

acute coronary syndrome

ACTION GUIDE



AUSTRALIAN SAFETY
AND QUALITY GOALS
FOR HEALTH CARE

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What are the goals?

The Australian Safety and Quality Goals for Health Care set out some important safety and quality challenges for Australia that would benefit from a coordinated national approach to improvement over the next five years. They are relevant across all parts of the health care system and aim to focus attention on a small number of key safety and quality challenges which:

- have a significant impact on the health and wellbeing of individuals, or on the healthcare system as a whole
- can be improved through implementation of evidence-based interventions and strategies
- are amenable to national action and collaboration.

➤ GOAL 2 APPROPRIATENESS OF CARE:

That people receive appropriate, evidence-based care.

➤ PRIORITY AREA 2.1 ACUTE CORONARY SYNDROME:

People with acute coronary syndrome receive appropriate, evidence-based care.

What is the problem that needs to be addressed?

Acute coronary syndrome (ACS) is a major cause of death and long-term disability in Australia. ACS accounts for more than 120,000 hospitalisations every year and costs the health care system more than \$1.8 billion annually. There is strong evidence to guide appropriate care for people with ACS, yet national clinical audits continue to demonstrate that many people do not receive evidence-based care.

Why should this issue be a national goal?

There has been considerable effort across the country to improve the quality of ACS care. These efforts have led to improved outcomes for some patients with ACS. There is an opportunity to elevate these local interventions and strategies to a national focus to ensure that all patients with ACS receive appropriate, evidence-based care.

What is the purpose of this document?

This action guide aims to provide detail on **Priority area 2.1: Acute coronary syndrome**, including describing key outcomes that contribute towards meeting the Goal and possible actions that individuals and organisations across the health system could undertake to contribute to these changes. The actions described in this document are provided as guidance only: they are not exhaustive and are generally not mandatory.

One key outcome has been chosen based on the criteria above, as well as feedback and input from a range of stakeholders.

- **Outcome 2.1.1: All people with acute coronary syndrome receive care in line with the national clinical standard**

Actions are required across the continuum of care that spans pre-hospital, hospital, and secondary prevention to provide appropriate care and achieve good outcomes for people with acute coronary syndrome (ACS). These actions can be set out in a national clinical standard that describes the agreed treatments for ACS.

Who is this guide for?

This action guide can be used as a guide for consumers, healthcare providers, healthcare organisations and other individuals and organisations to make improvements and reduce harm. However, many other changes and actions can be implemented to contribute to these outcomes outside the ones suggested in this guide. Individuals and organisations should consider their current programs, policies, priorities, structure, and governance arrangements, as well as the characteristics, needs, and preferences of their populations when changing systems, processes, and practice.

Examples of organisations and individuals who can make improvements in safety and quality

CATEGORY	EXAMPLES OF ORGANISATIONS AND INDIVIDUALS THAT MAY BE INCLUDED IN THIS CATEGORY
Consumers	Advocates, carers, consumers, families, friends, patients, and support people
Healthcare providers	Aboriginal health workers, allied health workers, ambulance officers, community health professionals, general practitioners, medical and nurse specialists, nurses, paramedics, pharmacists, and prescribers
Organisations that provide healthcare services or support services at a local level	Allied healthcare services, day surgeries, community healthcare services, community pharmacies, Local Hospital Networks, Medicare Locals, primary healthcare services, public and private hospitals
Government organisations, regulators and bodies that advise on or set health policy	Australian Health Practitioner Regulation Agency, Commonwealth government, Health Workforce Australia, Independent Hospital Pricing Authority, National Health Performance Authority, National Lead Clinicians Group, National Medicare Local Network, National Prescribing Service, State and Territory governments
Education and training organisations	Colleges, private training organisations, training and further education organisations, universities, and other registered training providers
Other organisations	Accreditation agencies, colleges, consumer organisations, non-government organisations, support groups, university and other research groups

Note: These examples are not intended as a comprehensive list of all individuals and organisations within these categories.

“There is an opportunity to elevate these local interventions and strategies to a national focus to ensure that all patients with acute coronary syndrome receive appropriate, evidence-based care.”

