

# Quality Performance Measurement and Monitoring Meetings: Summary Document

## Emerging Issues and Themes: STEMI Care and COVID-19

Q2 October – November 2020/21 Discussions | January 2021

### Introduction

The Quality Performance Measurement and Monitoring (QPMM) meetings are dedicated to discussing the CorHealth QPMM Quality Scorecard. The Q2 calls focus on volumes and the STEMI indicators in the scorecard. In light of COVID-19, these conversations were especially important as it allowed cardiac programs in Ontario the opportunity to discuss the effects and impacts of the pandemic with the Ministry of Health (MOH), CorHealth, and Local Health Integration Network (LHIN) representatives.

QPMM Quality Scorecard Discussions were framed around the following questions:

1. What do the observed scorecard results tell us?
2. How do you interpret the scorecard results?
3. How has COVID-19 impacted your STEMI Program?
4. What activities/initiatives are in place to help address (or that account for) the scorecard results?
5. Has there been any changes implemented since our last quality discussions in Q2 2019/20?

The purpose of this document is to highlight emerging issues and themes shared during the Q2 20/21 meetings regarding the cardiac program's QPMM scorecard results, with a focus on STEMI care and the effects of COVID-19.

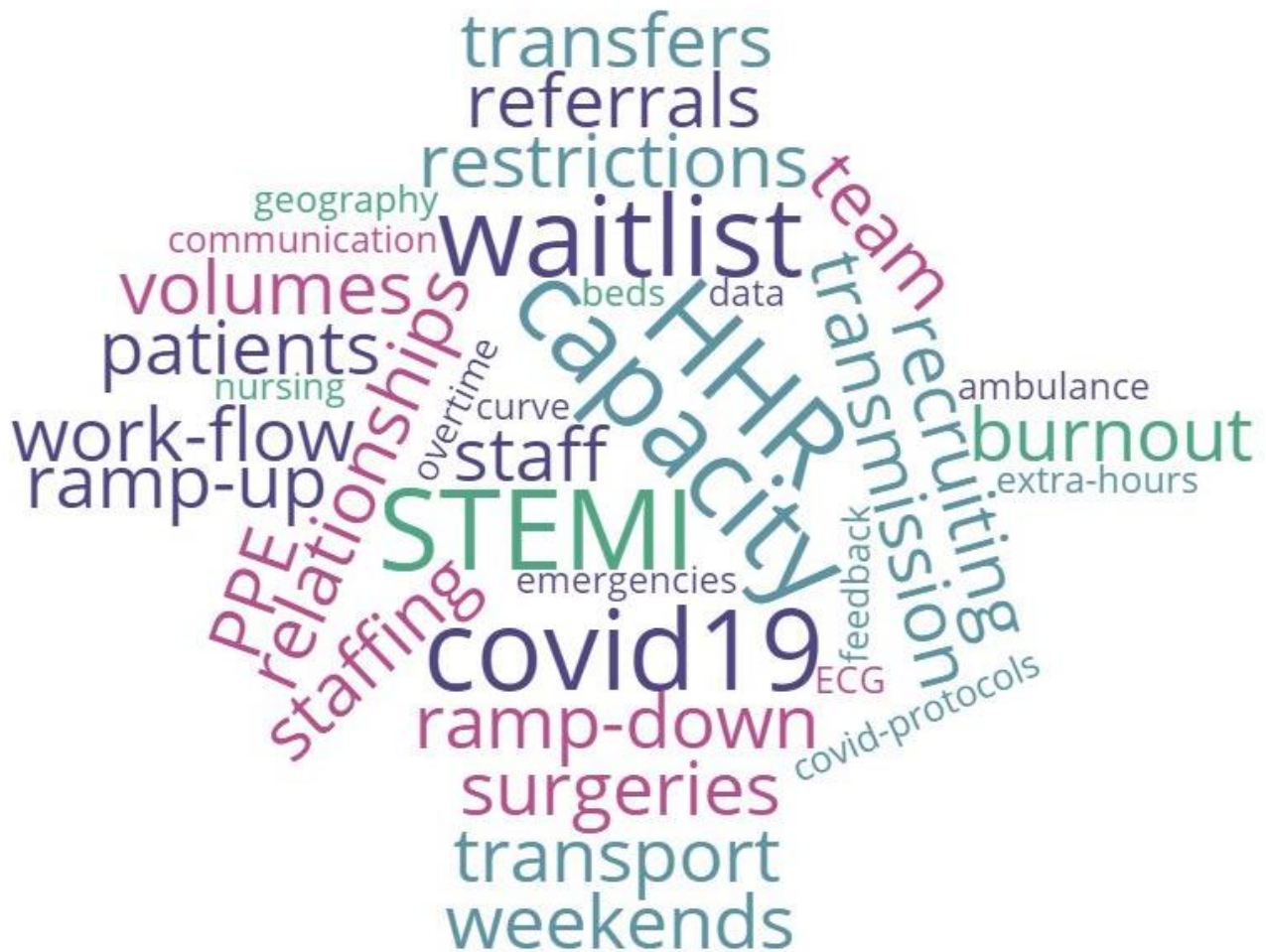
### Next Steps

The next QPMM meetings are planned for Q4, May 2021. While final agenda decisions will be communicated closer to the date as we continue to be adaptable based on the effects of the pandemic, the projected purpose of the Q4 QPMM calls in 2021 will be to discuss the Cardiac CATH Indicators on the QPMM Quality Scorecard and the Consolidated Cardiac Outcomes report.

**Key Words: Q2 20/21 Discussions regarding STEMI Care and COVID-19**

To summarize the discussions at a high level, key phrases and meeting notes were compiled and added to a word cloud generator. A word cloud is a visual representation of text data, used to depict key words used during discussions or free form text. The importance of each key word is shown by size – the bigger the word, the more times it was repeated during all the discussions.

Figure 1. Word Cloud Key Words: Q2 20/21 Discussions



## Provincial Emerging Issues and Themes

Following all QPMM discussions, CorHealth summarizes key findings and distributes these summaries to all stakeholders who attended the calls to support sharing learnings across the province. Issues and themes discussed during previous QPMM discussions on STEMI indicators remain true across the province; past summaries can be accessed on the [CorHealth Website](#). Notable new issues and themes that emerged from this QPMM discussions are included below.

