

## Poster

### Barriers and enablers in the emergency department

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<b>Clinical Practice Guideline</b>	New South Wales paediatric emergency guidelines developed by NSW Health and the Clinical Excellence Commission (CEC). Adult asthma guidelines developed by the National Asthma Council. Psychiatry guidelines developed locally.
<b>Stakeholders</b>	Hunter New England Health, emergency department clinicians, rural GPs, NSW Health, the CEC, NICS.
<b>Evidence-practice gap</b>	The desire to see evidence-based medicine translated into clinical practice, and to provide a framework for junior doctors to practise evidence-based medicine.
<b>Implementation strategies</b>	We devised an evidence-based implementation, consulting the literature on what works/doesn't work and tailoring it to our local environment. Guideline formatting, education, audit and feedback, reminders and use of opinion leaders were all used. The implementation focused on the institution and organisation and processes within the ED more so than the individual clinician.
<b>Data</b>	We developed clinical indicators for each of the conditions that we implemented guidelines for. Our studies have varied from controlled trials with before and after data, to simple quality improvement methodology.
<b>Results</b>	For adult asthma we had an overall increase in compliance with 7 clinical indicators of 41%, with an increase in children of 36%. These are the 2 conditions most rigorously studied but also reflect the results of the other guidelines.
<b>Barriers</b>	Changing the prevailing culture within the department which was essential given the turnover of staff, especially the rotation of junior medical staff and frequent use of locums. The sustainability was dependent upon having a department-wide approach to implementation, rather than targeting individuals.
<b>Enablers</b>	The simplicity of the "coal-face guideline" and the support of senior staff as opinion leaders and drivers of the project.
<b>Resources</b>	A NICS fellowship!
<b>Key message</b>	Simplicity and user friendly strategies are the key for individual clinicians, but achieving this means you often have to work your way through complex systems and processes. Be prepared to discuss evidence-based medicine, know its strengths and limitations.
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