

# **THE ROLE OF J-PCI REGISTRY IN THE OPTIMIZATION OF CARDIOVASCULAR CARE**

## **循環器診療の適正化における J-PCIレジストリの役割**

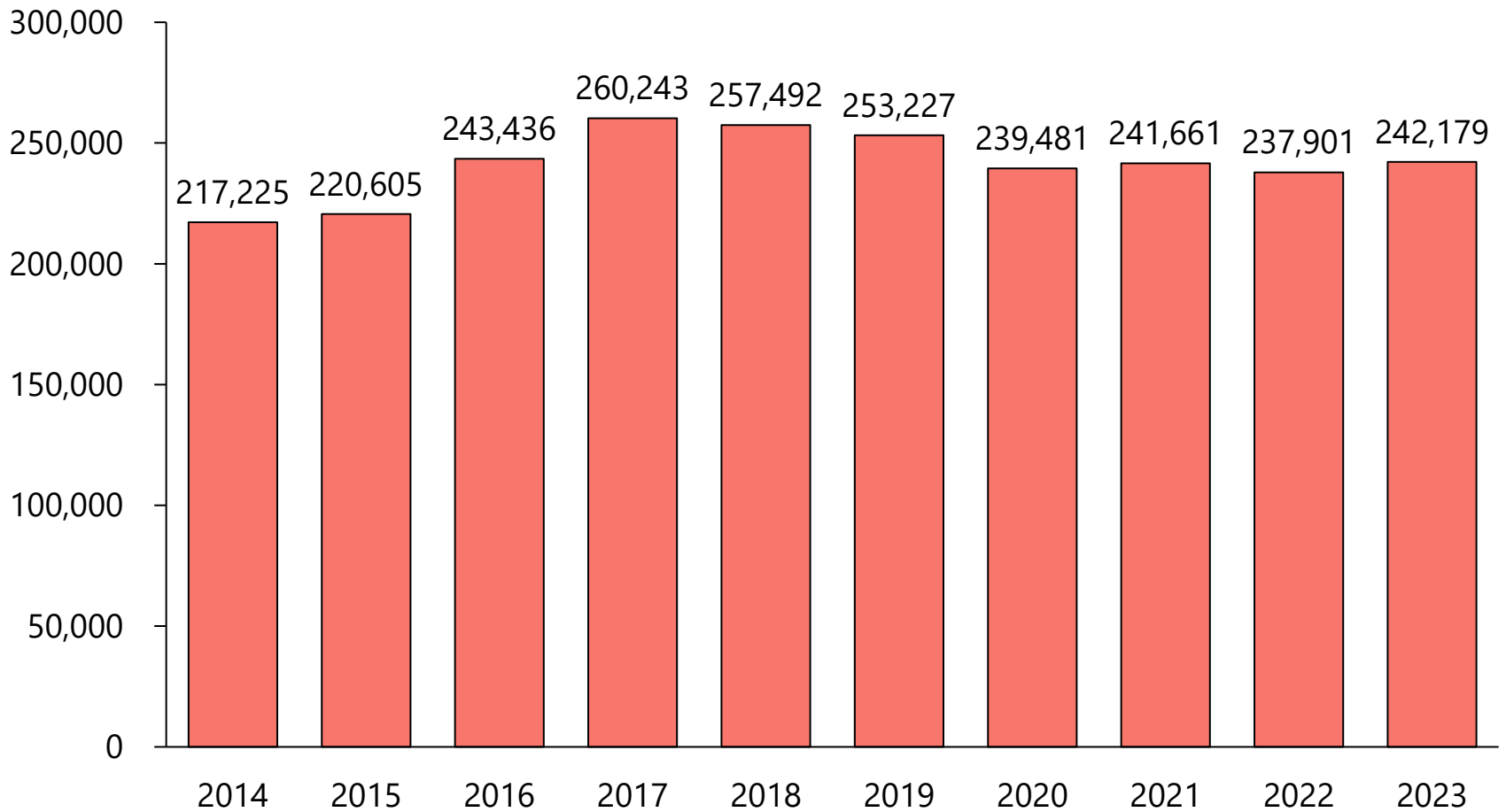
Kyoto University Hospital  
Kyohei Yamaji



