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Introduction: Utilization of the Emergency Department (ED) for non-urgent care increases demand for services, therefore reducing avoidable attendance is an important area for intervention in the prevention of ED crowding. This study aims to develop a consensus among clinicians across care settings about the "appropriateness" of attendance at the ED in Ireland.
Method: The Better Data, Better Planning study was a multicenter, cross-sectional study investigating factors influencing ED utilization in Ireland. Following ethical approval, data was compiled in patient summary files which were assessed for measures of appropriateness by an academic General Practitioner (GP) and academic Emergency Medicine Consultant (EMC) National Panel. In cases where consensus was not reached charts were assessed by an Independent Review Panel (IRP). At each site all files were autonomously assessed by local GP-EMC panels.
Results: The National Panel determined that 11% (GP) to 38% (EMC) of n=306 lower acuity presentations could be treated by a GP within 24-48h (k=0.259; p<0.001) and that 18% (GP) to 35% (EMC) of attendances could be considered "inappropriate" (k=0.341; p<0.001). For attendances deemed "appropriate" the admission rate was 47% compared to 0% for "inappropriate" attendees. There was no consensus on 45% of charts (n=136). Subset analysis by the IRP determined that consensus for appropriate attendances ranged from 0-59% and for inappropriate attendances ranged from 0-29%. For the Local Panel review (n=306) consensus on appropriateness ranged from 40-76% across sites.
Conclusion: Multidisciplinary clinicians agree that "inappropriate" use of Irish EDs is an issue. However, obtaining consensus on appropriateness of attendance is challenging and there was a significant cohort of complex heterogeneous presentations where agreement could not be reached by clinicians in this study. This research again demonstrates the complexity of ED crowding, the introduction of evidence-based care pathways targeting avoidable presentations may serve to alleviate the problem in our EDs.

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Deployed in Disaster: Exploratory Study of Personnel Deployed into Ontario Long-Term Care Homes during the COVID-19 Pandemic

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Introduction: The COVID-19 pandemic had a devastating impact on long-term care in Canada, exacerbating an existing crisis of staff shortages, inadequate infrastructure and funding, into a disaster. In response, the province of Ontario enacted emergency legislation and requested federal government support, resulting in the deployment of personnel from the Canadian Armed Forces and acute care hospitals into long-term care homes across the province. This exploratory study aims to develop a rich description of the long-term care context during the pandemic, deployed personnel's perspectives on providing care in the context, and identification of lessons learned while working during the pandemic.
Method: Descriptive exploratory design with demographic questionnaire and semi-structured interviews will be used to understand the background and perspective of deployed personnel and managers on working in long-term care during the pandemic. Thematic analysis will be used to analyze the transcripts, organize codes, and identify and describe major themes. Findings will also be compared with disaster literature to understand how the perspectives of deployed personnel compare with existing disaster research.
Results: 21 interviews were initially conducted. Analysis of these interviews identified key challenges experienced by those deployed, including human resources, leadership and accountability, and policies and regulations. Perspectives and strategies for overcoming these challenges were also shared.
Conclusion: The scale, duration, and context of the redeployment of personnel into long-term is unprecedented and has seen little research. This exploratory study shares the experiences of personnel who deployed into long-term care and helps identify lessons learned from overcoming challenges in the disaster context. These findings will be able to inform future disaster research and how to better prepare responders in the future.

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A Hole in the Safety Net: Failures of the Initial COVID-19 Pandemic in Kentucky

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Introduction: The COVID-19 pandemic hit Kentucky in March of 2020. While around the world the pandemic had already reared its head and strained international hospital systems at their core, Kentucky hospitals remained wholly underprepared. University of Kentucky Hospital is a relatively resource rich hospital. However, utilization of these resources was severely misplaced and inefficiently distributed. This led to unnecessarily large upfront costs in an attempt to prepare for large volumes of patients that never actually came, as well as risk stratifying patients in a costly and unproductive way.
Method: We reviewed the initial response to the COVID-19 pandemic from the University of Kentucky as well as specifically within the emergency department. This included all system-wide preparations as well as emergency medicine-specific COVID-19 protocols regarding risk stratification of patients, testing, and delivering results.
Results: Initially the number of patients that would need to be hospitalized with COVID-19 as well as how to risk stratify or treat them was completely unknown. This led to multiple large issues within University of Kentucky's response to the pandemic. A 400-bed field hospital was constructed out of