GOAL 2: APPROPRIATENESS OF CARE

PRIORITY AREA 2.1: ACUTE CORONARY SYNDROME

In order to achieve appropriate care for acute coronary syndrome, actions are required across the continuum of care that spans pre-hospital, hospital, and secondary prevention.

OUTCOME 2.1.1	All people with acute coronary syndrome receive care in line with the national clinical standard
WHAT WOULD SUCCESS LOOK LIKE AFTER FIVE YEARS?	<p>A national clinical standard for acute coronary syndrome (ACS) is in place, and all patients receive care in line with the standard.</p> <p>Patients with ACS receive their care in a formally integrated and coordinated system that involves ambulance services, the acute care system, and the primary care system.</p> <p>There is a measurable decrease in ACS mortality and the incidence of recurrent cardiac events.</p>
HOW WILL WE KNOW THAT SUCCESS HAS BEEN ACHIEVED?	<p>By monitoring:</p> <ul style="list-style-type: none"> • processes of ACS care across the continuum of care • compliance with the national clinical standard • outcomes of ACS care at a regional and national level. <p>Work will need to be undertaken to develop systems to monitor these outcomes.</p>
WHAT ACTIONS ARE NEEDED TO ACHIEVE THIS OUTCOME?	
PRE-HOSPITAL CARE	
POSSIBLE ACTIONS BY CONSUMERS	<p>Know the warning signs and symptoms of a heart attack.</p> <p>Immediately call '000' at the first sign of a heart attack.</p> <p>Recognise that emergency treatment begins in the ambulance and take an ambulance to get to the hospital.</p> <p>Take medicines containers or a medicine list to the hospital.</p>
POSSIBLE ACTIONS BY HEALTHCARE PROVIDERS	<p>Deliver care in line with the national clinical standard.</p> <p>Follow ACS emergency response protocols.</p> <p>Undertake training and continuing professional development in the area of emergency ACS assessment and response.</p> <p>Participate in clinical reporting systems for ACS care.</p>
POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL	<p>Ambulance services, Local Hospital Networks and Medicare Locals collaborate to:</p> <ul style="list-style-type: none"> • develop and implement a pre-hospital ACS assessment protocol that includes 12-lead ECG assessment and treatment with a fibrinolytic agent if appropriate • develop and implement pre-hospital bypass protocols and inter-hospital transfer protocols • establish a pre-hospital notification process • train staff on emergency assessment, transfer and notifications protocols and processes for ACS • systematically monitor, evaluate, and report on pre-hospital ACS care and outcomes.

<p>POSSIBLE ACTIONS BY GOVERNMENT ORGANISATIONS, REGULATORS, AND BODIES THAT ADVISE ON OR SET HEALTH POLICY</p>	<p>Develop policies for the establishment of pre-hospital 12-lead ECG assessment and interpretation, and administration of fibrinolytic agents by paramedics.</p> <p>Develop policies for the establishment of pre-hospital bypass protocols and inter-hospital transfer protocols.</p> <p>Develop policies for the establishment of pre-hospital notification processes.</p> <p>Establish a national mechanism for collecting pre-hospital ACS care data.</p> <p>Establish a national mechanism for monitoring and reporting on the outcomes of pre-hospital ACS care.</p> <p>Develop funding models that encourage high quality and safe ACS care.</p> <p>Develop the workforce capacity to deliver pre-hospital ACS care in line with the national clinical standard to all patients.</p> <p>Support the development, implementation, and evaluation of a national public education and awareness campaign on the signs and symptoms of ACS.</p>
<p>POSSIBLE ACTIONS BY EDUCATION AND TRAINING ORGANISATIONS</p>	<p>Include training on 12-lead ECG assessment and interpretation, and administration of fibrinolytic agents in paramedic curricula.</p>
<p>POSSIBLE ACTIONS BY OTHER ORGANISATIONS</p>	<p>Develop and implement community education and awareness campaigns on the signs and symptoms of a heart attack and how to respond.</p> <p>Provide information, resources, and tools to healthcare professionals to facilitate the delivery care in line with the clinical standard.</p> <p>Fund cardiovascular clinical and health services research.</p>
<p>POSSIBLE ACTIONS BY THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE</p>	<p>Develop a national clinical standard for ACS care.</p> <p>Identify national clinical indicators for ACS care.</p> <p>Support the collection and reporting of national ACS care data and outcomes.</p> <p>Provide assistance and tools to health care providers and healthcare organisations to help them achieve the clinical standard for ACS.</p> <p>Collaborate with medical colleges, training agencies, and non-government organisations to facilitate nationally consistent education and training programs for healthcare providers working in ACS care.</p>