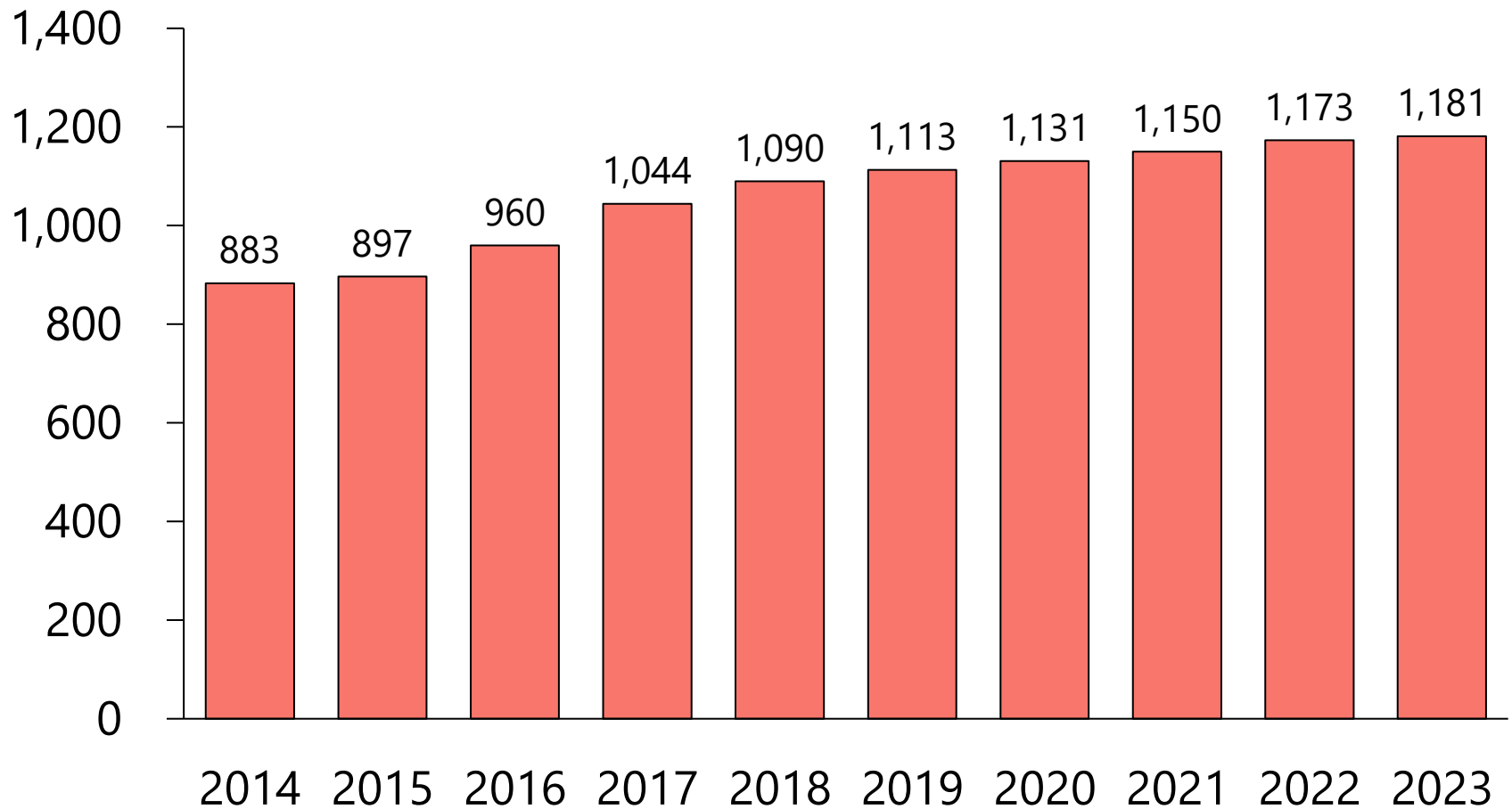
筆頭発表者名：山地 杏平

# J-PCI REGISTRY

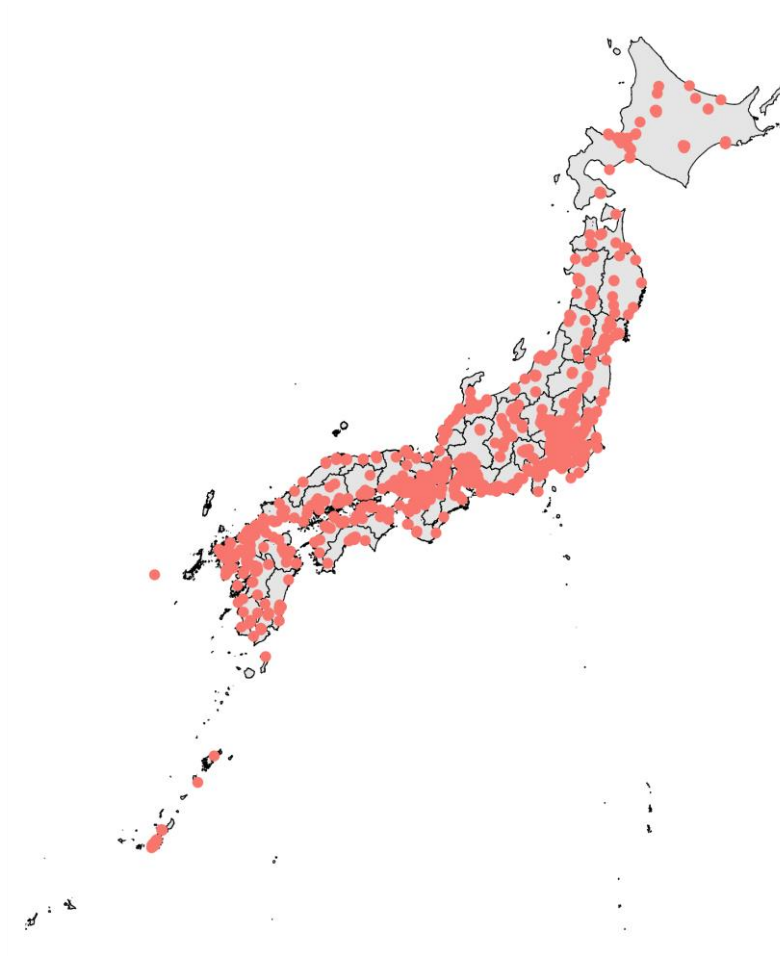
***2,413,450 cases***



# J-PCI INSTITUTES

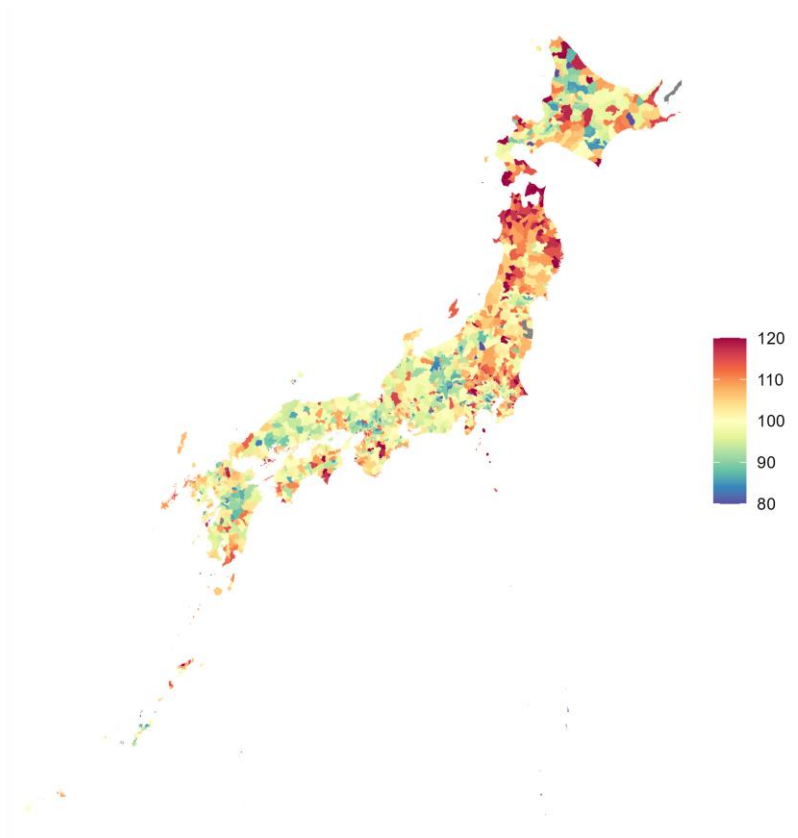


# J-PCI INSTITUTES

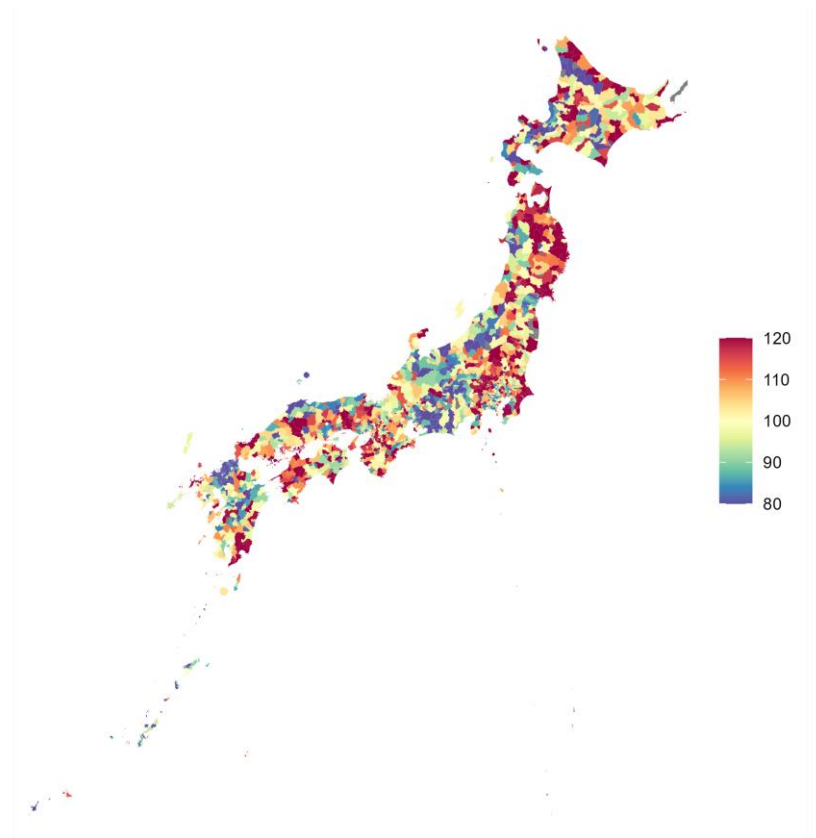


