



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

☆ **Spotlight on Special Topics**

**INCREASED INPATIENT MORTALITY FOR CARDIOVASCULAR PATIENTS DURING THE FIRST WAVE OF THE COVID-19 EPIDEMIC IN NEW YORK**

Moderated Poster Contributions  
Monday, May 17, 2021, 1:30 p.m.-1:40 p.m.

Session Title: Cardiac Arrest, STEMI and Other Emergencies During COVID-19: A “Wrinkle” in Time  
Abstract Category: 61. Spotlight on Special Topics: Coronavirus Disease (COVID-19)  
Presentation Number: 1090-11

Authors: *Parth Makker, Moussa Saleh, Kristie Coleman, Gregg Husk, Rajiv Jauhar, Varinder Singh, Laurence Epstein, Jeffrey Kuvin, Stavros Mountantonakis, Northwell Health - Lenox Hill Hospital, New York, NY, USA, Northwell Health - North Shore University Hospital, Manhasset, NY, USA*

**Background:** The acuity and magnitude of the first wave of the COVID-19 epidemic in New York mandated a drastic change in health care access and delivery of care whose effects have yet to be fully evaluated.

**Methods:** We retrospectively studied patients admitted with an acute cardiovascular syndrome as their principal diagnosis to 13 hospitals across Northwell Health during March 11<sup>th</sup> through May 26<sup>th</sup> 2020 (COVID-19 era) and same period in 2019.

**Results:** 3016 patients (242 with COVID-19 positive PCR) were admitted for an acute cardiovascular syndrome during COVID-19 era compared to 9,422 patients one year prior (decrease of 68.0%,  $p < 0.001$ ). COVID-19 era patients presented later to the hospital (360 vs 162 min for acute myocardial infarction), underwent less procedures (34.6% vs 45.6%,  $p < .001$ ), were less likely to be treated in an ICU setting (8.7% vs 10.8%,  $p < .001$ ) and had a longer hospital stay ( $5.0 \pm 5.7$  vs  $4.3 \pm 5.2$  days,  $p < .001$ ). In-patient cardiovascular mortality at Northwell during COVID-19 era increased by 111.1% (3.8 vs. 1.8,  $p < 0.001$ ) and was not related to COVID-19 related admissions, all cause in-hospital mortality or incidence of out-of-hospital cardiac deaths in New York.

**Conclusion:** A lower rate and later presentation of patients with cardiovascular pathology coupled with a deviation from common clinical practice mandated by the first wave of the COVID-19 pandemic might have accounted for higher in-hospital cardiovascular mortality.

