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Supplementary Material

Expertise and infrastructure capacity impacts acute coronary syndrome outcomes

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Acute Coronary Syndrome Health Services, Workforce and Quality Initiatives Survey

Thank you for completing this survey which collects information on Acute Coronary Syndromes (ACS) related health services, workforce and quality initiatives currently deployed in hospitals in Australia and New Zealand. This survey immediately precedes patient data collection for the SNAPSHOT ACS study in May 2012

THIS IS AN IMPORTANT DOCUMENT PLEASE ENSURE IT IS COMPLETED ACCURATELY

Where a written response is required please print your answer clearly or put a tick ✓ in the appropriate circle ○. A box □ or |___| indicates where a written response is required. A detailed guide to completing each question is provided in the accompanying completion note. For further assistance with completing this form please contact your state coordinator as detailed in the table below.

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Hospital Name:	<input type="text"/>
State or Territory	<input type="text"/>
Name & Details of person/s to contact in case of queries	<input type="text"/>

Important Information about this survey

Introduction

It is well known that the availability of clinical services, workforce characteristics and quality initiatives (“systems of care”) influence the treatment choices made by clinicians and other health professionals. Current National and international ACS guidelines include a number of best practice recommendations regarding these systems of care yet little is known about the application of these in hospitals in Australia and New Zealand. The anticipated large-scale participation of hospitals in Snapshot ACS offers a unique opportunity to survey these systems factors using standardized definitions and to assess how these factors influence patient management and outcomes.

What information is collected?

The survey aims to record information on guideline recommended clinical services, quality improvement initiatives and clinical workforce approaches that are used to care for people with acute coronary syndromes. A detailed guide on how to complete this survey is provided in the accompanying Completion Note.

Are all the questions applicable to my hospital?

This survey is purposefully designed to accommodate for a broad range of hospitals operating across Australia and New Zealand (ie from the highly specialized to the small regional and remote hospitals). You may find that some or many questions will not apply to your hospital/unit depending on your hospital's characteristics.

Who should complete this survey?

ACS care is complex and provided by a broad range of health professionals. Therefore, one person may not be able to accurately provide all the information required to complete this survey. We recommend that you complete this form in consultation with the head of your Emergency Department, cardiology or medical unit, senior nursing staff (eg NUM), and health professional(s) involved in providing cardiac rehabilitation and secondary preventative services as appropriate in order to generate a ‘complete picture’ of your hospital environment.

How many forms do I need to complete and how long will it take?

Only one (1) survey form is required to be completed for each participating hospital. The time taken to complete the form will vary depending on your hospital characteristics, however, it is expected that it will range from 30-60 minutes.

How will the data be used?

Data collected in this survey will help to better understand clinical management of patients in the context of services and resources available to them. Data collected from this survey will also help to guide research and quality improvement initiatives aimed at improving the delivery of ACS care in Australia and New Zealand.

Privacy/Confidentiality

The collection of this information has been approved by state and regional ethics committees and your hospital. **All data collected in this survey is strictly confidential and will be de-identified for any publication.** This survey does not include any information about individual patients.

1. Pre-Hospital Care

- 1.01 Do any ambulances servicing your hospital perform pre-hospital 12 lead ECGs? Yes No
- 1.02 Do any ambulance paramedics administer pre-hospital thrombolysis? Yes No
- 1.03 Do any ambulances in your area directly transfer STEMI patients to a Primary PCI facility (bypassing non-interventional facilities)? Yes No

2. Emergency Care

- 2.01 Select ONE of the following that best describe the emergency service at your hospital
- Dedicated department with separate resuscitation area
- Dedicated department, no separate resuscitation area
- No dedicated department but a designated "emergency area" in a small hospital
- 2.02 Select ONE of the following that best describe the Emergency Specialist availability on site
- Extended hours (at least 16 hours, 7 days)
- Working hours only (at least 8-5, M-F) on site
- Limited ED Specialist availability
- No ED Specialist available on site
- 2.03 Registered nurse present in the emergency area 24/7 Y N
- 2.04 Doctor present in the emergency area 24/7 Y N
- 2.05a If required, Is a cardiology service (specialist, fellow or registrar) available for immediate consultation in ED?
- Availability on site 24/7
- working hours only (8-5), on call after hours
- Designated phone or telehealth support only
- No cardiology service available for immediate support
- 2.05b If no cardiology service available in ED, acute management advice primarily provided by
- General Physician
- Emergency Medicine Specialist
- General Practitioner or Career Medical Officer
- 2.06 Do you have a dedicated chest pain unit for evaluation of ACS patients? Y N
- 2.07 Do you routinely perform stress testing for low/intermediate risk patients prior to discharge from ED? Y N

