Submission by the Australian Nursing and Midwifery Federation

Acute Coronary Syndromes Clinical Care Standard

June 2026

Australian Nursing & Midwifery Federation

Annie Butler
Federal Secretary

Catelyn Richards
Federal Assistant Secretary

Alana Ginnivan
Assistant to the Federal Secretary (Strategy & Campaigns)

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
E: anmffederal@anmf.org.au
W: www.anmf.org.au

Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives and care-workers across the country.

2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

5. The ANMF thanks the Australian Commission on Safety and Quality in Health Care for the opportunity to provide feedback on the *Acute Coronary Syndrome Clinical Care Standard*. Given the breadth of the guideline, this submission does not address every question raised, our comments are confined to matters we consider to be key issues and directly relevant to the ANMF operations and expertise

Overview

Section 1: About your organisation
Which of the following best describes your organisation? Peak body Professional college / society Consumer organisation Clinical quality registry Research organisation Ambulance / retrieval service Other (please specify) – **Australian Nursing and Midwifery Federation**
Which jurisdiction does your organisation operate in? **National** Multiple states or territories (not national) Australian Capital Territory New South Wales Northern Territory Queensland South Australia Tasmania Victoria Western Australia
What role does your organisation have in ACS care? *(Select all that apply)* Care delivery Policy / guidance Education and training Quality improvement Consumer advocacy / support Registry management Research Funding **Other (please specify)**
Does your organisation have a specific focus, targeted programs or resources for any of the following population groups? *(Select all that apply)* Aboriginal and Torres Strait Islander peoples Regional, rural or remote communities

Older people People with disability Women Socioeconomically disadvantaged communities **Other (please specify)**
Section 2: Your familiarity and use of the Standard
How familiar is your organisation with the ACS Clinical Care Standard? Very familiar Moderately familiar Aware of the Standard Not aware of this Standard
How has your organisation used or applied the Standard? *(Select all that apply)* To support monitoring, audit or quality improvement Referred to in policy, guidance or position statements Disseminated or promoted to members Used in education, training or continuing professional development Used for advocacy Not used at all Not sure Other (please specify) – This policy will be used by our members in conjunction with their relevant workplace policy on providing care to patients who have ACS. This standard is a resource that is used to inform local policy on providing patient care who have ACS. Please briefly explain your response
To what extent has the Standard influenced ACS care in Australia? Major influence Moderate influence Minor influence No influence Not sure
Section 3: Quality statements and Indicators This section explores your organisation's views on the six quality statements and their associated indicators. All responses are valued, please continue even if you are not familiar with the Standard. For each quality statement, please rate: • importance: how clinically significant is this area of care? • priority: how high a priority is improving this care over the next five years?

A statement may be clinically important but not a current priority, for example, if care is already well established nationally.
This section also explores views on the indicators associated with each quality statement.

Immediate management

A patient presenting with acute chest pain or other symptoms suggestive of an acute coronary syndrome receives care guided by a documented chest pain assessment pathway.

Acute Coronary Syndromes Clinical Care Standard

Quality Statement 1

How important is the care described in Quality statement 1?

1 — Not important	2	3 – Moderately important	4	5 — Extremely important	Not sure

How high a priority is it for clinicians and health services to improve this area over the next five years?

Clinicians and health services need to follow the latest evidence to support how care is provided. The ANMF supports ongoing research for all clinical care standards. The challenge can be embedding research into clinical guidelines into health services. Due to advancements in technology and health research, the ANMF would recommend that improvements should be frequent or as needed. Formal Policy review should occur every three years to five years. There should also be earlier review if there is a significant change in evidence, workforce practice, legislation, technology, funding models or patient safety concerns.

1 — Not important	2	3 – Moderately important	4	5 — Extremely important	Not sure

Please briefly explain your ratings for Quality statement 1.

The ANMF supports the statements outlined in Quality Statement 1. These statements provide important guidance to support nurses and midwives in delivering consistent, evidence-based, and safe care to patients presenting with acute coronary syndrome. Clear and standardised quality statements assist clinicians to provide care in a timely, coordinated, and clinically appropriate manner, supporting improved patient outcomes and reducing variation in practice.

Nurses and midwives involved in the care of patients with acute coronary syndrome must have knowledge and understanding of chest pain assessment pathways, including the rapid recognition and escalation of symptoms suggestive of myocardial infarction. These

pathways are fundamental to guiding timely assessment, clinical decision-making, and access to appropriate interventions for patients presenting with, or developing, chest pain indicative of a cardiac event.

The ANMF also emphasises the importance of consistent implementation of this document across all relevant clinicians and healthcare settings to support continuity of care, multidisciplinary collaboration, and adherence to evidence-based best practice. The ANMF therefore supports the statements as currently provided within Quality Statement 1.

Quality Statement 2

Early Assessment

A patient with acute chest pain or other symptoms suggestive of an acute coronary syndrome receives a 12-lead electrocardiogram (ECG), and the results are analysed by a clinician experienced in interpreting an ECG within 10 minutes of the first emergency clinical contact.

