

## Poster

### Head CT guidelines are being followed

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<b>Clinical Practice Guideline</b>	Criteria for ordering emergent head computed tomography (HCT) from the emergency department (ED). Heads of Neurology, Neurosurgery, Surgery, Medicine and Emergency Medicine departments produced the guidelines. The guideline development team used findings and recommendations from a number of studies.
<b>Stakeholders</b>	Western Health staff.
<b>Evidence-practice gap</b>	It was perceived by the radiology department that too many head CTs were being requested from the emergency department.
<b>Implementation strategies</b>	The guideline was established and implemented before this study commenced. Once the guideline had been developed and ratified by hospital management, oral education sessions were completed at regular registrar and junior medical staff training sessions. Posters were also developed and displayed around the department. The formal education process was reinforced with reminders of the presence of the guideline from senior staff while on the floor. Once the study was established however, feedback was provided to emergency staff. This feedback did not affect the study findings as the project consisted of a retrospective medical record review.
<b>Data</b>	Data was collected from the medical records of patients who had a head CT requested from the ED 3 months after guideline implementation. We collected patient demographics, presenting problem and HCT details. The form had the guidelines for trauma and non-trauma patients. We then decided if there was compliance with the guideline in relation to documentation in the record.
<b>Results</b>	Compliance with the guideline was high (94.8%). Final sample of 231 patients, 50 were trauma and 181 were non-trauma. 71.9% of CTs were normal and 28.1% were abnormal. The guidelines were followed in 219 (93.9%) cases. Guidelines were not followed in 14 cases and 1 of these was abnormal (but that result had minimal clinical significance).
<b>Barriers</b>	The guideline was already in use at the conception of this project.
<b>Enablers</b>	The guidelines are logical and support the clinical decision-making process already occurring in the ED. Informal and consistent education of new and junior medical staff. Guidelines are displayed in a prominent area of the ED. The ED has a culture of evidence-based practice.
<b>Resources</b>	The project was funded by internal funds at the Joseph Epstein Centre for Emergency Medicine Research.
<b>Key message</b>	Guidelines need to be evidence-based, congruent with logical decision-making processes and follow clinically relevant practices. They must be easily understood and displayed in a conspicuous place. A committee of relevant staff (from different areas) should be involved in the development in order to increase support.
<b>* Presenter Bio</b>	Professor Anne-Maree Kelly is Director of the Joseph Epstein Centre for Emergency Medicine Research. With over 100 publications, her research interests include pain assessment and management, the evaluation of pre-hospital care, process change and medical education. She is an international editor for Annals of Emergency Medicine, is on the editorial board of Emergency Medicine and The Hong Kong Journal of Emergency Medicine and is a reviewer for several journals including Academic Emergency Medicine, EMJ, Emergency Medicine Australasia, British Journal of Sports Medicine and Medical Journal of Australia.