GOAL 2: APPROPRIATENESS OF CARE

PRIORITY AREA 2.1: ACUTE CORONARY SYNDROME

WHAT ACTIONS ARE NEEDED TO ACHIEVE THIS OUTCOME?

HOSPITAL CARE

POSSIBLE ACTIONS BY CONSUMERS

Discuss care and medicines with their health care providers and ask questions about what they can do to prevent another cardiac event.

Read the information they are given about cardiovascular disease and ACS and request a time to discuss questions with a member of the healthcare team.

Request a care plan and time to review it with the healthcare team.

POSSIBLE ACTIONS BY HEALTHCARE PROVIDERS

Deliver care in line with the national clinical standard.

Follow local clinical pathways, protocols, and care paths.

Discuss treatment options with the patient, their family, or their carer.

Collaborate and communicate with all the healthcare providers involved in the patient's care.

Discuss cardiac rehabilitation, risk factor reduction, and follow-up care with the patient, their family, or their carer.

Provide a written care plan to the patient prior to their discharge and review it with the patient and their primary carer prior to discharge.

Ensure a copy of the patient's care plan is sent to the patient's general practitioner or other primary care provider when the patient is discharged.

Participate in clinical reporting systems for ACS.

Undertake appropriate training and continuing professional development.

POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL

Organise healthcare services to ensure all patients with ACS receive acute care in line with the national clinical standard.

Develop and implement hospital protocols, pathways, and decision support tools to ensure all patients receive care in line with the national clinical standard.

Develop and implement a process to ensure all staff involved in ACS care have the required training, skills, and support to deliver care in line with the national clinical standard.

Develop and implement policies to facilitate the involvement of consumers in decisions related to their ACS care.

Develop and implement systems to support communication between healthcare providers involved in the continuum of ACS care.

Provide people with patient education and support resources about ACS.

Systematically monitor, evaluate, and report on ACS care and outcomes at the local level.

Develop and implement quality improvement processes to address the areas of ACS care which are not meeting the national clinical standard.

Participate in national reporting on ACS care.

<p>POSSIBLE ACTIONS BY GOVERNMENT ORGANISATIONS, REGULATORS, AND BODIES THAT ADVISE ON OR SET HEALTH POLICY</p>	<p>Establish a national mechanism for collecting data on ACS care (such as a national ACS clinical quality registry).</p> <p>Establish a national process for monitoring and reporting on the outcomes of ACS care.</p> <p>Develop funding models that encourage high quality and safe ACS care.</p> <p>Develop the workforce capacity to deliver ACS care in line with the national clinical standard to all patients.</p>
<p>POSSIBLE ACTIONS BY EDUCATION AND TRAINING ORGANISATIONS</p>	<p>Include information on assessment, management, and secondary prevention of ACS in undergraduate, postgraduate, and continuing professional development curricula for all healthcare professionals.</p>
<p>POSSIBLE ACTIONS BY OTHER ORGANISATIONS</p>	<p>Provide information and support to patients with heart disease to help them reduce their risk factors and prevent future cardiac events.</p> <p>Provide information, resources, and tools to healthcare professionals to facilitate the delivery of ACS care in line with the national clinical standard.</p> <p>Fund cardiovascular clinical and health services research.</p>
<p>POSSIBLE ACTIONS BY THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE</p>	<p>Develop a national clinical standard for ACS.</p> <p>Identify national clinical indicators for ACS care.</p> <p>Facilitate and support the collection and reporting of national ACS care data and outcomes.</p> <p>Develop tools and provide assistance to healthcare providers and healthcare organisations to help them achieve the national clinical standard for ACS.</p> <p>Collaborate with medical colleges, training agencies, and non-government organisations to facilitate nationally consistent education and training programs for healthcare providers working in ACS care.</p>

GOAL 2: APPROPRIATENESS OF CARE

PRIORITY AREA 2.1: ACUTE CORONARY SYNDROME

WHAT ACTIONS ARE NEEDED TO ACHIEVE THIS OUTCOME?

