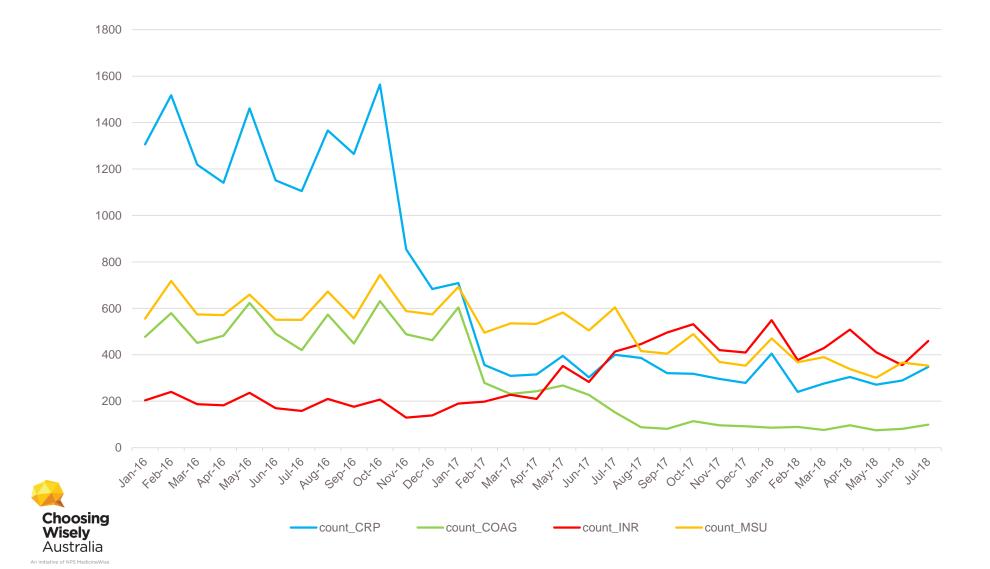


ED Activities at Austin Health

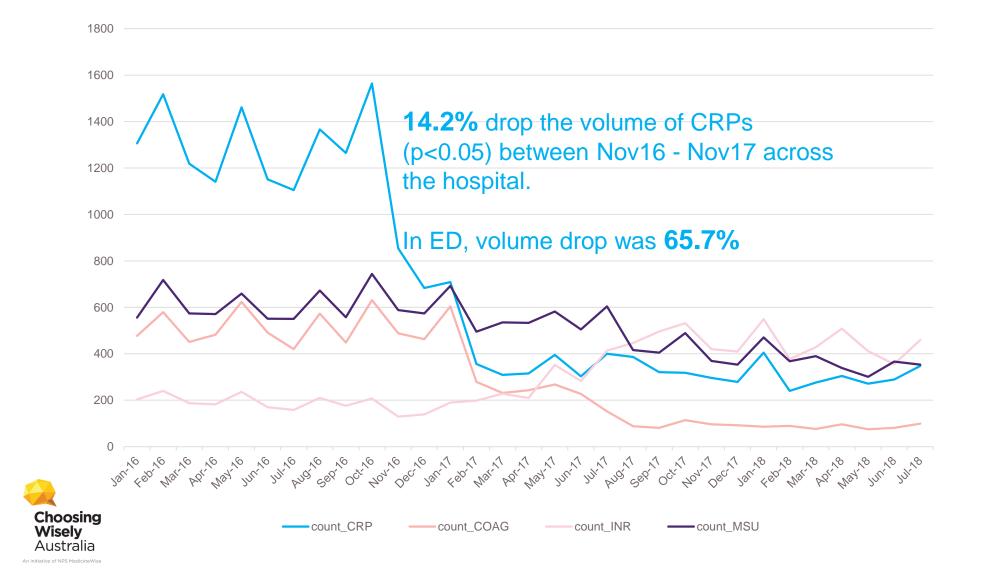


"Routine" Tests in ED





"Routine" Tests in ED





Urine Cultures

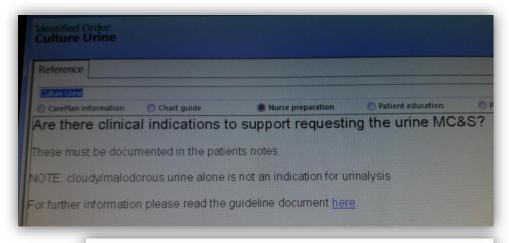
 Multi-faceted behaviour change strategy implemented across the hospital:

