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.

and secretaries. Any HCW that was over the age of 18 years of age was eligible to participate. A series of 15 questions were asked in a multiple choice and scale format.

Result: A total of 574 out of the ~2900 HCWs completed the survey. Of these, 487 (84.8%) either accepted or intended to get vaccinated within the next 3 months. 62 (10.8%) would decline the vaccine over the next 3 months and 25 (4.4%) remained undecided. The mean age of respondents was 45. The majority of surveys were completed by females (75.7%). The mean age of HCWs willing to accept the vaccine was greater compared to those who declined the vaccine (40 years of age vs 46 years of age). There was a higher proportion of Democrats willing to accept the vaccine than those who declined the vaccine (27% vs 9.8%). The most important factors for those that decided to take the vaccine were protection of their own health; protection of health of patients, family, or friends; and trust in the science. The most important factors in those that either declined or were undecided about the vaccine were concern for safety profile and side effects of vaccine, uncertainty regarding the effectiveness of the vaccine, and the accelerated development of the vaccine.

Conclusions: As one of the nation's hotspots for the highest rates of positive COVID-19 cases and deaths, a survey to assess acceptability of a COVID-19 vaccine showed that a majority of HCWs had either taken or planned to take the vaccine. HCWs background in science and the proximity and frequency in which they work with COVID-19+ patients were felt to account for the difference in vaccination rates between the general public and HCWs.

73 Reducing Door-to-Provider Time By Creating a Triage Liaison Physician Line in an Urban Emergency Department During the COVID-19 Pandemic

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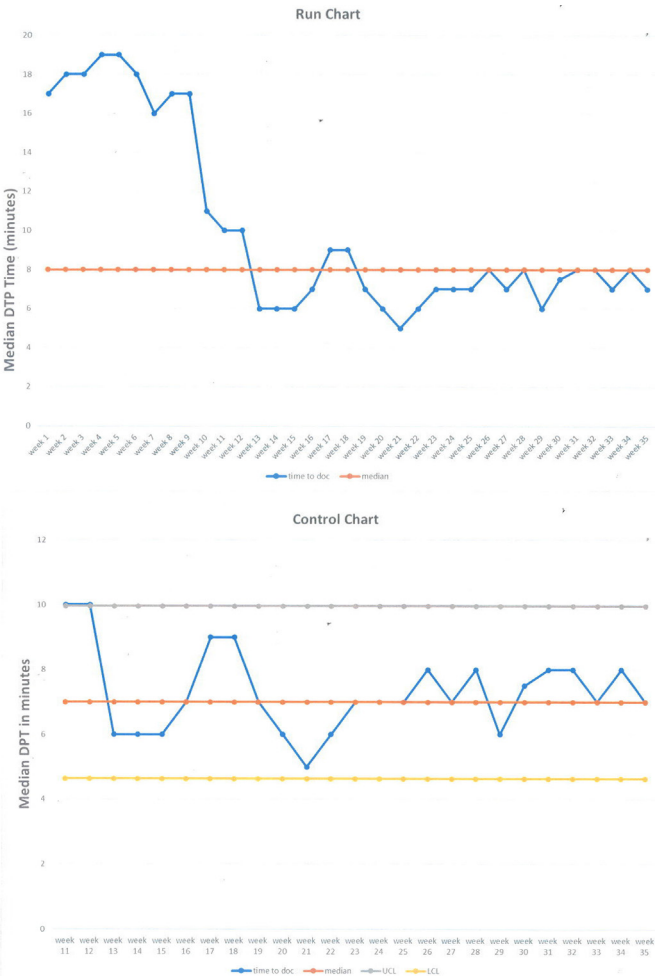
Background: The COVID-19 pandemic has resulted in huge numbers of serious morbidity and mortality that overwhelmed emergency departments (EDs) worldwide. Here in New York City, we experienced a case fatality rate of 12.2% between March 21, 2020 and May 20, 2020. Once the initial wave subsided, we noted that our ED census was unusually low. In order to avoid cutting staff in response to that ominous trend, we explored the reassignment of staff in order to improve our ED operations. We chose the model of triage liaison physician (TLP), an efficient method of improving patient throughput. This would allow us to maintain staff that might otherwise by furloughed or lost permanently.

Study Objectives: We present the results of our departmental performance improvement (PI) initiative, focusing on the metric of door-to-provider time (DPT).

Methods: We obtained IRB approval to analyze data from our ED dashboard. We focused on data from ten weeks before the initiation of the TLP to 24 weeks thereafter. We restricted the data to include only patients who arrived between 10:00 AM and 2:00 AM, as those were the hours where a TLP was on duty. We measured median DTP times and created run charts and control charts to demonstrate how the TPL affected the DTP metric. The control chart was our way of determining if any improvement was a process that could be sustainable.

Results: For the ten-week period prior to the initiation of the TLP, median DPT was 18 minutes. After initiation of the TLP, our median DTP was 7 minutes. This apparent improvement was supported by a run chart that showed the dramatic decrease, and by a control chart that showed the stability of the new TLP process.

Conclusion: Our data suggest that reassigning an attending physician to the role of TPL allows an ED to retain valuable attending physicians while also improving patient safety metrics such as DTP. Future research should focus on other potential benefits of the TLP, such as revenue generated by reducing patients who leave without being seen, earlier detection of sepsis and stroke, and reduced dwell times in the ED.



74 Trends Of Diabetic Ketoacidosis During COVID-19 Pandemic In Large Urban Public Emergency Department

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Study Objectives: Diabetic ketoacidosis (DKA) is a common and serious endocrine emergency. Common triggers for diabetic ketoacidosis include infection, cardiovascular events, drug use, medication non-adherence, and new onset diabetes. Early evidence suggests a correlation between COVID-19 infection and DKA. Based on the limited data, it is unclear at this time if increases in DKA are triggered by acute COVID-19 infection, or secondary factors from the pandemic such as lack of access to care or acute stress. In this study, we examine trends in DKA prevalence among patients at an underserved urban public ED within the context of the COVID-19 pandemic.

Methods: This is a retrospective study using administrative report data of all ED encounters. Cases of DKA, found using top 5 ICD10 ED diagnoses, were identified from 2019 and 2020. COVID-19 infection was pulled from laboratory data and merged to create one data set. Poisson regression was utilized to compare incidence rates of DKA (1) between 2019 and 2020 and (2) among COVID positive and COVID negative patients with DKA for the year of 2020. Yearly trends were examined month by month.

Results: There were 180,158 patient visits in 2019 and 138,012 in 2020. Compared to 2019, incidence rates of DKA increased by 23% in 2020 (95% CI 4% to 42%, p=0.017). Among all those tested for COVID in 2020 (n=25,867), patients with positive COVID-19 tests trended to higher DKA rate (37% higher (95% CI -6% to 81% increase, p=0.098) than patients with negative COVID-19 tests. The increase was most prominent from April 2020 onward, with the largest increase in December 2020, correlating with the COVID surge at our hospital. (Figure 1). In December 2019, 20 out