SUPPLEMENTAL MATERIAL

China PEACE-Retrospective AMI Study Site Investigators by Hospital

Aba Tibetan and Qiang Autonomous Prefecture People's Hospital, Shiping Weng, Shuying Xie; Affiliated Hospital of Guiyang Medical College, Lirong Wu, Jiulin Chen; Affiliated Hospital of Hainan Medical College, Tianfa Li, Jun Wang; Affiliated Zhongshan Hospital of Dalian University, Qin Yu, Xiaofei Li; Alxa League Central Hospital, Zhong Li, Shiguo Hao, Yuzhen Zhang, Xuemei Wu; Baiquan County People's Hospital, Yachen Zhang, Zhifeng Liu; Biyang People's Hospital, Zhongxin Wang, Hao Jia; Bortala Mongol Autonomous Prefecture People's Hospital, Bayin Bate, Badeng Qiqige; Changda Hospital Of Anshan, Xiang Jin, Ting Cai; Chengwu County People's Hospital, Fengqin Liu, Dayong Xu; Chenxi County People's Hospital, Xuejin He, Shui Yang; Chongren County People's Hospital, Chun Yuan, Jiping Wang; County People's Hospital of Jinning, Lihua Gu, Lin Li, Shijiao Chen; Dalian Municipal Central Hospital, Yongchao Zhi, Lili Sun; Dao County People's Hospital, Shengcheng Zhou, Lingjiao Jin; Daofu County People's Hospital, Yong Leng, Liangchuan Zhang, Tianyun Deng; Dingyuan County People's Hospital of Anhui Province, Yuanjin Wang, Wenhua Zhang, Xinmin Ma; Dongyang People's Hospital, Weimin Li, Liang Lu, Xuan Ge; Dulong and Nu Autonomous County People's Hospital of Gongshan, Xiaoping Wu, Yanming He; Dunhua City Hospital of Jilin Province, Fanju Meng, Jia Li; Fenghuang County People's Hospital, Dexi Liao, Guangyong Liu, Wen Qin; Fengshan County People’s Hospital, Wen Long, Xiangwen Chen; Fourth Hospital of Baotou City, Baohong Zhang, Yonghou Yin, Bin Tian; Fourth People's Hospital of Zigong City, Yong Yi, Chaoyong Wu; Fugu County People's Hospital of Shaanxi Province, Baoqi Liu, Zhihui Zhao, Haiming Li; Fujian Provincial Hospital, Yansong Guo, Xinjing Chen; Fuling Center Hospital of Chongqing City, Liquan Xiang, Lin Ning; Gannan County People's Hospital, Mei Chen, Xin Jin, Guiling Li; General Hospital of the Yangtze River Shipping, Xiuqi Li, Xing’an Wu; Gongcheng Yao Autonomous County People's Hospital, Congjun Tan, Mingfang Feng, Meili Wang; Guangchang County People's Hospital, Liangfa Wen, Xiang Fu, Qunxing Xie; Guilin People's Hospital, Wei Zhang, Yanni Zhuang, Hua Lu;Guiping People's Hospital, Jiaqian Lu, Yu Huang; Haerbin 242 Hospital, Yin Zhou, Qiuling Hu; Haiyan People's Hospital, Chunhui Xiao, Xiaoli Hu; Heling Ge Er County People's Hospital, Yongshuan Wu, Qiuli Wang; Helong Municipal People's Hospital, Youlin Xu, Xuefei Yu; Henan Provincial People's Hospital, Chuanyu Gao, Jianhong Zhang, You Zhang; Heze Municipal Hospital, Wentang Niu, Xiaolei Ma, Yong Wang; HGKY Group Company General Hospital, Xiaowen Pan, Yanlong Liu; Hua Xin HospitalFirst Hospital of Tsinghua University, Lifu Miao, Yanping Yin, Zhiying Zhang; Huairen People's Hospital, Shutang Feng; Huayin People's Hospital, Aiping Wang, Jiangli Zhang, Feipeng Li; Huaying People's Hospital , Hong Wang; Hunchun Hospital, Lijun Yu, Xinxin Zhao; Huizhou Municipal Central Hospital, Yuansheng Shen, Zhiming Li, Lizhen He; Hunan Province Mawangdui Hospital, Zhiyi Rong, Wei Luo; Ji'an Municipal Central People's hospital, Xueqiao Wang; Jianghua Yao Autonomous County People's Hospital, Rongjun Wan, Jianglin Tang, Guanghan Wu; Jiangsu Haimen People's Hospital, Jie Wu, Bin Xu; Jiangxi Provincial People's Hospital, Qing Huang, Xiaohe Wu; Jiangzi County People's Hospital, Sang Ge, Pian

