**Supplementary Materials**

**Prehospital ST-segment elevation myocardial infarction (STEMI) in Queensland, Australia:  
findings from 11 years of the statewide prehospital reperfusion strategy**



**Figure S1.** QAS procedures for prehospital management of STEMI. \*The 12-lead ECG meets QAS criteria for acute STEMI if it demonstrates persistent ST-segment elevation of ≥ 1 mm in at least two contiguous limb leads and/or ST-segment elevation of ≥ 2 mm in at least two contiguous chest leads (V1-V6) with a normal QRS width (˂ 0.12 seconds), or QRS width ≥ 0.12 seconds but right bundle branch block is identified. For ACPs, the LIFEPAK@12 must indicate “acute MI suspected” or the Corpuls3 must indicate “acute myocardial infarction”. #Travel time calculated from time of first STEMI 12-lead ECG to a PCI-capable hospital. ¥For prehospital fibrinolysis, CCPs use the “Autonomous fibrinolysis administration checklist” and ACPs use the “Decision supported fibrinolysis administration checklist”; for direct pPCI referral, CCPs use the “Autonomous pPCI referral checklist” and ACPs use the “Decision supported pPCI referral checklist”. ACP, Advanced Care Paramedic; CCL, coronary catheterisation laboratory; CCP, Critical Care Paramedic; ECG, electrocardiogram; pPCI, primary percutaneous coronary intervention; QAS, Queensland Ambulance Service; STEMI, ST-segment elevation myocardial infarction.



**Figure S2.** PCI hospitals by Local Ambulance Service Network (LASN). The state of Queensland is divided into 15 geographical (LASN) areas. \*Public hospitals. PCI, percutaneous coronary intervention.



**Figure S3.** Age distribution by gender.