

Conclusion: We have identified six priority topics to cover in our future online Thrombosis and Bleeding curriculum by surveying the online medical community. Although perceived and unperceived needs showed high congruence, two priority topics were only identified by assessing unperceived needs.

Keywords: free open access medical education, needs assessment, curriculum planning

P033

To choose or not to choose: evaluating the impact of a Choosing Wisely knowledge translation initiative on urban and rural emergency physician guideline awareness

K. Chandra, MD, P.R. Atkinson, MD, J. Fraser, BN, H. Chatur, MD, C. Adams, MD, Dalhousie University, Integrated Family/Emergency Residency Program, Saint John, NB

Introduction: Choosing Wisely is an innovative approach to address physician and patient attitudes towards low value medical tests; however, a knowledge translation (KT) gap exists. We aimed to quantify the baseline familiarity of emergency medicine (EM) physicians with the Choosing Wisely Canada (CWC) EM recommendations. We then assessed whether a structured KT initiative affected knowledge and awareness. **Methods:** Physicians working in urban (tertiary teaching hospital, Saint John, NB) and rural (community teaching hospital, Waterville, NB) emergency departments were asked to participate in a survey assessing awareness and knowledge of the first five CWC EM recommendations before an educational intervention. The intervention consisted of a 1-hour seminar reviewing the recommendations, access to a video cast and departmental posters. Knowledge was assessed by asking respondents to identify 80% or more of the recommendations correctly. Physicians were surveyed again at a 6-month follow up period. The Fisher exact test was used for statistical analyses. A sample size of 36 was required to detect a 30% change with an alpha of 0.05 and a power of 80%. **Results:** At the urban site, 16 of 25 (64%) physicians responded to the pre- and 14 of 26 (53.8%) responded to the post-intervention survey. Awareness of the EM recommendations did not increase significantly (81.3% pre; 95% CI 56.2-94.2 vs. 92.9% post; 66.4-99.9; $p = 0.60$). There was a weak trend towards improved knowledge with 62.5% (38.5-81.6) of physicians responding correctly initially, and 85.7% (58.8-97.2; $p = 0.23$) after the intervention. At the rural site, 8 of 11 (72.7%) physicians responded to the pre- and post-intervention survey. There was a trend towards improved awareness, (25% pre; 6.3-59.9 vs. 75% post; 40.1-93.7; $p = 0.13$), with 50% (21.5-78.5) responding correctly pre, and 87.5% (50.8-99.9; $p = 0.28$) after the intervention. **Conclusion:** We have described the current awareness and knowledge of the CWC EM recommendations. Limited by our small sample size, we report a trend towards increased awareness and knowledge at 6 months following our KT initiative in a rural setting where there was a low baseline awareness. At the urban site where baseline knowledge was high, changes seen were less significant. Further work will look at the effectiveness of our initiative on physician practice.

Keywords: Choosing Wisely, physician awareness, knowledge translation

P034

Pediatric emergency department return visits: a proactive approach to quality improvement

O. Ostrow, MD, A. Shim, BScN, HBSc, S. Azmat, MBBS, MPH, L.B. Chartier, MD, CM, MPH, University Health Network, Toronto, ON

Introduction: Emergency Department (ED) return visits leading to admission (RVs) are a well-recognized quality metric that can potentially signal gaps in patient care. Routine capture, investigation and monitoring of monthly ED RVs provides a better understanding of patient and visit-level factors associated with a return, which can then inform system-level quality improvement (QI) opportunities. The objective of this study is to develop a sustainable database that routinely tracks and analyzes pediatric ED RVs in a large Canadian children's hospital to understand recurring themes and inform QI initiatives.

Methods: Using a computerized record system, all 72-hour RVs are collected and reviewed for patient and visit-level variables. Clinicians receive monthly notification of their RVs and assist with completing root cause analyses. Ongoing cumulative analyses using descriptive statistics and t-test analysis are reviewed to identify trends and predictors of RVs. Targeted solutions are sought to address system-level themes through educational, quality, safety and administrative avenues.

Results: The RV database contains almost three years of data analyzing approximately 1,500 cases, equaling 0.75% of our annual ED patient volumes. RVs have higher acuity scores on both their index and return visit ($P = 0.001$) and children under 12 months of age have significantly higher rates of return (24% vs 16%, $P < 0.001$). A consultation service was involved during 31% of the index ED visits, with the top three consultants being Hematology/Oncology (23%), General Surgery (12%), and Neurology (8%). The root cause of the majority of RVs were related to disease progression (65%), while 8% were call-backs for positive blood cultures or discrepant results, and 6% were categorized as a misdiagnoses. Completed quality improvement initiatives to date include the ED Sickle Cell Optimization Program, the Culture Follow-up and Escalation Algorithm, and the Young Infant Fever Pathway and Order Set. **Conclusion:** Routine monitoring and investigation of ED RVs provides a proactive approach to seeking improvement opportunities. With a better understanding of specific patient and visit-level factors associated with RVs, future system-level quality improvement initiatives can be targeted.

Keywords: return visits, quality improvement, pediatrics

P035

Development of a province-wide audit program for return visits to the emergency department

L.B. Chartier, MD, CM, O. Ostrow, MD, I. Yuen, MSc, S. Kutty, BSc, MBA, B. Davis, BSc, MBA, E. Hayes, BSc, L. Fairclough, BSc, MHSc, H.J. Ovens, MD, University Health Network, Toronto, ON

Introduction: Routine auditing of charts of patients with an emergency department (ED) return visit (RV) resulting in hospital admission can uncover quality and safety gaps in care. This feedback can be helpful to clinicians, administrators, and leaders working to improve clinical outcomes, increase patient satisfaction, and promote high-value care. Health Quality Ontario (HQP) has been tasked by Ontario's Ministry of Health and Long-Term Care (MOHLTC) to manage the newly created ED RV Quality Program (RVQP), which mandates EDs participating in the Pay-for-Results (P4R) program to audit a minimum of 25-50 RVs/year. The goal of the first-ever ED-specific province-wide Quality Improvement (QI) initiative of this kind is to promote a culture of QI that will lead to improved patient care. **Methods:** Participating hospitals receive quarterly confidential reports from Access to Care (ATC) that show their and other hospitals' rates of RVs, as well as identifying information for patients meeting RV inclusion criteria at their ED (within 72 hrs of index visit, or within 7 days with specific diagnoses). HQP has partnered with QI experts and ED physician-leaders to develop various guidance materials. These materials have been disseminated through various media. Hospitals are