# STANDARDIZED MORTALITY

## All-cause mortality



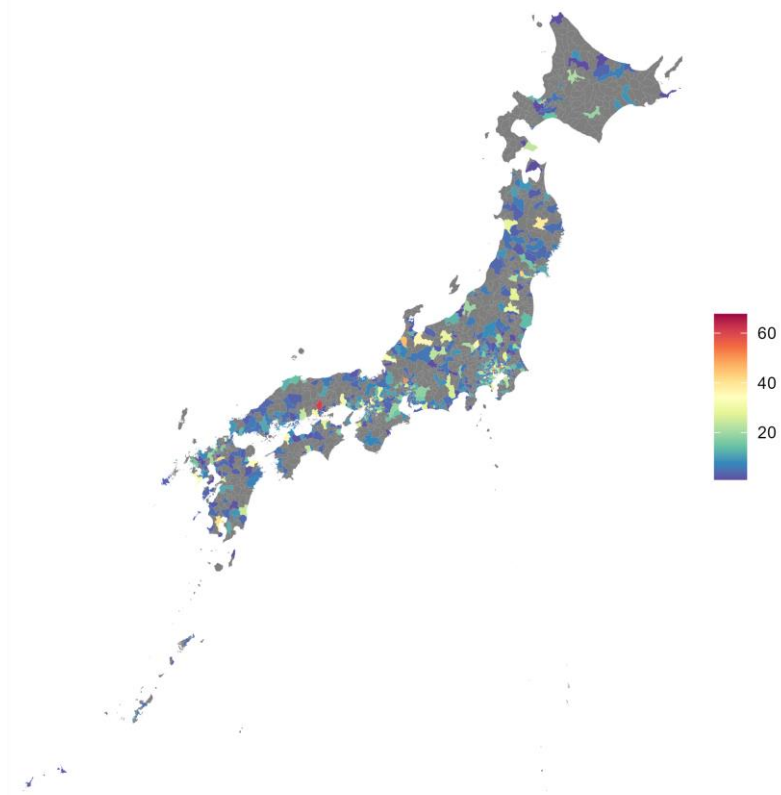
## Cardiac mortality



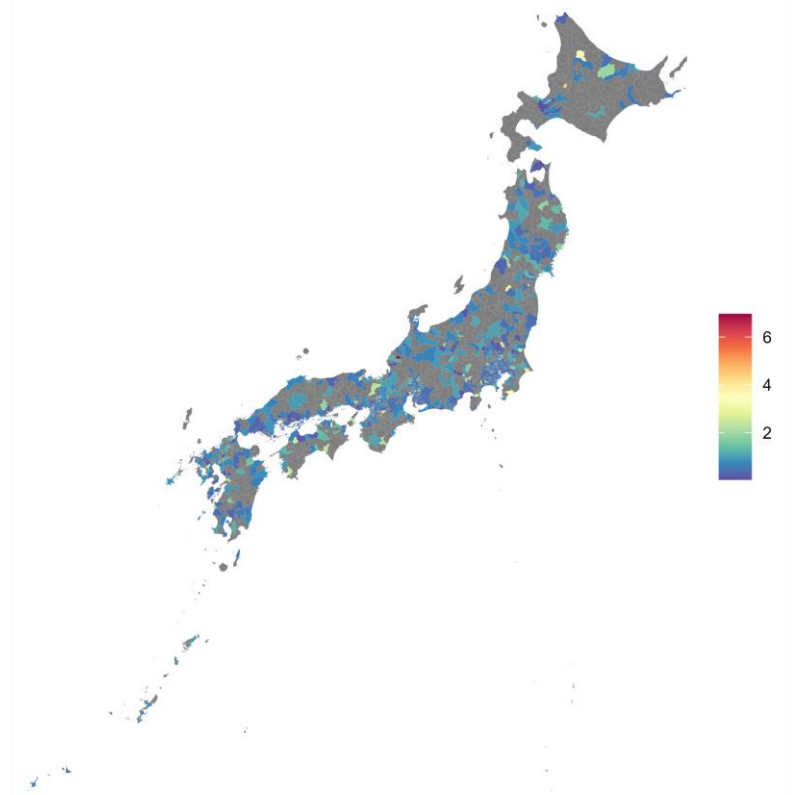
2018-2022 Vital statistics

# NUMBER OF OPERATORS

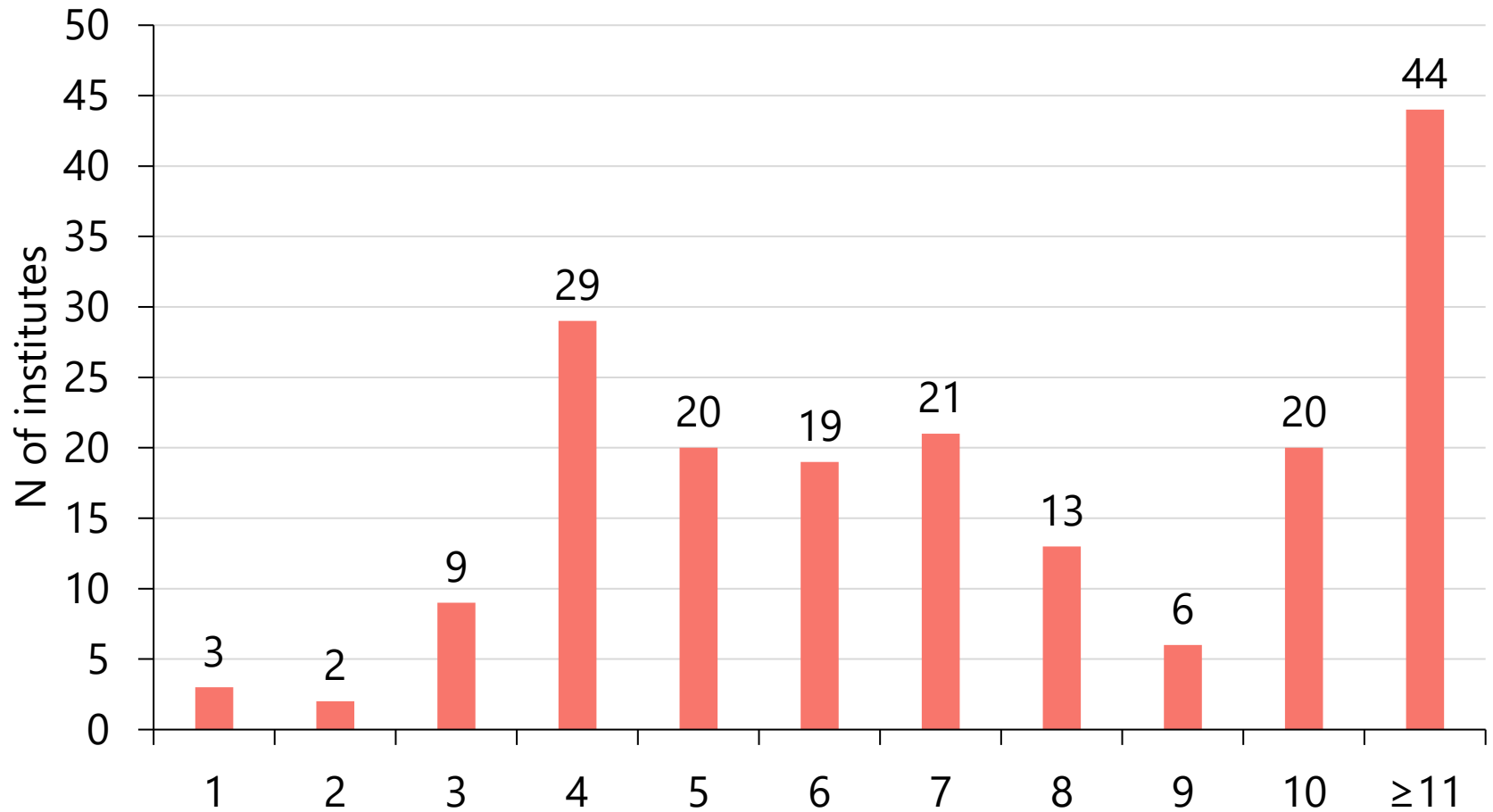
**N operators per  
administrative districts**



