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 O. 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.

<table>
<thead>
<tr>
<th>State</th>
<th>Contact</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW/ACT</td>
<td>Karen Lintern</td>
<td>(02) 8644 2160</td>
</tr>
<tr>
<td>QLD</td>
<td>Tegwen Howell</td>
<td>(07) 3131 1424</td>
</tr>
<tr>
<td></td>
<td>Suzanne Spencer</td>
<td></td>
</tr>
<tr>
<td>SA/NT/Tasmania</td>
<td>Rosanna Tavella</td>
<td>(08) 8133 4016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0431 537 184</td>
</tr>
<tr>
<td></td>
<td>Carolyn Astley</td>
<td>(08) 8204 5667</td>
</tr>
<tr>
<td>VIC</td>
<td>Julie Plunkett</td>
<td>0487 934 693</td>
</tr>
<tr>
<td></td>
<td>Wendy Wallace-Mitchell</td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>Samantha Thompson</td>
<td>(08) 6488 1275</td>
</tr>
<tr>
<td>New Zealand</td>
<td>Greg Gamble</td>
<td>(64) 09 373 7599 ext 86262</td>
</tr>
</tbody>
</table>

Hospital Name: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

State or Territory [ ] [ ]

Name & Details of person/s to contact in case of queries [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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 hospitals 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  
   - Yes  
   - No

2.04 Doctor present in the emergency area 24/7  
   - Yes  
   - No

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?  
   - Yes  
   - No

2.07 Do you routinely perform stress testing for low/intermediate risk patients prior to discharge from ED?  
   - Yes  
   - No

## 3. Thrombolysis

3.01 Does your hospital provide thrombolysis for STEMI? (If No proceed to question 3.06a)  
   - Yes  
   - No

3.02 Can nursing staff initiate thrombolysis without requiring a doctor on site?  
   - Yes  
   - No

3.03 Do you routinely collect and report door to needle (DTN) times?  
   - Yes  
   - No

3.04a Do you routinely transfer patients for primary/rescue PCI if thrombolysis fails or is contraindicated (including those in cardiogenic shock)?  
   - Yes  
   - No  
   - 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?  
   - Yes  
   - No  
   - N/A PPCI on site

3.06a Do you routinely transfer STEMI patients for Primary PCI without giving thrombolysis?  
   - Yes  
   - No  
   - 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?  
   - Yes  
   - No

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 1st PCI 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?  
   - Yes  
   - No

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?  
   - Yes  
   - No

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

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

7. Specialist Services

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

<table>
<thead>
<tr>
<th>Service</th>
<th>On-Site</th>
<th>Off Site</th>
<th>On-Site</th>
<th>Off Site</th>
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</thead>
<tbody>
<tr>
<td>7.01a Cardiology</td>
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<tr>
<td>7.01b If Yes Cardiology FTE</td>
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<tr>
<td>7.02 Cardiotoracic</td>
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<tr>
<td>7.03 General Physician</td>
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<td>7.04 Neurology</td>
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<td>7.05 Geriatrics/Aged care</td>
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<td>7.06 Endocrinology/Diabetes</td>
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<tr>
<td>7.07 Respiratory</td>
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<tr>
<td>7.08 Haematology</td>
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<tr>
<td>7.09 Renal (Nephrology)</td>
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<tr>
<td>7.10 Dialysis Unit</td>
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<tr>
<td>7.11 Intensive Care Unit (ICU)</td>
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<tr>
<td>7.12 High Dependency Unit</td>
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</table>

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)

<table>
<thead>
<tr>
<th>Treatment area</th>
<th>Total Number of Beds</th>
<th>Number dedicated cardiac beds</th>
<th>Total No RNs/24hrs (Non Critical Care/Cardiac Qual)</th>
<th>Total No RNs/24hrs (Critical care/Cardiac Qual)</th>
<th>Total No ENs/24hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.01 Coronary Care (Select One only)</td>
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</tr>
<tr>
<td>- Dedicated Coronary Care/Cardiac Unit</td>
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<tr>
<td>- Combined Coronary care/HDU/ICU Unit</td>
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<tr>
<td>- Combined CCU/Cardiotoracic unit</td>
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<tr>
<td>- If none of the above applies – an inpatient area where admitted cardiac patients (incl troponin positive) are treated</td>
<td></td>
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<tr>
<td>8.02 Cardiac Step Down unit</td>
<td>Y N</td>
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<td></td>
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<tr>
<td>8.03 Short stay (elective) cardiac procedure unit</td>
<td>Y N</td>
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</tr>
</tbody>
</table>
## 9. Specialist Nursing and Allied health Workforce

