



A new era in Acute Coronary Syndrome Diagnosis



High-sensitivity troponin testing has revolutionised our approach to diagnosing acute myocardial infarction in the Emergency Department (ED).

However, laboratory-based testing is currently failing to reduce length of stay ([read the latest research here](#)).

We now have lab quality high-sensitivity troponin tests available at the point of care (POC). These return results in less than 20 minutes.

The challenge for EDs is to use this technology to safely reduce waiting times and length of stay.



Exploring how we introduce this technology

In February 2026, the NIHR HealthTech Research Centre for Emergency and Acute Care hosted an event to explore how we can best achieve this.

NETWORKING EVENT

The event started with a pub quiz-inspired informal chat with clinicians, nurses, experts in laboratory medicine and industry partners.



What we heard:

We asked participants to describe their ideal POC troponin test in one word:

ROBUST
reliable
SAFE DIAGNOSTICS
USEFUL
ACCURATE.
CONCORDANT
= QUICK!
NSTEMI
flow

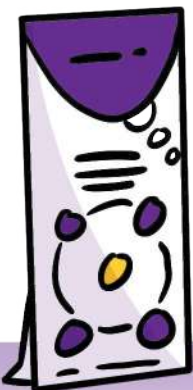
Burnley Urgent Care Centre has been using point of care troponin testing for 10 years, and staff would not go back.

You need a strong system to ensure quality control and calibration.

The key is to **carefully define the patient pathway.**

All of the delegates would consider adopting POC high-sensitivity troponin tests in the next 6 months.

Multiple stakeholders need to be involved: **ED, cardiology, lab medicine, POC testing teams, specialist nurses.**



DAYTIME EVENT

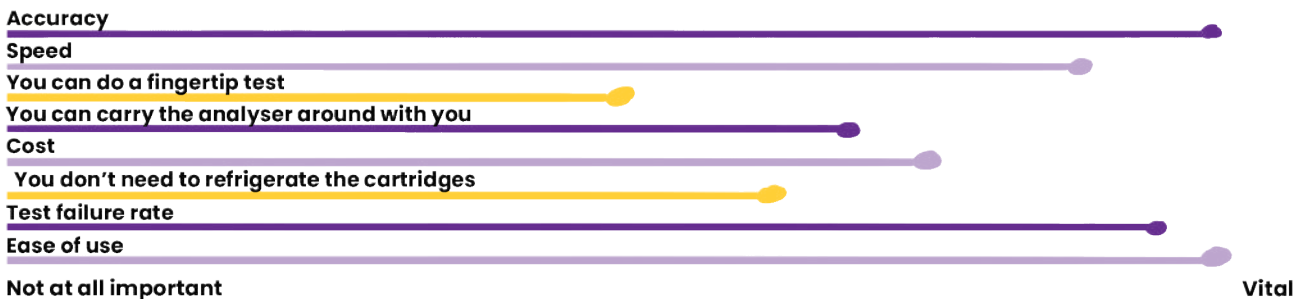
The next day, we welcomed emergency clinicians, specialist nurses, cardiologists, experts in laboratory medicine, industry partners, and patient and public representatives to an event at CityLabs, Manchester.

Those attending had a chance to interact with POC testing devices, hear from experts in the field, and share their thoughts about the best possible care pathways to support point of care high-sensitivity troponin testing.



What we heard:

Delegates told us about the important features of a POC test.



We listened to **patients** and **the public**, they told us:

“Information is power”

Explain the results in plain English.

“If I presented with aortic aneurysm the test wouldn't pick me up”

Pathways must be designed to ensure that other diagnoses are still considered. Staff must consider what did cause the symptoms, not just 'heart attack ruled out'.

“A real challenge is how long it takes to get through into ED”

For example parking. EDs need to think about how to streamline the journey from a patient's perspective, not just the ED's perspective.



Professional stakeholders told us:

Where to put the tests.

Top choices – Triage and ambulances.

