amiodarone to non-traumatic OHCA patients was associated with better neurological recovery, especially in those who received fewer electrical defibrillations.
Keywords: cardiac arrest, out-of-hospital, amiodarone

P070

Mixed effectiveness of emergency department diversion strategies: a systematic review

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Introduction: Diverting patients away from the emergency department (ED) has been proposed as a solution for reducing ED overcrowding. The objective of this systematic review is to examine the effectiveness of diversion strategies designed to either direct patients seeking care at an ED to an alternative source of care. **Methods:** Seven electronic databases and grey literature were searched. Randomized/controlled clinical trials and cohort studies assessing the effectiveness of pre-hospital and ED-based diversion interventions with a comparator were eligible for inclusion. Two reviewers independently screened the studies for relevance, inclusion, and risk of bias. Intervention effects are reported as proportions (%) or relative risks (RR) with 95% confidence intervals (CI). Methodological and clinical heterogeneity prohibited pooling of study data. **Results:** From 7,306 citations, ten studies were included. Seven studies evaluated a pre-hospital diversion strategy and three studies evaluated an ED-based diversion strategy. The impact of diversion on subsequent health services was mixed. One study of paramedic practitioners reported increased ED attendance within 7 days (11.9% vs. 9.5%; $p = 0.049$) but no differences in return visits for similar conditions (75.2% vs. 72.1%; $p = 0.64$). The use of paramedic practitioners was associated with an increased risk of subsequent contact with health care services (RR = 1.21, 95% CI 1.06, 1.38), while the use of deferred care was associated with no increase in risk of subsequently seeking physician care (RR = 1.09, 95% CI 0.23, 5.26). While two studies reported that diverted patients were at significantly reduced risk for hospitalization, two other studies reported no significant differences between diverted or standard care patients. **Conclusion:** The evidence regarding the impact of pre-hospital and ED-based diversion on ED utilization and subsequent health care utilization is mixed. Additional high-quality comparative effectiveness studies of diversion strategies are required prior to widespread implementation.
Keywords: emergency department, diversion, pre-hospital

P071

Choosing Wisely in the emergency department: exploring the reach, support and potential for the Choosing Wisely Canada® campaign among emergency physicians

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Introduction: Choosing Wisely Canada® (CWC) launched in April 2012. Since then, the Emergency Medicine (EM) top-10 list of tests, treatments and procedures to avoid has been released and initiatives are on-going. This study explored CWC awareness and support among emergency physicians. **Methods:** A 60-question online survey was distributed to Canadian Association of Emergency Physicians (CAEP) members with valid e-mails. The survey collected information on demographics, awareness/support for CWC as well as physicians' perceived barriers and facilitators to implementation. Descriptive statistics were performed in SPSS (Version 24). **Results:** Overall, 324 surveys were completed (response rate: 18%). Respondents were more often male (64%) and practiced at academic/tertiary care hospitals (56%) with mixed patient populations (74%) with annual ED volumes of >50,000 (70%). Respondents were familiar with campaigns to improve care (90%). Among these respondents, 98% were specifically familiar with CWC and 73% felt these campaigns assisted them in providing high-quality care. Respondents felt that the top-5 EM recommendations were supported by high quality evidence, specifically the first 4 recommendations (>90% each). The most frequently reported barriers to implementation were: patients' expectations/requests (33%), the possibility of missing severe condition(s) (20%), and requirements of ED consultations (12%). Potential facilitators were identified as: strong evidence-base for recommendations (37%), medico-legal protection for clinicians who adhere to guidelines (13%), and support from institutional leadership (11%). **Conclusion:** CWC is well-known and supported by emergency physicians. Despite the low response rate, exploring the barriers and facilitators identified here could enhance CWC's uptake in Canadian emergency departments.
Keywords: emergency department, Choosing Wisely Canada, implementation

P072

Exploring definitions of "unnecessary care" in emergency medicine: a qualitative analysis of physician survey responses

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Introduction: Recently, campaigns placing considerable emphasis on improving emergency department (ED) care by reducing unnecessary tests, treatments, and/or procedures have been initiated. This study explored how Canadian emergency physicians (EPs) conceptualize unnecessary care in the ED. **Methods:** An online 60-question survey was distributed to EP-members of the Canadian Association of Emergency Physicians (CAEP) with valid emails. The survey explored respondents awareness/support for initiatives to improve ED care (i.e., reduce unnecessary tests, treatments and/or procedures) and asked respondents to define "unnecessary care" in the ED. Thematic qualitative analysis was performed on these responses to identify key themes and sub-themes and explore variation among EPs definitions of unnecessary care. **Results:** A total of 324 surveys were completed (response rate: 18%); 300 provided free-text definitions of unnecessary care. Most commonly, unnecessary ED care was defined as: 1) performing tests, treatments, procedures, and/or consults that were not indicated or potentially harmful ($n = 169$) and/or 2) care that should have been provided within a non-emergent context for a non-urgent patient ($n = 143$). Emergency physicians highlighted the role of system-level factors and system failures that result in ED presentations as definitions of unnecessary care ($n = 69$). They also noted a distinction between providing necessary care for a non-urgent patient and performing inappropriate/non-evidenced based care. Finally, a tension emerged in their description of frustration with patient expectations ($n = 17$) and/or non-ED referrals ($n = 24$) for specific tests, treatments, and/or procedures. These frustrations were juxtaposed by participants who asserted that "in a patient-centred care environment, no care is unnecessary" (Participant 50; $n = 12$). **Conclusion:** Variation in the definition of unnecessary ED care is evident among EPs and illustrates that EPs' conceptualization of unnecessary care is more nuanced than current