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Methods: ED and cardiology data were extracted from electronic medical records for the period from 2/9/2019 to 1/3/2021. The TTCC for each presenting problem was compared between patients seen by the ECC and those not on the days the ECC worked by the rank sum test. The effect of COVID-19 on TTCC was assessed by an interrupted time series analysis.

Results: The ECC saw 378 patients; 112 had a cardiology consult. The effect of COVID-19 was increased TTCC (0.13 hrs/mo; $p=0.027$). For all presenting problems, median TTCC was 2.07 hours (IQR 1.44, 3.16) for patients seen by the ECC compared to 2.58 hours (1.73, 3.80; $p=0.007$) for patients not seen by the ECC. Chest pain (1.94 cf. 2.41 hrs; $p=0.06$) and non-obvious cardiac presenting problems (1.77 cf. 3.05 hrs; $p=0.004$) were seen quicker when the ECC was involved. Presentations with palpitations, respiratory distress and altered level of consciousness had similar TTCCs.

Conclusions: The ECC role resulted in an overall decrease in TTCC despite the role coinciding with the emergence of COVID-19. Further analyses involving patients' risk factors and presenting problems will clarify the optimal strategy for the ECC role.

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440

Exploring Variability in Monitoring for and Diagnosing Post-Operative Atrial Fibrillation After Coronary Revascularisation Surgery: A Scoping Review

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Background: Atrial fibrillation (AF) is the most commonly reported complication following coronary revascularisation surgery. The reported incidence rates and clinical practices for monitoring for and diagnosing post-operative atrial

Variable	Pre-lockdown	During-lockdown	P-value (<0.05)
All STEMI presentations	214	277	0.19
Onset-to-FMC M(IQR1-3) mins	68(32-189.50)	70(35-205)	0.53
Door-to-balloon M(IQR1-3) mins	50(37-67)	55(43-80)	0.16
Patient outcomes			
Unplanned cardiac readmission (30 days)	5	6	0.92
In hospital mortality (exclude. Shock/OOHCA)	3	6	0.53
All-cause mortality (hospital and 30 days)	15	24	0.50

fibrillation (POAF) are highly variable amongst published literature.

Objective: This scoping review sought to explore variability in clinical practice related to POAF diagnosis following coronary revascularisation surgery.

Methods: The Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for Scoping Reviews (PRISMA-ScR) guided the review. CINAHL, MEDLINE and ProQuest were searched to identify relevant published literature. Limits included papers published in English that included human participants over the age of 18. No date or study design limits were imposed. Eligibility screening and data extraction was conducted by one reviewer.

Results: A total of 534 papers were identified. Following the deletion of duplicates and application of inclusion and exclusion criteria 79 studies were included. The duration of time that a run of AF was required to be sustained to reach a diagnosis of POAF, ranged from 30 seconds to greater than 1 hour. A high level of variance was also identified in practices related to postoperative telemetry monitoring and the frequency of conducting postoperative twelve-lead electrocardiograms. The duration of continuous rhythm monitoring ranged from 24 hours to 5 days (up until day of discharge).

Conclusions: There is a lack of consistency regarding the diagnosis of POAF following coronary revascularisation surgery. Consensus and standardisation of clinical practices is urgently needed. This will enable future research to focus on examining the pre-disposing factors of POAF.

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441

Impact of COVID-19 Pandemic Lockdown on a Victorian Regional ST-Elevation Myocardial Infarction Service

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Background: The COVID-19 pandemic has impacted the utilisation of health services worldwide and was identified with a parallel decrease in global ST-elevation myocardial infarction (STEMI) presentations. Minimal published data exists on the pandemics impact on patient and systems delays, particularly in Australia.

Aim: We seek to examine the potential impact of the lockdowns associated with the COVID-19 pandemic on STEMI presentations, system delays and patient outcomes, in the largest regional area of Victoria.

