Results

26 weeks of operation. We assessed SUD diagnoses, referral source, pre-

Discussion/Impact: There was insufficient uptake of the Sepsis Order Set by the Sunnybrook ED to result in any impact on time to antibiotics. Order sets require more than just implementation to be effective. Difficulties in implement-

Methods

Introduction: Substance use is prevalent in Canada yet treatment for alcohol use disorder (AUD) and opioid use disorder (OUD) is often inaccessible. Consequently, alcohol and opioid-related diagnoses such as intoxication, withdrawal, and overdose are a major reason for frequent emergency department (ED) visits. The Rapid Access to Addiction Medicine (RAAM) Clinic opened at the University Health Network (UHN) in January 2018 as part of a larger network of clinics in Toronto, and provides rapid, low barrier access to medical treatment for substance use disorder (SUD). Patients attended via self-referral, peer-referral, or referral by the ED, primary care, internal medicine or withdrawal management services. This study describes the demographic profile and short-term outcomes for patients attending a new RAAM clinic in its first 26 weeks of operation, including substance use and treatment retention for AUD and OUD. Methods: We reviewed the electronic medical record at the clinic over its first 26 weeks of operation. We assessed AUD diagnoses, referral source, prescribed medications, self-reported outcomes and retention rates. We calculated descriptive statistics using proportions for categorical vari-
ables and means with standard error for continuous variables. A stu-

Keyword: order sets, quality improvement and patient safety, sepsis

Moderated Poster Presentations

MP01

Retention and treatment outcomes for patients with substance use disorders treated in a rapid access to addiction medicine clinic

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Introduction: Substance use is prevalent in Canada yet treatment for alcohol use disorder (AUD) and opioid use disorder (OUD) is often inaccessible. Consequently, alcohol and opioid-related diagnoses such as intoxication, withdrawal, and overdose are a major reason for frequent emergency department (ED) visits. The Rapid Access to Addiction Medicine (RAAM) Clinic opened at the University Health Network (UHN) in January 2018 as part of a larger network of clinics in Toronto, and provides rapid, low barrier access to medical treatment for substance use disorder (SUD). Patients attended via self-referral, peer-referral, or referral by the ED, primary care, internal medicine or withdrawal management services. This study describes the demographic profile and short-term outcomes for patients attending a new RAAM clinic in its first 26 weeks of operation, including substance use and treatment retention for AUD and OUD. Methods: We reviewed the electronic medical record at the clinic over its first 26 weeks of operation. We assessed AUD diagnoses, referral source, prescribed medications, self-reported outcomes and retention rates. We calculated descriptive statistics using proportions for categorical vari-
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dent’s t-test was used for all statistical analyses using Microsoft Excel. We reviewed the electronic medical record at the clinic over its first 26 weeks of operation. We assessed AUD diagnoses, referral source, prescribed medications, self-reported outcomes and retention rates. We calculated descriptive statistics using proportions for categorical variables and means with standard error for continuous variables. A student’s t-test was used for all statistical analyses using Microsoft Excel. Results: The clinic saw 64 unique patients: 66% had an AUD, 39% had an OUD and 20% had a stimulant use disorder. 55% of patients were referred from outpatient care providers, 30% from the emergency department and 11% from withdrawal management services. 42% remained ongoing patients, 23% were discharged to other care and 34% were lost to follow-up. Gabapentin (38%), naltrexone (33%), and acamprosate (20%) were most frequently prescribed for AUD. Patients with AUD reported a significant decrease (p < 0.05) in alcohol consumption at their most recent visit compared to their initial visit. Most patients (78%) with OUD were prescribed buprenorphine, and most (89%) patients with OUD on buprenorphine had a negative urine screen at their most recent visit. Conclusion: A new RAAM outpatient clinic demonstrates the early success of a low-barrier addictions model in addressing unmet needs in substance use treatment. We see a reduction in both alcohol consumption and opioid use, and increased access to evidence-based pharmacotherapy for SUDs.

Keywords: addiction, low-barrier, outpatient

MP02

Diagnostic, medical, and surgical interventions that reduce emergency hospital admissions: a systematic review of systematic reviews of 215 randomized controlled trials

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Introduction: Emergency hospital admissions are a growing concern for patients and health systems, globally. The objective of this study was to systematically review the evidence for diagnostic, medical, and surgical interventions that reduce emergency hospital admissions. Methods: We conducted a systematic review of systematic reviews by searching MEDLINE, PubMed, the Cochrane Database of Systematic Reviews, Google Scholar, and grey literature. Systematic reviews of any diagnostic, surgical, or medical interventions examining the effect on emergency hospital admissions among adults were included. The quality of reviews was assessed using AMSTAR and the quality of evidence was assessed using GRADE. The subsequent analysis was restricted to inter-

Keywords: Emergency hospital admissions, systematic review

MP03

Strategies to minimize impact of electronic health record implementation on emergency department flow

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Introduction: The emergency department (ED) is the access point to hospital care for many patients. Introduction of electronic health records (EHR) is a major change that can impact ED flow. However, little is known about the magnitude of this impact. Methods: We conducted a retrospective study of all ED patients in a university hospital ED with an EHR from January 1, 2015 to December 31, 2016. We defined “e-discharge” as an ED patient who was discharged without an admission, transfer or death. We included all e-discharges into the study. We compared the time from ED arrival to e-discharge before and after the EHR implementation. We performed a multivariable logistic regression analysis to identify factors associated with discharge delay. Results: We identified 10,391 e-discharges. The median time from ED arrival to discharge was 6 minutes before the EHR implementation and 7 minutes after the EHR implementation (p = 0.03). The univariable analysis identified several factors associated with discharge delay, including patient age, ED chief complaint, presence of a do-not-attempt-resuscitation order, and an EHR login. In the multivariable analysis, the presence of a do-not-attempt-resuscitation order was the only factor associated with discharge delay (odds ratio 1.4, 95% confidence interval 1.1 to 1.7).

Keywords: Electronic health records, emergency departments, patient safety

S42

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