stakeholder feedback. We educated physician and nursing teams about the order sets, although use was ultimately at physician discretion. We implemented the order set on April 9, 2017. After three months, an electronic retrospective chart review identified patients with a final sepsis diagnosis admitted to the critical care unit. For each patient, we captured triage time using the electronic record, and time to antibiotics from when the antibiotic was taken out of the medication cart. Finally, utilization of order sets was checked via manual chart audit. **Evaluation/Results:** A run chart did not demonstrate any shifts or trends suggesting a change after implementation. Median time to antibiotics in minutes, 3 months prior (n = 45) and post (n = 55) intervention, increased from 245 to 340 minutes, although the range was very large. Chart audits demonstrated clinicians were not using the order sets. There was 10% usage for 2 of the months and 0% usage the other month, post-intervention. **Disucssion/Impact:** There was insufficient uptake of the Sepsis Order Set by the Sunnybrook ED to result in any impact on time to antibiotics. Order sets require more than just implementation to be effective. Difficulties in implementation were due to the document not being readily available to physicians. To mediate, we have organized nursing staff to attach the order set onto charts based on triage assessment and will re-assess with another PDSA cycle after this intervention.

Keywords: order sets, quality improvement and patient safety, sepsis

Moderated Poster Presentations

MP01

Retention and treatment outcomes for patients with substance use disorders treated in a rapid access to addiction medicine clinic

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Introduction: Substance use is prevalent in Canada yet treatment for alcohol use disorder (AUD) and opioid use disorder (OUD) is often inaccessible. Consequently, alcohol and opioid-related diagnoses such as intoxication, withdrawal, and overdose are a major reason for frequent emergency department (ED) visits. The Rapid Access to Addiction Medicine (RAAM) Clinic opened at the University Health Network (UHN) in January 2018 as part of a larger network of clinics in Toronto, and provides rapid, low barrier access to medical treatment for substance use disorder (SUD). Patients attended via self-referral, peer-referral, or referral by the ED, primary care, internal medicine or withdrawal management services. This study describes the demographic profile and short-term outcomes for patients attending a new RAAM clinic in its first 26 weeks of operation, including substance use and treatment retention for AUD and OUD. **Methods**: We reviewed the electronic medical record at the clinic over its first 26 weeks of operation. We assessed SUD diagnoses, referral source, prescribed medications, self-reported outcomes and retention rates. We calculated descriptive statistics using proportions for categorical variables and means with standard error for continuous variables. A student's t-test was used for all statistical analyses using Microsoft Excel. We reviewed the electronic medical record at the clinic over its first 26 weeks of operation. We assessed SUD diagnoses, referral source, prescribed medications, self-reported outcomes and retention rates. We calculated descriptive statistics using proportions for categorical variables and means with standard error for continuous variables. A student's t-test was used for all statistical analyses using Microsoft Excel. **Results**: The clinic saw 64 unique patients: 66% had an AUD, 39%

had an OUD and 20% had a stimulant use disorder. 55% of patients were referred from outpatient care providers, 30% from the emergency department and 11% from withdrawal management services. 42% remained ongoing patients, 23% were discharged to other care and 34% were lost to follow-up. Gabapentin (38%), naltrexone (33%), and acamprosate (20%) were most frequently prescribed for AUD. Patients with AUD reported a significant decrease (p < 0.05) in alcohol consumption at their most recent visit compared to their initial visit. Most patients (78%) with OUD were prescribed buprenorphine, and most (89%) patients with OUD on buprenorphine had a negative urine screen at their most recent visit. **Conclusion**: A new RAAM outpatient clinic demonstrates the early success of a low-barrier addictions model in addressing unmet needs in substance use treatment. We see a reduction in both alcohol consumption and opioid use, and increased access to evidence-based pharmacotherapy for SUDs.

Keywords: addiction, low-barrier, outpatient

MP02

Diagnostic, medical, and surgical interventions that reduce emergency hospital admissions: a systematic review of systematic reviews of 215 randomized controlled trials

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Introduction: Emergency hospital admissions are a growing concern for patients and health systems, globally. The objective of this study was to systematically review the evidence for diagnostic, medical, and surgical interventions that reduce emergency hospital admissions. **Methods**: We conducted a systematic review of systematic reviews by searching MEDLINE, PubMED, the Cochrane Database of Systematic Reviews, Google Scholar, and grey literature. Systematic reviews of any diagnostic, surgical, or medical interventions examining the effect on emergency hospital admissions among adults were included. The quality of reviews was assessed using AMSTAR and the quality of evidence was assessed using GRADE. The subsequent analysis was restricted to interventions with moderate or high-quality evidence only. **Results**: 13 051 titles and abstracts and 1 791 full-text articles were screened from which 42 systematic reviews were included. The reviews included an underlying evidence base of 215 randomized controlled trials with 135 282 patients. Of 20 unique diagnostic, medical, and surgical interventions identified, four had moderate (n = 4) or high (n = 0) quality evidence for significant reductions in hospital admissions in five patient populations. These were: cardiac resynchronization therapy for heart failure and atrial fibrillation, percutaneous aspiration for pneumothorax, early/routine coronary angiography for acute coronary syndrome (alone or comorbid with chronic kidney disease), and natriuretic peptide guided therapy for heart failure. **Conclusion**: We identified four interventions across five populations that when optimized, may lead to reductions in emergency hospital admissions. These finding can therefore help guide the development of quality indicators, standards, or practice guidelines.

Keywords: emergency hospital admissions, systematic review

MP03

Strategies to minimize impact of electronic health record implementation on emergency department flow

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