Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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intervention characteristics from the Consolidated Framework for Implementation Research (CFIR): intervention source, evidence strength and quality, relative advantage, adaptability, trialability, complexity, design quality and packaging, and cost.

Results: We identified 18 clinicians who documented ePPE use. On review, 2 never used ePPE and 5 only supervised other clinicians who used ePPE. Of the remaining 11, I interviewed 7 attending physicians and 1 physician assistant between 5/15/20 and 6/5/20. Providers gave ePPE a mean effectiveness score of 4.2 (SD 0.53). Identified advantages included improved patient and provider safety, PPE conservation, and improved patient-provider communication. The primary perceived limitation was inability to auscultate the lungs. While noting the risk of missed alternate diagnoses (eg, heart failure), providers asserted that video-based history-taking and respiratory exam sufficed for low-acuity patients and that auscultation’s absence was unlikely to change management. Beyond MSES, providers used ePPE for patient reassessment and counseling, as well as to facilitate supervision. Many emphasized ePPE’s flexibility: “If I do pick up on a few things...I can always sort of, abandon [ePPE] and go in and do my exam.” Barriers to use included potential for negative patient perceptions, poor audio quality, difficulty incorporating an interpreter, and workflow challenges related to staff coordination. Clinicians revealed that many ePPE encounters were not fully documented, suggesting ePPE use may be underreported in this study.

Conclusion: In this trial implementation of ePPE, we found that ED clinicians perceived ePPE as an effective and useful technique for MSES of COVID-19-suspected patients. The benefits largely outweighed the disadvantages, particularly in the low-acuity population. Our study may have been limited by early adoption from clinicians favorable to such technology, and future work should examine perceptions among clinicians with varying degrees of technology comfort.

54 From the COVID-19 Epicenter: Using Telemedicine to Serve the Needs of the Geriatric Population
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Study Objectives: The COVID-19 pandemic is responsible for over 400,000 deaths worldwide with New York City (NYC) as the epicenter of the pandemic in the United States. Geriatric patients were at especially high risk. As of June 2020, the New York City cumulative death rate by age: > 75 years was 1555/100 K population, while for 45-64 years it was 187/100 K population. Telemedicine (TH) was used as a tool to shift non-emergent care from overburdened emergency departments and to provide routine and urgent health care to the community who were directed to self-isolate and often fearful of seeking care during the pandemic. While offering the ability to reach many patients, remote health care options presented unique challenges due to technology requirements, visual, hearing, cognitive and often language limitations in our diverse multicultural geriatric community. Our study’s goal was to evaluate the use of remote health care during the COVID-19 pandemic in NYC at our institution. We compared the frequency of geriatric use during the flu season with a similar interval during the pandemic.

Methods: We conducted a retrospective chart review of patients 65 and older who were evaluated remotely by a ED provider on a telemedicine platform that was accessible on a desktop or mobile phone (TH) during the local pandemic surge: from 3/1 to 4/30 2020 at a hospital in northern Manhattan/NYC. Chart extraction methods were developed and performed by 5 emergency physicians. Categories and characteristics were defined in advance and included demographics, technical limitations, referral to ED, and death occurring during the time of the chart review.

Results: During the pandemic study period a total of 140 charts were extracted. The mean age was 75. Overall, 20% of patients in the cohort were advised to seek emergent care. Same day emergent care referral occurred in 12% (65-75yrs), 36% in (76-85 yrs) and 61% (>85 yrs). We found significant growth in use of TH from pre-pandemic (12/1 to 1/23/2019), 7 patients >65 years utilized the TH platform while during the pandemic (3/1 - 4/23/2020), 130 patients over the age of 65 utilized TH to access health care.

Conclusion: Geriatric Telemedicine showed an exponential growth during the pandemic. TH program efforts to promote its use to redirect patients away from the ED were successful. Given the rate of same day emergent referrals there was a variable level of acuity that reinforces the need to have telehealth providers that are trained in triage and emergency medicine with a knowledge of local resource availability.