

**STRATEGIC WAYS TO NAVIGATE
STEMI CARE AND COVID-19 –
OPEN DISCUSSION**



WESTERN STATES: AMERICAN HEART ASSOCIATION CONTACTS

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AGENDA:

- WELCOME and Introductions
- STEMI CASE: Dr. Bill French, AHA Faculty Lead
- OPEN DISCUSSION:
 - Issues and Solutions: Share barriers your teams have encountered or anticipate in the current environment
- GET WITH THE GUIDELINES CAD (GWTG-CAD) & COVID-19 DATA ELEMENTS:
 - Patient Management Tool Updates
- OPEN DISCUSSION:
 - Share best practices and strategies
- ADJOURN



STEMI CARE & COVID-19 OPEN DISCUSSION

Faculty Speaker:

William J. French, MD

Member, American Heart Association

Get With The Guidelines - Coronary Artery Disease

System of Care Advisory Work Group

Professor of Medicine, UCLA

Director, Cardiac Cath Lab

Director, Anticoagulation Clinic

Chair, DHS Cardiology Workgroup

Harbor-UCLA Medical Center

DISCLOSURES

NO RELEVANT FINANCIAL RELATIONSHIP(S) EXIST

CASE REVIEW

ID: 41 y.o. AA Male

CC: Awakened at 3am with severe Chest Pain and SOB

HPI: Presented with BP 214/110 mmHg. Unclear Hx of HTN.
Called 9-1-1. EMS: ECG performed; NTG given

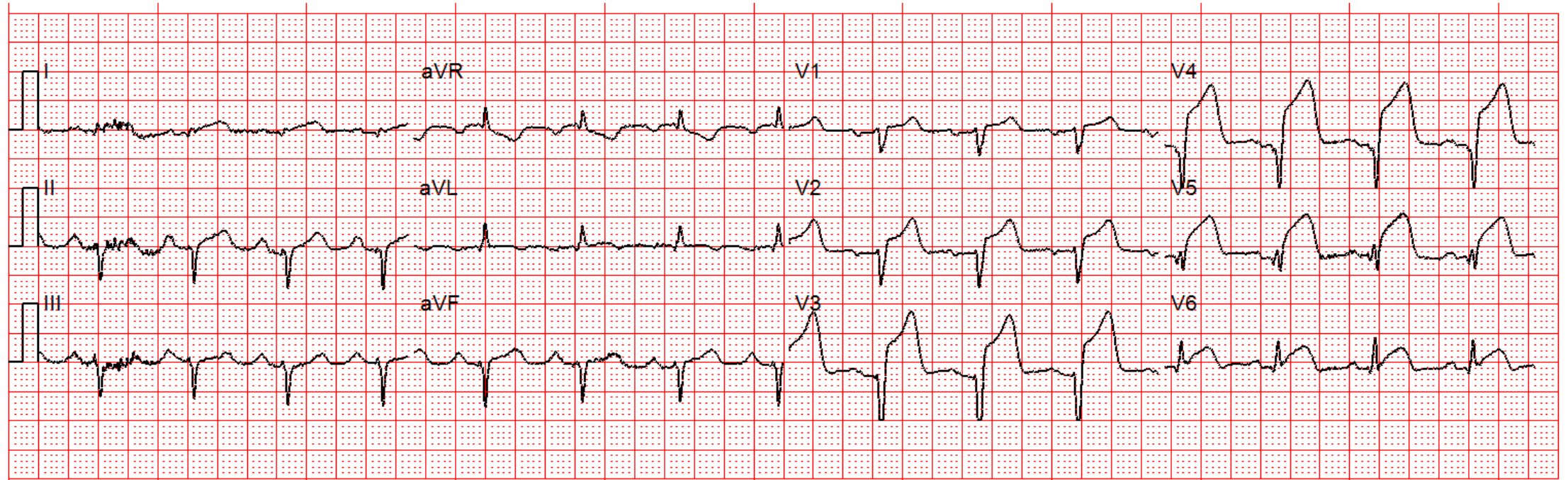
12-Lead ECG: Anterior STEMI

Chest X-ray: Dx Pulmonary edema or COVID-19?

