Supplementary Figures and Tables

Supplementary Table 1. Pre-discharge checklist

Yes	No	N/A	**Pre-Discharge Checklist**
			Confirm that loading dose aspirin and/or $P2Y_{12}$i has been administered (if no contraindication)
			Confirm echocardiogram
			Confirm lipid profile has been done
			Confirm HbA1c test has been done
			Confirm prescription for aspirin
			Confirm prescription of $P2Y_{12}$ inhibitor (if no contraindication)
			Confirm prescription for high-intensity statin (if no contraindication)
			Confirm optimal medication adjustment of anti-platelets by cardiologist
			Confirm optimal medication adjustment of lipids by cardiologist
			Confirm optimal medication adjustment of blood pressure management by cardiologist
			Confirm optimal medication adjustment of blood glucose management by cardiologist
			Confirm influenza vaccine advise
			Confirm referral to cardiac rehabilitation and smoking cessation (if possible)
			Confirm that patient has adequate caregiver support
			_____ (Name and contact of caregiver for follow-up purpose, in case patient cannot be reached)
			Confirm the assigned healthcare provider (HCP) has provided patient and care

			giver education and counselling
			_____ (Name of designated HCP responsible for patient's follow-up) Confirm plan on calling patient the day after discharge.
			Confirm the assigned HCP has provided patient with an emergency number to call
			Confirm assigned HCP has scheduled a follow-up appointment
Notes (if any):			

Data source: Rao et al. 2021[1] and Thai Heart Association 2020.[2]

Supplementary Table 2. Post-discharge checklist

Yes	No	N/A	**Post-ACS Follow-up Checklist**
			Mandatory
			Confirm and collect if any signs and symptoms of another CVD event occurred after discharge until this current visit
			Confirm lipid profile has been done
			Confirm HbA1c test has been done
			Educate patient and caregiver (if applicable) on medication plan and lifestyle modification (include smoking cessation, sexual activity)
			Check and confirm compliance of prescribed medication
			Confirm optimal medication adjustment of anti-platelets by cardiologist
			Confirm optimal medication adjustment of lipids by cardiologist
			Confirm optimal medication adjustment of blood pressure management by cardiologist
			Confirm optimal medication adjustment of blood glucose management by cardiologist
			Confirm next schedule visit/ follow-up appointment with

			patient/caregiver (if applicable)
			Optional
			Confirm electrocardiogram or chest x-ray has been done
			Confirm echocardiogram has been done (if applicable)
			Check compliance for cardiac rehabilitation and smoking cessation
			Confirm the patient continues to have adequate caregiver support
			Confirm if the patient or caregiver continue to be able to reach emergency call (if necessary)
			_____ (Name of designated healthcare provider responsible for patient's follow-up) Plans on calling patient for schedule visit/ follow-up appointment
Notes (if any):			

Supplementary Table 3. Expected average LDL-C reduction from various lipid-lowering monotherapy or combination therapy

Lipid lowering agent	Average LDL-C reduction (%)
Statin (moderate intensity)	30
Statin (high intensity)	50
Statin (high intensity) + ezetimibe	65
PCSK9 inhibitor	60
PCSK9 inhibitor + statin (high intensity)	75
PCSK9 inhibitor + statin (high intensity) + ezetimibe	85

LDL: low-density lipoprotein; PCSK9: proprotein convertase subtilisin/kexin type 9; Statins: inhibitors of 3-hydroxy-3-methylglutaryl-coenzyme A reductase.

