Post-myocArdial iNfarctiOn Pathway in LYon*

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1 Présentation du pilote

After an acute coronary syndrome (ACS), long-term prognosis strongly depends on patients' adherence to evidence-based pharmacological treatments and healthy lifestyle changes.
Cardiac rehabilitation programs are a cornerstone of secondary prevention and are strongly recommended by the 2023 European Society of Cardiology guidelines.
Despite these recommendations, uptake of cardiac rehabilitation in France remains low, and secondary prevention targets at one year post-ACS are insufficiently achieved. Less than 30% of patients reach adequate lipid and blood pressure control while remaining non-smokers.
In addition, comprehensive and structured collection of secondary prevention data after ACS is currently incomplete at both individual and population levels.
The PANOPLY pilot study aims to address these two unmet needs by testing digitally pathway designed to improve secondary prevention quality and data completeness following ACS.

2 Objectifs

The primary objective of the study is to compare the quality of secondary prevention one year after an acute coronary syndrome between patients included in the PANOPLY intervention pathway (an innovative, nurse-led, digitally supported care pathway) and a historical control cohort of ACS patients treated before implementation of the initiative.
The primary endpoint is the proportion of patients reaching at one year a good secondary prevention quality defined by simultaneous achievement of adequate lipid control, adequate blood pressure control, and non-smoking status.
Secondary objectives include the evaluation of the completeness of follow-up data collection in the intervention group, assessed by the proportion of patients who fully complete digital follow-up forms after ACS. The study also aims to compare cardiac rehabilitation uptake within one year post-ACS between the intervention group and the historical control group, as well as sick leave duration during the first year after ACS. Clinical outcomes at one year will be compared between groups, including cardiovascular death, non-fatal acute coronary syndrome, non-fatal stroke, and unplanned coronary revascularization. In the intervention group, medication adherence will be assessed at one year using the Girerd questionnaire. Lipid levels, blood pressure values, and smoking status at one year will be, and quality of life will be also assessed within the year using the EQ-5D questionnaire.

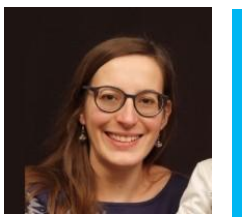
3 Méthodologie

Panoply is a prospective interventional cohort study with a historical control group.

Patients in the intervention group are evaluated by a dedicated educational nurse during their stay in the intensive care unit. This bedside session focuses on disease understanding, cardiovascular risk factors, and shared goal setting. Baseline clinical data are entered by the nurse into an interoperable electronic form. Patients are subsequently invited to complete follow-up questionnaires at predefined time points using their smartphone or computer. Automated alerts generated from patient-reported data are monitored by the coordinating nurse, who manages issues directly or refers them to the patient's general practitioner or cardiologist when appropriate. Patients can also initiate contact through the digital platform. A dedicated nurse consultation is scheduled at one year.

The study population consists of adult patients hospitalized for acute myocardial infarction. Patients are not eligible if they present with cardiogenic shock or severe heart failure precluding participation in cardiac rehabilitation, require initial referral for cardiac surgery, have severe persistent ventricular arrhythmias or conduction disorders lasting more than 72 hours, have a life expectancy of less than twelve months, reside in long-term care facilities or have severe geriatric disabilities.





4 Evaluation et durabilité du projet

From an implementation perspective, the PANOPLY pathway has been deliberately designed as a pragmatic and easily transferable model. The intervention relies on a limited number of clearly identified components, including a dedicated educational nurse, a standardized digital follow-up tool, and predefined alert algorithms integrated into routine clinical practice. These elements do not require heavy structural changes, specialized equipment, or additional physician time, making the pathway readily adaptable to other hospital settings, including centers with varying levels of resources

In terms of sustainability, PANOPLY is built upon existing care pathways, minimizing additional costs and long-term organizational burden. Once implemented, the nurse-led coordination and automated digital follow-up system allow efficient monitoring of patients. The pathway is compatible with long-term integration into institutional care programs and quality improvement initiatives.
In addition, the structured data generated through PANOPLY provides a sustainable foundation for continuous monitoring of secondary prevention quality, benchmarking between centers, and future clinical projects. Together, these features support the scalability, durability, and long-term relevance of the PANOPLY pathway within contemporary cardiovascular care systems.

5 Partenaires

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