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180 Impact of the COVID-19 Pandemic on an Emergency Department-Based Universal Opt-Out HIV Screening Program in Atlanta, GA, 2020
Yaffe MJ, Belay Z, Shah B/Emory University Atlanta, GA

Study Objectives: Emergency department (ED) HIV screening programs are important sites for diagnosing HIV-infected individuals. Our EMR-assisted, triage-based, routine, opt-out program is based at an urban, safety-net ED where patient volume is approximately 148,000 annually and all patients presenting to the ED are offered HIV screening if eligible (18 years or older, not known to be HIV positive, not tested in prior 6 months). Georgia’s COVID-19 peak occurred April 20, 2020, right behind our hospital peak COVID-19 diagnoses on April 19, 2020. During this time our ED volumes dropped significantly. We sought to characterize the impact on our HIV screening program.

Methods: Data were analyzed to compare total ED visits and patients eligible for screening between January – April 2019 and 2020, and tabulated the percent who were offered testing through opt-out screening language, had blood drawn for testing, and resulted in a confirmed positive test result. A simple comparison was used to analyze differences between 2019 and 2020, as well as between months in the same year.

Results: Comparisons of ED visits between January – April 2019 versus 2020 showed a modest reduction in overall patients eligible to be screened in January – March 2020, and a 43% reduction in patients eligible in April 2020 (5540) compared with April 2019 (9781). In April 2020, only 26% of those eligible were screened, compared with 80% in 2019. On average 2020, 16% of patients screened were tested compared with 19% in 2019. The largest drop off in testing acceptance occurred in March 2020, with only 13% of patients who were screened being tested. Overall percent confirmed seropositivity was similar, 1.0% (2019) vs 1.9% (2020), p=0.12, but absolute number of confirmed HIV positive patients identified (108 in 2019 vs. 74 in 2020) was reduced.

Conclusion: Our ED-based HIV screening program was impacted by the COVID-19 pandemic in Georgia. In April 2020, the month most heavily impacted by COVID-19, we had a stark reduction in eligible patients presenting to the ED, reflecting our lower ED volumes at the time likely due to fear in the general public to come to the hospital and stay-at-home orders in place. Interestingly, in March 2020 as the pandemic was ramping up and heavily featured in the media, there were fewer patients who either agreed to testing or had their blood drawn for testing than we would have expected. This may reflect fear of additional health care steps in patients presenting to the ED and/or frequently changing ED processes during that time to streamline care, impacting blood draws. As acute HIV can present as a febrile illness, it is also important to maintain an HIV screening program during a pandemic of febrile illness, and continue to work to provide linkage and access to care services for this especially vulnerable group.

181 EMF Prospective Evaluation of Novice-Acquired 3D Ultrasound for Identification of Upper Extremity Fractures
Mathews AC, Broder JS, Col gjazer R, Drews E, French R, Nass J, Peethumongkon E, Ruderman B, Theophanous R, Visoci JR/Duke University School of Medicine, Durham, NC; Duke University, Durham, NC

Study Objectives: The initial imaging modality recommended by the American College of Radiology for suspected hand and wrist fractures is radiography. As there are radiation exposure risks associated with radiography, 2D ultrasound (2DUS) has also been investigated for diagnosis of these injuries. While sensitive and specific, 2DUS is operator dependent, requiring expertise to acquire and interpret images. 3DUS by novices is little studied in orthopedic evaluation. We aimed to determine whether novice-acquired 3DUS with expert or novice readers can identify hand and wrist fractures. We hypothesized that expert and novice interpretations of novice-acquired 3DUS of orthopedic injuries would show high agreement with each other and with the reference standard.

