telle association n'a cependant pas été observée par rapport à la survie au congé hospitalier. **Conclusion:** L'administration de bêtabloquants semble associé à un meilleur devenir chez les patients en ACR avec un rythme initial défibrillable. Étant donné la nature du devis de ces études et leur petite taille, une étude prospective de qualité serait nécessaire afin de déterminer l'efficacité de cette classe de médicament et de faire une recommandation forte à ce sujet.
Keywords: arrêt cardiaque, bêtabloquant, rythme défibrillable

P119

Emergency department census is useful as a real-time measure of crowding

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Introduction: Crowding is associated with poor patient outcomes in emergency departments (ED). Measures of crowding are often complex and resource-intensive to score and use in real-time. We evaluated single easily obtained variables to establish the presence of crowding compared to more complex crowding scores. **Methods:** Serial observations of patient flow were recorded in a tertiary Canadian ED. Single variables were evaluated including total number of patients in the ED (census), in beds, in the waiting room, in the treatment area waiting to be assessed, and total inpatient admissions. These were compared with Crowding scores (NEDOCS, EDWIN, ICMED, three regional hospital modifications of NEDOCS) as predictors of crowding. Predictive validity was compared to the reference standard of physician perception of crowding, using receiver operator curve analysis. **Results:** 144 of 169 potential events were recorded over 2 weeks. Crowding was present in 63.9% of the events. ED census (total number of patients in the ED) was strongly correlated with crowding (AUC = 0.82 with 95% CI = 0.76 - 0.89) and its performance was similar to that of NEDOCS (AUC = 0.80 with 95% CI = 0.76 - 0.90) and a more complex local modification of NEDOCS, the S-SAT (AUC = 0.83, 95% CI = 0.74 - 0.89). **Conclusion:** The single indicator, ED census was as predictive for the presence of crowding as more complex crowding scores. A two-stage approach to crowding intervention is proposed that first identifies crowding with a real-time ED census statistic followed by investigation of precipitating and modifiable factors. Real time signalling may permit more standardized and effective approaches to manage ED flow.
Keywords: crowding, emergency department, scoring

P120

A survey of Ontario Family Health Teams: Family physicians are reliant on emergency services for complicated early pregnancy loss

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Introduction: The majority of first trimester pregnancy care in Canada is provided by family physicians and emergency departments (EDs). Early pregnancy loss occurs in approximately 30% of pregnancies, and the majority take place in first trimester when many patients do not yet have an obstetrical care provider. In Ontario, nearly 70% of patients are rostered to a family physician, many of whom practice in Family Health Teams (FHTs). The objective of this study was to determine how Ontario family physicians manage early pregnancy complications and explore the services available for patients experiencing early pregnancy loss or threatened early pregnancy loss. **Methods:** Family physician leads from 104 Ontario FHTs were contacted by email and invited to complete a 19-item, online questionnaire using modified Dillman methodology. The survey was developed by investigators based on a review of relevant literature and consultation with clinical experts. Prior to distribution, the questionnaire was peer reviewed and tested for face and construct validity, as well as ease of comprehension. **Results:** Respondents from 50 FHTs across Ontario completed the survey (response rate 48.1%). Of the respondents, 45 (90.0%) reported access to an ED in their community, 45 (90.0%) had access to an obstetrician/gynecologist, 33 (66.0%) had access to an early pregnancy clinic, and 18 (36.0%) reported comprehensive obstetrical care from first trimester to delivery within their FHT. The following services were only accessible through the ED: administration of RhoGAM (n = 28; 56.0%); surgical management of spontaneous or missed abortion (n = 22; 44.0%); same day serum quantitative beta human chorionic gonadotropin (n = 21; 42.0%); same day radiologist-interpreted ultrasound assessment (n = 15; 30.0%); and medical management of spontaneous or missed abortion (n = 12; 24.0%). Forty (80.0%) respondents stated physicians in their practice would provide urgent follow-up care for patients with spontaneous abortion, 35 (70.0%) would provide care for threatened abortion, and 26 (52.0%) would provide urgent care for missed abortion. For patients with a stable ectopic pregnancy, 37 (74.0%) respondents would refer to the ED. **Conclusion:** This study suggests FHTs in Ontario provide comprehensive care to patients with uncomplicated early pregnancy loss such as spontaneous abortion, yet rely on the ED for management of complicated early pregnancy loss, when medical or surgical management is indicated or for ectopic pregnancy.
Keywords: early pregnancy complications, miscarriage, primary care

P121

A quality improvement project to improve medical imaging ordering workflow in the emergency department

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Background: Many computerized tomography (CT) scans ordered after-hours from the emergency department (ED) at our institution required a discussion between the emergency physician (EP) and radiology resident (RR), leading to workflow inefficiency. **Aim Statement:** The aim was to improve workflow efficiency and provider satisfaction, and reduce CT turnaround time, without significantly affecting CT utilization within six months. **Measures & Design:** We created a new workflow by creating an electronic list of ED CT requests that RRs monitor. RRs protocolled all requests and only called the ED physician for more details when required. The intervention was implemented in a stepwise fashion via plan-do-study-act cycles. An electronic survey measured qualitative outcomes, and quantitative outcomes were analyzed via statistical process control (SPC) charts and other statistical methods. **Evaluation/Results:** Survey response was high (76% EP, 79% RR). Most EPs and RRs felt more efficient (96.3%, 73.3%), RRs felt fewer disruptions (83.3%), and most EPs felt that scans were done faster (84.1%). We analyzed CT turnaround times and utilization using SPC charts and segmented regression analyses. Turnaround time trended to improvement (33 mins vs 29 mins on weekdays [WD], 37 mins vs 33 on weekends [WE]), but was not statistically significant. There was background rising CT utilization over time (+0.7 and + 1.9 CT/100 ED visits/year on WD and WE, respectively, $p < 0.0005$), but the intervention itself did

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