Pu, Pingcuo Duoji; Jilin Province People's Hospital, Hui Dai, Yuming Du, Wei Guo; Jilin Integrated Traditional Chinese & Western Medicine Hospital, Jilin Province, Jianping Shi; Jinghai County Hospital, Peihua Zhao, Jingsheng Sun; Jingxi County People's Hospital, Hongxiang Li, Wen Liang; Jingxing County Hospital, Zhiwen Dong, Zhenhai Zhao; Jingzhou Central Hospital, Xin Li, Qin Xu; Jiuquan City People's Hospital, Yaofeng Yuan, Zhirong Li; Jixi People's Hospital of The Jixi Municipal People's Hospital Medical Group, Jinbo Gao; Jize County Hospital, Qiu'e Guo; Kangbao County People's Hospital, Ruiqing Zhao, Guangjun Song; Keshiketengqi Hospital of Chifeng City, Lize Wang, Haiyun Song; Lanping Bai and Pumi Autonomous County People's Hospital, Jinwen He, Jinming He; Laoting County Hospital, Keyong Shang, Changjiang Liu, Kuituan Xi; Liaoyang Central Hospital, Rihui Liu, Peng Guo; Liaoyuan Central Hospital, Chaoyang Guo, Xiangjun Liu, Rujun Zhao, Zeyong Yu; Lindian County Hospital, Wenzhou Li, Xudong Jing, Huanling Wang; Linxiang People's Hospital, Xiyuan Zhao, Chao Zhang, Long Chen; Liujiang County People's Hospital, Meifa Wei, Yan Liu, Shengde Chen; Longyan First Hospital, Kaihong Chen, Yong Fang, Ying Liao; Luancheng County Hospital, Junli Wang, Tianyu Liu, Suzhe Cheng; Lucheng People's Hospital, Yunke Zhou, Xiaoxia Niu, Huifang Cao; Luchuan County People's Hospital, Zebin Feng, Min Feng; Luxi County People's Hospital, Feilong Duan, Haiming Yi; Luyi County People's Hospital, Yuanxun Xu, Anran Guo; Macheng People's Hospital, Xianshun Zhou, Hongzhuan Cai, Peng Zheng; Mengcheng First People's Hospital, Gaofeng Guo; Menglian Lahu dai wa autonomous counties People's Hospital, Xiang Li; Min County People's Hospital, Minwu Bao, Yuhong Liu; Nanjing First Hospital, Shaoliang Chen, Haibo Jia, Hongjuan Peng; Nan'an Hospital, Duanping Dai, Shaoxiong Hong; Nantong Third People's Hospital, Song Chen, Dongya Zhang, Ying Wang; Nanyang Central Hospital, Yudong Li, Jianbu Gao, Shouzhong Yang; Ningwu County People's Hospital, Junhu An; Peking University People's Hospital, Chenyang Shen, Yunfeng Liu; Peking University Shenzhen Hospital, Chun Wu, Huan Qu, Saiyong Chen; People's Hospital of Jingyu, Yuhui Lin, Dehai Jiao; People's Hospital of Yueqing City, Manhong Wang, Qiu Wang; Pianguan County People's Hospital, Yingliang Xue, Ruijun Zhang; Puding County People's Hospital, Cheng Yuan, Lei Wu; Qinghai Red Cross Hospital, Jianqing Zhang, Chunmei Wei, Yanmei Shen; Qinshui County People's Hospital, Hehua Zhang, Hongmei Pan, Yong Gao; Qinyang People's Hospital, Xiaowen Ma, Yanli Liang, Tianbiao Wang; Queshan County People's Hospital, Daguo Zhao; Quzhou People's Hospital, Xiaoming Tu, Zhenyan Gao; Rongjiang County People's Hospital, Fangning Wang, Qiang Yang; Rudong County People's Hospital, Xiaoping Kang, Jianbin Fang, Dongmei Liu; Ruyang County People's Hospital, Chengning Shen, Mengfei Li; Shangluo Central Hospital, Yingmin Guan, Wenfeng Wang, Ting Xiao; Shangqiu Changzheng People's Hospital, Qian Wang; Shaoyang County People's Hospital, Fengyun Jiang, Kaiyou Wu; Shengsi People's Hospital, Songguo Wang; Shenyang Weikang Hospital, Xujie Fu, Shu Zhang,Lifang Gao; Shougang Shuicheng Iron & Steel (Group) Co., Ltd. General Hospital, Min Zhang, Kai Fu, Xiaojing Duan; Shuangshan Hospital Of Anshan, Rui Xiao, Ruixia Wu, Bin Li; Siziwang County People's Hospital, Hongtu Zhang, Yuerong Ma, Zhonghui Cao; Sunan Yugur

