The development of chest pain units in Germany

Thomas Münzel and Felix Post describe the successful implementation of chest pain units in Germany

Clinical research from the USA and UK has clearly demonstrated that establishment of a chest pain unit (CPU) improves the prognosis of patients with chest pain and myocardial infarction and also saves financial resources. Nevertheless, the implementation of CPUs in countries such as England and Spain has not been very successful so far.1 In the UK, the formal development of CPUs has been limited and mostly restricted to trials, and the development of chest pain services has been described to occur in a disorganized way.2 In 2002, the Cardiac Society of Spain recommended the setting up of CPUs in all emergency departments to provide fast and efficient care for patients with chest pain—just four have been established by 2008.

The authors conclude that this may indicate that the Europeans per se are unenthusiastic about CPUs.

To guarantee a systematic approach for the introduction of these units in Germany, the German Society of Cardiology introduced a Task Force to produce prerequisites for a CPU certification programme to evaluate CPUs across the country (http://cpu.dgk.org/). For this reason, a consensus document including criteria for CPUs was developed and published in October 2008.3 The aim of this effort is to ensure a network of centres, which meet or exceed quality-of-care measures in order to improve the standard of care for patients with acute chest pain. After application and a formal review, a certification audit team reviews the facility’s application, infrastructure, patient care and each of the requirements according to the consensus document, on-site, and makes recommendations to the expert committee. Certification is finally awarded by the
expert committee of the German Society of Cardiology to those CPUs which fulfil the dedicated requirements and successfully complete the certification process (Figure 1).

Within this process, CPUs can plan and organize the delivery of care in a systematic manner, and the differentiation between minimal requirements and best practice allows further developments and innovations. The performance of CPUs in Germany is controlled by the recently introduced Chest Pain Unit Registry, a nationwide scientific investigation, in which data concerning the hospital-stay of patients in the CPU are documented and a follow-up via a telephone interview is conducted after 3 months (Senges, Ludwigshafen, Germany).

At the present time, almost 100 CPUs are certified and it is expected to have a total number of 200–250 within the next couple of years. A single-centre experience of the CPU in Mainz indicates that myocardial infarctions treated in a CPU have a better prognosis compared with infarctions being treated in the interdisciplinary emergency department (Figure 2).

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References