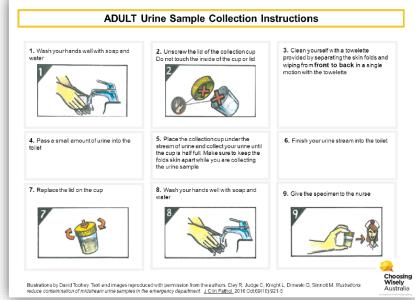
Audit & Feedback + Guideline development + Education + IT changes

 Particular focus and attention paid for ED Department due to high volumes of orders and high rates of sample contamination



Urine Cultures

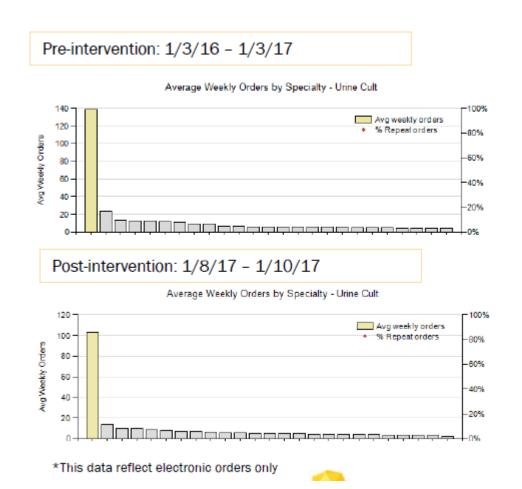








Urine Cultures - Results



	ι	Jrine Cultures
	Pre- intervention	Post-intervention
Volume of tests across whole hospital (weekly average)	340.77	250
Volume of tests in ED (weekly average)	142.15	87.69
Volume of tests per patient whole hospital	0.09	0.06
Volume of tests per patient in ED	0.08	0.04



Coagulation Studies

 Multi-faceted behaviour change strategy implemented across the hospital:

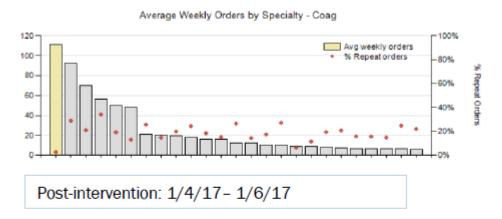
Audit & Feedback + Guideline development + Education + IT changes

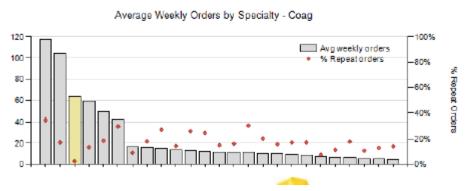
 Particular focus and attention paid for ED Department due to high volumes of orders



Coagulation Studies - Results



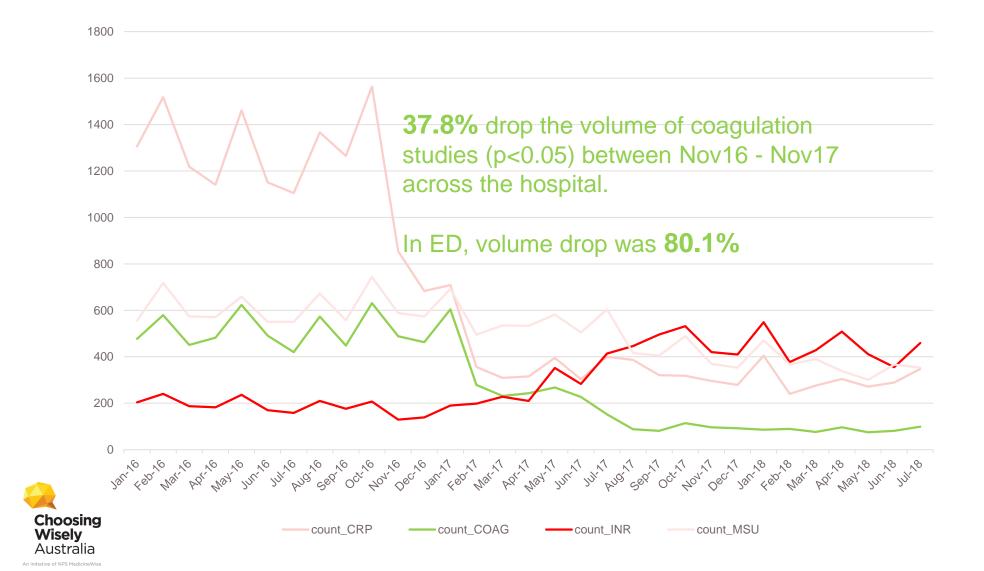




		Coags
	Pre- intervention	Post- intervention
Volume of tests across whole hospital (weekly average)	686.18	552.22
Volume of tests in ED (weekly average)	119.11	49.39
Volume of tests per patient whole hospital	0.27	0.16
Volume of tests per patient in ED	0.07	0.01

