

arrest. As this technology rapidly develops and attracts the attention of the scientific community, we present a rapid systematic review protocol that aims to synthesize the scientific evidence that has tested the use of drones to provide emergency medical care. **Methods:** A search strategy incorporating the concepts of ‘drone’ and ‘emergency medicine’ was launched in 52 bibliographic databases, including CINAHL and PubMed. Using the artificial intelligence module included in DistillerSR, a reviewer completed the first screening phase by reading the title and abstract of the retrieved articles. To be included, articles had to report empirical research projects that tested the potential uses of drones to improve the quality and accessibility of emergency medical care. These selection criteria were applied to the full text of the included articles during the second screening phase by a single reviewer. The results of these two screening phases will be validated by a second independent reviewer. The bibliography of included studies, relevant scientific journals and literature reviews will be manually searched for relevant articles. **Results:** The search strategy retrieved 1809 articles, of which 22 met our inclusion criteria in the first and second screening phases. Of these, one study used an empirical research design (qualitative interviews) to evaluate the usefulness of drones in emergency medicine, 17 used simulations or scenarios, and four were comprehensive literature reviews on the use of drones to provide healthcare. The final review will synthesize evidence related to the use of drones in emergency medicine and its impact on emergency medical services: nature of the emergency situation (cardiac arrest, blood transfusion), type of drone (fixed wing, quadcopter), tasks performed by drones (transport, surveillance), improvement in access or quality of care (patient’s health, time saved in providing services). **Conclusion:** Drone technology is evolving rapidly and the indications for its use in providing emergency care is increasing. This rapid systematic review will focus on scientific studies aimed at testing the effectiveness of drones to improve the quality and access to emergency medical care.

Keywords: drones, emergency medicine, review protocol

P085

What do community paramedics assess? An environmental scan and content analysis of patient assessment in community paramedicine

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Introduction: Patient assessment is a fundamental feature of non-emergency community paramedicine (CP) home visit programs. In the absence of a recognized standard for CP assessment, current assessment practices in CP programs are unknown. Without knowing what community paramedics are assessing, it is difficult to ascertain what should be included in patient care plans, whether interventions are beneficial, or whether paramedics are meeting program objectives. Our objective was to summarize the content of assessment instruments used in CP programs in order to describe the state of current practice. **Methods:** We performed an environmental scan of all CP programs in Ontario, Canada, and employed content analysis to describe current assessment practices in CP home visit programs. The International Classification on Functioning, Disability, and Health (ICF) was used to categorize and compare assessments. Each item within each assessment form was classified according to the

ICF taxonomy. Findings were compared at the domain and sub-domain of the ICF. **Results:** Of 54 paramedic services in Ontario, 43 responded to our request for information. Of 24 services with CP home visit programs, 18 provided their intake assessment forms for content analysis. Assessment forms contained between 13 and 252 assessment items (median 116.5, IQR 134.5). Overall, most assessments included some content from each of the domains outlined in the ICF, including: Impairments of Body Functions, Impairments of Body Structures, Activity Limitation and Participation, and Environmental Factors. At the sub-domain level, only assessment of Impairments of the Functions of the Cardiovascular, Haematological, Immunological and Respiratory systems appeared in all assessments. Few CP home visit program assessments covered most ICF sub-domain categories and many items classified to specific categories were included in only a few assessments. **Conclusion:** CP home visit programs complete multi-domain assessments as part of patient intake. The content of CP assessments varied across Ontario, which suggests that care planning and resources may not be consistent. Current work on practice guidelines and paramedic training can build from descriptions of assessment practices to improve quality of care and patient safety. By identifying what community paramedics assess, evaluation of the quality of CP home visit programs and their ability to meet program objectives can be improved and benchmarks in patient care can be established.

Keywords: community paramedicine, patient assessment, quality improvement and patient safety

P086

Awareness and barriers to access of a Ministry of Health mandated ‘Do Not Resuscitate’ confirmation form: An interim analysis

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Introduction: Elderly patients with comorbid illness have poor meaningful recovery after out of hospital cardiac arrest. Many elderly patients decide that if they have a cardiac arrest, they would not want resuscitation. In Ontario, prehospital personnel must provide resuscitation to all patients regardless of previously stated wishes or legal documentation unless they are presented a Ministry of Health mandated ‘Do Not Resuscitate’ Confirmation Form (MOH-DNRFCF). This study aimed to evaluate the awareness of this form as well as any barriers to its completion. **Methods:** Patients over 70 years of age presenting to the Emergency Department were approached to complete a short survey about their wishes regarding resuscitation, awareness of the MOH-DNRFCF, as well as any barriers to completion. Standard demographic variables were also collected. Patients, with critical illness, with severe dementia, a language barrier or from a nursing home were excluded. The primary outcome was awareness of the MOH-DNRFCF. Standard descriptive statistics were summarized using median [IQR] and simple proportions. **Results:** Preliminary data of 96 patients has been collected. The median [IQR] age of patients recruited was 81 [75-88] years and 54% were female. 49/96 (51%) have wishes to not be resuscitated in the event of cardiac arrest and of those 42 (86%) are not aware of the existence of the MOH-DNRFCF. Of the 7 patients who were aware of the form only 1 had completed one. Barriers to completion included the patient being unsure where to access the form and difficulty in discussing the topic. **Conclusion:** The majority of patients with wishes to be DNR are unaware of the MOH-DNRFCF. This has severe