without CP) and B2 (after implementation with CP). All five groups were controlled for triage level and sex. **Results:** In total, 1086 patients were included; 543 before implementation (Mar. 2011 – Feb. 2016) and 543 after (Feb. 2016 – Jun. 2019), of whom 14% (N = 77) were treated by CP. The average ED LOS was similar (10.36h vs 10.65h; (p = 0,31)) in group A and in group B. In groups A1, B1 and B2, the median ED LOS were respectively 6.00, 6.84, 4.80; these differences were not statistically significant. The average time-to-treatment for beta-agonist in A1, B1 and B2 was respectively 148, 180 and 50 mins; the differences between B2 and A1 and between B2 and B1 were both statistically significant (p < 0,05). **Conclusion:** Although this study indicates a low compliance to the CP, it shows that time-to-treatment can be reduced. It didn't demonstrate any statistically significant decrease in ED LOS, most likely due to low number of patients and non-normal distribution, but the 1.2h shorter could be a major advantage if it proves true. Further studies are essential to understand facilitators and alleviate the barriers in anticipation of a multi-centric implementation.

Keywords: asthma, clinical pathway, emergency department

P058

Accuracy of the trauma triage protocol Échelle québécoise de triage préhospitalier en traumatologie (EQTPT) in selecting patients requiring specialized trauma care

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Introduction: This study aims to evaluate the accuracy of the Échelle québécoise de triage préhospitalier en traumatologie (EQTPT) to identify patients who will need urgent and specialized trauma care in the La Capitale-Nationale region, province of Quebec. **Methods:** A detailed review of prehospital and in-hospital medical charts was conducted for a sample of patients transported following a trauma by ambulance to one of the five CHU de Quebec's emergency departments (ED) between November 2016 and March 2017. Data related to the trauma mechanism, population, injuries sustained, diagnosis, intervention and patient outcomes were extracted. The study primary outcome was the use of at least one urgent and specialized trauma care defined as: admission to the intensive care unit (ICU), urgent surgery within less than 24 hours after arrival (excluding orthopedic surgery for one limb only), intubation in ED, angioembolization within 24 hours after ED arrival, activation of a massive transfusion protocol in the ED. Also, patients who died secondary to their trauma were also considered as requiring urgent care. **Results:** 902 patients were included. The mean age (SD) was 59 (28.5) years old, 494 (54.8%) were female. The main trauma mechanisms were falls (592 (65.6%)) followed by motor vehicle accident (201 (22%)). 367 (40.7%) patients were transported directly to the tertiary trauma centre from the field. 231 (25.6%) patients had at least one criteria included in the steps 1, 2 or 3 of the EQTPT. Subsequently, most patients (649 (71.9%) were discharged home from the ED while 177 (19.6%) patients were admitted to the hospital. 82 (9.1%) patients required urgent and specialized trauma care. Of these 82 patients, 27 patients (32%) were identified in step 1 of the protocol, 12 patients (14.6%) in step 2, 5 patients (6.1%) in step 3, 13 patients (15.9%) in step 4 and 2 patients (2.4%) in step 5 while 23 (28.0%) patients were not identified by any steps of the EQTPT protocol. Therefore, 44 (53.6%) of the patients requiring urgent and specialized trauma care were identified by the criteria proposed in the steps 1, 2 or 3. **Conclusion:** In this retrospective cohort study, the EQTPT was insensitive to identify trauma patients who will need prompt and complex trauma management. Studies are required to determine the factors that could help improve its accuracy.

Keywords: trauma care, triage

P059

Characteristics of older adults attending the emergency department for suicidal thoughts or voluntary intoxication: a multicenter retrospective cohort study

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Introduction: Suicidal thoughts and self-harm are disproportionately prevalent among older adults but are frequently overlooked by emergency physicians. Objective: This study aims to explore the characteristics of older adults visiting the ED for suicidal thoughts or voluntary intoxications. **Methods:** All older adults (□ 65 years old) who visited one of the five CHU de Quebec' EDs in 2016 were eligible. The medical charts of patients who reported suicidal thoughts or intoxication in triage or received a relevant discharge diagnosis were reviewed. Involuntary intoxications were excluded. Descriptive statistics were used to present the results. **Results:** Results: A total of 478 ED visits were identified, of which 332 ED visits (n= 279 patients) were included. The mean age of the ED cohort was 72.6 (standard deviation 6.8) years old and 41.6% were female. Mood disorders (41.2%) and alcoholism (40.5%) were common. Most included patients had a diagnosis of voluntary intoxication (73.2%), including two suicides (0.6%). Following 109 ED visits (30.0%), patients were referred for a mental health assessment. Half of all ED visits resulted in a discharge by the emergency physician (50.0%), while 27.4% were admitted for in-patient care. In the subsequent year (2017), 38.4% returned to the ED for suicidal ideations or self-harm of which 7.9% attended the ED □ 5 times. **Conclusion:** ED visits for suicidal thoughts and voluntary intoxication in older adults are more common among men with known mood disorders or alcoholism. Referral for a mental health assessment is inconsistent. ED-initiated interventions designed for this population are needed.