3. Thrombolysis

- 3.01 Does your hospital provide thrombolysis for STEMI? (if No proceed to question 3.06a) Y N
- 3.02 Can nursing staff initiate thrombolysis without requiring a doctor on site? Y N
- 3.03 Do you routinely collect and report door to needle (DTN) times? Y N
- 3.04a Do you routinely transfer patients for primary/rescue PCI if thrombolysis fails or is contraindicated (including those in cardiogenic shock)? Y N N/A PPCI on site
- 3.04b If yes name(s) of hospitals commonly transferred to:
- 3.05 Do you routinely transfer all patients for PCI within 24 hours following thrombolysis? Y N N/A PPCI on site
- 3.06a Do you routinely transfer STEMI patients for Primary PCI without giving thrombolysis? Y N N/A PPCI on site
- 3.06b If yes name(s) of hospital(s):
- 3.07 Does the choice of hospital for STEMI transfer (for primary or rescue PCI) depend on bed availability at the receiving hospital? Y N
- 3.08 If you transfer patients, what is the primary mode of transport to PCI centres (for primary/rescue PCI) (please tick one) Ambulance Helicopter Fixed wing
- 3.09 Primary escort type accompanying patient for transfers?(please tick all that apply) Paramedic Nurse Doctor

4. Primary PCI Services (if 1^oPCI services are not available at your hospital, tick NO to Q4.01 and proceed to Q5.01)

- 4.01 Does your hospital provide Primary PCI services on site? Y N
- 4.02 Primary PCI availability
- Available 24/7
- At least Monday to Friday working hours (8-5)
- Limited Service
- 4.03 Do you routinely collect and report door to balloon (DTB) times? Y N
- 4.04 Number of primary PCI cases /year
- 4.05 Does your hospital have any of the following systems in place for STEMI patients requiring Primary PCI?
- An ED physician activates the cath lab
- Single call to a central page to activate cath lab
- Cath lab can be activated while the patient is en route to hospital eg in ambulance
- Cath lab team capable of arriving within 30 mins of being paged
- Attending cardiologist onsite at all times
- Real-time data feedback to the ED/Cath lab teams

5. Pathology Services

5.01 Laboratory (pathology) services available on site?	<input type="radio"/> Y	<input type="radio"/> N	5.05 Please select one or more of the following troponin assays used at your hospital
5.02 Rapid access to routine blood tests (eg FBC) available ≤2 hours 24/7	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Point of Care (Bedside) Troponin
5.03 Blood bank (store of blood products) on site?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> High Sensitivity Troponin
5.04 Access to blood products (red blood cells/platelets etc) available within 2 hours 24/7	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Standard Laboratory Troponin

6. Cardiac Investigations & Procedures

For each investigation and procedure listed, indicate the most appropriate service availability level (on a scale of 1-5) from the list below. If the service is available then indicate if this is provided on site or provided off-site by an external provider such as a private practice or a nearby hospital.

Service availability level: 1 =Extended hours (> 16 hrs, 7 days) , 2= Working hours (M-F 8-5) , 3= Limited inpatient service (1-4 days a week), 4= Outpatient only (no inpatient service), 5= Not available

	Service Level	On-Site	Off Site		Service Level	On-Site	Off Site
6.1 Chest Xray	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	6.8 Cardiac (coronary) CT	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
6.2 Exercise Stress Testing	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	6.9 Cardiac MRI	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
6.3 Transthoracic Echocardiography	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	6.10 Diagnostic Coronary Angiography	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
6.4 Stress Echocardiography	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	6.11 Percutaneous Coronary Intervention	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
6.5 Transoesophageal Echocardiography	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	6.12 Electrophysiological testing and/or ablation	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
6.6 Nuclear perfusion Imaging (MiBi/Thalium)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	6.13 PPM insertion (include AICD)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
6.7 General CT	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	6.14 Cardiac Surgery (CABG)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

7. Specialist Services

Do you have any of the following specialist services and units in your hospital for consultation and/or admission?

