

(FMC) to balloon time with this network.

METHODS

All STEMI patients had a focused history, examination and ECG performed. A standardized form was filled and the patients were managed as per local guidelines. Symptom onset to ED, door-in-door-out time (DIDO), PCI centre door-to-balloon time (D2B), first –medical-contact (FMC) to balloon and total ischemic time were collected. In-hospital and 30-day mortality rate at 30 days were also reported. The data derived were divided into two phases. This is to evaluate temporal improvements as the network matures.

RESULTS

150 patients were enrolled in the 13 month period (n=46 for phase A and n=104 for phase B). The DIDO for the first cohort was 44 minutes, IQR (30-72) and this timing reduced significantly in the second cohort (30 minutes, IQR (24.5-50), P=0.043). The median FMC to balloon times also reduced significantly between the 2 phases (phase A, 111.5 minutes, IQR (95.75-132.75) and phase B 88 minutes IQR (75-108). p<0.001). There was no difference between in-hospital deaths reported between the phases (8.7% vs 2.9%. P=0.202). Thirty-day mortality differences were also not significant (2.4% vs 2.0%, P=0.971).

CONCLUSION

A protocol-driven management of STEMI patients could improve system timings like the DIDO and the FMC to balloon times as the network “matures” with time. There were no significant differences observed in the in hospital death and 30-day mortality rate. Further study is required to

evaluate the long term impact over of this strategy.

OP 4 ARE ALL EVENT MEDICAL COVERAGE SERVICES EQUAL? A CASE SERIES FROM A FRIENDLY GAME OF RUGBY

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INTRODUCTION

Event medical coverage is an integral part of pre-hospital care medicine and is increasingly used by event organisers to mitigate risk of high risk events such as contact sports and mass gatherings. Rugby is a collision sport played by amateurs and professionals. The game is physically demanding and results in a high incidence of injury, reportedly up to 497.6 events per 1000 playing hours.

CASE SERIES

We report on an event medical coverage for a rugby tournament which pitted 13 teams against each other with a total of 192 players, 46 team staff and 15 referees. During the 2-day event, there were a total of 26 players requiring medical attention. 2 required hospital referrals. The overall incidence of injury was 302.94 per 1000 playing hours. Two players who were originally discharged by the medical team subsequently presented to the hospital with deterioration of their condition.

Patient 1 was a 15-year-old girl who sustained a fall and landed on her left temporal region after being tackled by 3 opponents. She presented to the Emergency Department (ED) with multiple seizures. She was diagnosed to have a subdural hematoma and was subsequently discharged well without any surgery performed.

Patient 2 was a 16-year-old girl who sustained a fall after being pushed by her opponent while she was in the locks position. She landed on her buttocks with her legs extended. She also presented to the medical team who discharged her after a through examination. However, the patient presented to ED 3 days later with worsening lower back pain. She was diagnosed to have a compression fracture of L1 with extension to the right pedicle needing surgery.

DISCUSSION AND CONCLUSION

The incidence of injury is comparable to international tournaments and medical standby teams should be deployed to these events to mitigate risk of injuries.

KEY WORDS

Event medical coverage, rugby, pre-hospital care

OP 5 PSYCHOMOTOR SKILL AND KNOWLEDGE AMONG PREHOSPITAL CARE (PHC) PROVIDERS ON PERFORMING HIGH QUALITY CARDIOPULMONARY RESUSCITATION (HQ CPR) AT

A TERTIARY HOSPITAL: A CROSS SECTIONAL STUDY

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INTRODUCTION

International guidelines for CPR focused on methods of high quality cardiopulmonary resuscitation (HQ CPR) in ensuring return of spontaneous circulation. Currently there is a large gap between knowledge and practical implementation. Environmental factors such as static and moving environment contribute to the competency in performing HQ CPR. This study aimed to assess and compare the knowledge and psychomotor skill of pre hospital care (PHC) provider in performing HQ CPR in controlled and uncontrolled environment at 2 minutes.

MATERIAL AND METHODS

This is a cross sectional study conducted in Emergency Department Hospital Kuala Lumpur on July 2014 until May 2015. Forty PHC providers were enrolled into the study. The first part involved knowledge assessment using multiple choice questions. The second part involved objective and subjective assessments of psychomotor component in CPR within 2 minutes on a manikin in a controlled (static) and uncontrolled environment (moving ambulance and trolley). The objective assessment was measured with percentage of accurate compression and ventilation using a software program. The subjective assessment was conducted by two independent