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:

PsiCall collect the data of the users, in agreement with RGD, for descriptive and efficacy studies of the psychological intervention. Teaching: operators receive specific training in telematic psychological intervention to carry out a better assistance.

Results PsiCall has attended more than 800 students who present psychological and social emergencies since 2017.

Conclusion PsiCall is a pioneering telematic psychological assistance service in Spanish universities that contributes to improve student's wellness at the Complutense University of Madrid.

Conflict of interest None.

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26 PATIENT OUTCOME IN THE DANISH QUALITY DATABASE FOR PREHOSPITAL EMERGENCY MEDICAL SERVICES

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Background A national Prehospital Quality Database¹ has been established in Denmark, and most quality indicators reported are reflecting the administration of the service. In the effort to change the perspective of the register toward patient-centered care and outcomes, cardiac arrest data has been sought from the national digital patient chart used by all medical personnel in the EMS. The gold standard for comparison was The Danish Cardiac Arrest Register based on paper reports.

Method The study population consists of all emergency patients, where the entrance to health care is a 1-1-2 call forwarded to one of the five regional emergency medical coordination centers in Denmark (300,000–3 50 000 annually). The use of medical data on patients treated with cardiac arrest was collected directly from the medical charts to compare level of registration and quality of treatment. These data were available for 2016 and 2017.

Results From the medical charts we extracted 2576 patients in 2017 with witness cardiac arrest with 28.0% (n=?) had ROSC. Among patients receiving CPR 48.6% (n=) achieved ROSC. Correspondingly in 25.1% and 47.5% in 2016. In 2016 DHR reported an incidence of 66 per 1 00 000 inhabitants, where the new data yields 85 per 1 00 000. This suggests an underreporting to the register during the time of paper reports.

Conclusion National monitoring of health quality should reflect patient outcome. Extracting data directly from the medical charts is not without challenges but is feasible and will help to raise the standard of care.

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Conflict of interest None.

Funding None.

27 PREHOSPITAL STROKE CODE. EXPERIENCE IN AN ARGENTINEAN EMERGENCY MEDICAL SERVICE

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Background Stroke is a time dependent medical emergency¹ that requires the coordinated action of the pre and in-hospital teams to improve the results.² We present the epidemiological characteristics of the population requesting medical attention to a private EMS identified by the telephone operator with activation of a Prehospital Stroke Code (PSC).

Method Observational, retrospective, cross-sectional and descriptive study based on records made through the App Stroke Code v1.0 (internal development) from 01/09/2018 to 31/1/2019. n=97 cases. The data was transferred to a Microsoft Excel spreadsheet and to Epi Info v7.2.2.1 for analysis.

Results PSC was activated in 97 cases. 58 has a suspected Stroke and in 39, the code was canceled by on-scene-EMS team due alternative prehospital diagnosis. The mean age was 78 y/o. 44patients (76%) consulted within three hours of the onset of symptoms. CINCINATTI-prehospital scale average on arrival was 2 points. 100% of patients with CINCINATTI 0–1 consulted after 3 hs (15) (p0.03). On patients with CINCINATTI-score of 3, 97% (p0.038) were hypertensive at the time of the consultation. No hypoglycaemia was found. Of the 58 suspected stroke cases, 16 received some form of reperfusion treatment (rTPA IV, thrombectomy-intraarterial rTPA or combination). The remainder 43 patients who did not receive reperfusion treatment were mainly due to: Alternative in-hospital diagnosis, out of therapeutic window and Intracranial bleeding. The average door to needle time was 37 minutes.

Conclusion Patients more symptomatic consulted earlier 27% of the patients received reperfusion therapy, dramatically surpassing the average of our country (1% according to the RENACER registry3).

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Conflict of interest None.

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28 PAIN MANAGEMENT OF PEDIATRIC TRAUMA PATIENT IN A PREHOSPITAL MEDICAL SERVICE

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Background Pain produced by trauma events is one of the most common problems of prehospital settings. However, pain control in children continues being a challenge for health