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## ***Changing Cardiovascular Health – National Cardiovascular Health Policy 2010-2019***

The recently published Department of Health and Children policy document [Changing Cardiovascular Health – National Cardiovascular Health Policy 2010-2019](#) is welcome and, if implemented, will improve outcomes for patients with cardiovascular disease. However, there are conspicuous gaps in the coverage of some important issues by the authors. While the important roles of primary care, the ambulance service and inpatient services in hospitals are justifiably considered in significant detail, there is no consideration of the key role of the Emergency Department (ED) as the primary receiving area within the hospital where such patients will receive their initial emergency assessment, diagnosis and/or treatment!

The absence of Emergency Medicine expertise from the Working Group who authored the document, has no doubt contributed to the near absence of any reference to the role of the ED and how that role can be facilitated and enhanced. Given that the overwhelming majority of patients with undifferentiated chest pain, Acute Coronary Syndromes (ACS) including both types of 'heart attack' (ST-elevation and non-ST elevation Myocardial Infarcts) and stroke or suspected stroke attend an ED as their first and key point of contact with the acute hospital service, the omission of this vital area is bewildering. Emergency Departments, Consultants in Emergency Medicine and Non Consultant Hospital Doctors (NCHDs) working in EDs have key roles in the provision of emergency assessment and treatment of both ACS and suspected stroke and indeed both cardiac and stroke thrombolysis (i.e. provision of clot-busting drugs) is primarily delivered in the country's EDs.

While many of the recommendations of the document are ones which experts in Emergency Medicine support, the opportunity to recognise the key role of Emergency Medicine; to optimise staffing and infrastructure in Ireland's EDs and to remove barriers to the more efficient assessment and treatment of these high-risk patients has been missed. If the DoHC were to mandate the HSE to eradicate ED overcrowding (as successfully happened some years ago in the UK) and if appropriate reconfiguration of EDs was to happen, then further significant improvements would inevitably occur in the initial hospital management of these important conditions.

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