

shifting to electronic format. Collection of electronic contact information continues to be slow and uneven in Ontario. There is an immediate need for clearer guidance to accelerate collection, storage, consent and use of email and text messaging technology.

Keywords: environmental scan, patient emails, texting patients

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Trampoline park safety perceptions of caregivers of patients presenting to the paediatric emergency department in London, Ontario

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Introduction: Trampoline injuries are frequent complaints of children presenting to paediatric emergency departments (PED) in Canada. The medical community has recognized the danger of recreational trampoline use, with the Canadian Paediatric Society (CPS) formally recommending against their use. A new type of trampoline recreation has recently emerged in the form of trampoline parks. Trampoline parks are dangerous, with similar rates of injury as backyard trampolines, and an increased likelihood of injuries warranting hospital admission. No current Canadian governmental or industry regulations exist for trampoline parks. This study aimed to determine the public perspective of trampoline park safety in order to provide a basis for addressing the current lack of safety recommendations around trampoline parks. **Methods:** Parents/caregivers of children seeking care in the PED were approached to participate in a survey regarding trampoline safety. Parents/caregivers of patients with severe injury/illness were excluded. Survey questions included demographics, safety perceptions of both home trampolines and trampoline parks, as well as awareness of the CPS statement regarding trampoline use. The survey was completed in the Research Electronic Data Capture System. **Results:** To date, 68 participants have completed the survey. 66% of participants (45/68) were aware of the new trampoline parks recently opening in the community. 31/68 (46%) of participants had allowed their child to visit a trampoline park. A comparison of the perception of the relative safety of trampoline parks found that 31% of participants (21/67) considered home trampolines “safe/very safe” while 39% of participants (26/66) considered trampoline parks “safe/very safe.” The median [IQR] age at which participants thought children could safely play at trampoline parks was 10 [3-15]. 43% of participants (29/67) thought the current CPS statement about backyard trampolines should apply to trampoline parks, and 93% of participants (62/67) thought the Ontario government should institute mandatory standards for trampoline parks. **Conclusion:** Trampoline parks are a significant emerging source of paediatric injury. Trends in preliminary data suggest that participants consider trampoline parks to be safer than backyard trampolines, and perceive that young children can safely participate in trampoline park activities. Should final survey data analysis support these trends, a call for adjustment of CPS guidelines and public policy should proceed.

Keywords: injury, paediatrics, trampoline park

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Why the emergency department is the wrong place for patients with early pregnancy complications: A qualitative study of patient experience

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Introduction: Women experiencing complications of early pregnancy frequently seek care in the emergency department (ED), as most have not yet established care with an obstetrical provider. The objective of this study was to explore the lived experiences and perceptions of care of women treated for early pregnancy complications in the ED and early pregnancy clinic (EPC). **Methods:** We conducted an interpretive phenomenological qualitative study of women who presented to the ED or EPC of an urban tertiary care hospital with early pregnancy loss or threatened loss. We employed purposive sampling to recruit participants for in-depth, one-on-one telephone interviews conducted approximately 6 weeks after the index visit. Data collection and analysis were concurrent and continued until thematic saturation had occurred. Our research team of two qualitative researchers, a clinician, a clinical researcher, and a research student performed a phenomenologically-informed thematic analysis including three phases of coding to identify essential patterns of lived experience and meaning across the sample. **Results:** Interviews were completed with 30 women between July and August 2018. Participants ranged in age from 22 to 45 years and reflected the diversity of the multicultural city where the study occurred. Four key themes of patient experience were identified: tensions between what is known and unknown by women and ED staff about early pregnancy complications and care in hospital, stigmatization of early pregnancy complications and ED use, normalization of a chaotic experience, and the overwhelm of unexpected outcomes during the ED visit. **Conclusion:** The perspectives of women attending the ED or EPC for early pregnancy complications highlights the ways in which the current health care system minimizes and medicalizes early pregnancy complications in this setting and fails to adequately support these women. The emotional complexity of this medical situation is often overlooked by ED staff and can produce encounters that are traumatic for patients and families. However, the participants’ negative experiences occurring in the ED were often mitigated with their care in their follow-up with the EPC.

Keywords: early pregnancy complications, miscarriage, women’s health

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Organizational interventions and policies to support second victims in acute care settings: a scoping study

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Introduction: The harm that may come to healthcare providers impacted by adverse events has led them to be called “second victims.” Our objective was to characterize the range and context of interventions used to support second victims in acute care settings. **Methods:** We performed a scoping study using the process described by Arksey and O’Malley. Comprehensive searches of scientific databases and grey literature were conducted in September 2017 and updated in November 2018. A library scientist searched PubMed, CINAHL, EMBASE and CENTRAL. We sought unpublished literature (Canadian Electronic Library, Proquest and Scopus) and searched reference lists of included studies. Stakeholder organizations and authors of included studies were contacted through email, requesting information on relevant programs. Two reviewers independently reviewed titles and abstracts using predetermined criteria. Using a structured data abstraction form, two reviewers independently extracted data and appraised methodological quality with the Mixed Methods