iCARE-ACS
Discussant Comments

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iCARE-ACS: Strengths

First nationwide prospective study evaluating the impact and safety of an ED ACS Clinical Pathway.

- **Design**: Prospective stepped-wedge (Usual Care)
- **Established ADP**: ASPECT & ADAPT studies
- **Diverse Hospitals**: large/small ED, cath lab x4
- **Pragmatic Measures**: Flexible clinical risk, hsTn
- **Structured Implementation**: Kotter’s 8-step change
- **Endpoints**: Impact = %ED discharge @ 6hrs
  Safety = 30-day MACE
- **Findings**: All hospitals improve & safe with ADP
iCARE-ACS: Limitations

• Alternate ADP Strategies:
  Risk Stratification – eg HEART Score
  hsTn criteria – limit of detection, 1 hr

• Insights into Hospital Variability:
  Underpowered to undertake analysis
  Clinical pathway, implementation or hospital

• Extend Clinical Pathway beyond the ED:
  ‘Non-ACS Patients’
  ACS Patients
iCARE-ACS: Global Implications

Globally translatable findings:

- Readily available measures
- Hospital ED service diversity
- Established implementation path
- Measurable QA outputs