**N operators per 10000  
population**

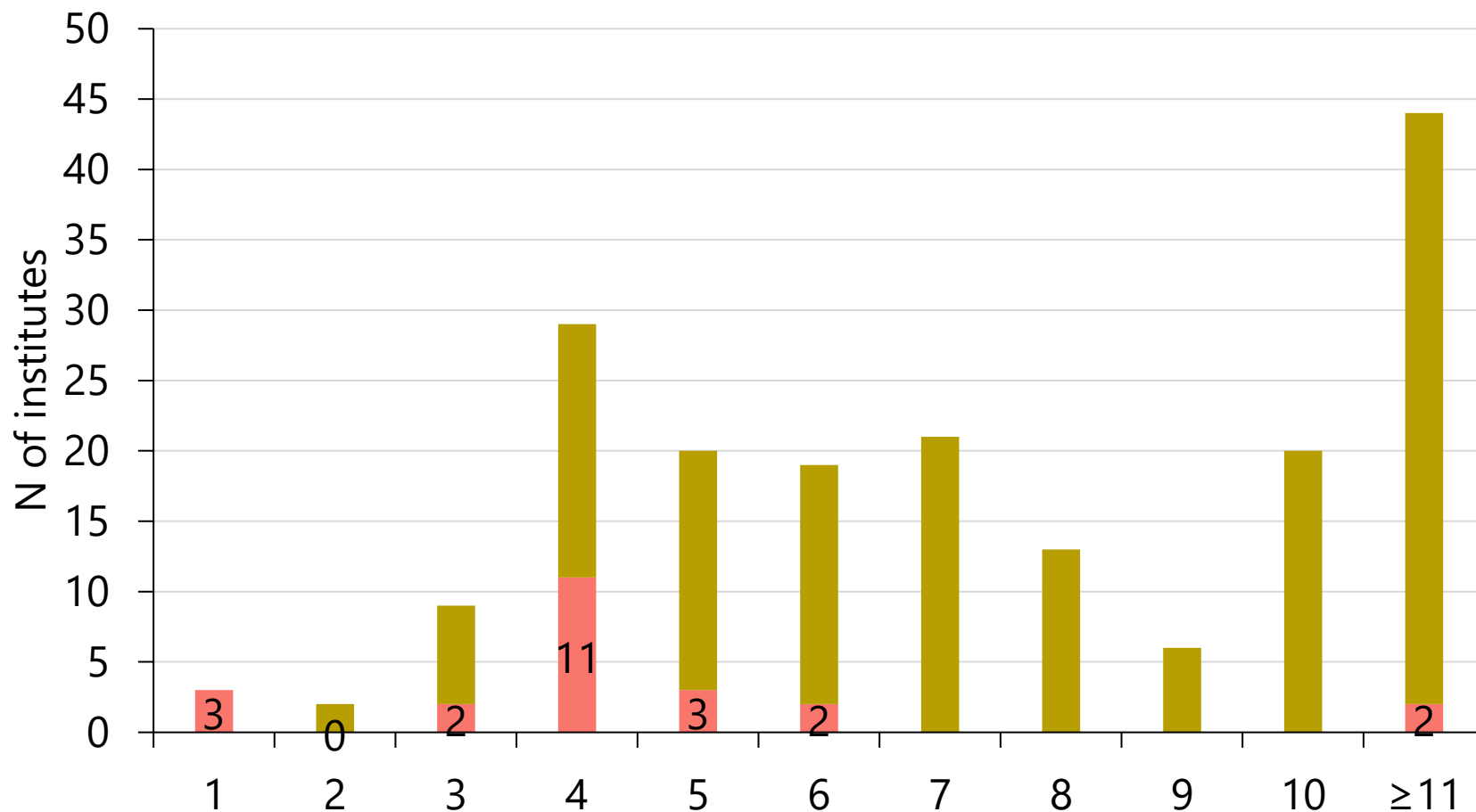


# TOTAL NUMBER OF OPERATORS



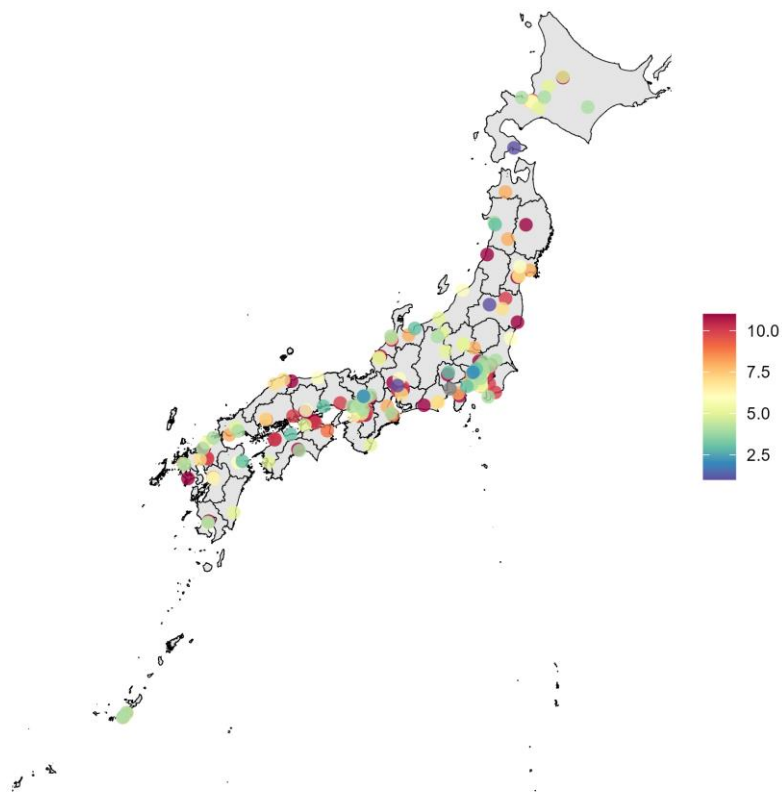


# ONE PHYSICIAN FOR NIGHT EMERGENCY