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238 THE IMPACT OF COVID-19 ON ACUTE STROKE TREATMENT

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Background: Acute stroke management is time critical. Treatment options are dictated by time of symptom onset. 2019 Irish National Audit of Stroke (INAS) showed less than 50% stroke cases arrived in hospital within three hours of symptoms and national average rate of thrombolysis was 11%. The median time Door-To-Needle time (DTN) was 56 minutes, and to thrombectomy 93 and 240 minutes 'direct to mothership' / 'drip and ship' transfer to thrombectomy centre respectively.

Methods: Retrospective review of all stroke FAST calls on our acute stroke database in TUH from July 2019 -2021. Data was analysed pre (up until March 2020) and during COVID-19 pandemic.

Results: FAST protocol imaging was obtained in 78% of cases (464/594). Documented time of symptom onset to CT was 1:50:00 pre-Covid-19 and 2:26:00 during Covid ($p < 0.001$). ED registration to CT was 28mins pre-Covid-19 and 30mins during Covid

($p < 0.001$). The median DTN time was 41 mins pre-Covid-19 ($n=21$), and 54mins during Covid-19 ($n=37$).

Conclusion: In contrast to INAS COVID-19 report, median DTN times and thrombolysis rates dis-improved at TUH. Trends observed probably reflect multiple factors; patient hesitation to attend ED; patient isolation from family; busier ambulance service; Infection control protocols. We observed small but significant change in door-to-CT time but a more significant increase in DTN. This may reflect time taken donning Personal Protective Equipment (PPE) or general increased ED activity. Understanding the impact of COVID-19 on acute stroke treatment metrics in addition to differences at sites may identify targets for national quality improvement in service delivery.