AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

FACT SHEET
for consumers

Acute Coronary Syndromes

Clinical Care Standard

What is an acute coronary syndrome?

An acute coronary syndrome (ACS) results from a sudden blockage of a blood vessel in the heart, typically by a blood clot (thrombosis) that reduces blood supply to a portion of heart muscle. If the blockage is severe enough to lead to injury or death of the heart muscle, the event is called an acute myocardial infarction (or 'heart attack'). In other acute coronary syndromes the blood vessels to the heart may be partially blocked. Acute coronary syndromes require urgent assessment and treatment.

What is the Acute Coronary Syndromes Clinical Care Standard?

The **Acute Coronary Syndromes Clinical Care Standard** contains six quality statements describing the care that you should be offered if you have a heart attack or another type of ACS.

This fact sheet explains each quality statement and what it means for you. You can use this information to help you make informed decisions in partnership with your clinicians.

1 Immediate management

What the standard says

A patient presenting with acute chest pain or other symptoms suggestive of an acute coronary syndrome receives care guided by a documented chest pain assessment pathway.

What this means for you

If you have chest pain or other symptoms that could indicate a heart attack, your treatment from the first time you see a doctor to the moment you leave their care is guided by recommendations developed by clinical experts. Your treatment will be discussed with you to ensure that you are able to understand your options and provide your consent.

2 Early assessment

What the standard says

A patient with acute chest pain or other symptoms suggestive of an acute coronary syndrome receives a 12-lead electrocardiogram (ECG), and the results are analysed by a clinician experienced in interpreting an ECG within 10 minutes of the first emergency clinical contact.

What this means for you

If you have chest pain or other symptoms that could indicate a heart attack, you will have an ECG as soon as possible. The ECG should be interpreted within 10 minutes so that any necessary emergency treatment can be provided.

3 Timely reperfusion

What the standard says

A patient with an acute ST-segment-elevation myocardial infarction (STEMI), for whom emergency reperfusion is clinically appropriate, is offered timely percutaneous coronary intervention (PCI) or fibrinolysis in accordance with the time frames recommended in the current National Heart Foundation of Australia/ Cardiac Society of Australia and New Zealand *Guidelines for the Management of Acute Coronary Syndromes*.*

In general, primary PCI is recommended if the time from first medical contact to balloon inflation is anticipated to be less than 90 minutes; otherwise, the patient is offered fibrinolysis.

What this means for you

If you have a heart attack in which the artery supplying an area of the heart muscle is completely blocked, your doctor decides whether you can have a procedure called PCI. In a PCI, a heart specialist passes a fine probe through an artery to your heart and inflates a small balloon that aims to ease the blockage.

If a PCI cannot be provided within an appropriate time frame, you may be given a medicine that dissolves blood clots. This is done urgently.

Your doctor will discuss your treatment with you so that you understand the risks and benefits, and can provide your consent.

4 Risk stratification

What the standard says

A patient with a non-ST-segment-elevation acute coronary syndrome (NSTEACS) is managed based on a documented, evidence-based assessment of their risk of an adverse event.

What this means for you

If you have a heart attack in which the artery supplying an area of the heart muscle is partly but not fully blocked, your treatment will depend on your risk of having a serious heart problem in the future. Your doctor will discuss your individual level of risk with you, and work with you to make sure you have the information you need to make choices about your treatment.

5 Coronary angiography

What the standard says

The role of coronary angiography, with a view to timely and appropriate coronary revascularisation, is discussed with a patient with a non-ST-segment-elevation acute coronary syndrome (NSTEACS) who is assessed to be at intermediate or high risk of an adverse cardiac event.

What this means for you

If you have a heart attack in which the artery supplying an area of the heart muscle is partly but not fully blocked, your doctor works out your risk of having a serious heart problem in the future.

If that risk is medium or high, your doctor talks to you about whether you should have a procedure called coronary angiography. In coronary angiography, a specialist passes a fine probe through an artery to your heart, then releases a dye that shows up on X-rays. In this way, your doctors know which arteries are blocked, and how much they are blocked. Then they talk to you about whether it is possible to unblock them, and how best to do so.

* Chew DP, Scott IA, Cullen L, French JK, Briffa TG, Tideman PA, et al. National Heart Foundation of Australia & Cardiac Society of Australia and New Zealand: Australian clinical guidelines for the management of acute coronary syndromes 2016. Heart, Lung and Circulation. 2016;25(9):895–951.

6 Individualised care plan

What the standard says

Before a patient with an acute coronary syndrome leaves the hospital, they are involved in the development of an individualised care plan. This plan identifies the lifestyle modifications and medicines needed to manage their risk factors, addresses their psychosocial needs and includes a referral to an appropriate cardiac rehabilitation or another secondary prevention program. This plan is provided to the patient and their general practitioner or ongoing clinical provider within 48 hours of discharge

What this means for you

Before you leave the hospital, your doctors and nurses discuss your recovery with you. They help develop a plan with you that sets out:

- What changes you may need to make to your lifestyle
- What medicines you may need to take
- What rehabilitation clinic or prevention service you are referred to.

You and your regular general practitioner get a copy of this plan within two days after you leave hospital.

Questions?

For more information, please visit:
www.safetyandquality.gov.au/ccs

You can also contact the Clinical Care Standards project team at: **mail@safetyandquality.gov.au**