PROCEDURES

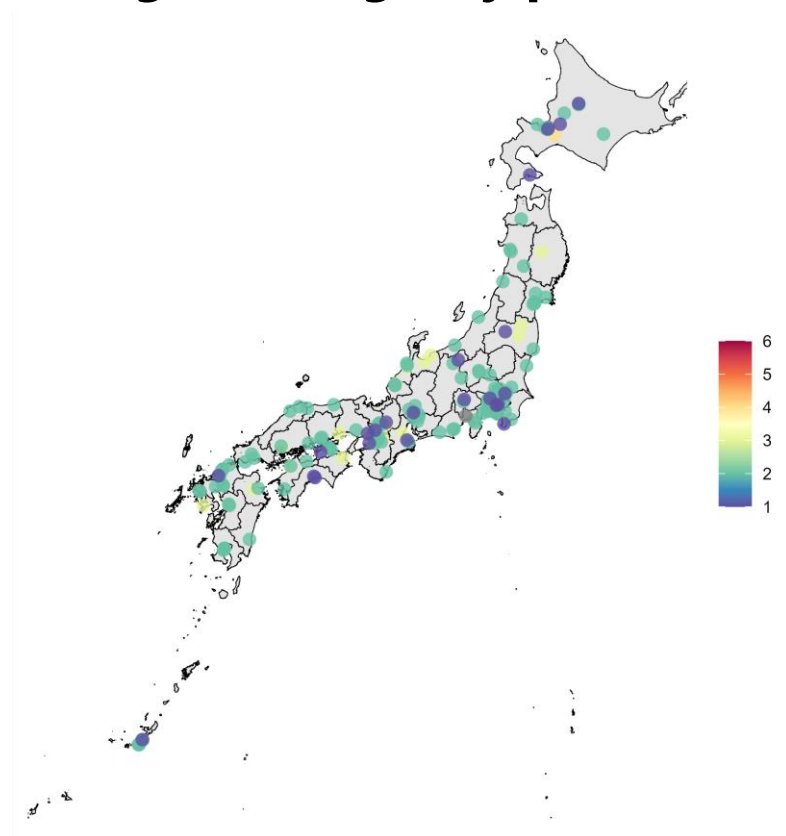


# TOTAL NUMBER OF OPERATORS

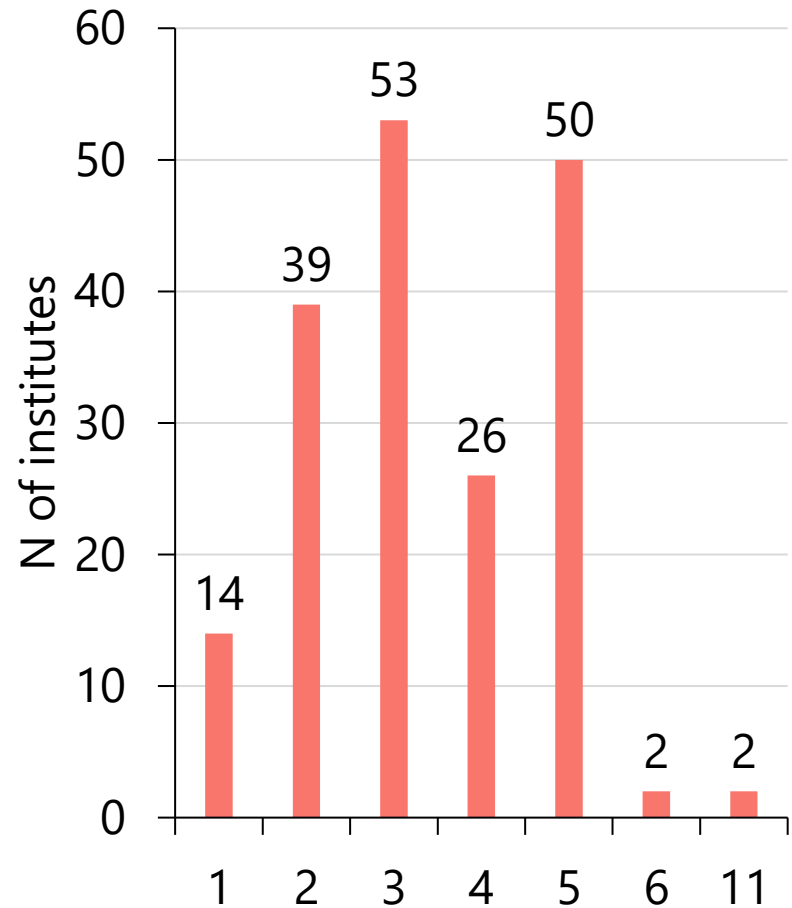
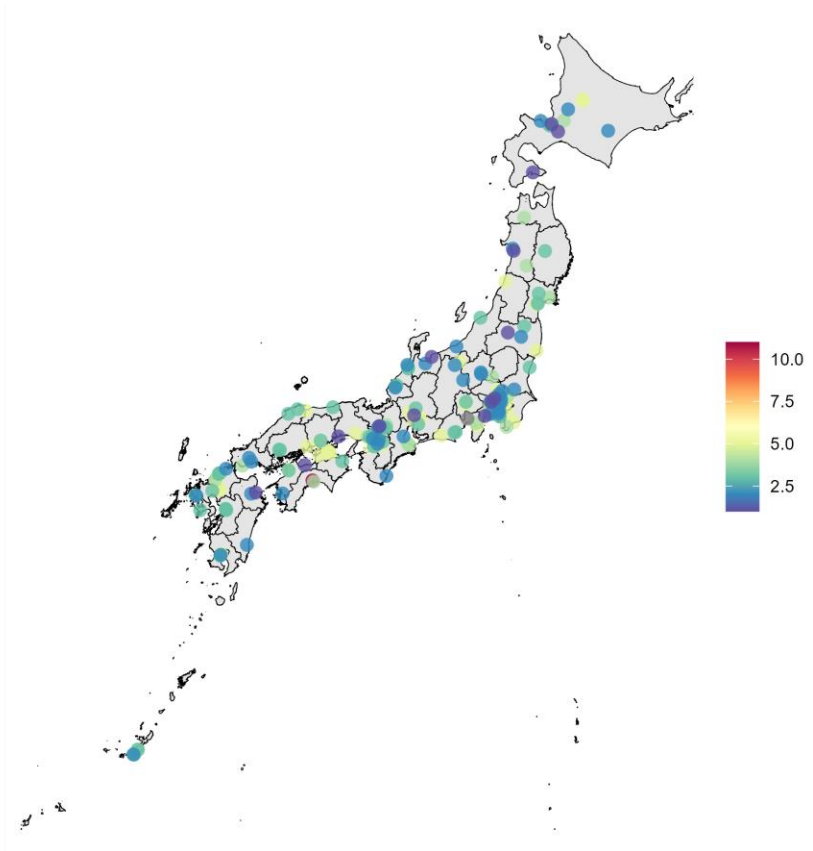
Total number of operators



