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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Methods: Data used in the study were obtained from the Medicare Physician and Other Supplier National Provider Identifier (NPI) Aggregate Report 2017 from the Centers for Medicare and Medicaid Services Web site. This online interactive dataset provides information regarding the services and procedures provided to Medicare Part B beneficiaries based on claims data organized by NPI and service code. Claims data submitted by emergency physicians in 2017 were analyzed; providers who did not have sufficient data regarding sex, credentialing, or complete claims data were excluded.

Results: Out of 1,088,687 listed health care providers on the dataset, 43,792 were listed as emergency physicians. Of these, 2,031 physicians were excluded because they were not located in the United States or failed to indicate relevant information such as credentialing, sex, number of Medicare beneficiaries, number of services, total Medicare payment amount, and average HCC Risk score of beneficiaries. A final total of 41,761 emergency physicians were included in the study. Of these, 11,537 (27.63%) were women and 30,224 (72.37%) were men. Overall, female physicians saw a number of 355 patients per billing cycle compared to a number of 439 patients seen by men. In addition, female physicians performed fewer services per Medicare beneficiary than their male counterparts (1.54 services vs. 1.72 services). Together, these differences resulted in women billing Medicare significantly less per billing cycle compared to men: $48,708 vs $59,897. Notably, Medicare beneficiaries treated by female physicians had a slightly higher hierarchical condition category (HCC) score than beneficiaries treated by male physicians (2.15 vs 2.10). Female physicians were also noted to earn slightly more than males per service provided ($83.59 vs $79.15).

Conclusion: Based on the data presented, in 2017, female emergency physicians received significantly less per billing cycle than their male counterparts (1.54 services vs. 1.72 services). Together, these differences resulted in women billing Medicare significantly less per billing cycle compared to men: $48,708 vs $59,897. Notably, Medicare beneficiaries treated by female physicians had a slightly higher hierarchical condition category (HCC) score than beneficiaries treated by male physicians (2.15 vs 2.10). Female physicians were also noted to earn slightly more than males per service provided ($83.59 vs $79.15).

Survey Objectives: To determine the levels of burnout and empathy amongst EM residents during a time of pandemic as compared to the previous year.

Methods: In June of 2020, three months into the COVID-19 pandemic and nearing the end of the academic year, EM residents in a suburban 4-year program were surveyed utilizing the Maslach Burnout Inventory (MBI) and the Jefferson Scale of Empathy (JSE). Surveys were presented online utilizing the Qualtrics® online platform. Anonymity was assured. At the time of this survey over 6000 patients had tested positive for COVID-19 in the hospital network. In one of the two hospitals, EM residents manage the care of the patients on the Intensive Care (ICU) service. Many participants had been required to work extra shifts and additional ICU months to cover the increased number of critical patients and to cover residents who could not work due to COVID-19 illness or exposure. These metrics were compared with matched historical data from second and third-year residents completing the survey one year previously.

Results: A total of 54 of 57 residents responded to the survey for a response rate of 95%, however 7 declined to have their data used for research, giving us a usable response rate of 83% (28 males and 19 females). A total of 13 first-year, 9 second-year, 12 third-year and 13 fourth-year residents responded. The median age was 31 years (IQR 29-34). There was no difference by PGY year in the JSE score (range 20-140), average 108.0 (IQR: 99-117), p>0.05. There was also no difference by PGY year in any of the MBI categories. Emotional exhaustion scores ranged from 38.3% high, 40.4% moderate and 21.3% low levels. Personal Accomplishment scores which are scored inversely (higher is better) ranged as follows: 19.2% high, 34% moderate and 46.8% low. Males were more likely than females (28.6% vs. 5.3%, p=0.01) to have high levels of Personal Accomplishment. Females were more likely than males to have (57.9% vs. 17.9%, p=0.01) moderate levels of Personal Accomplishment. Females [111 (IQR 103-123)] and males [106 (97-116)] had similar levels of empathy on the JSE; p=0.18. No significant difference was found in any of the four metrics measured when matched with the 15 residents who took the same survey in 2019; p>0.01 (see Table).

Conclusion: As measured by commonly utilized metrics, EM residents in all years showed concerningly high or moderate levels of Emotional Exhaustion and
Depersonalization (61.7% and 78.7%). Females and males demonstrated similar levels of empathy but females were less likely than males to have high Personal Accomplishment scores. Although these results, indicating high rates of burnout in EM residents, remain a concern, there is no evidence that the current pandemic has negatively impacted these metrics.

| STUDY OBJECTIVES: Are Stethoscopes and Infection Control Enemies? |

Kaira Sh, Sheweja JB, Peacock WF/University of South Alabama, Mobile, AL; The University of Texas MD Anderson Cancer Center, Houston, TX; Baylor College of Medicine, Houston, TX

Study Objectives: The hands and the stethoscope share the same bacteria. While frequent hand washing is the clinical norm, stethoscope hygiene is rarely performed. The placement of disposable barriers on the stethoscope diaphragm has demonstrated to provide an aseptic point of contact, but their effect on auscultation has not been evaluated. Our purpose was to determine if the placement of an aseptic barrier on the stethoscope diaphragm (DiskCover, AseptiScope Inc, San Diego, CA) interferes with auscultation. We evaluated health care provider its acoustic capability.