SECONDARY PREVENTION

POSSIBLE ACTIONS BY CONSUMERS

Follow the discharge care plan and continue to take all medicines as prescribed.

Visit their general practitioner or other primary care provider regularly for ongoing monitoring of their risk factors, and to discuss their management plan.

Participate in a cardiac rehabilitation program.

Discuss all the side effects of their medicines with their general practitioner or other primary care provider before discontinuing use of any of them.

POSSIBLE ACTIONS BY HEALTHCARE PROVIDERS

Deliver care in line with the national clinical standard.

Educate people on the actions they can take to prevent a future cardiac event, and assess their understanding and application of the information.

Establish secondary prevention care plans with patients and discuss how secondary prevention goals can be achieved.

Encourage patients to participate in a cardiac rehabilitation program.

Systematically monitor patients and evaluate the outcomes of their care against therapeutic targets.

Participate in the clinical reporting systems for ACS care.

Participate in training and continuing professional development in secondary prevention of ACS.

POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL

Organise healthcare services to ensure all people with ACS have access to cardiac rehabilitation and secondary preventive care in line with the national clinical standard.

Establish cardiac rehabilitation and secondary prevention programs that are accessible to all people with ACS and responsive to their physical and mental health needs.

Develop and implement policies to facilitate the involvement of people in their ACS care.

Develop and implement a process to facilitate communication between healthcare providers involved in the continuum of ACS care.

Develop and implement a process to ensure all staff involved in ACS care have the required training, skills, and support to deliver care in line with the national clinical standard.

Systematically monitor, evaluate, and report on ACS care at a local level.

Develop and implement quality improvement processes to address the areas of ACS care that are not meeting the clinical standard.

Participate in national reporting on ACS care.

<p>POSSIBLE ACTIONS BY GOVERNMENT ORGANISATIONS, REGULATORS, AND BODIES THAT ADVISE ON OR SET HEALTH POLICY</p>	<p>Develop policies for the establishment of cardiac rehabilitation programs and secondary preventive care for ACS required to deliver care in line with the national clinical standard.</p> <p>Establish a national mechanism for collecting data on ACS care (such as a national ACS clinical quality registry).</p> <p>Establish a national framework for monitoring and reporting on outcomes of ACS care.</p> <p>Develop the workforce capacity required to deliver ACS care in line with the national clinical standard.</p>
<p>POSSIBLE ACTIONS BY EDUCATION AND TRAINING ORGANISATIONS</p>	<p>Include training on cardiac rehabilitation and secondary prevention of ACS in undergraduate, postgraduate, and professional development curricula for healthcare professionals.</p>
<p>POSSIBLE ACTIONS BY OTHER ORGANISATIONS</p>	<p>Provide information and support to people with heart disease to help them to reduce their risk factors and prevent future cardiac events.</p> <p>Provide information, resources, and tools to healthcare professionals to facilitate the delivery of ACS care in line with the national clinical standard.</p> <p>Fund cardiovascular clinical and health services research.</p>
<p>POSSIBLE ACTIONS BY THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE</p>	<p>Develop a national clinical standard for ACS care.</p> <p>Identify national clinical indicators for ACS care.</p> <p>Facilitate and support the collection and reporting of national ACS care data and outcomes.</p> <p>Provide tools and assistance to healthcare providers and health care organisations to help them achieve the national clinical standard.</p> <p>Collaborate with medical colleges, training agencies, and non-government organisations to facilitate nationally consistent education and training programs for healthcare practitioners working in ACS care.</p>

APPENDIX: DEFINITIONS

PRIORITY AREA 2.1: ACUTE CORONARY SYNDROME

Pre-hospital care:

