

Acute Coronary Syndromes Clinical Care Standard FAQs

The Acute Coronary Syndromes Clinical Care Standard aims to ensure that a patient with an acute coronary syndrome receives optimal treatment from the onset of symptoms through to discharge from hospital. This includes recognition of an acute coronary syndrome, rapid assessment, early management and early initiation of a tailored rehabilitation plan.

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 blood clot (thrombosis) that reduces blood supply to a portion of heart muscle. Where 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'). Acute coronary syndromes also include unstable angina (chest pain usually due to restricted blood flow to the heart muscles), which can lead to a heart attack.

The most common cause of ACS is atherosclerosis (or 'coronary heart disease') where an artery wall thickens due to a build-up of fatty materials such as cholesterol.

Why is improving acute coronary syndromes care important?

Heart attacks or suspected heart attacks affect thousands of Australians. It is estimated that 69,900 people aged 25 and over had a heart attack in 2011, which equates to around 190 heart attacks a day. In terms of mortality, coronary heart disease was the leading underlying cause of death for both males and females in Australia in 2011, accounting for 15 per cent of all deaths.¹

Key to improving care is the provision of timely procedures such as percutaneous coronary intervention (PCI). There is variation in the rate of PCI provision across Australia, with admission rates varying three-fold depending on location. This means that admission rates were three times higher in some places compared to others.² There is also geographical variation in the use of diagnostic angiography.³

Only 23 per cent of patients with an ST-segment-elevation myocardial infarction (STEMI; or a heart attack where the artery supplying an area of the heart muscle is completely blocked) receive timely reperfusion therapy to restore blood flow (PCI or fibrinolysis).⁴

Patients with a non-ST-segment-elevation acute coronary syndrome (NSTEMI; or a heart attack where the artery supplying an area of the heart is partly but not fully blocked) at high risk of an adverse event are less likely to receive invasive management than low risk patients.³

There is variability in care planning when patients leave hospital following a heart attack, in terms of patients receiving guideline-recommended medications, referral to rehabilitation and provision of diet and exercise advice.³

What does the ACS Clinical Care Standard focus on?

The ACS Clinical Care Standard provides advice to clinicians on key health care elements:

- Prompt identification of an acute coronary syndrome
- Early assessment and immediate management

- Timely reperfusion
- Identifying the future risk of an cardiac adverse event
- Provision of coronary angiography
- Facilitating the provision of an individualised care plan and consumer information.

How was the ACS Clinical Care Standard developed?

In developing the Clinical Care Standards, the Commission uses the most up-to-date clinical guidelines and standards, information about gaps between evidence and practice, the professional expertise of clinicians and researchers, and gives consideration to issues important to consumers.

A Topic Working Group was formed to assist in the development of the ACS Clinical Care Standard. Further information about this group is available on the Commission's website.

What does the ACS Clinical Care Standard mean for clinicians?

Clinicians can support best practice care in line with the ACS Clinical Care Standard by ensuring:

- A prompt chest pain assessment is provided
- An electrocardiogram (ECG) is taken within 10 minutes of a patient receiving medical help
- Timely restoration of blood flow, by offering PCI or fibrinolysis if appropriate
- A range of treatment options are discussed with patients
- A care plan outlining ongoing treatment advice is provided to patients and their ongoing clinical provider/s when they leave hospital.

What does the ACS Clinical Care Standard mean for health services?

The ACS Clinical Care Standard sets out the key components of care that paramedics and clinicians can use to guide practice and monitor improvement in the quality of care of acute coronary syndromes. Health services can support best practice by ensuring :

- The availability of a chest pain assessment pathway
- The availability of 12-lead ECGs, and having staff trained and competent in its use
- Systems and processes to enable the provision of PCI and fibrinolysis to eligible STEMI patients
- Use of an evidence-based risk assessment process
- Systems and processes to enable coronary angiography to be offered to eligible NSTEMI patients
- Processes are in place to support the development of an individualised care plan with patients, and provision of the plan to patients and their ongoing clinical provider/s.

How will I know if the ACS Clinical Care Standard works?

A set of suggested indicators have been developed to assist with local implementation of the ACS Clinical Care Standard. They can be used by health services to monitor the implementation of each quality statement, and support improvement as needed.

