Accelerated Chest Pain Risk Evaluation (ACRE)

Initiative Type  Model of Care
Status          Deliver
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Summary

New Queensland Health Cardiac Troponin Assay. Read more about how the troponin assay is changing The Accelerated Chest Pain Risk Evaluation (ACRE) project is a statewide project supported by the Healthcare Improvement Unit. The ACRE project aims to facilitate implementation of the best evidence for the safe and efficient evaluation of patients presenting to emergency department (EDs) with possible cardiac chest pain. The project utilises clinical redesign methodology to support adoption of accelerated diagnostic protocols (ADPs) that are evidence-based, safe, and patient focused. Since 2012, the ACRE project has worked with EDs across Queensland to implement the most current, evidence-based ADPs, thereby improving the evaluation of patients with possible cardiac chest pain. This has resulted in reduced length of stay (both ED and total hospital stay) and hospital admissions through implementation of protocols able to safely and rapidly assess patients at low and intermediate risk of Acute Coronary Syndrome (ACS). From 2012 to 2015, the ACRE project initiated implementation of the ADAPT protocol in 19 hospitals. From 2016-2018, the Improved Assessment of Chest pain Trial (ImpACT) protocol was implemented in 9 hospitals. With the introduction of the high sensitivity troponin assay in late 2018, the ACRE team is working with Queensland hospitals to promote the most effective utilisation of this assay by introducing accelerated patient management protocols. This includes facilitating the implementation of a 3 hour assessment timeframe for high risk patients in addition to the safe and efficient management of low and intermediate risk patients.

Key dates       Apr 2012 Jun 2019

Implementation sites  New Troponin Assay implementation
sites: all 33 Q Health hospitals with a pathology laboratory. ImpACT protocol sites: Cairns, Ipswich, SCUH, Nambour, Bundaberg, QE II, Rockhampton, Mackay, Gladstone. ADAPT implementation sites: 19 including pilot site.

**Partnerships**
Royal Brisbane and Women's Hospital

**Key Contacts**
Prof Louise Cullen / Dr Louise McCormack
ACRE project (Clinical Leads)
Healthcare Improvement Unit
(07) 3646 5891
ACRE_Project@health.qld.gov.au

**Aim**
The ACRE project aims to facilitate adoption of the best available evidence for the assessment of patients presenting to emergency departments (EDs) with possible cardiac chest pain. Widespread application of clinical redesign methodology enables implementation of recently researched accelerated diagnostic protocols.

**Benefits**
The ACRE team strives to ensure patients receive the best available care given resources available and recent evidence.
Improved efficiency of assessment resulting in

- A reduction in length of hospital stay
- A reduction in hospital admissions
- A reduction in objective testing of patients at low risk of major adverse cardiac events
Background
Each year in Australia an estimated 500,000 patients present to hospital emergency departments with possible cardiac chest pain, accounting for up to 10 per cent of all presentations. However, up to 85 per cent of patients with chest pain are found to not have an ACS after lengthy investigation (traditionally >8 hours) or admission for diagnostic workup. The emergence of ADPs and new assays for troponin support safe accelerated assessment of patients, and set the scene for clinical redesign and the translation of recent clinical research into practice.

Solutions Implemented
2018 ongoing: Accelerated care utilising the New Troponin Assay for Queensland Health

The introduction of the Beckman Coulter Access hsTnI assay across Queensland provides important and exciting implications for the assessment of patients with possible cardiac chest pain. This change is a great opportunity for emergency departments to adopt the best evidence-based care available. The ACRE project team is working with Queensland Health hospitals with access to laboratory testing to implement the most appropriate, safe, and efficient accelerated diagnostic protocol (ADP) based on the capacity and resources of each facility.

2016 – 2018: Improved Assessment of Chest pain Trial (ImpACT) protocol Rollout

The second stage of the ACRE project involved implementing the Improved Assessment of Chest pain Trial (ImpACT) protocol, an accelerated diagnostic protocol for assessment of patients with possible cardiac chest pain. Translating research findings into practice, the project has made rapid improvements in the assessment process of patients presenting with chest pain to Queensland emergency departments.

The ImpACT pathway has two components which encompass up to 75 per cent of patients presenting to emergency departments with possible cardiac chest pain. Firstly, a low risk group who can receive accelerated assessment to rule out acute
coronary syndrome (ACS) after 2 hours, and no longer require additional objective testing for coronary artery disease. Secondly, an intermediate risk group who can be assessed to exclude ACS after 2 hours and an inpatient exercise stress test.