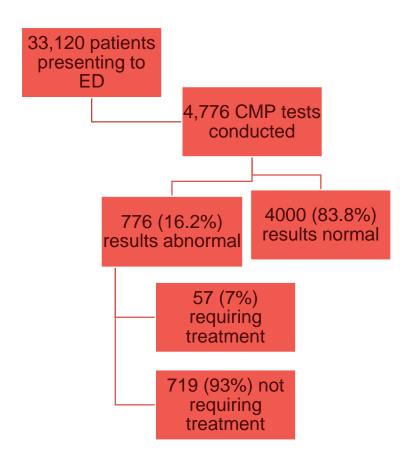


"Routine Tests" in ED





CMP Testing



Between Jan 1 and Jun 30 2017:

- 5.2 % of ED patients investigated for CMP abnormalities
 - Only 1.2% require treatment
- 3.4% (49) of patients treated with Magnesium despite normal levels
- Further regression analyses to be conducted to determine patients at risk of abnormal levels



Renal Colic

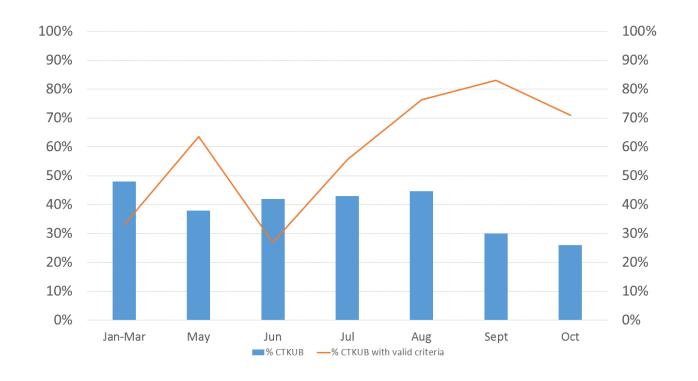
- Previous audits in the Emergency Department demonstrated a slow time to analgesia for renal colic presentation.
- An evidence-based care improvement project to improve the patient experience for patients presenting with renal colic was implemented
- Project activities included
 - Education sessions
 - Posters
 - Ongoing staff feedback
 - Local guideline amendments



Renal Colic - Results

The project measured a number of outcomes including:

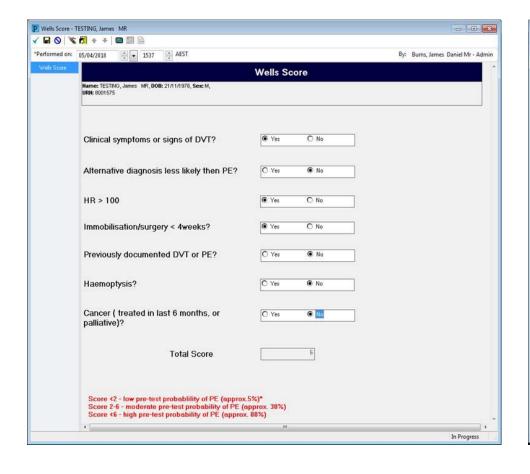
- The proportion of patients receiving an NSAID within 60 minutes of ED arrival (increase from 40% to 84%)
- The proportion of patient with a pain score
 2 at 60 minutes (increase from 13% to 17%)
- The proportion of patients discharged on a course of NSAIDs (increase from 70% to 77%)
- The proportion of patients receiving a CTKUB (decrease from 53% to 23%)
- The proportion of patients receiving a CTKUB with the correct indications (increase from 38% to 71%)

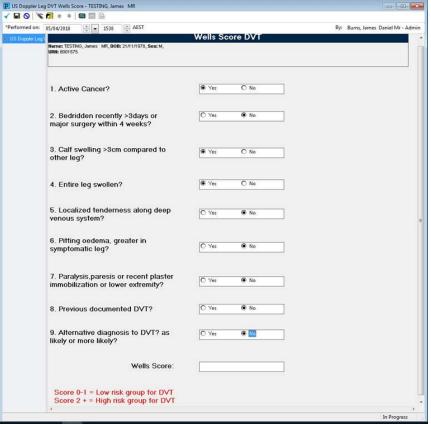




DVT/PE stratification.

