Appendix 3

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

Appendix 3. Regional and Remote 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.

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<td>Lack of knowledge of the warning signs of heart attack and how to access emergency services.</td>
<td>Delayed risk stratification with lack of point of care testing and complex and variable retrieval pathways.</td>
<td>Lack of essential infrastructure and standardised protocols.</td>
<td>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.</td>
<td>Inadequate follow-up care. Reduced access to cardiac rehabilitation and secondary prevention.</td>
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Contributing to negative outcomes across the pathway are psychosocial issues of: fear / institutional racism / cultural misunderstandings / waiting times / transport / health literacy / financial constraints.

Variable and complex patient pathway from regional or remote communities in Australia.

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.