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.01a Chest pain nurse in ED?</td>
<td></td>
<td></td>
<td>9.05 Physiotherapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.01b If yes FTE</td>
<td></td>
<td></td>
<td>9.06 Dietician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.02a Dedicated Heart Failure Nurse</td>
<td></td>
<td></td>
<td>9.07 Social worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.02b If yes FTE</td>
<td></td>
<td></td>
<td>9.08 Pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.03a Dedicated Cardiac Rehab Nurse/Coordinator</td>
<td></td>
<td></td>
<td>9.09 Psychologist</td>
<td></td>
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</tr>
<tr>
<td>9.03b If yes FTE</td>
<td></td>
<td></td>
<td>9.10 Aboriginal Medical Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.04 Occupational Therapist</td>
<td></td>
<td></td>
<td>9.11 Aboriginal liaison officer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 10. Medical Workforce

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

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

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.01 Inpatient Cardiac Rehabilitation program available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.02 Outpatient CR program available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.03 Alternate outpatient secondary prevention program available? (e.g COACH, home-based, GP based)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.04 Are all ACS patients automatically referred for outpatient CR/SP?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.05 Does your outpatient CR/SP program accept referrals from the community (GPs, self referral etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.06 Location where the majority of the CR/SP program is delivered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community based facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.07 Outpatient CR/SP program primarily delivered by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Officer</td>
<td></td>
<td></td>
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<tr>
<td>Multidisciplinary Team</td>
<td></td>
<td></td>
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<tr>
<td>Lay community</td>
<td></td>
<td></td>
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<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.08 Please indicate the components of the outpatient CR/SP program and how these components are delivered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity (exercise)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking cessation</td>
<td></td>
<td></td>
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<tr>
<td>Diet/nutrition</td>
<td></td>
<td></td>
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<tr>
<td>Weight management</td>
<td></td>
<td></td>
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<tr>
<td>Psychosocial well-being</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicines review</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 12.09 Mean length (in weeks) of the outpatient CR/SP program? [   ]

### 12.10 Mean number of sessions/contacts with provider during outpatient CR/SP [   ]

### 12.11 Objective assessment of cardiac risk factors at entry to outpatient CR/SP program [   ]

### 12.12 Objective assessment of cardiac risk factors at completion of the outpatient CR/SP program [   ]

### 12.13 Written feedback provided to treating/referring Dr(s) [   ]

### 12.14 A maintenance CR/SP program available [   ]

### 12.15 Main Delivery format of the outpatient CR/SP Program [   ]

<table>
<thead>
<tr>
<th>Format</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Face-to-face 1-on-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face-to-Face – Group based</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone/ Web-based</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paper-based only</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 12.16 Outpatient CR/SP program primarily funded by [   ]

<table>
<thead>
<tr>
<th>Source</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public (government) funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Source(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Insurance funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fee for Service</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 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  
- [ ] Y  - [ ] N

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 into 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.

<table>
<thead>
<tr>
<th>Tools</th>
<th>Available</th>
<th>If available, how is it used in clinical practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Reference Only</td>
</tr>
<tr>
<td>a. Hospital specific guidelines for triage &amp; management of ACS patients?</td>
<td>[ ] Y</td>
<td>[ ] N</td>
</tr>
<tr>
<td>b. A pathway/checklist or tools to risk stratify patients with Non ST Elevation ACS?</td>
<td>[ ] Y</td>
<td>[ ] N</td>
</tr>
<tr>
<td>c. A pathway/checklist or tool to facilitate early invasive management (angiography ≤48 hrs)?</td>
<td>[ ] Y</td>
<td>[ ] N</td>
</tr>
<tr>
<td>d. A pathway/checklist or tool to prompt the prescription of guideline recommended medications at discharge</td>
<td>[ ] Y</td>
<td>[ ] N</td>
</tr>
<tr>
<td>e. A pathway/checklist or tool for prioritizing or facilitating rapid inter-hospital transfer of patients?</td>
<td>[ ] Y</td>
<td>[ ] N</td>
</tr>
</tbody>
</table>

## 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) | [ ] | [ ] | [ ] | [ ] |
| 14.02 Step Down Unit | [ ] | [ ] | [ ] | [ ] |
| 14.03 Intensive care unit (ICU) | [ ] | [ ] | [ ] | [ ] |
| 14.04 High Dependency Unit (HDU) | [ ] | [ ] | [ ] | [ ] |
| 14.05 Chest pain assessment unit (CPAU) | [ ] | [ ] | [ ] | [ ] |
| 14.06 General hospital ward bed | [ ] | [ ] | [ ] | [ ] |

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

SNAPSHOT ACS is supported and endorsed by

The Cardiac Society of Australia and New Zealand
National Heart Foundation of Australia
Australian Commission on Safety and Quality in Health Care.