Autonomous County People's Hospital, Zhansheng Ba, Wanhai Fu; Taizhou Hospital of Zhejiang Province, Jianjun Jiang, Yafei Mi, Weiwei Zhou; The Affiliated Hospital of Beihua University, Feng Sun, Qi Zhang, Shiyu Zheng; The Fifth People's Hospital of Dalian, Jing Zhang, Yang Zhong; The First Affiliated Hospital of Hebei North University, Fangjiang Li, Xiaoyuan Wang; The First Affiliated Hospital of Henan University of Science & Technology, Pingshuan Dong, Laijing Du, Wei Liu; The First Affiliated Hospital Of Jia Mu Si University, Zhaofa He, Meihua Jin; The First Hospital of Fuzhou City, Ting Jiang, Zhuoyan Chen; The First Hospital of Xi'an, Manli Cheng, Yuqiang Ji; The First People's Hospital of Danzhou, Youhua Zhou, Jvyuan Li; The First People's Hospital of Guangzhou, Yizhi Pan, Jian Liu; The First People's Hospital of Guangyuan, Tianxun Wang, Ping Yang; The Fourth People's Hospital of Shangqiu Shi, Guiyu Huang, Jianjun Pan,Qingliang Cai,Qianying Wang; The General Hospital of Yongzhou, Hunan Province, Mingli Lv; The people's hospital of Wuchuan, Yuanming Yi, Xuelian Deng; The People's Hospital of Yuanling, Wenhua Chen, Rong Cai; The People's Hospital of Zhijiang City, Bing Zhang; The Second Affiliated Hospital of Harbin Medical University, Bo Yu, Yousheng Xu, Zhengqiu Wang; The Second Affiliated Hospital of Kunming Medical University, Jun Shu, Ge Zhang, Kai Li; The Second Central Hospital of Baoding City, Guang Ma, Puxia Suo; The Second People's Hospital of Liaoyuan City, Aimin Zhang, Yongfen Kang; Tianjin Medical University General Hospital, Zheng Wan,Yuemin Sun, Bo Bian; Tibet Autonomous Region People's Hospital, Xuejun Hu, Dawa Ciren; Tongchuan Mining Bureau Central Hospital, Guojiong Jia, Jieli Pan; Tongliang County People's Hospital, Guofu Li, Hongliang Zhang, Longliang Zhan; Tongliao City Horqin District First People's Hospital, Junping Fang, Xinli Yu; Ulanqab Central Hospital, Dacheng Wang, Dajun Liu, Xinhong Cao; Wencheng County People's Hospital, Yi Tian, Haisheng Zhu,Wanchuan Liu; Wuhai People's Hospital, Zhaohai Zhou, Lei Shi; Wuhu Second People's Hospital, Wuwang Fang, Manxin Chen; Wulate County People's Hospital, ,Fuqin Han,Jianye Fu,Yunmei Wang; Wuqiang County People's Hospital, Binglu Liu, Yanliang Zhang,Xiupin Yuan; Wuyishan Municipal Hospital, Qingfei Lin, Yun Chen; Xiangtan County People's Hospital, Yuliang Zhu, Zhiqiang Cai; Xing County People's Hospital, Xingping Li, Lirong Ao; Xingshan County People's Hospital, Shubing Wu, Hui Zhang; Xinmi First People's Hospital, Fusheng Zhao, Guangming Yang; Xinshao County People's Hospital, Renfei Liu, Wenwei Ai; Xiuwu County People's Hospital, Jianbao Chang,Haijie Zhao; Xuanhan County People's Hospital, Qijun Ran, Xuan Ma; Xupu County People's Hospital, Shijun Jiang, Xiaochun Shu; Yanggao County People's Hospital, Zhiru Peng, Yan Han; Yanqing County Hospital, Jianbin Wang, Li Yang; Ying County People's Hospital, Yu Shen, Xingcun Shang; Yitong Manchu Autonomous County First People's Hospital, Haifeng Wang; Yongxing County People's Hospital, Hongyan Li, Zhisong Liao, Yang Cao; Yuanzhou District People's Hospital of Guyuan City, Xiaoping Gao, Meiying Cai, Lining You; Yuncheng Central Hospital, Xuexin Li, Shuqin Li, Yingjia Li; Yunlong County People's Hospital, Jianxun Yang, Song Ai, Jianfei Ma; Yuyao People's Hospital, Lailin Deng; Zhangjiachuan Hui Autonomous County First People's Hospital, Keyu Wang, Shitang Gao, Jian Guan; Zhouning County Hospital, Banghua He, Youyi Lu; Zhuoni County People's Hospital, Weirong Yang, Hong Li;

