

(ED), there is a requirement for nurses to continue to gain new knowledge and skills to provide optimal patient care. Quality initiatives are frequently introduced with the goal of improving patient safety and the effectiveness of care delivery; some being provincial, while others are new requirements from Accreditation Canada. We sought the perspectives of emergency nurses regarding the importance of key ED processes and standards, and their impact on patient care and nurse efficiency. **Methods:** All Registered Nurses and Licensed Practical Nurses throughout the Edmonton Zone EDs were invited to complete an online survey consisting of 23 statements on nursing attitudes (10 on nursing duties) and beliefs (11 on the importance of Accreditation standards and their impacts; two that involved selecting the 5 most important nursing activities). The survey was constructed through an iterative approach. Response options included a 7-point Likert scale ('very strongly disagree' to 'very strongly agree'). Median scores and interquartile ranges were determined for each survey statement. **Results:** A total of 433/1241 (34.9%) surveys were submitted. Respondents were predominantly Registered Nurses (91.4%), female (88.9%), and worked 0-5 years overall in the ED (43.7%). Overall, respondents were favourable ('agree' or 'strongly agree') towards the Accreditation Canada standards and other quality initiatives. They were, however, 'neutral' towards universal domestic violence screening, and whether there is a difference between Best Possible Medication History (BPMH) and med reconciliation. The top five nursing activities in terms of perceived importance were: vital sign documentation, recording of allergies, listening to patients' concerns, hand hygiene, and obtaining a complete nursing history. Best Possible Medication History and the screening risk tools followed these. **Conclusion:** Despite their heavy workload, nurses strongly agreed on the importance of med reconciliation, falls risk, and skin care, but felt that improved documentation forms could support efficiency. Nursing perspective is valuable in informing future attempts to standardize, streamline, and simplify documentation, including the design and implementation of a provincial clinical information system.

**Keywords:** nursing duties, accreditation standards, quality initiatives

#### P028

##### **The prevalence of pathological findings identified by next day abdominal ultrasound in patients discharged from the ED**

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**Introduction:** Abdominal pain is the most common complaint in the emergency department (ED), accounting for approximately 7% of all visits. Of the patients discharged from the ED with this complaint, 25% will carry a diagnosis of undifferentiated abdominal pain and many will subsequently have an outpatient ultrasound for further assessment. The objective of this study was to determine the proportion of outpatient ultrasounds with findings requiring intervention within 14 days. **Methods:** This was a retrospective chart review of non-pregnant patients aged 18 to 40 years, presenting to an academic ED (annual census 65,000) with an abdominal complaint for whom the emergency physician arranged an outpatient (next day) abdominal ultrasound from November 2014 to November 2015. Data was abstracted by trained research personnel independently and in duplicate and inter-rater agreement was calculated for 25% of charts. **Results:** Of the 315 included patients, 261 (82.9%) were female and mean (SD) age was 28.5 (5.9) years. 28 (8.9%) patients had ultrasounds requiring intervention within 14 days. Of these, 8 (28.6%) had appendicitis, 6 (21.4%)

had cholecystitis, 5 (17.9%) had gynecological, 5 (17.9%) had urological and 4 (14.3%) had gastrointestinal diagnoses. However, 15 (53.6%) patients requiring intervention within 14 days had symptoms which had improved or resolved at the time of the US. Of the 287 (91.1%) patients not requiring intervention, 92 (32.1%) had unchanged, 120 (41.8%) had improved, 52 (18.1%) had resolved and 5 (1.7%) had worsened symptoms at the time of follow-up. Of the non-intervention patients, 13 (4.5%) required alternative imaging (CT scan). **Conclusion:** The large majority of patients with abdominal pain discharged from the ED with planned next day US were found to have either no pathology or pathology that did not require further ED management. However, 8.9% of patients had pathological findings requiring intervention within 14 days and half of these had symptoms that had resolved or improved at the time of the US. Next day US imaging remains a viable option for identifying patients with serious pathology not appreciated at the time of their ED visit.

**Keywords:** abdominal pain, outpatient ultrasound, pathological findings

#### P029

##### **Paramedic and nurse-staffed rural collaborative emergency centres: the rate of relapse for discharged patients**

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**Introduction:** Collaborative Emergency Centres (CECs) provide access to care in rural communities. After hours, registered nurses (RNs) and paramedics work together in the ED with telephone support by an emergency medical services (EMS) physician. The safety of such a model is unknown. Relapse visits are often used as a proxy measure for safety in emergency medicine. The primary outcome of this study is to measure unscheduled relapses to emergency care. **Methods:** The electronic patient care record (ePCR) database was queried for all patients who visited two CECs from April 1, 2012 to April 1, 2013. Abstracted data included demographics, time, acuity score, clinical impression, chief complaint, and disposition. Records were searched for each discharged CEC patient to identify unscheduled relapses to emergency care, defined as presenting back to EMS, CEC, or any other ED within the Health Authority within 48 hours of CEC discharge. **Results:** There were 894 CEC visits, of which 66 were excluded due to missing data. The dispositions from CEC were: 131/828 (15.8%) transferred to regional ED; 264/828 (31.9%) discharged home; 488/828 (58.9%) discharged with follow up visit booked; and 11/82 (1.2%) left the CEC without being seen. There was 37/828 (4.5%) visits which relapsed back to emergency care, all of whom were discharged from CEC or left without being seen: 3/828 (0.4%) relapsed back to EMS (two taken to regional ED and one to CEC); 16/828 (1.9%) relapsed to regional ED (by walking-in); and 18/828 (2.2%) had a relapse to the CEC (walk-in). 516/828 (62.3%) CEC visits were resolved in a single visit. **Conclusion:** This study was based on only two of the 7 operating CECs due to accessing paper-based charts for multiple health regions. We also acknowledge the limitations of using relapse as a proxy for safety, and that low volumes and acuity will make detection of adverse events challenging. Albeit a proxy measure, the rate of patients who relapse to emergency care was under 5% in this case series of two CECs. Most patients had their concern resolved in a single visit to a CEC. Further research is underway to determine the effectiveness, optimal utilization and safety of this collaborative model of rural emergency care.

**Keywords:** paramedic, health system design, collaborative practice