7.01a Cardiology	<input type="radio"/> Y	<input type="radio"/> N	7.07 Respiratory	<input type="radio"/> Y	<input type="radio"/> N
7.01b If Yes Cardiology FTE	<input type="text"/>	<input type="text"/>	7.08 Haematology	<input type="radio"/> Y	<input type="radio"/> N
7.02 Cardiothoracic	<input type="radio"/> Y	<input type="radio"/> N	7.09 Renal (Nephrology)	<input type="radio"/> Y	<input type="radio"/> N
7.03 General Physician	<input type="radio"/> Y	<input type="radio"/> N	7.10 Dialysis Unit	<input type="radio"/> Y	<input type="radio"/> N
7.04 Neurology	<input type="radio"/> Y	<input type="radio"/> N	7.11 Intensive Care Unit (ICU)	<input type="radio"/> Y	<input type="radio"/> N
7.05 Geriatrics/Aged care	<input type="radio"/> Y	<input type="radio"/> N	7.12 High Dependency Unit	<input type="radio"/> Y	<input type="radio"/> N
7.06 Endocrinology/Diabetes	<input type="radio"/> Y	<input type="radio"/> N			

8. ACS Treatment Areas & Nursing Workforce

(Please indicate if one or more of the following treatment areas are available for ACS patients at your hospital. If yes indicate the number of beds and the total number of nurses in each area in a 24 hr period)

Treatment area		Total Number of Beds	Number dedicated cardiac beds	Total No RN's/ 24hrs (Non Critical Care/Cardiac Qual)	Total No RN's/ 24hrs (Critical care/ Cardiac Qual)	Total No EN's/ 24hrs
8.01 Coronary Care (Select One only)						
<input type="radio"/> Dedicated Coronary Care/Cardiac Unit		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Combined Coronary care/HDU/ICU Unit		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Combined CCU/Cardiothoracic unit		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> If none of the above applies – an inpatient area where admitted cardiac patients (incl troponin positive) are treated		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.02 Cardiac Step Down unit	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.03 Short stay (elective) cardiac procedure unit	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Specialist Nursing and Allied health Workforce

9.01a Chest pain nurse in ED?	<input type="radio"/> Y <input type="radio"/> N	9.05 Physiotherapist	<input type="radio"/> Y <input type="radio"/> N
9.01b If yes FTE	<input type="text"/>	9.06 Dietician	<input type="radio"/> Y <input type="radio"/> N
9.02a Dedicated Heart Failure Nurse	<input type="radio"/> Y <input type="radio"/> N	9.07 Social worker	<input type="radio"/> Y <input type="radio"/> N
9.02b If yes FTE	<input type="text"/>	9.08 Pharmacist	<input type="radio"/> Y <input type="radio"/> N
9.03a Dedicated Cardiac Rehab Nurse/Coordinator	<input type="radio"/> Y <input type="radio"/> N	9.09 Psychologist	<input type="radio"/> Y <input type="radio"/> N
9.03b If yes FTE	<input type="text"/>	9.10 Aboriginal Medical Officer	<input type="radio"/> Y <input type="radio"/> N
9.04 Occupational Therapist	<input type="radio"/> Y <input type="radio"/> N	9.11 Aboriginal liaison officer	<input type="radio"/> Y <input type="radio"/> N

