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163 Implementation of a Telephonic-Based Model to Continue to Address Substance Use as Part of Usual Care in Emergency Departments during COVID-19



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Study Objectives: Alcohol is associated with increased risk of hypertension and diabetes, which are associated with increased morbidity and mortality from COVID-19, as are opioids and methamphetamine. Our institution has a Screening, Brief Intervention, and Referral to Treatment (SBIRT) program in 18 emergency departments (EDs), 14 inpatient hospitals, and 5 primary care sites to universally address substance use with patients as part of usual care. As our region has a high prevalence of COVID-19, we had to minimize staff presence in the ED, including health coaches and social workers who normally work with patients with a positive SBIRT screen. The COVID-19 crisis demanded innovation; we implemented a "Telephonic SBIRT" (T-SBIRT) model to continue to address patients' substance use in the context of physical and mental health while minimizing in-person interactions.

Methods: Due to regulations regarding "non-essential" staff, 11 SBIRT Health Coaches were removed from their ED and primary care sites. Health Coaches were assigned to T-SBIRT where a central phone number forwards to the mobile phone of the remote health coach on duty. Shifts cover 8am-12am, 7 days per week. We developed a flyer with the services, hours, and phone number and broadly disseminated to ED chairs, primary care providers, nurse managers, all hospital social workers, the Health Home team, and others via virtual meetings and email. We developed a HIPAA-compliant Research Electronic Data Capture (REDCap) form for Health Coaches to use to document services, including the questions for AUDIT (alcohol) and DAST-10 (drug) full screens and checkboxes for brief interventions, referrals to treatment, and virtual resources provided (AA/NA, BottleCap for reducing alcohol use, tobacco cessation, etc). We developed a system via REDCap where the Health Coach emailed the caller the resource list from a central email address in real time. Finally, we developed a REDCap form to virtually obtain HIPAA consent to enroll participants in our substance use disorder care navigation program (Project CONNECT).

Results: In 13 weeks, we had 422 phone calls, 228 (54%) incoming, 190 (45%) outgoing, and 4 (1%) voicemails. 108 (26%) of calls were with patients, 13 (3%) with family/friends, 224 (53%) with staff members, and 79 (19%) with treatment providers. Calls stemmed from 14 hospitals, 2 primary care practices, and Health Home. We worked with 69 unique staff members and 94 unique patient cases, 75 (81%) male, 20 (19%) female, and 7 (8%) in Spanish. We provided 73 full screens, (91% high-risk), 47 brief interventions, referrals for 84 patients, emailed virtual resources to 40 individuals, and enrolled 16 patients in Project CONNECT.

Conclusion: We were able to have a health coach provide T-SBIRT services for patients from sites that do not normally have a health coach, and cover weekends and later hours. Since calls received were for patients with high-risk substance use in need of a referral to substance use disorder treatment, more frontline provider education is needed on the ability of the T-SBIRT Team to address the full spectrum of substance use, not just high-risk substance use. In conclusion, T-SBIRT is a model that we plan to sustain to continually expand reach, and to provide services to address substance use as part of usual care with patients at more locations than we could otherwise physically staff.

164 Emergency Medicine Resident Perceptions of a Novel Curriculum: Advanced Mental Performance in the Emergency Department



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Study Objectives: Emergency medicine (EM) physicians frequently encounter stressful clinical situations. The deleterious effects of stress on cognitive, physical and emotional performance are well-documented in other high-stakes professions. Other fields, such as the military and professional athletics, incorporate mental skills training to enhance performance under pressure and overall wellbeing. Such programs are notably absent in medicine. The goal of this study assessed EM resident perceptions of a novel mental skill training curriculum: Advanced Mental Performance in the ED (AMPED).

Methods: The AMPED curriculum is a multimodal didactic experience designed to optimize EM resident performance across four domains: Stress, Mindfulness, Team Dynamics, and Decision-Making. The curriculum was incorporated into required weekly didactic conferences at one EM residency, and four interactive lectures were given during the 2019-2020 academic year. Psychological skills training was also included with the goals of optimizing cognitive control and emotional regulation and mitigating performance degradation. EM resident perceptions of the curriculum were assessed at the conclusion of the curriculum using SurveyMonkey, an online survey application.

Results: Survey data from 30 of 41 eligible EM residents demonstrated that 83% of residents felt that mental performance topics were "extremely relevant" to the resident physician. Ninety-three percent rated mental performance training as either "important" or "extremely important" for optimizing residency training. Nearly half (43%) of residents rated the incorporation of mental performance principles as "invaluable" for the maintenance of a career as an emergency physician.

Conclusion: The AMPED curriculum provides EM residents with evidence-driven, actionable mental performance training to optimize clinical performance. These skills may decrease acute stress responses in critical clinical scenarios, highlight the importance of teamwork, and build emotional resilience for a career in medicine. Residents in this study highly valued the AMPED mental performance training. Further studies are needed to determine if optimizing mental performance in the ED may mitigate physician burnout and improve patient care.

165 Establishing an Oncology Observation Program to Improve Emergency Department Cancer Care and Decrease Hospital Admissions



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Study Objectives: Caring for cancer patients in the emergency department (ED) is challenging. Due to complex pathophysiology and evolving cancer therapies these patients often require prolonged ED/hospital visits. Admission rates for cancer patients are historically higher than the general population. Recently, there has been a push by CMS to cut down on cancer-related admissions and new laws (eg, OP35) have introduced penalties linked to these encounters. We created an oncology observation program to decrease unnecessary cancer admissions, improve patient care, and align our practices with CMS goals.

Methods: For this interventional study, we collected data on cancer-related ED visits during the first 3 months of our oncology observation unit (November 1, 2019 to February 28, 2020) and compared our findings to a historical control (November 1, 2018 to February 28, 2019). Data collected included demographics, number of cancer-related observation admissions, and hospital admissions/discharges. We compared the proportion of patients placed into ED observation between test/control groups using chi square analysis, with an alpha of 0.05. Descriptive statistics are reported.

Results: During our intervention period there were 2611 ED visits by patients with active cancer versus 2403 in our control group. The groups were similar (pre/post intervention) with regards to age (median 68 vs 67), sex (51.9% vs 59.8% female) and acuity (median ESI 3 both groups). There was a significant increase in ED observation utilization during our intervention period (n=241,9.2% vs n=135,5.6%, OR 29, p<.001). The admission rate for ED Oncology Observation patients during our intervention period was 33.7%, versus a 44.6% admission rate for all oncology patients during the same period. Extrapolated to a 12 month period, this increase in oncology observation utilization would result in approximately 104 prevented admissions at our institution.

Conclusion: The creation of an ED oncology observation program has the potential to decrease hospital admission rates for patients with cancer. Preventing unnecessary oncology admissions may decrease nosocomial infections, decrease patient and system costs, while increasing compliance with dynamic governmental regulations.

EMF 166 Prospective Comparison of 3D Point of Care Ultrasound and CT Angiography for Carotid Stenosis



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Study Objectives: Carotid ultrasound using dedicated 3D systems is more reproducible and better quantifies disease compared to 2D Doppler ultrasound, but