

Introduction

- Inpatient falls are common and serious issue in healthcare, often leading to complications like traumatic brain injuries. Timely and appropriate evaluation using Computed Tomography (CT) scan of the head is crucial for diagnosing and managing those injuries. Clinical guidelines, such as those established by the National Institute for Health and Care and Excellence (NICE) and Royal College of Radiology (RCR) outline when CT head should be performed after a fall to ensure timely intervention and efficient use of resources. However, adherence to this guideline varies, sometimes leading to delay in diagnosis, potential overuse/misuse of imaging resources and inconsistent patient outcomes.

Aims and Objectives

- To evaluate compliance with established guidelines for CT head scan indications post-fall.
- To identify any delays in performing CT head scans and their impact on patient outcomes.
- To recommend improvements for better adherence to guidelines and timely management.

Methodology

Sample / Cohort

Sample size: 33

Exclusion / Inclusion

Inclusion: All patients who had CTH following an inpatient fall between 31/3/2024 to 31/5/2024.

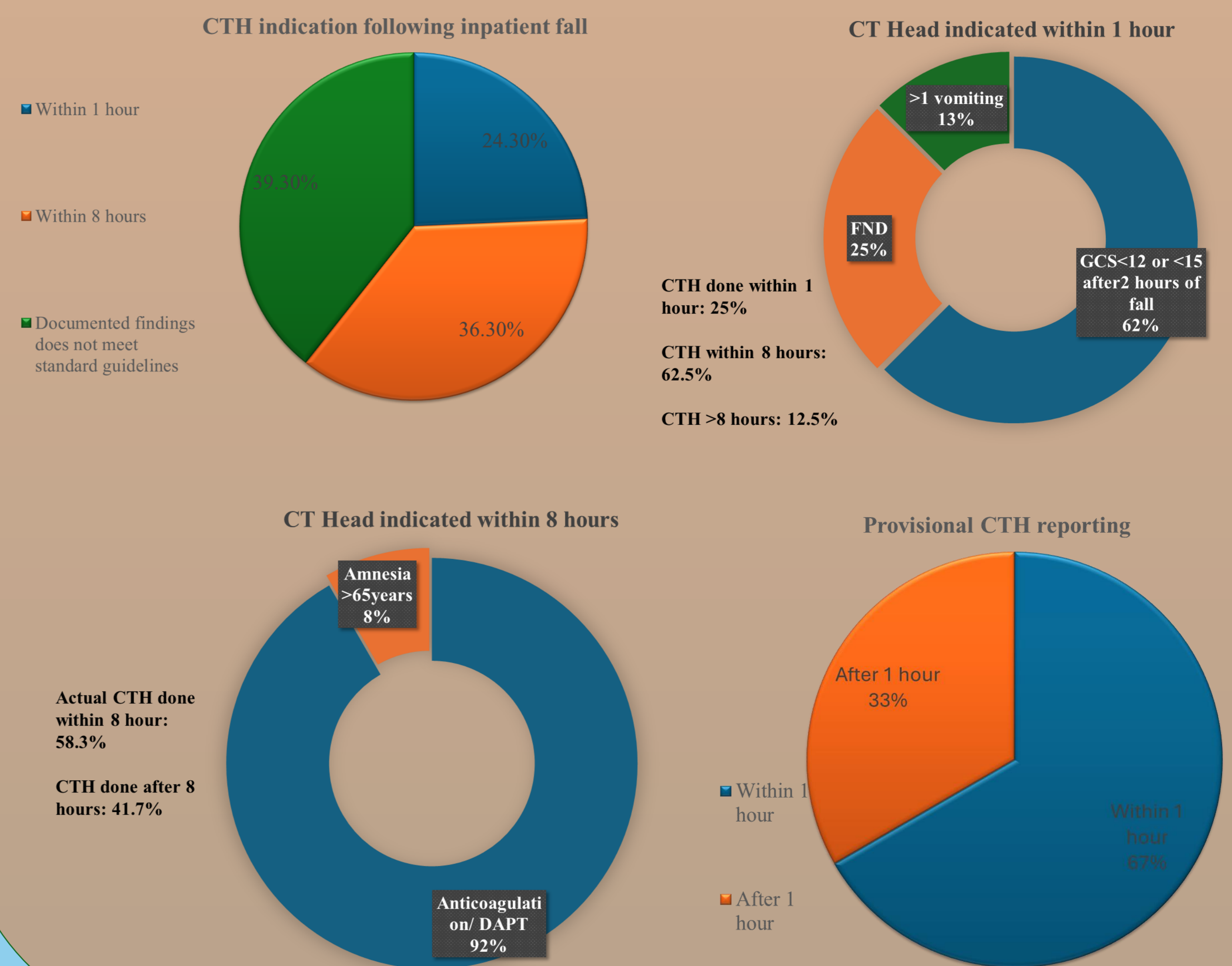
Exclusion criteria: Age < 18 years

Range of audit

Data collection was done from DATIX record of inpatient fall in QEHLK from 31/3/2024 to 31/5/2024. WEB ICE and medical records were then used to see the indication documented post-fall for CTH, commencement of neuro-observation and time of imaging and reporting.

Results

- Out of 33, only 8 events (24.3%) were documented to have indication for CTH within 1 hour according to NICE guidelines, and only 2 events had CTH within this time. 5 times CTH was done within 8 hours, and 1 had CTH in more than 8 hours' time.
- Out of 33 events, 12 (36.3%) were documented to have indication for CTH within 8 hours according to NICE guidelines. 7 underwent CTH within 8 hours and rest 5 of the CTH was done >8 hour of CTH request.
- Out of 33, 13 fall events (39.3%) have documentations that do not meet the CTH criteria according to NICE guidelines.
- Out of 33 CTH performed, 22 (66.6%) of provisional reporting was made within 1 hour of CTH.



Conclusion

The audit revealed gaps in compliance with NICE guidelines, particularly in the timely execution of CTH scans and the commencement of neuro-observation. These discrepancies may be attributed to factors such as incomplete documentation, delays in clinical decision-making, and potential misinterpretation of guidelines.

The audit did not fully meet the established standards, underscoring the need for targeted interventions to enhance compliance. Recommendations include improving documentation practices, reinforcing guideline education, and streamlining processes for urgent imaging.

References:

- National Patient Safety Agency (January 2011) Rapid Response Report NPSA/2011/RRR001: Essential Care After an Inpatient Fall.
- NICE (Clinical Guideline 232: Head Injury: Assessment & early management (May 2023)