at Hospital 2). Statistical analysis was performed using the Pearson Chi-Square test.

Results: Mobile phone ownership data was available for 427 patients (90.5%). The mean age was 71.5 years. In patients under the age of 60, the smartphone ownership rate was 90% (81/90). In the patients aged 60-69, the rate was 83.1% (69/83), which was not significantly different to those under the age of 60 (p=0.19). In patients aged 70-79, the rate of smartphone ownership fell to 53.3% (57/107), and was even lower in patients aged 80 and above (23.8%, 35/112). P value for significance overall was <0.001.

Conclusions: 87% percent of inpatients under the age of 70 owned smartphones, and this represents a population that could be targeted by mHealth innovations. Smartphone-based interventions may have limited uptake in those aged 70 or above.

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Wearable Cardiac Technologies for Older Adults, Clinician Perspectives on the Design and Application

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Background: New devices offer promise in the detection of arrhythmia and monitoring cardiac health status amongst other clinically useful parameters. However, the clinical utility and usability from the perspectives of clinicians is largely unexplored.

Objective: This study aimed to explore clinician perspectives on the use of wearable cardiac monitoring technology for older adults.

Methods: Descriptive qualitative study using semi-structured focus group interviews. Clinicians were recruited through purposive sampling of physicians, nurses and allied health staff working in three tertiary level hospitals. Verbatim transcripts were analysed using thematic content analysis to identify themes.

Results: Clinicians representing physicians, nurses and allied health staff working in three tertiary level hospitals completed four focus group interviews between May 2019 and July 2019. There were 50 participants, 28 men and 22 women including cardiologists, geriatricians, nurses, and allied health. The focus groups generated three overarching, interrelated themes:
i) The current state of play, understanding the perceived challenges of patient cardiac monitoring in hospitals
ii) Priorities in cardiac monitoring, what parameters should new technologies measure?
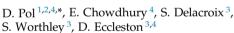iii) Cardiac monitoring of the future, 'the ideal device'.

Conclusion: There remain pitfalls related to the design of wearable cardiac technology for older adults which present clinical challenges. These pitfalls and challenges likely negatively impact uptake of wearable cardiac monitoring in routine clinical care. Partnering with clinicians and patients in the co-design of new wearable cardiac monitoring technologies is critical to optimise use and uptake in clinical care.

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2-year Clinical Outcomes of Prasugrel, Ticagrelor or Clopidogrel Therapy Following Percutaneous Coronary Intervention from a Large Multi-Centre Australian Registry

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Background: Real-world data comparing outcomes for prasugrel, ticagrelor and clopidogrel use in patients undergoing percutaneous coronary intervention (PCI) is lacking.

Methods: Patients discharged following PCI and receiving dual anti-platelet therapy were stratified by thienopyridine received. We assessed the association of thienopyridine type with 1 and 2-year MACE (death, MI, stroke) adjusted for baseline clinical/lesion characteristics using data collected prospectively from 14 Australian sites. Secondary endpoints included safety, specifically the incidence of major bleeding (BARC 3,4 or 5) at discharge.

Results: Data were available for 12,940 procedures from November 2008 until March 2019. Patients receiving prasugrel were more likely to be male, younger (mean age

Outcome %	Prasugrel	Ticagrelor	Clopidogrel	p
N	692	2968	9280	
Major bleeding %	0.1	0.2	0.4	0.21
MACE 2-year (n) %	(21) 0.03	(120) 0.04	(446) 0.05	0.03
MACE 2-year n/ 1000 patient-years	1.8	2.8	2.7	0.03