

low as 27% have limited widespread use of this method. Inhaled methoxyflurane (I-MEOF) offers a rapidly administered, minimally invasive option for short-term analgesia. We conducted a pilot study to evaluate the feasibility of studying whether I-MEOF increased success rates for atraumatic reduction of anterior shoulder dislocation. **Methods:** A convenience sample of 20 patients with uncomplicated anterior shoulder dislocations were offered the Cunningham reduction method supported by methoxyflurane analgesia under the guidance of an advanced care paramedic. Operators were instructed to limit their attempt to the Cunningham method. Outcomes included success rate without the requirement for PSA, time to discharge, and operator and patient satisfaction with the procedure. **Results:** 20 patients received I-MEOF and an attempt at Cunningham reduction. 80% of patients were male, median age was 38.6 (range 18-71), and 55% were first dislocations of that joint. 35% (8/20 patients) had reduction successfully achieved by the Cunningham method under I-MEOF analgesia. The remainder proceeded to closed reduction under PSA. All patients had eventual successful reduction in the ED. 60% of operators reported good to excellent satisfaction with the process, with inadequate muscle relaxation being identified as the primary cause of failed initial attempts. 80% of patients reported good to excellent satisfaction. **Conclusion:** Success with the Cunningham technique was marginally increased with the use of I-MEOF, although 65% of patients still required PSA to facilitate reduction. The process was generally met with satisfaction by both providers and patients, suggesting that early administration of analgesia is appreciated. Moreover, one-third of patients had reduction achieved atraumatically without need for further intervention. A larger, randomized study may identify patient characteristics which make this reduction method more likely to be successful.

**Keywords:** methoxyflurane, procedural sedation and analgesia, shoulder dislocation

#### P008

##### Care of palliative patients by paramedics in the 911 system

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**Introduction:** Palliative Care aims to relieve suffering and improve the quality of living and dying in patients with life-limiting, progressive conditions. Many patients and families prefer to stay at home at end of life. Despite this, many access 911 in times of apparent crisis. It has been noted in the literature that a well functioning palliative care system includes considering Emergency Medical Services as part of the patients' circle of care. Training in palliative care is traditionally limited or absent for prehospital clinicians, including Paramedics and Emergency Medical Services Physicians. Furthermore, in our region, there are currently no medical directives available to Paramedics within the 911 system specifically addressing the needs of palliative care patients. **Methods:** A feasibility study (Expanding Care by Paramedics for Palliative Patients – EC3P) was designed to evaluate implementation of a new palliative care medical directive with trained teams of Paramedics available to respond to 911 calls. As part of this study, a pre-implementation retrospective chart review was performed. Patient care records were screened for “palliative” within the past medical history and text fields. Information about dispatch and scene times, patient demographics, details of patient encounter, and disposition of the patient were recorded. Descriptive statistics were used. **Results:** Data was reviewed for all calls in 2018. Call data was reviewed to exclude those that were pediatric (<18yo)

and those whose palliative status was unknown or unclear. There was a total of 318 calls. The majority of the calls (83%) were between 7am and 8pm, with peaks at 10 am and 6pm. The majority were transported to hospital (74%), 16% were transferred to hospital initiated by their palliative care physician, 20% “refused” transport, and 6% were declared dead and not transported. The most common reasons for calling 911 were new symptoms or a sudden worsening of chronic symptoms, followed by needs exceeding caregiver capacity; the third most common was lift assist without apparent injury. **Conclusion:** Much is unknown about the palliative patient population as it intersects with prehospital emergency care. This study will help provide information needed to guide further research and implementation.

**Keywords:** emergency medical services, palliative care

#### P009

##### Quality improvement and implementation of urine culture follow up process

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**Background:** The diagnosis of urinary tract infection (UTI) is made based on symptoms, urinalysis and urine culture. While simple urinary tract infections do not require routine culture, the Infectious Disease Society of America (IDSA) Guidelines state that complicated urinary tract infections should have urine cultures performed to determine which antibiotics are effective, as there is a higher risk of infection with resistant organisms. We hypothesized that the rate of urine cultures sent for complicated UTI is less than is recommended by the literature. **Aim Statement:** We aimed to implement a follow-up reporting system for Urinary Culture in patients diagnosed with complicated UTIs and raise our Urinary Culture rates in this population to 80% by June 2019. **Measures & Design:** We performed a single-center chart review using Emergency Department (ED) charts of non-admitted patients. They were audited daily for two weeks to obtain a sample of patients who had a discharge diagnosis of urinary tract infection, pyelonephritis or cystitis. Charts capturing these diagnoses were assessed to see if a culture was clinically indicated and if it was ordered. Charts were screened for the presence of any of the following criteria indicating complicated UTI: known structural or functional abnormality of the urinary tract, genitourinary obstruction, pregnancy, immunosuppression, diabetes, indwelling or intermittent catheter use, fever, male patient, clinical pyelonephritis, antimicrobial failure, or transfer from a nursing home. Data was then compiled to determine culture rates in complicated and uncomplicated UTIs. This prevalence rate established the baseline performance in the ED which was used to inform the quality improvement project. **Evaluation/Results:** Over a two week period, 26 patients were discharged from the ED with a diagnosis of UTI, with 17 of these patients meeting criteria for complicated UTI. Only 6 of 17 complicated UTIs were sent for urine culture, therefore our pre-implementation culture rate was 35%. After initial data collection, a follow-up system was designed ensuring that urine culture and sensitivities results would be compiled and reviewed daily at Hamilton Health Sciences. This system was created with input from key stakeholders including department chiefs, core lab services, ED physicians and business clerks. A discrepancy form was created for documentation of culture result recognition and any required patient follow up ie. antibiotic change. In October 2019, the system had been implemented for a month, after which another chart review was completed. 27 cases were captured, 18 of which were complicated. The