Keep Vertical Patients Vertical…And Driving: Emergency Department Care During COVID-19

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***Objective**:* To evaluate the effectiveness of a drive-through medical system in appropriately evaluating and treating patients in the setting of the COVID-19.

***Method**:* In response to the COVID-19 pandemic, the emergency department established a drive-through medical evaluation facility (DMEF) in proximity to the emergency department. The DMEF was designed to allow full evaluation of patients to include: vital signs, complete medical history, clinician physical examination, limited point of care testing and medication distribution. All patients presenting to the emergency department with symptoms of potential COVID etiology and deemed non-critical were directed to the DMEF for initial evaluation. Patient encounters, time metrics and electronic records of follow-ups were evaluated.

***Results**:* A total of 2164 patients, with a mean age of 32 y/o were evaluated through the DMEF between 1 May 2020 to 1 July 2020. The average time from arrival to departure was 38 min. Screening criteria was effective with a sensitivity of 98.2% and 99.75% for 14-day return visits and for those requiring extensive workups or admission, respectively. Only 179 patients (8.3%) were diverted to the main ED for further evaluation. Diversion decision was made by the triage nurse or clinician 82% and 18% of the time, respectively. Specificity of diversion for admission was 9%. Post-hoc analysis of ED impact revealed a savings of over 4000 h of patient care.

***Conclusion**:* While a dramatic change in the delivery model of medical care, drive-through treatment facilities represent a viable option for sustained operations during the surge of a pandemic.