

impact of the change in the top five highest admitters at the biggest three hospitals estimated an annualized beds savings of 25.3 beds.

**Keywords:** hospital admissions, physician performance, quality improvement and patient safety

### MP32

#### Mid-morning huddle: a coordinated team approach to facilitating disposition of older adults

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**Background:** Older adults in the emergency department (ED) take an increasingly larger portion of resources, have increased length of stay and a higher likelihood of adverse outcomes. In many cases bad planning, multiple vague handovers, and lack of coordinated care exacerbate this problem. With the impending onset of our aging population this is a situation that can be expected to compound in complexity in the years to come. **Aim Statement:** We describe daily interdisciplinary review of ED patients over the age of 75 years (or otherwise identified as a challenging discharge) to discuss barriers and facilitators to discharge/disposition. We will use data to identify the impact of this particular population to ED flow. **Measures & Design:** This initiative developed from our participation in the Acute Care of the Elderly (ACE) Collaborative and applies Plan/Do/Study/Act (PDSA) cycles and run reports to compare: length of stay; Identification of Seniors at Risk (ISAR) screening tool; ED census, admission/discharge rates, bounce back rates, consulting services, and interdisciplinary participation. **Evaluation/Results:** The average daily census of our ED between the months of July-October of 2018 was over 211 patients/day, of which over 12% were patients 75 years and older. We conducted over 70 huddles, reviewing an average of 11 patients per day. The average length of stay for patients at the time of the huddle was 19 hours, significantly higher than the general emergency population. Next day admission and discharge rates were comparable, 44.8% and 43.1% respectively with the additional patients remaining in the ED with no disposition. Internal medicine was consulted on 30% of all huddle patients and 38.4% subsequently admitted. Thirty day bounce back rates for huddle patients discharged home was 29.3%. Around 60% of patients 75 and older were screened with the ISAR and 55.7% of these were positive (2 or more questions). **Discussion/Impact:** Older patients consume a disproportionate amount of ED resources. Daily interdisciplinary 'geriatric huddles' improved communication between members of the ED team and with consulting services. The huddles enhanced awareness of the unique demands that older adults place on the flow of the ED, and identified opportunities to enhance patient flow.

**Keywords:** emergency department flow, geriatric patients, quality improvement and patient safety

### MP33

#### Predictors of delirium in older patient at the emergency department: a prospective multicentre derivation study

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**Introduction:** Delirium is a frequent pathology in the elderly presenting to the emergency department (ED) and is seldom recognised.

This condition is associated with many medical complications and has been shown to increase the hospital length-of-stay. The objective of this study was to identify the predictor factors of developing delirium in this high-risk population. **Methods:** Design: This study was part of the multicenter prospective cohort INDEED study. **Participants:** Patients aged 65 and older, initially free of delirium and with an ED stay of 8h or longer, were followed up to 24h after ward admission. **Measures:** Clinical and demographic variables were collected by interview and chart review. A research professional assessed their delirium status twice daily using the Confusion Assessment Method (CAM). **Analyses:** A classification tree was used to select predictors and cut-points that minimized classification error of patients with incident delirium. After literature review, nineteen predictors were considered for inclusion in the model (eight non-modifiable and eleven modifiable factors). **Results:** Among the 605 patients included in this study, incident delirium was detected by the CAM in 69 patients (11.4%). In total, fourteen variables were included in a preliminary model, of which six were intrinsic to the patient and eight were modifiable in the ED. Variables with the greatest impact in the prediction of delirium includes age, cognitive status, ED length of stay, autonomy in daily activities, fragility and mobility during their hospital stay. The diagnostic performance of the model applied to the study sample gave a sensitivity of 78.3% (95% CI: 66.7 to 87.3), a specificity of 100.0% (95% CI: 99.3 to 100.0), a PPV of 100.0% (95% CI: 93.4 to 100.0) and a NPV of 97.3% (95% CI: 95.6 to 98.5). **Conclusion:** The delirium risk model developed in this study shows promising results with elevated sensitivity and specificity values. Considering the limited ability to predict and detect delirium among physicians, the potential increase in sensitivity provided by this tool could be beneficial to patients. This model will ultimately serve to identify high-risk patients with the goal of developing strategies to alter modifiable risk factors and subsequently decrease the incidence of delirium in this population.

**Keywords:** delirium, elderly, emergency department

### MP34

#### Elder abuse in the emergency department: a systematic scoping review

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**Introduction:** This systematic scoping review aims to synthesize the available evidence on the epidemiology, risk factors, clinical characteristics, screening tools, prevention strategies, interventions and knowledge of health care providers regarding elder abuse in the emergency department (ED). **Methods:** A systematic literature search was performed using three databases (Medline, Embase and Cochrane Library). Grey literature was scrutinized. Studies were considered eligible when they were observational studies or randomized control trials reporting on elder abuse in the prehospital and/or ED setting. Data extraction was performed independently by two researchers and a qualitative approach was used to synthesize the findings. **Results:** A total of 443 citations were retrieved from which 58 studies published between 1988 and 2018 were finally included. Prevalence of elder abuse following an ED visit varied between 0.01% and 0.03%. Reporting of elder abuse to proper law authorities by ED physicians varied between 2% to 50% of suspected cases. The most common

reported type of elder abuse detected was neglect followed by physical abuse. Female gender was the most consistent factor associated with elder abuse. Cognitive impairment, behavioral problems and psychiatric disorder of the patient or the caregiver were also associated with physical abuse and neglect as well as more frequent ED consultations. Several screening tools have been proposed, but ED-based validation is lacking. Literature on prehospital- or ED-initiated prevention and interventions was scarce without any controlled trial. Health care providers were poorly trained to detect and care for older adults who are suspected of being a victim of elder abuse.