Number of operators  
for night emergency procedures

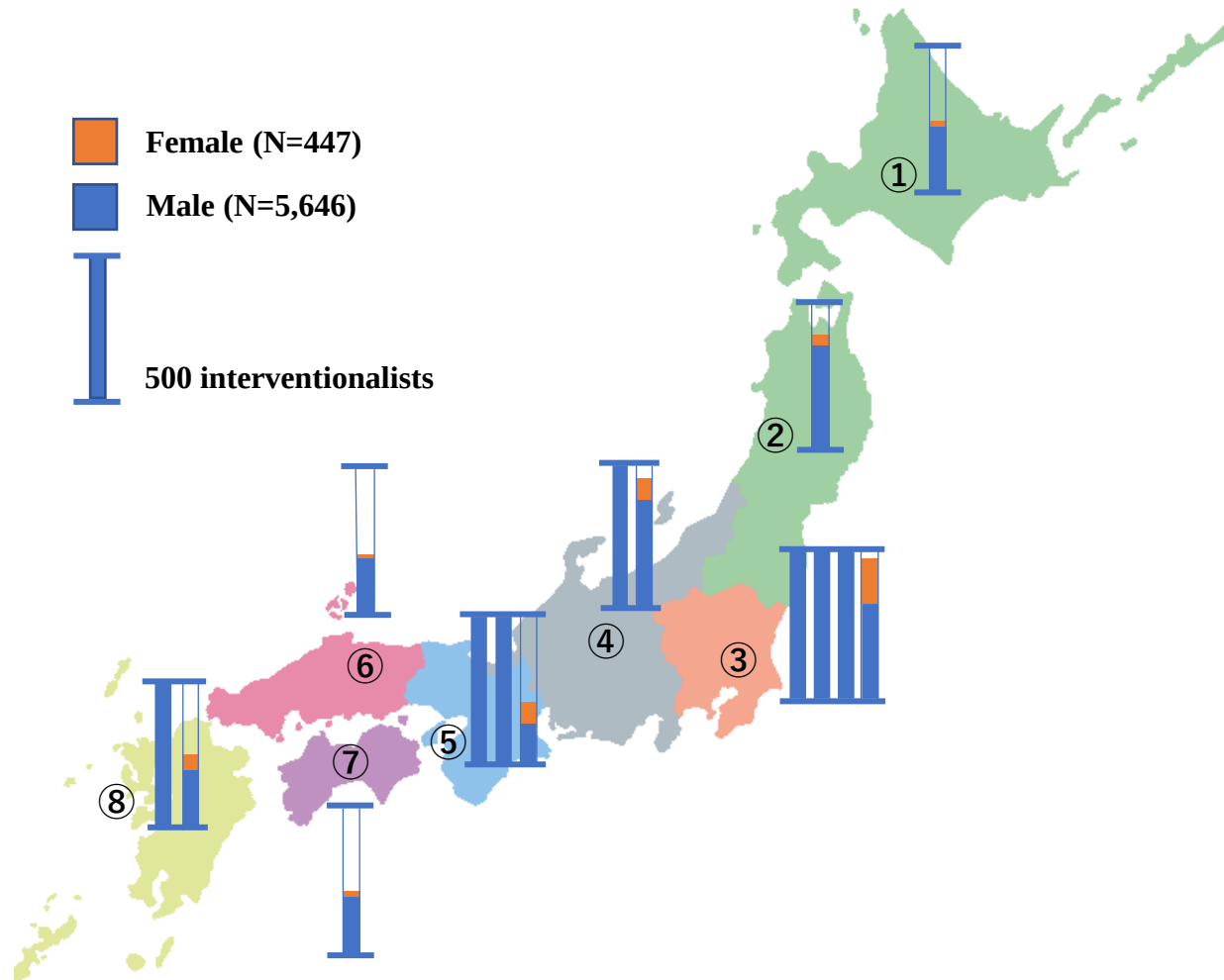


# MEAN INTERVAL DAYS FOR NIGHT SHIFT

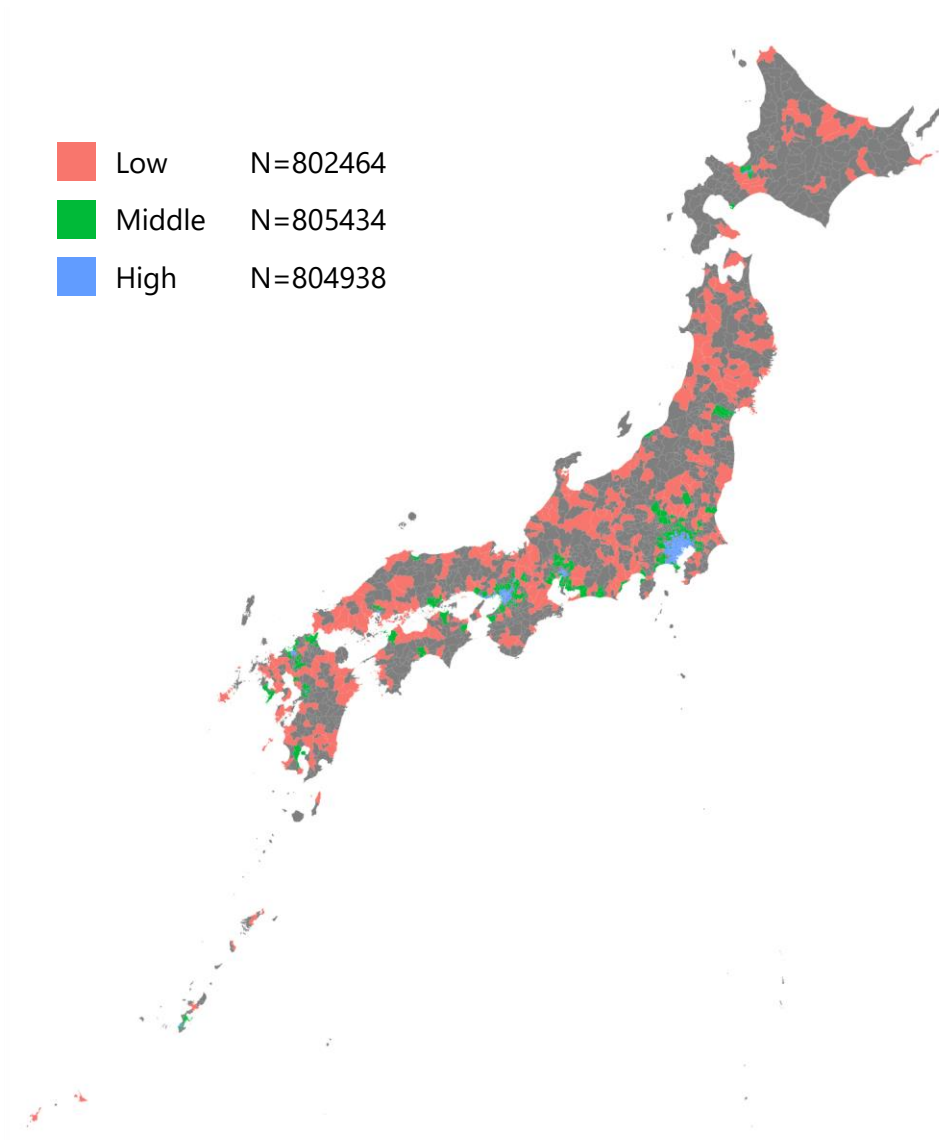


# OPERATORS: MALE VERSUS FEMALE

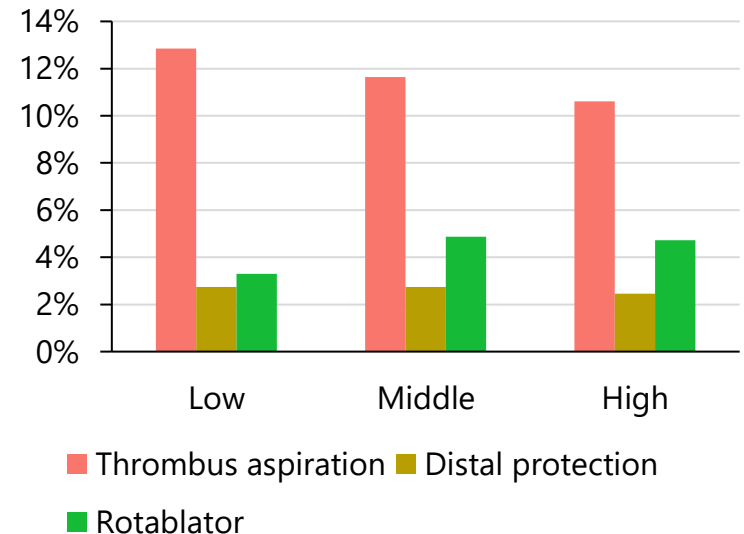
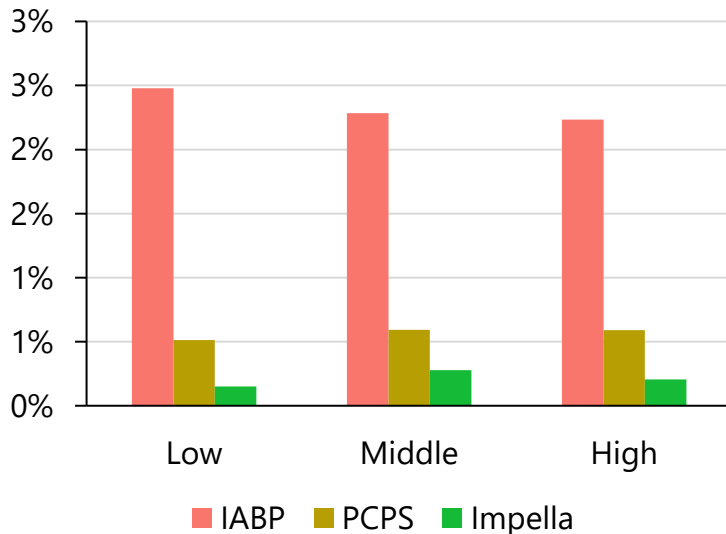
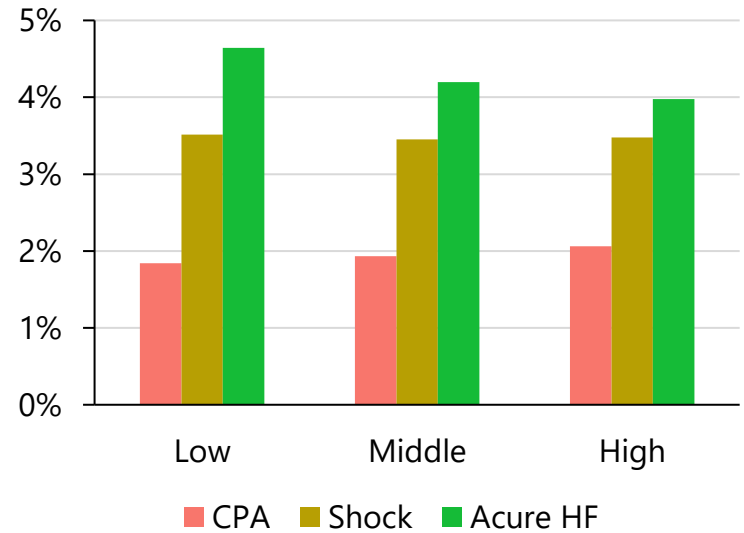
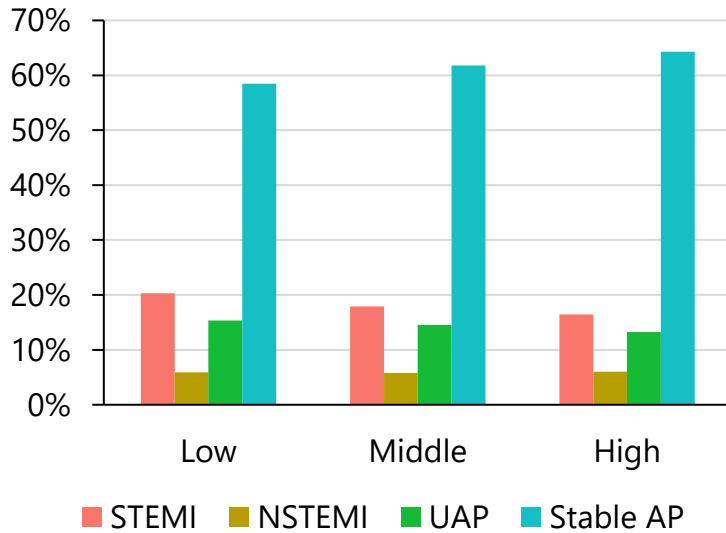
Saeko Takahashi et al. *JACC Asia* 2024 accepted



