lockdown as compared to the reference period was 36% (relative risk 0.64, 95% CI [0.36 to 1.15]). Total ischemic time was increased during the lockdown (1550 vs 485 minutes, difference between means 1066, 95% CI [16 to 2116], $P=0.047$). Patient delay appeared to be the most important factor leading to the increased total ischemic time. This was validated by the increase in the duration from symptom onset to first medical contact (1450 vs 323 minutes, difference between means 1127, 95% CI [74 to 2180], $P=0.037$). There

was no significant difference in cath lab arrival to wire cross time (19 vs 18 minutes, difference between means 0.9, 95% CI [-10 to 12] $P=0.87$). Numerically more patients presented greater than 24 hours after the onset of chest pain in the COVID-19 lockdown group (3 [33%] vs 1 [7%], $P=0.1$) with a numerically higher in-hospital mortality during this period which nearly met statistical significance (2 [22%] vs 0 [0%], $P=0.06$).

Conclusion/Implications This study suggests that the early phase of the COVID-19 lockdown was associated with a delay in patients seeking medical attention for STEMI. We would suggest that emphasis should be placed at a national level to inform the public that life-saving interventions such as 24/7 PPCI are still available during lockdown.

Abstract 61 Table 1 Baseline characteristics

Characteristic	Reference Period (n=14)	COVID-19 Lockdown (n=9)	P- Value
Male, No. (%)	14 (100)	5 (55)	0.014
Age, mean (SD), years	59 (10)	58 (17)	0.912
Hypertension, No. (%)	6 (43)	4 (44)	>0.99
Diabetes, No. (%)	0 (0)	2 (22)	0.142
Previous PCI or CABG, No. (%)	2 (14)	0 (0)	0.502
Smoker, No. (%)	5 (36)	5 (56)	0.417
Family History of Coronary Artery Disease, No. (%)	3 (21)	2 (22)	>0.99
Dyslipidaemia, No. (%)	6 (43)	2 (22)	0.4
PROCEDURAL CHARACTERISTICS			
Use of GPIIb/IIIa Inhibitors	2 (14)	1 (11)	>0.99
Use of Thrombectomy Catheter	0 (0)	1 (11)	0.391
TIMI 0 Flow	11 (79)	7 (78)	>0.99
TIMI 1 Flow	1 (7)	0 (0)	>0.99
TIMI 2 Flow	0 (0)	1 (11)	0.391
TIMI 3 Flow	2 (14)	1 (11)	>0.99
Culprit Vessel			
Left Anterior Descending Artery, No. (%)	5 (36)	2 (22)	0.657
Second Diagonal Artery, No. (%)	1 (7)	0 (0)	>0.99
Left Circumflex Artery, No. (%)	1 (7)	0 (0)	>0.99
First Obtuse Marginal Artery, No. (%)	0 (0)	1 (11)	0.391
Right Coronary Artery, No. (%)	6 (43)	6 (67)	0.4
Triple Vessel Disease, No. (%)	1 (7)	0 (0)	>0.99

Abbreviations: GPIIb/IIIa, glycoprotein IIb/IIIa; TIMI, thrombolysis in myocardial infarction.

62 CROSS BORDER STEMI PROGRAMME – ‘EVALUATING OUTCOMES THREE YEARS FOLLOWING ITS ESTABLISHMENT’

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Cross border cooperation between the health sectors of neighbouring states can play a vital role in ensuring certain patient populations have adequate access to essential health services that may otherwise be delayed or forgone in their native countries. County Donegal is unique within the Republic of Ireland in that its STEMI patients have benefited from urgent access to Primary PCI care delivered in Altnagavin Hospital, Derry, UK, since the establishment of the cross border programme between the Western Social Trust, UK and SAOLTA HSE group, ROI in 2016. Prior to this agreement, patients, were typically administered thrombolysis and transferred to the nearest primary PCI centre within the Republic of Ireland, either Galway University Hospital or Dublin, a 3.5 and 3 hour distance by ambulance, respectively. The region was previously an outlier in terms of access on account of its remote geographical location and a significant evidence practice gap existed, with patients deprived of access to PPCI care in accordance with best practice guidelines.

Abstract 61 Table 2 Outcomes of interest

Outcome	Reference Period (n=14)	COVID-19 Lockdown (n=9)	P Value	Difference between means [95% CI]	Effect Sizes (Hedges g)
Number of STEMIs per day, mean	0.6	0.4	0.308	0.2, [-0.2,-0.7]	0.31
Symptoms to First Medical Contact, mean, minutes	323	1450	0.037	1127 [74, 2180]	0.95
Symptoms to First Medical Contact, median, minutes	143	357	0.123		
First Medical Contact to Cath Lab, mean, minutes	144	81	0.045	62, [2, 123]	0.92
First Medical Contact to Cath Lab, median, minutes	121	74	0.03		
Cath Lab Arrival to Wire Cross time, mean, minutes	18	19	0.87	0.9, [-10,12]	0.06
Cath Lab Arrival to Wire Cross time, median, minutes	16	20	0.41		
Total Ischemic time, mean, minutes	485	1550	0.047	1066, [16, 2116]	0.9
Total Ischemic time, median, minutes	374	424	0.29		
Patients Presenting >24 hours since Chest Pain, No. (%)	1 (7)	3 (33)	0.1		
In-hospital Mortality, No. (%)	0 (0)	2 (22)	0.06		

Aims To evaluate outcomes from the first three years of cross border programme.

Methods

Retrospective case control study Review of electronic health records and patient charts undertaken. Outcomes measured included first positive ecg & ecg to balloon times, 30 day & 1 year mortality, readmissions & length of stay. Data across the three years 2017 – 2019 analysed as well as compared between individual years. 30 day mortality; readmission rates & length of stay analysed against comparator group which included all patients with a coded diagnosis of STEMI discharged within the three years (2013 – 2015) prior to programme establishment. Inclusion criteria: all accepted transfers considered to be ‘true activators.’

Results 196 patients from Donegal were accepted for transfer in the three year period. There were 22 false activations (11%.) 161 cases underwent primary PCI. 124 (71%) were male. The mean age was 67 years (12.5). No significant difference in baseline characteristics was observed between years 2017 – 19. Comparator groups were well matched. Median time to first positive ECG was 12’18”. The mean time from

ECG to wire-crossing was 110 min (65) for patients transferred from LUH and 82 (28) for direct community transfers. Overall mean time to reperfusion was 90 (43) minutes. 120 out of 161 (74.%) patients who underwent PCI were reperfused within 120 minutes. The culprit lesion was the LAD in 51 cases (32%), LCx in 21 (13%) & RCA in 72 (45%). Multivessel PCI was carried out in nine (5.6%) cases, while staged PCI occurred in 41 (25%). Of the total number of patients who underwent PCI (161), seven died within 1 year (4.3%), three of whom (1.9%) died within 30 days. Overall, eleven patients (6.3%) died within one year, with seven (4%) of these dying within the first 30 days. The median LOS was 6. 30 day readmission rate was 11.5%% (20/174,). Of these, 15 (8.6%) were cardiovascular. fourteen (8%) patients bled within 1 year. 30 day mortality was significantly lower among STEMI patients post establishment of cross border programme than in the previous 3 years (4% versus 11.2% p 0.019.)

Conclusion Collaboration has enhanced access to PPCI in Donegal. Significant reductions in 30 day mortality observed in patients treated within programme.