

performance, and SBML improved the performance of all participants. Our results require validation in a larger cohort.

No, authors do not have interests to disclose

239 Project PANDA: An Individual and Systems Based Approach to De-Escalation



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Study Objectives: The safety of staff and patients are at risk during the de-escalation of acutely agitated patients. A strategy to address de-escalation events is the implementation of multidisciplinary de-escalation teams. This project aims to use a multi-tier simulation approach to improve resident comfort and address systems level issues that may be encountered during acute de-escalation.

Study Methods: After a needs assessment was performed, an agitated patient simulation encounter was created. This encounter involves the use of a de-escalation team to perform verbal and medical methods of de-escalation. This encounter was used in two initiatives. One was the creation of an educational module consisting of the simulation and a lecture, which would be taught to junior residents. The other was the use of the simulation as a series of in-situ encounters in the adult emergency department to identify Latent Safety Threats and act as part of a Plan-Do-Study-Act Cycle to improve de-escalation encounters.

Results/Findings: 1. Thirteen residents underwent the module. Comfort levels on agitated patient encounters were measured pre and post on a Likert Scale. Pre-intervention the mean comfort level with de-escalation was 2.4, post-intervention 3.8. 2. Five in-situ simulations were run as part of PDSA one in the Adult ED, which involved the activation of multidisciplinary de-escalation teams. Several latent safety threats were identified, spanning teamwork, communication, and equipment issues.

Conclusion: This project demonstrates how simulation as a modality can be used simultaneously as an educational and quality improvement tool in the de-escalation of acutely agitated patients.

No, authors do not have interests to disclose

240 Emergency Department Patients Who Leave Prior to Being Seen: Demographics and Predisposing Factors



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Study Objectives: There are occurrences in which patients who present to the emergency department (ED) leave prior to being seen (LPBS) by a physician. This includes patients who arrive at the emergency department who leave before or after being triaged. These patients may not have the means to continue their care on an outpatient basis, and their decision to leave might be driven by socioeconomic reasons, or issues with perceived or actual length of stay (LOS) in the ED. Understanding what drives this behavior and predisposing socioeconomic factors could lead to the establishment of safeguards that lower its incidence. Our objective in this study is to determine demographic characteristics that are associated with LPBS.

Study Design: Hospital records of patients who visited 13 distinct HCA Healthcare owned hospital emergency departments in the North Florida division from January 1st 2019 to December 31st 2019 were screened utilizing the HCA Enterprise Data Warehouse. Institutional Review Board approval was obtained to conduct this study. Patient demographics and disease characteristics were noted, and groups of patients who had LPBS were compared to a control group by utilizing statistical analysis.

Results: A total of 34,139 records of patients who registered in the emergency departments for evaluation were screened in this study. Of these, 1002 patients had LPBS (2.94%). For this group of patients, the age range was 18 to 90 years old with a mean age of 40.3 years old. 610 (60.88%) of these patients were female and 392 (39.12%) were male. Age was found to have a statistically significant association with LPBS ($P<0.05$), with an odds ratio (OR) of 1.008 (1.003-1.013) with increasing age. The racial categorical distribution of the LPBS patients were 585 in the "White", 312 in the "Black", and 105 in the "Other" categories. Racial category was found to have a statistically significant association with LPBS ($P<0.05$), specifically with the "Other" category having an OR estimate of 0.750 (0.575-0.979) of LPBS when compared to the "White" category. The "Black" category compared to "White" category OR was 1.150 (0.961-1.375). Insurance status was also found to have a statistically significant association with LPBS ($P<0.0001$) with patients having insurance having an OR estimate of 0.685 (0.579-0.809) of LPBS when compared to patients without

insurance. LOS in the ED also had a statistically significant association with LPBS ($P<0.0001$) with an OR of 0.992 (0.991-0.994).

Conclusion: Patients leaving the emergency department prior to being seen is a phenomenon with many possible geographical and socioeconomic driving factors. Time efficiency of the health care systems in the setting of an emergency department may also influence this decision. However, we found that increasing length of stay did not have a positive relationship with LPBS. The decision to LPBS could be driven by the perceived LOS instead of the actual LOS. We also need to address racial discrepancies in the delivery of health care, for which more research in this area is needed. Patients without insurance may feel discouraged from completing their ED evaluation due to financial reasons. More research is needed in individual ED settings to address discrepancies and encourage patients to complete their evaluation by a physician.

No, authors do not have interests to disclose

241 Multicenter Prospective Evaluation of Out-of-Hospital Cardiac Arrest Patients Using Transesophageal Echocardiography: A Preliminary Analysis from The Resuscitative TEE Collaborative Registry



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Study Objectives: Transesophageal echocardiography (TEE) has been proposed as a tool that is ideally suited to image patients during cardiac arrest resuscitation. Providing continuous imaging of the heart during cardiopulmonary resuscitation (CPR), TEE can help identify reversible pathologies and optimize the quality of chest compressions. We performed a preliminary analysis of data collected by the Resuscitative TEE Collaborative Registry, a multicenter, prospective, observational study evaluating the use of TEE during out-of-hospital cardiac arrest (OHCA).

Study Design/Methods: Prospective, multicenter cohort study involving patients with OHCA in whom TEE was performed during intra or post arrest phases of resuscitation. Primary outcome was prevalence of diagnostic findings, and secondary outcomes included position of the area of maximal compression (AMC), and resuscitation outcomes, including return of spontaneous circulation (ROSC), survival to hospital admission, and survival to hospital discharge.

Results/Findings: One hundred and thirty seven patients were included in the analysis, from which 74 (54%) were evaluated intra-arrest, 53 (39%) were evaluated post-arrest, and 10 (12%) were evaluated both intra- and post-arrest. The prevalence of diagnostic findings was 21% pseudo-PEA, 14% RV dilation, 11% intracardiac thrombus, 12% fine ventricular fibrillation, and 2% cardiac tamponade. Overall, TEE was considered to have provided a likely etiology for the arrest leading to a change in management in 22 (28%) cases. Initial AMC during CPR was determined in 59/84 (70%) patients, with 36 (43%) located in LV, 19 (23%) located in LVOT or aortic root, 4 (5%) in other locations. Among patients evaluated intra-arrest who experienced ROSC, the initial AMC was determined over the LV in 17 (20%) patients, as compared to 3 (4%) in which the AMC was determined over the LVOT or aortic root ($p=0.04$). There was no significant difference in the location of the AMC between patients who received manual vs mechanical CPR. In this cohort of OHCA patients, 71 (52%) patients achieved ROSC; 37 of these patients survived to ICU admission (27%), and 16 (12%) survived to hospital discharge. Of the patients who survived to hospital discharge, 12 (75%) were discharged to home, 3 (19%) to a nursing facility, and 1 (6%) to a rehabilitation center.

Conclusion: In this preliminary analysis of OHCA patients, TEE was found to provide diagnostic information and lead to a change in management during resuscitation. Consistent with previous single center studies, this multicenter cohort confirms the finding that the initial AMC is located over the LV in less than half of patients evaluated with TEE intra-arrest.

Yes, authors have interests to disclose

Disclosure: Fujifilm Sonosite

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Disclosure: Course Director - The Resuscitative TEE Workshop

Other

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