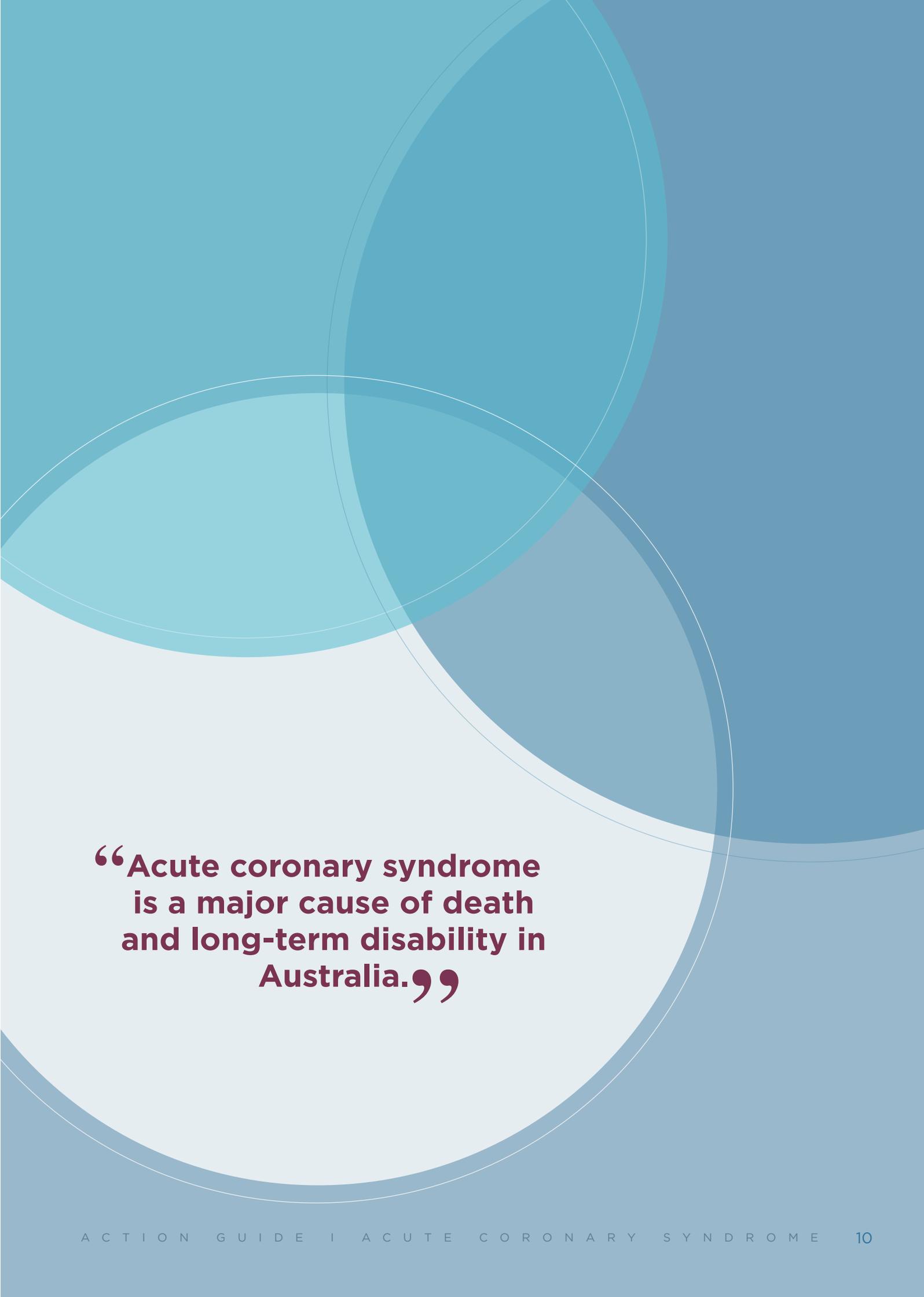
Emergency medical care provided in the community and transport to hospital care.

Hospital care:

Includes acute and sub-acute medical care.

Secondary prevention:

Medical care, rehabilitation, and support services provided to improve a patient's quality of life and to prevent recurrent symptoms and subsequent events.



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is a major cause of death
and long-term disability in
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**AUSTRALIAN COMMISSION ON SAFETY
AND QUALITY IN HEALTH CARE**

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