

(LTC) can be complicated by threats to patient safety created by inefficient transitions of care. Though standardized inpatient handover tools exist, there has yet to be a universal tool adopted for transfers to the ED. In this study, we surveyed relevant stakeholders and identified what information is essential in the transitions of care for this vulnerable population. **Methods:** We performed a descriptive, cross sectional electronic survey that was distributed to physicians and nurses in ED and LTC settings, paramedics, and patient advocates in two Canadian cities. The survey was kept open for a one month period with weekly formal reminders sent. Questions were generated after performing a literature review which sought to assess the current landscape of transitional care in this population. These were either multiple choice or free text entry questions aimed at identifying what information is essential in transitional periods. **Results:** A total of 191 health care providers (HCP) and 22 patient advocates (PA) responded to the survey. Within the HCPs, 38% were paramedics, 38% worked in the ED, and 24% were in LTC. In this group, only 41% of respondents were aware of existing handover protocols. Of the proposed informational items in transitional care, 100% of the respondents within both groups indicated that items including reason for transfer and advanced care directives were essential. Other areas identified as necessary were past medical history and baseline functional status. Furthermore, the majority of PAs identified that items such as primary language, bowel and bladder incontinence and spiritual beliefs should be included. **Conclusion:** This survey demonstrated that there is a need for an improved handover culture to be established when caring for LTC patients in the ED. Education needs to be provided surrounding existing protocols to ensure that health care providers are aware of their existence. Furthermore, we identified what information is essential to transitional care of these patients according to HCPs and PAs. These findings will be used to generate a simple, one page handover form. The next iteration of this project will pilot this handover form in an attempt to create safer transitions to the ED in this at-risk population.

Keywords: geriatrics, patient safety, quality improvement

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Timely initial assessment by a physician (IAP) improves community emergency department wait times

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Introduction: Prior Canadian Emergency Department (ED) studies have demonstrated variable benefits of initial assessment physician (IAP) to rapidly assess and initiate care of ED patients after triage. These studies have been conducted primarily in academic teaching and large urban hospitals. It is not clear if such an IAP role could be beneficial in a small community hospital. Our pilot study hypothesized that instituting a supported IAP role can reduce physician initial assessment (PIA) time, total ED length of stay (LOS), and left-without-being-seen (LWBS) rates. **Methods:** This was a pre and post interrupted time series observational study at a community ED in Niagara Health Systems (Welland Ontario, 4 MD shifts, 36hrs total coverage, 30000 annual visits). In July 2017, an IAP ED shift (with separate assessment/treatment area) was re-purposed, with nursing support, to reduce initial time to MD assessment after triage. For lower acuity cases, the IAP MD generally completed full case management & disposition. Higher acuity complex cases were initiated by IAP, and transferred into the main ED care areas for

“inside” MD management. Administrative data was accessed for 6 months prior to intervention, and 4 months available post-intervention. Descriptive statistics were calculated for collected data. **Results:** A modest improvement in different administrative ED performance metrics was observed. The following changes were noted pre and post IAP intervention: PIA time reduced from 3.6hrs to 3.2hrs, total ED LOS reduced from 19.2hrs to 13.8hrs, and daily LWBS rate reduced from 4.2% to 3.7%. This pilot study demonstrated improvement trends in ED performance metrics, although there is insufficient data to show statistical significance. Aggregate data was not subgrouped based on CTAS categories. This pilot was not intended to collect patient or staff satisfaction data, adverse events, nor designed to demonstrate cost-effectiveness **Conclusion:** Introducing an IAP shift in a small community ED has shown improvement trends for various ED throughput measures pertaining to outcomes such as PIA time, total LOS and LWBS rates. Further research is required to determine statistical significance of time reductions, satisfaction (patients, staff), resource utilization impact and CTAS subgroup performance. This improvement demonstrates potential impact system-wide across Niagara region.

Keywords: administration, flow, wait times

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An environmental scan of patient emailing and texting practices at Ontario emergency departments

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Introduction: Email and text messaging holds the potential to not only contact patients after emergency department (ED) care for clinically important communications such as appointment reminders, but also to solicit feedback for quality improvement and/or participation in research. A necessary first step though is the collection of electronic contact information, but little is known about current practice in Ontario EDs. In this study, we sought to characterize current collection, consent and use of patient email and texting to communicate with ED patients at academic and community hospitals across Ontario. **Methods:** We developed a questionnaire, with a blend of multiple choice and open-ended questions, targeted at ED registration administrators. The questions focused on if and how EDs collect, store and consent for patient emails, how and what they utilize those emails for and if they text patients. The questionnaire was administered both online and by phone. Participants were recruited through snowball sampling, including facilitated dissemination of the questionnaire via an existing listserv of the Patient Registration Network of Ontario (PRNO). **Results:** Twenty-two respondents (41% response rate) completed the questionnaire. Seven of the 22 institutions were academic health centres (32%). Nine institutions (41%) collected patient email addresses in the ED and none collected or used text message technology. In all 9, registration staff were tasked with asking, consenting, collecting and storing patient details within their hospital admissions, discharge and transfer system (ADT). For sites with email address collection, respondents estimated 40-60% of ED patients shared an email address. Seven of 9 institutions had a verbal consent process, while 2 used implied consent. Only 2 institutions used email to send patients post-discharge feedback questionnaires and four used email to facilitate access to patient portals. Four institutions were looking at using text messages to direct patients at triage, sometime in the future. **Conclusion:** Engagement in optimized care and feedback requires communication which is quickly

shifting to electronic format. Collection of electronic contact information continues to be slow and uneven in Ontario. There is an immediate need for clearer guidance to accelerate collection, storage, consent and use of email and text messaging technology.

