



# Arkansas Department of Health

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**Governor Mike Beebe**

**Paul K. Halverson, DrPH, FACHE, Director and State Health Officer**

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The Arkansas Dept of Health will be upgrading the software used for the **Health Alert Network (HAN)**. Use of this new system will begin on October 1, 2009. To ensure you continue to receive **Dr. Snow's weekly letter** and other important health information you must logon to <https://health.arkansas.gov/codespearreg>, click on "new user information" and fill in the blanks. You are required to have an email address. This email address becomes your logon ID. Please click on the web address and sign up.

**Drive-Through Medicine: A Novel Proposal for Rapid Evaluation of Patients During an Influenza Pandemic**, *Annals of Emergency Medicine*, Eric A. Weiss, MD, Jessica Ngo, MD, Gregory H. Gilbert, MD, James V. Quinn, MD, MS; Department of Surgery/Division of Emergency Medicine, Stanford University School of Medicine, Stanford, CA. Study, Accepted for publication November 20, 2009

**Study objective:** During a pandemic, emergency departments (EDs) may be overwhelmed by an increase in patient visits and will foster an environment in which cross-infection can occur. We developed and tested a novel drive through model to rapidly evaluate patients while they remain in or adjacent to their vehicles. The patient's automobile would provide a social distancing strategy to mitigate the person-to-person spread of infectious diseases.

**Methods:** We conducted a full-scale exercise to test the feasibility of a drive-through influenza clinic and measure throughput times of simulated patients and carbon monoxide levels of staff. We also assessed the disposition decisions of the physicians who participated in the exercise. Charts of 38 patients with influenza-like illness who were treated in the Stanford Hospital ED during the initial H1N1 outbreak in April 2009 were used to create 38 patient scenarios for the drive-through influenza clinic.

**Results:** The total median length of stay was 26 minutes. During the exercise, physicians were able to identify those patients who were admitted and discharged during the real ED visit with 100% accuracy (95% confidence interval 91% to 100%). There were no significant increases of carboxyhemoglobin in participants tested.

**Conclusion:** The drive-through model is a feasible alternative to a traditional walk-in ED or clinic and is associated with rapid throughput times. It provides a social distancing strategy, using the patient's vehicle as an isolation compartment to mitigate person-to-person spread of infectious diseases

In summary, the drive-through influenza clinic model may be a preferred alternative care center to clear crowded EDs during a pandemic. By using the patient's vehicle as an isolation compartment, the drive-through influenza clinic could provide a social distancing strategy to mitigate the person-to-person spread of communicable diseases during an influenza pandemic, bioterrorism, or other emerging infectious disease event.

Something to think about. It might come in handy at some point.

If you have any questions please feel free to contact Dr. Sandy Snow at 501-661-2169 or fax to 501-661-2300 or e-mail to [Sandra.snow@arkansas.gov](mailto:Sandra.snow@arkansas.gov)

