# COVID-19

332    'EVERY DAY WAS A LEARNING CURVE': IMPLEMENTING COVID-19 TRIAGE PROTOCOLS IN UK AMBULANCE SERVICES – A QUALITATIVE STUDY

[1]A Porter*, [2]F Bell, [3]M Brady, [7]S Brown, [4]A Carson-Stevens, [5]E Duncan, [6]L England, [1]B Evans, [7]T Foster, [8]J Gallanders, [9]I Gunson, [8]B Harrington, [8]R Harris-Mayes, [1]M Kingston, [1]R Lyons, [2]E Miller, [10]A Newton, [11]T Quinn, [9]A Rosser, [12]AN Siriwardena, [1]H Snooks, [6]R Spaight, [1]A Watkins, [1]V Williams. [1]*Swansea University, UK*; [2]*Yorkshire Ambulance Service, UK*; [3]*Welsh Ambulance Service, UK*; [4]*Cardiff University, UK*; [5]*Stirling University, UK*; [6]*East Midlands Ambulance Service, UK*; [7]*East of England Ambulance Service, UK*; [8]*Patient/Public Representative*; [9]*West Midlands Ambulance Service, UK*; [10]*Independent*; [11]*Kingston and St George's University, UK*; [12]*University of Lincoln, UK*

**Background** TRIM is an evaluation of the triage models used by emergency ambulance services caring for patients with suspected COVID-19 during the pandemic's first wave in 2020. We aimed to understand experiences and concerns of staff about implementation of triage protocols.

**Method** Research paramedics interviewed stakeholders from four ambulance services (call handlers, clinical advisors, paramedics, managers) and ED clinical staff from receiving hospitals. Interviews (n=23) were conducted remotely using MS Teams, recorded, and transcribed in full. Analysis generated themes from implicit and explicit ideas within participants' accounts (Braun and Clarke 2021), conducted by researchers and PPI partners working together.

**Results** We identified the following themes:

Constantly changing guidelines – at some points, updated several times a day.

The ambulance service as part of the wider healthcare system - changes elsewhere in the system left ambulance services as the default.

Peaks and troughs of demand - fluctuating greatly over time, and varying across the staff groups.

A stretched system - resources were overextended by staff sickness and isolation, longer job times, and increased handover delays at ED.

Emotional load of responding to the pandemic - including call centre staff.

Doing the best they can in the face of uncertainty - a rapidly evolving situation unlike any which ambulance services had faced before.

**Conclusion** Implementing triage protocols in response to the COVID-19 pandemic was complex and had to be actively managed by a range of frontline staff, dealing with external pressures and a heavy emotional load.

**Conflict of interest** None.

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# Cardiac arrest

336    LONG-TERM QUALITY OF LIFE OF OUT OF HOSPITAL CARDIAC ARREST (OHCA) SURVIVORS: FEASIBILITY OF USING EQ-5D-3L IN AN ASIAN POPULATION

[1]X Yang*, [1]C Kwan, [2]P Pek, [3]S Lim, [2]N Shahidah, [2]N Graves, [2]FJ Siddiqui, [4]N Liu, [2]A Ho, [2]M Ong, PAROSStudy Investigators. [1]*National University of Singapore, Singapore*; [2]*Prehospital and Emergency Research Centre, Health Services and Systems Research, Duke-National University, Singapore, Department of Emergency Medicine, Singapore General Hospital, Singapore*; [3]*Department of Cardiology, National University Heart Centre, Singapore*; [4]*Health Services and Systems Research, Duke-NUS Medical School, Centre for Quantitative Medicine, Duke-NUS Medical School, Institute of Data Science, National University of Singapore, Singapore, SingHealth AI Health Program, Singapore Health Services, Singapore*

**Background** The purpose of this study was to evaluate the health-related Quality of Life (HRQoL) of OHCA survivors in Singapore using EQ-5D-3L and to assess the factors affecting survey response.

**Method** Adult OHCA patients aged >/= 18 years between April 2014 to December 2017 who survived to hospital discharge or 30 days were included in a retrospective follow-up study using data obtained from a national registry. EMS-witnessed arrests, those of a drowning or traumatic aetiology, or immediately pronounced dead at scene were excluded. Uncontactable and deceased patients at time of survey were deemed ineligible. The remaining were administered the EQ-5D-3L questionnaire via telephone follow-up at different time points.

**Results** Of 2727 patients with ROSC, 368 (25%) survived to discharge or were alive at 30 days. At point of survey, 77 (20.9%) had passed away and 38 (10.3%) were uncontactable. Of the remaining 253, 121 (47.8%) refused and interviews were conducted with 132 (52.2% ) patients or proxies. The median follow-up time was 24.5 months (19.2, 33.3).

The mean EQ5D index score was 0.77 (SD 0.44), 86 (65.7%) patients had a full score of 1. The mean EQ5D VAS score was 76.3 (SD17.6). Non-responders tended to be older (60.8 vs 54.9, p<0.003), and had poorer neurological status (CPC 3 or 4) (53.7% vs 35.6%, p<0.001).

**Conclusion** Majority of the OHCA survivors interviewed had a good quality of life post-OHCA at time of follow-up. However, the study was limited by the low response rate, variable follow-up time and selection bias (responders vs non-responders). For future QoL studies, we recommend that follow-up time be standardised after OHCA. Other measurements of HRQoL should be explored in our population.

**Conflict of interest** No conflict of interests to declare.

**Funding** None.