

those receiving prehospital intubation had a median time from 911 call to ED arrival 6.5 minutes longer than patients not receiving an advanced airway. In additional models, accounting for time to ED arrival substantially attenuates the negative effect of prehospital intubation on survival. Epinephrine administration is associated with comparable delays to ED arrival, but these delays do not explain the survival decrement associated with prehospital epinephrine.

[D.A. Kim, MD, PHD,  
G. Gilbert, MD

Stanford University Department of Emergency Medicine 900  
Welch Rd, Palo Alto, CA 94304 USA. 617-895-9090]

**Conclusion:** Delays in transport to the ED may explain the survival decrement associated with pre-hospital intubation for cardiac arrest.

#### □ UTILIZING ELECTRONIC HEALTH RECORD ALERTS TO LINK HIV/HCV PATIENTS INTO CARE



**Objectives:** FOCUS is a routine HIV/HCV screening and linkage to care program that is implemented in health centers in areas of high, unmet need. The Jackson Health System (JHS) FOCUS program started at the Jackson Memorial Hospital (JMH) Emergency Department (ED) in June 2017. JMH has screened over 34,000 patients with a seropositivity rate of 2.6% for HIV and 5.7% for HCV, out of which 74% and 26%, respectively, have been linked into care. The population served by JHS encompasses a high number of individuals that are difficult to locate due to factors such as homelessness and substance abuse. We identified a large number of patients (59%) who were difficult to contact if they were discharged from the ED before a confirmatory test had resulted. Barriers to contacting patients included lack of contact information or erroneous information

given during registration, which led to a decrease in linkage to care success.

**Methods:** Embracing automation to facilitate care for a difficult to access population, we developed an ad hoc form in the Electronic Health Record (EHR) for the Linkage to Care Specialists (LTCs) to complete when they are unable to notify or link positive patients. Certain responses on the form trigger re-engagement alert messages in the EHR. The LTCs enter notes such as unable to contact HIV and/or HCV positive patient or patient is out of care, which then triggers an alert when the patient registers during a subsequent visit to any facility within JHS. This electronic alert is sent to the LTCs who are dispatched to facilitate diagnosis disclosure and linkage to care in real-time.

**Results:** From March 2018 to September 2018, 264 (101 HIV, 163 HCV) patients, who had been lost to follow-up, were identified upon their return to JHS. We verified HIV care for 8 patients (8%) who were incarcerated, linked 34 (34%) to care, and scheduled 9 patients (9%) for future appointments. For HCV, we verified care for 36 patients (22%) who were incarcerated, linked 25 (15%) to care, and scheduled 16 patients (10%) for future appointments.

[Anwar Ferdinand, MD  
Monica Bahamon, MPH  
Patricia DeMelo Panakos, MD  
Mehruha Anwar Parris, MD  
Girish Bobby Kapur, MD, MPH]

**Conclusions:** An automated EHR flagging system is an important tool that has proven to be an effective method to re-engage individuals living with HIV and/or HCV who are lost to follow up and present to healthcare facilities within a hospital system. It is a strategy that is easily reproducible in other facilities using comparable EHRs and should be utilized to link HIV and HCV positive patients into care.