Development of an automated Well's score calculator built into Cerner







Path View	19/08/2018 18:10	19/08/2018 11:53	
General Path			
Spec Error Report			
Haematology			
■ Hb	119 L (c)	119 L	
■ wcc	6.1 (c)	6.6	
☐ PIt	193 (c)	196	
RCC RCC	3.57 L (c)	3.61 L	
Hct Hct	0.35 L (c)	0.36	
■ MCV	99 (c)	99	
■ MCH	33.0 (c)	33.0	
■ MCHC	337 (c)	331	
Neutrophils #	3.5 (c)	4.8	
Lymphocytes #	1.8 (c)	1.1	
Monocytes #	0.6	0.5	
Eosinophils #	0.1	0.1	
Basophils #	0.1	0.0	
Haematology Report	Haematology	Haematolog	ју
Coagulation			
PT PT		17.0 H	
INR		1.6	
APTT			T
Fibrinogen Level			
Coagulation Studies Report		Coagulation	110
Biochem Blood			
Sodium Level	140	140	
Potassium Level	4.2	4.5	T
Chloride Level	102	103	
Bicarbonate Level	23	24	
Urea Level	6.6	7.1	
Creatinine Level	78	72	
Estimated GFR	76 L	78 L	
Calcium Level	2.31		
Calcium Corr	2.32		T
Magnesium Level	0.81		
Phosphate Level	1.05		T
Bilirubin Tot	19	15	T
ALT	15	18	T
GGT	50	50	Ť
ALP	118 H	118 H	1
Protein Tot	72	71	\forall



General Path	Path View	20/08/2018 05:46	19/08/2018 22:22	19/08/2018 22:10
Spec Error Report	aematology	03.40	22,22	22.10
Haematology		120	142	
■ Hb	Hb		142	
WCC	WCC	3.5 L	4.8	
Plt	Pit	207	285	
RCC	RCC	3.93	4.60	
Hct	l Hct	0.35	0.41	
MCV	MCV	89	90	
MCH =	мсн	31.0	31.0	
Neutrophils #	мснс	345	345	
Lymphocytes #	Neutrophils #	1,2 L	2.0	
Monocytes #			2.4	
Eosinophils #	Lymphocytes #	2.0		
Basophils #	Monocytes #	0.2	0.4	
Haematology Report	Eosinophils #	0.1	0.0	
Coagulation	Basophils #	0.0	0.0	
	aematology Report	Haematology	/ Haematology	
INR Bi	iochem Blood			
APTT	Sodium Level	140	140	
Fibrinogen Level	Potassium Level	3.7	4.3	
Coagulation Studies R	Chloride Level	101	95	
Biochem Blood				
Sodium Level	Bicarbonate Level	22	23	
Potassium Level	Urea Level	5.5	6.1	
Chloride Level	Creatinine Level	75	84	
Bicarbonate Level	Estimated GFR	> 90	81 L	
Urea Level Creatinine Level	Calcium Level	2.29	2.49	
Estimated GFR	Calcium Corr	2.30	2.33	
Calcium Level	Magnesium Level	0.75	0.85	
Calcium Corr	Phosphate Level	1.14	1.34	
Magnesium Level	Bilirubin Tot	2.2.1	5	
Phosphate Level			21	
Bilirubin Tot	ALI			
ALT	GGT		58 H	
GGT	ALP		83	
ALP	Protein Tot		77	
Protein Tot	Albumin Level	39	48	
	Globulin Level		29	



