occurrence of transfers, and d) professional perceptions of the technology. A descriptive design was used together with the implementation of quality improvement cycles as the intervention occurred. Quality improvement methodologies including plan-do-study-act (PDSA) cycles ensured continuous improvement to the process of OTN use and therefore patient safety throughout the study. **Evaluation/Results:** Since the intervention was employed on December 17, 2018 there have been a total of 19 cases for which 4 transfers were requested. Changes to the process were made including the addition of weekly technology tests and feedback to health professionals involved to garner further support for the use. Results have indicated that seizure was the most common diagnosis, accounting for 37% of cases. The majority of calls were placed after 19:00 hours with no calls being placed between 24:00 and 10:00. **Discussion/Impact:** Healthcare providers had positive perceptions of the technology agreeing that decision making between on-site and remote teams was timely and collaborative, as well as that patient care and outcomes were improved with its use. The results of this study will be used to determine the benefits of employing telemedicine in the emergency departments of other hospital systems.

Keywords: pediatrics, quality improvement and patient safety, tele-resuscitation

P061

Barriers to distributing discharge materials in the emergency department

A. Maneshi, BSc, MD CM, MSc, H. Gangatharan, BSc, M. Cormier, S. Gosselin, MD, McGill Faculty of Medicine Emergency Medicine Residency Program, Montreal, QC

Introduction: An efficient discharging process provides an opportunity for the patient to receive information about their diagnosis, prognosis, treatments, follow-up plan and reasons to return. Even when given complete discharge instructions, studies demonstrate that patients have poor retention of the information due to misunderstandings, language barriers, or poor health literacy. This study sought to identify barriers encountered by healthcare workers in providing discharge handouts to emergency department patients. **Methods:** A bilingual online survey of fifteen questions was shared with Quebec ED staff physicians and residents at the annual conference, and by email correspondence through the Quebec Emergency Medicine Association (AMUQ - L'Association des médecins d'urgence du Québec). **Results:** There was a total of 126 responses (96 physicians and 30 residents), with a response rate of 22.7% (126/556) and a completion rate of 84.1%. 85.8% (n = 120) responded that they were aware of discharge instructions available in their ED. Most common discharge handouts were concussion/traumatic brain injury and laceration repair. 58.3% of respondents (n = 120) reported having handed out discharge instructions in the last week, 22.5% in the last month, 10.8% within the last 6 months and 5.8% had not given out discharge instructions in the last 6 months. Respondents indicated that the most common barriers to giving out discharge instructions were their difficulty to access and and the time required. 58% of respondents (n = 65) reported handing out discharge handouts less than 50% of the time for conditions that had a discharge handout available at their hospital. Participants reported they would be more likely to give out discharge instructions if they were easier to print and if there was an automatic prompt from the EMR associated with the diagnosis. When asked to rank based on importance (1 = not important to 10 = very important), the majority of respondents thought discharge instructions were very important for patient comprehension, return to ED instructions and managing expectations of the illness (Median 8, Likert scale 1-10, DI 0.29, n = 119). **Conclusion:** Despite physicians and residents working in the ED believing discharge instructions are important for patient care, handouts are seldom given to patients. The lack of easy availability such as documents automatically available with the prompt of an electronic medical record would likely increase their distribution.

Keywords: communication, discharge planning, patient safety

P062

Characterizing pediatric emergency department discharge communication using PEDICSv2

