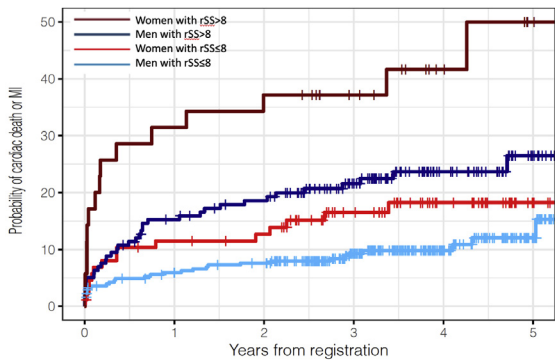




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Kaplan Meier Analysis for Cardiac death or MI by Gender and Completeness of revascularization

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### STEMI in the Time of COVID-19: NSW Data

P. Jeyaprakash<sup>2</sup>, L. Khor<sup>2</sup>, K. Madan<sup>2</sup>, S. Sivapathan<sup>2</sup>, L. Hill<sup>2</sup>, K. Robledo<sup>3</sup>, H. Hallani<sup>2</sup>, P. Roy<sup>4</sup>, K. Ellenberger<sup>5</sup>, N. Jepson<sup>5</sup>, J. Roy<sup>6</sup>, L. Pressley<sup>7</sup>, S. Patal<sup>7</sup>, L. Thomas<sup>8</sup>, J. French<sup>1,9</sup>, S. Burgess<sup>1,2,\*</sup>

<sup>1</sup> The University Of New South Wales, Sydney, Australia

<sup>2</sup> Department of Cardiology Nepean Hospital, Sydney, Australia

<sup>3</sup> NHMRC Clinical trials Centre, The University of Sydney, Sydney, Australia

<sup>4</sup> Concord Hospital, Sydney, Australia

<sup>5</sup> Prince of Wales Hospital, Sydney, Australia

<sup>6</sup> St George Hospital, Sydney, Australia

<sup>7</sup> Royal Prince Alfred Hospital, Sydney, Australia

<sup>8</sup> Westmead Hospital, Sydney, Australia

<sup>9</sup> Liverpool Hospital, Sydney, Australia

**Background:** The global COVID-19 pandemic has resulted in unprecedented changes to healthcare provision and presentations. International data reports an unexpected decrease in STEMI presentations over this period. On March 12<sup>th</sup>, 2020, a global pandemic was declared. In NSW on January 25<sup>th</sup> the first case of COVID-19 was confirmed, community transmission was confirmed on March 2<sup>nd</sup>, and on March 3<sup>rd</sup> the first death occurred. We report STEMI data from 7 NSW hospitals comparing rates of STEMI presentations in March 2019 with rates from March 2020 to assess the early impact of the corona virus pandemic on STEMI presentations.

**Methods:** Public Hospitals within NSW were asked to report on the number of STEMI presentations in March 2019 and March 2020 using pre-existing data collection methods at each hospital, however NSTEMI data is pending. This data will be updated each month.

**Results:** Amongst 10 NSW hospitals contacted 7 were able to provide data at short notice. A total of 179 STEMI presentations were included. In March of 2019 94 patients presented with STEMI to included hospitals compared to 85 presentations in March of 2020 (90%). Three hospitals had a

decreased number of STEMI presentations, Westmead (80%), Nepean (42%) and St George (46%) hospitals. All other hospitals have seen a small increase in STEMI presentations (126%-150%).

**Conclusion:** Early data suggests little change in the rate of STEMI presentations in NSW, however institutional variation was evident.

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### Streamlined Approach for Outpatient Coronary Angiography Leading to Procedural Efficiency

K. Hyasat\*, G. Fernia, K. Al-Zuhairi, J. Kamand, A. Ha, S. Lin, E. Hasche, H. Al-Mafragy, K. Liou, J. Chiha, K. Asrress

Bankstown-Lidcombe Hospital, Sydney, Australia

Increasing complexity of patients undergoing coronary angiography and limited resources has led to a need for a streamlined approach to patient management avoiding unnecessary delays and prolonged admission to hospital.

**Methods:** We performed a prospective analysis of outpatient coronary angiograms performed at our institution over a 12-month period. We analysed outcomes following coronary angiogram including PCI, medical therapy and referral for CABG.

**Results:** A total of 792 coronary angiograms were performed from February 2019 to February 2020 which comprised of 377 (47.6%) outpatient procedures. 210 (55.7%) patients were managed with medical therapy, and PCI was performed in 147 (39%) patients. Majority of patients were loaded with dual antiplatelets pre-procedurally (outpatient clinics, during admission or pre-angiogram). 129 (87.8%) patients met criteria for same day discharge (SDD). 18 (12.2%) patients were admitted post PCI. Patients admitted post PCI included: 5 due to advanced age; 2 dissections requiring second stent; 2 for chest pain; 1 side branch occlusion; 1 post plain balloon angioplasty and 1 post intracoronary lithotripsy. 1 (0.7%) patient required admission for staged rotational atherectomy. 5 (27.8%) patients were admitted due social and other medical reasons. 20 (5.3%) patients were referred for elective CABG There were no patients referred for urgent CABG or admitted for inpatient CABG.

**Conclusion:** A streamlined approach of a single coronary angiogram leading to efficient management of outpatients is feasible and we propose a similar strategy can be adopted at many centres.

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