

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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active. interviewing immigrant patients to assess the impact of these tools on their wellbeing, and evaluating clinician learning on immigration.



Yes, authors have interests to disclose Disclosure: FujiFilm - SonoSite Consultant/Advisor FujiFilm – SonoSite

## **263** Emergency Department Care Transition Barriers: A Qualitative Study of Care Partners of Older Adults With Cognitive Impairment



Background: Persons living with dementia (PLWD) seek care in the emergency department (ED) at higher rates than their cognitively intact counterparts and account for nearly 2 million visits annually. With the majority of PLWD discharged, ED-tocommunity care transitions represent a particularly vulnerable time period for care partners of PLWD and older adults with mild cognitive impairment (MCI). We sought to identify the barriers experienced by care partners of PLWD and older adults with MCI during ED-to-community care transitions, in order to generate new insights into ways of improving the ED discharge process and to inform intervention development.

Methods: We conducted a qualitative study of 25 care partners of PLWD and older adults with MCI discharged from four EDs. We performed cognitive assessments of older adults using the validated 4AT and care partner-completed AD8 screening tools, respectively to exclude care partners of older adults with concern for delirium and include older adults with concern for newly identified MCI. We constructed a conceptual framework a priori to guide the development and iterative revision of a codebook, used purposive sampling, and conducted recorded, semi-structured interviews using a standardized guide. Two researchers coded the professionally transcribed data using a combined deductive and inductive approach and analyzed transcripts to identify dominant themes and representative quotations. Discrepancies were adjudicated by team consensus and data collection continued until thematic saturation was reached.

Results: Care partner participants' mean age was 56.7 years, 80% were female, and 24% identified as African American. Older adult ED patients resided primarily in the community (52%) and an almost even split was achieved among those with formal electronic health record documentation of dementia or cognitive impairment and those with newly identified MCI. We identified four major barriers regarding ED care transitions among care partners of PLWD and older adults with MCI: 1) unique care considerations while in the ED setting impact success of the care transition, 2) poor communication and lack of care partner engagement during the ED discharge process, 3) challenges experienced during the acute illness and recovery phases, and 4) difficulty navigating the health care system after an ED encounter.

Conclusion: Our findings demonstrate critical barriers faced during ED care transitions among care partners of PLWD and those with MCI. Findings from this

work may inform the development of ED care transition interventions targeting care partners.

No, authors do not have interests to disclose



## Did COVID-19 Mitigation Affect the Accessibility and Usage of Emergency Department-Based Programs to Combat Opioid Use Disorder?

Oh Y, LeVine K, Reed E, Siff J, Papp J, Wilson L, Piktel J/The MetroHealth System, Case Western Reserve University, Cleveland, Ohio, US

Study Objectives: Opioid overdose (OD) is a leading cause of accidental death in the US. To combat the epidemic, emergency departments (EDs) have implemented several ED-based programs to immediately treat this high-risk population, including medications for opioid use disorder (MOUD), take-home naloxone kits, and ED-based peer supporters providing linkage to treatment. Early during the COVID-19 pandemic, many nonemergent hospital resources became unavailable. We have previously shown that while ED volumes decreased, the number of patients with OUD was not decreased in the same proportion. However, the effect of the pandemic on availability and utilization of ED-based resources for patients at high risk for opioid OD is poorly understood. The purpose of this study was to determine the effect of the early COVID-19 pandemic on the utilization of ED-based programs and resources for patients with opioid use disorder.

Methods: This was a retrospective IRB approved analysis of patients with high-risk for opioid OD presenting to a large urban Midwestern ED. Patients were considered high-risk for a subsequent opioid OD by using a predefined algorithm using the electronic health record (EHR, Epic systems). ED utilization of MAT, outpatient naloxone kits, access to ED-based peer support, and direct transport to a treatment facility during the early COVID-19 pandemic (COVID, March 1, 2020 to December 30th, 2020) was compared to the previous year (PreCOVID, March 1, 2019 to December 30, 2020). Statistical comparison was by Fisher's exact test.

Results: There were 363 ED visits during the early COVID timeframe and 544 patients in the PreCOVID timeframe that were considered high risk for subsequent opioid OD. During the COVID timeframe there was an increase in the rate of use of ED-based outpatient suboxone treatment (26% for COVID vs. 12% for PreCOVID, p<0.001), increase in naloxone kits given (23% vs. 15%, p=0.0084), and an increase in patients directly transported to a treatment facility by ED-peer supporters (17% for COVID vs. 9% for PreCOVID). There was an associated decrease in 90-day subsequent OD (2.5% for COVID vs. 5.9% for PreCOVID, p=0.015)

Conclusion: The COVID-19 pandemic did not lead to a decrease in utilization of ED-based programs for the treatment of OUD to prevent subsequent ODs in this health care system. Patients presenting to the ED who were at high risk for an opioid OD able to access and utilized resources at an increased rate, which was associated with a decrease in 90-day opioid OD.

No, authors do not have interests to disclose

## 265 Sinus Tachycardia Is Rare Among Hemodynamically Stable Patients With Occlusion Myocardial Infarction

Trostel S, Meyers HP, McLaren J, Bracey A, Lee D, Lichtenheld A, Li W, Singer D, Dodd K, Smith S/Carolinas Medical Center, Charlotte, North Carolina, US

Study Objectives: Among hemodynamically stable patients with chest pain, sinus tachycardia has been suggested as a feature that decreases the likelihood of type 1 myocardial infarction. The purpose of our study was to determine the prevalence of unexplained tachycardia among a cohort of patients with high risk for acute coronary syndrome (ACS) in the emergency department.

Methods: We performed a secondary, retrospective analysis of a prospectively collected database of patients who were high-risk for ACS. The presence of occlusion myocardial infarction (OMI) was defined as a culprit lesion at the time of cardiac catheterization with TIMI-0 to 2 flow or TIMI-3 flow plus peak troponin T >1.0 ng/ mL or troponin I >10 ng/mL. Patients were excluded if they had fever (temperature >38°C), hypotension (systolic blood pressure <100 mmHg or diastolic <50 mmHg), cardiac arrest, hypoxemia (SpO2 <90%), tachypnea (RR >29) on initial ED vitals, need for positive pressure ventilation (intubation or non-invasive ventilation), ejection fraction <50%, non-sinus tachydysrhythmia, or subendocardial ischemia pattern on ECG (ST depression maximal in V5-6 and II, with reciprocal ST elevation in aVR).