10. Medical Workforce

10.01 Primary service for care of ACS admission (select one)		10.06a What level of medical officers are available to attend an in-hours emergency (eg cardiac arrest) (tick all that apply)	
<input type="radio"/> Specialist cardiology service		<input type="radio"/> Consultant	<input type="radio"/> Registrar
<input type="radio"/> General physician with cardiology interest		<input type="radio"/> Fellow/advanced trainee	<input type="radio"/> /junior Medical Officer (JMO)
<input type="radio"/> General physician		10.06b If a consultant is not available, are they routinely contacted & informed?	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> General practitioner/Career Medical Officer		10.07a What level of medical officers are available to attend an after hours emergency (eg cardiac arrest) (tick all that apply)	
10.02 In the unit where you admit suspected ACS patients-is the medical head a cardiologist?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Consultant	<input type="radio"/> Registrar
10.03 What is the daily consultant review process for suspected ACS patients?		<input type="radio"/> Fellow/advanced trainee	<input type="radio"/> junior Medical Officer (JMO)
<input type="radio"/> 1 consultant reviews all patients on a daily roster		10.07b If a consultant is not available, are they routinely contacted & informed?	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> 1 consultant reviews all patients on a weekly roster		10.08a Is there a doctor rostered to be onsite to attend to cardiac admissions only after- hours?	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> 1 consultant reviews all patients on a 2-weekly roster		10.08b If yes, level of expertise	
<input type="radio"/> Each consultant reviews their own patients		<input type="radio"/> Fellow/advanced trainee	<input type="radio"/> Junior Medical Officer (JMO)
10.04 How many of the following medical officers attend a typical ward round?		<input type="radio"/> Registrar	
	<i>Weekdays</i> <i>Weekends</i>	10.08c if No what additional areas does the doctor cover	
10.04a Consultants	<input type="text"/>	<input type="radio"/> All medical inpatients	<input type="radio"/> Whole Hospital
10.04b Fellow/advanced trainees	<input type="text"/>	<input type="radio"/> All inpatients	<input type="radio"/> Other
10.04c Registrars	<input type="text"/>	10.09a Is there a consultant cardiologist rostered to cover cardiology patients after hours?	
10.04d Junior Medical Officers (residents/interns)	<input type="text"/>	<input type="radio"/> Yes—Onsite	<input type="radio"/> Yes —Offsite <input type="radio"/> No
10.05 Does your hospital have a dedicated medical emergency team (MET) or equivalent to attend an inpatient emergency (eg Cardiac arrest)		10.09b If No, consultant cover provided by?	
<input type="radio"/> Yes – Available 24/7		<input type="radio"/> General Physician	<input type="radio"/> GP/CMO
<input type="radio"/> Yes – Working hours only (M-F 8 to 5)		<input type="radio"/> Emergency Physician	<input type="radio"/> Other
<input type="radio"/> No MET or equivalent team available		10.09c Availability	<input type="radio"/> Onsite <input type="radio"/> Offsite
		10.09d Additional area covered by after hours consultant?	
		<input type="radio"/> All medical inpatients	<input type="radio"/> Whole Hospital
		<input type="radio"/> All inpatients	<input type="radio"/> Other

11. Discharge Measures & Follow-Up Services

11.01 Routine pharmacist review of discharge medicines?	<input type="radio"/> Y <input type="radio"/> N	11.06 Outpatient Clinics conducted by the hospital (Tick all that apply)
11.02 Prescription practice at discharge for new medications commenced in hospital		<input type="radio"/> General Cardiology Clinic
<input type="radio"/> Prescription only no medications provided		<input type="radio"/> General Medicine Clinic
<input type="radio"/> 5-7 day hospital supply of medications		<input type="radio"/> Dedicated Heart Failure Clinic
<input type="radio"/> 30 day (1 month) hospital supply		<input type="radio"/> Dedicated Diabetes Clinic
11.03 Heart Failure Nurse Home visits program	<input type="radio"/> Y <input type="radio"/> N	11.07a Does your hospital conduct Rural/remote outreach cardiology clinics
11.04 Chronic disease prevention program	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
11.05 Electronic(Typed) Discharge Summary	<input type="radio"/> Y <input type="radio"/> N	11.07b If Yes, please list the location(s) below

12. Cardiac Rehabilitation (CR) & Secondary Prevention (SP) Measures

If you answer NO to Q12.02 AND 12.03 please proceed to Q13

12.01 Inpatient Cardiac Rehabilitation program available?	<input type="radio"/> Y <input type="radio"/> N	12.09 Mean length (in weeks) of the outpatient CR/SP program?	<input type="text"/>
12.02 Outpatient CR program available?	<input type="radio"/> Y <input type="radio"/> N	12.10 Mean number of sessions/contacts with provider during outpatient CR/SP	<input type="text"/>
12.03 Alternate outpatient secondary prevention program available? (e.g COACH, home-based, GP based)	<input type="radio"/> Y <input type="radio"/> N	12.11 Objective assessment of cardiac risk factors at entry to outpatient CR/SP program	<input type="radio"/> Y <input type="radio"/> N
12.04 Are all ACS patients automatically referred for outpatient CR/SP?	<input type="radio"/> Y <input type="radio"/> N	12.12 Objective assessment of cardiac risk factors at completion of the outpatient CR/SP program	<input type="radio"/> Y <input type="radio"/> N
12.05 Does your outpatient CR/SP program accept referrals from the community (GPs, self referral etc)	<input type="radio"/> Y <input type="radio"/> N	12.13 Written feedback provided to treating/referring Dr(s)	<input type="radio"/> Y <input type="radio"/> N
12.06 Location where the majority of the CR/SP program is delivered		12.14 A maintenance CR/SP program available	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Hospital		12.15 Main Delivery format of the outpatient CR/SP Program	
<input type="radio"/> General Practice		<input type="radio"/> Face-to-face 1-on-1	
<input type="radio"/> Community based facility		<input type="radio"/> Face-to-Face – Group based	
<input type="radio"/> Home		<input type="radio"/> Phone/ Web- based	
12.07 Outpatient CR/SP program primarily delivered by		<input type="radio"/> Paper-based only	
<input type="radio"/> Program coordinator		12.16 Outpatient CR/SP program primarily funded by	
<input type="radio"/> Medical Officer		<input type="radio"/> Public (government) funds	
<input type="radio"/> Multidisciplinary Team		<input type="radio"/> Private Source(s)	
<input type="radio"/> Lay community		<input type="radio"/> Health Insurance funds	
<input type="radio"/> Other (specify): _____		<input type="radio"/> Fee for Service	

