



# STEMI Provincial Planning During COVID-19

March 23, 2020

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Conference ID: 226377480



# Welcome

**SHEILA JARVIS, CEO CORHEALTH**

# Agenda

Description	Presenter	Time
1. Welcome & Meeting Objectives	Sheila Jarvis	12:00
2. Facilitated Discussion <ul style="list-style-type: none"><li>• STEMI Current Pathway</li><li>• Issues and Risks given COVID-19</li><li>• Mitigation Strategies and Recommendations</li></ul>	Dr. Madhu Natarajan & Dr. Steven Miner	12:05
3. Next Steps	Jana Jeffrey	12:55



# Background & Objectives

**DR. MADHU NATARAJAN & DR. STEVEN MINER**

# Background

- Ontario has a sophisticated and successful STEMI System of Care which includes:
  - Ontario STEMI Bypass Protocol
  - Standardized Emergency Department Protocols
  - Designated reperfusion strategies for every Ontario Hospital Emergency Department based on drive-times to a Primary PCI centre
  - Designated hospital partnership pathways for both PPCI and pharmacoinvasive access
- Approx. 600 PPCI are performed in the province per month
- 16 hospitals in the province perform PPCI 24/7
- STEMI patient acuity encompasses a broad spectrum from “acute/stable” through to Cardiogenic Shock

# Current State

- COVID-19 landscape is rapidly evolving
- STEMI care pathways are complex and rely on trusted partnerships between pre-hospital (base hospital/dispatch/paramedics/ambulance), ED's and PCI hospital (Cath lab, cardiology, critical care)
- Keeping front line health care providers healthy is vital as we manage the COVID-19 pandemic
- Paramedics and EDs have COVID-19 screening processes in place
- Province and hospital specific infection prevention and control policies and protocols exist

# Assumptions

- Ontario's STEMI System of Care should be preserved, whenever possible, during the COVID-19 outbreak
- Hospitals will aim to keep STEMI cath labs operational/functional during the COVID-19 outbreak

# Purpose of the meeting

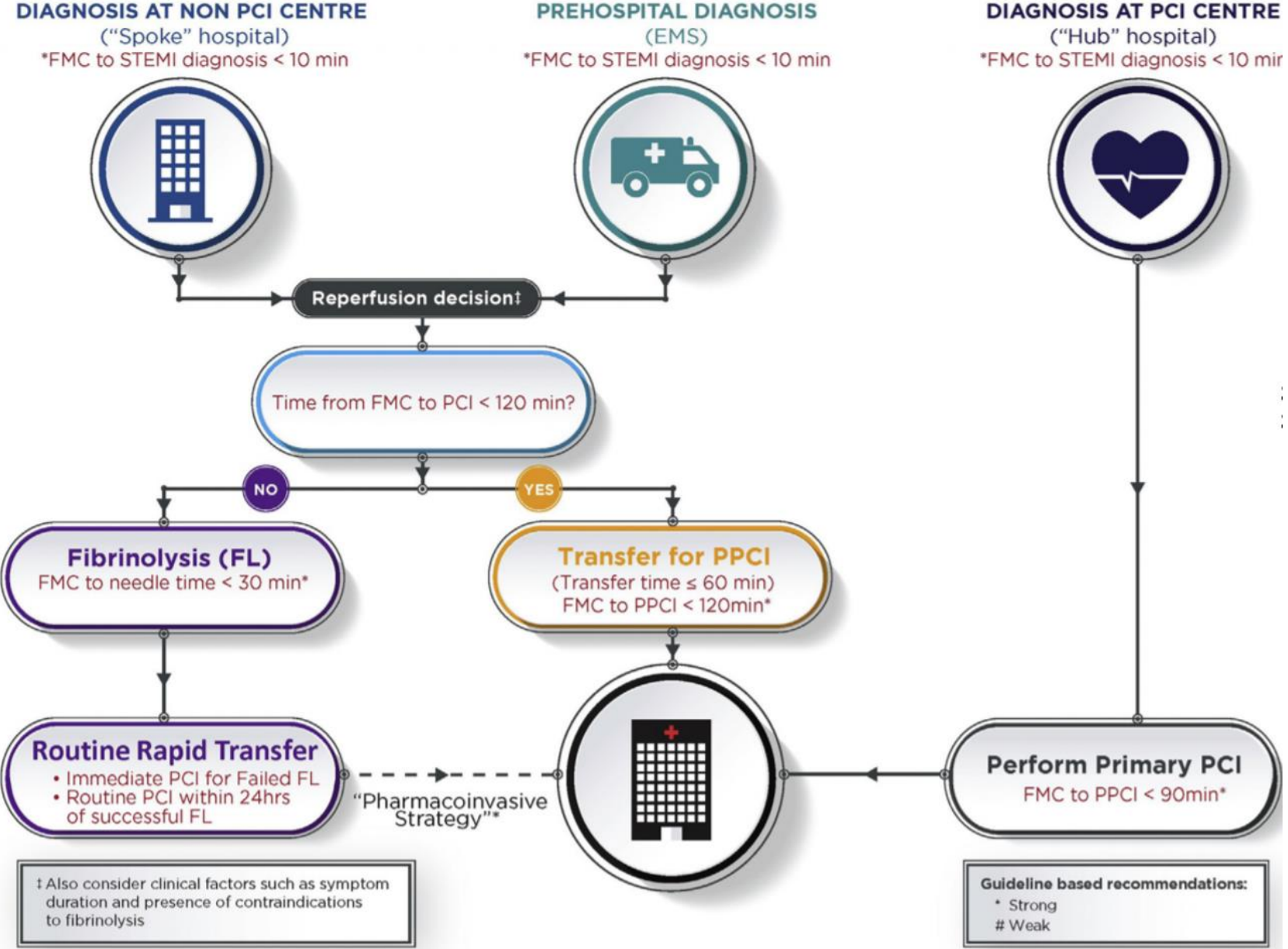
- Identify adaptations required to the current STEMI system during the COVID-19 outbreak
- Provide recommended guidance for patient care under the current circumstance
- Decisions should be considered from the following perspectives
  1. risks to the patients
  2. risks to the health care providers
  3. changing demands on the health care system