Zhuozi County People's Hospital, Zhizhong Zhang, Xiaohong Chi; Zuoyun County People's Hospital, Ru Duan, Guangli Wang.

China PEACE Study Consultants

Study Consultants: Paul S. Chan, MD, MSc, Jersey Chen, MD, MPH, David J. Cohen, MD, MSc, Nihar R. Desai, MD, MPH, Kumar Dharmarajan MD, MBA, Mikhail N. Kosiborod, MD, Jing Li, MD, PhD, Xi Li, MD, PhD, Zhenqiu Lin, PhD, Frederick A. Masoudi, MD, MSPH, Jennifer Mattera, DrPH, MPH, Brahmajee K. Nallamothu, MD, MPH, Khurram Nasir, MD, MPH, Sharon-Lise T. Normand, PhD, Joseph S. Ross, MD MHS, John A. Spertus, MD, MPH, Henry H. Ting, MD, Xiao Xu, PhD

St. Luke's Mid America Heart Institute/University of Missouri Kansas City (PSC, DJC, MNK, JAS), Kansas City, Missouri, United States; Kaiser Permanente (JC), Mid-Atlantic Permanente Research Institute, Rockville, Maryland, United States; Center for Outcomes Research and Evaluation (NRD, KD, ZL, JM, JSR, XX), Yale-New Haven Hospital, New Haven, Connecticut, United States; Division of Cardiology (KD), Department of Internal Medicine, Columbia University Medical Center, New York, New York, United States; State Key Laboratory of Cardiovascular Disease (JL, XL), China Oxford Centre for International Health Research, Fuwai Hospital, National Center for Cardiovascular Diseases, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, People's Republic of China; Division of Cardiology (FAM), University of Colorado Anschutz Medical Campus, Aurora, Colorado, United States; Veterans Affairs Health Services Research and Development Center of Excellence (BKN), Veterans Affairs Ann Arbor Healthcare System, Ann Arbor, Michigan, United States; Department of Internal Medicine (BKN) and Center for Healthcare Outcomes and Policy (BKN), University of Michigan, Ann Arbor, Michigan, United States; Research Director, Center for Prevention and Wellness (KN), Baptist Health South Florida, Miami, Florida, United States; Department of Biostatistics (S-LTN), Harvard School of Public Health, Boston, Massachusetts, United States; Department of Health Care Policy (S-LTN), Harvard Medical School, Boston, Massachusetts, United States; Section of General Internal Medicine and the Robert Wood Johnson Clinical Scholars Program (JSR), Department of Internal Medicine, Yale University School of Medicine, Connecticut, United States; Division of Cardiovascular Diseases (HHT) and Knowledge and Evaluation Research Unit (HHT), Mayo Clinic College of Medicine, Rochester, Minnesota. United States; Department of Obstetrics, Gynecology, and Reproductive Sciences (XX), Yale School of Medicine, New Haven, Connecticut, United States

Data S1. Definition of ideal patients used to compute process measures.