Treatment: Intubated in Emergency Department

Cath Lab: LVEDP = 40mmHg
Window maker – 100% Proximal LAD; also 100% Circumflex
Successful PCI with stent placed in proximal LAD

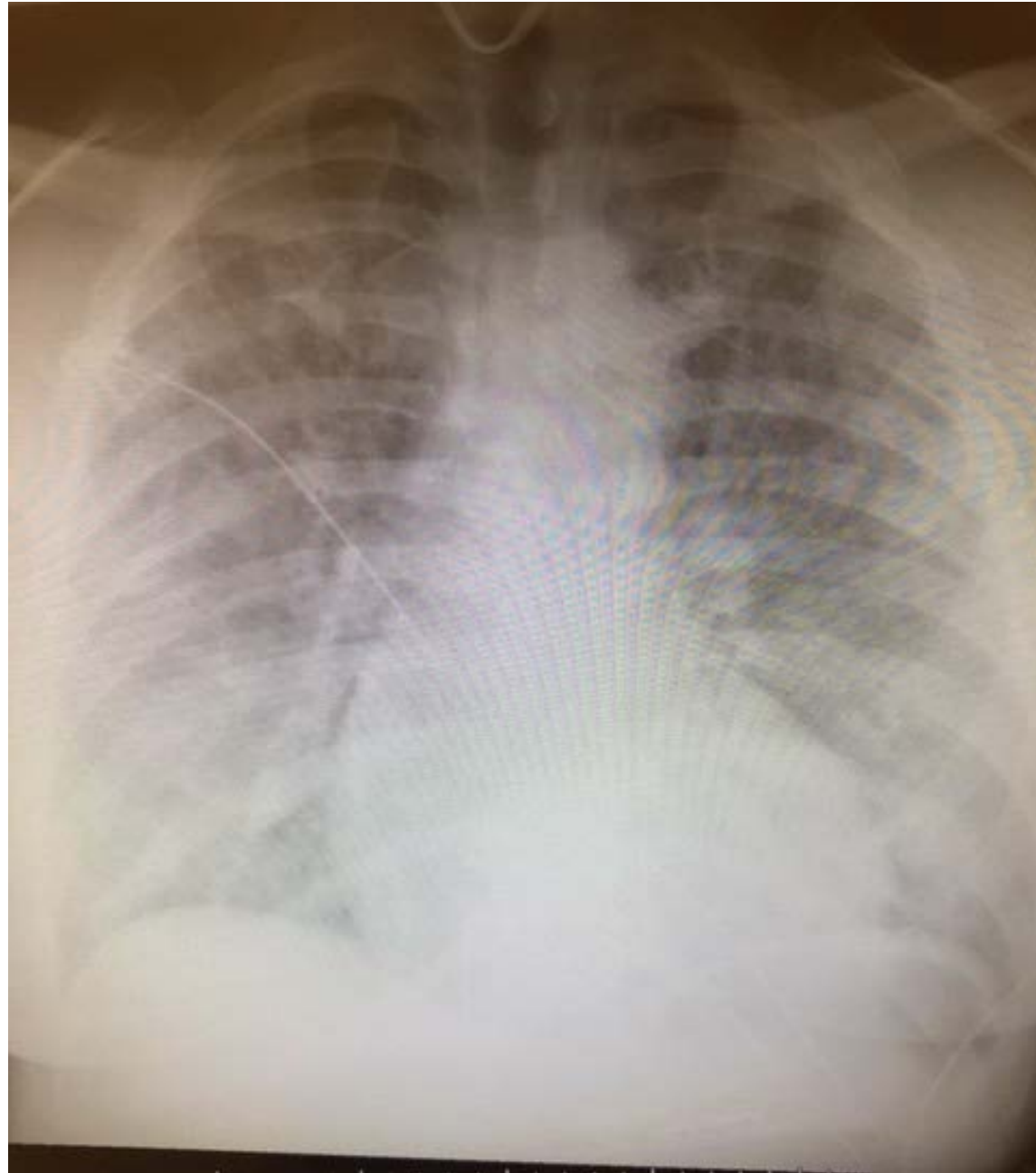
12-LEAD ECG: ANTERIOR STEMI



25 mm/s 10 mm/mV 0.52-40 Hz, ECG x1

Grid size is 0.2 s x 0.5 mV

CHEST X-RAY: PULMONARY EDEMA OR COVID-19?





