

Introduction: We sought to characterize the management of uncomplicated subcutaneous abscesses (SA) by Canadian emergency physicians (EPs). **Methods:** Cross-sectional study of CAEP membership. Subjects were emailed an invitation to an online survey, and two biweekly reminders. Wilcoxon rank sum test was used for association with age, and Chi Square and Fishers exact test were used for binary variables. **Results:** Response rate was 21.2 % (392 Responses/1850 surveyed). Duration of practice ranged from 30.2 % practising \leq 5 years, to 25.7% practising \geq 20 years. Teaching setting was described in 89.1% of responses. Irrigation with saline is performed by 57.1 % of EPs, tap water 2.1 %, or disinfectant 2.1% of EPs, with 39.1% not doing any irrigation. Approximately half (49.2%) typically do not pack or close wounds, while 40.6 % employ ribbon or gauze packing, and 1.6 % primary closure. Antibiotics are generally not prescribed by 16.8%. EPs prescribe antibiotics when suspecting surrounding cellulitis (84.2%), immunocompromised host (51.6%), MRSA (28.9%), or recurrence within 30 days (27.5 %). Cultures are taken almost always by 28.2%, half the time or less by 33.9%, never by 11.6%, and if MRSA is suspected by 33.9%. Follow-up instructions are with FP (56.7%), ED at 24 hours (5.91 %) or 48 hours (17.74 %), or not required (24.7%). Most EPs (90.9%) report having no standardized protocol for abscess management in their ED. EPs with fewer years in practice are more likely to make cruciate incisions ($p=0.009$), to generally not irrigate incisions ($p=0.02$), to culture if MRSA is suspected ($p=0.02$), and to prescribe antibiotics when suspecting MRSA ($p=0.02$) immune-compromised host ($p=0.03$), and in case of spontaneous treatment failure or recurrence ($p=0.0004$). EPs with more years in practice are more likely to pack with ribbon gauze ($p=0.06$), and to almost always swab for C&S ($p=0.04$) **Conclusion:** Practice variability and deviations from practice guidelines (i.e. IDSA, Choosing Wisely Canada) are noted. A knowledge translation exercise based on the guidelines for Canadian EPs would be useful.

Keywords: abscess, incision, methicillin-resistant staphylococcus aureus

P052

Utility of data captured by transition referral forms for program evaluation and research

L. A. Gaudet, MSc, L.D. Krebs, MPP, MSc, S. Couperthwaite, BSc, M. Kruhlak, BSc, N. Loewen, E. Zilkalns, K. Clarkson, B.H. Rowe, MD, MSc, Department of Emergency Medicine, University of Alberta, Edmonton, AB

Introduction: Increase in functional decline of older adults after discharge from the emergency department (ED) has been reported; however, evaluations of interventions to mitigate this problem are infrequent. Data collected in the ED on older adults may document functional status, yet their utility for research is unknown. This study aimed to assess the usability of data collected by ED Transition Coordinators (EDTC) during routine assessments for functional decline research. **Methods:** EDTCs assess all patients 75 years old presenting to the ED and complete a standardized Transitional Assessment Referral (TAR) form that documents patients independence and daily functioning. To measure the utility of these forms for research purposes, trained research staff evaluated the TARs completed in April 2017 by TCs in the University of Alberta Hospital ED by extracting data from the TARs into a purpose-built REDCap database. Researchers selected and assessed for completeness and clarity the following variables unique to the TARs: facility vs. non-facility living, goals of care and personal directive, fall history, falls in the past 90 days, independence in 14 activities of daily living (ADLs)/instrumental activities of daily living

(IADLS), community services in place, and homecare referrals for discharged patients. The proportion of TARs with data for each variable and the proportion of forms with unambiguous responses in each section are reported. **Results:** Overall, 500 forms were analysed; patients were 41% male with a mean age of 82 (SD=11.2). Homecare referrals, facility vs. non-facility living, and independence with 14 ADLs/IADLs were the most frequently documented variables (81%, 78%, and 79%, respectively); however for ADLs/IADLs, 59% of the 79% had one or more missing components. While fall history was reported in 301 forms (60%), only 107/301 (36%) reported the number of falls in the last 90 days. The referral to homecare variable was complete in 217/268 (81%) forms; however, 99% of files were missing data about goals of care, personal directives, and receipt of community services. **Conclusion:** Although some information on elderly patients is consistently reported, many of the social service/human factors associated with functional decline are not recorded. While data on the TARs may be useful for studying functional decline in the ED, exploring the barriers to form completion may improve adherence thereby increasing their research utility.

Keywords: transitions in care, elderly, secondary data usage

P053

Characteristics and outcomes of patients seen by transition coordinators in the emergency department

L. A. Gaudet, MSc, L.D. Krebs, MPP, MSc, S. Couperthwaite, BSc, M. Kruhlak, BSc, N. Loewen, E. Zilkalns, K. Clarkson, B.H. Rowe, MD, MSc, Department of Emergency Medicine, University of Alberta, Edmonton, AB

Introduction: Emergency Department (ED) Transition Coordinators (TC) have been introduced to many EDs. In Alberta, the EDTC role was designed to evaluate the home needs of senior patients (75 years of age) to enable safe return home after an ED visit, thereby mitigating admissions and return ED visits. The effectiveness of this role at achieving its objectives has received limited evaluation. **Methods:** TCs assess all ED patients 75 years old, and physicians request TC assessment for patients <75 years. The TC assessment includes completing a Transitional Assessment Referral (TAR) form that collects information on comorbidities, living arrangements, connections to community and homecare services, independence in activities of daily living (ADLs), and referrals, and disposition. Trained research staff extracted data from consecutive TARs for patients presenting during April 2017 into a REDCap database. The proportions of patients seen by TCs who were admitted, had an unplanned return to the ED within the study period, or received a new homecare referral were assessed. Categorical variables are reported as proportions; continuous variables are reported as mean and standard deviation (SD) or median and interquartile range (IQR), as appropriate. **Results:** In April 2017, there were 9849 visits to the ED; of these, TCs assessed 478 patients during 500 visits. The mean age was 82 (SD=11.2) and 41% were male; 22 patients presented twice during April 2017. Patients had a median of 2 (IQR: 1, 5) co-morbidities and 40 (8%) patients reported falls in the past 90 days (median = 1; IQR: 1, 2). Overall, 144 (29%) patients lived in a care facility, while 204 (41%) lived at home; residence was unclear or not documented for 152 (30%). Patients reported being independent in a median of 9/14 (IQR: 3, 13) ADLs. An existing homecare connection or receipt of homecare services was documented for 185 patients (37%). Finally, 59 (12%) visits included a new or updated homecare referral, while 200 (33%) ED visits ended in admission. **Conclusion:** Elderly patients seen in the ED assessed by EDTCs are complex, and despite being well connected, they frequently need hospitalization. In a small proportion of cases,