General Path	ı View	Path View	20/08/2018 05:46	19/08/2018 22:22	19/08/	Construction (CONSTRUCTION CONSTRUCTION CONS			
Spec Error Report	Haematology		03,40						T
Haematology	Hb	Path View	v		3/2018 5:46	19/08/2018 23:21	19/08/2018 15:22	19/08/2018 15:08	19/08/2018 15:07
НЬ	WCC	Haematology		0.5	.40	25:21	15:22	15.00	15:07
WCC PIt		Hb		120					128
RCC	Pit	_ 		10.4					10.7
□ KCC □ Hct	RCC	■ WCC							
MCV/	Hct	Pit		273					291
MCH MCH	MCV	RCC		4.48					4.71
MCHC	MCH	Hct		0.37					0.40
Neutrophils #	MCHC	■ MCV		82					85
Lymphocytes #	Neutrophils #	■ MCH		27.0					27.0
Monocytes #	Lymphocytes #	■ MCHC		325					321
Eosinophils #		Neutrophils #		7.7					8.3 H
Basophils #	Monocytes #	Lymphocytes #		1.3					1.3
Haematology Report	Eosinophils #	Monocytes #		1.3 H					1.1 H
Coagulation	Basophils #	Eosinophils #		0.0					0.0
PT	Haematology Repo	Basophils #		0.0					0.0
INR	Biochem Blood	Haematology Report			atology	,			Haematolog
APTT	Sodium Level	Biochem Blood		riaciii	acorogy				riacinatorog
Fibrinogen Level	Potassium Level			138				140	
Coagulation Studies R	Chloride Level	Potassium Level		4.3				4.5	
Biochem Blood	Bicarbonate Lev	·						103	
Sodium Level				102					
Potassium Level	Urea Level	Bicarbonate Level		21 L				20 L	
Chloride Level	Creatinine Leve			10.2 H				9.0 H	
Bicarbonate Level	Estimated GFR	Creatinine Level		84				76	
Creatinine Level	Calcium Level	Estimated GFR		56 L				64 L	
Estimated GFR	Calcium Corr	Calcium Level						2.19	
Calcium Level	Magnesium Lev	e Calcium Corr						2.32	
Calcium Corr	Phosphate Leve							0.83	
Magnesium Level	Bilirubin Tot	Phosphate Level						0.77	
	ALT	Albumin Level						34 L	
Bilirubin Tot	ALI	Troponin T				33 H		32 H	
ALT	GGT	NT Pro BNP.						T/F	
GGT	ALP	TSH						1.39	
ALP	Protein Tot	Iron Level						4 L	
Protein Tot	Albumin Level	Ferritin						27 L	
. [Globulin Level	Transferrin						3.2	
	=								
		Transferrin Saturation				ļ		5 L	
		General Chem Comm		Gener	al Cher	General Cher	1	General Cher	η



General Path		Path View	20/08/2018 05:46	19/08/2018 22:22	19/08/2018 22:10		
Spec Error Report	Haematology		03,40	•		10.000.0040 10.000.004	10 100 12010
Haematology	Hb	Path View	'	20/08	3/2018 19/08/2018	19/08/2018 19/08/201	
■ Hb ■ WCC	WCC	Haematology			Path View	20/08/2018	19/08/2018
□ Plt	PIt	Hb				05:46	14:19
RCC	RCC	■ wcc	Н	aematolog	у		
Hct	Hct	Plt Plt		Hb		136 (c)	154
MCV	MCV	RCC		wcc		9.2 (c)	9.4
MCHC MCHC	MCH	■ Hct					
Neutrophils #	MCHC	MCV		Plt		196 (c)	214
Lymphocytes #	Neutrophils #	MCH		RCC		4.43 (c)	5.01
Monocytes #	Lymphocytes #	MCHC		Hct		0.39 (c)	0.45
Eosinophils #	Monocytes #	Neutrophils # Lymphocytes #		MCV			89
Basophils # Haematology Report	Eosinophils #	Monocytes #	<u></u>			88 (c)	
Coagulation	Basophils #	Eosinophils #		MCH		31.0 (c)	31.0
PT PT	Haematology Repo			MCHC		349 (c)	346
INR INR	Biochem Blood	Haematology Report		Neutroph	nils #	6.6 (c)	7.9
APTT	Sodium Level	Biochem Blood		<u> </u>			
 Fibrinogen Level Coagulation Studies 	Potassium Leve	Sodium Level	_	Lymphocy		1.3 (c)	1.0
Biochem Blood	Chloride Level	Potassium Level		Monocyte	es#	1.2 H	0.5
Sodium Level	Bicarbonate Le	Chloride Level		Eosinoph	ils #	0.1	0.0
Potassium Level	Urea Level	Bicarbonate Level		Basophils	: #	0.0	0.0
Chloride Level	Creatinine Leve					0.10	0.0
Bicarbonate Level Urea Level	Estimated GFK	Creatinine Level		aematology			
Creatinine Level	Calcium Level	Estimated GFR	Н	aematology	y Report	Haematology	Haematolog
Estimated GFR	Calcium Corr	Calcium Level Calcium Corr	В	iochem Blo	od		
Calcium Level	Magnesium Lev			Sodium L	evel	142	143
Calcium Corr Magnesium Level	Phosphate Leve	Phosphate Level		Potassiun		4.1	4.3
Phosphate Level	Bilirubin Tot	Albumin Level					
Bilirubin Tot	GGT	Troponin T		Chloride	Level	106	101
ALT	ALP	NT Pro BNP.		Bicarbon	ate Level	24	21 L
GGT	Protein Tot	TSH		Urea Leve	·	14.2 H	15.8 H
ALP Protein Tot	Albumin Level	Iron Level		Creatinin		82	89
. Totelli fot	Globulin Level	Ferritin				02	07
	Siobuilli Level	Transferrin		Anion Ga	p		
		Transferrin Saturation		Estimated	I GFR	79 L	71 L
		General Chem Comm	-	eneral Che	m Comm	General Chen	General Che



