Conclusion: We have identified six priority topics to cover in our future online Thrombosis and Bleeding curriculum by surveying the online medical community. Although perceived and unperceived needs showed high congruence, two priority topics were only identified by assessing unperceived needs.
Keywords: free open access medical education, needs assessment, curriculum planning

P033

To choose or not to choose: evaluating the impact of a Choosing Wisely knowledge translation initiative on urban and rural emergency physician guideline awareness

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Introduction: Choosing Wisely is an innovative approach to address physician and patient attitudes towards low value medical tests; however, a knowledge translation (KT) gap exists. We aimed to quantify the baseline familiarity of emergency medicine (EM) physicians with the Choosing Wisely Canada (CWC) EM recommendations. We then assessed whether a structured KT initiative affected knowledge and awareness. **Methods:** Physicians working in urban (tertiary teaching hospital, Saint John, NB) and rural (community teaching hospital, Waterville, NB) emergency departments were asked to participate in a survey assessing awareness and knowledge of the first five CWC EM recommendations before an educational intervention. The intervention consisted of a 1-hour seminar reviewing the recommendations, access to a video cast and departmental posters. Knowledge was assessed by asking respondents to identify 80% or more of the recommendations correctly. Physicians were surveyed again at a 6-month follow up period. The Fisher exact test was used for statistical analyses. A sample size of 36 was required to detect a 30% change with an alpha of 0.05 and a power of 80%. **Results:** At the urban site, 16 of 25 (64%) physicians responded to the pre- and 14 of 26 (53.8%) responded to the post-intervention survey. Awareness of the EM recommendations did not increase significantly (81.3% pre; 95% CI 56.2-94.2 vs. 92.9% post; 66.4-99.9; $p = 0.60$). There was a weak trend towards improved knowledge with 62.5% (38.5-81.6) of physicians responding correctly initially, and 85.7% (58.8-97.2; $p = 0.23$) after the intervention. At the rural site, 8 of 11 (72.7%) physicians responded to the pre- and post-intervention survey. There was a trend towards improved awareness, (25% pre; 6.3-59.9 vs. 75% post; 40.1-93.7; $p = 0.13$), with 50% (21.5-78.5) responding correctly pre, and 87.5% (50.8-99.9; $p = 0.28$) after the intervention. **Conclusion:** We have described the current awareness and knowledge of the CWC EM recommendations. Limited by our small sample size, we report a trend towards increased awareness and knowledge at 6 months following our KT initiative in a rural setting where there was a low baseline awareness. At the urban site where baseline knowledge was high, changes seen were less significant. Further work will look at the effectiveness of our initiative on physician practice.
Keywords: Choosing Wisely, physician awareness, knowledge translation

P034

Pediatric emergency department return visits: a proactive approach to quality improvement

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Introduction: Emergency Department (ED) return visits leading to admission (RVs) are a well-recognized quality metric that can potentially signal gaps in patient care. Routine capture, investigation and monitoring of monthly ED RVs provides a better understanding of patient and visit- level factors associated with a return, which can then inform system-level quality improvement (QI) opportunities. The objective of this study is to develop a sustainable database that routinely tracks and analyzes pediatric ED RVs in a large Canadian children's hospital to understand recurring themes and inform QI initiatives. **Methods:** Using a computerized record system, all 72-hour RVs are collected and reviewed for patient and visit-level variables. Clinicians receive monthly notification of their RVs and assist with completing root cause analyses. Ongoing cumulative analyses using descriptive statistics and t-test analysis are reviewed to identity trends and predictors of RVs. Targeted solutions are sought to address system-level themes through educational, quality, safety and administrative avenues. **Results:** The RV database contains almost three years of data analyzing approximately 1,500 cases, equaling 0.75% of our annual ED patient volumes. RVs have higher acuity scores on both their index and return visit ($P = 0.001$) and children under 12 months of age have significantly higher rates of return (24% vs 16%, $P < 0.001$). A consultation service was involved during 31% of the index ED visits, with the top three consultants being Hematology/Oncology (23%), General Surgery (12%), and Neurology (8%). The root cause of the majority of RVs were related to disease progression (65%), while 8% were call-backs for positive blood cultures or discrepant results, and 6% were categorized as a misdiagnoses. Completed quality improvement initiatives to date include the ED Sickle Cell Optimization Program, the Culture Follow-up and Escalation Algorithm, and the Young Infant Fever Pathway and Order Set. **Conclusion:** Routine monitoring and investigation of ED RVs provides a proactive approach to seeking improvement opportunities. With a better understanding of specific patient and visit-level factors associated with RVs, future system-level quality improvement initiatives can be targeted.
Keywords: return visits, quality improvement, pediatrics

P035

Development of a province-wide audit program for return visits to the emergency department

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Introduction: Routine auditing of charts of patients with an emergency department (ED) return visit (RV) resulting in hospital admission can uncover quality and safety gaps in care. This feedback can be helpful to clinicians, administrators, and leaders working to improve clinical outcomes, increase patient satisfaction, and promote high-value care. Health Quality Ontario (HQO) has been tasked by Ontario's Ministry of Health and Long-Term Care (MOHLTC) to manage the newly created ED RV Quality Program (RVQP), which mandates EDs participating in the Pay-for-Results (P4R) program to audit a minimum of 25-50 RVs/year. The goal of the first-ever ED-specific province-wide Quality Improvement (QI) initiative of this kind is to promote a culture of QI that will lead to improved patient care. **Methods:** Participating hospitals receive quarterly confidential reports from Access to Care (ATC) that show their and other hospitals' rates of RVs, as well as identifying information for patients meeting RV inclusion criteria at their ED (within 72 hrs of index visit, or within 7 days with specific diagnoses). HQO has partnered with QI experts and ED physician-leaders to develop various guidance materials. These materials have been disseminated through various media. Hospitals are

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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© 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