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Current Challenges in COVID-19 Triage: A Global Perspective

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570 | Current challenges in COVID-19 triaging: A global perspective

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Background and Objectives: Although countries around the world have been combatting the same COVID-19 pandemic over the last year, the triage approach taken by various Emergency Departments (ED) is unique. This paper outlines the guidelines followed by two tertiary care hospitals in Detroit, USA and Manipal, India. By comparing hospital triage implementation protocols, this paper offers insight regarding similarities and differences between Detroit and Manipal ED, as well as strategies to overcome respective challenges.

Methods: Triage algorithms from the Detroit Medical Centre in Detroit and Kasturba Medical College Hospital in Manipal were contrasted to illustrate the similarities and differences in entry point screening, handling both possible and confirmed COVID-19 cases, home isolation guidelines and unique challenges that were faced in each hospital system.

Results: In both Detroit and Manipal, it was found that often with Emergency Departments becoming overwhelmed with COVID-19 cases, there had to be modifications made to the triage protocol in order to adequately meet the high demands. The study has shown that despite unique challenges being present in these distinct cities, the solutions were largely applicable to both hospital systems.

Conclusion: The lack of a unified global triage system results in different countries developing their own protocols and having to learn from their mistakes rather than gain from the experiences of others. As such, it is important to establish strong standardized protocols in order to prevent delays in implementation. This comparison between Detroit and Manipal allows hospital systems to learn from one another and can serve as a helpful tool for other countries who may be experiencing similar challenges in the face of the ongoing COVID-19 pandemic.

571 | Social determinants of health and structural competency training in global emergency medicine fellowship programs

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Background and Objectives: Clinicians must be aware of the structural forces that affect their patients to appropriately address their

unique healthcare needs. This study aimed to assess the participation of Global Emergency Medicine (GEM) fellowship programs in formal social determinants of health (SDH) and structural competency (SC) training in order to evaluate the existence and procedures of such programs.

Methods: A cross-sectional study conducted with a short, online survey with questions regarding the presence of curriculum focused on SDH, SC, educational metrics, and the desire for further formal training in this domain was sent to all 25 GEM fellowship directors through the Global Emergency Medicine Fellowship Consortium (GEMFC) email listserv.

Results: Eighty percent (20/25) of GEM fellowship directors responded to the survey. All (20/20) of participating fellowship programs included SDH and SC training in their didactic curriculum, and 8/20 (40%) of programs offered similar training for faculty. Additionally, 19/20 (95%) of respondents indicated interest in an open-source tool for emergency medicine fellowship training in SDH and SC.

Conclusion: While multiple GEM programs offer formal training on SDH and SC, gaps exist regarding similar training for faculty. Additionally, there is a lack of metrics to determine fellows' comfort with the content of this training. As a majority of GEMFC programs requested, an open-source tool would allow a uniform curriculum and measurement of emergency medicine fellowship training in SDH and SC.

572 | COVID-19: A comprehensive analysis of the pandemic's effect on an emergency department

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Background and Objectives: SARS-CoV-2 (also known as COVID-19) evolved into a historic pandemic fracturing the world's economy, health systems, and the delivery of medical care. With the number of cases and deaths continuing to rise, there is an increasing need to understand how this pandemic impacted care in the emergency department setting. This study examined COVID-19's impact on an academic emergency department (ED).

Methods: A retrospective analysis of de-identified patient datasets was completed at a Level I trauma tertiary care academic ED that sees an average 54,000 adults and 21,000 pediatric patients per year. All patients from the datasets were included in the study. There were no exclusions. An evaluation of total visits, reasons for patient visit, demographics, disposition, and length of stay was collected for the period of January through July 2020 and compared to the same time period in the previous two years (2018-2019). Descriptive statistical analysis was completed using SAS software, version 9.42., Cary, NC. The study was IRB approved.

Results: During the COVID-19 study period (March through July 2020) there were statistically significant decreases in the total number of emergency department visits (48.5%), pediatric and