



Patient copy

Dear Patient

We invite you to participate in a research study. This information leaflet will help you to decide whether you would like to participate. Before you agree to take part you should fully understand what participation entails. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask your cardiologist.

#### **THE NATURE AND PURPOSE OF THIS STUDY**

The aim of this study is to determine which factors lead to a delay in treatment of a heart attack in Tshwane hospitals. Your history as a patient is a very important source of information on how these delays may be prevented so that in future treatment can commence as soon as possible in patients with heart attacks.

#### **EXPLANATION OF PROCEDURES TO BE FOLLOWED**

This study involves the recoding of relevant information of your case by the cardiologist that is treating you. We will ask you some questions about your medical status preceding the heart attack, details of your symptoms, and how you got to hospital. Your diagnosis and treatment will be recorded until you are discharge from the hospital.

#### **RISK AND DISCOMFORT INVOLVED**

There are no risks in participating in the study.  
The interview will take about 15 minutes of your time.

#### **POSSIBLE BENEFITS OF THIS STUDY**

Although you will not benefit directly from the study, the results of the study will enable us to improve the care of patients with heart attacks in future.

#### **WHAT ARE YOUR RIGHTS AS A PARTICIPANT?**

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time during your treatment without giving any reason. Your withdrawal will not affect you or your treatment in any way.

#### **HAS THE STUDY RECEIVED ETHICAL APPROVAL?**

This study has received written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, telephone numbers 012 3541677 / 012 3541330

#### **INFORMATION AND CONTACT PERSON**

The contact persons for the study are Prof Rhena Delpport and Dr Adriaan Snyders. If you have any questions about the study please contact them at the following telephone numbers: 082 445 4500 or 082 446 1558.

#### **COMPENSATION**

Your participation is voluntary. No compensation will be given for your participation .

#### **CONFIDENTIALITY**

All information that you give will be kept strictly confidential. Once we have analysed the information no one will be able to identify you as participant. Research reports and articles in scientific journals will not include any information that may identify you, your cardiologist, or the hospitals where you were treated.



CONSENT TO PARTICIPATE IN THIS STUDY

Patient copy

I confirm that the person asking my consent to take part in this study has told me about nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect any treatment in any way.

I have received a signed copy of this informed consent agreement.

Table with 4 columns: Name (Print), Signature, Date, and a blank column. Rows for Participant, Investigator, and Witness.

VERBAL INFORMED CONSENT

I, the undersigned, have read and have fully explained the participant information leaflet, which explains the nature, process, risks, discomforts and benefits of the study to the participant whom I have asked to participate in the study.

The participant indicates that s/he understands that the results of the study, including personal details regarding the interview will be anonymously processed into a research report. The participant indicates that s/he has had time to ask questions and has no objection to participate in the interview. S/he understands that there is no penalty should s/he wish to discontinue with the study and his/her withdrawal will not affect any treatment in any way. I hereby certify that the client has agreed to participate in this study.

Table with 4 columns: Name (Print), Signature, Date, and a blank column. Rows for Participant, Person seeking consent, and Witness.



## SA HEART ASSOCIATION/SASCI STEMI EARLY REPERFUSION PROJECT

Delays in early reperfusion for ST-segment-elevation myocardial infarction –  
an observational multi-centre study in South African hospitals



### CONSENT TO PARTICIPATE IN THIS STUDY

Study copy

I confirm that the person asking my consent to take part in this study has told me about nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect any treatment in any way.

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	Name (Print)	Signature	Date
<b>Participant</b>			
<b>Investigator</b>			
<b>Witness</b>			

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	Name (Print)	Signature	Date
<b>Participant</b>			
<b>Person seeking consent</b>			
<b>Witness</b>			

## SA HEART SASCI STEMI EARLY REPERFUSION PROJECT

Today's date	
Hospital	
Patient Name	
Patient number	
Contact number	
Cardiologist	

Sticker

### CLINICAL EXAMINATION AND HISTORY

Sex		Age	Height	Weight	Waist circumference	Heart rate	Smoking Duration if yes: ..... (years)	Smoker Amount per day .....	Ex-smoker Amount per day .....	Never smoked
Male	Female	yrs	cm	kg	cm	/min				
Physical activity		Less than moderate			Moderate 30 min 3 - 5 times / week			More than moderate		

### THROMBOLYSIS

Medication prior to Thrombolysis	Dosage	Date	Time	Thrombolytic agent			
Asprin		Date	Time	Select any	Streptokinase	Tenecteplase	Reteplase
Clopidogrel		Date	Time	Dosage			
Unfractionated Heparin		Date	Time	Start date and time		Date	Time
Ticagrelor		Date	Time	End date and time		Date	Time
Other		Date	Time	90-120minECG		Date	Time
Other		Date	Time	Successful lysis		Yes	No