12.08 Please indicate the components of the outpatient CR/SP program and how these components are delivered

	Not specifically provided	Written information only	Group advice/education Only	Individual advice/education Only	Facility-based supervised program	Individualized strategy with a role specified professional
a. Physical activity (exercise)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Smoking cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diet/nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Weight management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Psychosocial well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Medicines review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Quality Initiatives

13.01a Do you have a staff member who is responsible for implementing quality improvement activities? Y N

13.01b If yes, number of hours per week allocated for quality improvement

13.02 Do you have dedicated funding allocated for quality improvement initiatives? Y N

13.03 Please indicate which of the following tools (guidelines, pathways, and checklist) are presently used in your services. If a tool is available please indicate how it is used in clinical practice using the options indicated below

Reference Only = Reference document only e.g. (poster, chart in notes with no requirement to refer to it at point of care).

Point of care (POC) tool = A tool that is Integrated in to the clinical workflow and is available at the point of care.

Patient Specific = A tool that provides an individual recommendation(s) based on patient specific criteria

Electronic = An electronic tool that is used in the workflow

If you answer yes to a, b, c, d or e listed below, please send a paper copy with the return of this survey in the envelope provided.

Tools	Available			If available, how is it used in clinical practice?			
	<input type="radio"/> Y	<input type="radio"/> N	▶	Reference Only	Point of care tool	Patient Specific	Electronic
a. Hospital specific guidelines for triage & management of ACS patients?	<input type="radio"/> Y	<input type="radio"/> N	▶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A pathway/checklist or tools to risk stratify patients with Non ST Elevation ACS?	<input type="radio"/> Y	<input type="radio"/> N	▶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A pathway/checklist or tool to facilitate early invasive management (angiography ≤48 hrs)?	<input type="radio"/> Y	<input type="radio"/> N	▶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A pathway/checklist or tool to prompt the prescription of guideline recommended medications at discharge	<input type="radio"/> Y	<input type="radio"/> N	▶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A pathway/checklist or tool for prioritizing or facilitating rapid inter-hospital transfer of patients?	<input type="radio"/> Y	<input type="radio"/> N	▶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Inpatient Cost Data

(please record the cost of a bed stay for one or more of the following areas within your hospital if they are available)

14.01 Coronary Care Unit (CCU)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.02 Step Down Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.03 Intensive care unit (ICU)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.04 High Dependency Unit (HDU)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.05 Chest pain assessment unit (CPAU)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.06 General hospital ward bed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

YOU HAVE REACHED THE END OF THE SURVEY. THANK YOU FOR YOUR TIME AND ASSISTANCE IN COMPLETING THIS FORM.

Instructions on how to submit this survey once completed

1. Please check that all sections of the survey have been filled in as appropriate. If you have any difficulties completing question(s) please refer to the completion note or contact your local coordinator prior to submitting this form
2. Please ensure any supporting documents required for section 13 are collected and returned with this survey
3. Please place the completed form and all supporting documents in the stamped, addressed envelope provided.

SNAPSHOT ACS IS A QUALITY INITIATIVE OF

The ACROSS investigators

The George Institute for Global Health, Australia

New South Wales Agency for Clinical Innovation

West Australian Cardiovascular Health Network

South Australian Cardiology Clinical Network

Queensland Statewide Cardiac Clinical Network

Victorian Cardiac Clinical Network

Cardiac Society of New Zealand

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