a chair. Objectives of this study were to evaluate the feature's impact on total stretcher time (TST) and ED length of stay (LOS) for patients relocated to a chair. We also sought to identify facilitators and barriers to the tool's use amongst ED MDs and RNs. **Methods**: A retrospective cohort design was used to compare TST between those where the tool was used and not used amongst patients relocated to a chair between September 1 2017 and August 15 2018. Each use of the location tool was time-stamped in an administrative database. Median TST and ED LOS were compared between patients where the tool was used and not used using a Mann-Whitney U Test. A cross sectional convenience sample survey was used to determine facilitators and barriers to the tool's use amongst ED staff. Response proportions were used to report Likert scale questions; thematic analysis was used to code themes. **Results**: 194882 patients met inclusion criteria. The tool was used 4301 times, with "Ok for Chairs" selected 3914(2%) times and "Not Ok for Chairs" selected 384(0.2%) times; 54462 (30%) patients were moved to a chair without the tool's use. Mean age, sex, mode of arrival and triage scores were similar between both groups. Median (IQR) TST amongst patients moved to a chair via the prompt was shorter than when the prompt was not used [142.7 (100.5) mins vs 152.3 (112.3) mins, $p < 0.001$], resulting in 37574 mins of saved stretcher time. LOS was similar between both groups ($p = 0.22$). 125 questionnaires were completed by 90 ED nurses and 35 ED MDs. 95% of staff were aware of the tool and 70% agreed/strongly agreed the tool could improve ED flow; however, 38% reported only "sometimes" using the tool. MDs reported the most common barrier was forgetting to use the tool and lack of perceived action in relocating patients. Commonly reported nursing barriers were lack of chair space and increased workload. **Conclusion**: Despite minimal use of the tracking board utility, triggering was associated with reduced TST amongst ED patients eventually relocated to a chair. To encourage increased use, future versions should prompt staff to select a location.

Keywords: electronic health records, overcrowding

P023

The BC Emergency Medicine Network: Evaluation approach and early findings

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Introduction: September 2017 saw the launch of the British Columbia (BC) Emergency Medicine Network (EM Network), an innovative clinical network established to improve emergency care across the province. The intent of the EM Network is to support the delivery of evidence-informed, patient-centered care in all 108 Emergency Departments and Diagnostic & Treatment Centres in BC. After one year, the Network undertook a formative evaluation to guide its growth. Our objective is to describe the evaluation approach and early findings. **Methods**: The EM Network was evaluated on three levels: member demographics, online engagement and member perceptions of value and progress. For member demographics and online engagement, data were captured from member registration information on the Network's website, Google Analytics and Twitter Analytics. Membership feedback was sought through an online survey using a social network analysis tool, PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships), and semi-structured individual interviews. This framework was developed based on literature recommendations in collaboration with Network members, including patient representatives. **Results**: There are currently 622 EM Network members from an eligible denominator of approximately 1400 physicians (44%). Seventy-three percent of the Emergency Departments and Diagnostic and Treatment Centres in BC currently have Network members, and since launch, the EM Network website has been accessed by 11,154 unique IP addresses. Online discussion forum use is low but growing, and Twitter following is high. There are currently 550 Twitter followers and an average of 27 'mentions' of the Network by Twitter users per month. Member feedback through the survey and individual interviews indicates that the Network is respected and credible, but many remain unaware of its purpose and offerings. **Conclusion**: Our findings underscore that early evaluation is useful to identify development needs, and for the Network this includes increasing awareness and online dialogue. However, our results must be interpreted cautiously in such a young Network, and thus, we intend to re-evaluate regularly. Specific action recommendations from this baseline evaluation include: increasing face-to-face visits of targeted communities; maintaining or accelerating communication strategies to increase engagement; and providing new techniques that encourage member contributions in order to grow and improve content.

Keywords: evaluation, network, quality improvement and patient safety

P024

Obtaining consensus on optimal management and follow-up of patients presenting to the emergency department with early pregnancy complications – a modified Delphi study

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Introduction: Complications in early pregnancy are common and have many physical and emotional consequences. Locally, there is no early pregnancy loss clinic or standardized guide in the emergency department (ED) for referral and follow-up decisions, and both initial management of patients and follow up can be inconsistent. This study aimed to obtain consensus on the best approach to initial work-up, management, and follow up for patients who present to the ED with early pregnancy complications, with the goal of using this consensus to produce a standardized guide for emergency provider use. **Methods**: A literature review was completed to produce evidence-based recommendations which were used to initiate a modified Delphi consensus process. A survey was distributed, with three rounds completed. Participants included emergency providers, obstetrician-gynecologists, a radiologist, a sample of family medicine physicians including some involved in primary care obstetrics, and nurse practitioners. An obstetric specialist from outside the local region was also involved. **Results**: Consensus was reached on several key recommendations, however some areas remained without clear accepted best practice. There was consensus that physical components of early pregnancy complications are addressed well, but that we could improve on patient flow and more consistent follow up. Important investigations to be done for patients were identified. The timing of formal ultrasound, necessity and timing of obstetrician consultation, and safety of discharge was addressed for various patient scenarios including stable and unstable patients, with and without adnexal pain, with

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intrauterine pregnancy of uncertain viability, and with pregnancy of unknown location. Management of confirmed early pregnancy loss in the ED and family medicine clinics was addressed. Barriers to an early pregnancy loss clinic included lack of funding, space, and staffing as well as lack of resources and uncertain patient volumes. A feasible alternative to an early pregnancy loss clinic was for willing providers to keep appointment times available to facilitate confirmation of follow-up prior to discharge. Other suggested alternatives included an early pregnancy loss clinic, a nurse educator, and having a standardized guideline in the ED. **Conclusion**: Through a consensus approach, several recommendations were agreed upon for improving care for patients presenting to the ED with early pregnancy complications.