Keywords: environmental scan, patient emails, texting patients

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Trampoline park safety perceptions of caregivers of patients presenting to the paediatric emergency department in London, Ontario

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Introduction: Trampoline injuries are frequent complaints of children presenting to paediatric emergency departments (PED) in Canada. The medical community has recognized the danger of recreational trampoline use, with the Canadian Paediatric Society (CPS) formally recommending against their use. A new type of trampoline recreation has recently emerged in the form of trampoline parks. Trampoline parks are dangerous, with similar rates of injury as backyard trampolines, and an increased likelihood of injuries warranting hospital admission. No current Canadian governmental or industry regulations exist for trampoline parks. This study aimed to determine the public perspective of trampoline park safety in order to provide a basis for addressing the current lack of safety recommendations around trampoline parks. **Methods:** Parents/caregivers of children seeking care in the PED were approached to participate in a survey regarding trampoline safety. Parents/caregivers of patients with severe injury/illness were excluded. Survey questions included demographics, safety perceptions of both home trampolines and trampoline parks, as well as awareness of the CPS statement regarding trampoline use. The survey was completed in the Research Electronic Data Capture System. **Results:** To date, 68 participants have completed the survey. 66% of participants (45/68) were aware of the new trampoline parks recently opening in the community. 31/68 (46%) of participants had allowed their child to visit a trampoline park. A comparison of the perception of the relative safety of trampoline parks found that 31% of participants (21/67) considered home trampolines “safe/very safe” while 39% of participants (26/66) considered trampoline parks “safe/very safe.” The median [IQR] age at which participants thought children could safely play at trampoline parks was 10 [3-15]. 43% of participants (29/67) thought the current CPS statement about backyard trampolines should apply to trampoline parks, and 93% of participants (62/67) thought the Ontario government should institute mandatory standards for trampoline parks. **Conclusion:** Trampoline parks are a significant emerging source of paediatric injury. Trends in preliminary data suggest that participants consider trampoline parks to be safer than backyard trampolines, and perceive that young children can safely participate in trampoline park activities. Should final survey data analysis support these trends, a call for adjustment of CPS guidelines and public policy should proceed.

Keywords: injury, paediatrics, trampoline park

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Why the emergency department is the wrong place for patients with early pregnancy complications: A qualitative study of patient experience

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Introduction: Women experiencing complications of early pregnancy frequently seek care in the emergency department (ED), as most have not yet established care with an obstetrical provider. The objective of this study was to explore the lived experiences and perceptions of care of women treated for early pregnancy complications in the ED and early pregnancy clinic (EPC). **Methods:** We conducted an interpretive phenomenological qualitative study of women who presented to the ED or EPC of an urban tertiary care hospital with early pregnancy loss or threatened loss. We employed purposive sampling to recruit participants for in-depth, one-on-one telephone interviews conducted approximately 6 weeks after the index visit. Data collection and analysis were concurrent and continued until thematic saturation had occurred. Our research team of two qualitative researchers, a clinician, a clinical researcher, and a research student performed a phenomenologically-informed thematic analysis including three phases of coding to identify essential patterns of lived experience and meaning across the sample. **Results:** Interviews were completed with 30 women between July and August 2018. Participants ranged in age from 22 to 45 years and reflected the diversity of the multicultural city where the study occurred. Four key themes of patient experience were identified: tensions between what is known and unknown by women and ED staff about early pregnancy complications and care in hospital, stigmatization of early pregnancy complications and ED use, normalization of a chaotic experience, and the overwhelm of unexpected outcomes during the ED visit. **Conclusion:** The perspectives of women attending the ED or EPC for early pregnancy complications highlights the ways in which the current health care system minimizes and medicalizes early pregnancy complications in this setting and fails to adequately support these women. The emotional complexity of this medical situation is often overlooked by ED staff and can produce encounters that are traumatic for patients and families. However, the participants’ negative experiences occurring in the ED were often mitigated with their care in their follow-up with the EPC.

Keywords: early pregnancy complications, miscarriage, women’s health

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Organizational interventions and policies to support second victims in acute care settings: a scoping study

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Introduction: The harm that may come to healthcare providers impacted by adverse events has led them to be called “second victims.” Our objective was to characterize the range and context of interventions used to support second victims in acute care settings. **Methods:** We performed a scoping study using the process described by Arksey and O’Malley. Comprehensive searches of scientific databases and grey literature were conducted in September 2017 and updated in November 2018. A library scientist searched PubMed, CINAHL, EMBASE and CENTRAL. We sought unpublished literature (Canadian Electronic Library, Proquest and Scopus) and searched reference lists of included studies. Stakeholder organizations and authors of included studies were contacted through email, requesting information on relevant programs. Two reviewers independently reviewed titles and abstracts using predetermined criteria. Using a structured data abstraction form, two reviewers independently extracted data and appraised methodological quality with the Mixed Methods