For the reperfusion therapy, we included patients who were admitted within 12 hours of symptom onset and did not receive reperfusion therapy before hospital presentation. Then we excluded patients with any contraindications (history of hemorrhagic stroke, active bleeding at presentation, and any other physician-documented contraindications for fibrinolytic therapy (if the patient was treated in non-percutaneous coronary intervention- (PCI) capable hospital), or allergy to contrast agents or any other physician-documented contraindication to PCI (if the patient was treated in a PCI-capable hospital).

For aspirin, we excluded patients with any contraindications for aspirin: allergy to aspirin, active bleeding on admission, history of hemorrhagic stroke, or other documented contraindications.

For clopidogrel, we excluded patients who participated in the ClOpidogrel and Metoprolol in Myocardial Infarction Trial (COMMIT) or patients with any contraindications for clopidogrel: allergy to clopidogrel, active bleeding on admission, history of hemorrhagic stroke, or other documented contraindications.

For beta-blockers, we excluded patients who participated in COMMIT or patients with any contraindications for beta-blockers: allergy to beta-blockers, cardiogenic shock on admission, heart failure on admission, second or third degree atrioventricular block with no pacemaker implanted, systolic blood pressure <100mmHg on admission, bradycardia [heart rate <60 beats/min] on admission without taking a beta-blocker, or other documented contraindications.

For angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB), we excluded patients with any contraindications for ACE inhibitors: allergy to ACE inhibitors, hyperkalemia (serum potassium >5·5 mEql/L during hospitalization), creatinine > 3.0 mg/dL during hospitalization, pregnancy or breast feeding, or other documented contraindications.

For statins, we excluded patients who were allergic to statins.

Data S2. For the international comparison, we first determined whether there were publicly available quality measures for hospitals in the U.S. that corresponded to the 6 process measures used to characterize the performance of hospitals in China. To do this, we reviewed process measures for U.S. hospitals posted on the Hospital Compare website, and found corresponding measures for 3 of the 6 processes described for hospitals in China.

Measures used to characterize hospital performance in China*	**Corresponding process measures for U.S. hospitals***
Reperfusion for ideal patients	N/A
Early aspirin therapy	Aspirin upon arrival
Early clopidogrel therapy	N/A
In-hospital beta-blocker therapy	Beta-blocker at discharge
In-hospital ACE inhibitor	ACE inhibitor at discharge
In-hospital statin	N/A

*For U.S. hospitals, we downloaded these measures from the Hospital Compare website for 2006 and 2011, and then calculated the composite rate of these 3 processes for each hospital. For hospitals in China, we calculated the composite rate of these 3 processes using data from the China PEACE-Retrospective AMI study.

ACE, angiotensin-converting enzyme; AMI, acute myocardial infarction; PEACE, Patient-Centered Evaluative Assessment of Cardiac Events

Table S1. Comparison of China's 2001 and 2010 guidelines for STEMI and process measures used in this study.

Treatment	2001 guideline	2010 guideline	Process measures
Reperfusion	Primary PCI • As an alternative to thrombolytic therapy in patients with AMI and ST-segment elevation or new or presumed new LBBB who can undergo angioplasty of the infarct-related artery within 12 hours of onset of symptoms or beyond 12 hours if ischemic symptoms persist, and the balloon inflation within 90 minutes of admission *(Class I*) • In patients who are within 36 hours of an acute ST-elevation/Q-wave or new LBBB MI who develop cardiogenic shock are <75 years old, and revascularization can be performed within 18 hours of onset of shock *(Class I)* Fibrinolysis • ST elevation (greater than 0.1 mV, 2 or more contiguous leads), time to therapy 12 hours or less, age less than 75 years *(Class I)* • Bundle branch block (obscuring ST-segment analysis) and history suggesting acute MI *(Class I)*	Primary PCI • Patients with STEMI or (presumed) new left bundle-branch block presenting to a hospital with PCI capability should be treated with primary PCI within 90 minutes of first medical contact as a systems goal *(Class IA)* • In patients who are within 36 hours of an acute ST-elevation/Q-wave or new LBBB MI who develop cardiogenic shock are <75 years old, and revascularization can be performed within 18 hours of onset of shock. *(Class IA)* • Patients who are within 12 hours of symptom onset, having severe cardiac insufficiency and or pulmonary edema (Killip III) should be treated with primary PCI *(Class IB)*	Proportion of ideal patients treated with primary PCI or fibrinolysis
Aspirin	• A dose of 150 to 300 mg should be given on day 1 of acute MI and continued indefinitely on a daily basis thereafter *(Class I)*	• Aspirin should be chewed by patients with initial dose of 300mg (*Class IB*) and continue indefinitely aspirin 75mg *(Class IA)* if not contraindicated	Proportion of ideal patients receiving aspirin within 24 hours of hospital admission