OPEN DISCUSSION

**AHA GET WITH THE GUIDELINES
CAD & COVID-19 DATA**



UPDATES FROM AMERICAN HEART ASSOCIATION

*THANK YOU TO ALL EMS, FIRE,
POLICE AND HOSPITAL CARE
PROVIDERS RESPONDING,
COMFORTING AND CARING FOR
THOSE IN NEED ESPECIALLY DURING
THE COVID-19 CRISIS.*



GWTG-CORONARY ARTERY DISEASE – COVID-19 UPDATES

NEW GWTG-CAD ELEMENT

Active bacterial or viral infection at admission or during hospitalization.

- Seasonal cold or flu
- Bacterial infection
- Emerging Infectious Disease
 - SARS-COV-1
 - SARS-COV-2 (COVID-19)
 - MERS
 - Other Infectious Respiratory Pathogen
- None/ND

LOGIC AND RATIONALE

ACTIVE BACTERIAL OR VIRAL INFECTION AT ADMISSION OR DURING HOSPITALIZATION

ADDS THE ABILITY TO TRACK WHETHER A PATIENT BEING ENTERED INTO AHA'S OUTCOMES-BASED REGISTRY HAD A CONCURRENT ACTIVE VIRAL OR BACTERIAL INFECTION UPON ADMISSION OR DURING HOSPITALIZATION FOR THE SPECIFIC DISEASE STATE.



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GWTG-CORONARY ARTERY DISEASE – COVID-19 UPDATES

NEW GWTG-CAD ELEMENT COMPONENT

PREVIOUS MEDICAL HISTORY

HISTORY OF EMERGING INFECTIOUS DISEASE

- SARS-COV-1
- SARS-COV2 (COVID-19)
- MERS
- Other infectious respiratory pathogen



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LOGIC AND RATIONALE

ADDING COVID-19 RELATED OPTIONS TO PREVIOUS MEDICAL HISTORY

OF THE PATIENTS ENTERED IN AHA'S OUTCOME-BASED REGISTRY, THIS ALLOWS FOR THE EVALUATION OF OUTCOMES OF PATIENTS IN THE DISEASE STATE WHO HAVE HAD A PREVIOUS HISTORY OF AN EMERGING INFECTIOUS DISEASE. THIS ALSO ALLOWS OUTCOMES TO BE COMPARED TO PATIENTS WHO DID NOT HAVE A HISTORY OF AN EMERGING INFECTIOUS DISEASE.

GWTG-CORONARY ARTERY DISEASE – COVID-19 UPDATES

NEW GWTG-CAD ELEMENT COMPONENT

DOCUMENTED NON-SYSTEM REASON FOR DELAY – THROMBOLYTICS

thrombolytics?

If yes, reason (check all that apply):

- Cardiac Arrest
- Intubation
- Need for additional PPE for suspected/confirmed infectious disease
- Patient refusal

LOGIC AND RATIONALE

ADDING COVID-19 RELATED OPTIONS FOR NON-SYSTEM REASON FOR DELAY

THE ADDITION OF THIS REASON FOR DELAY CAN BE CONSIDERED WHEN EVALUATING TIMELY ADMINISTRATION OF THROMBOLYTICS



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GWTG-CORONARY ARTERY DISEASE – COVID-19 UPDATES

NEW GWTG-CAD ELEMENT COMPONENT

DOCUMENTED NON-SYSTEM REASON FOR DELAY –PCI

Non-system reason for delay - PCI?

- Difficult vascular access
- Cardiac arrest and/or need for intubation
- Patient delays in providing consent
- Difficulty crossing the culprit lesion
- Emergent placement of LV support device
- Need for additional PPE for suspected/confirmed infectious disease
- Other
- None

LOGIC AND RATIONALE

ADDING COVID-19 RELATED OPTIONS FOR NON-SYSTEM REASON FOR DELAY

THE ADDITION OF THIS REASON FOR DELAY CAN BE CONSIDERED WHEN EVALUATING TIMELY PERFORMANCE OF PRIMARY PERCUTANEOUS INTERVENTION



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GWTG-CORONARY ARTERY DISEASE – COVID-19 UPDATES



NEW GWTG-CAD ELEMENT COMPONENT

DOCUMENTED NON-SYSTEM REASON FOR DELAY –1ST ECG

- ❑ 1ST ECG NON-SYSTEM REASON FOR DELAY

ADDITIONAL DETAILS WILL BE ADDED TO THE CODING INSTRUCTIONS TO ALLOW FOR INCLUSION OF DELAYS SPECIFIC TO THE NEED FOR ADDITIONAL PPE FOR SUSPECTED/CONFIRMED INFECTIOUS DISEASE

