

to additional training. Our study emphasizes that our physicians have the skill set to identify and provide care for sepsis using their clinical judgment in cases that may not require protocolized based care.

Keywords: early goal directed therapy (EGDT), sepsis, resuscitation

P067

Missed opportunities for prehospital management of anaphylactic reactions

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Introduction: Emergency medical services (EMS) have the opportunity to treat allergic reactions anaphylactic reactions rapidly. However, the rate of recognition and treatment is unknown. **Methods:** This was a retrospective cohort study conducted at two urban emergency departments from 2007 to 2012 including adult patients with allergy and anaphylaxis, both of which were predefined by explicit criteria. The patients of interest were those attended by EMS and transported to hospital. The primary outcome was the proportion of patients who met anaphylaxis criteria in the prehospital setting, but who did not have epinephrine administered. The secondary outcome was the proportion of patients who did not meet anaphylaxis criteria, yet had epinephrine administered. **Results:** Of 2819 overall patients, 491 (17.4%) arrived by EMS. The median age was 38 (IQR 27 to 49) and 60.9% were female. For the 151 (30.8%) patients with anaphylaxis, 55 received epinephrine, (36.4%, 95% CI 27.4 to 47.4%). For the 340 (69.2%) patients without anaphylaxis, 28 received epinephrine (8.2%, 95% CI 5.5 to 11.9%). **Conclusion:** For patients with anaphylaxis and allergic reactions who are managed by EMS, there may be a mismatch between illness severity and treatment.

Keywords: anaphylaxis, epinephrine

P068

Developing a standardized knowledge dissemination tool for communicating the need for Choosing Wisely® in Alberta's emergency departments

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Introduction: Standardized tools for disseminating knowledge summaries of low value or unnecessary care (e.g., testing, procedures and treatments) are limited, but needed to equip clinicians for discussions with patients about care decisions. The objective of this study is to assess the acceptability of a tool developed by our emergency department (ED) team to communicate the evidence supporting the Choosing Wisely Canada® (CWC) and other similar recommendations. **Methods:** A consensus process was used by team members to develop a tool that highlights three areas: Facts, Gaps, and Acts. The Facts portion highlights the current state of knowledge and illustrates the strength of the evidence supporting guideline recommendations. The Gaps section identifies variation in current clinical practice. The Acts section includes larger CWC goals, as well as specific next steps for a demonstration project. Each section contains one key message for clinicians, ensuring the tool is easy to use. **Results:** A test case has been developed for avoiding chest radiographs in patients with an exacerbation of documented asthma. The Facts section reviewed current guidelines for asthma care. The Gaps section collated evidence from a systematic review and primary research. The Acts section recapitulates the CWC recommendations. In order to assess acceptability feedback cycle will be completed using surveys of 50 patients and 50 clinicians. **Conclusion:** While generating the Facts, Gaps, and Acts tool for a CWC

recommendation represents a translational activity, evidence of effectiveness is needed prior to widespread implementation. We report the rational and development of a novel tool to engage clinicians and patients in conversations about unnecessary care in the ED.

Keywords: knowledge dissemination, Choosing Wisely

P069

Gestalt assessment of online educational resources is unreliable and inconsistent

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Introduction: The use of free open access medicine, particularly open educational resources (OERs), by medical educators and learners continues to increase. As OERs, especially blogs and podcasts, rise in popularity, their ease of dissemination raises concerns about their quality. While critical appraisal of primary research and journal articles is formally taught, no training exists for the assessment of OERs. Thus, the ability of educators and learners to effectively assess the quality of OERs using gestalt alone has been questioned. Our goal is to determine whether gestalt is sufficient for emergency medicine learners (EM) and physicians to consistently rate and reliably recommend OERs to their colleagues. We hypothesized that EM physicians and learners would differ substantively in their assessment of the same resources. **Methods:** Participants included 31 EM learners and 23 EM attending physicians from Canada and the U.S. A modified Dillman technique was used to administer 4 survey blocks of 10 blog posts per subject between April and August, 2015. Participants were asked whether they would recommend each OER to 1) a learner or 2) an attending physician. The ratings reliability was assessed using single measures intraclass correlations and their correlations amongst the groups were assessed using Spearman's *rho*. Family-wise adjustments were made for multiple comparisons using the Bonferroni technique. **Results:** Learners demonstrated poor reliability when recommending resources for other learners (ICC = 0.21, 95% CI 0.13-0.39) and attending physicians (ICC = 0.16, 95% CI = 0.09-0.30). Similarly, attendings had poor reliability when recommending resources for learners (ICC = 0.27, 95% CI 0.18-0.41) and other attendings (ICC = 0.22, 95% CI 0.14-0.35). Learners and attendings demonstrated moderate consistency between them when recommending resources for learners ($r_s = 0.494$, $p < .01$) and attendings ($r_s = 0.491$, $p < .01$). **Conclusion:** Using a gestalt-based rating system is neither reliable nor consistent when recommending OERs to learners and attending physicians. Learners' gestalt ratings for recommending resources for other learners and attendings were especially unreliable. Our findings suggests the need for structured rating systems to rate OERs.

Keywords: critical appraisal, e-learning, free open access medicine (FOAM)

P070

Improving handovers in the emergency department: implementation of a standardized team approach

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Introduction: Handovers in the ED are a high risk area for breakdown in team communication, discontinuity of patients' clinical course, and potential medical errors. This is especially true for morning handovers at our center, when one single overnight MD working with limited resources hands over the entire ED to an oncoming day team of MDs and allied health professionals. We describe a quality improvement (QI)