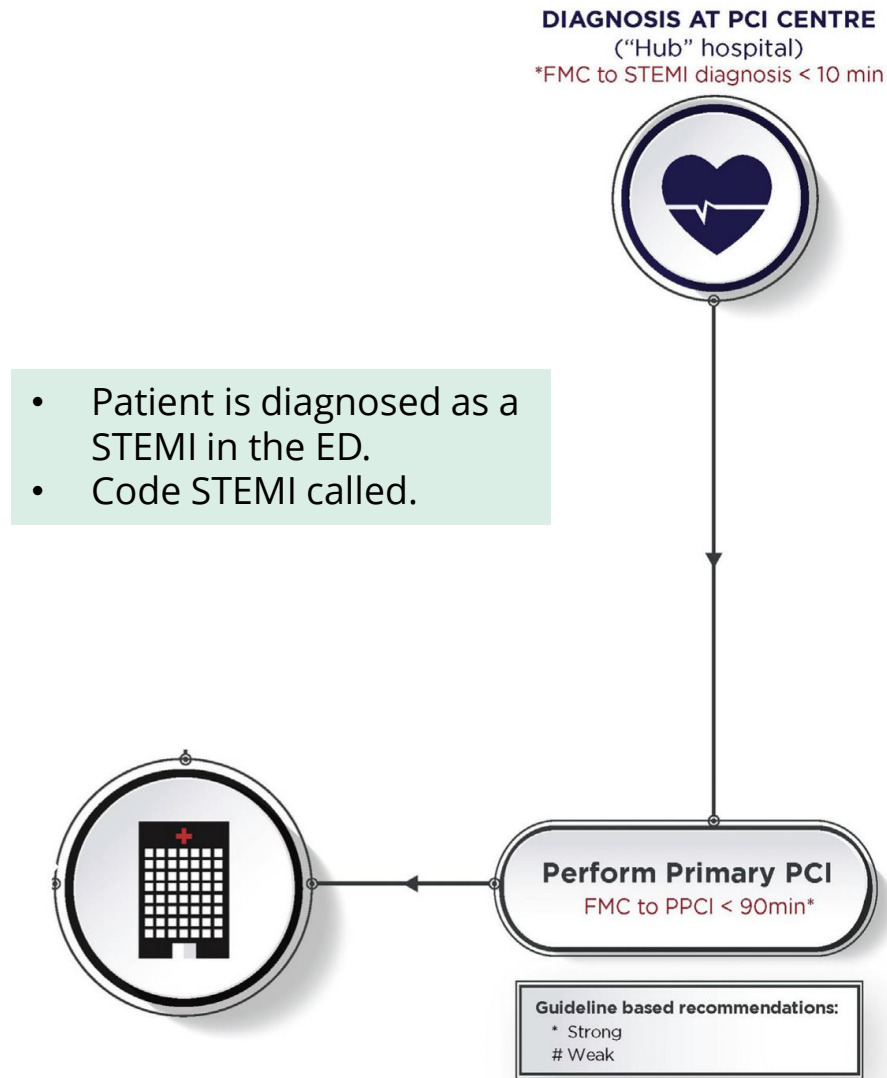
# Discussion and Decisions

# The Current Ontario STEMI System



Source: Canadian Cardiovascular Society STEMI Guidelines

# 1. Patient self-presents to PCI centre



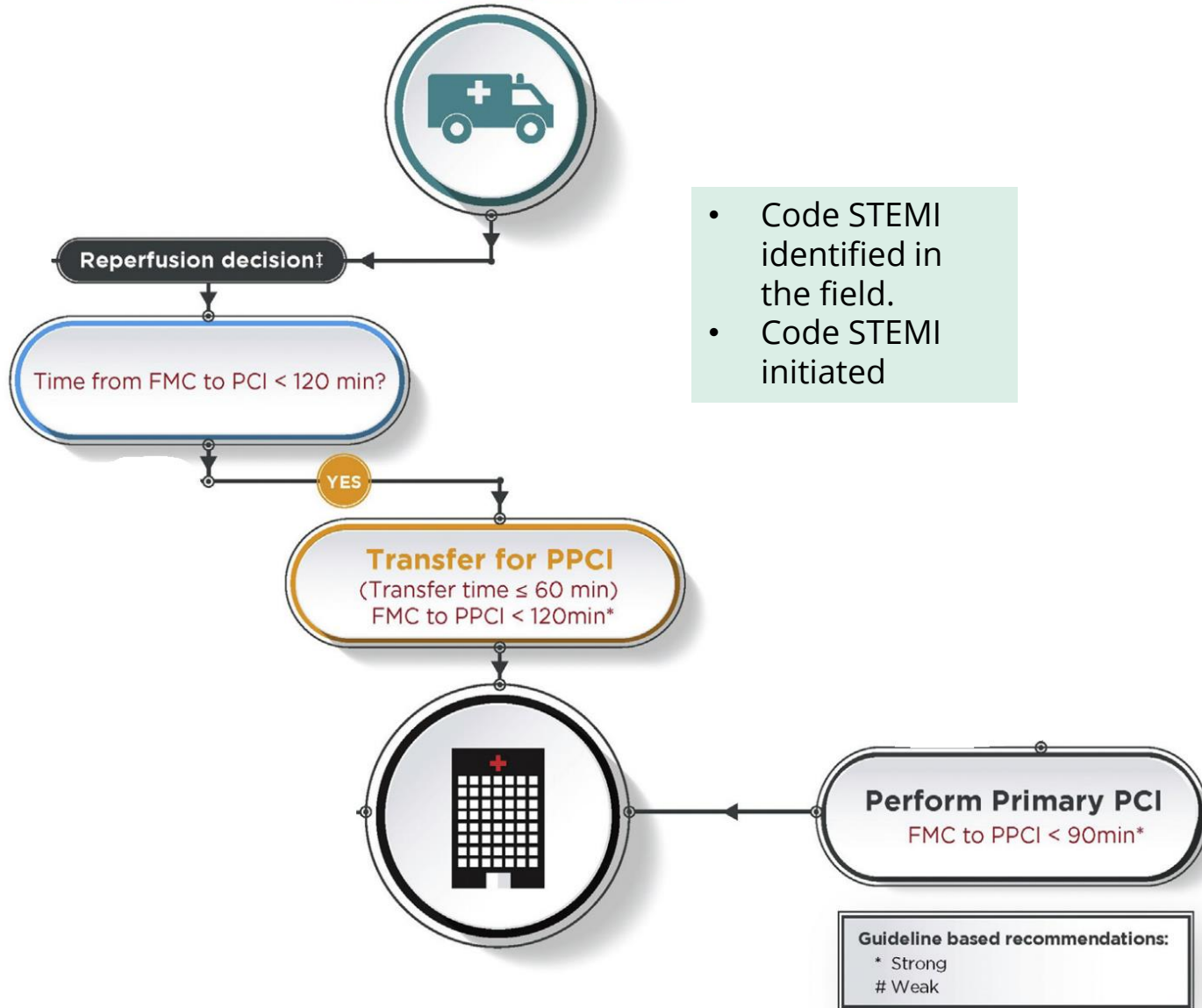
## Discussion Questions:

- Does this pathway require modification?
- If yes, what needs to be adapted in the context of COVID-19?

## 2. Patient brought to PCI centre via Paramedic Services (bypass protocol)

### PREHOSPITAL DIAGNOSIS (EMS)

\*FMC to STEMI diagnosis < 10 min



### Discussion Questions:

- Does this pathway require modification?
- If yes, what needs to be adapted in the context of COVID-19?

