

55% having a family doctor. There were a total of 2261 prescriptions requested by 1502 patients. The top 3 most commonly requested classes of medications were opioids 433/1502 (28.8%), antidepressants/antipsychotics 371/1502 (24.7%) and benzodiazepines 252/1502 (16.8%). The median (IQR) wait time was 73 minutes (35-128). 298/1502 (19.8%) of patients received their requested prescription (opioids 12.7%; antidepressant/antipsychotic 55.3% and benzodiazepines 16.3%). 740/1502 (49.3%) of patients requested a medication that had street value. Of those, 118/740 (15.9%) received the requested medication. **Conclusion:** There is no "one size fits all" solution for the patient who presents to the ED requesting a prescription. The large number of requests for psychiatric medications suggests a service gap for mental health patients in the community. This data supports the need for comprehensive electronic medication records to guide physicians' decisions.

Keywords: prescription requests

P030

Assessment of lab results on emergency department patients that leave without seeing a physician

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Background: Most emergency departments (ED) utilize medical directives to initiate lab investigations for patients prior to physician assessment. This practice facilitates expedited patient care in the ED, resulting in safer and efficient care. However, some patients choose to leave the ED prior to seeing a physician due to prolonged waiting. Previously, at our hospital there was no defined process for identifying and following up on abnormal test results on patients that leave without being seen (LWBS), resulting in lab results often not being reviewed by a nurse or physician. **Aim Statement:** By April 2020, we aim to have 90% of ED LWBS patients with abnormal results identified and followed up. **Measures & Design:** A series of consultations and information gathering occurred that included an environmental scan of other EDs and discussions with emergency nurses, emergency physicians, Risk Management, Legal Department, College of Nurses of Ontario and Canadian Medical Protective Association. A process map was developed collaboratively to standardize the process to identify and follow up on abnormal investigations of LWBS patients and a new hospital policy was developed to officially outline this process. The following are the family of measures: Outcome measure – % LWBS patients with abnormal tests that had follow-up documented in chart Process measure – Number LWBS patients with investigations initiated by medical directive, Number LWBS patients, % LWBS patients Balancing measure – Satisfaction of nurses with new process for LWBS patients **Evaluation/Results:** At baseline, 29% of LWBS patients with abnormal lab results had follow up documented in the chart. After implementation of the new standardized process and policy, the follow up rate of LWBS patients with abnormal results in August, September and October 2019 was 47%, 28% and 29% respectively. **Discussion/Impact:** These results indicate that standardization and new policy implementation is insufficient to change practice, even one that aims to provide safer patient care. Nevertheless, these interventions are important first steps to improving the safety for ED LWBS patients. We plan to implement an audit and feedback approach to encourage nursing staff to routinely check lab results on LWBS patients.

Keywords: follow up, left without being seen, quality improvement and patient safety

P031

Multidisciplinary healthcare and first aid provider training for in-flight medical emergencies: a crowdsourcing session followed by an airplane simulation

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Innovation Concept: Is there a healthcare provider on board? Healthcare providers may be less confident for in-flight medical emergencies (IFME), as these situations are not part of usual curriculum or practice contexts (e.g. hospitals). For example, the literature reveals that medical students and physicians lack IFME basic knowledge and preparedness. The goal is to pilot a training session for healthcare providers to improve their confidence in navigating IFME. **Methods:** This training innovation involved: i) a session to crowdsourcing insights from multidisciplinary healthcare and first aid providers, followed by reviewing considerations of a CMAJ 2018 article on airplane emergencies, and ii) 2 airplane simulations (syncope and cardiac arrest). During crowdsourcing, 7 IFME learning objectives were explored: i) challenges, ii) solutions, iii) equipment, iv) taking vitals, v) general approach, vi) cardiac arrest approach, and vii) human resources / role-delegation. Knowledge and approaches extracted were then applied in simulations. Participants provided scores out of 7.00 for: i) satisfaction of crowdsourcing session and simulation and ii) self-rated confidence on learning objectives at baseline, post-crowdsourcing session, and post-simulation. Results were analyzed with repeated measures ANOVA with post-hoc Tukey. **Curriculum, Tool, or Material:** The workshop curriculum was a crowdsourcing session and simulation to mentally rehearse and practice clinical skills in airplane settings to improve IFME preparedness. **Conclusion:** Participants rated the crowdsourcing activity (6.70/7.00, n = 11) and simulation (6.50/7.00, n = 11) positively. Confidence in the 7 topics improved from baseline (2.49/7.00) to post-crowdsourcing (5.23/7.00) to post-simulation (5.94/7.00). Significant differences ($p < 0.01$) between baseline and post-crowdsourcing, and between baseline and post-simulation were observed. There was no significant difference between post-crowdsourcing and post-simulation. One simulation limitation was not all could be rescuers; therefore, debriefing is important to meet learning objectives. Second, the simulation was not within an airplane; housing simulations inside an airplane with flight attendants is a potential next step. Overall, self-confidence in topics of IFME may improve after just one crowdsourcing session, facilitated through group discussions and mental rehearsal. Added simulations may maintain self-confidence on these topics, by promoting memory retention through active learning and repetition.

Keywords: in-flight medical emergencies, innovations in EM education, simulation

P032

Perceived versus actual cricothyroid membrane landmarking accuracy by emergency medicine residents and staff physicians

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Introduction: Cricothyrotomy is an intervention performed to salvage "can't intubate, can't ventilate" situations. Studies have shown poor accuracy landmarking the cricothyroid membrane, particularly in female patients by surgeons and anesthesiologists. There is less data available about emergency physician performance. This study