**2017-18: ImpACT Aboriginal and Torres Strait Islander Research Project**

This research represents a side project of the ACRE project, to validate use of the ImpACT protocol in Aboriginal and Torres Strait Islander patients. It is supported by a partnership grant from the Australian Centre for Health Services Innovation (AusHSI)

**2012 – 2016: ADAPT ADP Pilot and Rollout**

A pilot implementation of the [ADAPT ADP](https://www.adapt.org.au) to Nambour Hospital in 2012 prompted the inception of the ACRE Project. The ADAPT research allowed 20 per cent of patients presenting with possible cardiac chest pain to safely undergo accelerated care, and successful translation of these results into clinical practice led to funding under the Health Innovation Fund for widespread rollout.

**Evaluation and Results**

**ADAPT Pilot**

Nambour General Hospital was selected as a pilot site to implement a clinical redesign by introducing the recently researched ADAPT Protocol into practice. Consistent with the research, the new clinical process safely identified approximately 20 per cent of patients at low risk of ACS who could be discharged home for outpatient exercise stress test (EST). Published outcomes include an average ED length of stay reduction of 81 minutes for patients presenting to ED with possible cardiac chest pain, resulting in increased compliance to the National Emergency Access Targets (NEAT). No major adverse cardiac events were reported.

*(Introduction of an accelerated diagnostic protocol in the assessment of emergency department patients with possible acute coronary syndrome: The Nambour Short Low-Intermediate Chest pain project)*

**ADAPT Rollout**

An evaluation of the ACRE project *(Implementing change: evaluating the Accelerated Chest pain Risk Evaluation (ACRE) project, 2017)*
) was published in the Medical Journal of Australia showing reduction of emergency department length of stay and fewer hospital admissions. The release in financial capacity resulting from these reductions was estimated at $13.5 M.

**Improved Assessment of Chest pain Trial (ImpACT) Rollout**

*The Improved Assessment of Chest pain Trial (ImpACT) (2017)* was published in the Medical Journal of Australia and showed safe, effective risk stratification and management for patients presenting to the Emergency Department (ED) with suspected acute coronary syndrome (ACS).

The ImpACT protocol safely allows low risk patients to be discharged with no further testing, and intermediate risk patients to undergo accelerated care (ECG and TnI at 0 and 2 hours, followed by inpatient objective testing). It does not change the care of high risk patients.

At the announcement of the new troponin assay in September 2018, the ImpACT protocol had been rolled out to 9 sites. Preliminary results showed improved care and management of patients presenting to the ED with suspected ACS.

**ImpACT Aboriginal and Torres Strait Islander Research Project**

It is acknowledged by the researchers of the original ImpACT study that Aboriginal and Torres Strait Islander patients were underrepresented. The increased burden of cardiovascular disease among these populations is well known, but there is a lack of evidence around exactly how this affects their risk stratification. The ImpACT Aboriginal and Torres Strait Islander Research Project aims to describe the risk stratification and outcomes for Aboriginal and Torres Strait Islander people assessed with the ImpACT protocol.

The study is being conducted in partnership with the ACRE Project Team (sponsored by the Queensland Health Clinical Excellence Division), the Australian Centre for Health Services Innovation (AusHSI) and Cairns Hospital. The research team acknowledges and pays respect to the Traditional Owners and the Aboriginal and Torres Strait Islander Elders, People, Consumers, and Staff, past and present, on whose land we carry out research.

The research has received formal support from the following organisations:

- Wuchopperen Health Service Limited
Lessons Learnt

- Key stakeholder engagement is essential
- A strong evidence base from locally derived research is invaluable
- Clinician-led projects support rapid adoption of change
- Adaptability to local processes is crucial
- Continual feedback and communication is necessary
- Small individual improvements = large scale gains

References


**Further Reading**

**Paper**

A Large Scale Implementation of the Adapt Accelerated Diagnostic Protocol into Clinical Practice in Queensland: Impact on Hospital Length of Stay and Admission Rates for Possible Cardiac Chest Pain

**Awards**


**Resources**

i-STAT Reference Ranges

Cardiac Troponin Assay - Frequently Asked Questions
ACRE Newsletter January 2019
ACRE Newsletter July 2018
ACRE Newsletter September 2017
ACRE Newsletter May 2017
The ACRE Project Statewide Outcome Report June 2016
The ACRE Project Outcome Evaluation Report February 2016

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