K. MacCuspic, BScN, S. Breneol, BScN, J. Curran, PhD, Cape Breton University, Sydney, NS

Introduction: Discharge communication in the pediatric emergency department (ED) is an important aspect of successful transition home for patients and families. The content, process, and pattern of discharge communication in a pediatric ED encounter has yet to be comprehensively explored. The objective of this study was to identify and characterize elements and patterns of discharge communication occurring during pediatric ED visits between health care providers (HCPs) and families. **Methods:** We analyzed real time video observations (N = 53) of children (0-18) presenting to two Canadian pediatric EDs with fever or minor head injury. We used a revised version of an existing coding scheme, PEDICSv2, to code all encounters. PEDICSv2 includes 32 elements capturing discharge communication. Inter-rater reliability was established with a second coder. Descriptive statistics reflecting the rates of delivery of each communication content element was reported to assess repetition at four stages of the visit (introduction/planning, actions/interventions, diagnosis/home management plan and summary/conclusion). Communication content was analyzed to depict behaviors of individual HCPs and the total communication delivered to the patient and caregiver by the healthcare team. **Results:** Results show 55.6% of families were asked to repeat their main concern by multiple HCPs during their ED visit. However, only 14.8% of families had comprehension of delivered discharge information assessed by more than one HCP. When involved in care, physicians were the most likely HCP to perform a comprehension assessment. Most of the communication delivered by nursing staff were elements involved in the introduction/planning and action/intervention stages of the visit. **Conclusion:** Findings indicate that most repetition occurs while eliciting a main concern during the introduction and planning stage of a pediatric ED encounter. In contrast, communication elements focusing on understanding the home management plan are less likely to be repeated by multiple HCPs. Future work focusing on structuring team workflow to minimize repetition during the introduction and planning stage may allow for clearer discharge teaching and more frequent comprehension assessment.

Keywords: discharge communication, emergency medicine, pediatric

P063

CCFP(EM) mentorship improvement study: highlighting the successes and challenges at one academic centre

L. Luo, BHSc, MD, M. Bhimani, BSc, MD, MSc, London Health Sciences Centre, London, ON

https://doi.org/10.1017/cem.2020.269 Published online by Cambridge University Press

Introduction: The Canadian College of Family Medicine Emergency Medicine Program (CCFP-EM) program is a 1-year enhanced skills program available to family medicine graduates interested in emergency medicine. Strong mentorship relationships were thought to assist residents with navigating the challenges of this program. Over the past 4 years, the CCFP-EM program at one academic centre initiated a novel mentorship program that matches residents with staff physicians in three areas of mentorship: clinical, research, and personal. This study aimed to determine the program success and areas for improvement. **Methods:** We conducted a cross-sectional study through an online survey distributed to all CCFP-EM residents and staff mentors from July 2015 to June 2019. Surveys included questions on the degree of satisfaction with the mentorship program, perceptions on the mentor/mentee experience, and areas for improvement. We asked staff and residents to rate their level of satisfaction with each mentorship component. Descriptive statistics were used to analyze satisfaction levels. Open-ended responses were analyzed for common themes. **Results:** 51.3% (19/37) of residents and 63.6% (35/55) of staff participated. For clinical mentorship, 68.5% of residents and 96.0% of staff rated the program as satisfactory/outstanding. For research mentorship, 73.7% of residents and 76.5% of staff rated the program as satisfactory/outstanding. The personal mentorship program was rated satisfactory/outstanding by 72.2% of residents and 95.3% of staff. Analysis for common themes revealed that continuity of support, development of autonomy, and opportunity for direct teaching were the main areas valued by residents. However, scheduling, teaching time, and mentor-mentee compatibility were the main challenges for residents. For mentors, scheduling was a main barrier to clinical mentorship, time constraint and resident commitment were the barriers to research mentorship, and resident engagement was the main barrier to personal mentorship. When asked which component(s) of mentorship should be continued for future residents, "personal mentorship only" was the most popular choice for staff (37.1%), while "mentorship in all three areas" was the most popular choice for residents (47.4%). **Conclusion:** Mentorship is an important aspect of the CCFP-EM program valued by staff and residents alike. Utilizing resident and staff feedback will allow for continuous improvement to the mentorship program.

