a pathway for continuity of care through the ED may mitigate patients' unmet HRSNs and potentially affect their overall health services use.

7 Impact Analysis of a Potential ECPR Program in a Medically Underserved Urban Community

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Background: EOut-of-hospital cardiac arrest (OHCA) from ventricular arrhythmia is a significant public health challenge. Survival rates are poor if refractory to standard Advanced Cardiac Life Support (ACLS). Extracorporeal cardiopulmonary resuscitation (ECPR) utilizes extracorporeal membrane oxygenation (ECMO) to perfuse vital organs intra-arrest and prevent anoxic brain injury while reversible causes are addressed. When initiated within 60 minutes in select populations, ECPR has shown significant improvement in outcomes compared to standard ACLS, a grade 2a recommendation in 2025 American Heart Association (AHA) guidelines. Implementation has been limited to large tertiary care centers, which may exacerbate existing racial, gender, and insurance status disparities in OHCA care and outcomes. The objective of this study is to perform an impact analysis of a hypothetical single-center ECPR program in a medically underserved area.

Methods: Non-traumatic cardiac arrests with an initial rhythm of ventricular tachycardia (VT) or fibrillation (VF) occurring in Oakland, California and the surrounding cities in Northern Alameda County were retrospectively analyzed. Arrests between January 1, 2020 and December 31, 2024 were identified from the Alameda County Emergency Medical System's electronic medical record. ECPR inclusion criteria for impact analysis were: (1) Initial Rhythm VF/VT, (2) Age 18-75, (3) Witnessed arrest, (4) >2 shocks without ROSC.

Results: A total of 1217 OHCAs with an initial rhythm of VT or VF were identified. Of these, 141 patients met defined ECPR criteria, with a mean (SD) of 28 (8) patients per year. Mean (SD) time from 9-1-1 call to destination arrival was 38 (10) minutes, and EMS on-scene time for ECPR candidates was 19 (9) minutes. Nine (6.4%) patients survived neurologically intact with a cerebral performance category (CPC) of 1 or 2. Applying the current ECPR registry survival rate of 31%, an additional 34 patients may have survived with access to ECPR, a projected number needed to treat of 4.

Conclusion: In a medically underserved urban area, a significant number of patients meet ECPR criteria, and their current outcomes are poor. Current EMS transport times allow adequate time for ECPR cannulation within 60 minutes, demonstrating that implementation of an ECPR program is potentially feasible and beneficial in this population.

8 Persons Experiencing Homelessness Perceptions and Utilization of Emergency Medical Services in Los Angeles County

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Background: Persons experiencing homelessness (PEH) face high rates of chronic diseases and poor health outcomes. Los Angeles County has one of the largest PEH populations in the United States, with Emergency Medical Service (EMS) clinicians serving as frontline healthcare. This study examines PEH perceptions of EMS care and utilization to identify barriers to healthcare delivery.

Methods: Semi-structured, in-person interviews were conducted with a convenience sample of 30 adults experiencing homelessness in Los Angeles County. The interview guide explored attitudes and perceptions toward EMS, healthcare utilization, challenges to care delivery, and self- perceptions. Subjects were included if age ≥18 years, currently experiencing homelessness in Los Angeles County, English or Spanish speaking, and with at least one EMS interaction within the past 18 months. Interviews were audio-recorded, professionally transcribed and translated, and coded using an inductive, iterative approach. Thematic analysis was performed.

Results: Participants were predominantly male (90%), with a mean age of 52.7 years and an average of 7.2 years of homelessness. 57% reported a history of substance use, 63% frequent alcohol use, and 54% had a history of psychiatric diagnoses. Self-rated health was poor or fair in 63% of participants, good or very good in 37%, and none reported excellent health. PEH reported EMS interactions for conditions related to medical complaints (58%), followed by trauma (17%), mental health (15%), and substance use or alcohol related calls (10%). Reported barriers to EMS care included the need for self-advocacy due to perceived EMS dissuasion of transport (35%); interpersonal conflict related to distrust, intoxication, or mental health crises (35%); and perceptions of differential treatment compared to housed individuals due to unhoused status (36%). Overall, 73% reported positive perceptions of EMS, citing professionalism and caring behavior.

Conclusion: PEH primarily use EMS for acute medical or trauma-related needs and generally report positive experiences. Barriers such as EMS dissuasion of care, interpersonal conflict, and perceived differential treatment limit optimal care. Further research is needed to characterize these barriers and develop

targeted educational and operational solutions to improve EMS care for PEH.

