and step 4: special considerations) in nine paramedic services across Eastern Ontario. We included adult trauma patients transported as an urgent transport to hospital, that met one of the 4 steps of the FTT standard and would allow for a bypass consideration. We developed and piloted a standardized data collection tool and obtained consensus on all data definitions. The primary outcome was the rate of appropriate triage to a TC, defined as any of the following: injury severity score ≥12, admitted to an intensive care unit, underwent non-orthopedic operation, or death. We report descriptive and univariate analysis where appropriate. **Results**: 570 adult patients were included with the following characteristics: mean age 48.8, male 68.9%, attended by Advanced Care Paramedic 71.8%, mechanisms of injury: MVC 20.2%, falls 29.6%, stab wounds 10.5%, median initial GCS 14, mean initial BP 132, prehospital fluid administered 26.8%, prehospital intubation 3.5%, transported to a TC 74.6%. Of those transported to a TC, 308 (72.5%) had bypassed a closer hospital prior to TC arrival. Of those that bypassed a closer hospital, 136 (44.2%) were determined to be "appropriate triage to TC". Bypassed patients more often met the step 1 or step 2 of the standard (186, 66.9%) compared to the step 3 or step 4 (122, 39.6%). An appropriate triage to TC occurred in 104 (55.9%) patients who had met step 1 or 2 and 32 (26.2%) patients meeting step 3 or 4 of the FTT standard. **Conclusion**: The FTT standard can identify patients who should be bypassed and transported to a TC. However, this is at a cost of potentially burdening the system with poor sensitivity. More work is needed to develop a FTT standard that will assist paramedics in appropriately identifying patients who require a trauma centre.

Keywords: paramedic, trauma bypass, triage

P009

Medical assistance in dying – a survey of Canadian emergency physicians

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Introduction: There have been 3714 medically assisted deaths recorded in Canada so far, with more than half of those deaths occurring outside the hospital – whether this has had any impact on emergency medicine has not yet been documented. This survey sought to find out Canadian emergency physicians' (EPs) attitudes and experiences with medical assistance in dying (MAID). **Methods**: An electronic survey was distributed to CAEP members using a modified Dillman technique. The primary outcome was defined as the proportion of EPs in favour of MAID. Secondary outcomes included experience with suicide in the setting of terminal illness, their experience and opinion on referring patients for MAID from the ED, their experience with complications of MAID, and their response to hypothetical cases of complications from MAID. Nominal variables were analyzed and reported as percentages for each relevant answer. Answers submitted as free-form text were coded into themes by the author and reported based on these themes. **Results**: There were 303 completed surveys. EPs were largely in support of MAID (80.5%), and would be willing to refer patients for assessment from the ED (83.2%), however fewer (58.3%) knew how to do so. 37.1% of EPs had been asked for a referral for MAID assessment, but only 12.5% had made a referral. While only 1% of EPs reported having seen patients present with complications from MAID (failed IVs in the community), 5.0% had seen patients present with suicide or self-harm attempts after being told they were ineligible for MAID by another provider. **Conclusion**: This is the first study to examine the impact of MAID on emergency medicine in Canada, and it demonstrates that patients are both requesting referrals through the ED and, in rare cases, requiring medical attention for complications. This has implications for both increasing awareness of MAID referral processes for EPs, as well as for the prevention and treatment of complications of MAID in the community.

Keywords: assisted dying, medical assistance in dying

P010

Emergency department performed renal point-of-care ultrasound (POCUS) for the assessment of obstructive uropathy: Impact of a training curriculum and ongoing educational intervention

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Introduction: Hydronephrosis is the de facto measure of obstructive uropathy (OU) and can be evaluated using renal Point of Care Ultrasound (rPOCUS). This educational initiative aimed to develop an effective one-day rPOCUS curriculum and evaluate if feedback/quality assurance (QA), leads to an improvement in image acquisition and interpretation of hydronephrosis as well as comfort with the technique. **Methods**: Physicians were randomized into a QA or control group (NQA) and all attended a one day training session which involved acquiring rPOCUS scans with one-on-one instruction. Participants then performed POCUS scans on all ED patients where formal renal US was deemed clinically indicated. The QA group received feedback on every scan from qualified ED physicians. Overall sensitivity and specificity were calculated compared to formal scans using a chi-square test. Written QA was reviewed for future improvements. Crossover occurred at 10 weeks to allow for equal learning opportunity but analyses focused on pre-crossover data. Participants completed surveys at study start and end focusing on initiative effectiveness and barriers/comfort with POCUS measured with a likert scale (Not at all (1)-Very (7)). **Results**: Fourteen ED physicians participated. The most common cited barrier to utilizing rPOCUS was lack of knowledge/training (78.6%). A total of 63 POCUS scans were reviewed. Common feedback included breath-holding (69.7%), use of color doppler (48.5%) and including a transverse sweep (36.4%). Sensitivity and specificity were better in the QA versus NQA group though the difference was not significant (Se- 75.0% vs 50.0%, 95%CI: −34.0-73.4%; Sp- 89.3% vs 73.9%, 95% CI: 8.2-39.2%). Ten physicians completed the post survey; all reported improved comfort with rPOCUS in assessment of hydronephrosis (median [IQR]: Δ+2 [1-3]). At study end, the comfort rating for using only POCUS and not formal scan remained low (median [IQR]: 3.50 [1.8-4.2]). The training initiative was rated highly with a median [IQR] rating of 5.50 [4.8-7.0]. **Conclusion**: Although the initiative was rated highly effective and resulted in improved comfort with renal POCUS, physicians did not feel comfortable solely using POCUS without formal scan to diagnose OU. Despite the initiative's success, further educational programs are needed before rPOCUS can be safely used as the primary investigation. In the future, a greater emphasis should be placed on the commonly noted areas of improvement.

Keywords: obstructive uropathy, point of care ultrasound