

LOS at the time of O3DY completion was 1:40 (IQR 1:34-1:46). Characteristics of patients eligible, yet who declined to participate, were similar to the study population. The sensitivity of the O3DY for AMS was 71.4% (95%CI 47.8-95.1), and specificity was 56.3% (46.7-65.9). Sensitivity of the SBT was 85.7% (67.4-99.9) and specificity was 58.3% (48.7-67.8). Inter-rater reliability for the O3DY ($k = 0.64$) and SBT ($k = 0.63$) were moderate. **Conclusion:** In a cohort of geriatric patients presenting to an inner-city, academic ED the O3DY and SBT tools demonstrate moderate sensitivity and specificity for the detection of AMS. **Keywords:** geriatrics, altered mental status, Ottawa

MP15

Profile and circumstances of cycling injuries: Data from an urban emergency department

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Introduction: Cycling as a form of active transportation is popular in many urban communities. However, little is known about the prevalence and circumstances of cycling injuries, particularly injuries resulting from single bicycle crashes which are not recorded in road trauma surveillance systems based on police crash reports. This study aimed to examine the profile and circumstances of cycling injuries seen in an urban emergency department (ED). **Methods:** This was a cross-sectional historical chart review study. All injured patients attending our ED are electronically flagged according to mechanism of injury. We reviewed the medical charts of all ED visits in 2015 that were flagged as "Cyclist Injury" or "Fall" to identify all cyclists who were injured while travelling on public roads (including sidewalks). Off road injuries were excluded. **Results:** In 2015, a total of 6450 ED presentations were flagged as cyclist injury ($n = 694$) or fall ($n = 5756$), and 667 cycling injuries met our inclusion criteria. Of these, 73 (11%) were admitted to hospital. The most common mechanisms of injury were fall from bicycle (51%), crash into stationary object (16%), and collisions with moving motor vehicles (25%). Potential contributing factors included alcohol or drug impairment (11%), road hazards (9%), avoidance manoeuvre (5%) and dooring (3%), although the cause of the crash was generally poorly documented in the medical charts. The most common injured body regions were upper extremity (55%) followed by head and neck (34%). Most injuries were abrasions/lacerations and fractures. **Conclusion:** Two thirds of cyclist injuries in this series were caused by single bicycle incidents, events not captured in official road trauma statistics which are based on police crash reports. The large majority of injured cyclists were treated and released from the ED. In most cases, the cause of the crash was poorly documented. This data highlights the limitations of using police crash reports or hospital admission records for road trauma surveillance and the significant knowledge gap in our understanding of causative factors leading to cycling injuries.

Keywords: road trauma, cyclists

MP16

Quality of work life among nurses and physicians in Québec rural emergency departments

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Introduction: Recruitment and retention of healthcare staff are difficult in rural communities. Poor quality of work life (QWL) may be an underlying factor as rural healthcare professionals are often isolated and work with limited resources. However, QWL data on rural emergency (ED) staff is limited. We assessed QWL among nurses and physicians as part of an ongoing study on ED care in Québec. **Methods:** We selected EDs offering 24/7 medical coverage, with hospitalization beds, in rural or small towns (Stats Canada definition). Of Québec's 26 rural EDs, 23 (88%) agreed to participate. The online Quality of Work Life Systemic Inventory (QWLSI, with 1 item per 34 "life domains"), was sent to all non-locum ED nurses and physicians (about 500 potential participants). The QWLSI is used for comparing QWL scores to those of a large international database. We present overall and subscale QWL scores as percentiles (PCTL) of scores in the large database, and comparisons of nurses' and physicians' scores (t test). **Results:** Thirty-three physicians and 84 nurses participated. Mean age was 39.8 years ($SD = 10.1$): physicians = 37 (7.7) and nurses = 40.9 (10.7). Overall QWL scores for all were in the 32nd PCTL, i.e. low. Nurses were in the 28th PCTL and physicians in the 44nd ($p > 0.05$). For both groups, QWL was below the 25th PCTL i.e. very low, for "sharing workload during absence of an employee", "working equipment", "flexibility of work schedule", "impact of working hours on health", "possibility of being absent for familial reasons", "relations with employees". The groups differed ($p < 0.05$) on only two subscales: remuneration and career path. For remuneration, scores were similar on fringe benefits (nurses 22nd PCTL, physicians 32nd) and income security (nurses 72nd, physicians 74th), but differed on income level (nurses 74th, physicians 93rd). The groups differed on all 3 career path items: advancement possibilities (nurses 53th, physicians 91st), possibilities for transfer (nurses 51nd, physicians 84th) and continuing education (nurses 18th, physicians 49th). **Conclusion:** Overall QWL among rural ED staff is poor. Groups had similar QWL scores except on career path, with physicians perceiving better long-term prospects. Given difficulties in rural recruitment and retention, these findings suggest that QWL should be assessed in rural and urban EDs nationwide.

Keywords: rural, quality of work life, emergency

MP17

Improving Communications during Aged Care Transitions (IMPACT): lessons learned

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Introduction: When patients transition from long term care (LTC) to emergency departments (ED), communication among clinicians in different settings is often poor. We pilot tested a transfer form to facilitate communications of handover information among LTCs, emergency medical services (EMS), and EDs regarding LTC residents transitioning to and from the ED. We interpret implementation challenges in light of the "theoretical domains" implementation framework in order to produce lessons for future healthcare communication interventions. **Methods:** We provided setting specific training and a user guide to 13 participating sites, collected 90 forms to assess completion rates, and assessed perspectives on the form from 266 surveys of healthcare providers. Throughout the study, staff kept detailed notes on implementation of the form. We retrospectively categorized implementation challenges reported by survey respondents, and/or recorded in staff implementation notes, according to the theoretical domains framework. **Results:** The LTC patient transfer forms were used in 36.4% of