

State Cardiac Reperfusion Strategy



SCRS IN YOUR AREA

The Agency for Clinical Innovation and NSW Ambulance have worked with teams in each Local Health District (LHD) to develop and implement locally appropriate operating models. For many people living in rural or regional NSW, the most practical and timely reperfusion treatment is thrombolysis.

WHO IS LEADING SCRS IMPLEMENTATION IN YOUR AREA?

There is a clinical lead and implementation team in your LHD which is supported and led by your LHD executive team.

WHY IS CARDIAC REPERFUSION IMPORTANT FOR PATIENTS WITH STEMI?

Blood flow to the myocardium must be re-established as soon as possible, so it is essential to decrease the time from symptom onset to definitive treatment.



What is the State Cardiac Reperfusion Strategy?

The State Cardiac Reperfusion Strategy or SCRS is a system of care for patients with a suspected **Acute Coronary Syndrome (ACS)**. NSW Health clinicians including doctors, nurses and paramedics are working collaboratively to deliver care that is tailored to patients in specific settings. All patients with a suspected ACS, regardless of their geographical location or presentation path (whether they arrive by ambulance or self-present at hospital), can benefit from early access to specialist medical advice and appropriate treatment.

Implementing SCRS

Implementation of the SCRS has occurred in two stages.

Stage 1: Primary angioplasty was established as the preferred model of care in metropolitan Sydney and Newcastle for patients with **ST-Elevation Myocardial Infarction (STEMI)** who call an ambulance.

This model is now widely known as **Pre-hospital Assessment for Primary Angioplasty (PAPA)**. During the first stage, 10 tertiary hospitals were designated as **PAPA facilities**, that are able to provide 24/7 access to primary angioplasty.

Stage 2: The strategy was expanded to facilitate access for patients across the State, specifically in rural and remote NSW. The cornerstone of Stage 2 has been the establishment of ACS 12 Lead ECG Reading Services in rural and regional LHDs to facilitate implementation of **Pre-Hospital Thrombolysis (PHT)** and **Nurse**

Administered Thrombolysis (NAT) models. Expansion of the PAPA model has also occurred in Stage 2, with Wollongong Hospital established as a PAPA site for the Illawarra area and Canberra Hospital confirmed to provide a PAPA service for Southern NSW.

NSW Ambulance Presentation Models

Paramedics acquire and transmit 12 lead ECGs to the ECG Reading Service for confirmation of diagnosis. If a STEMI is confirmed, the choice of reperfusion model is determined by the NSW Ambulance protocol.

The PAPA model is suitable for patients within a 45 minute safe travel radius of a designated PAPA facility. Treatment times are reduced because system activation occurs before the patient arrives at the hospital.

The PHT model provides an alternative reperfusion strategy for patients outside a 45 minute safe travel radius of a PAPA facility. If a STEMI is confirmed, paramedics can immediately initiate protocol directed thrombolysis, unless contraindications exist.

Hospital Presentation Models

The **Clinical Support Model** improves the care of patients who self-present to small hospitals by enhancing the level of expert advice available to clinicians. Hospitals are equipped with transmission capable ECG machines, and given access to a specialist ACS ECG Reading Service.

The NAT model is suitable for hospitals that do not have 24 hour on-site medical cover.

For more information visit www.aci.health.nsw.gov.au

