**EMS GUIDED PRIMARY PCI MADE A DRAMATIC IMPACT ON POSITIVE STEMI CARE**

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Earliest possible reperfusion is the key strategy in achieving long time survival and preventing major cardiovascular events in STEMI care. This prompt coronary reperfusion method, when applied to more than 500,000 STEMI patients nationwide, dramatically reduces morbidity mortality from STEMI decrease significantly . Additionally, the trained pre-hospital personnel can provide life-saving interventions for patients with cardiac arrest with early defibrillation.EMS-directed, pre-hospital cardiac catheterizati and mortality in these patients.  
**Reperfusion in less than 2 hrs reduced thirty-day mortality to 4.3% and thirty-day-plus late cardiac mortality to 9.1% in contrast to 9.0% and 16.3 % respectively after 2 hrs of reperfusion. Similarly, left ventricular ejection fraction Improved by 6.9% in the early reperfusion group in contrat to 3.1% in the late perfusion group.**However, multiple logistical factors in different geographic zones present difficult challenges in practice.  
Several studies have showed that only 40% of patients STEMI patients called 911 and used the EMS personnel. Therefore, public awareness of MI symptoms is critically important. If bystanders recognize MI symptoms early and activate the emergency medical service (EMS) system, Morbidity andon lab (CCL) activation by wireless transmission, has been shown to decrease DTB by an average of 11.5 minutes per patient thus facilitating DTB time of less than 60 minutes in more than 90% of STEMI patients. This type of EMS directed CCL activation requires some training to the EMS staff but poses no additional cost for new technology. Furthermore, it is quite user-friendly and least disruptive to EMS personnel.