How important is the care described in Quality statement 2?

1 — Not important	2	3 – Moderately important	4	5 — Extremely important	Not sure

How high a priority is it for clinicians and health services to improve this area over the next five years?

1 — Not important	2	3 – Moderately important	4	5 — Extremely important	Not sure

Obtaining an electrocardiogram (ECG) is considered a first-line intervention in the assessment and management of patients presenting with chest pain or suspected acute coronary syndrome. Timely acquisition and interpretation of the ECG within the recommended 10-minute timeframe is critical to patient outcomes, particularly in identifying time-sensitive cardiac events such as ST-elevation myocardial infarction (STEMI).

An ECG provides an important snapshot of the heart's electrical conduction at a specific point in time and forms a key component of comprehensive patient assessment. While it is only one aspect of the diagnostic process, it is a non-invasive, readily accessible

investigation that provides essential clinical information to support rapid decision-making and escalation of care.

The skill of performing an ECG is embedded within both bachelor and diploma nursing curricula, and nurses across pre-hospital, emergency, acute care, and critical care settings routinely undertake ECG acquisition as part of their clinical role. While the level of ECG interpretation may vary depending on a nurse's education, experience, and scope of practice, escalation pathways for timely review and interpretation are well established within clinical settings. In many healthcare environments, ECG findings are reviewed collaboratively by nursing peers, senior clinicians, or medical officers within the required 10-minute timeframe to support prompt diagnosis and treatment initiation.

The ANMF recommends that the guideline acknowledge the critical role nurses play in the timely acquisition, escalation, and coordination of ECG assessment as part of evidence-based acute coronary syndrome management pathways.

Quality Statement 3

Timely Reperfusion

A patient with an acute ST-segment-elevation myocardial infarction (STEMI), for whom emergency reperfusion is clinically appropriate, is offered timely percutaneous coronary intervention (PCI) or fibrinolysis in accordance with the time frames recommended in the current National Heart Foundation of Australia / Cardiac Society of Australia and New Zealand guidelines for the management of acute coronary syndromes.
In general, primary PCI is recommended if the time from first medical contact to balloon inflation is anticipated to be less than 90 minutes; otherwise, the patient is offered fibrinolysis.

How important is the care described in Quality statement 3?

1 — Not important	2	3 – Moderately important	4	5 — Extremely important	Not sure

How high a priority is it for clinicians and health services to improve this area over the next five years?

1 — Not important	2	3 – Moderately important	4	5 — Extremely important	Not sure

Please briefly explain your ratings for Quality statement 3.

This concept reflects best practice in the management of patients presenting with ST-elevation myocardial infarction (STEMI). Current evidence-based care pathways support primary percutaneous coronary intervention (PCI) as the preferred reperfusion strategy where it can be performed within the recommended timeframe, generally within 90 minutes. Where timely PCI is not achievable, fibrinolysis remains an important treatment option to minimise myocardial damage and improve patient outcomes.

It is important that nursing and midwifery professionals understand the principles underpinning best practice management for both PCI and fibrinolysis. Rapid recognition of STEMI symptoms, timely escalation of care, and implementation of evidence-based interventions are critical to reducing mortality, preventing complications, and ensuring safe, high-quality patient care.

While nurses may not direct or determine the definitive treatment pathway, they play a significant role within the multidisciplinary team caring for patients experiencing acute coronary syndrome. This includes patient assessment, ECG acquisition and escalation, preparation for reperfusion therapies, medication administration, patient monitoring, communication with the wider clinical team, and ongoing patient support throughout the acute care journey. The ANMF recommends that the guideline recognise the essential contribution of nurses in facilitating timely and evidence-based STEMI care.

Quality Statement 5
Coronary Angiography
The role of coronary angiography, with a view to timely and appropriate coronary revascularisation, is discussed with a patient with a non-ST-segment-elevation acute coronary syndrome (NSTEACS) who is assessed to be at intermediate or high risk of an adverse cardiac event.

How important is the care described in Quality statement 5?

1 — Not important	2	3 – Moderately important	4	5 — Extremely important	Not sure

How high a priority is it for clinicians and health services to improve this area over the next five years?

1 — Not important	2	3 – Moderately important	4	5 — Extremely important	Not sure

Please briefly explain your ratings for Quality statement 5.

It is extremely important for discussions to be held with patients for any procedure that that is required when under the care of health professionals. This is essential for informed consent, patient safety and ethical clinical practice. Patients have the right to understand, why this procedure is needed, potential benefits, risks and complications. What may happen if the procedure is not performed and what to expect during recovery and follow up care. Clear explanation allows patient to make an informed decision about their care, builds trust between the patient and the team. In high-risk procedures, transparency is important because of the complications can be significant. The responsibility for explaining dangerous or high risk procedures must be led by the clinician who is authorised, competent and primarily responsible such as the clinician performing the procedure. However, there is shared responsibility within multidisciplinary teams. Our members play a critical role in assessing a patient's capacity and understanding of the proposed treatment, mediation or procedure. Advocating for clarification if information is incomplete or unclear; and escalating concerns if they believe the patient has not been adequately informed, do not have capacity to consent.

