Secondary Prevention Pathway for Post-Acute Coronary Syndrome:
An Overview for Family Physicians

So many guidelines, not enough time? Co-developed with family physicians, the Canadian Cardiovascular Society Secondary Prevention Pathway can help you care for your patients after acute coronary syndrome (ACS).

No single clinician should manage post-ACS care alone.

The Secondary Prevention Pathway can help family physicians by fostering multidisciplinary collaboration and shared accountability for post-ACS care among:

- cardiologists
- family physicians
- nurse practitioners
- registered nurses
- pharmacists
- registered dietitians

Family physicians may consider:

- Using the CCS Secondary Prevention Pathway in regional planning and tailoring to local needs to enhance the quality post-ACS care.
- Engaging in conversations involving family physicians, cardiologists, nurse practitioners, pharmacists, and dietitians about challenges providing post-ACS care.
- Exploring ways of communicating and collaborating with your multidisciplinary colleagues to improve post-ACS care.

  For example:

  - Developing two-way communication between family physicians and cardiologists
  - Booking follow-up primary care appointments before the patient leaves hospital
  - Creating medical directives to enable pharmacists or nurses to undertake medication titration and treat-to-threshold.

The CCS Secondary Prevention Pathway:
Bridging the Gap after ACS

Background: Secondary prevention after ACS reduces recurrent events and mortality, but care delivery is often inconsistent and fragmented. The CCS Secondary Prevention Pathway standardizes multidisciplinary care to improve uptake of evidence-based recommendations and optimize patient outcomes after ACS.

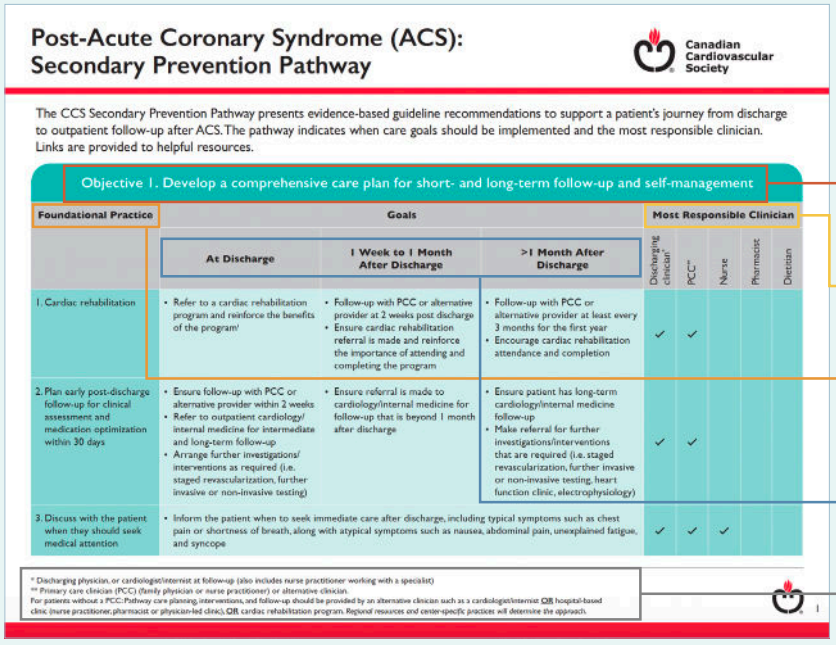
Development Process: A multidisciplinary working group reviewed national and international guidelines to create a practical pathway.

Structure: The pathway is organized across three phases – at discharge, 1 week to 1 month after discharge, and > 1-month after discharge – and by 5 care objectives:

Objective 1.	Objective 2.	Objective 3.	Objective 4.	Objective 5.
Develop a comprehensive care plan for **short- and long-term follow-up** and self-management	Conduct necessary medical investigations to **identify risk factors** and optimize management	Implement all appropriate and tolerated **guideline-directed medical therapies**	**Provide information to patients and carers** about the care plans and recommended interventions	Ensure clear **communication, documentation**, as well as patient and carer engagement

The pathway promotes multidisciplinary collaboration and shared accountability among cardiologists, family physicians, nurse practitioners, registered nurses, pharmacists, and registered dietitians. It aims to enable regional planning so these partners can work together to benefit patients.

Excerpt from the Secondary Prevention Pathway – Objective 1.



Post-Acute Coronary Syndrome (ACS): Secondary Prevention Pathway

Canadian Cardiovascular Society

The CCS Secondary Prevention Pathway presents evidence-based guideline recommendations to support a patient's journey from discharge to outpatient follow-up after ACS. The pathway indicates when care goals should be implemented and the most responsible clinician. Links are provided to helpful resources.

Objective 1. Develop a comprehensive care plan for short- and long-term follow-up and self-management

Foundational Practice	Goals			Most Responsible Clinician				
	At Discharge	1 Week to 1 Month After Discharge	>1 Month After Discharge	Discharging clinician*	PCC**	Nurse	Pharmacist	Dietitian
1. Cardiac rehabilitation	• Refer to a cardiac rehabilitation program and reinforce the benefits of the program	• Follow-up with PCC or alternative provider at 2 weeks post discharge • Ensure cardiac rehabilitation referral is made and reinforce the importance of attending and completing the program	• Follow-up with PCC or alternative provider at least every 3 months for the first year • Encourage cardiac rehabilitation attendance and completion	✓	✓			
2. Plan early post-discharge follow-up for clinical assessment and medication optimization within 30 days	• Ensure follow-up with PCC or alternative provider within 2 weeks • Refer to outpatient cardiology/internal medicine for intermediate and long-term follow-up • Arrange further investigations/interventions as required (i.e. staged revascularization, further invasive or non-invasive testing)	• Ensure referral is made to cardiology/internal medicine for follow-up that is beyond 1 month after discharge	• Ensure patient has long-term cardiology/internal medicine follow-up • Make referral for further investigations/interventions that are required (i.e. staged revascularization, further invasive or non-invasive testing, heart function clinic, electrophysiology)	✓	✓			
3. Discuss with the patient when they should seek medical attention	• Inform the patient when to seek immediate care after discharge, including typical symptoms such as chest pain or shortness of breath, along with atypical symptoms such as nausea, abdominal pain, unexplained fatigue, and syncope			✓	✓	✓		

* Discharging physician, or cardiologist/internist at follow-up (also includes nurse practitioner working with a specialist)
** Primary care clinician (PCC) (family physician or nurse practitioner) or alternative clinician.
For patients without a PCC: Pathway care planning, interventions, and follow-up should be provided by an alternative clinician such as a cardiologist/internist OR hospital-based clinic (nurse practitioner, pharmacist or physician-led clinic), OR, cardiac rehabilitation program. *Regional resources and center-specific practices will determine the approach.*

- One of five defined objectives of effective secondary prevention
- Identification of clinician(s) responsible for each task
- Foundational practices considered essential to each objective
- Organized into three crucial post-ACS follow up intervals
- Suggestions for alternate pathways of care

To learn more click here or scan the QR code to access the Secondary Prevention Pathway webpage.

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