ CAPABLE of DOWNLOADING YOUROWN CENTRE DATA

♥ For further analysis

♥ For your own research use

♥ Improvement of treating skills

Data Download

Form

1	NCVD Notification
2	NCVD Follow Up
3	NCVD Outcome

Lookup Value

1	NCVD Notification lookup value
2	NCVD Follow up lookup value
3	NCVD Outcome lookup value





THOUGHTS TOWARDS FUTURE

NCVD – Registries in MIND

- ♥ **Acute Coronary Syndrome**
- ♥ **PCI**
- ♥ **CV Drug Usage**
- ♥ Heart Failure
- ♥ CV Risk factors
- ♥ **Cardiac Surgery**
- ♥ Implanted Cardiac Devices





Ta & G'day

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