Data source: Visseren et al. 2021.[3]

Supplementary table 4. Blood pressure targets according to age and comorbidities

Ages	Target Systolic BP (mmHg)			Target Diastolic BP (mmHg)
	Hypertension	**T2DM or CV disease or TIA**	**CKD**	**All patients**
18 – 64 years	120-130			70-79
≥ 65 years	130-139			

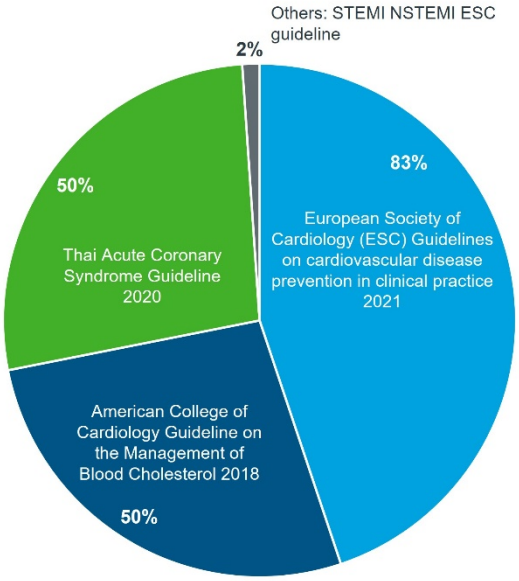
BP: blood pressure; CKD: chronic kidney disease; CV: cardiovascular; T2DM: type 2 diabetes mellitus; TIA: transient ischemic attack

Data source: Thai Hypertension Society 2019.[4]

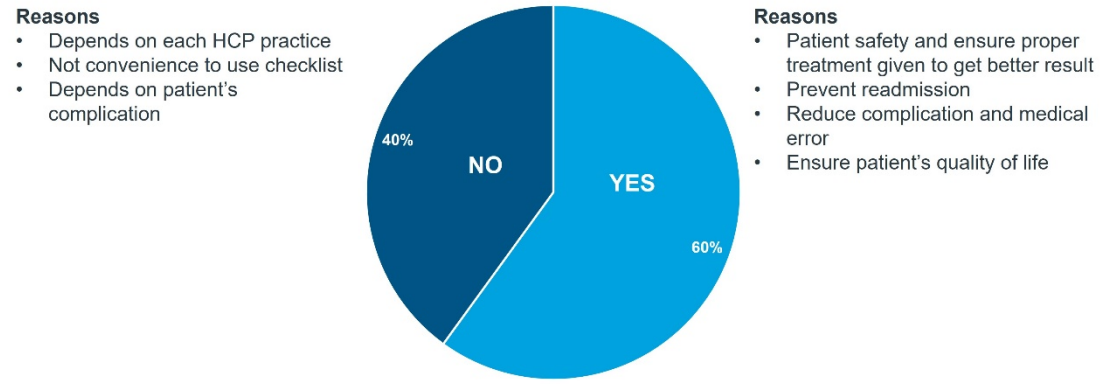
Supplementary Figure 1. A: Survey respondent demographics. B: Guidelines preferred by respondents in clinical practice. C: Use of pre-discharge checklist in clinical practice. D: Barriers to the achievement of LDL goals, suggestions for addressing the barriers, and educational tools currently used by respondents for patient education.

(A)

(B)



(C)