Methods: The STARD criteria for studies of diagnostic tests were applied. Following IRB approval and informed consent, we prospectively enrolled subjects at a tertiary care academic medical center and an associated orthopedic clinic. We estimated a sample size of 70 subjects for an intraclass correlation coefficient (ICC) 0.7 (with alpha of 0.5 and power 0.8) and to detect kappa of 0.8. A single novice operator third-year medical student (MS3) performed all image acquisitions without any specific effort to identify anatomy or injuries during acquisition. 2D B mode US images were acquired using a Philips Lumify L12-4 transducer connected to a smartphone, and paired to an inertial measurement unit. All scans were reconstructed in volume rendering mode and displayed in 3DSlicer, an open-source visualization tool. Scans were interpreted by three groups of readers: 2 MS3s (novice), 3 emergency physicians with US fellowship training, and 2 board certified radiologists with musculoskeletal fellowship training (expert). The reference standard was board-certified radiologist interpretation of x-rays obtained during routine clinical care. Readers were blinded to all clinical data and x-ray diagnosis and rated 3DUS volumes for the presence or absence of fracture, fracture characteristics when present, and additional findings. Agreement between novices and experts in 3DUS interpretation and between 3DUS and x-ray findings are reported (kappa/ICC). Sensitivity/specificity/LR+/LR- with 95% CI were calculated. Time to perform and interpret 3DUS were reported.

Results: 22 subjects were enrolled before the study was suspended due to the COVID-19 pandemic, with 90 3DUS volumes available for interpretation. Analysis is ongoing as results continue to be submitted, precluding calculation of kappa/ICC at this time. Expert 1 had sensitivity 0.8 (0.28, 0.99), specificity 0.69 (0.39, 0.91), LR+ 2.58 (1.03, 6.49), and LR- 0.29 (0.05, 1.73). Novice 1 had sensitivity 0.4 (0.05, 0.85), specificity 0.81 (0.09, 0.61), LR+ 5.89 (0.39, 1.79), and LR- 1.94 (0.66, 5.70). Interpretation times declined by over 50% for both novice and expert readers with an increasing number of scans interpreted. Mean acquisition time was 97 seconds per volume (median 97, IQR 57.75) with a mean of 2.5 volumes acquired per subject (median 2, IQR 1.25).

Conclusion: Novice-acquired 3DUS by augmentation of 2DUS was rapid, and interpretation times decreased rapidly with experience. Preliminary results show a promising LR+ when scans are interpreted by an expert reader.

182 Initial Evaluation of a Palliative Care Screening Tool in the Emergency Department
Tolia VM, Yourlman L, Brennan JJ, Cronin AO, Castillo EM/University of California, San Diego, San Diego, CA

Study Objectives: Patients with complex Palliative Care (PC) needs presenting to the Emergency Department (ED) may benefit from PC screening and referral. The Palliative Care Screening (PCaRES) tool can be used by ED clinicians to quickly screen ED patients for the need for PC consultations.

Methods: Prospective study for the initial assessment of the use of the PCaRES tool in the Emergency Department from February 2019 to December 2019. Using the PCaRES tool, ED patients are evaluated for the need for a palliative care consultation based on having both a life-limiting illness (e.g., Advanced Dementia or CNS Disease, Advanced Cancer, End Stage Renal Disease, etc.) and a palliative care need (e.g., Frequent visits, uncontrolled symptoms, Functional Decline, etc.). Descriptive statistics and differences were evaluated for those ED visits meeting both criteria.

Results: In the study period, there were 641 ED visits evaluated for palliative care consultations. Of those evaluated, nearly one-third (n=194) met both criteria for having a life-limiting illness and having a palliative care need listed therefore qualifying a patient for a palliative care consultation. There was a statistically significant difference in age (p<0.001), sex (p<0.001) and race (p<0.001) between groups that met both criteria to qualify for a palliative care consultation during an ED visit. Of those patients who met both criteria, most were white (62.8%), female (54.1%) and age 66-75 (47.4%). A similar trend was found for those who did not meet both criteria.

Conclusion: These results reveal preliminary demographic findings in evaluating the PCaRES tool for use in the ED. Statistically significant differences in demographic characteristics suggest that the PCaRES tool may be helpful in identifying patients they may especially benefit from a PC consultation and/or referral during their ED visit to ensure care coordination as needed.

183 Raising the Bar on Treatment of Patients with Intellectual Disabilities in the Emergency Department
Tarr M, Corbo J, Silverberg J, Jones M/Jacobi Medical Center, Astoria, NY; Jacobi Medical Center, Bronx, NY; Jacobi Medical Center, Bronx, NY

Study Objectives: Within the medical education system there is a lack of training for clinicians on how to best treat patients with intellectual disabilities (ID). Going...