Keywords: intoxication, older adults, suicidal thoughts

P060

Bridging the gap: Using a tele-resuscitation network to improve pediatric outcomes in a community hospital setting

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Background: Telemedicine has been defined as the use of technology to provide healthcare when the provider and patient are geographically separated. Use of telemedicine to meet the needs of specific populations has become increasingly common across Canada. The current study employs the Ontario Telemedicine Network (OTN) to connect the emergency departments of a community hospital system and a pediatric tertiary care hospital. OTN functions through a two-way video conferencing system, allowing physicians at the tertiary site to see and hear the patient being treated in the community hospitals. **Aim Statement:** The aim of this project is to ensure essential care is provided to CTAS 1 and 2 pediatric patients who present to Niagara Health emergency departments, to increase the number of appropriate patient transfers. **Measures & Design:** Data for this project include a) description of common diagnoses, b) time of call, c)

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occurrence of transfers, and d) professional perceptions of the technology. A descriptive design was used together with the implementation of quality improvement cycles as the intervention occurred. Quality improvement methodologies including plan-do-study-act (PDSA) cycles ensured continuous improvement to the process of OTN use and therefore patient safety throughout the study. **Evaluation/Results:** Since the intervention was employed on December 17, 2018 there have been a total of 19 cases for which 4 transfers were requested. Changes to the process were made including the addition of weekly technology tests and feedback to health professionals involved to garner further support for the use. Results have indicated that seizure was the most common diagnosis, accounting for 37% of cases. The majority of calls were placed after 19:00 hours with no calls being placed between 24:00 and 10:00. **Discussion/Impact:** Healthcare providers had positive perceptions of the technology agreeing that decision making between on-site and remote teams was timely and collaborative, as well as that patient care and outcomes were improved with its use. The results of this study will be used to determine the benefits of employing telemedicine in the emergency departments of other hospital systems.

Keywords: pediatrics, quality improvement and patient safety, tele-resuscitation

P061

Barriers to distributing discharge materials in the emergency department

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Introduction: An efficient discharging process provides an opportunity for the patient to receive information about their diagnosis, prognosis, treatments, follow-up plan and reasons to return. Even when given complete discharge instructions, studies demonstrate that patients have poor retention of the information due to misunderstandings, language barriers, or poor health literacy. This study sought to identify barriers encountered by healthcare workers in providing discharge handouts to emergency department patients. **Methods:** A bilingual online survey of fifteen questions was shared with Quebec ED staff physicians and residents at the annual conference, and by email correspondence through the Quebec Emergency Medicine Association (AMUQ - L'Association des médecins d'urgence du Québec). **Results:** There was a total of 126 responses (96 physicians and 30 residents), with a response rate of 22.7% (126/556) and a completion rate of 84.1%. 85.8% (n = 120) responded that they were aware of discharge instructions available in their ED. Most common discharge handouts were concussion/traumatic brain injury and laceration repair. 58.3% of respondents (n = 120) reported having handed out discharge instructions in the last week, 22.5% in the last month, 10.8% within the last 6 months and 5.8% had not given out discharge instructions in the last 6 months. Respondents indicated that the most common barriers to giving out discharge instructions were their difficulty to access and and the time required. 58% of respondents (n = 65) reported handing out discharge handouts less than 50% of the time for conditions that had a discharge handout available at their hospital. Participants reported they would be more likely to give out discharge instructions if they were easier to print and if there was an automatic prompt from the EMR associated with the diagnosis. When asked to rank based on importance (1 = not important to 10 = very important), the majority of respondents thought discharge instructions were very important for patient comprehension, return to ED instructions and managing expectations of the illness (Median 8, Likert scale 1-10, DI 0.29, n = 119). **Conclusion:** Despite physicians and residents working in the ED believing discharge instructions are important for patient care, handouts are seldom given to patients. The lack of easy availability such as documents automatically available with the prompt of an electronic medical record would likely increase their distribution.

Keywords: communication, discharge planning, patient safety

P062

Characterizing pediatric emergency department discharge communication using PEDICSv2

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Introduction: Discharge communication in the pediatric emergency department (ED) is an important aspect of successful transition home for patients and families. The content, process, and pattern of discharge communication in a pediatric ED encounter has yet to be comprehensively explored. The objective of this study was to identify and characterize elements and patterns of discharge communication occurring during pediatric ED visits between health care providers (HCPs) and families. **Methods:** We analyzed real time video observations (N = 53) of children (0-18) presenting to two Canadian pediatric EDs with fever or minor head injury. We used a revised version of an existing coding scheme, PEDICSv2, to code all encounters. PEDICSv2 includes 32 elements capturing discharge communication. Inter-rater reliability was established with a second coder. Descriptive statistics reflecting the rates of delivery of each communication content element was reported to assess repetition at four stages of the visit (introduction/planning, actions/interventions, diagnosis/home management plan and summary/conclusion). Communication content was analyzed to depict behaviors of individual HCPs and the total communication delivered to the patient and caregiver by the healthcare team. **Results:** Results show 55.6% of families were asked to repeat their main concern by multiple HCPs during their ED visit. However, only 14.8% of families had comprehension of delivered discharge information assessed by more than one HCP. When involved in care, physicians were the most likely HCP to perform a comprehension assessment. Most of the communication delivered by nursing staff were elements involved in the introduction/planning and action/intervention stages of the visit. **Conclusion:** Findings indicate that most repetition occurs while eliciting a main concern during the introduction and planning stage of a pediatric ED encounter. In contrast, communication elements focusing on understanding the home management plan are less likely to be repeated by multiple HCPs. Future work focusing on structuring team workflow to minimize repetition during the introduction and planning stage may allow for clearer discharge teaching and more frequent comprehension assessment.

Keywords: discharge communication, emergency medicine, pediatric

P063

CCFP(EM) mentorship improvement study: highlighting the successes and challenges at one academic centre

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