Table S1. Comparison of China's 2001 and 2010 guidelines for STEMI and process measures used in this study (continued).

Treatment	2001 guideline	2010 guideline	Process measures
Clopidogrel	• Clopidogrel may be substituted of ticlopidine with first dose of 300mg and 75mg daily	• Clopidogrel 75 mg per day orally should be given to patients with STEMI *(Class IA)* • Regardless of whether patients are undergoing reperfusion with fibrinolytic therapy, it is reasonable to administer an oral loading dose of clopidogrel 300 mg in patients without prior thienopyridine *(Class IB)* • It is reasonable to prescribe 300mg clopidogrel prior to the first or repeated PCI (for primary PCI, 600mg is recommended; *Class IC)*	Proportion of ideal patients receiving clopidogrel within 24 hours of hospital admission
ACE/ARB	• Patients without contraindications should be treated with ACE inhibitors after fibrinolytic therapy with a stable blood pressure	• ACE inhibitors should be started and continued indefinitely in all patients recovering from STEMI with LVEF less than or equal to 40% and for those with hypertension, diabetes, or chronic kidney disease, unless contraindicated *(Class IA)* • ACE inhibitors should be started and continued indefinitely in patients with STEMI after 24 hours of symptom onset, if not contraindicated *(Class IA)* • Angiotensin receptor blockers in patients who are intolerant of ACE inhibitors and with either clinical or radiological signs of heart failure or LVEF less than 0.40 *(Class IA)*	Proportion of ideal patients receiving ACE/ARB during hospital stay

Table S1. Comparison of China's 2001 and 2010 guidelines for STEMI and process measures used in this study.

Treatment	2001 guideline	2010 guideline	Process measures
Beta-blocker	• Oral beta-blocker therapy should be initiated as soon as possible for patients who do not have any of the following contraindication: 1) HR <60 bmp; 2) SBP <13nnHg; 3) PR interval greater than 0.24 seconds or second- or third-degree heart block;4) severe chronic obstructive pulmonary disease or asthma; 5) peripheral circulation disorders	• Oral beta-blocker therapy should be initiated in the first 24 hours for patients who do not have any of the following: 1) signs of heart failure, 2) evidence of a low output state, 3) increased risk for cardiogenic shock, or 4) other relative contraindications to beta blockade (PR interval greater than 0.24 seconds, second- or third-degree heart block, active asthma, or reactive airway disease) *(Class IB)* • Patients with moderate or severe LV failure should receive beta-blocker therapy as secondary prevention with a gradual titration scheme *(Class IB)* Patients with moderate or severe LV failure should receive beta-blocker therapy as secondary prevention with a gradual titration scheme. • Patients with early contraindications within the first 24 hours of STEMI should be reevaluated for candidacy for beta-blocker therapy as secondary prevention *(Class IC)*	Proportion of ideal patients receiving beta-blocker during hospital stay
Statin	• Secondary prevention with the target goal of low-density lipoprotein cholesterol ≤100mg/dL	• In all patients without contraindications, statin should be given after admission regardless of the lipid level *(Class IA)*	Proportion of ideal patients receiving statin during hospital stay

Table S2. Patient characteristics at the hospital level.

