

Acute coronary syndromes: 5a-NSTEACS patients informed of the risks and benefits of coronary angiography

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 5a-NSTEACS patients informed of the risks and benefits of coronary angiography
METEOR identifier:	612081
Registration status:	<ul style="list-style-type: none">• Health, Standard 12/09/2016
Description:	Proportion of patients with non-ST-segment-elevation acute coronary syndrome (NSTEMACS) who, having been assessed as intermediate or high-risk of an adverse cardiac event using a guideline-recommended tool, are informed of the risks and benefits of coronary angiography.
Rationale:	High-risk patients should be treated aggressively with medical management and arrangements should be made for coronary angiography and revascularisation where appropriate, except in those with severe comorbidities, including general frailty (Acute Coronary Syndrome Guidelines Working Group 2006; AHMAC 2014). Informing patients of the risks and benefits of a procedure ensures that the delivery of care is consumer-centred and aligns with the <i>Australian Safety and Quality Framework for Health Care</i> (ACSQHC 2010).
Indicator set:	Clinical care standard indicators: acute coronary syndromes Health , Standard 12/09/2016
Outcome area:	Coronary angiography Health , Standard 12/09/2016

Collection and usage attributes

Computation description:	Both the numerator and the denominator include patients with NSTEMACS. The denominator excludes patients for whom angiography is contraindicated (where the contraindication is documented in their medical record). Contraindications may include advance care directives, being on a palliative care pathway, and clinical judgement, subject to discussion with patients, family and carers. Presented as a percentage.
Computation:	$(\text{Numerator} \div \text{denominator}) \times 100$
Numerator:	Number of NSTEMACS patients, who, having been assessed as intermediate or high-risk of an adverse cardiac event using a guideline-recommended tool, whose records have documented evidence that they were informed of the risks and benefits of coronary angiography, based upon their clinical situation.
Denominator:	Number of NSTEMACS patients assessed as intermediate or high-risk of an adverse cardiac event using a guideline-recommended tool.
Comments:	Refer to the <i>Guidelines for the management of acute coronary syndromes 2006</i> (Acute Coronary Syndrome Guidelines Working Group 2006) for features associated with high-risk, intermediate-risk and low-risk NSTEMACS.

Representational attributes

Representation class: Percentage
Data type: Real
Unit of measure: Episode
Format: N[NN]

Source and reference attributes

Reference documents: Acute Coronary Syndrome Guidelines Working Group 2006. Guidelines for the management of acute coronary syndromes 2006. Medical Journal of Australia 184(8):S1–S30.

ACSQHC (Australian Commission on Safety and Quality in Health Care) 2010. Australian Safety and Quality Framework for Health Care. ACSQHC, Sydney. Viewed May 2014, <http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/32296-Australian-SandQ-Framework1.pdf>.

AHMAC (Australian Health Ministers' Advisory Council) 2014. Better cardiac care for Aboriginal and Torres Strait Islander people: Post-forum report. Sydney: AHMAC.