General Path	n View		08/2018						
pec Error Report	Haematology								
laematology	Hb	Path View	20/08/2018 19/08/	2018 19/08/2018 19/08/2018 1	19/08/2018				
Hb			Path View	20/08/2018 19/	/08/2018				
wcc	WCC	Haematology	Path view	Path View	19/08/2018	18/08/2018	17/08/2018	16/08/2018	15/08/2018
Plt RCC	Pit	☐ Hb ☐ WCC	Haematology	Path view	06:31	05:42	06:55	06:10	01:32
Hct	RCC	□ PIt		Haematology					
MCV	Hct	RCC	■ Hb	□ Hb	151	146	162	150	155
MCH	MCV	Hdt	■ WCC	□ wcc	4.6	4.0	5.1	4.7	6.6
MCHC	MCH	■ MCV	Pit	□ Pit	193	192	232	229	261
Neutrophils #	MCHC	MCH		RCC	4.55	4.52	4.99	4.62	4.76
Lymphocytes #	Neutrophils #	MCHC	□ RCC	□ Hct		0.43	0.47	0.45	0.45
Monocytes #	Lymphocytes #	Neutrophils #	Hct		0.42				
Eosinophils # Basophils #	Monocytes #	Lymphocytes #	□ MCV	MCV	93	95	95	97	95
aematology Report	Eosinophils #	Monocytes #		MCH	33.0	32.0	33.0	33.0	33.0
pagulation	Basophils #	Eosinophils #	MCH	MCHC	356	340	342	336	342
PT	Haematology Repo	Basophils #	MCHC	Neutrophils #	2.1	2.1	3.3	3.1	4.1
INR	Biochem Blood	Haematology Report	Neutrophils #	Lymphocytes #	1.7	1.3	1.1	1.0	1.8
APTT	Sodium Level	Biochem Blood		Monocytes #	0.4	0.3	0.4	0.4	0.5
Fibrinogen Level	Potassium Level		Lymphocytes #	Eosinophils #	0.3	0.3	0.3	0.2	0.2
oagulation Studies f iochem Blood	Chloride Level	Potassium Level	Monocytes #	Basophils #	0.0	0.0	0.0	0.0	0.0
Sodium Level	Bicarbonate Lev	· 	Eosinophils #	Nucleated RBC	0				1
Potassium Level	Urea Level	Bicarbonate Level		Haematology Report		Haamatalaas	Haematology	Haematologi	u Haamatala
Chloride Level	Creatinine Level	Urea Level	Basophils #	22 1	riaematorogy	riaematorogy	riaematorogy	/ i lacillatolog	/ Tiaematoro
Bicarbonate Level	Estimated GFR	Creatinine Level	Haematology Comm	Coagulation		42.0	400	43.0	
Urea Level	Calcium Level	Estimated GFR	Haematology Report	PT		13.0	12.0	13.0	
Creatinine Level	Calcium Corr	Calcium Level		INR INR		1.2	1.1	1.2	
Estimated GFR Calcium Level	Magnesium Lev	Calcium Corr	Biochem Blood	APTT				33	
Calcium Corr	Phosphate Level		Sodium Level	Fibrinogen Level				4.0	
Magnesium Level	Bilirubin Tot	Phosphate Level	Potassium Level	Coagulation Studies Report		Coagulation	Coagulation	Coagulation	4
Phosphate Level	ALT	Albumin Level		Biochem Blood					
Bilirubin Tot	GGT	Troponin T	Chloride Level	Sodium Level	141	141	139	137	143
ALT	ALP	NT Pro BNP.	Bicarbonate Level	Potassium Level	4.0	4.4	4.6	4.5	4.4
GGT	Protein Tot	■ TSH	Urea Level	Chloride Level	103	105	102	99	107
ALP Protein Tot	Albumin Level	Iron Level		Bicarbonate Level	26	24	25	28	22
Protein fot		Ferritin	Creatinine Level	Urea Level	3.5	2.2 L	1.8 L	1.9 L	2.8
	Globulin Level	Transferrin	Anion Gap						
		Transferrin Saturation	Estimated GFR	Creatinine Level	71	66	74	77	82
		General Chem Comm	General Chem Comm	Estimated GFR	> 90	> 90	> 90	> 90	> 90
			General Chem Comm	Calcium Level				2.24	
				Calcium Corr				2.39	
				Magnesium Level				0.73	
				Phosphate Level				1.04	





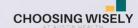


GIVE THE ROUTINE TEST A REST

There's no such thing as a routine test. Choose Wisely.

