



## Appendix 2

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

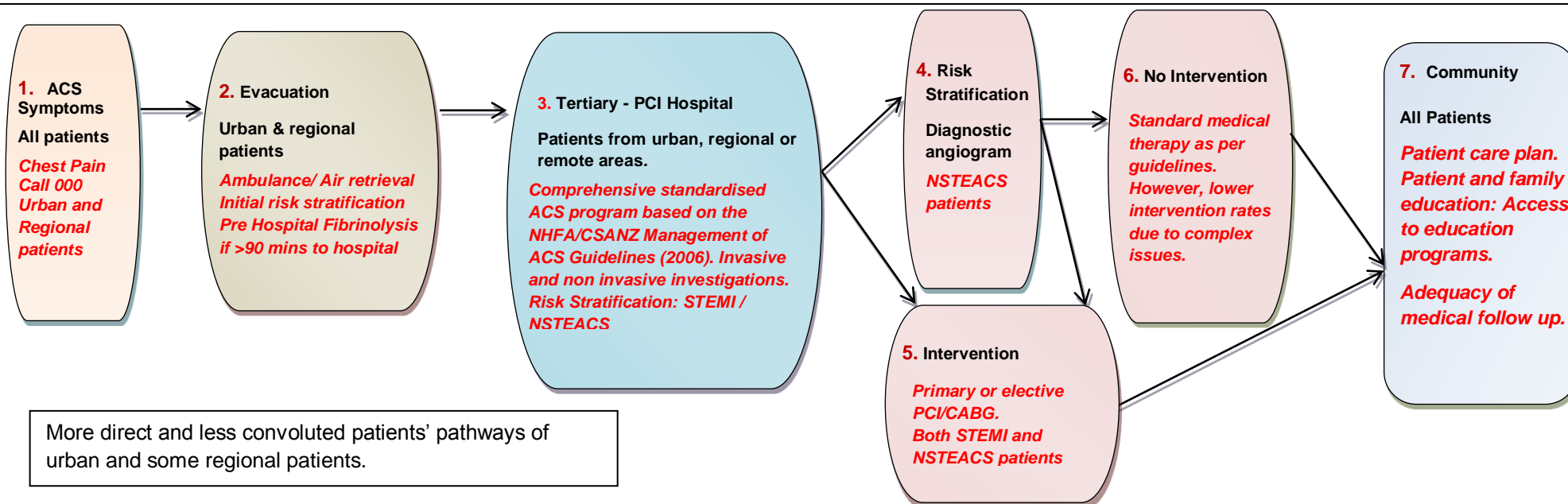
Appendix to: Ilton MK, Walsh WF, Brown ADH, et al. A framework for overcoming disparities in management of acute coronary syndromes in the Australian Aboriginal and Torres Strait Islander population. A consensus statement from the National Heart Foundation of Australia. *Med J Aust* 2014; 200: 639-643. doi: 10.5694/mja12.11175.

## Appendix 2. Urban Aboriginal and Torres Strait Islander patient's pathways for detection and management of ACS

### Issues along the ACS pathway that negatively impact on outcomes of Aboriginal and Torres Strait Islander patients.

| 1. Warning signs of a heart attack   | 2. Risk stratification and retrieval                         | 3. Pre-hospital fibrinolysis                                 | 4. In-hospital care: diagnosis/treatments   | 5. Secondary prevention / cardiac rehabilitation  |
|--|--|--|---|---|
| Lack of knowledge of the warning signs of heart attack and how to access emergency services. | Delayed risk stratification with complex retrieval pathways. | Lack of essential infrastructure and standardised protocols. | Disparities in hospital care including delays in treatment, including, documented lower intervention and revascularisation rates. | Inadequate follow-up care, reduced access to cardiac rehabilitation and secondary prevention. |

Contributing to negative outcomes across the pathway are psychosocial issues of: fear / institutional racism / cultural misunderstandings / waiting times / transport / health literacy / financial constraints



000 Emergency call number in Australia. ACS: Acute Coronary Syndrome; NHFA: National Heart Foundation of Australia; CSANZ: Cardiac Society of Australia and New Zealand; STEMI: ST-elevation myocardial infarction; NSTEMI: non-ST-elevation myocardial infarction; PCI: percutaneous coronary intervention; CABG: coronary artery bypass graft.