Outcomes of out of hospital cardiac arrest in London, Ontario
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Introduction: Out of hospital cardiac arrest (OHCA) continues to carry a very high mortality rate, with approximately 10% surviving to hospital discharge. We sought to determine if outcomes from out of hospital cardiac arrest (OHCA) at our centre were consistent with recently published outcomes from out of hospital cardiac arrest (OHCA) across North America. 

Methods: During the study period, there were a total of 997 OHCA; 86 met exclusion criteria. Of the 911 remaining patients, 557 (61.1%) were transported to a local ED. Of those transported to the ED, 262 (47.0%) achieved sustained ROSC, defined as survival to ED discharge. Of those who achieved sustained ROSC, median age was 65 years (IQR = 21.75), 66.8% were male. ECG interpretation data was available on 214 patients, of whom 56 had definite STEMI, and 135 had definite absence of STEMI. 37/56 (66.1%) definite STEMI patients received coronary angiography within 24 hours of presentation, as per AHA guidelines, 58/262 (22.1%) post-ROSC patients overall received coronary angiography within 24 hours of presentation to the ED. Of those 58 patients who received emergent angiography, 38 (65.5%) underwent percutaneous coronary intervention (PCI). No patients received fibrinolysis. Of post-ROSC patients who received emergent coronary angiography, 40/58 (69.0%) survived to hospital discharge and 37/58 (63.8%) survived with good neurologic outcome. In comparison, 55/204 (27.0%) who did not receive emergent angiography survived to hospital discharge and 18.8% survived with good neurologic outcome. 

Conclusion: Only 22.1% of patients with OHCA, and only 66.1% with ECG-proven STEMI underwent emergent coronary angiography post-ROSC. Further investigation into causes for delay or the withholding of emergent angiography is necessary.

Keywords: cardiac arrest, angiography

P022 The revised METRIQ score: an international, social-media based usability analysis of a quality evaluation instrument for medical education blogs
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Introduction: Online medical education resources are widely used in emergency medicine (EM), but strategies to assess quality remain elusive. We previously derived the Medical Education Translational Resources: Impact and Quality (METRIQ) 8 instrument to evaluate quality in medical education blog posts. Methods: As part of a subsequent validation study (The METRIQ Blog Study), a mixed-methods usability analysis was performed to obtain user feedback on the quality assessment instrument in order to improve its clarity and reliability. Participants in the METRIQ Study were first asked to rate five blog posts using the METRIQ-8 Score. They then evaluated the METRIQ-8 instruments ease of use and likelihood of being recommended to others using a 7-point Likert scale and free text comments. Participants were also asked to flag and comment on items within the score that they felt were unclear. Global usability ratings were summarized using median scores or percent rated unclear. We used ANOVA to test associations between ease of use and demographic factors. A thematic analysis was performed on the comments. Results: 309 EM medical students, residents, and attendings completed the survey. Global ratings were generally very favorable (median 2 [IQR 2-3], with 7 being the lowest score) for ease of use and likelihood of recommendation, and did not vary by participants country of origin, frequency of blog use, or learner level. Participants stated that the score was structured, systematic, and straightforward. They found it useful for junior learners and for guiding blog creation. Four questions in the score (questions 2, 4, 5, and 7) were identified by 10% of subjects to be unclear. Thematic analysis of comments identified suggested four main themes for improving the score: adding clearer definitions with marking rubrics; shortening the 7-point scale; adding items evaluating blog post presentation and utility; and, rephrasing the wording of certain questions for clarity. Conclusion: A mixed methods usability analysis of the METRIQ-8 instrument for assessing blog quality was globally well received by EM medical students, residents, and attendings. Qualitative analyses revealed multiple areas to improve the instruments clarity and usability. The METRIQ score is a promising instrument for evaluating the quality of blogs; further development and testing is needed to improve its utility.

Keywords: blogs, score/tool, mixed methods study

P023 La valeur diagnostique du ‘Score de détection de la dissection aortique’ et du ratio neutrophiles sur lymphocytes pour le syndrome aortique aigu
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Introduction: The ‘Score de détection de la dissection aortique’ and the neutrophil/lymphocyte ratio (NLR) are well validated screening tools for aortic dissection (AD). The original score was developed in a French cohort and a recent study validated it in a large international cohort. Methods: A retrospective chart review was conducted at a tertiary care academic centre in Quebec, Canada from January 2000 to September 2017. Patients with a confirmed diagnosis of AD were included. For each participant, data were collected for the ‘Score de détection de la dissection aortique’ and NLR. The primary outcome was established at the diagnosis of AD. Sensitivity, specificity, positive and negative predictive values, and diagnostic odds ratio were estimated for the ‘Score de détection de la dissection aortique’ and NLR. Results: A total of 137 patients with AD were included. Among them, 76 (55.6%) were women. The median age was 60 years (IQR 50-70). Median sensitivity, specificity, positive and negative predictive values, and diagnostic odds ratio for the ‘Score de détection de la dissection aortique’ were 84%, 62%, 58%, 87%, and 3.6, respectively. For the NLR, they were 83%, 68%, 65%, 87%, and 3.3, respectively. Conclusion: The ‘Score de détection de la dissection aortique’ and NLR have superior diagnostic performance compared to alternative tools. Results of both could be used for risk assessment of AD. Prospective studies with larger sample sizes are required to confirm current findings.

Keywords: aortic dissection, diagnostic tools

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