Keywords: feedback, mentorship, resident education

P064

Hot days make for long stays: the impact of extreme heat events on emergency department lengths of stay and volumes in two Canadian community hospitals

F. Kegel, BHSc, O. Luo, BHSc, S. Richer, MDCM, McGill University, Montreal, QC

Introduction: The average temperature in Canada has risen 1.7°C between 1948-2016, increasing the frequency, severity and duration of extreme heat events. These events can exacerbate underlying health conditions, bringing patients to emergency departments (EDs). There is limited data associating sustained heat events to Canadian ED volumes and performance. This retrospective analysis assessed the impact of humidex and temperature on ED volume and length of stay (LOS). **Methods:** LOS is an indicator of ED overcrowding and system performance. The authors compared median and maximum LOS (hours) and patient volumes in both ambulatory and stretcher ED sections of two community hospitals (NDH, VH) in Montreal, QC to humidex and temperature during the summers of 2016-2018. Data were analyzed with one-way ANOVA and post hoc means analysis with Fisher LSD tests of a priori determined thresholds of mean three-day maximum humidex and temperature preceding ED presentation. **Results:** The mean maximum humidex and temperature values for the 2016-2018 summers in Montreal, QC were 30.4 and 26.1°C, respectively (n = 276 days). Elevated mean three-day maximum humidex was associated with increased ED volumes ($F[3,88] = 4.2, p = 0.008$) and median LOS ($F[3,88] = 7.7, p = 0.0001$) in the NDH. Mean three-day maximum humidex was associated with ED volumes ($F[3,272] = 2.9, p = 0.03$) but not with median and maximum LOS ($p > 0.05$) in the VH. Parallel comparisons with mean three-day maximum temperature similarly showed an association with increased ED volumes ($F[3,88] = 5.0, p = 0.003$) and increased duration of median LOS ($F[3,88] = 3.5, p = 0.02$) in the NDH. Mean three-day maximum temperature was associated with increased ED volumes ($F[3,272] = 3.3, p = 0.02$) but not with median and maximum LOS ($p > 0.05$) in the VH. **Conclusion:** Warming climates are associated with an increased number of ED presentations and longer median ED LOS. As heat events disproportionately impacted NDH, future investigations need to determine why these two hospitals were affected differently. This study provides local evidence that climate change can disrupt emergency services by increasing the demand for and delaying timely care. This is the first study that the authors are aware of that demonstrates these findings. Hospitals need to be climate ready. Heat waves often happen during times when summer bed closures and vacations already impact system capacity. EDs should dynamically adapt to meet community needs during periods of extreme heat.

Keywords: climate change, emergency department system capacity, extreme heat event

P065

Out-of-hospital cardiac arrest patients eligible for extracorporeal cardiopulmonary resuscitation in Regina emergency departments

B. Lee, BSc, E. Sy, MD, MPH, A. Clay, BSc, MSc, University of Saskatchewan, Regina, SK

Introduction: Extracorporeal cardiopulmonary resuscitation (ECPR) is a rapidly evolving technology for clinical use in patients with refractory cardiogenic arrest. Out-of-hospital cardiac arrest (OHCA) is a common cause of unexpected death and has a low survival rate. There is increasing evidence that suggests better outcomes for (OHCA) patients, including improved neurological outcomes and survival rates, who are started on extracorporeal corporeal membrane oxygenation (ECMO) versus traditional resuscitation methods. **Methods:** We conducted a retrospective chart review of 200 out-of-hospital cardiac arrest patients presenting to Regina emergency departments from January 1, 2017 to March 31, 2019. Eligibility for ECPR was assessed using different clinical criteria from different ECPR programs (University of British Columbia, University of Michigan, and a hypothetical "Regina" criteria created for this study). Outcomes of the eligible patients were compared using descriptive statistics with SPSS version 22. **Results:** Between four different criteria, 15%, 9.5%, 7.5%, and 3.5% of patients were respectively eligible to receive ECPR. Of patients who met eligibility for all four criteria, 80% were male, the average age was 61 years old, the average Cerebral Performance score was 4.46, and 83% died in hospital. There was a low survival rate of eligible patients, with rates of 16%, 17%, 20%, and 28% in each group. The survival rate for all patients was 21% and the average CPC score was 4.35. **Conclusion:**

https://doi.org/10.1017/cem.2020.269 Published online by Cambridge University Press