Adapted from Canadian  
Cardiovascular Society STEMI  
Guidelines

# 3. Patient presents to a non-PCI centre either by self or EMS (<120 min to PCI centre)

## DIAGNOSIS AT NON PCI CENTRE

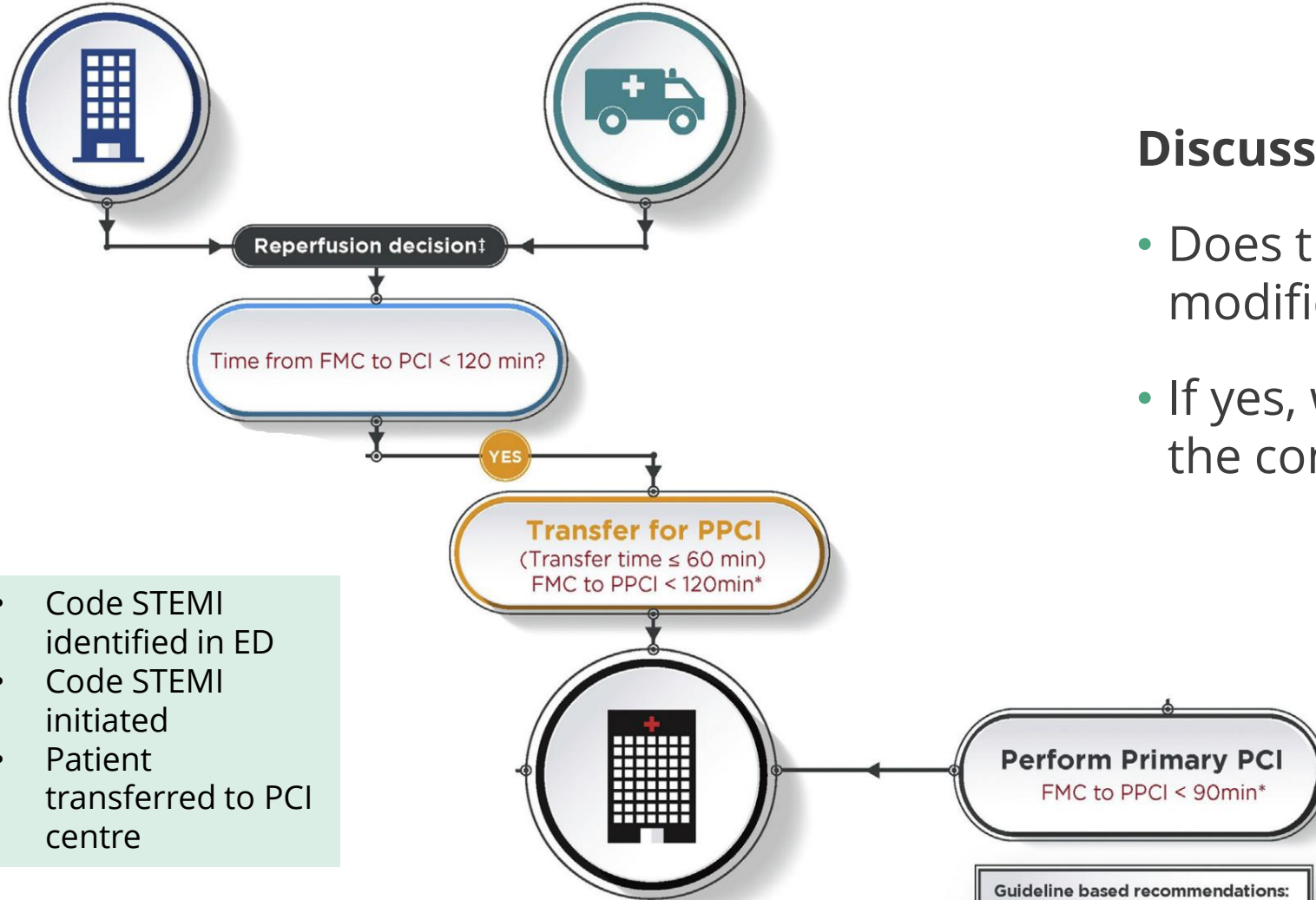
("Spoke" hospital)

\*FMC to STEMI diagnosis < 10 min

## PREHOSPITAL DIAGNOSIS

(EMS)

\*FMC to STEMI diagnosis < 10 min



## Discussion Questions:

- Does this pathway require modification?
- If yes, what needs to be adapted in the context of COVID-19?

