ensure patient perspectives inform all stages of research management and dissemination.

Conflict of interest None.

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23 IMPACT OF PUBLIC ACCESS DEFIBRILLATION ON THE LONG-TERM OUTCOMES OF CARDIAC ARREST SURVIVORS

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Background Little is known about the impact of public access defibrillation (PAD) on the long-term outcomes following out-of-hospital cardiac arrest (OHCA). We examine the impact of PAD on functional recovery and health-related quality-of-life in 12 month survivors of OHCA.

Method Between 2010 and 2016, adult OHCA survivors with an initial shockable rhythm were invited to participate in structured telephone interviews at 12 months post-arrest using the Glasgow Outcome Scale-Extended (GOSE), the EuroQol-5D (EQ-5D), and 12-Item Short Form (SF-12) health survey. Adjusted logistic regression was used to assess the effect of PAD on good functional recovery (GOSE ≥ 7) at 12 months.

Results Of the 1,221 12 month survivors, 1036 (85.6%) participated in telephone interviews of which 144 (13.9%) were first shocked by PAD. When compared to patients first shocked by EMS, a higher proportion of patients shocked by PAD reported living at home without care (84.7% vs. 76.3%, $p=0.02$) and returning to work (83.3% vs. 71.5%, $p=0.02$). Although SF-12 mental component summary did not differ between groups, fewer patients shocked by PAD reported physical disability according to the SF-12 (35.7% vs. 45.3%, $p=0.04$). Best imaginable health status (an EQ-5D score of 1) was also reported more frequently in patients shocked by PAD (52.5% vs. 41.9%, $p=0.02$). After adjustment, PAD increased the odds of good functional recovery by 77% (adjusted odds ratio [AOR] 1.77, 95% CI: 1.16, 2.71; $p=0.008$).

Conclusion Cardiac arrest patients shocked by PAD experience better long-term outcomes and more often report living independently.

Conflict of interest None to declare.

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24 FACTORS ASSOCIATED WITH EMERGENCY AMBULANCE RE-ATTENDANCE WITHIN 24 HOURS OF BEING DISCHARGED AT SCENE

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Background The factors associated with emergency ambulance re-attendance after being discharged at scene by paramedics are poorly understood.

Method Retrospective observational study of consecutive patients attended but not transported to hospital by an emergency ambulance in Victoria, Australia between 01/07/2016 and 30/06/2017. Rates of re-attendance within 24 hours were examined using probabilistic matching. Adjusted logistic regression analyses were performed to determine factors associated with: 1) re-attendance; 2) re-attendances involving cardiac arrest or 'lights/sirens' transport to hospital.

Results There were 97 061 non-transported patients of whom 3393 (3.5%) were re-attended within 24 hours. The outcome following initial attendance was: refused transport against paramedic advice (33.5%); referred to another healthcare provider (17.4%), and; discharged at scene (49.1%). On re-attendance, cardiac arrest occurred in 15 (0.5%) patients of which three were palliative, and 117 (3.4%) required 'lights/sirens' transport. The rate of cardiac arrest or 'lights/sirens' transport was higher in patients who initially refused transport against paramedic advice (4.8% vs. 3.4%, $p=0.04$). In the multivariable models, older age (Odds Ratio[OR] = 1.02[1.01–1.02] per year), male gender (OR=1.25[1.15–1.35]), and an initial alcohol/drug-related issue (OR=1.50[1.05–2.14]) were associated with re-attendance within 24 hours. Older age (OR=1.02[1.01–1.03]), male gender (OR=1.69[1.12–2.55]), an initial pulse rate ≥ 120 bpm (OR=2.49[1.22–5.06]) and an initial respiratory rate >30 bpm (OR=3.42[1.43–8.14]) were independently associated with re-attendances involving cardiac arrest or 'lights/sirens' transport. Paramedic years of experience was not associated with re-attendance.

Conclusion Ambulance re-attendance after discharge at scene is infrequent. Ambulance services may benefit from development of screening tools which identify patients at risk of harm after discharge at scene.

Conflict of interest None.

Funding None.

25 PsiCALL, EMERGENCY PSYCHOLOGICAL ASSISTANCE

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Background PsiCall is an emergency telematic psychological assistance service for students of the Universidad Complutense de Madrid, and arises to attend the psychosocial needs of this population. The goal is offering emergency psychological care, prevent and detect early mental health disorders, and referral to other resources.

Method PsiCall is composed by 18 operators, supervised by experienced clinical psychologist and/or emergencies staff; and there's also a coordinator and a director of the service. There is a call center with four teleoperation stations to carry out the assistance service, which operates from 7.30 a.m. to 23.30 a.m. from Monday to Thursday, and 24 hours during the weekends. The activity includes: Assistance: which is done by telephone, email or chat. General and specific intervention protocols have been developed for problems such as anxiety, depression, autolytic ideation, etc., based on evidence, which serve as a guide to attend people. There are also screening tools and decision trees. The phonecalls are attended first in triage to obtain sociodemographic data and the reason of consultation. After this, another operator performs the attention. Derivation is made when there's a need for it. Investigation: