

review. **Results:** Between May 2012 and May 2015, 280 cases (205 prospective and 75 retrospective) of anaphylaxis were identified from a total of 182,408 ED visits. The median age was 36.21 years (IQR 27.8), 61.8% were female, and 12.5% of all patients were children (<18 years old). The majority of reactions were triggered by food [54.3% (95% CI:48.5-60.1%)], followed by medications [18.2% (95%CI:13.7-22.7%)] and venom [5.7% (95%CI:3.0-8.4%)]. Among all cases, 66.8% (95% CI:61.3-72.3%) received epinephrine; 26.1% (95%CI:21.0-31.2%) received it prior to their arrival and 46.8% (95%CI:41.0-52.6%) in-hospital. As for other in-hospital treatments, 85.4% of patients (95% CI:81.3-89.5%) received corticosteroids, 81.1% (95%CI:76.5-85.7%) received H1 antihistamines, and 41.1% (95%CI:35.3-46.9%) received H2 antihistamines. Out of all patients who had anaphylaxis, 86.4% (95% CI:82.4-90.4%) were prescribed an epinephrine auto-injector in-hospital or had already had one prescribed. **Conclusion:** Our results reveal that food is a major trigger of anaphylaxis and that despite current guidelines, there is under use of epinephrine and preferential use of corticosteroids and antihistamines.

Keywords: anaphylaxis, treatment

P092

Clinical performance feedback to paramedics: what they receive and what they need

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Introduction: Clinical performance feedback is not always well utilized in healthcare, despite its potential in continual professional development to improve provider performance in healthcare settings. In order to more effectively incorporate performance feedback, we must evaluate the strengths and flaws of current feedback systems and determine best practices. With this goal, we sought to explore the perspectives of paramedics on the feedback they want and what they currently receive. **Methods:** We used a qualitative methodology with semi-structured interviews. A convenience sampling of practicing paramedics in the Niagara region was interviewed. We used an interpretive descriptive technique with continuous recruitment of participants until thematic saturation was achieved. Themes were identified and a coding system was developed by two investigators separately to code themes and sub-themes. These two systems were merged by consensus. We conducted a member check by contacting participants to determine if they agreed with our analysis. **Results:** 12 paramedics were interviewed. In our analysis we found several themes: positive perception/aspects of feedback and current feedback systems, current barriers, shortcomings of current systems, desire to know patient outcomes, and mental health as it relates to feedback. Positive perception of feedback has included asking for feedback, specific requests for feedback and strengths of current systems. Perceived barriers to feedback included issues around: confidentiality, practical limitations and social barriers. The limitations of current feedback systems noted the lack of feedback, and the questionable value of the feedback received. The desire to know patients' clinical course/outcomes was also a recurrent theme, with paramedics spontaneously expressing desire for feedback specific to cases, greater insight into the ultimate diagnosis and knowledge of outcomes. The mental health of paramedics was frequently discussed as well, including positive impact on job satisfaction and confidence and potential for negative impact. **Conclusion:** We have explored and generated a description of the perspectives of paramedics on feedback in general and the clinical performance feedback they currently receive. The information gained will lay the groundwork for improved feedback

systems to provide paramedics with the feedback they want to continually improve as healthcare providers.

Keywords: feedback, paramedic, quality improvement

P093

The effect of Alberta's new impaired driving legislation on motor vehicle-related trauma

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Introduction: Motor vehicle collisions (MVCs) resulting in injuries and death disproportionately involve impaired drivers. Those under the influence of alcohol also have a much higher rate of presentation and admission to hospital for traumatic injuries. In an attempt to decrease impaired driving and consequently alcohol related MVCs and injuries, the government of Alberta recently introduced more strict legislation in the summer of 2012 for drivers found to be under the influence of alcohol. However, it has yet to be seen what impact the enforcement of this new legislation has had on traumatic injuries secondary to MVCs and alcohol impairment. The objective of this study was to assess the relationship between the implementation of Alberta's new impaired driving legislation and the number of alcohol-related motor vehicle traumatic injuries presenting to the emergency department of a Level I Trauma Centre. **Methods:** A retrospective single centre cross-sectional chart review examining all adult patients presenting to the ED of a major trauma centre who: a) require trauma team activation or consultation and b) have a MVC related injury. Of those charts meeting these criteria, the proportion of patients with positive ethanol screens will be compared between the year before and after the new legislation being implemented. Patients will be identified using electronic medical record logs. **Results:** 938 total MVC related trauma patients were identified during the study period (468 prior to legislation enactment [2010-2012], 470 after [2012-2014]). 33.3% of these MVC trauma patients had positive ethanol screens prior to the legislation enactment and 32.4% after (a non significant decrease). Interestingly, with a secondary analysis on a year by year basis, the trends appear to be more noteworthy. When comparing between 2010 and 2013 there was a statistically significant drop in the number of cases over legal limit by 7.74%. Subgroup analysis also demonstrated a large, statistically significant drop in 16-24 yr old cases between 2010 and 2013, from 29 to 11% (a 62% drop). **Conclusion:** While an impact was not seen immediately following the enactment of Alberta's new impaired driving legislation, a year by year analysis demonstrates a statistically significant decrease in MVC related trauma involving alcohol in the years following the new law. Of note, a substantial 62% drop was seen in the 16-24 year old age category.

Keywords: motor vehicle, trauma, alcohol

P094

The frequency of stroke risk assessment tools used to assess patients presenting to the emergency department with atrial fibrillation and flutter

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Introduction: Acute atrial fibrillation or flutter (AFF) is the most common dysrhythmia managed in the emergency department (ED). A key component of managing AFF in the ED is the prevention of stroke. Predictive indices (e.g., CHADS₂, HAS-BLED) should be used to assess each patient's risk of stroke and bleeding to determine the appropriate anticoagulation therapy. The frequency of use of these predictive indices in the emergency department to determine appropriate