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Universal SARS-CoV-2 Testing in the Emergency Department Adversely Affects Patients Seeking Care for Behavioral Health Complaints



To the Editor:

We very much appreciated the article “Universal SARS-CoV-2 testing of emergency department admissions increases emergency department length of stay” by Sangal et al¹ published in the February 2022 issue of *Annals* because we looked forward to using their findings to help us change our emergency department (ED) procedures. Since March 2020, institutional requirements in our region have mandated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) testing for all patients in need of admission for a behavioral health problem whether symptomatic or not; therefore, we also examined the effect of universal screening of these patients between March 1, 2020, and December 31, 2020. At Cook County Hospital (annual ED visits of >130,000), of 404 consecutive patient visits for suicidal ideation or psychosis in need of behavioral health admission, 40% of these were repeat ED visits for a related behavioral health complaint: all were subjected to mandated polymerase chain reaction testing (average, 5.4 tests per patient; range, 2 to 16) with only 2 positive cases and an overall positivity rate of 0.7%. The length of stay increased by an average of 7.3 hours for all of our behavioral cases, whether admitted or discharged from the ED.² The increase in boarding time and added pressure on limited laboratory capacity with repeat testing in so many of our frequent ED users frustrated our staff and the patients seeking care for their decompensated psychiatric illness.

We believed that our data, coupled with the data by Sangal et al,¹ would convince our region's stakeholders to eliminate the need for universal testing as a requirement for admission. Unfortunately, the pandemic continues to evolve, and our data, like those by Sangal et al,¹ were collected before vaccine availability and before the recent omicron variant surge. Although we completely agree with Sangal et al¹ about the negative effect of universal testing on ED resource utilization and throughput, the relentless effect of the ongoing pandemic has been humbling to us and continues to affect vulnerable populations. The ED has become the default location for treating behavioral health problems in the United States. Before the pandemic, these patients were disproportionately affected by boarding, and some pandemic policies are adding unacceptable delays to getting them the treatment they deserve.³ The positivity rate in our behavioral health patients has increased during the omicron surge, although most are vaccinated and have no SARS-CoV-2 symptoms, and thus their length of stay is even higher now than during the first year of the pandemic because they cannot be admitted to a psychiatric floor with a positive SARS-CoV-2 test in our region.

The pandemic is rapidly evolving, and yesterday's data to enact an appropriate solution today may no longer be feasible tomorrow. Operational and system-level changes are urgently needed. We appreciate the ongoing work by Sangal et al¹ and their important conclusion that “solutions must be developed to support regular operational flow while balancing infection prevention needs.” We need to advocate better availability of rapid tests to ensure that ED patients get the disposition they need as quickly as possible, and we need to use a data-driven approach with all stakeholders to help our marginalized patients.

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IMAGES IN EMERGENCY MEDICINE

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DIAGNOSIS:

Complete congenital atrioventricular block. It is a passively acquired congenital autoimmune disease. The mechanism of the disease is related to damage to the heart conduction system caused by inflammation mediated by maternal autoantibodies.¹ The lower the ventricular rate is, the greater the possibility of fetal edema, neonatal heart failure, and fetal or neonatal death.² In this case, the fetal ventricular rate was approximately 50 beats/min, and the fetus developed heart failure after birth. For pregnant women positive for anti-Sjögren's syndrome A autoantibodies or anti-Sjögren's syndrome B autoantibodies, regular fetal echocardiography examination is important for the early detection of congenital atrioventricular block and further treatment.³

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