

Introduction: It is critical for planning, clinical care and resource optimization to understand patterns of emergency department (ED) utilization. Individuals who have experienced adverse childhood experiences (ACE) are known to have more unhealthy behaviors and worse health outcomes as adults and therefore may be more frequent ED users. Adverse childhood experiences include physical, sexual and emotional abuse or neglect, substance abuse in the family, witnessing violence, having a parent incarcerated or parents getting divorced or separated. To date there are few studies exploring the relationship between ACE and ED utilization. **Methods:** This a mixed qualitative and quantitative study. It includes analysis of data collected through a survey, a retrospective chart review and focus group discussions. The survey was administered to a convenience sample of adult patients (CTAS 2-5) presenting to EDs in Kingston Ontario, and consisted of two validated tools that measured exposure to ACE and resiliency. Demographic data and ED utilization frequency for 12 months prior to the index visit were extracted from an electronic medical record for each patient completing the survey. A sample of participants with a high ACE burden (ACE score >4) were invited to participate in focus groups to explore their experiences of care in the ED. Demographic, ED utilization and health status data were summarized and statistically significant patterns between high ACE and lower ACE patients were determined using Chi2t or t-tests. Transcripts from the focus groups were thematically analyzed using NVivo software by 2 independent researchers. **Results:** 1693 surveys were collected, 301 (18%) were deemed to have a high ACE score, data analysis is ongoing. The primary outcome is the relationship between ACE and the frequency of ED utilization among adult patients presenting to EDs in Kingston, ON. Secondary outcomes include evaluating the role of resilience as a potential mitigating factor, describing the demographics of high ACE burden frequent ED visitors, and the experiences of care for individuals with high ACE burden in the ED. These outcomes will be utilized to inform hypotheses for future studies and potential interventions aimed at optimizing ED utilization and patient care experience. **Conclusion:** This study provides novel insight into the relationship between ACE burden and ED utilization while also describing the demographics and experiences of care for ED patients with a high ACE score. Data analysis is on-going.

Keywords: abuse, utilization, resilience

P083

Developing an interview guide to explore physicians perceptions about unmet palliative care needs in Albertas emergency departments

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Introduction: Many patients with advanced or end-stage diseases spend months or years in need of optimal physical, spiritual, psychological, and social care. Despite efforts to provide community care, those with severe illness often present to emergency departments (EDs). This abstract presents preliminary results on the qualitative component of an ED-based mixed methods pilot study. The objective of this qualitative component is to develop and test an interview guide to collect qualitative data on physicians perceptions about unmet palliative care (PC) and end of life care (EOLC) needs in EDs. **Methods:** A scan of the literature on PC and EOLC in EDs was conducted to develop propositions about what might be expected through the clinician interviews, as well as an interview guide. The interview guide will be piloted with up to four ED physicians. During the interview each physician will

describe a case where a PC patient had unmet care needs and the impacts they believe these unmet needs had on patients and families. Interview transcripts will be coded descriptively and then conceptually themed by the researcher who conducted the interview. Interpretations drawn from the interview data, with supporting quotations and comparison to initial propositions, will be presented to members of the research team with experience providing ED care, for further interpretation. Advice of a second trained qualitative researcher will be sought on the richness and relevance of data obtained and how the interview guide could be improved to elicit richer and/or more relevant data. A revised interview guide will be produced alongside rationales for why the proposed revisions will elicit richer data. **Results:** After reviewing 27 articles on PC and EOLC, propositions and an initial interview guide were developed based on themes from the literature and the study groups experiences. One of the primary results of this pilot work will be an enhanced understanding of PC and EOLC in our local ED context, as reflected in an interview guide revised to elicit richer data than achieved through the initial interview guide. **Conclusion:** The comparison between our propositions and the study findings will help identify how biases may have influenced interview questions and/or the interpretation of the data. This pilot work to develop an interview guide enhances the rigour of this qualitative work on unmet PC and EOLC needs in EDs.

Keywords: palliative care, end of life, emergency department

P084

Substituting capillary blood for urine in point-of-care pregnancy tests

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Introduction: When a female presents with abdominal pain and vaginal bleeding, a positive b-hcg level helps in the diagnosis of an ectopic pregnancy. A timely diagnosis as well as management is required for these cases. In many emergency departments, there can be delays in laboratory processing of quantitative b-hcg levels as well as qualitative urine pregnancy tests. In others, especially in rural hospitals in Canada, the laboratory closes at night and these tests cannot be processed until the morning. This may also help decrease length of stay for some patients in the emergency department. There are currently new point-of-care b-hcg tests on the market using capillary blood, but these are expensive and not readily available. The purpose of the study is to validate the most inexpensive point of care urine pregnancy tests readily available on the market for use with capillary blood samples. These point-of-care tests have only been studied with urine and whole blood. If validated with capillary blood, it would allow for a very practical, rapid, and inexpensive test which could help doctors and nurses to triage patients in a timely and more efficient fashion. **Methods:** In our emergency department, 385 patients between the ages of 18-50 with possible pregnancy, abdominal pain or vaginal bleeding will be included in the study. A capillary blood sample will be taken and applied to a cassette point-of-care pregnancy test with four drops of saline. Two independent investigators will assess the test. The results will be compared to a quantitative serum hCG assay and urine. If these tests are not done as part of the patients medical care, the patient will be contacted one month after to enquire if the patient is pregnant or not. The sensitivity, specificity, positive and negative predictive values will be calculated. **Results:** Data collection will begin in January 2018. **Conclusion:** No conclusions can yet be drawn.

Keywords: ectopic pregnancy, point-of-care testing, triage