LOGIC AND RATIONALE

ADDING COVID-19 RELATED OPTIONS FOR NON-SYSTEM REASON FOR DELAY

OF THE PATIENTS ENTERED IN AHA'S OUTCOME-BASED REGISTRY, THE ADDITION OF THIS REASON FOR DELAY CAN BE CONSIDERED WHEN EVALUATING TIMELY ADMINISTRATION OF THROMBOLYTICS OR PERFORMING PERCUTANEOUS INTERVENTION



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GWTG-CORONARY ARTERY DISEASE – COVID-19 UPDATES

NEW GWTG-CAD ELEMENT COMPONENT

PATIENT REFERRED TO CARDIAC REHAB?

- YES
- NO – PATIENT ORIENTED REASON
- NO – HEALTHCARE SYSTEM REASON
- NO – MEDICAL REASON

UPDATED CODING INSTRUCTION LANGUAGE

NO-HEALTHCARE SYSTEM REASON – ADDED
SELECT THIS OPTION WHEN CR FACILITIES ARE
CLOSED DUE TO EXTENUATING
CIRCUMSTANCES SUCH AS COVID-19 STAY-AT-
HOME ORDER

NO-MEDICAL REASON – ADDED SELECT WHEN A
PATIENT SHOULD NOT ATTEND CR TO AVOID
(POSSIBLE) EXPOSURE TO COVID-19

GWTG-CAD coding instructions already state that cardiac rehabilitation can be a health care facility-based program or a home health or virtual model.

Coding instructions will also recommend

- a referral should still be made to attend CR in the future and
- patients should be educated about what to do at home now until programs reopen.

NEW - COVID-19 REGISTRY



Newsroom

News Media
Access

Policies &
Resources

Categories: [COVID-19](#), [Heart News](#), [Program News](#) | Published: April 03, 2020

New COVID-19 patient data registry will provide insights to care and adverse cardiovascular outcomes

American Heart Association develops first CVD-focused registry through its Get With The Guidelines quality program



AHA COVID-19 REGISTRY WILL LAUNCH IN EARLY MAY 2020

AHA IS LOOKING FOR INTERESTED SITES TO PARTICIPATE IN THIS NEW COVID-19 REGISTRY

PAPER CRFS WILL BE PROVIDED TO SITES WHO ARE INTERESTED IN STARTING TO COLLECT THE DATA IN ADVANCE OF THE REGISTRY GOING LIVE

IDEAL SITE CHARACTERISTICS INCLUDE THOSE WITH STRONG PROTOCOLS OR PROCESSES IN PLACE FOR SERIAL CARDIAC LABS

THIS REGISTRY IS COMPLIMENTARY FOR HOSPITAL ENROLLMENT

IF INTERESTED, PLEASE CONTACT QUALITYRESEARCH@HEART.ORG



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COVID-19 IMPACT ON 2020 MISSION: LIFELINE RECOGNITION

2020 MISSION: LIFELINE EMS RECOGNITION

2020 MISSION: LIFELINE STEMI RECEIVING CENTER AND STEMI REFERRING HOSPITAL

- 2019 DATA ENTRY DEADLINE EXTENDED TO APRIL 30TH
- FLEXIBLE SOLUTIONS
- CONTINUOUSLY MONITORING AND EVALUATING THIS SITUATION AND WILL ADJUST DEADLINES AS NEEDED
- CONTACT LOCAL AHA QUALITY AND SYSTEMS IMPROVEMENT DIRECTOR

Application Submission Deadline Date	Date Application Data Exported for Analysis	Award Notification in Time for 2020 EMS Week
Friday, March 20, 2020	Complete	Yes- Guaranteed
Friday, April 24, 2020	Monday, April 27, 2020	Not Guaranteed
Friday, May 29, 2020	Monday, June 1, 2020	No

11:59pm Central Time



COVID-19 IMPACT ON 2021 MISSION: LIFELINE RECOGNITION

STEMI RECEIVING CENTERS

- COVID-19 NSRFD WILL BE APPLIED TO APPROPRIATE MEASURES AS AN EXCEPTION
- CONSIDERING USING THE 4 OPTIONAL MEASURES USED FOR 2020 – WILL ANNOUNCE THE DECISION SOON