	2001	2006	2011	P for trend
Demographics – median (IQR)				
Age – median (hospital level)	65 (62-68)	68 (63-70)	68 (64-72)	<0.001
Female – %	25.7% (15.4%-39.3%)	28.6% (20.0%-35.3%)	30.0% (21.5%-36.8%)	0.08
Risk factors* - median (IQR)				
Smoking	26.7% (11.1%-40.0%)	29.4% (14.3%-45.2%)	33.9% (20.8%-45.0%)	0.008
Hypertension	33.3% (20.0%-50.0%)	43.3% (31.3%-58.7%)	50.0% (37.8%-58.6%)	<0.001
Diabetes mellitus	4.6% (0.0%-14.0%)	11.1% (0.0%-18.6%)	15.0% (6.7%-20.8%)	<0.001
Medical history – median (IQR)				
Angina or coronary heart disease - %	17.8% (0.0%-29.2%)	17.7% (7.9%-25.8%)	18.5% (11.5%-27.3%)	0.16
Myocardial infarction - %	3.6% (0.0%-11.1%)	5.9% (0.0%-11.5%)	9.1% (3.9%-14.6%)	<0.001
Previous reperfusion - %	0.0% (0.0%-0.0%)	0.0% (0.0%-0.0%)	0.0% (0.0%-3.1%)	<0.001
Stroke - %	5.6% (0.0%-14.0%)	7.7% (0.0%-14.6%)	9.8% (5.0%-15.4%)	<0.001
Admission characteristics - median (IQR)				
Prior medical assistance in outside facilities - %	30.0% (10.7%-50.0%)	28.1% (16.7%-41.9%)	26.9% (15.6%-41.5%)	0.63
Symptoms at presentation				
Patient chest discomfort - %	100.0% (90.0%-100.0%)	94.3% (86.7%-100.0%)	93.3% (88.5%-100.0%)	0.01

Other ischemic symptoms - %	72.7% (56.8%-93.3%)	64.1% (54.6%-75.0%)	64.6% (52.0%-74.1%)	0.002
Hours from symptom onset to hospitalization: Median	15.5 (9.0-24.0)	15.0 (7.2-24.0)	12.5 (6.5-24.0)	0.08
Physical examination on admission – median (IQR)				
Heart rate – beats per minute				
Median (hospital-level)	79.5 (75.0-83.0)	78.0 (75.0-80.0)	78.0 (74.0-80.5)	0.09
<50 - %	0.0% (0.0%-6.3%)	4.3% (0.0%-9.1%)	3.5% (0.0%-8.3%)	0.002
50-109 - %	88.6% (80.0%-100.0%)	87.9% (78.6%-93.8%)	88.2% (81.8%-92.9%)	0.48
≥110 - %	5.0% (0.0%-12.8%)	6.5% (0.0%-12.5%)	6.1% (3.0%-10.0%)	0.30
Systolic blood pressure - mmHg				
Median	122.5 (117.5-130.0)	124.0 (120.0-130.0)	127.5 (120.0-130.0)	0.02
<90 - %	1.8% (0.0%-10.0%)	5.2% (0.0%-11.8%)	4.6% (0.0%-8.2%)	0.34
90 to 139 - %	60.0% (49.0%-75.0%)	60.0% (50.0%-70.6%)	59.5% (51.8%-66.7%)	0.75
≥140	30.7% (18.2%-45.5%)	30.8% (22.4%-43.4%)	34.0% (26.6%-41.7%)	0.08
eGFR				
Median	69.4 (56.5-79.6)	73.4 (64.3-83.4)	82.5 (70.0-94.8)	<0.001
Missing - %	40.0% (8.2%-95.0%)	14.3% (3.0%-36.7%)	5.2% (1.1%-11.7%)	<0.001
<30 - %	0.0% (0.0%-3.0%)	0.0% (0.0%-4.5%)	2.0% (0.0%-4.6%)	<0.001
30-59 - %	7.1% (0.0%-23.8%)	16.2% (7.1%-31.0%)	16.0% (9.3%-26.2%)	<0.001

≥60 - %	30.3% (0.0%-57.1%)	53.6% (33.3%-70.6%)	73.1% (56.3%-80.0%)	<0.001
Risk scores – median (IQR)				
MiniGRACE – median (hospital-level)	142 (133-148)	143 (135-150)	143 (137-151)	0.02

*Diagnosed prior to admission

Figure S1. Composite rate in 2001, 2006 and 2011 stratified by hospital characteristics.

