

Standards for the Management of
acute ST-segment Elevation
Myocardial Infarction (STEMI) in
Québec (update of April 2021)
English summary

Une production de l'Institut national
d'excellence en santé
et en services sociaux (INESSS)

SUMMARY

Standards for the Management of acute ST-segment Elevation Myocardial Infarction (STEMI) in Québec (update of April 2021)

Acute myocardial infarction with ST-segment elevation (STEMI) is a serious and frequent event that must be urgently treated with either percutaneous coronary intervention (PCI) or fibrinolysis. To improve the management of STEMI, the *Institut national d'excellence en santé et en services sociaux* (INESSS) published, in 2016, a state of practices (for 2013-2014) [INESSS, 2016a] and a state of knowledge on optimal modalities [INESSS, 2016b], which were used to develop standards of care for Québec [INESSS, 2016c]. New Canadian clinical practice guidelines [Wong *et al.*, 2019] and an update of directives by the *Collège des médecins du Québec* (CMQ) on inter-hospital transfer [2020] have confirmed the need to update the standards published in 2016.

The standards herein are based on a review of the scientific literature published from January 2016 to November 2019, with a further literature update in January 2021, and on the consensus of an expert advisory committee. The central dimension of this project is organizational in nature: the standards do not address purely clinical or technical aspects nor the pediatric context. They focus on the structures and processes associated with effective and timely STEMI management in the pre-, intra- and inter-hospital phases, from first medical contact to the decision on inter-hospital transfer following reperfusion treatment. This update has been validated by a second group of experts recently established by the *Ministère de la Santé et des Services sociaux*, the *Comité national d'experts du continuum de services en IAMEST*, as well as by two external reviewers.

The updated standards are presented according to five areas: ambulance services; hospitals that do not offer PCI; hospitals that offer PCI; networks – communication, structure and integration of services; and support of quality improvement. There are now 40 standards in total: 18 new standards have been added, 13 have been revised, and 9 are unchanged. The changes notably address the maximum recommended time for direct ambulance transport of a patient in stable condition to a PCI hospital without medical accompaniment, inter-hospital transfers, and the management of patients in cardiogenic shock. Some standards include quality indicators or targets for the purposes of performance evaluation and quality improvement.

The continuum of STEMI care is organized in networks, by which each hospital that offers PCI is in partnership with one or more non-PCI hospitals and one or more ambulance services. The standards herein refer to this structure, and many of the processes of care are the responsibility of entire networks. It is recognized that there is a great deal of diversity among Québec networks, particularly in terms of their geographic location, the size of the territory covered, and the population served. Recognition of this diversity led to standards requiring the application of protocols to be worded in such a way as to allow the protocol content to be adapted to the reality of each network.



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