STEMI REFERRING HOSPITALS

- COVID-19 NSRFD WILL BE APPLIED TO APPROPRIATE MEASURES AS AN EXCEPTION

MISSION: LIFELINE EMS RECOGNITION

- MOVING FORWARD WITH THE TWO NEW REQUIRED STROKE MEASURES
- COVID-19 NSRFD WILL BE ADDED AS AN ACCEPTABLE EXCLUSION FOR THE FOLLOWING MEASURES
 - EMS FMC to 12 Lead ECG \leq 10 minutes
 - EMS FMC to PCI \leq 90 minutes
 - Arrival to Fibrinolytic therapy \leq 30 Minutes





OPEN DISCUSSION

- PATIENT PLACEMENT / CENSUS OVERFLOW PROCESS
- MANAGING FREQUENT INTERACTIONS AND TREATMENTS
- PATIENTS TRANSFERRING FOR PCI
- KEEPING STEMI PATIENTS SAFE FROM COVID-19 EXPOSURE (I.E. CATH LAB CLEANING PROTOCOLS)
- NURSE TO PATIENT RATIOS
- DELINEATING CHEST PAIN AND SHORTNESS OF BREATH SYMPTOMS AS CARDIAC RELATED VS. COVID-19
- EMS ENGAGEMENT
- EMS DESTINATION PROTOCOLS
- PRE-HOSPITAL STEMI ACTIVATION
- DIRECT WALK IN PRESENTERS
- ED TRIAGE AND 12 LEAD ECG ACQUISITION
- STEMI PATIENT THROUGHPUT
- TELEMETRY
- OTHER





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Quality Improvement

Get With The Guidelines[®]

Mission: Lifeline[®]

Target: BP[™]

Target: Heart FailureSM

Target: StrokeSM

Research and Publications

Hospital Certification

Hemorrhagic Stroke Initiative

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Quality Improvement program updates in response to COVID-19

Due to the unique circumstances caused by the coronavirus, we are making several adjustments to our quality improvement programs that may impact your facility.

[View Updates to Quality Improvement Programs](#) >



ADDITIONAL AHA PROFESSIONAL COVID-19 RESOURCES

COVID-19 CONTENT: AN AHA COMPENDIUM

Science News & AHA Journals

- **New!** Training Resource: Oxygenation and Ventilation of COVID-19 Patients
- **New!** COVID-19 Guidance for Women's Health (PDF)
- AHA Journal COVID-19 content
- *Circulation* Video Series: COVID Updates From the Front Lines
- Role of the AHA during COVID-19
- HFSA/ACC/AHA statement addresses concerns re: using RAAS antagonists in COVID-19
- From CEO Nancy Brown: Compassion amid crisis: AHA presidents awed by COVID-19 response
- News release: Patients with COVID-19 taking ACE-I and ARBS should continue treatment
- News release: AHA, other health care groups issue urgent call for action on medical equipment shortages

Stroke Community

- **New!** Temporary Emergency Guidance to U.S. Stroke Centers During the COVID-19 Pandemic

AND MORE.....

- Videos from Front lines
- CPR & Resuscitation Interim Guidance
- Research Community Opportunities
- Electrophysiology Guidance
- Support for Patients and Public

AHA SOCIAL MEDIA MATERIALS



**Heart Attacks and Strokes
Don't Stop During Pandemics.**

Call 911 right away if you have symptoms.
Even while fighting the coronavirus,
emergency systems stand ready to help.

heart.org



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**BE CERTAIN
IN UNCERTAIN TIMES**

Heart attacks, strokes and cardiac arrests don't stop for COVID-19

During this uncertain time, the American Heart Association is working tirelessly to reduce the impact of COVID-19 in communities across the country.

Heart attack, stroke and cardiac arrest symptoms are always urgent. Don't hesitate to call 911. Emergency workers know what to do. And emergencies don't stop for COVID-19.

KNOW THE SIGNS AND SYMPTOMS

Even in uncertain times, be certain that calling 911 increases your chance of survival -For more info <https://bit.ly/2JG5VaA>

Meet Your Quality & Systems Improvement Team



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WSA

MISSION STATEMENT:

To be a
relentless force
for a world
of longer,
healthier lives.



THANK YOU!

Questions? Please contact Sandeep Gill:

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