Quality statement 6

Individualised Care Plan

Before a patient with an acute coronary syndrome leaves the hospital, they are involved in the development of an individualised care plan. This plan identifies the lifestyle modifications and medicines needed to manage their risk factors, addresses their psychosocial needs and includes a referral to an appropriate cardiac rehabilitation or another secondary prevention program. This plan is provided to the patient and their general practitioner or ongoing clinical provider within 48 hours of discharge.

How important is the care described in Quality statement 6?

1 — Not important	2	3 – Moderately important	4	5 — Extremely important	Not sure

How high a priority is it for clinicians and health services to improve this area over the next five years?

1 — Not important	2	3 – Moderately important	4	5 — Extremely important	Not sure

Please briefly explain your ratings for Quality statement 6.

Individualised care plans are essential for patients being discharged after a diagnosis of acute coronary syndrome (ACS), recovery and long-term outcomes vary significantly between individuals, and a standard “one-size-fits-all” discharge approach does not adequately address clinical or psychosocial needs. Individualised care plans also improve patient understanding and engagement. Patients may experience anxiety, reduced health literacy, or cognitive overload after an acute cardiac event. A personalised plan helps translate clinical information into clear, actionable steps, supporting adherence to treatment, recognition of warning signs, and understanding of when and how to seek urgent care.

Finally, individualised care plans support coordinated multidisciplinary care. They clearly outline follow-up responsibilities, referrals (such as to cardiac rehabilitation or primary care), and communication between hospital and community-based providers. Our members who are nurses play a central role in developing, coordinating, and implementing these plans, particularly in patient education, discharge preparation, and ensuring timely escalation or referral where required. This is critical to maintaining

continuity of care, reducing fragmentation across services, and supporting a safe and effective transition from acute hospital settings.

Please describe any changes that are recommended in the box below

This section would benefit from greater clarity regarding responsibility for the development, documentation, and communication of the individualised care plan. It is currently unclear which health practitioner is responsible for preparing the plan and ensuring that it is explained to the patient prior to discharge. In practice, this responsibility may sit with a range of clinicians working within Coronary Care Units and the broader multidisciplinary team involved in discharge planning and ongoing care coordination.

There is also no reference to patient involvement in the development of the individualised care plan. Partnering with consumers is a fundamental component of contemporary patient-centred care and should be explicitly recognised within the guideline. Patients should be involved in the creation of their care plan from the outset to support shared decision-making, improve health literacy, and promote adherence to ongoing treatment and follow-up recommendations.

The ANMF recommends that the guideline be amended to:

- clarify which health practitioner or multidisciplinary team member is responsible for developing, documenting, and communicating the individualised care plan; and
- explicitly state that patients are to be actively involved in the development of their care plan throughout their care journey, including discharge planning and transition to community-based care.

Section 5: Overall assessment and future direction

What should the review consider to better support culturally safe, high quality ACS care for Aboriginal and Torres Strait Islander peoples?

An acute coronary syndrome (ACS) clinical guideline can better support culturally safe, high-quality care for Aboriginal and Torres Strait Islander peoples by embedding culturally responsive principles throughout the patient journey, rather than treating cultural considerations as an additional or separate component of care.

The guideline should support stronger referral pathways to Aboriginal Community Controlled Health Organisations and culturally safe community-based cardiac rehabilitation and follow-up services. Greater recognition should be given to the challenges experienced by Aboriginal and Torres Strait Islander peoples living in rural, regional, and remote communities, including delayed access to specialist cardiac services and difficulties maintaining continuity of care after discharge from acute hospital settings.

Finally, Aboriginal and Torres Strait Islander peoples should be actively involved in the development, review, implementation, and evaluation of the guideline to ensure it reflects lived experience, community priorities, and principles of self-determination.

We recommend that cultural safety be embedded as a core quality principle throughout the guideline.

Do you have any other comments?

There is currently no reference within the guideline to the nursing staff involved in the care of patients diagnosed with acute coronary syndrome. Specialist nurses working across Emergency Departments, Cardiac Angiography Suites, Coronary Care Units, and Primary Care settings are integral to the patient journey, including acute management, discharge planning, patient education, and ongoing follow-up care within the community.

The guideline also assumes that all patients have access to a general practitioner acting as their authorised health practitioner following discharge. However, this may not reflect current models of care or patient circumstances. In many cases, nurse practitioners may

be the first point of clinical contact once a patient leaves the acute hospital setting, particularly in rural, regional, and underserviced communities.

The ANMF recommends the inclusion of “nurse practitioner” within Quality Statement 6 to better reflect contemporary multidisciplinary models of care and recognise the important role nurse practitioners play in the ongoing management, care coordination, and follow-up of patients with acute coronary syndrome.

ANMF members indicate that these guidelines will have a direct impact on clinical practice, staffing requirements, and patient outcomes in high-acuity settings.

The ANMF therefore welcomes the opportunity to provide this feedback and thanks the Australian Commission on Safety and Quality for its consideration.