Keywords: complications, emergency department, pregnancy

P025

Improving senior resident engagement at academic core rounds

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Introduction: Royal College Emergency Medicine (EM) trainees at the University of Ottawa participate in weekly Academic Full Days (AFD) that consist of didactic activities, simulation-based learning, and core content sessions referred to as Core Rounds (CR). Despite CR being intentioned for all EM trainees, an attendance attrition has been noted as trainees progress towards their senior (SR) years (PGY3-5). The objectives of this study were to (1) identify barriers to SR trainee CR attendance and (2) identify areas for CR improvement. **Methods**: An on-line survey was administered to SR EM trainees (PGY3-5, n = 28) and recent graduates from our program (practice year 1-2, n = 20) to explore perceptions of the value of AFDs, CR attendance barriers, and areas for CR improvement. The survey consisted of 5-point Likert scales and free-text responses. Quantitative responses were analyzed using Microsoft Excel. Free-text responses were analyzed qualitatively using thematic analysis. Each free-text response was reviewed independently by two investigators (JML, MCL) and underwent line-by-line coding. Through joint discussions, the codes from each response were synthesized and themes were identified. **Results**: Of the 48 trainees and attendings surveyed, 32 responded (response rate 67%). Most respondents (90%) stated they benefited from SR trainee attendance when they were at a junior (JR) level. The majority perceived they benefited less from CR as a SR trainee compared to when they were a JR trainee (85%). Further, 87% responded that CR were not tailored to a SR level, and that they would attend more frequently if sessions were geared to their level (81%). From our thematic analysis, three themes emerged relating to SR trainee absenteeism: 1) CR quality, 2) External Factors (eg. trainee fatigue) and 3) Malalignment with trainees' own education plan. We also identified three themes relating to areas for CR improvement: 1) CR content, 2) CR format and 3) SR trainee involvement. **Conclusion**: Respondents indicated a benefit to having SR trainee presence at CR. This study identified barriers to SR resident attendance at CR and areas for improvement. With the transition to competency based medical education it is critical that trainees engage in effective educational experiences, especially as the RCPSC does not mandate AFDs for EM training in this new curriculum. A culture-change initiative and CR reformat is now underway at our institution with planned post-implementation analysis.

Keywords: attendance, engagement, rounds

P026

Dominating the vent: A flipped classroom approach to enhance emergency medicine resident ventilator management

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Innovation Concept: Ventilator management is an essential skill and a training objective for emergency medicine (EM) specialists in Canada. EM trainees obtain the majority of this training during off-service rotations. Previous attempts to strengthen ventilator knowledge include lectures and simulation – both of which are time and resource intensive. Given the unique features of ventilator management in the ED, we developed an ED-specific ventilator curriculum. The purpose of this study is to 1) identify resident needs regarding ventilator curricula and 2) assess resident response to this pilot curriculum. **Methods**: A needs-assessment survey administered to RCPSC- and CCFP-EM residents at The Ottawa Hospital (TOH) showed the majority of residents (87%, n = 31 respondents) believe there is a need for more ED-focused ventilator management training, and only 13% felt confident in ventilator management. Ten on-line modules were prepared by an EM-Critical Care attending, and distributed on-line to all EM trainees at TOH (n = 52). Mid- and post-implementation surveys are used to assess residents' confidence in ventilator management, and perceived usefulness of the curriculum. User feedback from focus groups constitutes part of the curriculum evaluation. **Curriculum, Tool or Material**: Employing a flipped classroom approach, ten on-line modules were distributed to RCPSC- and CCFP-EM trainees at TOH. Each module requires less than ten minutes to complete and focuses on a single aspect of ventilation. The modules are available for residents to complete at their own pace and convenience. At curriculum completion, an EM-Critical Care attending physician facilitates an interactive session. **Conclusion**: Mid-implementation survey results demonstrate increased confidence in independently managing ventilated patients in the ED (13% pre- vs. 56% mid-implementation), and an increased perception of having sufficient ventilator training (26% pre- vs. 78% mid-implementation). All respondents felt the modules were of appropriate length, content was easy to follow, and that the modules should be part of the residency curriculum. Our ED-specific online ventilator modules area a viable tool to increase residents' confidence in ventilator management. This novel curriculum could be adopted by other residency programs and continuing professional development initiatives. Future work will include post-implementation data-gathering, and formal curriculum evaluation.

Keywords: flipped-classroom, innovations in EM education, ventilators

P027

Who should discuss goals of care during acute deteriorations in patients with life threatening illnesses? A survey of clinicians from diverse pediatric specialties

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Introduction: Discomfort exists discussing goals of care with families of children with advanced life-threatening illnesses. There also exists important variability in the management of these patients. This study seeks to explore the perceptions of pediatric specialists involved in the care of children with life-threatening illnesses with regards to goals of

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