

Appendix 3

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.

lssu	ies along the ACS pathway tha	t negatively impact	on outcomes of Aboriginal and Torres Strait Islande	er 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 lack of point of care testing and complex and variable retrieval pathways.	Lack of essential infrastructure and standardised protocols.	Disparities in hospital care including delays in treatment, including, documented lower intervention and revascularisation rates. Primary PCI not available for most patients from regional centers and for all patients living remotely. Significant time delays from diagnosis to intervention.	Inadequate follow-up care. Reduced access to cardiac rehabilitation and secondary prevention.
fear /		-	cross the pathway are psychosocial issues of: / waiting times / transport / health literacy / financial	constraints
1. ACS Symptoms All patients CHEST PAIN Regional call 000. Remote: Call clinic / GP Variable and complex patient pathway from regional or remote	tivity Troponin) Non invas ment: testing: spriin Echocardi exane Stress tes	Regional al 5. Re PC nts R&R <i>monitoring.</i> <i>ive POCT</i> <i>iography /</i>	Comprenensive Standardised ACS program based on the HF/CSANZ ACS Guidelines Invasive and non invasive investigations. 7. Diagnostic Angiogram Regional or Tertiary Hospital gional Non- I Hospital patients nary Care nary ography but CI or CABG	11. Regional Hospital R&R patients Post intervention stabilisation. Wounds medications 10. Hostel R&R patients Access to medication 12. Comm All Patients Patient car plan. Patient and family educ Access to education programs. Adequacy of medical foll up

Appendix 3. Regional and Remote Aboriginal and Torres Strait Islander patient's pathways for detection and management of ACS

000 Emergency call number in Australia; R&R: Regional & Remote; RFDS: Royal Flying Doctor Service; POCT: Point of care testing (NB: High sensitivity Troponin testing not readily available); GTN: Glyceryl trinitrate; PCI: percutaneous coronary intervention; CABG: coronary artery bypass graft; GP: General Practitioner