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

P132

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

T. Lynch, BSc, MD, C. Van de Kleut, BSc, MD, K. Van Aarsen, MSc, London Health Sciences Centre, London, ON

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

P133

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

V. Rojas-Luengas, BSc, B. Seaton, BA, MSc, K. Dainty, PhD, S. McLeod MSc, C. Varner, MD, MSc, Mount Sinai Hospital - University of Toronto, Toronto, ON

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

P134

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

L. Wade, MD, N. Williams, E. Fitzpatrick, BSc, MN, BScN, R. Parker, BSc, MLIS, K. Hurley, BSc, MD, MHI, Halifax Infirmary QEII/ IWK, Halifax, NS

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

Appraisal Tool (MMAT). All discrepancies were resolved through consensus. A qualitative approach was used to categorize the context and characteristics of the identified strategies and interventions. **Results**: Our search strategy yielded 3883 results. After screening titles and abstracts, 173 studies underwent full text screening. Extracted data reflected 21 interventions categorized as providing peer-support (n = 7), proactive education (n = 7) or both (n = 7). Programs came from Canada (n = 2), Spain (n = 2), and United States (n = 17). Specific traumatic events were described as the trigger for development of five programs. While some programs were confined to a standard definition of second victim as a healthcare provider traumatized by an "unanticipated adverse patient event" (n = 6), other programs had a broader scope (n = 12) including situations such as non-accidental trauma, stressful anticipated patient events and complaints/litigation (3 programs were unclear about the definition). Confidentiality was assured in nine peer support programs. Outcome measures were often not reported and were limited in terms of quality. **Conclusion**: This is a new area of study with little scientific rigour from which to determine whether these programs are effective. Concerns about protecting healthcare providers from potential legal proceedings hinder documentation and study of program effectiveness.
Keywords: peer support, second victim

P135

TriagED: A serious game for mass casualty triage and field disaster management

C. Wallner, BSc, MD, MCR, P. Sneath, K. Morgan, T. Chan, McMaster University, Hamilton, ON

Innovation Concept: Mass Casualty Incidents (MCI) are complex events that most paramedics encounter only a few times in their careers. Triaging and managing multiple patients during an incident requires different skills than typically practiced by prehospital providers. Simulation and drills can provide an opportunity to practice those skills, but are costly and resource intensive while only allowing a few providers to be in a triage or leadership role. It is important to find engaging and less expensive methods for teaching MCI triage and initial scene management. **Methods**: The authors have developed and are testing a card game based on the previously published GridlockED board game. The game was developed utilizing an iterative process previously described. This game was tested with paramedics as well as other emergency medicine learners to determine usability, engagement, fidelity, as well as usefulness in teaching MCI triage and patient-flow concepts. **Curriculum, Tool or Material**: The card game provides a focused learning experience to allow providers to practice initial triage of multiple injured patients as well as manage patient flow from the scene to area hospitals when faced with limited prehospital resources and capabilities. Players work together in various simulated scenarios to correctly triage injured patients and send them to the correct healthcare facility. **Conclusion**: Serious gaming has gained momentum in medical education. Developing novel curriculae around low frequency, high stakes situations using a game like TriagED may hold the key to ensure prehospital care providers are trained for these incidents. In the future, games which integrate an element of Incident Command or receiving hosptials (e.g. full integration with GridlockED game) may help to further explore the relationship between scene management and patient flow within receiving hospitals.
Keywords: innovations in EM education, mass casualty triage, serious gaming

P136

Increasing access to computed tomography scanning in the emergency department and its effect on patient outcomes

M. Watson, BSc, MD, C. Richard, BSc, N. Fortino, BSc, MD, T. Lyon, BSc, MD, R. Ohle, BA, MD, Northern Ontario School of Medicine, Sudbury, ON

Background: There is growing concern about emergency physicians overuse of computed tomography (CT). In an attempt to ensure appropriate ordering many hospitals implement strict protocols for ordering of CT scans in the emergency department (ED) that include approval of all scans by a board-certified radiologist, and a reduced access to CT overnight. **Aim Statement:** The aim of this study is to review the impact of RAD ED – direct access to CT ordering by ED physicians, 24hr CT technologist and third-party reporting on CT scans overnight. Our objectives were to assess the effect on; 1) ED length of stay, 2) number of CT scans ordered and 3) admission rates. **Measures & Design**: We conducted a prospective pilot before & after study at a single tertiary-care emergency department between February 1st, 2018 and July 31st, 2018. Inclusion criteria were adult patients presenting to the emergency department and undergoing CT for any of the following: face, neck, spine, upper and lower extremities, chest, abdomen and pelvis. Exclusion criteria were those undergoing CT head for stroke or trauma. **Evaluation/Results:** A total of 924 patients met our criteria, 352 before and 568 after implementation. Comparison of the patient populations demonstrate very similar characteristics in both groups; (49% male, average age 56 years, CTAS 2(40%) and 3(47%). Results demonstrate that an additional 216 scans were performed in post-implementation group. This equates to an increase of 61%. ED length of stay averaged 5.6 hours pre-implementation and 4.7 hours post-implementation. This corresponds to a significant reduction in length of stay of approximately 0.9 hours ($p < 0.01$). Collection is currently ongoing for factors that we will adjust for a multivariate analysis, including admission rates. **Discussion/Impact:** RAD ED led to a significant increase in CT ordering and decrease in ED length of stay. We believe that this project provides important information to clinicians and patients with regards to overall CT utilization, ED wait times, follow up visits for CT scanning and admission rates. It is also important for administrators to help decide if these new rules are leading to improved efficiency, and to help estimate their financial impact.
Keywords: computed, quality improvement and patient safety, tomography

P137

Methods for teaching managerial skills in the emergency department: a survey of Canadian educators

A. Chorley, MD, A. Welsher, MSc, A. Pardhan, MBA, MD, T. Chan, MD, MHPE, McMaster University, Hamilton, ON

Introduction: Emergency department (ED) crowding and increased patient load has been shown to have an impact on physician decision making and patient mortality. As the volumes in Canadian EDs increase, so does the need to effectively prepare new learners for the challenges ahead. This study aims to determine which level of training varying teaching techniques should be employed to educate Emergency Medicine (EM) residents about ED management and flow in the age of competency based medical education. **Methods**: We designed a survey that contained a previously derived list of ED flow and management teaching strategies. We piloted and edited