9 Follow Up Resources Provided in Early Pregnancy: Analysis of Discharge Instructions for First Trimester Pregnant Patients Seen in an Academic Emergency Department

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Background: 1The emergency department (ED) is well positioned to connect patients in early pregnancy to care, but does it consistently do so? EDs serve patients who may otherwise not have healthcare access, and at times may identify new pregnancies. Due to the current landscape of reproductive services in the U.S., provision of complete and accurate discharge information is critical. This novel study aimed to explore the content of ED discharge instructions for comprehensive pregnancy options.

Methods: We retrospectively reviewed Electronic Medical Records (EMR) of patients ≥18 years old who presented to the pediatric or adult ED of an urban academic medical center between January 1, 2022 and October 31, 2024. Automated data query identified pregnant patients by presenting complaint, positive urine/serum human chorionic gonadotropin or ICD-10 code; an analyst extracted select fields including visit details and full-text discharge instructions for review. A priori, we defined components of comprehensive discharge instructions and coded visits as having prenatal care follow-up resources, family planning follow-up resources, both types of resources, or neither. Discharge instructions were independently coded by two team members, with disagreements resolved through a third rater and team discussion. Summary statistics were calculated; we also explored differences in provision of discharge instructions across patient demographic groups using chi square tests.

Results: Of 756 pregnancy visits initially identified, 321 were excluded due to gestation >14 weeks, nonviable pregnancy (miscarriage, ectopic), elective abortion, and elopement; 82 for unclear trimester; 50 for pregnancy of unknown location; and 5 for age <18 at time of visit. After these exclusions, 298 discharge instructions made up the final dataset, of which 39 (13.1%) contained prenatal care resources, 12 (4.03%) contained family planning resources, 1 (0.34%) contained both, and 246 (82.6%) contained neither. There were no statistically significant differences in provision of discharge instructions by race, ethnicity, preferred language, or rurality of home address.

Conclusion: In this exploratory study, most ED discharge instructions lacked specific and inclusive follow-up options for early pregnancy. Given barriers to care across the U.S., pregnant patients may benefit from locally-appropriate linkages to timely care from the ED.

10 Meta-Analysis of Different Antibiotic Efficacies in the Case of Complicated Urinary Tract Infections

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Background: To evaluate and compare the efficacies of different antibiotics in treating and eradicating bacteria in cases of complicated urinary tract infections, including pyelonephritis.

Methods: The search terms “complicated UTI AND antibiotic” were applied to the PubMed and Google Scholar databases to evaluate publications assessing or comparing different antibiotics in treatment of a complicated urinary tract infection (cUTI). Search results from the two databases yielded 211 initial results. Inclusion criteria included mention of cUTIs treated with an antibiotic, included healthcare outcomes, patients over the age of 18, and publication of study within the last ten years. Exclusion criteria included lack of mention of cUTI, unclear or not present health outcome, or incomplete treatment duration of the antibiotic treatment. Final evaluation of the 211 initial search results yielded 13 publications used in this study, with 169 being eliminated based on relevance/exclusion criteria, and 29 being eliminated due to duplication in databases. From eligible studies, a comprehensive look at different antibiotics in the treatment of complicated urinary tract infections was conducted to look at clinical success, measured with a fixed effect.

Results: Ertapenem was mentioned in three studies, with varying success rates of 389/440, 392/419, and 116/143. The clinical success rates were 90.92%, with a 95% CI: 85.4-95.9%. Meropenem was mentioned in one study with a success rate of 116/143, or 81.1% with a 95% CI: 74.7-87.5%. Meropenem+ Vaborbactam was mentioned in one study, with a success rate of 189/192, or 98.4% with a 95% CI: 96.7-99.9%. Cefepime + Tanoribactam was mentioned in one study, with a success rate 251/293, or 85.7% with a 95% CI: 81.7-89.7%. Piperacillin+Tazobactam was included in 3 studies, with success rates of 296/333, 171/182, and 163/178 for a success rate of 90.91 with a 95% CI: 87.5-97.5%. Tebipenem was included in one study with a success rate of 418/449, or 93.1% with a 95% CI: 90.8-95.4%. Sulopenem was included in one study with a success rate of 397/444, or 89.4% with a 95% CI: 86.6-92.3%. Levofloxacin was included in one study with a success rate of 20/30, or 66.7% with a 95% CI: 49.8-83.5%. Ceftriaxone was included in one study with a success rate of 16/29, or 55.2% with a 95% CI: 37.1-73.3%.

Discussion: Meropenem+ Vaborbactam was associated with the highest rates of clinical success, followed by