low = 11.1hr; p = 0.009), but median hospital LOS was not different (high = 109.5hr, low = 112.4hr; p = 0.44). Median TTB was significantly longer during high AB (high = 8.0hr, low = 5.9hr; p = 0.0004). There was no difference in RTED visits (high = 12.4%, low = 10.6%; p = 0.15) or 30-day mortality (high = 8.4%, low = 9.2%; p = 0.51). **Conclusion:** In conclusion, consultation time is not affected by AB. However, boarding admitted patients in the ED impairs our ability to meet funding-associated performance metrics. Reducing boarding time should be an ED and hospital-wide priority, as it negatively impacts funding and delays patient care. **Keywords:** access block, consultation, crowding

**LO82**

**Does triage assignment correlate with outcome for ED patients presenting with chest pain?**

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**Introduction:** CTAS triage acuity and CEDIS complaint categories are used to prioritize patients for rapid treatment and ED resource allocation. Our objective was to evaluate CTAS and CEDIS validity for risk stratification of ED patients with chest pain using data from two Canadian cities. **Methods:** This administrative database study included patients seen over a five-year period with a triage complaint of chest pain. Our composite primary outcome included 7-day mortality, cardiac arrest, acute coronary syndrome (ACS) diagnosis (STEMI, NSTEMI, unstable angina(UA)), admission to a critical care unit, or hospitalization with CHF, pulmonary embolism, dysrhythmia, aortic pathology, neurologic or respiratory diagnosis. We dichotomized triage assignments to cardiac vs. noncardiac chest pain and high (CTAS 1,2) vs. low (3,4,5) triage acuity. For our secondary outcome we reported the components of the primary composite outcome. **Results:** We studied 111,824 patients. The most common overall diagnoses were chest pain NYD (33.8%), ACS (8.9%), musculoskeletal (7.4%), and acute respiratory (5.5%) or GI (5.1%) conditions. Of all patients studied, 85,888 (76.8%) were placed in the “cardiac features” group, and 93,257 (83.4%) fell into high acuity CTAS 1-2. Patients triaged into the “cardiac features” group were more likely to have a composite outcome event (16.6% v. 6.7%; p < 0.001), to be admitted (21.8% v. 9.0%), to require critical care (6.0% v. 0.7%), to receive an ACS diagnosis (11.3% v. 0.9%), and to die within 7 days (0.5% v. 0.2%). Patients in high acuity triage levels were also more likely to have a composite outcome event (15.8% v. 3.3%; p < 0.001), to be admitted (25.4% v. 14.3%), to require critical care (8.2% v. 1.2%), to receive an ACS diagnosis (10.5% v. 0.9%), and to die within 7 days (0.5% v. 0.2%). **Conclusion:** This study shows that triage assignment is strongly correlated with important patient outcomes and that both the chief complaint and acuity level are powerful risk predictors. These findings may differ at other sites and hospitals should assess and evaluate their data. **Keywords:** chest pain, outcomes, triage

**LO83**

**Quick Refresher Sessions (QRS): improving chest compression training for medical students**

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**Innovation Concept:** High-quality cardiopulmonary resuscitation saves lives; however, current certification standards can leave providers poorly prepared to perform effective chest compressions (CCs). We designed a training program based on the emerging model of skill maintenance through frequent short practice sessions. The ideal frequency of training is currently unknown. Our goal was to provide medical students with access to efficient and effective CC training and to determine an optimal training interval. **Methods:** Thirty-six second-year medical students were randomized to three groups that trained at different frequencies: once every two months (q2m) (n = 12), once every four months (q4m) (n = 13), and control (n = 11). Study duration was eight months with the intervention groups, q2m and q4m, participating in five and three sessions respectively. The control group was assessed at study start and end, receiving no training in...