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Enhancing the Process for Enhanced CT Scans in Emergency Settings- A Review of Practice and Processes

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Learning Objectives

At the end of this presentation, participants will be able to:

✓ Define an approach to complete a collaborative policy and guideline review

✓ Identify opportunities for partnership and streamline documentation practices

✓ Identify strategies to monitor and manage changes

Approach to a Collaborative Policy Review



The Emergency Department is the largest referral group for CT scans requiring scans in a timely manner



CT scans require

1. Complete order with clinical indications
2. Standards for safe IV contrast administration in urgent settings
3. Complete clinical documentation

Gaps in CT Process Requirements



Incomplete and missing documentation created tension and workflow delays between ED and CT departments



Historic requirements for ED patients requiring recent bloodwork for eGFR (estimated Glomerular Filtration Rate) which is not required for routine outpatient scans



National guidelines classify urgent and emergent imaging requirements for eGFR to reduce delays



Reduced efficiencies for urgent emergency CT scans

Approach- Standard Provider Documentation



Update HIS clinician documentation as “smart text” click

1. Consent Note #1: *Proceeding with imaging (and any associated use of IV contrast) without informed consent, due to the patient being incapable as per Policy*
2. Consent Note #2: *No eGFR as urgent imaging falls under exclusions listed in Policy*



Updates completed in November 2023 and implementation, education and rollout December 2023 with both ED and Imaging departments

Results- Analysis of CT Turnaround Time Improvement

Average CT Scan TAT in Hours- ordered to performed				
Scan Type	March 2023	March 2024	Change in Hours	Change in Minutes
All/Total	1.75	1.63	0.11	6.67
Brain	1.64	1.59	0.06	3.36
CAP	2.76	2.24	0.52	31.06
Chest	2.06	1.94	0.12	7.15
PE	2.31	1.92	0.39	23.37
Stroke	0.69	0.53	0.16	9.48

Note: CT scan turnaround times are dependent on multiple factors and parallel QI improvements to processes and practices (i.e. patient acuity, consent, patient prep, transportation, radiologist protocol etc.)

Note: Abdomen/Pelvis CT scans are dependent on oral contrast or NPO and other scan types excluded

Lessons Learned



Ongoing **feedback and communication** are essential for iterative quality improvement



Established a biweekly joint leadership meeting ED and Imaging to proactively **problem solve** issues to **foster relationships** and build connections for sustainable **change**

