

was reached to include 18 of the 60 applications in a PEM fellowship curriculum and to exclude 2 applications from a PEM fellowship curriculum. Eighty-two percent (37/45) of the experts completed Round 2 where 40 items were rated; consensus was reached to include 3 additional applications and exclude 5 applications. The decision was made not to carry on with future rounds after this stage, since no significant changes were observed between the two rounds, with regard to items that had not reached consensus. **Conclusion:** This project of the PEM POCUS Network reached consensus on 21 applications that should be included in a PEM Fellowship curriculum. This project will have significant impact on how PEM fellowships teach POCUS to their trainees. **Keywords:** ultrasound, curriculum, consensus

P115

Limiting functional decline in seniors evaluated for minor injuries in the ED

M. Sirois, PhD, R. Daoust, MD, MSc, M. Émond, MD, MSc, J. Blais, BSc, M. Aubertin-Leheudre, PhD, L. Fruteau de Laclos, MSc, D. Martel, MSc, Université Laval, Québec, QC

Introduction: In its prospective cohorts of independent seniors with minor injuries, the CETIe (Canadian Emergency Team Initiative) has shown that minor injuries trigger a spiral of mobility and functional decline in 18% of those seniors up to 6 months post-injury. Because of their effects on multiple physiological systems, multicomponent **mobility interventions with physical exercises** are among the best methods to limit frailty and improve mobility & function in seniors. **Methods:** Pilot clinical trial among 4 groups of seniors, discharged home post-ED consultation for minor injuries. **Interventions:** 2x 1 hour/week/12 weeks with muscle strengthening, functional and balance exercises under kinesiology supervision either at home (**Jintronix tele-rehabilitation platform**) or at community-based programs (**YWCA, PIED**) vs usual ED-discharge (**CONTROL**). **Measures:** Functional Status in ADLs (*Older American Resources Scale*); Global physical & social functioning (*SF-12 questionnaire*), physical activity level (*RAPA questionnaire*) at initial ED visit and at 3 months. **Results:** 135 seniors were included (Controls: n = 50; PIED: n = 28; Jintronix: n = 27; YWCA: n = 18). Mean age was 72.6 ± 6.2 years, 45% were prefrail, 86% and 8% had a fall or motor vehicle-related injuries (e.g. fractures: 30%; contusions: 37%). Intervention could start as early as 7 days post-injury. Seniors in interventions (Home, YWCA or PIED) **maintained or improved their functional status** (84% vs 60%, p ≤ 0.05), **their physical** (73% vs 59%, p = 0.05) and **social** (45% vs 23%, p ≤ 0.05) **functioning**. While 21% of CONTROLS improved their **physical activity level** three months post-injury, **46% of seniors in intervention did** (p ≤ 0.05). **Conclusion:** Exercises-based interventions can help improve seniors' function and mobility after a minor injury.

Keywords: geriatric, minor injury, mobility

P116

A scoping review of factors affecting patient satisfaction with care in North American adult emergency departments

M.S. Sran, MD, BSc, T. Pyra, MD, BSc, L. Chen, BSc, B.R. Holroyd, MD, MBA, C. McCabe, PhD, Department of Emergency Medicine University of Alberta, Edmonton, AB

Introduction: Patient satisfaction in the emergency department (ED) has been shown to be associated with patient compliance, likelihood to return, and likelihood to recommend the ED. Understanding the factors that affect patient satisfaction in the ED is important but remains poorly understood. This scoping review consolidates the information from the

available literature to offer insight into which key factors influence patient satisfaction. **Methods:** A literature search using initial criteria identified 683 articles. These titles were subjected to inclusion/exclusion criteria and their relevance was independently reviewed by two authors. Consensus was reached on 24 articles to be included, and these were then classified according to study design (class I = observational studies, class II = focus group/qualitative studies, class III = reviews), as well as multiple other factors (ED type, volume of patients, sample size, population, type of study, methodology, study measures, statistical analysis, reliability and conclusions). Using these factors, 25 different ED care attributes were examined in the primary literature, and then narrowed to the 6 most commonly studied factors with 3 categories (wait times, communication/information received in the ED, and interpersonal skills of staff). **Results:** The impact of wait times (WT) on patient satisfaction in the ED was addressed in 58% of the articles and various studies have found that longer perceived WTs (the length of WTs as reported by patients) are associated with poorer patient satisfaction. Information delivery demonstrated statistically significant associations to both patient satisfaction and the likelihood of a positive recommendation. Interpersonal skills of the staff also demonstrated a strong association with patient satisfaction. **Conclusion:** The most common factors affecting patient satisfaction in the ED can be categorized under wait times, communication, and the interpersonal skills of the staff. However, the literature in this area is weak, and well-designed comparative studies of the relative importance of each of these factors are necessary to support evidence-based policy making and ultimately improve patient satisfaction.

Keywords: patient satisfaction, wait times, communication

P117

Emergency physicians are choosing wisely when transfusing patients with non-variceal upper gastrointestinal bleeding and hemoglobins >70 g/L

B. Stebner, BSc, C. Vasquez, MD, D. Grigat, MA, C. Joseph, MSc, E. Lang, MD, G. Kaplan, MD, K. Novak, MD, University of Calgary, Calgary, AB

Introduction: Acute non-variceal upper gastrointestinal bleeding (NVUGIB) is a common presentation to the Emergency Department (ED) associated with significant mortality and morbidity. Recent evidence suggests that overt-transfusion is associated with poor patient outcomes and that stable patients above a hemoglobin (hgb) above 70 g/L should be transfused judiciously. This retrospective health records review aims to determine the proportion of NVUGIB patients with hemoglobin greater than 70 g/L who were still appropriately transfused based on clinical parameters. **Methods:** A retrospective review was conducted on randomly selected patients that presented to one of two major tertiary hospitals with a primary diagnosis of NVUGIB who received blood products, despite a presenting hemoglobin >70 g/L. Standardized case report forms were developed through chart abstraction using a pilot-tested template. The appropriateness of transfusion was then adjudicated separately by a trained medical student and an emergency physician; discrepancies were resolved by discussion. **Results:** Following independent review of the charts, agreement was met on 94% (45/48) of the charts and after collective discussion 100% consensus was reached and all 48 patients' transfusion appropriateness and categorized into one of three groups: Appropriate, Potentially avoidable, and clearly avoidable. Only in 22.9% (11/48) of the cases was transfusion deemed to be clearly avoidable while emergency physicians appropriately transfused 45.8% (22/48) of patients based on clinical status and other factors. In 31.3% (15/48) of the cases,