

of each RTED & b) the number of RTED that were clinically unnecessary. **Results:** Of the 1696 index CDU visits, 1503 (89%) were discharged home. However, 139 (9%) had ≥ 1 associated RTED. Among these, 48 (35%) were deemed clinically unnecessary (89% agreement, Kappa = 0.79) & therefore potentially preventable. The most common reason (88%) for unnecessary RTED was mismatch between expected natural progression of disease (not requiring further medical assessment or treatment) & families' understanding of disease symptom range & duration. In 90% of these cases, anticipatory guidance regarding natural progression of disease was not communicated to parents upon discharge. Among the remaining 1364 (91%) that did not return, 750 had an initial visit total ED length of stay of >8 hours, thus were considered averted hospitalizations attributable to the CDU. **Conclusion:** The CDU has had a positive impact on patient & system outcomes through the prevention of several inpatient admissions. However, we observed a relatively large proportion of RTED, 35% of which were clinically unnecessary & 27% of which had inadequate discharge instructions. This highlights opportunities to further optimize the effectiveness of the CDU through quality improvement initiatives focusing on the ED discharge process.

Keywords: clinical decision unit, return emergency visits, resource utilization

LO28

The Featured Leadership & Organization Workplace (FLOW) Hacks Series: Using the FOAMed domain for knowledge exchange and transfer of emergency department quality improvement projects

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Introduction/Innovation Concept: Emergency departments (ED) across Canada have experienced increased patient volumes and greater demands on resources. Quality improvement (QI) projects have become common in the ED with the goal of providing better and more efficient care. These projects typically attempt to improve resource utilization or patient experience. Unfortunately, the opportunity to share and exchange information among physicians about QI projects is limited. The Free Open Access Medical Education (FOAMed) domain provides a good opportunity for physicians to share their successes and challenges when implementing QI projects. The Featured Leadership & Organizational Workplace (FLOW) Hacks is an ongoing dissemination project hosted on CanadiEM.org that aims to provide ED physicians with a forum for knowledge exchange and transfer. **Methods:** Emergency physician leaders from across Canada have been recruited to share their QI experiences. The FLOW Hacks are summarized as a standardized set of questions that aim to convey the most important aspects of the QI project. The physician responses are published on a monthly basis as a feature on the site. Our objective is to represent EDs from across Canada and of variable size. **Curriculum, Tool, or Material:** Our standardized questions collect information not only on the innovation and team members but also the methodology used for the QI initiative, the data collected, and the performance measures used to assess the outcome. There is a particular focus placed on the challenges that were encountered in implementing the initiative, how they were overcome, and how they would change their approach if they could redo the project. The goal of this format is to showcase the best QI initiatives in Canada so that others can replicate the work and learn from the challenges and success of the authors. **Conclusion:** The FLOW Hacks series is an innovative project to disseminate QI projects to emergency physicians and managers. In the next phase of this project we will conduct a qualitative analysis of the published FLOW Hacks to

identify the common mistakes and best practices in implementation of QI initiatives.

Keywords: innovations in emergency medicine education, quality improvement, free open access medical education

LO29

ILearnEM.com: a curation of quality FOAM resources to learn the fundamentals of emergency medicine

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Introduction/Innovation Concept: Free Open Access Medical Education (FOAM) is an emerging movement enabling crowdsourced sharing of vast amounts of medical knowledge on the web, especially in the dynamic field of emergency medicine (EM). However, the wide range of FOAM producers and the lack of organization in published FOAM content results in a challenge for learners to find quality resources that meet their educational needs. ILearnEM addresses this by curating content from popular FOAM sites to provide both new and seasoned learners with an organized, topic-structured EM curriculum. **Methods:** The resources on ILearnEM.com are drawn from the top 50 scoring websites on the Social Media Index (SMI), an indirect measure of quality and impact for online educational resources. The quality of each individual resource is reviewed by our curators using published Quality Checklists developed specifically for FOAM. Links to the original resources are systematically organized into core EM topics and separated into "Approach to" and "Beyond the Basics" categories. **Curriculum, Tool, or Material:** Since its launch in February 2016, ILearnEM.com has been distributed to the University of Ottawa medical students and residents, the Canadian CCFP-EM program directors, and through social media. Content on the website is updated every two weeks by our curators through an analysis of recent online publications from each of the top 50 SMI sites. The new resources are selected based on the level of quality and the relevance to the fundamentals of EM. Content updates are announced on social media (Twitter) to further engage learners by identifying the availability of new material. **Conclusion:** Based on a 10-month traffic analysis, 4234 unique visitors visited ILearnEM.com with an average of 1.9 visits/person and 10.4 pages/visit. Of those responding to an online survey (n = 138, response rate = 3.3%) visitors were 42.8% (n = 59) residents, 29.0% medical students (n = 40), 19.6% practicing physicians (n = 27), and 8.7% other healthcare professionals (n = 12). As one of few sites with an objective for a learner-oriented approach to curating content, ILearnEM will continue to be updated regularly based on user feedback to benefit the fast growing consumer base of medical student and resident learners.

Keywords: innovations in emergency medicine education, online medical education

LO30

Using a Massive Online Needs Assessment (MONA) to develop a Free Open Access Medical education (FOAM) curriculum

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Introduction/Innovation Concept: The boom in online educational resources for medical education over the past decade has changed how physicians learn and keep up to date with new literature. While nearly all emergency medicine residents use online resources, few of