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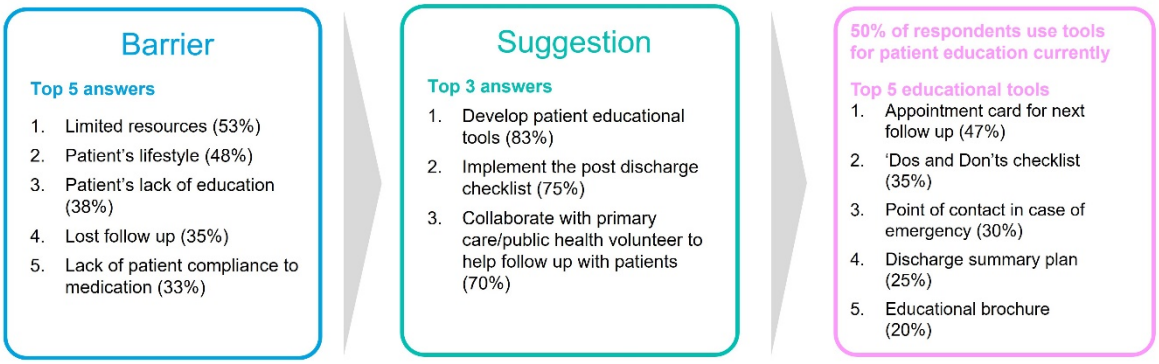
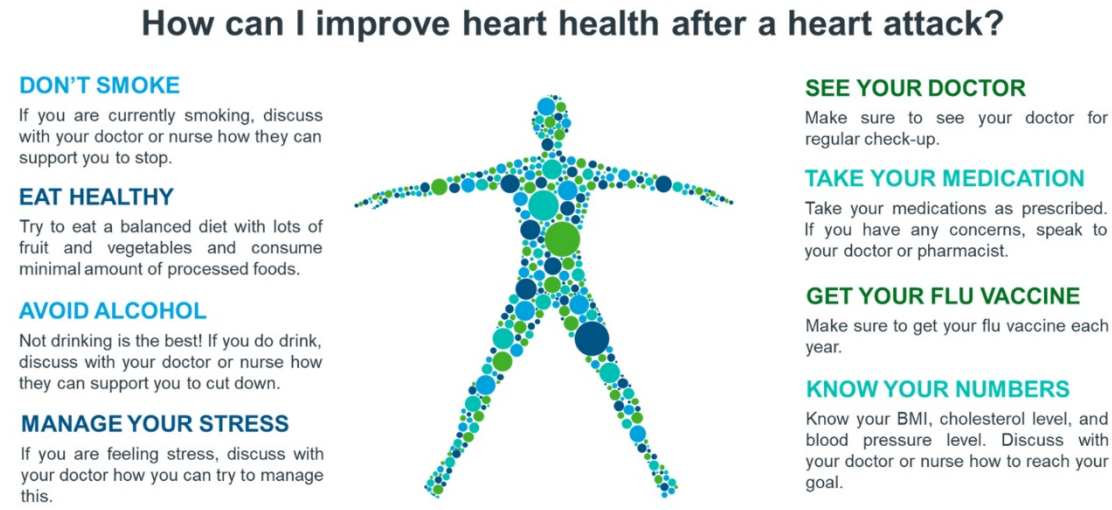


ACS = acute coronary syndrome; HCP = healthcare provider.

Supplementary Figure 2. Information for patients on how to optimize their 'heart' health



Data source: Byrne et al. 2023.[5]

References:

1. Rao SV, Vidovich MI, Gilchrist IC, et al. 2021 ACC Expert Consensus Decision Pathway on same-day discharge after percutaneous coronary intervention: a report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol* 2021;77:811–25. https://doi.org/10.1016/j.jacc.2020.11.013; PMID: 33423859.
2. Thai Heart Association. Thai Acute Coronary Syndrome Guidelines. 2020. http://www.thaiheart.org/images/column_1291454908/Thai%20ACS%20Guidelines%202020%20Slide%20Set.pdf (accessed 10 August 2024)
3. Visseren F, Mach F, Smulders YM, et al. 2021 ESC Guidelines on cardiovascular disease prevention in clinical practice. *Eur Heart J* 2021;42:3227–337. https://doi.org/10.1093/eurheartj/ehab484; PMID: 34458905.
4. Thai Hypertension Society. 2019 Thai Guidelines on The Treatment of Hypertension. 2019. http://www.thaihypertension.org/files/HT%20guideline%202019.with%20watermark.pdf (accessed 10 August 2024)
5. Byrne RA, Rossello X, Coughlan JJ, et al. 2023 ESC Guidelines for the management of acute coronary syndromes. *Eur Heart J* 2023;44:3720–826. https://doi.org/10.1093/eurheartj/ehad191; PMID: 37622654.