

prompted by any staff or research personnel to encourage use of the QR codes or the short URLs; however, a survey was conducted with ED waiting room patients in 3 urban EDs to ascertain whether they had downloaded a QR reader on their devices and the frequency of use of these applications. **Results:** Given the stepped-wedge nature of the study, these materials were available for a total of approximately 123 months (3 sites for 13 months, 4 sites for 10 months, 4 sites for 7 months, and 4 sites for 4 months). Over the study period, 15 patients accessed and completed the online survey linked to the QR code or the short URL placed on the posters. No patients completed the online surveys linked to the QR code or the short URL placed on the discharge instructions. The in-person survey conducted within the ED waiting room identified that 34% of respondents had a QR code reader downloaded on their phone (108/316). Of those with a QR reader, 33% reported using the reader at least once within the last 6 months. **Conclusion:** In this study, few patients downloaded QR readers on their electronic devices while in the ED waiting room. Without prompting, this appears to be an ineffective strategy for engaging patients in emergency medicine research. Other engagement strategies optimizing human resource investment are urgently needed to effectively conduct research in EDs.

Keywords: emergency research, patient engagement

P077

Piloting imaging-focused knowledge dissemination tools in Alberta emergency departments

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Introduction: Variation in image ordering exists across Alberta emergency departments (EDs). Evidence-based, pocket-sized knowledge dissemination tools were developed for two conditions (acute asthma [AA] and benign headache [BHA]) for which imaging (chest x-ray [CXR] and computed tomography [CT], respectively) has limited utility. This study explored tool acceptability among ED patients and emergency physicians (EPs). **Methods:** Tool feedback was provided by EPs, via online survey, and adult patients with AA and BHA via in-person survey. EPs qualitative interviews further explored communication tools. Preliminary descriptive analyses of survey responses and content analysis of interview data were conducted. **Results:** Overall, 55 EPs (55/192; 29%) and 38 consecutive patients participated in the AA study; 73 EPs (73/192; 38%) and 160 patients participated in the BHA study. In both studies, approximately 50% of EPs felt comfortable using the tool; however, they suggested including radiation risk details and imaging indications and removing references to imaging variation and health system cost. In the BHA study, EPs opposed the four Choosing Wisely® campaign questions fearing they would increase imaging expectations. In both conditions, most patients (>90%) understood the content and 68% felt the information applied to them. Less than half (AA:45%; BHA: 38%) agreed that they now knew more about when a patient should have imaging workup done. Following tool review, 71% of AA and 50% of BHA patients stated they would discuss their imaging needs with their ED care provider today or during a future presentation. Both patient groups suggested including: additional imaging details (i.e., indications, risk, clinical utility), removing imaging overuse references, and including instructions that encourage patients to ask their EP questions. EP interviews

(n = 12) identified preferences for personalized and interactive tools. Tensions were perceived around ED time pressure as well as remuneration schemes that fail to prioritize patient conversation. Tool centralization, easy access, and connection with outpatient support were also key themes. **Conclusion:** Both patients and EPs provided valuable information on how to improve ED knowledge dissemination tools, using two chronic conditions to demonstrate how these changes would improve tool utility. Implementing these recommendations, and considering preferences of EPs and patients, may improve future tool uptake and impact.

Keywords: diagnostic imaging, knowledge dissemination, patient education

P078

An environmental scan of quality improvement and patient safety activities in emergency medicine in Canada

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Introduction: Quality improvement and patient safety (QIPS) activities in healthcare have become increasingly important, but it is unclear what the current national landscape is with regards to how individual EM departments are supporting QIPS activities and evaluating their success and sustainability. We sought to assess how Canadian medical school EM departments/divisions and major Canadian teaching hospitals approach QIPS programs and efforts, with regards to training, available infrastructure, education, scholarly activities, and perceived needs. **Methods:** We developed 2 electronic surveys through expert panel consensus to assess important themes identified by the CAEP QIPS Committee, including a) formal training/skill capacity; b) operational infrastructure; c) educational activities; d) academic and scholarship, and e) perceived gaps and needs. Surveys were pilot-tested and revised by authors. "Survey 1" (21 questions) was sent by email to all 17 Canadian medical school affiliated EM Department Chairs and Academic Hospitals Department Chiefs; "Survey 2" (33 questions) to 11 identified local QIPS leads in these hospitals. This was followed by 2 monthly email reminders to participate in the survey. We present descriptive statistics including proportions, means, medians and ranges where appropriate. **Results:** 22/70 (31.4%) Department Chairs/Chiefs completed Survey 1. Most (81.8%) reported formal positions dedicated to QIPS activities within their groups, with a mixed funding model. Less than half of these positions have dedicated logistical support. 11/12 (91.7%) local QIPS leads completed Survey 2. Two-thirds (63.6%) reported explicit QIPS topics within residency curricula, but only 9.1% described QIPS training for staff physicians. 45% of respondents described successful academic scholarship output, with the total number of peer-reviewed QIPS-related publications per center ranging from 1-10 over the past 5 years. A minority of participants reported access to academic supports: methodologists (27.3%), administrative personnel (27.3%), and statisticians (9.1%). **Conclusion:** This environmental scan provides a snapshot of QIPS activities in EM across academic centers in Canada. We found significant local educational and academic efforts, although there is a discrepancy between the level of formal support/infrastructure and such activities. There remains opportunity to further advance QIPS efforts on a national level, as well as advocating and supporting local QIPS activities.

Keywords: patient safety, quality improvement