018 2	17/08/2018 06:55	16/08/2018 06:10	15/08/2018 01:32	
	162	150	155	
	5.1	4.7	6.6	
	232	229	261	
	4.99	4.62	4.76	
	0.47	0.45	0.45	
	95	97	95	
	33.0	33.0	33.0	
	342	336	342	
	3.3	3.1	4.1	
	1.1	1.0	1.8	
	0.4	0.4	0.5	
	0.3	0.2	0.2	
	0.0	0.0	0.0	
ology	Haematology	Haematology	Haematology	
	12.0	13.0		
	1.1	1.2		
		33		
		4.0		
tion	Coagulation :	Coagulation :		
	139	137	143	
	4.6	4.5	4.4	
	102	99	107	
	25	28	22	
	1.8 L	1.9 L	2.8	
	74	77	82	
	> 90	> 90	> 90	
		2.24		
		2.39		
		0.73		
		1.04		







Other areas

Done or in progress

- PPI prescribing
- Opiate prescribing
- EOLC
- Discharging Wisely
- Urine drug screens
- Ix of febrile neutropenia
- Blood product use.

On the list

- Further imaging projects
 - Shoulder dislocation/ CXR.
- CTB in delerium
- Referring Wisely –
 Fracture clinic diversion.
- Impact of CW on our carbon footprint.

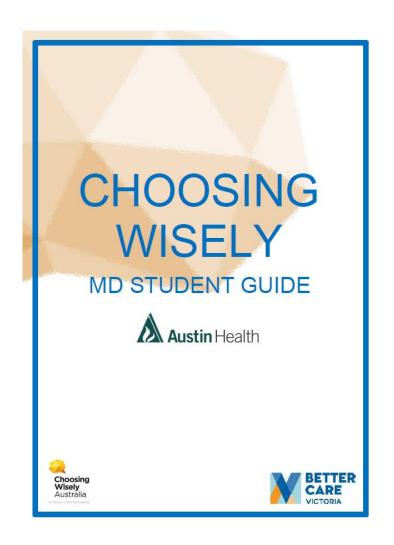


Junior Medical Staff Engagement

Choosing Wisely Handbook available on the Hub and features Recommendations relevant to MD2 rotations

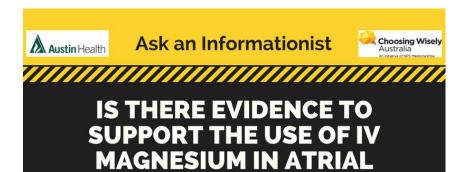
Consider inclusion of Choosing Wisely related recommendations into your unit handbook

MD students involved in many choosing wisely projects across the hospital





Ask an Informationist



FIBRILLATION?





"... at present, the available data would suggest that magnesium, as an adjunct to electric cardioversion or for prevention, **is more myth** than a practical, easy (or magical) solution to the growing problem of AF."

2017

Systematic Review Evidence "Magnesium administration postcardiothoracic surgery appears to reduce AF without significant adverse events."



Optimal timing = postoperative with duration >24h, doses up to 60mmol, administered as boluses



Insufficient evidence supporting magnesium therapy for treatment or prophylaxis of other arrhythmias

- Six months a year, Austin Library produces an evidence summary based on clinical questions suggested by Austin Health Clinicians
- Topics examined so far include:
 - Opioids post-fracture
 - Minimum retesting intervals in microbiology
 - PPIs in GI bleeds
 - IV Magnesium in AF
- Next topics to include:
 - Amiodarone infusions in AF
 - Renal colic therapies
 - Deprescribing statins





Choosing Wisely Victorian Collaboration



Choosing Wisely Scaling Collaboration

- In partnership with Austin Health, NPS Medicine Wise
- Collaboration approach based on 12 month learning system
 - Approximately every 6-8 weeks
 - Led by a participating health service
- Funding of \$100,000 per health service to participate
- Alpha Crucis Group leading the evaluation



Choosing Wisely Scaling Collaboration

- Key features of the Collaboration are Based on the IHI Collaborative series that is characterised by:
 - Finite period of support
 - Single improvement theme
 - Mentoring for successful implementation
 - Regular gatherings where services reflect on the journey so far
 - Based on scaling best practice



Collaboration Aim

 To increase the number of Choosing Wisely Champions Health Services across Victoria that supports health professionals in delivering safe, effective and efficient care for patients.