### Decreased Referrals from the Community

Many programs are seeing significant reductions in primary care and direct physician referrals, which in turn seems to be decreasing procedure volumes at the programs. This could be due to the lack of a return to full time office hours and increased virtual care, impacting community care practitioners' ability to identify and refer cardiac patients who may require these procedures.

### Waitlist Management

In order to counteract the effects of COVID-19 Wave 1 and subsequent shutdown of procedures during that time, waitlist management has been a priority for cardiac programs across the province. To address the increased waitlists for many cardiac procedures, programs are increasing capacity by extending regular operating hours and working on weekends.

### HHR and Staff Burnout

A common theme from these discussions were around Human Health Resources (HHR). Many cardiac programs are facing HHR issues, including but not limited to staff burnout/fatigue from working extended hours, suspected/confirmed COVID-19 cases in the staff and their families, or staff leaving healthcare completely during this time. Many programs are finding significant HHR pressures across surgical, CATH, critical care, and other hospital-wide areas, and are actively recruiting for nursing and allied health staff.

### Added COVID-19 Protocols Affecting Times

Relating to STEMI care, many cardiac programs noted decreased times to achieve the 75% target of the two STEMI indicators. A common factor heard across the province was the addition of COVID-19 protocols when receiving patients, including donning and doffing of PPE, as well as COVID-19 screening, where the initial learning curve of these new protocols may have increased times. It was stated that this learning curve is decreasing through repetition and identification of efficiencies in the process.

### ECG Transmission from EMS to Programs

A key theme from some of the high performing cardiac programs is the use of electronic transfer of ECG transmission from EMS. While the technology used and application of this process may vary from program to program, a common theme is that its use helps reduce false positive activations of STEMI in the program and prepares cardiac programs for the arrival of the patient.

### Improving Door-to-ECG times in ED

Door-to-ECG times in the Emergency Departments (ED) are linked to performance of Door-to-Balloon targets. Several programs have focused on this component of care through partnership and education and are seeing improved overall outcomes in the percentage of patients that achieve care within the target.