

ED-based study. The direction of the bias was the same for both outcomes; however, the variation did not change the study results. This bias may play a role in studies with smaller sample sizes.

Keywords: asthma

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Determining ED staff awareness and knowledge of intimate partner violence and available tools

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Introduction: Domestic violence (DV) rates in smaller cities have been reported to be some of the highest in Canada. It is highly likely that emergency department staff will come across victims of intimate partner violence (IPV) in their daily practice. Elsewhere we have found low rates of IPV documentation as well as underutilization of current tools in the ED. The purpose of this study is to describe ED staff awareness and knowledge surrounding IPV, currently accepted screening questions, and available screening tools. **Methods:** To assess awareness and knowledge, a cross-sectional online survey was distributed to ED staff (LPNs, NPs, Physicians, Residents, RNs) via staff email lists three times between July and October 2016, with a response rate of 45.9% (n = 55). The primary outcomes were correct identification of appropriate IPV questions. Secondary outcomes included awareness of screening tools (HITS, WAST, PVS, AAS), whose role it is to question patients, and whether or not formal training has been received. **Results:** When asked to identify recommended questions for asking about IPV, staff were more likely to choose screening questions (75.3%; 95% CI 69.3% to 80.6%) compared to questions that are not recommended (23.8%; 95% CI 19.4% to 30.7%). However, 87.3% of respondents were not aware of current screening tools. 49.1% believed that all patients with typical injuries (ex. facial injury), should have further questioning about IPV, 20% believed that all patients with any injury, and 16.4% believed that all patients should be questioned about IPV. 89.1% also felt that it is both the physician and nurse's role to question patients about IPV. Finally, 81.8% of ED staff did not receive any formal training on domestic or intimate partner violence. **Conclusion:** The present study indicates that there may be a gap in education surrounding this high risk condition as seen by the lack of knowledge surrounding current tools, lack of consensus on who should be questioned, and lack of training. Therefore, introduction of a knowledge translation piece may be beneficial to both ED physicians and nurses.

Keywords: intimate partner violence, case finding, emergency department

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Willingness of ED staff to implement a brief intimate partner violence case-finding tool

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Introduction: Domestic violence (DV) rates in smaller cities have been reported to be some of the highest in Canada. It is highly likely that emergency department staff will come across victims of intimate partner violence (IPV) in their daily practice. However, elsewhere we have found a lack of knowledge of current tools as well as lack of training in ED staff. Furthermore, these findings may also be reflected by low rates of IPV documentation, especially in high-risk cases. The purpose of the current study is to determine if ED staff would be willing to implement a brief IPV screening tool, the Partner Violence Screen (PVS) in their

daily practice. It consists of the 3 questions: Have you ever been hit, kicked, punched or otherwise hurt by someone within the past year, and if so, by whom? Do you feel safe in your current relationship? Is there a partner from a previous relationship that is making you feel unsafe now?

Methods: A cross-sectional online survey was distributed to ED staff (LPNs, NPs, Physicians, Residents, RNs) via staff email lists three times between July and October 2016, with a response rate of 45.9% (n = 55). The survey included a 5-question Likert scale. The primary outcome was whether ED staff are willing to implement a new case-finding tool in their daily practice. The secondary outcome was to assess whether staff would find this tool beneficial in case-finding for IPV. **Results:** 43.6% of staff responded that they are likely to use the tool routinely, 29.1% were unsure, and 2.7% very likely. 7.27% and 3.64% stated their predicted use as unlikely and very unlikely, respectively. In addition, 43.6% of staff thought that the PVS would be beneficial in case finding for IPV, 40% were unsure, 12.7% thought very likely, 1.82% unlikely, and 1.82% very unlikely. **Conclusion:** These findings suggest that emergency department staff may be receptive to and find the introduction of the PVS beneficial in identifying cases of IPV. Future directions will include the introduction of this tool through a knowledge translation education piece in order improve the identification process for and awareness of a high-risk condition in a vulnerable population group.

Keywords: intimate partner violence, case finding, emergency department

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Are we transfusing wisely? An analysis of transfusion practices among hemodynamically stable patients with anemia in four hospitals

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Introduction: To help mitigated risks associated with red blood cell transfusions, CWC guidelines recommend practicing restrictively. Transfusion Medicine recommends using a Hgb threshold of 70 g/L, and ordering a single unit at a time (with reassessment after). The purpose of this study is to investigate Emergency Department (ED) compliance with these more restrictive thresholds among hemodynamically stable patients. **Methods:** A retrospective analysis was performed on data from all emergency visits to 4 adult urban ED sites from July 1 2014 to July 1 2016. We excluded unstable patients (CTAS1, temperature >38°C, HR >100 bpm, RR >20 rpm, systolic BP <90 mmHg, and O2 sat <85%) and certain others (patients without a Hgb level, patients who left without being seen, and orders cancelled via patient discharge). After applying exclusion factors, we examined transfusions ordered. Appropriateness was assessed using the stratified Choosing Wisely Canada Guidelines for Transfusion. As an adjunct, IV iron therapy data was also analyzed for the same period between July 1 2014 and July 1 2016, excluding patients who did not have a Hgb level. **Results:** We identified 1329 eligible patients (54% female), with a mean age of 68 and average first hemoglobin of 72 g/L. Across all groups, 16% of patients received only 1 unit of blood. 19% of transfused patients had a hemoglobin less than 60 g/L, 45% had a Hgb <70 g/L, 32% had a Hgb 70-80 g/L, 14% had a Hgb 81-90 g/L, and 8% had a Hgb >90 g/L. Over the same two-year period, 178 patients received IV iron. The average Hgb for those patients was 82 g/L. **Conclusion:** A retrospective analysis documents a significant likelihood of pRBC over-transfusion among Emergency Department physicians and an underutilization of IV iron therapy for certain hemodynamically stable and anemic patients. The development of audit and feedback