The use of telemedicine enhanced capabilities, allowing access to consultation with the most experienced specialists in Israel.

Capacity building of local teams should be given a high priority. This was implemented by combining clinical training and the inclusion of a medical simulation unit in the hospital.

Dispatching a team delivering medical care and extending a helping hand in time of need, especially when done by a national entity, contributes greatly to building the people's faith, hope, and resilience during the crisis, and has a critical role in the recovery effort.

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No One Should Die Alone: Preparing for the Next Pandemic

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Introduction: As health care professionals and family members, we *know* that many patients died alone in healthcare settings during the first six months of the COVID-19 pandemic. An extensive literature review confirms this as well, and concludes that visiting restrictions during the pandemic had negative impacts on patients and their loved ones.

There is a right to not die alone contained in the Dying Patient's Bill of Rights; however, it happened time and time again during the early months of this pandemic when countless people in long-term care settings and hospitals were reported to be isolated during their final hours of life. *No one should die alone!* What can we learn from this experience to try to minimize this from happening during the next pandemic?

Method: This study will explore the state of the literature on the status and impact of visitor restrictions during the COVID-19 pandemic, in conjunction with a survey of a defined sample of practicing registered nurses in the United States. This study seeks to respond to the primary research question of *how* patients'/family members' end-of-life needs can be met in a pandemic when hospital visitation is severely limited or nonexistent? There are for (4) related sub-questions concerning effective direct and indirect methods of family presence.

Results: The literature concludes that countless people were isolated without family presence during their final hours of life during the first six months of COVID-19. The initial survey process is currently underway, with the identification and analysis of recommendations for improvement in early 2023.

Conclusion: The goal of this study is to develop best practices for meeting the end-of-life needs of hospitalized patients and their loved ones during a pandemic, so that to the extent possible, *no one dies alone*.

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Review of Psychiatric Patient Transfer Times in an Emergency Department with Limited Psychiatric Services

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Introduction: The National Ambulance Service (NAS) must transport patients with acute psychiatric needs to their nearest emergency department for assessment. Wexford General Hospital (WGH) does not have on-site medical psychiatric services after hours, in-patient psychiatric beds, or dedicated psychiatric doctors. Patients requiring formal acute psychiatric assessment and/or admission after ED review need to be transferred 60-80 km to other healthcare facilities.

Aimed to assess average ED stays of psychiatric patients and determine what degree transfer time contributed to their total time would help to determine what delay there was to providing acute psychiatric care due to the lack of after hours/on-site services.

Method: Data was collected from the iPMS system. A total of 125 patients presented with primary psychiatric complaints between January 1, 2021 and December 31, 2021 and required onward transfer for acute psychiatric assessment or admission. Patients were excluded if less than 18 years or had been admitted to another WGH service before transfer. There are no existing guidelines in the National Clinical Program for Psychiatry or NICE guidelines for acute psychiatric patient transfer times or ED stays.

Results: The average WGH ED attendance time was 15h 27min (range 0h08min and 19h22min). The longest interval contributing to overall time was Transfer Booked to Transfer Time (average 3h 27min). The time from Psychiatric Referral to Transfer accounted for 30% (on average) of patients' attendance time.

Conclusion: There are significant delays in accessing acute psychiatric care due to the absence of Ambulance Service Bypass Protocols to transport patients to the most appropriate rather than the nearest ED. Proposed Trauma bypass system changes offer unique opportunities to review such inequity of access to acute psychiatric services.

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