# POPULATION DENSITY

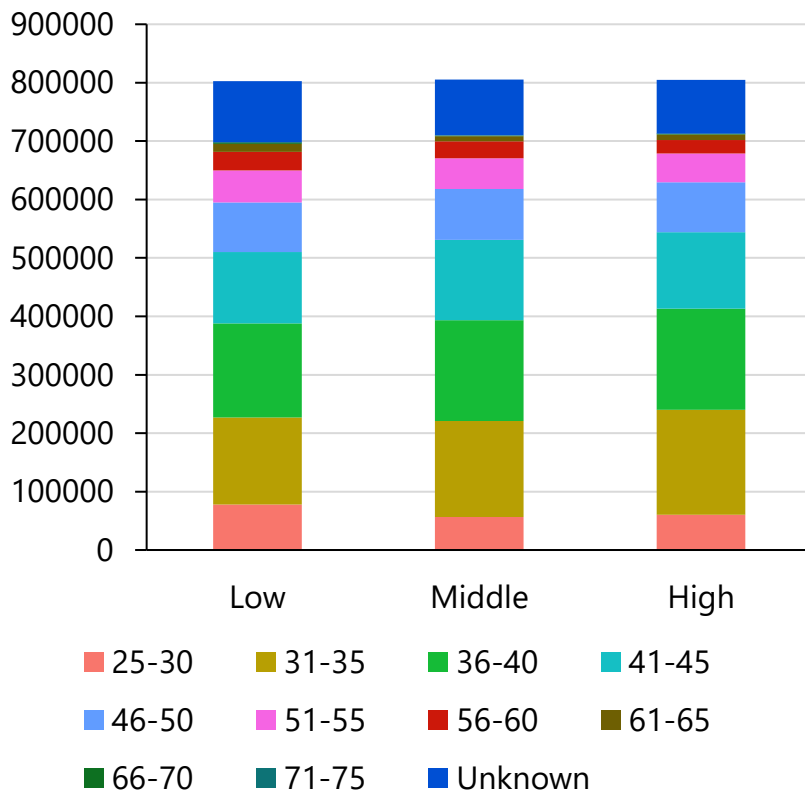


# BASELINE CHARACTERISTICS

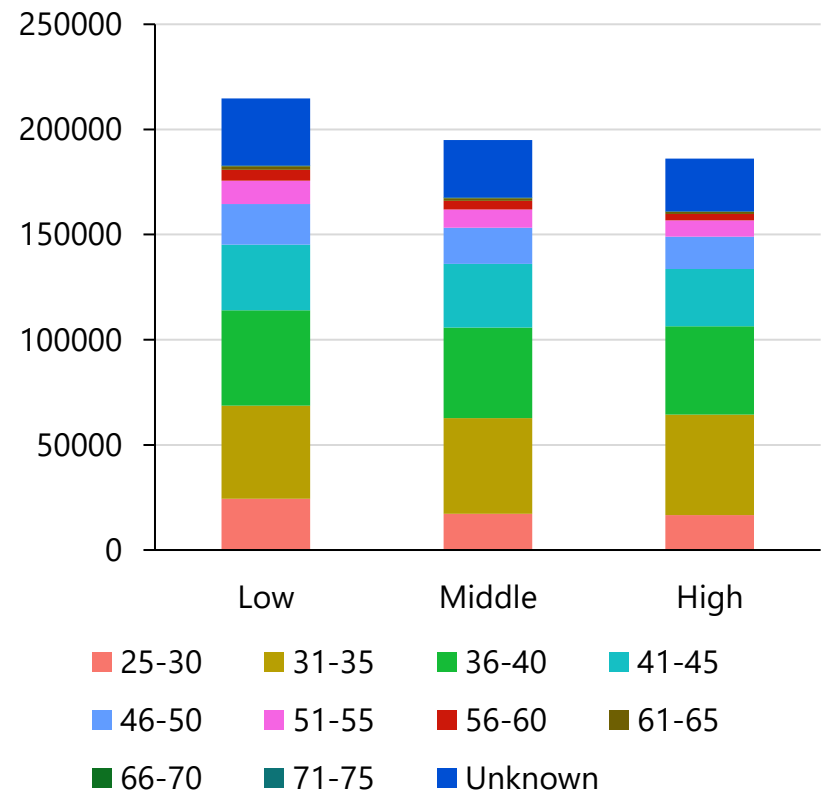


# OPERATORS' AGE

## Overall

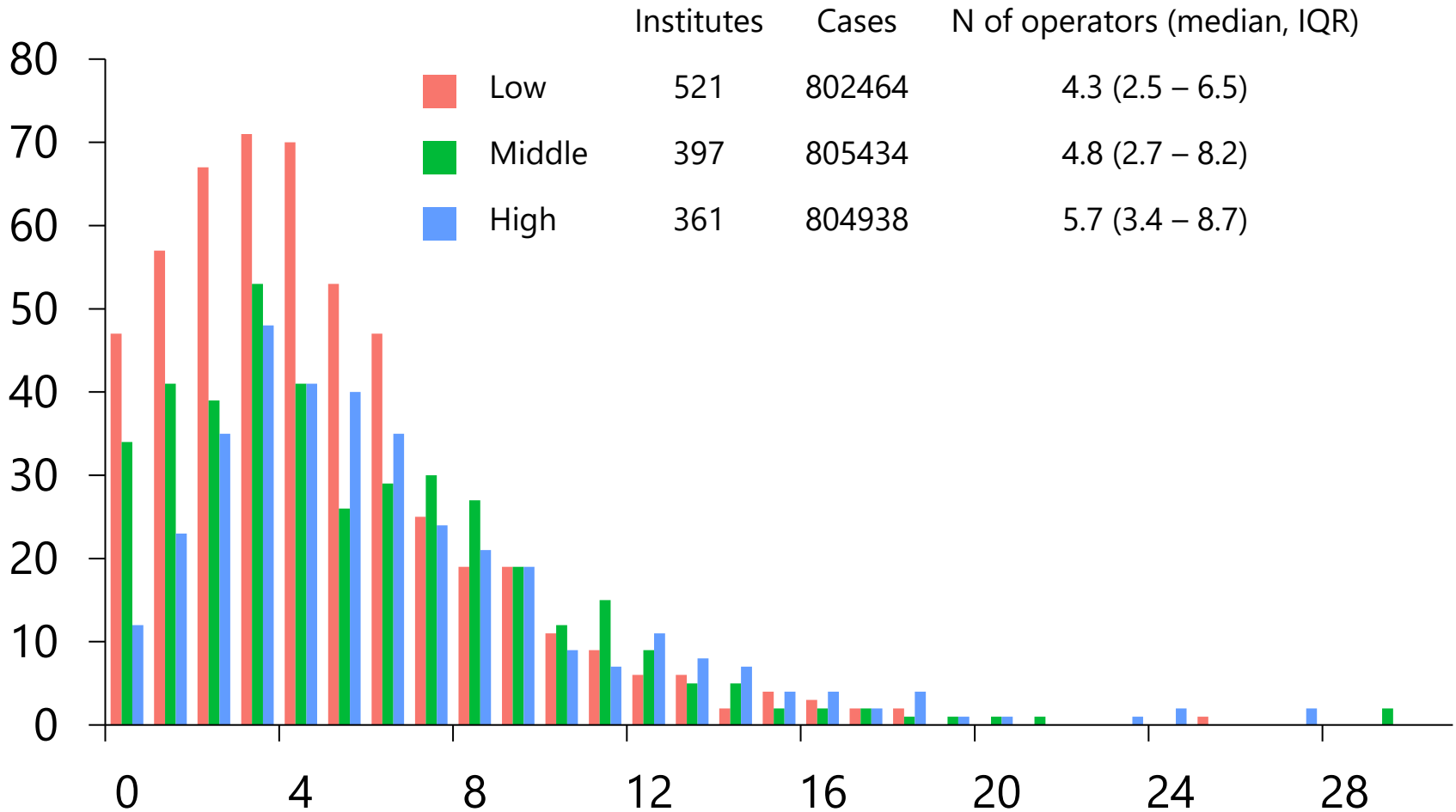


## Myocardial infarction



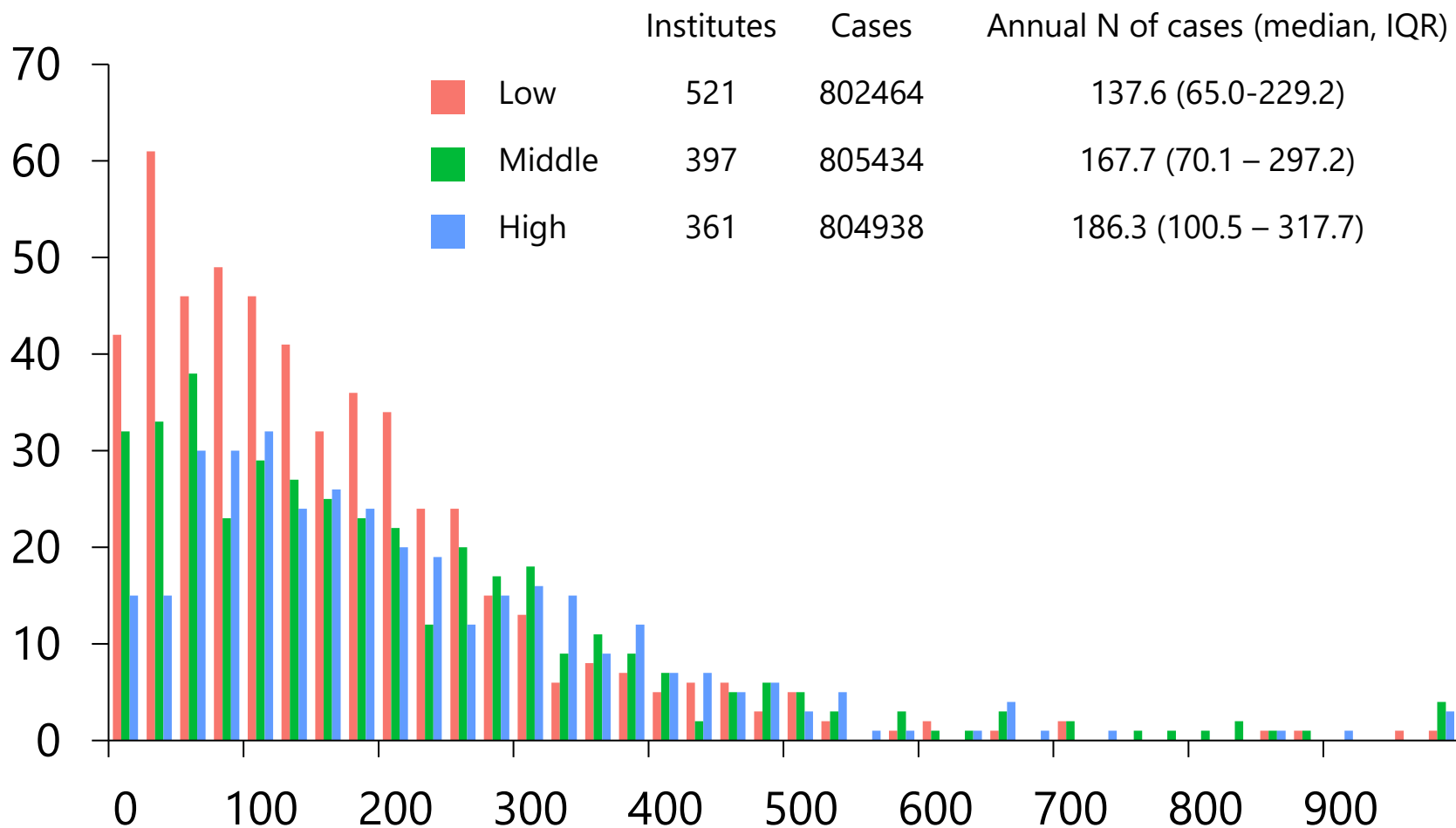
In areas with low population density, there are more cases performed by younger operators.

# N OF OPERATORS PER INSTITUTES





# ANNUAL NUMBER OF CASES PER INSTITUTES



# IN-HOSPITAL MORTALITY

| Overall | Univariate          |        | Multivariable       |        |
|---------|---------------------|--------|---------------------|--------|
| Low     | 1.00 (reference)    |        | 1.00 (reference)    |        |
| Middle  | 0.982 (0.957-1.01)  | 0.18   | 0.999 (0.968-1.03)  | 0.94   |
| High    | 0.829 (0.807-0.852) | <0.001 | 0.889 (0.860-0.919) | <0.001 |

| MI     | Univariate          |        | Multivariable       |        |
|--------|---------------------|--------|---------------------|--------|
| Low    | 1.00 (reference)    |        | 1.00 (reference)    |        |
| Middle | 1.04 (1.01-1.08)    | 0.004  | 0.970 (0.935-1.01)  | 0.10   |
| High   | 0.923 (0.895-0.952) | <0.001 | 0.860 (0.828-0.894) | <0.001 |

# SUMMARY

- The number of operators for night emergency procedures is particularly low in rural areas.
- The average interval days between night shifts is too short, especially considering the current "work style reform" era.
- The lower in-hospital mortality in rural areas might be due to the small number of operators.