Is the use of the indicators compulsory?

Monitoring quality of care is an effective way of identifying areas that require improvement.

Organisations are likely to have mechanisms in place that monitor the care provided. The suggested indicators are not compulsory. However, if additional measures are needed then the suggested indicators can be used.

Is the ACS Clinical Care Standard for use only in hospitals?

The ACS Clinical Care Standard applies to ambulance services as well, as this Clinical Care Standard relates to the care that patients with a suspected acute coronary syndrome receive from the onset of symptoms to the completion of treatment in hospital.

Why does the ACS Clinical Care Standard only relate to ambulance and hospital settings?

The ACS Clinical Care Standard describes the care in the pre-hospital and hospital settings, as this is where evidence exists about the gaps in care from best practice care recommended in clinical practice guidelines.

Patients in regional areas are less likely to receive the same care as patients in metropolitan areas. How will the ACS Clinical Care Standard address this?

Central to the delivery of patient-centred care identified in the Clinical Care Standard is an integrated, systems-based approach supported by health services and networks of services.

For acute coronary syndromes, there are cardiac networks that serve to integrate services across a number of hospitals or geographical regions. This means, for example, if some hospitals do not have the same facilities as larger hospitals (e.g. cardiac catheterisation labs), then patient transfer protocols are in place to ensure timely transfer of a patient to the appropriate hospital if clinically indicated and if the patient wishes so.

Other services, such as the use of telemedicine by providing remote interpretation of ECGs, are another way that cardiac networks work across a distance to provide time-critical treatment to patients.

Patients and or their carers receive little information about aspects of ongoing management and rehabilitation. How will this Clinical Care Standard address this?

The Clinical Care Standard recognises that no improvement can be made without the participation of patients and their carers, hence there is a specific quality statement that recommends the development of an individualised care plan with the patient and or their carer. It highlights the medicines and lifestyle modifications needed to prevent another heart attack. It also emphasises the provision of the plan to the patient and their ongoing clinical provider.

What is the difference between the Clinical Care Standards and the National Safety and Quality Health Service (NSQHS) Standards?

The Clinical Care Standards provide guidance on appropriate care (e.g. a treatment, process or procedure) that a patient should receive for a specific clinical condition.

The NSQHS Standards set out the minimum performance expectations, processes and structures that should be in place for a health service (e.g. hospital, aged-care service, day surgeries, etc.) to provide safe and high quality care.

The NSQHS Standards that relate to the ACS Clinical Care Standard include overarching Standards 1 and 2, and Standard 6:

- [Standard 1](#): Governance for Safety and Quality
- [Standard 2](#): Partnering with Consumers
- [Standard 6](#): Clinical Handover.

Used together, the Clinical Care Standards and the NSQHS Standards aim to ensure people will receive safe, high-quality appropriate care.

What are the next steps?

The Commission will support, coordinate and advocate for implementation of the Clinical Care Standards at a national level. Other activities will focus on systems approaches and integration with the work of jurisdictions and other bodies and organisations including peak bodies.

How to get involved?

To hear more about the Clinical Care Standards, you can sign up to the Commission Twitter account @ACSQHC or to the Commission's newsletters. You can also contact the Clinical Care Standards team at ccs@safetyandquality.gov.au

More information on the Clinical Care Standards program is available from the Australian Commission on Safety and Quality in Health Care website at www.safetyandquality.gov.au/ccs

References

1. Australian Institute of Health and Welfare. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.
2. Australian Commission on Safety and Quality in Health Care and Australian Institute of Health and Welfare. Exploring Healthcare Variation in Australia: Analyses Resulting from an OECD Study. Sydney: ACSQHC, 2014.
3. Chew DP, French J, Briffa TG, Hammett CJ, et al. Acute coronary syndrome care across Australia and New Zealand: the SNAPSHOT ACS study. Medical Journal of Australia. 2013;199(3):185-91.
4. Huyhn LT, Rankin JM, Tideman P, Brieger DB, al e. Reperfusion therapy in the acute management of ST-segment-elevation myocardial infarction in Australia: findings from the ACACIA registry. Medical Journal of Australia. 2010;193(9):486-501.