

conducting audits to identify underlying quality issues, take steps to address the underlying causes, and submit reports to HQO. A taskforce will then analyze clinical observations, summarize key findings and lessons learned, and share improvements at a provincial level through an annual report. **Results:** Since its launch in April 2016, 73 P4R and 16 voluntarily enrolled non-P4R hospitals (which collectively receive approximately 90% of ED visits in the province) are participating in the RVQP. ED leaders have engaged their hospital's leadership to leverage interest and resources to improve patient care in the ED. To date, hospitals have conducted thousands of audits and have identified quality and safety gaps to address, which will be analyzed in February 2017 for reporting shortly thereafter. These will inform QI endeavours locally and provincially, and be the largest source of such data ever created in Ontario. **Conclusion:** The ED RVQP aims to create a culture of continuous QI in the Ontario health care system, which provides care to over 13.8 million people. Other jurisdictions can replicate this model to promote high-quality care.

**Keywords:** quality improvement, patient safety, return visits

### P036

#### **A comprehensive quality improvement initiative to prevent falls in the emergency department**

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**Introduction:** Patients from all population groups visit the emergency department (ED), with increasing visits by elderly patients. Patient falls in the ED are a significant safety concern, and they can lead to serious injuries and worse outcomes. Toronto Western Hospital's ED Quality Improvement (QI) team identified as a problem our assessment and management of patients at risk for falls. The aim of this project was to develop a comprehensive and standardized approach to patients at risk of falls in the ED, including implementing timely interventions for fall prevention. **Methods:** A literature review of existing tools was completed to develop our own reliable and valid fall risk screening tool for ED patients. QI methods were used to devise a comprehensive strategy starting with detection at triage and implementation of action-driven steps at the bedside, through multiple PDSA cycles, randomized audits, surveys, and education. Repeated measurements were undergone throughout the project, as were staff satisfaction surveys. **Results:** The chart audits showed a five-fold increase in the completion rate of the fall risk screening tool in the ED by the end of the QI initiative (from 10% to 50%). Constructive feedback by an engaged team of nurses was used to iteratively improve the tool, and there was mostly positive feedback on it after various PDSA cycles were completed. The various component of this novel and useful ED-based falls screening tool and bundle will be presented in tables and figures for other leaders to replicate in their EDs. **Conclusion:** We developed a completely new ED-specific fall risk screening tool through literature review, front-line provider feedback, and iterative PDSA cycles. It was used for the identification, prevention, and management of ED patients with fall risk. We also contributed to a positive change in the culture of a busy ED environment towards the promotion of patient safety. Education and feedback continue to be provided to the ED nurses for reflective practice, and we hope to continue to improve our tool and to share it with other EDs.

**Keywords:** quality improvement, patient safety, falls

### P037

#### **The Ontario Emergency Department Return Visit Quality Program: a provincial initiative to promote continuous quality improvement**

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**Introduction:** Analyzing the charts of patients who have a return visit to an emergency department (ED) requiring hospital admission (termed 'RV') is an efficient way to identify adverse events (AEs). Investigating these AEs can inform efforts to improve the quality of care provided. The ED RV Quality Program (RVQP) is a new initiative supported by Ontario's Ministry of Health and Long-Term Care and managed by Health Quality Ontario. It aims to promote a culture of continuous quality improvement through routine audit/investigation of RVs. **Methods:** The provincial program is mandatory for high-volume EDs and requires auditing of some 72-hour RVs and all 7-day RVs involving 'sentinel diagnoses' (subarachnoid hemorrhage [SAH], acute myocardial infarction [AMI], or pediatric sepsis [PS]). A standardized audit template is followed that includes assessment of the type/severity and underlying causes of AEs, and potential actions for improvement. **Results:** 73 high-volume EDs and 16 smaller EDs (collectively receiving 90% of all ED visits in Ontario) are participating in the program. Nine months' data have been released to date, comprising 33,956 RVs (1.05% of 3,235,751 ED visits). Of these, 233 RVs (0.69%) were for a sentinel diagnosis (SAH = 11, AMI = 191, PS = 31). The most common presenting complaint on the index visit was abdominal pain (18%). The most common discharge diagnosis following RV admission was acute appendicitis (3.8%). **Conclusion:** The ED RVQP aims to improve the quality of care provided in Ontario's EDs by requiring hospitals to conduct audits of RVs and plan actions for improvement when quality gaps are identified. Participating hospitals have completed hundreds of audits to date.

**Keywords:** quality improvement, patient safety, return visits

### P038

#### **Does the pediatric emergency department have a role in pediatric palliative care?**

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**Introduction:** Very little is known regarding the emergency department's (ED) role in the care of paediatric patients with complex chronic and life-limiting illnesses. In fact, the provision of paediatric palliative care (PPC) in the paediatric ED has, of yet, never been explored. This study aims to explore pediatric emergency medicine healthcare professionals' perspectives regarding their role in PPC and to compare these to other health care professionals' understandings of the ED's role in PPC. **Methods:** Interdisciplinary semi-structured focus groups were held with healthcare providers from pediatric emergency medicine, pediatric palliative care, pediatric complex care and pediatric intensive care. Exploratory open-ended questions introduced naturally occurring discussions and interactions. Data was transcribed in full and analysed using NVivo<sup>®</sup> software. Data analysis was performed by thematic analysis and theoretical sampling. **Results:** From January to October 2016, 58 participants were interviewed; most were female nurses and physicians. ED providers seek to maintain continuity of care and uphold pre-established wishes throughout PPC patients' ED visits by listening and supporting the patient and family, evaluating the clinical situation, communicating with primary care teams and organising rapid admissions to wards. Some ED providers recognized having no choice to provide palliative care approach under certain circumstances despite thinking it might not be part of their culture and role. Each interdisciplinary team demonstrated particular values and cultures, influencing their understandings of the ED's role in PPC; continuity of care is complicated by these distinct philosophies. Limitations to providing PPC in the ED are related to unsuitable physical environments, lack of