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

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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

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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

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