

The average number of SAR incidents per park visitor has decreased from 9.4 incidents per 100,000 visitors in the 10 years prior to 1998 to 7.6 per 100,000 visitors in the six years following ($p=0.02$).

Conclusions: The Grand Canyon National Park PSAR program seems to have decreased the incidence of visitor illness and injury, thereby decreasing the need for costly and potentially dangerous SAR responses.

15 A Needs-Assessment Questionnaire of Driving Fitness in Older Adults Presenting to the Emergency Department

Shahram Lotfipour, MD, MPH; Adam Moheban, BS; Prahbas Gupta, BS; Craig Anderson, PhD; Federico Vaca, MD, MPH; Wirachin Hoonpongsimanont, MD; Diane Winn, RN, MPH; Phyllis Agran, MD.
University of California, Irvine School of Medicine

Background: Older adults (65 years and older) represent the fastest growing segment of the population. It is projected that by the year 2024 one in four drivers will be older adults. The Emergency Department (ED) may serve as a site for identifying older adults that need driving fitness evaluation and/or related intervention.

Objective: Conduct a needs assessment for driving fitness-related issues in older adults presenting to the ED.

Methods: A cross-sectional survey was conducted with English-speaking older adult patients presenting to a busy Southern California Level 1 Trauma Center and ED over a 10-month period starting February 2006. Inclusion criteria included medically stable older adults. Exclusion criteria included critically ill patients. Data was analyzed by using univariate descriptive analysis.

Results: Out of the 332 patients surveyed, 186 were 65-74 years, 109 were 75-84 years, 35 were 85 years or older and the age for two patients were not recorded. Thirty-six patients had never driven and were only asked for demographic information. When the 296 patients who had driven were asked who they consider the most qualified person to give driving advice, 33% considered their family/spouse, 24% themselves, and 14% the Department of Motor Vehicles. Only 1% felt the ED physician was the most qualified person to give driving advice. Among the 196 who currently drive, 61% would rate their driving confidence to be at 10 out of 10, 83% would limit their driving, 77% would stop driving if asked by a physician, and 43% would like the ED to refer them for further help with their driving.

Conclusion: Although the majority of patients were highly confident in their driving ability, nearly four out of five patients reported that they would be willing to limit and stop driving per physician recommendation. The discrepancy between the patients' confidence and their willingness to accept driving advice from physicians provides an opportunity for further driving-fitness research.

16 Patient Satisfaction with Routine Rapid HIV Testing in an Urban Emergency Department Using Streamlined Procedures and Pre-Existing Staff for Testing and Counseling

Douglas White, MD; Otis Warren, MD;
Alicia Scribner, MPH.

Alameda County Medical Center, Highland Campus

Objective: To determine patient satisfaction with a voluntary rapid HIV testing program in an urban emergency department (ED).

Methods: Prospective observational study conducted in an urban academic ED. Between April 1, 2005 and March 31, 2006, nursing-initiated HIV screening was offered to eligible patients, beginning with the triage nurse. Exclusions were: age <12 years; acute psychiatric or medical illness and language barrier. Pre-test HIV information and counseling was provided in a brochure. Nurses obtained bedside written informed consent, performed the test (OraQuick Advance, oral swab) and disclosed negative results. For positive patients, emergency physicians or HIV counselors performed counseling and arranged follow-up care. Testing was performed and negative results were disclosed in both private and non-private clinical areas (curtained rooms, hallways), while positive results were disclosed in private rooms. After result disclosure, a satisfaction survey was administered to patients testing preliminary positive and to a convenience sample of patients testing negative. Patients were asked whether or not they felt HIV testing and disclosure was done in a private manner and to rate their overall satisfaction with testing on a 5-point scale.

Results: 6,381 HIV tests were performed with a 1% positivity rate. Fifty-seven of the 65 preliminary positive patients completed the survey (88%). One-hundred and five of the 178 patients testing negative who were approached completed the survey (59%). One-hundred percent (57/57) of patients testing preliminary positive and 99% (104/105) of those testing negative reported overall satisfaction with testing ($p=0.50$); 96% (55/57) of patients testing preliminary positive and 91% (96/105) of those testing negative felt that their results were disclosed in a private manner ($p=0.22$).

Conclusions: Perception of privacy was maintained despite testing and disclosure of negative results in a variety of clinical areas. Overall, patients are satisfied with streamlined ED testing procedures.

17 Evaluation of the Use of the TASER and Elevated Force to Control Workplace Violence in a Health Care Environment

Robert L. Norton, MD; Gary Granger.
Oregon Health & Science University