

that relate to team interaction and the operational environment. Physicians rated the training video were able to apply what they learned in the video with an average of 4.67 (median of 5, mode of 5, and an IQR of 0.75). **Conclusion:** The development of the process maps and microkills checklists provides interprofessional teams with more information about chest tube insertion than instructions described in commonly available courses and procedural steps derived by consensus.

**Keywords:** education, microskills checklist, process maps

### P063

#### Identification of emergency department patients for referral to rapid-access addiction services: A retrospective chart review

J. Hann, MD, H. Wu, BSc, A. Gauri, MSPH, K. Dong, MD, MSc, N. Lam, MD, PhD, A. Kirkham, MD, University of Alberta, Edmonton, AB

**Introduction:** Emergency Department (ED) visits related to substance use are rapidly increasing. Despite this, few Canadian EDs have immediate access to addiction medicine specialists or on-site addiction medicine clinics. This study characterized substance-related ED presentations to an urban tertiary care ED and assessed need for an on-site rapid-access addiction clinic (RAAC). **Methods:** This prospective enrollment, retrospective chart review was conducted from June to August 2018. Adult patients presenting to the ED with a known or suspected substance use disorder were enrolled by any member of their ED care team using a 1-page form. Retrospective chart review of the index ED visit was conducted and the Emergency Department Information System was used to extract information related to the visit. A multivariable logistic regression model was fit to examine factors associated with recommendation for referral to a hypothetical on-site RAAC. This prospective enrollment, retrospective chart review was conducted from June to August 2018. Adult patients presenting to the ED with a known or suspected substance use disorder were enrolled by any member of their ED care team using a 1-page form. Retrospective chart review of the index ED visit was conducted and the Emergency Department Information System was used to extract information related to the visit. A multivariable logistic regression model was fit to examine factors associated with recommendation for referral to a hypothetical on-site RAAC. **Results:** Of the 557 enrolment forms received, 458 were included in the analysis. 64% of included patients were male and 36% were female, with a median age of 35.0 years. Polysubstance use was seen in 23% of patients, and alcohol was the most common substance indicated (60%), followed by stimulants (32%) and opioids (16%). The median ED length of stay for included patients was 483 minutes, compared to 354 minutes for all-comers discharged from the ED during the study period. 28% of patients had a previous ED visit within 7 days of the index visit, and an additional 17% had a visit in the preceding 30 days. The ED care team indicated 'Yes' for RAAC referral from the ED for 66% of patients, for a mean of 4.3 patients referred per day during the study period. Multivariable analysis showed that all substances (except cannabis) correlated to a statistically significant increase in likelihood for indicating 'Yes' for RAAC referral from the ED (alcohol, stimulants, opioids, polysubstance;  $p < 0.05$ ). Patients presenting to the ED with a chief complaint related to substance use were also more likely to be referred ( $p = 0.01$ ). **Conclusion:** This retrospective chart review characterized substance-related presentations at a Canadian urban tertiary care ED. Approximately four patients per day would have been referred to an on-site RAAC had

one been available. The RAAC model has been implemented in other Canadian hospitals, and collaborating with these sites to begin developing this service would be an important next step.

**Keywords:** addiction medicine, chart review, quality improvement

### P064

#### A randomized trial comparing telephone tree, text messaging, and instant messaging app for emergency department staff recall for disaster response

V. Homier, MD, MSc, R. Hamad, MD, MSc, J. Larocque, MScN, P. Chassé, MScN, E. Khalil, MDCM, J. Franc, MD, MSc, McGill University Health Centre, Montreal, QC

**Introduction:** A crucial component of a hospital's disaster plan is an efficient staff recall communication method. Many hospitals use a "calling tree" protocol to contact staff members and recall them to work. Alternative staff recall methods have been proposed and explored. **Methods:** An unannounced, multidisciplinary, randomized emergency department (ED) staff recall drill was conducted at night - when there is the greatest need for back-up personnel and staff is most difficult to reach. The drill was performed on December 14, 2017 at 4:00AM and involved ED staff members from three hospitals which are all part of the McGill University Health Centre (MUHC; Montreal, Quebec, Canada). Three tools were compared: manual phone tree, instant messaging application (IMA), and custom-made hospital Short Message Service (SMS) system. The key outcome measures were proportion of responses at 45 minutes and median response time. **Results:** One-hundred thirty-two participants were recruited. There were 44 participants in each group after randomization. In the manual phone tree group, 18 (41%) responded within 45 minutes. In the IMA group, 11 participants (25%) responded in the first 45 minutes. In the SMS group, seven participants responded in the first 45 minutes (16%). Manual phone tree was significantly better than SMS with an effect size of 25% (95% confidence interval for effect: 4.6% to 45.0%;  $P = .018$ ). Conversely, there was no significant difference between manual phone tree and IMA with an effect size of 16% (95% confidence interval for effect: -5.7% to 38.0%;  $P = .17$ ). There was a statistically significant difference in the median response time between the three groups with the phone tree group presenting the lowest median response time (8.5 minutes; range: 2.0 to 8.5 minutes;  $P = .000006$ ). **Conclusion:** Both the phone tree and IMA groups had a significantly higher response rate than the SMS group. There was no significant difference between the proportion of responses at 45 minutes in the phone tree and the IMA arms. This study suggests that an IMA may be a viable alternative to the traditional phone tree method. Limitations of the study include volunteer bias and the fact that there was only one communication drill, which did not allow staff members randomized to the IMA and SMS groups to fully get familiar with the new staff recall methods.

**Keywords:** disaster, staff recall

### P065

#### Emergency department staff perceived need and preferred methods for communication skills training

M. Howlett, MD, M. Mostofa, BSc, J. Talbot, MD, J. Fraser, BN, P. Atkinson, MBChB, MA, Dalhousie University, Saint John, NB

**Introduction:** Burnout includes emotional exhaustion (EE), depersonalization (DP) and personal accomplishment (PA). Emergency Department (ED) staff have high levels of burnout that may be