### CARDIAC HISTORY *(If coronaropathy known before the MI)*

Previous MI (1)	Date	DETAIL
Previous MI (2)	Date	DETAIL
Stable AP	Years / mo	COMMENT
CABG	Date	COMMENT
PCI (1)	Date	DETAIL
PCI (2)	Date	DETAIL

### DIAGNOSIS

ECG 1	Date and time	ECG 2	Date and time	Diagnosis confirmed	Date and time			
Chest discomfort		DETAIL						
Location of Pain								
Pain severity: 0-10 .....	Palpitation	✓	Pallor	✓	Diaphoresis	✓	Shortness of breath	✓
	Nausea/vomiting	✓	Dizziness	✓	Syncope	✓		

COMORBID CONDITIONS			
Previous IHD	Duration if yes: years/mo		
Family history of premature CVD <i>1st degree relative &lt;55 years in men or &lt;65 in women</i>	<i>Detail</i>	Unknown <i>Patient doesn't know</i>	Unknown <i>Patient doesn't know</i>
Hypertension	Duration if yes: years/mo		
Diabetes type 2	Duration if yes: years/mo	Most recent HbA1C: ..... % Fasting glucose ..... mmol/L	Date reported
Diabetes type 1	Duration if yes: years/mo	Most recent HbA1C: ..... % Fasting glucose ..... mmol/L	Date reported
Hypercholesterolemia <i>Treated hypercholesterolemia or Total LDL chol. &gt; 2,5mmol/L</i>	Duration if yes: ..... (years)	Total chol. .... mmol/L LDL chol. .... mmol/L HDL chol. .... mmol/L Triglycerides. .... mmol/L	Date reported

PATIENT JOURNEY						
Event	Comment			Date	Time	Unknown
<b>Symptom onset</b>						
<b>First medical contact (FMC)</b>						
Paramedic	<input checked="" type="checkbox"/>	ER at non-PCI-capable	<input checked="" type="checkbox"/>			
GP consulting room	<input checked="" type="checkbox"/>	ER at PCI-capable hospital	<input checked="" type="checkbox"/>			
Cardiologist consulting room	<input checked="" type="checkbox"/>	Other: .....	<input checked="" type="checkbox"/>			
<b>Strategy with FMC</b>						
Immediate transfer for p-PCI	<input checked="" type="checkbox"/>	Fibrinolysis and immediate transfer	<input checked="" type="checkbox"/>	Secondary transfer	<input checked="" type="checkbox"/>	No reperfusion in acute stage <input checked="" type="checkbox"/>
<b>Transport intervals</b>						
EMS call to response time	EMS arrival to departure time		EMS transport to hospital time	Personal transport to hospital time		
<b>Total distance travelled to hospital (km)</b>						
<b>Referral pathway</b>						
Arrival at non-PCI-capable hospital	Name of hospital					
Departure from non-PCI-capable hospital						
Arrival at PCI-capable hospital	Name of hospital					
Admission to	ER					
	ICU					
	Cathlab					
	Other					
Arrival in Cathlab						

Angioplasty						Date and time	
Primary PCI							
Coronary angiography with follow-on PCI in patients presenting within >12 hours of the onset of symptoms							
Coronary angiography with follow-on rescue PCI within 60–90 min after administration of fibrinolytics in patients with failed reperfusion							
Coronary angiography with follow-on rescue PCI in patients with recurrent myocardial ischemia after fibrinolysis							
Treatment of guilty lesion:	No. of DES used (drug-eluting stents)		No. of BMS used (bare metal stents)		No. of Balloons used		No. of GWs used (guide wires)
Thrombectomy <input type="checkbox"/>	Aspiration <input type="checkbox"/>	Balloon only <input type="checkbox"/>	Simultaneous treatment of other lesions <input type="checkbox"/>		Thrombolysis intra coronary <input type="checkbox"/>		Complete revascularisation <input type="checkbox"/>
Comments							

Post-PCI	Date and time	Comment
Transfer to ICU		
Transfer to ward		
Transfer to rehabilitation facility		
Transfer to referral hospital		
Discharge from hospital		
Non: Deceased		
Adult smoking advice or counselling given		
Pre-discharge patient education provided		

#### DISCHARGE MEDICATION

MEDICATION	dosage	MEDICATION	dosage

#### Comments

Please feel free to add any comments that you feel may be of use in understanding the data collected. Include information on adverse events, e.g. cardiac arrest ....

Questionnaire completed by	Contact details
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# SA HEART SASCI STEMI EARLY REPERFUSION PROJECT – FOLLOW-UP

Today's date	
Hospital	
Patient Name	
Patient number	
Contact number	
Cardiologist	

Sticker

## Follow-up report on first visit

Date:

## Follow up report on next visit

Date:

## 12 Months outcome

Report completed by

Contact details