**Abstracts**

**Disease Management Interventions in Lower-Limb Peripheral Arterial Disease: Impact on Functional Status**

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**Background:** Peripheral arterial disease (PAD) is a chronic atherosclerotic cardiovascular disease that is associated with significant morbidity, mortality and reduced quality of life. Disease management interventions may improve outcomes for people with PAD. The aim is to systematically review and quantify the effects of non-pharmacological and non-surgical chronic disease management interventions targeting people with lower-limb PAD.

**Methods:** An electronic search of bibliographic databases and registries using terms to identify PAD and disease management was conducted. Databases were searched from inception to November 2018.

**Main results:** Twelve trials with a total of 1287 participants were included in this review. Mean age of participants ranged from 65 to 73 years and 57% were male. Treatment effects were observed on the following primary outcomes with very low quality evidence: WIQ speed [MD 7.14 (2.65, 11.62); 4 trials; n = 412 participants], WIQ stair climbing [MD 9.74 (4.55, 14.93); n = 412 participants], WIQ walking distance [MD 12.65 (7.07, 18.24); 4 trials; n = 412 participants] and six-minute walking distance [MD 5.20 (2.56, 7.84); 3 trials; n = 451 participants].

**Conclusions:** Disease management interventions may improve functional status based on very low quality evidence. Our conclusions must be qualified by several methodological deficiencies in the studies and interpreted with caution despite the effect demonstrated.

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**Does the Implementation of Same Day Discharge Following Percutaneous Coronary Intervention Really Improve Healthcare Resources Utilisation?**

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**Background:** Same day discharge (SDD) following percutaneous coronary intervention (PCI) is a safe option that can facilitate discharge process and improve healthcare resources utilisation.

**Objectives:** The aim of this study was to evaluate whether implementation of SDD made impacts on length of hospital stay and healthcare costs in a tertiary health service in southeast Queensland Australia.

**Methods:** A pre-post quasi-experimental study design was adopted in this study. Data from outpatients who underwent PCI 6 months before (n = 66) and 6 months after (n = 82) the implementation of SDD were compared. Data from the hospital-based data repositories and electronic medical record were extracted. Descriptive and inferential statistical analyses were undertaken.

**Results:** During SDD implementation, 82 outpatients underwent PCI and 19 went home the same day: patients who had SDD required 20.5 hours shorter in length of hospital stay (median 7.4 hours vs 27.9 hours respectively) and spent $2,546 fewer in healthcare costs than those who did not (median $3,372 vs $5,918 respectively). When comparing data before and after the implementation, the median length of stay in the post-implementation group was 1.6 hours shorter and it was statistically significant; while the median healthcare costs in the post-implementation group was $526 more, although the result was not statistically significant.

**Conclusion:** The results suggest that a substantial number of patients who have SDD are required to make a meaningful impact on length of hospital stay and healthcare costs. Strategies that aim to increase the number of patients who can go home the same day are warranted.

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**Gender and Racial Differences in Rural NSW for Possible Admission With Acute Coronary Syndrome**

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**Introduction:** Gender and race have previously been shown to influence admission rates for presentation to rural hospitals with possible Acute Coronary Syndrome (ACS). The exact cause of the variance and whether it is universal is unclear.

**Objectives:** To compare influence of gender and aboriginality on presentation and admission rates for possible ACS in two large rural referral hospitals for the period February 2018 to February 2019.

**Methods:** The Hunter New England Health Acute Coronary Syndrome Registry was utilised to compare admission rates in two large rural referral hospitals. Aboriginality was assessed by self/identification at triage and gender from patient demographics. Admission rates were obtained from the patient management system (iPMS).

**Results:** Overall there was no difference in admission rate between aboriginal and non-aboriginal patients. Despite more females presenting at triage with possible ACS (55%) their admission rate was lower (25% versus 30% for males). Males had a higher 28-day mortality. There was no difference in the latter between aboriginal and non-aboriginal patients.