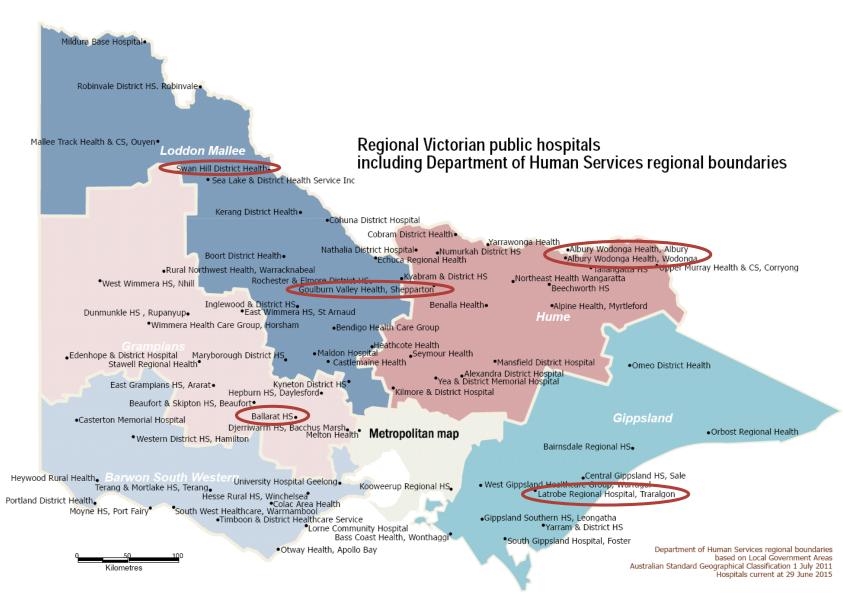


Collaboration Objectives

- To establish a sustainable framework to measure low value care and impact of interventions designed to reduce low value care practices
- Decrease the proportion of low value care practices delivered in health services by reducing unnecessary requestion of tests, treatments and procedures

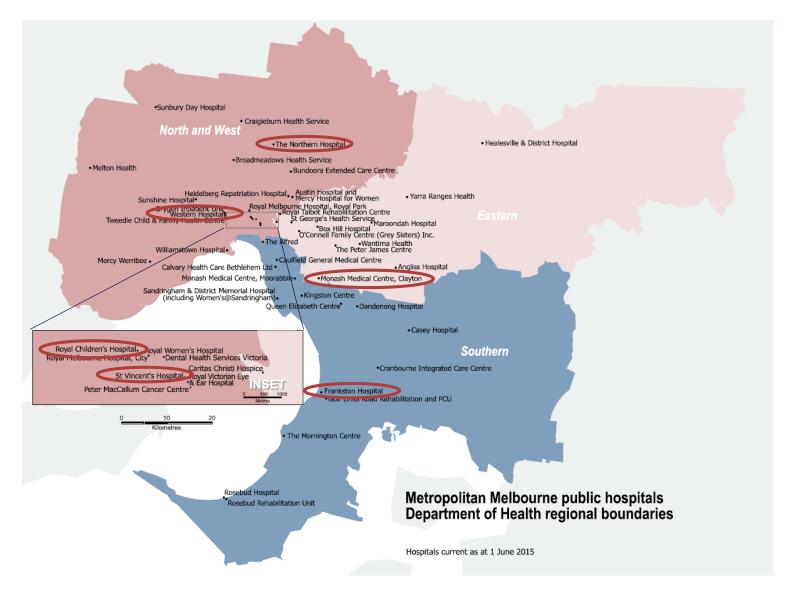


Choosing Wisely Scaling Collaboration





Choosing Wisely Scaling Collaboration





Collaboration Site Topics

Clinical area	Sites
Radiology	
Chest x-rays for the diagnosis of bronchiolitis & asthma in children	Albury-Wodonga HealthRoyal Children's Hospital
Chest x-rays in ICU	St Vincent's
CT scans after hours in ED	 Ballarat Health (Abdo & Brain CT) Goulburn Valley Health (CTPA, Abdo, C-Spine & Brain)
CT ultrasounds for patients with renal colic	Monash Health
CT lumbar spine (non-trauma)	Peninsula Health
CT brain in head injury	Western Health
Diagnostic testing for PE	Swan HillWestern Health
Ultrasound for inguinal hernia	Northern Health
Other imaging (lower back, cervical spine, ankle)	Western Health
Pathology	
Arterial Blood Gases in ICU	St Vincent's
Coagulation Studies in ED	La Trobe Regional HospitalNorthern HealthPeninsula Health
Midstream Urine Samples in patients > 50 years	Monash Health
Venous Blood Gases in ED	Ballarat Health
Other	
ICU observations and invasive line use in ward ready patients	St Vincent's

