Conclusions: This study shows that a prolonged ED-ICU time is associated with increased ICU and hospital mortality in patients with higher Apache IV probabilities. Strategies aiming at rapid identification and transfer of the sickest patients to the ICU might reduce in-hospital mortality.

Table 1 (abstract P307). Baseline characteristics

Characteristics	All patients (n=14,787)	
Age, years, median[IQR]	59	[45-71]
Male, gender, n.(%)	9,179	(62%)
Apache IV predicted mortality, median[IQR]	0.16	[0.05-0.50]
ED-ICU time, hours, median[IQR]	2.0	[1.3-3.3]
ICU LOS, days, median[IQR]	1.7	[0.7-4.3]
ICU mortality, n (%)	2,682	(18.1%)
Hospital mortality, n (%)	3,284	(22.2%)

IQR, interquartile range; ED-ICU time, Emergency Department to ICU time; ICU, Intensive Care Unit; LOS, length of stay

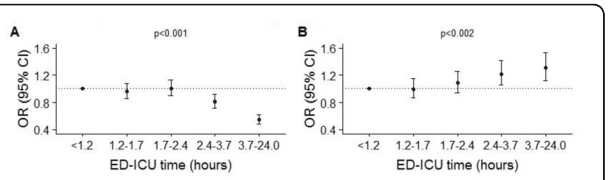

Fig. 1 (abstract P307). Odds Ratios for hospital mortality per lenght of stay in the Emergency Department. (1A) Crude (1B) Adjusted for Apache IV probability

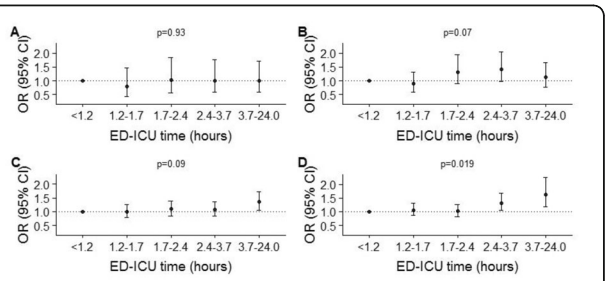

Fig. 2 (abstract P307). Odds Ratios for hospital mortality per lenght of stay in the Emergency Department. (2A) Association between ED-ICU time and Apache IV probability <10.5% (2B) Association between ED-ICU time and Apache IV probability 10.5-25.6% (2C) Association between ED-ICU time and Apache IV probability 25.7-60.9% (2D) Association between ED-ICU time and Apache IV probability >60.9%

P308

Reliability and validity of the SALOMON algorithm: 5-year experience of nurse telephone triage for out-of-hours primary care calls

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Introduction: Due to the persistent primary care physicians (PCP) shortage and their substantial increased workload, the organization of PCP calls during out-of-hours periods has been under debate. The SALOMON (Système Algorithmique Liégeois d'Orientation pour la Médecine Omnipraticienne Nocturne) algorithm is an original nursing telephone triage tool allowing to dispatch patients to the best level of care according to their conditions [1]. We aimed to test its reliability and validity under real life conditions.
Methods: This was a 5-year retrospective study. Out-of-hours PC calls were triaged into 4 categories according to the level of care needed: Emergency Medical Services (AMU), Emergency Department visit (MAPH), Urgent PCP visit (UPCP), Delayed PCP visit (DPCP). Data recorded included patients' triage category, resources and potential redirections. More precisely, patients included into the UPCP + DPCP cohort were classified under-triaged if they had to be redirected to an Emergency Department. Patients from the AMU+MAPH cohort were considered over-triaged if they did not spend at least 3 resources, 1 emergency specific treatment or any hospitalization.
Results: 10207 calls were actually triaged using the SALOMON tool, of which 19.1% were classified as AMU, 15.7% as MAPH, 62.8% as UPCP and 2.1% as DPCP (Fig 1). As concerns the AMU+MAPH cohort, the triage was appropriate in 85.3% of the calls, with an over-triage rate of 14.7%. As concerns the UPCP + DPCP cohort, 97.1% of the calls were accurately triaged and only 2.9% were under-triaged. SALOMON sensitivity reached 93.9% and its specificity 92.5%.
Conclusions: These results indicate that SALOMON algorithm is a reliable and valid nurse telephone triage tool that has the potential to improve the organization of PCP out-of-hours work.

Reference

1. Brasseur E et al. Crit Care 2015, 19(Suppl 1):P406.

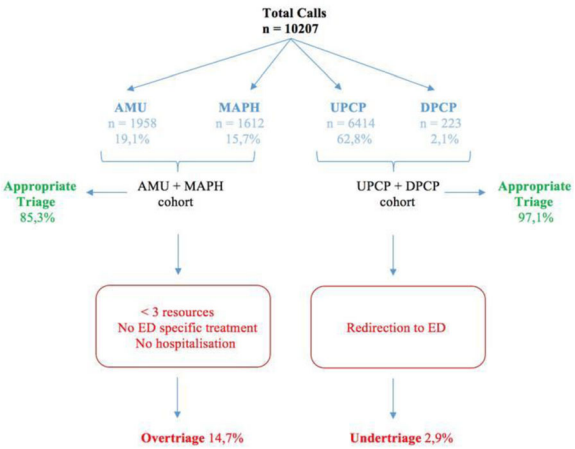

Fig. 1 (abstract P308). Distribution of different calls, their triage using the SALOMON algorithm and the inappropriate triages (over and undertriages) based on the preselected criteria

P309

Advanced triage for self-referrals in the emergency department: the PERSEE algorithm

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Introduction: Inappropriate visits to the Emergency Department (ED), such as patients manageable by a primary care physician (PCP), have been reported to play some role in the ED crowding [1]. Indeed, non-urgent patients directly managed by PCPs could reduce ED workload [2]. Triage and diversion to alternative care facilities, eventually co-located within the ED, could offer a solution [3] provided