

transcribed the audio records verbatim. Deductive thematic analysis based on the NPT was conducted using Nvivo 12.0. Two authors codified the content of each interview under the four NPT macro-level constructs: coherence, cognitive participation, collective action and reflexive monitoring. A kappa score was calculated to measure the coding inter-rater reliability. **Results:** We interviewed 10 ED physicians (50 % women; 60% certified by the College of Family Physicians of Canada (Emergency Medicine)). No new ideas emerged after the 9th interview. Our thematic analysis identified 13 themes. Inter-rater reliability of coding was substantial (kappa = 0.72). The coherence construct contained the following themes: common concept of interpersonal communication, efficiency of care and anxiety generated by the discussion, the identification of an acute deterioration leading to the GCD, coming together of clinician, patient and family, and the importance of knowing patients' goals of care before medical handover. The cognitive participation construct involved the following themes: lack of training on the new goals of care form and availability of reminders to promote the recommendation. One theme characterized the collective action construct: heterogeneous prioritization for leading GCD. The reflexive monitoring construct contained 4 themes: need to take action before patients consult in the ED, need to develop education programs, need for legislation and the impossibility of systematic GCD for all patients. **Conclusion:** Goals of care discussion is possible and essential with selected patients in the ED. Nevertheless, policy-making efforts remain necessary to ensure the systematization of the recommendation.

Keywords: advanced care planning, emergency medicine, goals of care discussion

P050

The Northern Amazing and Awesome Model: Using positive deviance to impact patient care

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Introduction: Positive deviance recognizes that there are individuals and teams within our community of practice that succeed in spite of system constraints. Amazing and awesome rounds has been proposed as a forum to identify behaviours and processes that lead to exceptional results. The objective of this study was to determine the feasibility and acceptability of a structured amazing and awesome rounds model through an innovative educational intervention. **Methods:** The authors engaged a broad range of professional designations (physicians, surgeons, nurses, respiratory therapists, administrative staff) at a tertiary care institution. A&A rounds were open to all allied health professionals and administrative staff. The Northern A&A rounds model was developed, implemented, and then evaluated as a four-part intervention. This consisted of: 1) Allied health professional training on case selection and analysis, 2) Engaging inter professional members, 3) disseminating lessons learned, and 4) creating an administrative pathway for acting on issues identified through the A&A rounds. The measures of intervention feasibility included the proportion of sessions adherent to the new model and A&A rounds attendance. Post intervention surveys of presenters and attendees were used to determine intervention acceptability. A&A presentation content was reviewed to determine the most frequently adopted components of the model. **Results:** Nine out of 9(100%) of presented cases were adherent to the three components of the Northern A&A Model. A&A rounds were highest attended of all hospital wide grand

rounds (N = 75 SD 2.4 P < 0.001). Nine case presentations were analyzed and 7 action items were identified for amplification across the hospital. Including 3 case reports published of a novel approach to a patient case, a rapid referral for trauma patients at risk for PTSD, AED placement in all community clinics and routine debrief after resuscitations. Presenters included a broad representation of hospital staff including surgeons, emergency physicians, radiologists, nurses, and administrators. **Conclusion:** The Northern A&A Model was a feasible intervention that was perceived to be effective by both presenters and attendees. The authors believe that this could be readily applied to any hospital seeking to enhance quality of care and patient safety.

Keywords: quality improvement

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A chart review of emergency department visits following implementation of the Cannabis Act in Canada

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Introduction: The legalization of cannabis for recreational use in 2018 remains a controversial topic. There are multiple perceived benefits of cannabis including pain relief, treatment of epilepsy syndromes, and improving body weight of cancer patients. However, there are also many potential risks. The short-term health consequences include cannabinoid hyperemesis syndrome and cannabis induced psychosis. These conditions directly impact the influx of patients presenting to Emergency Departments (ED). There is currently limited research in the area of cannabis legalization burden. However, the studies performed have shown a significant impact in those states which cannabis is legal. A study completed in Colorado found that hospitalization rates with marijuana related billing codes increased from 274 to 593 per 100 000 hospitalizations after the state legalization of recreational cannabis. This study aims to examine if Canada's hospitals are experiencing the same burden as other jurisdictions. **Methods:** A descriptive study was performed via a retrospective chart review of cannabis related visits in tertiary EDs in St. John's, NL, from six months prior to the date of legalization of cannabis for recreational use, to six months after. Hospital ED visit records from both the Health Science Centre and St. Clare's Mercy Hospital were searched using keywords to identify patients who presented with symptoms related to cannabis use. We manually reviewed all visit records that included one or more of these terms to distinguish true positives from false positive cases, unrelated to cannabis use. **Results:** A total of 287 charts were included in the study; 123 visits were related to cannabis use six months prior to legalization, and 164 six months after legalization. A significant increase in ED visits following the legalization of recreational cannabis was seen (p < .001). There was no significant difference in the age of users between the two groups. Additionally, the number one presenting complaint due to cannabis use was vomiting (47.7%), followed by anxiety (12.2%). **Conclusion:** Following the implementation of the Cannabis Act in Canada, EDs in St. John's, NL had a statistically significant increase in the number of visits related to cannabis use. It is important to determine such consequences to ensure hospitals and public health agencies are prepared to treat the influx of visits and are better equipped to manage the associated symptoms.

Keywords: cannabis, emergency department, legalization