

Keywords: upper gastrointestinal bleeding, blood transfusions, hemoglobin

LO078

The immigrant effect: a barrier to accessing primary and emergency department care - a Canadian population cross-sectional study

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Introduction: In 2011, Canada had a foreign-born population of about 6,775,800 people. They represented 20.6% of the total population, the highest proportion among the G8 countries. Immigrants encounter significant barriers to accessing primary healthcare. This is thought to be due to lower education level, employment status and the healthy immigrant effect. Our objective was to assess in an immigrant population without a primary care physician, would similar socioeconomic barriers also prevent access to the emergency department. **Methods:** Data regarding individuals' ≥ 12 years of age from the Canadian Community Health Survey, 2007 to 2008 were analyzed ($N = 134,073$, response rate 93%). Our study population comprised 15,554 individuals identified without a primary care physician who used emergency department care. Socioeconomic variables included employment, health status, and education. Covariates included chronic health conditions, mobility, gender, age, and mental health. Prevalence estimates and confidence intervals for each variable were calculated. Weighted logistic regression models were constructed to evaluate the importance of individual risk factors and their interactions after adjustment for relevant covariates. Model parameters were estimated by the method of maximum likelihood. The Wald statistic was employed to test the significance of individual variables or interaction terms in relation to ED choice. **Results:** Our study population included 1,767 immigrants and 13,787 Canadian born respondents from across Canada without a primary care physician (57.3% male). Immigrants were less likely to use the emergency department than Canadian born respondents (Odds Ratio 0.4759 (95%CI 0.396-0.572). Adjusting for health, education or employment had no effect on this reduced access (Odds Ratio 0.468 (95%CI 0.378-0.579). **Conclusion:** In a Canadian population without a primary care physician, immigrants access the emergency department less than Canadian born respondents. However this effect is independent of previously reported social and economic barriers. Immigration status is an important but complex component of racial and ethnic disparity in access to care. Specific policy and system development targeting this at risk population are required to allow for equal access to healthcare.

Keywords: immigrant, emergency department, primary care

LO079

Prevalence and geographic variability of ectopic pregnancy in Ontario using inpatient and outpatient data: a 12-year surveillance study

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Introduction: It is estimated that 6% to 13% of patients presenting to the emergency department (ED) with vaginal bleeding or abdominal pain will have ectopic pregnancy. Risk factors such as previous pelvic infections, assisted reproductive technologies and previous tubal surgery as well as prevalence of ectopic pregnancy vary geographically. To date, the surveillance of ectopic pregnancy in Canada has been limited to

hospitalized patient data, excluding patients receiving methotrexate therapy, day surgery or expectant management, possibly underestimating the true prevalence. The objective of this study was to determine Ontario's ectopic pregnancy rate and geographic variability using both inpatient and outpatient data sources. **Methods:** Data from the Canadian Institute for Health Information Discharge Abstract Database, Same Day Surgery Database, National Ambulatory Care Reporting System, and Ontario Health Insurance Plan (OHIP) Claims Database was retrieved for all females with valid OHIP coverage aged 15 to 45 years from July 2002 to August 2014. Using ICD-10 and OHIP codes for ectopic pregnancy, abortions and deliveries, the rates and distribution of ectopic pregnancy (per 1000 reported pregnancies) by age group and public health unit (PHU) were documented. These data were also compared to the rate of ectopic pregnancy documented using only hospitalized patient data. **Results:** Using inpatient and outpatient data sources, the rate of ectopic pregnancy in Ontario increased from 20.5 to 27.5 per 1000 reported pregnancies from 2002 to 2014, respectively. The rate of ectopic pregnancy using only hospitalized patient data decreased from 12.6 to 9.5 per 1000 reported pregnancies from 2002 to 2014, respectively. The median (IQR) rate of ectopic pregnancy over the 12-year study period varied across public health units in Ontario, ranging from 14.9 (12.5, 17.5) to 37.7 (29.1, 55.8) per 1000 reported pregnancies. **Conclusion:** The rate of ectopic pregnancy is increasing in Ontario and has been previously underreported using only hospitalized patient data. Further research is needed to identify the factors resulting in this increase as well as the outcomes of ectopic pregnancies in Ontario.

Keywords: ectopic pregnancy, pregnancy, gynecology

LO080

Performance and proximity: exploring resident factors that impact the quality of work-based assessments

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Introduction: Much of the literature investigating the challenges associated with completing high quality work-based assessments (WBAs) have raised specific concerns over the appropriate documentation of assessments of underperforming trainees or trainees in difficulty. The purpose of this study was to examine the relationship between resident performance and the quality of assessments documented by supervisors on Daily Encounter Cards (DECs). The effect of trainee proximity (i.e. on-service versus off-service status) on this relationship was also examined. **Methods:** A series of DECs from the Department of Emergency Medicine at the University of Ottawa was scored by two raters using the Completed Clinical Evaluation Report Rating (CCERR). The CCERR is a 9-item instrument that has previously demonstrated reliable ratings and the ability to discriminate the quality of completed DECs. A proxy measure of resident performance was calculated by averaging the scores across performance items on the DEC to produce a "mean DEC rating". Linear regression analysis was conducted with "mean DEC rating" as the independent measure and CCERR score as the dependent measure. Separate linear regression analyses were repeated for DECs completed for on-service versus off-service residents. **Results:** Linear regression analysis demonstrated a small but significant inverse relationship between mean DEC rating and CCERR score ($p < 0.001$, $r = -0.184$), suggesting that when residents performed poorly, their supervisors tended to document higher quality assessments, and conversely, when residents performed well, their supervisors provided lower quality assessments. Further analysis demonstrated that this relationship was present for the on-service group