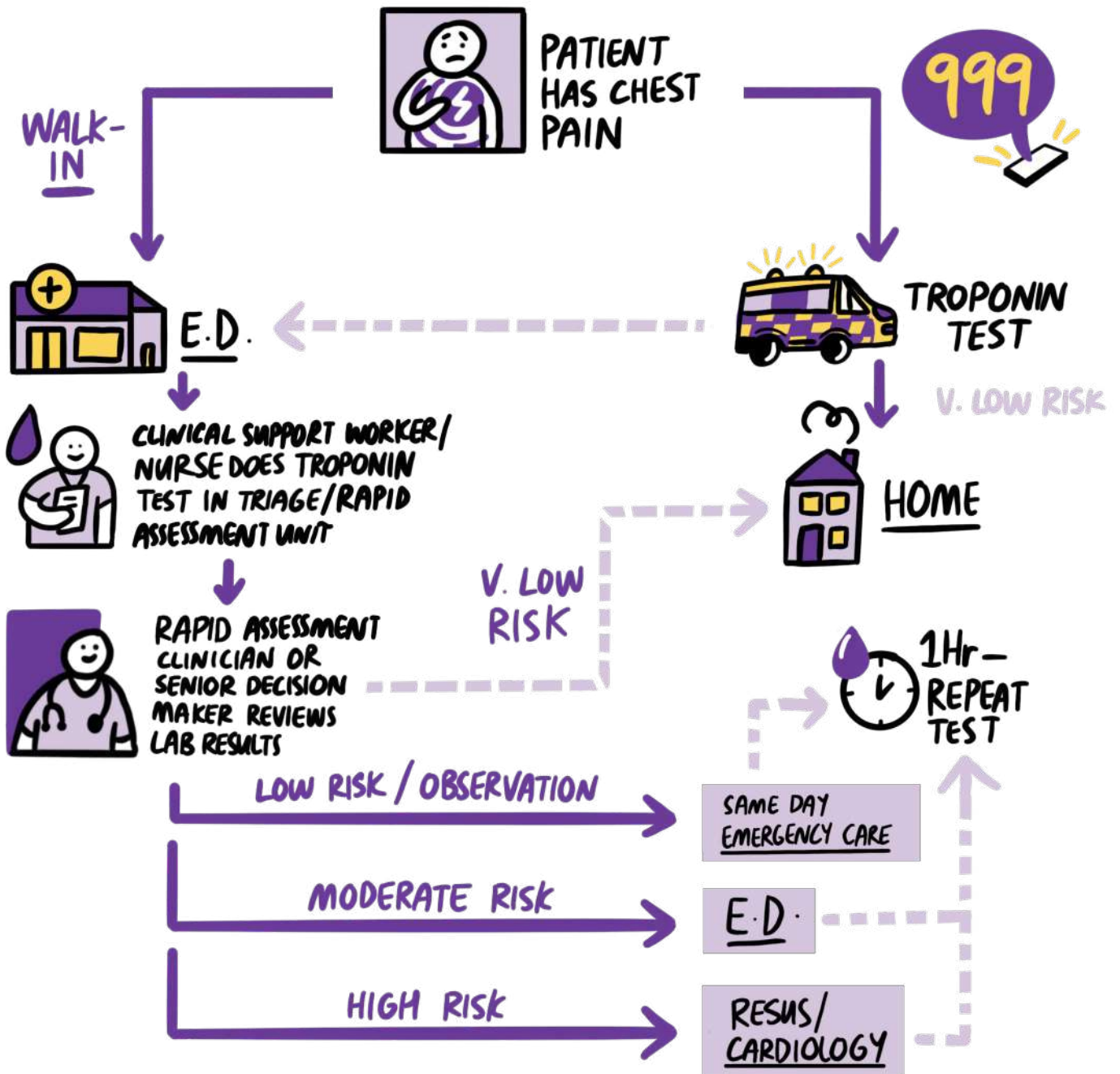
Who should do the tests.

Top choices – Clinical support worker or triage nurse.

Who should act on the tests.

Top choices – Rapid assessment clinician or Emergency Physician in Charge.

Explore the pathway that emerged at our event



One size doesn't fit all.

Emergency departments across the UK serve differing populations. Budget restrictions exist and workforce challenges can restrict options.



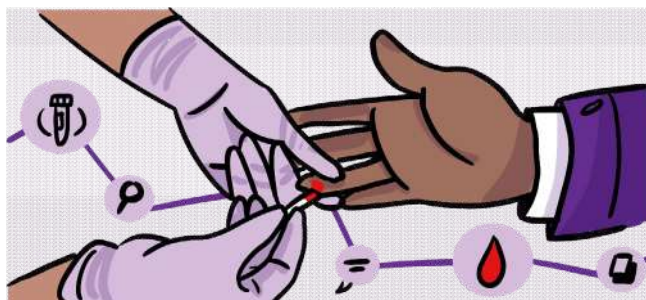
NHS Trusts must consider how best to **implement a new pathway** within their local ecosystem.



Consultation is vital. Talk to Emergency Department staff, paramedics, Cardiology, lab operators, managers, and don't forget patients and carers.

Take home messages

POC high-sensitivity troponin testing has great potential. It can improve efficiency and reduce ED crowding. **But it will only work with careful pathway re-design.**



Call to action

Shape the future of point of care troponin testing in your ED. **You could consider:**

Who will act on the results?

How will you ensure results are acted on immediately?

Who will run the tests, and where?

How will you make the link between POC tests and lab tests for patients who need to stay in hospital?

How will you provide information to patients?



Share the findings of this event with your colleagues. Reflect on your current pathways. Start a conversation about how this could work in your NHS trust.

[**Visit our webpage for more information**](#)

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