

computerized order set changes as the cornerstone of an effective and rapid knowledge translation strategy to align physician practice with best evidence.

**Keywords:** computerized provider order entry, ketorolac, quality improvement and patient safety

### MP32

#### Using physician practice reports and feedback sessions to reduce low value care in bronchiolitis

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**Background:** Despite strong evidence recommending supportive care as the mainstay of management for most infants with bronchiolitis, prior studies suggest that many of these patients receive low-value interventions. Providing clinicians with their practice reports and peer comparator data or an achievable benchmark of care (audit and feedback) has been shown to be an effective strategy to improve adherence to guidelines. **Aim Statement:** To decrease low-value care (use of any or all of chest radiographs, viral testing and salbutamol) in infants with bronchiolitis by delivering individual physician reports in addition to Group Facilitated Feedback Sessions (GFFS) to pediatric emergency physicians (PEPs). **Measures & Design:** Our cohort included 3,883 patients  $\leq 12$  months old that presented to two emergency departments with a diagnosis of bronchiolitis from April 1, 2013 to April 30, 2018. Using administrative data we captured baseline characteristics and interventions. Consenting PEPs received two audit and feedback (A&F) reports which included their individual and peer comparator data. Two multi-disciplinary GFFS (including inpatient pediatricians, nurse, learners and respiratory therapists) presented data and identified barriers and enablers of reducing low-value care. The primary outcome was the proportion of patients who received any low-value intervention, and was analyzed using statistical process control charts. Process measures (consent to obtain report, attendance and evaluations from the feedback session) and balancing measures were also captured. **Evaluation/Results:** 78% of PEPs consented to receive their A&F reports. Patient baseline characteristics were similar in the baseline ( $n = 3109$ ) and intervention period ( $n = 774$ ). Following the baseline physician reports and the GFFS, low-value care decreased from 42.6% to 27.1% (absolute difference: -15.5%; 95% confidence interval (CI): -19.8% to -11.2%) and 78.9% to 64.4% (absolute difference: -14.5%; 95% CI: -21.9% to -7.2%) in patients who were not admitted and admitted, respectively. Balancing measures such as ICU admission (absolute difference: -0.6%; 95% CI: -5.7% to 4.4%) and ED revisit within 72 hours (absolute difference: -0.1%; 95% CI: -3.1% to 3.0% non-admitted patients, 1.0%; 95% CI: -1.2% to 3.2% admitted patients) were unchanged. **Discussion/Impact:** The combination of audit and feedback and a GFFS significantly reduced low-value care for pediatric patients with bronchiolitis by PEP's.

**Keywords:** bronchiolitis, audit and feedback, quality improvement and patient safety

### MP33

#### Provincial spread of buprenorphine/naloxone initiation in emergency departments for opioid agonist treatment: a quality improvement initiative

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**Background:** Since January 1, 2016 2358 people have died from opioid poisoning in Alberta. Buprenorphine/naloxone (bup/nal) is the recommended first line treatment for opioid use disorder (OUD) and this treatment can be initiated in emergency departments and urgent care centres (EDs). **Aim Statement:** This project aims to spread a quality improvement intervention to all 107 adult EDs in Alberta by March 31, 2020. The intervention supports clinicians to initiate bup/nal for eligible individuals and provide rapid referrals to OUD treatment clinics. **Measures & Design:** Local ED teams were identified (administrators, clinical nurse educators, physicians and, where available, pharmacists and social workers). Local teams were supported by a provincial project team (project manager, consultant, and five physician leads) through a multi-faceted implementation process using provincial order sets, clinician education products, and patient-facing information. We used administrative ED and pharmacy data to track the number of visits where bup/nal was given in ED, and whether discharged patients continued to fill any opioid agonist treatment (OAT) prescription 30 days after their index ED visit. OUD clinics reported the number of referrals received from EDs and the number attending their first appointment. Patient safety event reports were tracked to identify any unintended negative impacts. **Evaluation/Results:** We report data from May 15, 2018 (program start) to September 31, 2019. Forty-nine EDs (46% of 107) implemented the program and 22 (45% of 49) reported evaluation data. There were 5385 opioid-related visits to reporting ED sites after program adoption. Bup/nal was given during 832 ED visits (663 unique patients): 7 visits in the 1st quarter the program operated, 55 in the 2nd, 74 in the 3rd, 143 in the 4th, 294 in the 5th, and 255 in the 6th. Among 505 unique discharged patients with 30 day follow up data available 319 (63%) continued to fill any OAT prescription after receiving bup/nal in ED. 16 (70%) of 23 community clinics provided data. EDs referred patients to these clinics 440 times, and 236 referrals (54%) attended their first follow-up appointment. Available data may under-report program impact. 5 patient safety events have been reported, with no harm or minimal harm to the patient. **Discussion/Impact:** Results demonstrate effective spread and uptake of a standardized provincial ED based early medical intervention program for patients who live with OUD.

**Keywords:** opioid agonist treatment, opioids

### MP34

#### Block that Hip! Improving rates of ultrasound-guided fascia iliaca compartment blocks for hip fracture analgesia in the emergency department: a quality improvement initiative

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**Background:** In patients with acute hip fracture, a fascia iliaca compartment block (FICB) has been shown to provide effective non-opioid analgesia, reduce the incidence of pneumonia, and potentially decrease the rate of delirium [1]. However, this procedure was infrequently used in the St. Michael's Hospital (SMH) emergency department (ED). **Aim Statement:** Our aim was to increase the proportion of patients with hip fracture receiving FICB in the ED to 50% in six months. **Measures & Design:** We completed two