Table. 2019 and 2020 matched data (n=15)

|                         | 2019          | 2020          | p-value |
|-------------------------|---------------|---------------|---------|
| Jefferson Scale of Empathy (JSE) | 109.0 (99.0-120.0) | 110.0 (101.0-117.0) | 0.6819 |
| Maslach Burnout Inventory (MBI) | 23.0 (19.0-32.0) | 20.0 (15.0-28.0) | 0.1231 |
| Emotional Exhaustion | 15.0 (6.0-16.0) | 11.0 (7.0-14.0) | 0.1309 |
| Depersonalization | 37.0 (34.0-42.0) | 39.0 (34.0-43.0) | 0.3607 |

258 Detection of Delirium among Older Adults in the Emergency Department Through the Utilization of 4AT

Saxena S, Anantha O, Meeldon S, Muir M, Deigado F, Hashmi A, Factora R, Jeffrey R, Morgan B, Masciarelli McFarland A/Cleveland Clinic, Cleveland, OH

Study Objectives: Older adults make more than 20 million emergency department (ED) visits annually, accounting for over 15% of all ED visits. Among older adults, change in mental status or delirium is the frequent cause for presentation to the ED. Delirium accounts for 11-42% of hospitalizations contributing $152 billion to health care expenditures annually in the US. Overall detection of delirium in ED is poor, with ED providers missing delirium in up to 75% of cases. The goal of this study was to assess the detection of delirium among older adults through the utilization of 4AT in a high flow, high acuity ED.

Methods: We conducted a single-center, retrospective chart review in a busy academic ED with 67,000 total annual visits, and 34% geriatric (age ≥ 65 y) visits, from 9/24/2019 to 5/24/2020. Prior to the study period, delirium assessment tool-4AT was built into EMR and appropriate workflow was designed. 4AT was performed at the time of triage on patients meeting following criteria: 1) Above age 65 years old with presenting complaint of altered mental status or 2) Above age 80 years old with any clinical presentation. Delirium was defined as: Positive 4AT score regardless of chief complaint to ED. A positive 4AT score was defined as 4 or greater.

Results: A total of 2,680 eligible patients were assessed during the defined study period. 1, 596 patients underwent 4AT and in 1,084 patient 4AT was not performed. A positive 4 AT was found in 300 individuals, regardless of presenting condition. Among individuals presenting with altered mental status (according to the 4AT screening question), a positive 4AT was found in 176 individuals. A positive 4AT was found in 124 individuals not originally presenting with complaint of altered mental status (according to the 4AT screening question). Overall delirium detection rate via 4AT was found to be 18.96%. Utilization rate of 4AT for eligible patients was around 60%.

Conclusion: Previous studies have suggested use of 4AT for rapid delirium assessment in an ED because of its ability to be performed quickly- approximately 2 minutes- and is the only scale affording high sensitivity and specificity in older adults with and without dementia. Although completed in Irish and Canadian studies, validation of the use of 4AT in an US ED environment has not yet been completed. In our study, utilizing 4AT we found a delirium detection of 18.96% (300) which is consistent with previous studies of rates of delirium among older adults in an ED setting. We also discovered that 7.7% (124) individuals were found to have a positive 4AT despite not originally presenting with altered mental status, indicating cases of delirium that may have been missed if a delirium evaluation (4AT) had not been completed. This study also highlights challenges in implementing delirium screening/assessment in fast-paced ED environment.

259 Correlation of Outpatient Laboratory Values With Acquired Immunodeficiency Syndrome-Defining Events in Older Emergency Department Patients

Jeng K, Mou S, Ball SC, Gogia K, Clark S, Sharma R, Stern M/Weill Cornell Medical College, New York, NY; Weill Cornell Medical College Medical College, New York City, NY; New York Presbyterian Hospital-Weill Cornell Medical College, New York, NY; Weill Cornell Medicine Medical College, New York City, NY; New York Presbyterian Hospital-Weill Cornell Medical College of Cornell University, New York, NY; Weill Cornell Medical College, New York, NY

Study Objectives: With improvement in antiretroviral therapies, human immunodeficiency virus (HIV) life expectancy is increasing, giving rise to a growing

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