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# ACRE education campaign to implement ACS clinical pathways

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Service Improvement

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## Summary

In response to the October 2018 introduction of a new high-sensitivity cardiac Troponin assay (hsTnI) blood test to all Queensland Health Hospitals, the Accelerated Chest pain Risk Evaluation (ACRE)

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Project Team conducted a multi-modal education campaign to facilitate implementation of new suspected acute coronary syndrome (ACS) clinical pathways to hospitals across Queensland. The ACRE Project is an established statewide initiative to facilitate implementation of best evidence ensuring safe and efficient evaluation of patients presenting to Emergency Departments (EDs) with suspected acute coronary syndrome.

#### Key dates

Feb 2018

Sep 2019

#### Implementation sites

Statewide (27 facilities)

#### Partnerships

The ACRE Project Team partnered with Pathology Queensland, who were responsible for the introduction of the new hsTnI assay.

## Key Contacts

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## Aim

Education campaign to ensure clinical pathways reflect the evidence-based capabilities of the new assay, by allowing compression of serial testing timepoints for patients presenting to Queensland Health EDs with suspected ACS, ultimately aiming to reduce total hospital Length Of Stay (LOS) and hospital admissions. To ensure patient safety by correct clinical interpretation of the new assay.

## Benefits

Introduction of the new assay had significant implications on the assessment of patients presenting with suspected ACS. It allowed accelerated patient care by compressing serial Troponin testing timepoints, resulting in reduced median total hospital length of stay and fewer chest pain inpatient admissions. More importantly, the new assay required distinctly different interpretation to the preceding assay and the education campaign conducted by the ACRE Project team helped ensure appropriate clinical interpretation, thereby maximising patient safety.

## Background

The ACRE project team conducted a multi-modal education campaign to facilitate implementation of new suspected ACS clinical pathways to hospitals across Queensland following the October 2018 introduction of a new high-sensitivity cardiac Troponin assay (hsTnI) blood test to all Queensland Health Hospitals.

## Solutions Implemented

The ACRE Project Team utilised a multimodal campaign ensuring key stakeholders were aware of the new assay and its impact. The campaign ran over 3 months prior to implementation, on the 24th October 2018 and utilised:

- email (including e-alerts)
- videoconferences
- posters
- screensavers
- Queensland Health Intranet - QHEPS Homepage (Spotlight and What's New)
- education video published on the CEQ Improvement Exchange

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In addition to assisting individual hospitals to modify their existing Suspected ACS pathways, the project team liaised with the Clinical Pathways Program and the Statewide Cardiac Clinical Network to update the Statewide Suspected ACS Pathway.

## Evaluation and Results

The successful campaign reached 82 key stakeholders from 33 Queensland Health Hospitals via video conference education sessions, allowing for questions and discussions. The online education video has been viewed 2008 times across Australia. 27 of the 33 hospitals targeted (82%) implemented an accelerated pathway in response to the ACRE Project campaign. There was only one hospital we are aware of where the campaign did not filter through sufficiently to ensure a completely smooth transition. This was resolved quickly, and patient care was not affected. Data comparing the six months before to after introduction of the new assay demonstrate statewide improvements in both admission rates and hospital LOS. The proportion of chest pain patients admitted to hospital reduced from 39% to 32%. Median total hospital LOS dropped from 9.2 hours to 7.0 hours. These data compare favourably to those from one large facility that did not engage with the ACRE Project Team and showed no change to admission rates and no marked change to median total hospital LOS.

## References

Pretorius CJ, Tate JR, Wilgen U, Cullen L, Ungerer PJ. 2018, A critical evaluation of the Beckman Coulter Access hsTnl: Analytical performance, reference interval and concordance. *Clinical Biochemistry*, 55: 49-55. Chew DP, Scott IA, Cullen L, et.al. 2016, National Heart Foundation of Australia & Cardiac Society of Australia and New Zealand: Australian Clinical Guidelines for the Management of Acute Coronary Syndromes. *Heart, Lung and Circulation*, 2016 25 (9): 895-951