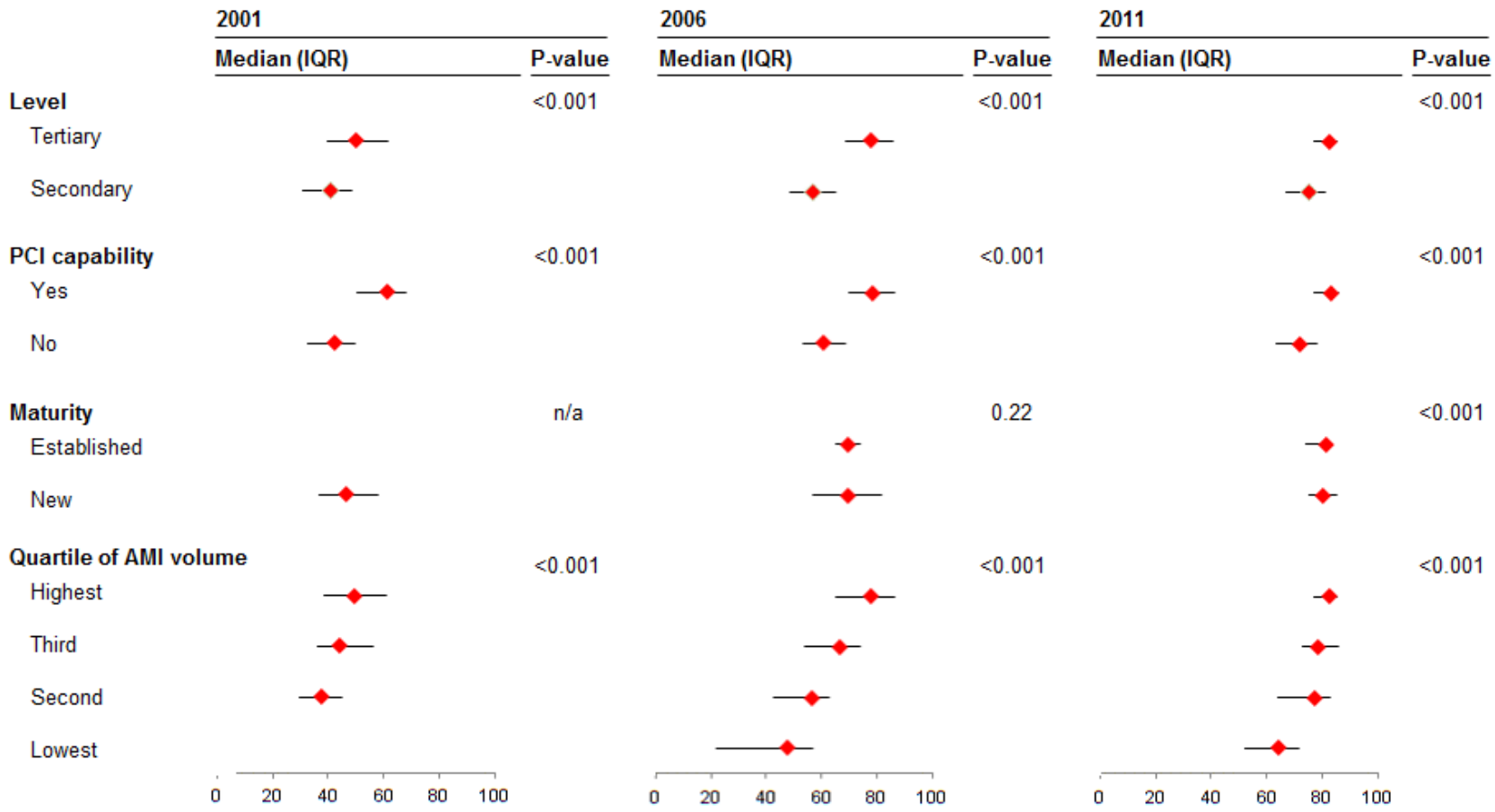

Figure S2. Defect-free rate in 2001, 2006 and 2011 stratified by hospital characteristics.