Methods: Data was collected by retrospective electronic file audit, collated in REDCap, exported to SPSS Version 28. T-tests compared means between the two groups. Chi-Square and non-parametric tests were used as appropriate.

Results: There was no significant difference in STEMI presentations during the lockdown period. Door-to-balloon times comparable between the different times frames associated with lockdown (50 mins vs 55 mins, $p=0.16$). No significant difference was found for in-hospital and 30-day patient outcomes.

Conclusion: STEMI presentations did not change during the COVID-19 lockdown period. Patients did not experience delays to treatment in relation to door-to-balloon times. The lockdowns associated with the pandemic showed no significant impact on adverse outcomes in this region of Victoria.

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442

Implementation of Locally Tailored Clinical Procedure Videos to Support Clinicians With Rare Cardiology Procedures

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Background: Cardiac clinical procedures can be infrequent, high risk and complex. To address these challenges, we created and evaluated the use of locally created clinical procedure videos as an adjunct to traditional written procedures.

Methods: A post-implementation survey was conducted in acute cardiac and other critical care areas to evaluate the use of 7 newly created clinical procedure videos on temporary cardiac pacing (n=3), non-invasive ventilation (NIV) (n=2) and pericardiocentesis (n=2).

Results: 122 valid participant responses were analysed. 91% of the respondents had viewed at least one of the clinical procedure videos, with the average being 4.5 videos seen. The most viewed videos were pericardiocentesis (70%) and NIV (69%). Most of respondents (96%) were confident that they could apply video procedures in their practice and 90% were confident they could manage the procedure having viewed the video.

Important video features identified by participants were access to computers (95%), words on screen to reinforce concepts (77%), and access to videos on personal mobile devices (70%). Participants believed the videos increased their memory of procedure steps (98%) and made it easier and quicker to learn (94%). Participant preference was for videos to be an adjunct and not replace written procedures (78%).

Conclusion: This survey identifies that locally tailored videos procedures are acceptable and valued as an adjunct, supporting nursing staff prepare for high-risk infrequent cardiac procedures. Organisations should consider the creation locally tailored video resources that can offer staff on-demand education or procedural support at the point of care.

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443

Outcomes Following Atrial Fibrillation Hospitalisation in a Regional Australian Setting Between 2011 and 2019

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Aim: Examine 9-year trends in mortality and readmission following atrial fibrillation (AF) hospitalisation in metropolitan and regional Australian settings.

Methods: We identified all index AF hospitalisations in the Hunter New England region from 2011 to 2019, using a 9-year 'look back' period. The primary endpoint was a composite of all-cause mortality or all-cause readmission at 1 year. We used logistic regression to explore the predictors of the composite outcome of either all-cause death or readmission at 1 year.

Results: There were 15,824 patients admitted with a first episode of AF between 1 January 2011 and 31 December 2019, followed up until death or 29 January 2022.

The median age was 75 years (IQR 17) and 52% (n=8,274) were male. A total of 58% (n=14,996) resided in regional areas and the remainder in metropolitan areas. 3.3% (n=529) were Indigenous. Approximately 52% of patients had either died or been readmitted for any cause within 12 months of their index event. Average length of stay was 5.1 days (SD 9.4). The 30 day and 1-year all-cause mortality rates were 15% and 29%, respectively, with no change in the trend over the study period. Increasing age, being Indigenous, male, and living in more regional locations were predictors of the primary endpoint.

Conclusions: Atrial fibrillation hospitalisations are followed by high rates of death or readmission, especially in Indigenous and regional locations. There was no change in this composite endpoint over the 9-year study period.

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444

Performance of a Nurse-Led Rapid Access Chest Pain Clinic Within an Australian Setting: Analysis of Efficiency and Patient Satisfaction

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Background: Whilst health care resources remain under immense pressure, standardised assessment pathways such as rapid access chest pain clinics (RACPC) may provide opportunities for improved clinical efficiency. However,