

Results For AMI identification the sensitivity was 99.4 (CI 95% 96.8-100.0), specificity 18.0 (CI 95% 19.9-20.1), PPV 13.4 (CI 95% 11.6-15.4) and NPV 99.6 (CI 95% 97.7-). Giving a rule-out rate of 16%, with <0.1% patients with AMI wrongly ruled-out.

For high-risk conditions (AMI, pulmonary embolism, aortic dissection etc.) identification the sensitivity was 98.4 (CI 95% 96.1-99.6), specificity 19.0 (CI 95% 16.1-19.1), PPV 20.0 (CI 95% 19.5-20.5) and NPV 98.3 (CI 95% 95.7-99.4), with four false negatives. Giving a rule-out rate of 16%, with <0.2% patients with high-risk conditions wrongly ruled out.

Conclusion By introducing high-sensitivity Troponins and applying the ESC 0/1 algorithm the EMS setting, high-risk conditions and especially AMI can be ruled out with high accuracy.

PP18 THE ROLE OF THE ROTATIONAL PARAMEDIC IN PRIMARY CARE

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Background Over the last decade, paramedics in the United Kingdom (UK) have increasingly taken up clinical employment away from ambulance services, with many moving into primary care settings. Reasons for this move are multifactorial and interwoven. However, in an effort to retain the paramedic workforce, rotational roles between ambulance services and primary care providers have been initiated.

Methods An online survey was distributed via the College of Paramedics to paramedics in primary care in England, Northern Ireland, Scotland, and Wales. The survey utilised both qualitative and quantitative items to better understand the scope of role undertaken by paramedics in NHS primary care and explore the perceptions paramedics in primary care have on their contribution to primary care teams. This presentation will focus on the results relevant to paramedics who rotate between ambulance services and primary care settings only.

Results The survey was completed by 341 paramedics. Of these, 10% worked one day a week in a rotational role. The most common job title was Advanced Paramedic Practitioner (44%) or First Contact Practitioner (25%), though other job titles were also reported. Of particular note is the correlation between hours worked and attending presentations such as catastrophic haemorrhage ($rs=.109$, $p=.044$), anaphylaxis ($rs=.127$, $p=.019$), angioedema ($rs=.140$, $p=.009$), seizures ($rs=.147$, $p=.007$), and overdose/poisoning ($rs=.200$, $p<.001$), where respondents who worked in a rotational role attended these presentations to a greater extent.

Conclusion The survey highlighted the variety of work that paramedics in rotational roles undertook in primary care, however paramedics in these roles attended emergency presentations in primary care to a greater extent when compared to their full-time counterparts. Whilst the ability for paramedics to attend emergency presentations in primary care may be a benefit for primary care providers, this does little to develop their primary care clinical acumen.

PP19 A QUALITATIVE STUDY TO EXPLORE CURRENT CHALLENGES AND FUTURE OPPORTUNITIES RELATING TO THE PREHOSPITAL TRIAGE OF PATIENTS WITH TRAUMATIC BRAIN INJURY

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Background Evidence suggests that patients with traumatic brain injury (TBI) benefit from treatment at specialised neuro-trauma centres, emphasising the importance of accurate identification in prehospital care. A practical need exists to evaluate prehospital providers' perspectives in order to introduce new measures to enhance triage decisions, such as brain biomarkers, near-infrared spectroscopy and decision aids. This study explored the current challenges ambulance personnel face when triaging patients with suspected TBI and their perceptions of the facilitators and barriers to adopting new decision aids to enhance TBI diagnosis in the prehospital environment.

Methods Twenty semi-structured interviews were conducted remotely between June 2022 and December 2022 with prehospital clinicians of varying levels of experience across the UK. Participants were recruited in collaboration with the research lead of each UK NHS ambulance trust. The interview topic guide was developed a priori and piloted. Interviews were audio recorded, transcribed verbatim, and analysed using a hybrid process of deductive and inductive thematic analysis.

Results Four themes and fifteen subthemes emerged, as follows. The first theme related to specific triage challenges: elderly patients; differentiating TBI from other conditions; identifying mild to moderate TBI; and using the current triage tools. The second theme related to potential areas for improvement: education and training; specific TBI triage criteria; elderly triage criteria and new diagnostic tools. Third, there were barriers to using new innovations: training and financial aspects; on-scene time; and application and distribution concerns. The fourth theme was facilitators: effective implementation strategies; in-depth and practical training to instil confidence in paramedics; evidence of accuracy, cost-effectiveness and feasibility of implementation; and guidelines for selecting patients for testing and guiding care.

Conclusion Enhancing personal training and education, assessing the feasibility of introducing new diagnostic tools, and developing evidence-based triage tools may improve prehospital triage for patients with suspected TBI.

PP20 A NATIONAL RETROSPECTIVE COHORT STUDY OF THE DEMOGRAPHIC AND CONVEYANCE CHARACTERISTICS OF PAEDIATRIC PATIENTS PRESENTING TO THE SCOTTISH AMBULANCE SERVICE, BEFORE AND DURING THE COVID-19 PANDEMIC

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