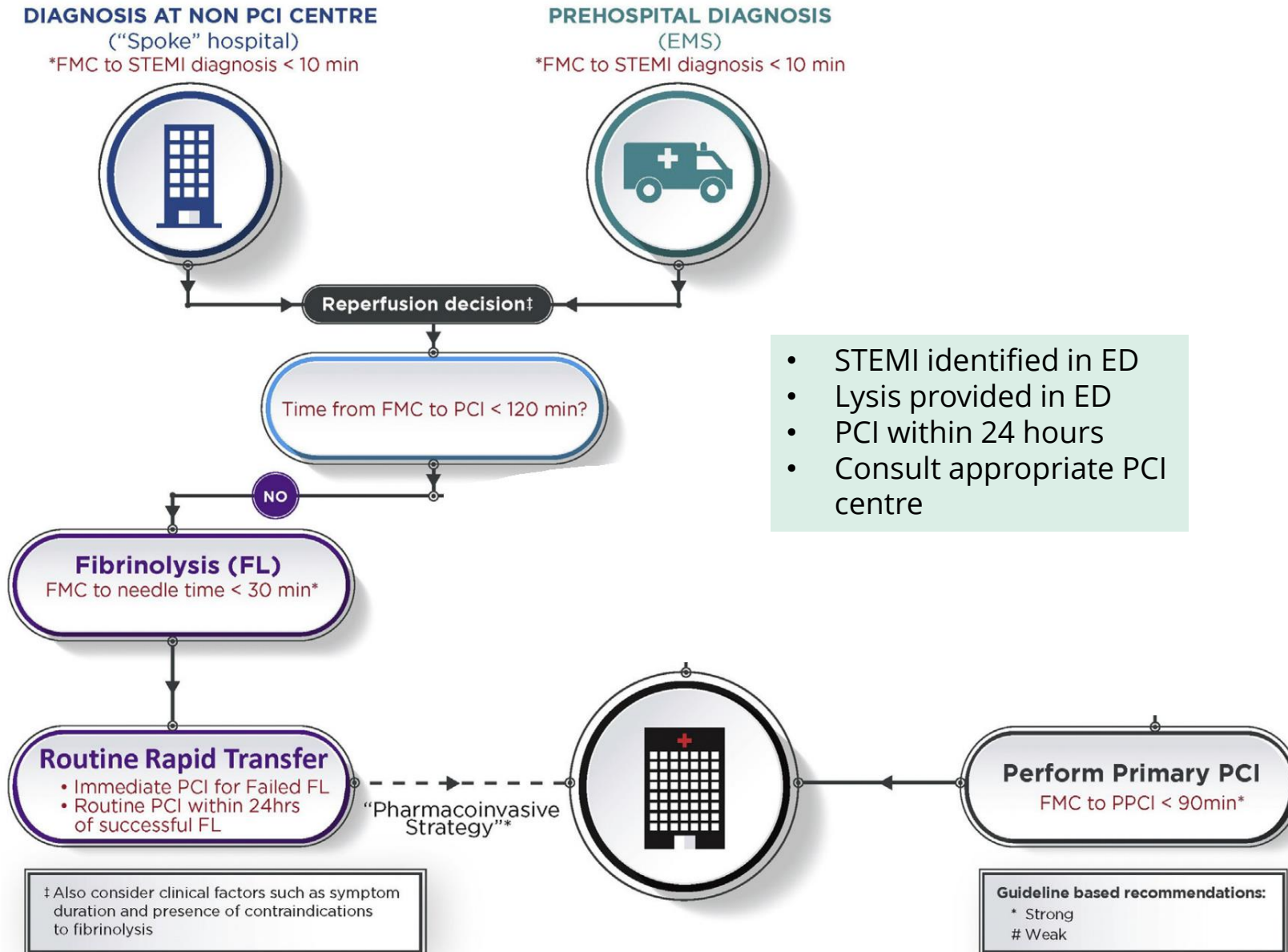
- Code STEMI identified in ED
- Code STEMI initiated
- Patient transferred to PCI centre

Guideline based recommendations:

\* Strong  
# Weak

Adapted from Canadian Cardiovascular Society STEMI Guidelines

# 4. Patient presents to a non-PCI centre, either by self or EMS (>120 min to PCI centre)



## Discussion Questions:

- Does this pathway require modification?
- If yes, what needs to be adapted in the context of COVID-19?

# Other Issues as COVID-19 Progresses

- **STEMI Post PPCI hospital care**
  - Care options will depend on the ability to recover patients post-procedure

# Next steps

- Summarize discussion and decisions
- If adaption decisions made – send out communication to appropriate stakeholder groups
- Continue to engage system as issues or changes unfold