patients were classified under BIG-1 (10.2%), 110 under BIG-2 (32.2%) and 197 under BIG-3 (57.6%). Twenty-six patients (7%) required neurosurgical intervention, all were BIG-3. 90% of TBI-related deaths occurred in BIG-3 and none were classified BIG-1. Among the 192 transfers (51%), 14 were classified under BIG-1 (7.3%) and should not have been transferred according to the guidelines and 50 under BIG-2 (26%). In addition, 40% of BIG-1 received a repeat head computed tomography, although not indicated. Similarly, 7 % of all patients had a neurosurgical consult even if not required. Projected implementation of BIG would lead to 47% of overtriage and 0.3% of undertriage. **Conclusion:** Our results suggest that the Brain Injury Guidelines could safely identify patients with negative outcomes and could lead to a safe and effective management of complicated mTBI. Applying these guidelines to our cohort could have resulted in significantly fewer repeat head CTs, neurosurgical consults and transfers to level 1 neurotrauma centers.
Keywords: complicated mild traumatic brain injury, guidelines

P016

Feasibility of a nurse-led smoking cessation intervention in the emergency department

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Introduction: Cigarette smoking is a leading global cause of morbidity and mortality. Multiple studies internationally have established that cigarette smoking prevalence is higher in emergency department (ED) patients than their respective communities. Previously, we demonstrated the smoking prevalence among Saskatoon ED patients (19.6%) is significantly higher than the provincial average (15.1%), and over 50% of smoking patients would be receptive to ED-specific cessation support. The purpose of this project was to identify nurses' beliefs regarding smoking cessation in the ED, and barriers to implementing it in the department. **Methods:** A questionnaire was administered to all nurses employed at St. Paul's Hospital ED in Saskatoon assessing attitudes towards ED cessations, as well as the benefit and feasibility of three potential interventions: brief cessation counselling, referral to community support programs, and distributing educational resources. The questionnaire included Likert scale numerical ratings, and written responses for thematic analysis. Thematic analysis was performed by creating definitions of identified themes, followed by independent review of the data by researchers. **Results:** 83% of eligible nurses completed the survey (n = 63). Based on Likert scores, ED nurses rarely attempt to provide cessation support, and would be minimally comfortable with personally providing this service. Barriers identified through thematic analysis included time constraints (68.3%), lack of patient readiness (19%), and lack of resources/follow-up (15.9%). Referral to community support programs was deemed most feasible and likely to be beneficial, while counselling within the ED was believed to be least feasible and beneficial. Overall, 93.3% of nurses indicated time and workload as barriers to providing ED cessation support during the survey. **Conclusion:** Although the ED is a critical location for providing cessation support, the proposed interventions were viewed as a low priority task outside the scope of the ED. Previous literature has demonstrated that multifaceted ED interventions using counselling, handouts, and referrals are more efficacious than a singular approach. While introduction of a referral program has some merit, having professionals dedicated to ED cessation support would be most effective. At minimum, staff education regarding importance of providing smoking cessation therapy, and simple ways to incorporate smoking cessation counselling into routine nursing care could be beneficial.
Keywords: emergency nursing, primary prevention, smoking cessation

P017

Chart audit of patients with no fixed address presenting to the emergency department to identify areas to improve care

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Background: Homelessness is a growing Canada-wide concern. Those with no fixed address have increased rates of emergency department (ED) utilization and increased healthcare spending compared to the general population, with higher rates of acute and chronic illnesses, as well as all-cause mortality. EDs are uniquely situated to act as an access point to the network of available community services, however referral rates from the ED is uncertain. To date, there has been no data collected on London, Ontario's homeless population, their health burden, and their utilization patterns of the ED. **Aim Statement:** The primary objective of this study is to describe ED visits for adult patients with no fixed address in London, Ontario to assess for potential areas to improve care. **Measures & Design:** This is a retrospective chart review, of patients with no fixed address visiting London, Ontario Emergency Departments in 2018. ED visits were identified and pulled using either a diagnosis of "homeless", a lack of postal code, or a postal code for a known shelter. Cases included based on postal code were manually reviewed to determine whether the patient had a resident address with the same postal code. **Evaluation/Results:** From this search, 4,294 visits were identified for 1237 unique patients. The median visits per person was 1 (IQR 1-2), with 388 patients having 3 or more visits, and the max being 138 visits. The median age was 38 (IQR 28-52), with 73% male. Ground ambulance was used for 46% of visits. 28% of visits were CTAS 1&2 and 5% were CTAS 5. Police facilitated visits in 401 cases. Top 3 discharge diagnosis categories were mental health (19%), infection (18%), drug misuse (17%). **Discussion/Impact:** Several errors were identified with our search strategy suggesting the current system of capturing homelessness in the EPR is not accurate, leading to an underestimation of the problem and limiting our ability to describe this population. The Ministry of Health mandates homelessness be applied as a tertiary discharge diagnosis during coding of the patient visit if possible. However, use of this code is inconsistent leading to large-scale omission of visits and an underrepresentation of pediatric cases. Systemic steps should be taken to improve identification of these patients moving forward.
Keywords: homelessness, quality improvement and patient safety, resource utilization

P018

Journal club functions as a community of practice that safeguards quality assurance in the era of free open access medical education: a qualitative study

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Introduction: The ways in which Emergency Medicine (EM) physicians interact with the medical literature has been transformed with

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