**Conclusion:** Elder abuse in the ED is an understudied topic. It remains underrecognized and underreported with ED prevalence rates lower than those in community-dwelling older adults. Health care providers reported lacking appropriate training and knowledge with regards to elder abuse. Dedicated ED studies are required.

**Keywords:** elder abuse, geriatric, neglect

### MP35

#### Acceptability of older patients' self-assessment in the emergency department (ACCEPTED) – a randomized cross-over trial

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**Introduction:** It is recommended that seniors consulting to the Emergency Department (ED) undergo a comprehensive geriatric screening, which is difficult for most EDs. Patient self-assessment using electronic tablet could be an interesting solution to this issue. However, the acceptability of self-assessment by older ED patients remains unknown. Assessing acceptability is a fundamental step in evaluating new interventions. The main objective of this project is to compare the acceptability of older patient self-assessment in the ED to that of a standard assessment made by a professional, according to seniors and their caregivers. **Methods:** This randomized crossover design cohort study took place between May and July 2018. **Participants:** 1) Patients aged  $\geq 65$  years consulting to the ED, 2) their caregiver, when present. **Measurements:** Patients performed self-assessment of their frailty, cognitive and functional status using an electronic tablet. Acceptability was measured using the Treatment Acceptability and Preferences (TAP) questionnaires. **Analyses:** Descriptive analyses were performed for sociodemographic variables. Scores were adjusted for confounding variables using multivariate linear regression. Thematic content analysis was performed by two independent analysts for qualitative data collected in the TAP's open-ended question. **Results:** A total of 67 patients were included in this study. Mean age was  $75.5 \pm 8.0$  and 55.2% of participants were women. Adjusted mean TAP scores for RA evaluation and patient self-assessment were 2.36 and 2.20, respectively. We found no difference between the two types of evaluations ( $p = 0.0831$ ). When patients are stratified by age groups, patients aged 85 and over ( $n = 11$ ) showed a difference between the TAPs scores, 2.27 for RA evaluation and 1.72 for patient self-assessment ( $p = 0.0053$ ). Our qualitative data shows that this might be attributed to the use of technology, rather than to the self-assessment itself. Data from 9 caregivers showed a 2.42 mean TAP score for RA evaluation and 2.44 for self-assessment. However, this relatively small sample size prevented us to perform statistical tests. **Conclusion:** Our results show that older patients find self-assessment in the ED using an electronic tablet just as acceptable as a standard evaluation by a professional.

**Keywords:** acceptability, older patients, self-assessment

### MP36

#### Short-term side effects associated with opioids for acute pain

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**Introduction:** Opioid side effects are common when treating chronic pain. However, the rate of opioid side effects for acute pain has rarely been examined, particularly in the post emergency department (ED) setting. The objective of this study was to evaluate the short-term incidence of opioid induced side effects (constipation, nausea/vomiting, dizziness, and drowsiness) in patients discharged from the ED with an opioid prescription. **Methods:** This was a prospective cohort study of patients aged  $\geq 18$  years that visited the ED for an acute pain condition ( $\leq 2$  weeks) and were discharged with an opioid prescription. Patients completed a 14-day diary assessing daily pain medication use and side effects. **Results:** Mean age of the 386 patients included was  $55 \pm 16$  years; 50% were women. During the 2-week follow-up, 80% of patients consumed at least one dose of opioids. Among the patients who used opioids, 38% (95%CI: 33-48) reported constipation, 27% (95%CI:22-32) nausea/vomiting, 30% (95%CI:25-35) dizziness, 51% (95%CI:45-57) drowsiness, and 77% (95%CI:72-82) reported any side effects. Adjusting for age, sex, and pain condition, patients who used opioids were more likely to report any side effect (OR 7.5, 95%CI:4.3-13.3) and constipation (OR 7.5, 95%CI:3.1-17.9). A significant dose response effect was observed for constipation but not for the other side effects. Nausea/vomiting (OR 2.0, 95%CI:1.1-3.6) and dizziness (OR 1.9, 95%CI:1.1-3.4) were associated with oxycodone compared to morphine. **Conclusion:** Similar to chronic pain, opioid side effects are highly prevalent during short-term treatment for acute pain. Physicians should be aware and inform patients about those side effects.

**Keywords:** adverse events, opioid

### MP37

#### Adherence to Canadian Cardiovascular Society guidelines for prescribing oral anticoagulants to patients with atrial fibrillation in the emergency department

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**Introduction:** Atrial fibrillation (AF) is the most common arrhythmia treated in the emergency department (ED) and is associated with an increased risk of ischemic stroke. Studies have shown that only oral anticoagulant (OAC) therapy reduces risk of AF related stroke. Our objective was to measure the prescribing practices for OACs for new onset AF at a tertiary ED and two surrounding community EDs, and identify rates of adverse effects within 90 days. The findings of this study will provide quality assurance information for the management of patients with new onset AF. This information has the potential to promote adherence to prescribing guidelines for AF in the ED and the reduction of common adverse events such as ischemic stroke. **Methods:** We conducted a retrospective chart review of 385 patients with new onset AF who presented to the ED between November 2014 to March 2018. We defined new onset as symptoms  $< 48$  hours and had AF confirmed with electrocardiogram. We recorded the selected therapy choice of cardioversion and/or rate control, gender, age, and assessed CHADS-65 score. We recorded who was prescribed