

**P089**  
**TEMPORAL TRENDS OVER 13 YEARS IN**  
**CARDIAC ELECTRONIC DEVICE INFECTION**  
**RATES AND PREVENTION OF ARRHYTHMIA**  
**DEVICE INFECTION TRIAL (PADIT) SCORES**

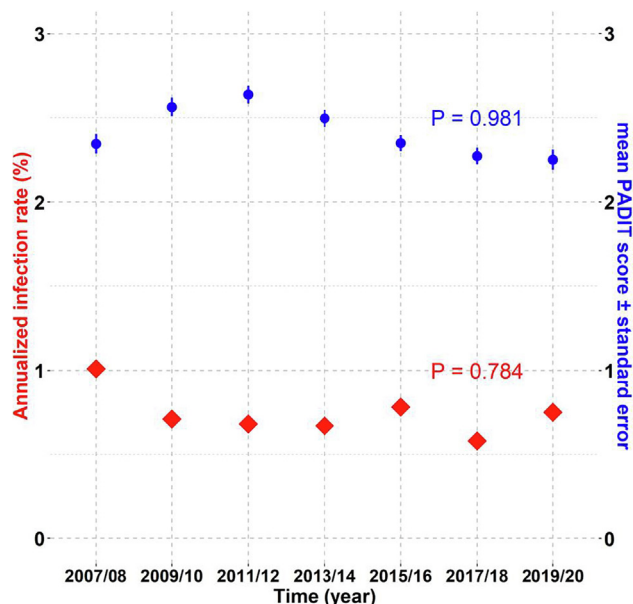
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**BACKGROUND:** Cardiovascular implantable electronic device (CIED) infection is associated with significant patient morbidity and mortality. The PADIT device infection prediction score was recently described. The PADIT score can range from 0 to 15 and includes prior procedures [P], age [A], depressed renal function [D], immunocompromise [I], and procedure type [T]. The PADIT score classifies patients into low (0-4), intermediate (5-6), and high ( $\geq 7$ ) risk groups for device infection. We sought to assess the temporal trends in PADIT score and rates of CIED infections over time. We hypothesized that the average PADIT score (and infection rates) would increase over time due to increasing relative frequency of device upgrades / pulse generator changes and patient co-morbidity.

**METHODS AND RESULTS:** A prospective registry of all CIED implant procedures was started at our institution in Jan 2007. The registry was initiated in collaboration with our hospital infection prevention team and had a specific focus on prospectively identifying all potential CIED infections. All potential CIED infections were independently assessed by two physicians. A third physician adjudicated if necessary. Device infection was defined as pocket infection, blood-stream infection, and endocarditis. Antibiotic use and peri-procedural care were consistent in all procedures as per institutional protocol. We calculated the PADIT score for each CIED implant and determined the mean  $\pm$  standard error with infection rate for each 2-year time interval. Over a 13-year period 14,063 procedures were completed (mean age  $72 \pm 14$  years, female 35%, new implants 70%, pulse generator changes 18%, and upgrades 11%). There were 102 infections between 2007 and 2020. The infection rate over the 13 years was 0.73% with range from 0.58- 1.01% in each 2-year time interval. The mean PADIT score with standard deviation was  $2.4 \pm 2.4$ . We found no significant difference in mean PADIT scores or the proportion of infections with time.

**CONCLUSION:** Our data suggests no significant change in the rate of infections or mean PADIT score over time. The overall low rate of infection in our study was likely due to operator experience and use of standardized guideline directed peri-operative care. Fig. 1: Annualized CIED infections and mean PADIT score for all implanted CIED per 2-year time interval. Two-sided t-test comparing mean PADIT score or infection rate to 2-year interval data.



**P090**  
**THE EFFECT OF NURSE PRACTITIONER-LED**  
**CARE IN TERTIARY CARE ON HEALTH-RELATED**  
**QUALITY OF LIFE IN ADULT PATIENTS WITH**  
**ATRIAL FIBRILLATION- RESULTS OF A**  
**RANDOMIZED CONTROLLED TRIAL**

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**BACKGROUND:** Atrial fibrillation (AF) is associated with significant morbidity, mortality & healthcare resource utilization. The prevalence of AF is increasing with an aging population, and timely access to specialized cardiovascular care is a concern. Nurse practitioner (NP)-led care may improve access and quality of care, but requires formal assessment. The purpose of this study was to assess the effect of NP-led care, compared to usual general cardiologist care on health-related quality of life (HRQOL) in patients with AF.

**METHODS AND RESULTS:** We conducted a randomized controlled trial comparing NP-led care vs. usual care in patients referred to our tertiary cardiology centre for AF. Inclusion criteria: consenting adults with documented nonvalvular AF and ability to complete questionnaires. Exclusion criteria: referred for electrophysiology (EP) intervention, clinically unstable, or unable to attend follow-up. We randomized patients 1:1 prior to their first clinic visit. Intervention: NP care (history, physical exam, treatment plan, patient education, and follow-up at 3 and 6 months). Control (usual care): General cardiologist consultation and follow-up as per their usual practice. Primary outcome was difference in change in Atrial Fibrillation Effect on Quality of Life (AFEQT) scores at 6 months between groups. Secondary outcomes were: difference in change of EuroQOL EQ-5D-3L scores at 6 months, difference in composite outcomes of death