

Appendix 4

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 4

Infrastructure required to establish a designated provider clinical network Regional hospital/centre or Referral centre (receiving hospital) community health centre (referring hospital) Digital 12 lead ECG with Digital ECG storage and retrieval automated transmission to database system On-call cardiologist 24/7 with one designated clinical network Point of care testing - for troponin, access number and automatic full blood count, electrolytes digital ECG transmission for Monitoring and defibrillator review of ECG within 5-10 minutes capacity Triage and treatment algorithms Adequately trained staff including for STEMI, NSTEACS and nonnurses and Aboriginal Health Practitioners who are Advanced defined chest pains Life Support (ALS) certified with Data monitoring of set outcomes to evaluate effectiveness and knowledge of system protocols* safety of service Stress testing capacity for further risk stratification of non-ST segment elevation, troponin negative chest pains**

Formalised retrieval protocols and pathways

** This can be provided in regional centres so as to improve accessibility to diagnostic services. In remote centres there is no need for stress testing facilities, but clearly defined protocols are required defining the priority of patient transfer for further risk stratification as soon as possible (preferably within 24-48 hours).

Aboriginal Health Practitioners in regional areas will have ALS certification