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Characteristics of Patients Treated in the Emergency Department “Hallway Beds”

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Study Objectives: In order to maintain a semblance of patient flow in situations of boarding-induced emergency department (ED) crowding, many EDs use open areas not originally designed as a treatment space for patient care. These spaces are of boarding-induced emergency department (ED) crowding, many EDs use open areas not originally designed as a treatment space for patient care. These spaces are

Results: Of the 124 USGPIV catheters followed, 84 (68%) lasted until discharge or until the catheter was no longer needed (planned removal), while 40 (32%) were removed early due to complications (early removal). However, surviving 84 hours after placement significantly reduced the risk of early removal (relative risk, 0.76; p < 0.05); only 22% of USGPIV catheters that survived 84 hours subsequently required early removal. In contrast, a BMI > 40 increased the risk for early removal (relative risk, 2.23; p < 0.05). No other factors we assessed were significantly associated with early USGPIV removal. Complications resulting in early USGPIV removal included infiltration (35%), loss of catheter function (32.5%), pain (17.5%), dislodgement (12.5%), and excessive bruising (2.5%).

Conclusion: In our study of admitted patients with an USGPIV placed in the ED, approximately 1/3 needed to be removed earlier than anticipated. A BMI >40 was the only risk factor we found to be significantly associated with need for early removal. Infiltration or loss of catheter function were the two most common reasons for early removal.

Efficacy of a Novel Re-Training of Ophthalmology Residents as Palliative Care Extenders in the Emergency Department during the COVID-19 Surge

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Study Objectives: During the COVID-19 surge in New York City, our hospital system put in place a 24-hour helpline to connect Emergency Department (ED) physicians to Palliative Care specialists. During the surge of critically ill COVID-19 patients, there was concern that large volumes, high acuity, and the need to wear protective equipment, were barriers to ED physicians calling the helpline. To address this concern, we placed ophthalmology residents in the ED from 8am to 11pm each day to act as palliative care extenders, helping connect ED physicians, Palliative Care physicians, patients and families. Ophthalmology residents were chosen for this role due to their clinical expertise and availability after the cessation of elective surgeries during the state of emergency. We sought to evaluate the number of palliative care connections made with this model.

Methods: We performed a retrospective review of admissions from the acute areas of our ED from April 6, 2020 to April 19, 2020. During the first week, only the 24-hour helpline was available. During the second week, both the palliative care helpline and in-situ residents were available. Number of palliative care notes from the ED were compared before and after the intervention.

Results: In the week when only the helpline was available, 443 ED visits occurred, of which 169 (38.1%) were admitted and 10 (5.9%) had palliative care notes written in the ED. In the week when both the helpline and in-situ residents were available 464 ED visits occurred, of which 131 (30.0%) were admitted and 36 (7.4%) had palliative care notes written in the ED.

Conclusion: Compared to a helpline alone, in situ palliative care presence in the ED increased the opportunity for early palliative care intervention, as reflected by an increase in the number of palliative care notes written in the ED. This model was an effective re-tasking of specialized health care practitioners from a specialty that was less strained by the pandemic to one that was under pressure.

Identification and Misidentification of Cases of ED Diagnosis of Acute Pulmonary Embolism on Retrospective Chart Review

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Study Objectives: Retroactive chart review (RCR) is a widely used and valuable technique, which can help identify trends in patient outcomes or resource utilization, as well as inform the need for prospective studies. RCR is increasingly reliant on queries of the electronic medical record (EMR), an approach which may be problematic for identification of acute PE cases diagnosed in the Emergency Department (aPE-ED). Uncertainty regarding the chronicity of embolism, the existence of radiographic mimics, and diagnosis after patients have been admitted for other reasons (eg, syncope, cardiac arrest) may all lead to missed cases or misidentified cases of aPE-ED. We took advantage of the Michigan Emergency Department Improvement Collaborative (MEDIC), which manually abstracts data from every ED encounter in which a PE-protocol CT (CTPE) is performed, to compare the accuracy of various methods of RCR for aPE-ED.

Our study objective was to determine the frequency of aPE-ED cases missed or misidentified by electronic query and/or manual chart abstraction by non-medically trained personnel.

Methods: aPE-ED cases from a one-year period (1/1/2017-12/31/2017) at a single, tertiary academic center were identified by one of two methods: (1) Electronic query of the Epic Clarity database or (2) Manual review by non-medically trained abstractors. Cases were pooled and each chart was reviewed by an Emergency Physician (EP) to determine the presence or absence of aPE-ED, as well as patient disposition. Inter-rater reliability was assessed for 30% of cases. Equivocal cases were adjudicated by a panel of three EPs.

Results: A total of 292 cases were reviewed by EPs, 250 of which (85.6%) were ultimately judged to be aPE-ED. Inter-rater reliability was high, with > 95% agreement.