

Clinical care standard indicators: acute coronary syndromes

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Clinical care standard indicators: acute coronary syndromes

Identifying and definitional attributes

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| Metadata item type: | Indicator Set |
| Indicator set type: | Other |
| METEOR identifier: | 719380 |
| Registration status: | Australian Commission on Safety and Quality in Health Care , Standard 29/10/2020 |
| Description: | <p>The Australian Commission on Safety and Quality in Health Care has produced the Acute coronary syndromes clinical care standard indicators to support local implementation of the Acute coronary syndromes clinical care standard (ACSQHC 2019). The Acute coronary syndromes clinical care standard aims to ensure that patients with an acute coronary syndrome receive optimal treatment from the onset of symptoms through to separation from hospital. This includes recognition of an acute coronary syndrome, rapid assessment, early management and early initiation of a tailored rehabilitation plan. Clinicians and health services can use the Acute coronary syndromes clinical care standard and indicators to support the delivery of high quality care.</p> |

Relational attributes

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| Indicators linked to this Indicator set: | <p>Acute coronary syndromes clinical care standard indicators: 1a-Proportion of patients presenting with symptoms suggestive of acute coronary syndrome (ACS) whose care is guided by a documented chest pain assessment pathway, 2019- Australian Commission on Safety and Quality in Health Care, Qualified 17/09/2019</p> <p>Acute coronary syndromes clinical care standard indicators: 2a-Proportion of patients with symptoms suggestive of acute coronary syndrome (ACS) with an electrocardiogram (ECG) performed and interpreted within 10 minutes of first clinical contact, 2019- Australian Commission on Safety and Quality in Health Care, Qualified 17/09/2019</p> <p>Acute coronary syndromes clinical care standard indicators: 3a-Proportion of patients with ST-segment-elevation myocardial infarction (STEMI) receiving fibrinolysis or percutaneous coronary intervention (PCI), 2019- Australian Commission on Safety and Quality in Health Care, Qualified 17/09/2019</p> <p>Acute coronary syndromes clinical care standard indicators: 3b-Proportion of patients with ST-segment-elevation myocardial infarction(STEMI) receiving fibrinolysis before or within 30 minutes of hospital presentation, 2019- Australian Commission on Safety and Quality in Health Care, Qualified 17/09/2019</p> <p>Acute coronary syndromes clinical care standard indicators: 3c-Proportion of patients with ST-segment-elevation myocardial infarction (STEMI) treated with percutaneous coronary intervention (PCI) within 90 minutes of first clinical contact, 2019- Australian Commission on Safety and Quality in Health Care, Qualified 17/09/2019</p> <p>Acute coronary syndromes clinical care standard indicators: 4a-Proportion of patients with non-ST-segment-elevation acute coronary syndrome (NSTEMI) who have a documented assessment and risk stratification using a guideline-recommended tool, 2019- Australian Commission on Safety and Quality in Health Care, Qualified 17/09/2019</p> <p>Acute coronary syndromes clinical care standard indicators: 4b-Proportion of patients with non-ST-segment-elevation acute coronary syndrome (NSTEMI) transferred to a hospital with angiography facilities, 2019- Australian Commission on Safety and Quality in Health Care, Qualified</p> |
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17/09/2019

[Acute coronary syndromes clinical care standard indicators: 6a-Proportion of patients with acute coronary syndrome \(ACS\) provided with an individualised care plan, 2019-](#)

[Australian Commission on Safety and Quality in Health Care, Qualified](#)
17/09/2019

[Acute coronary syndromes clinical care standard indicators: 6b-Proportion patients with acute coronary syndrome \(ACS\) on aspirin or dual antiplatelet therapy on separation from hospital, 2019-](#)

[Australian Commission on Safety and Quality in Health Care, Qualified](#)
17/09/2019

[Acute coronary syndromes clinical care standard indicators: 6c-Proportion of patients with acute coronary syndrome \(ACS\) prescribed lipid-lowering therapy on separation from hospital, 2019-](#)

[Australian Commission on Safety and Quality in Health Care, Qualified](#)
17/09/2019

[Acute coronary syndromes clinical care standard indicators: 6d-Proportion of patients with myocardial infarction who had their left ventricular ejection fraction\(LVEF\) measured prior to separation from hospital, 2019](#)

[Australian Commission on Safety and Quality in Health Care, Qualified](#)
17/09/2019

[Acute coronary syndromes clinical care standard indicators: 6e-Proportion of patients with reduced left ventricular ejection fraction\(LVEF\) prescribed a beta blocker and angiotensin-converting enzyme \(ACE\) inhibitor on separation from hospital, 2019-](#)

[Australian Commission on Safety and Quality in Health Care, Qualified](#)
17/09/2019

[Acute coronary syndromes clinical care standard indicators: 6f-Proportion of patients with acute coronary syndrome referred to cardiac rehabilitation or other secondary prevention program, 2019-](#)

[Australian Commission on Safety and Quality in Health Care, Qualified](#)
17/09/2019

[Acute coronary syndromes clinical care standard indicators: 6g-Proportion of patients with acute coronary syndrome whose discharge summary was provided to their general practitioner or ongoing clinical provider within 48 hours of separation from hospital](#)

[Australian Commission on Safety and Quality in Health Care, Qualified](#)
17/09/2019

Collection and usage attributes

National reporting arrangement:

The Indicator specification: acute coronary syndromes clinical care standard has been developed to support local implementation of the Acute coronary syndromes clinical care standard (ACSQHC 2019). The indicators are intended for local use by hospitals and [Local Hospital Networks](#) (LHNs). There are no benchmarks set for any of the indicators in the set.

Hospitals using Acute coronary syndromes clinical care standard indicators can compare their results against themselves during a previous period, amongst other hospitals in the LHN, or other external hospitals with whom they have made such arrangements. Hospitals may also look to the literature for the experiences of other hospitals.

Comments:

The Australian Commission on Safety and Quality in Health Care has produced the Acute coronary syndromes clinical care standard (2019) to support the delivery of appropriate care for a defined condition and is based on the best evidence available at the time of development. Health care professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian when applying information contained within the Clinical care standard. Consumers should use the information in the Clinical care standard as a guide to inform discussions with their health care professional about the applicability of the Clinical care standard to their individual condition.

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents: ACSQHC (Australian Commission on Safety and Quality in Health Care) 2019.
Acute coronary syndromes clinical care standard. Sydney: ACSQHC.