Royal Brisbane and Women's Hospital

Choosing Wisely

HIGHLIGHTS REPORT | 2017

Our first 12 months as a Choosing Wisely partner

Choosing Wisely Australia
An initiative of NPS MedicineWise

Queensland Government

Interpreter Services Statement

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CONTENTS

MESSAGE FROM THE **EXECUTIVE DIRECTOR**

The Royal Brisbane and Women's Hospital (RBWH) is one of a number of leading hospitals working in partnership with Choosing Wisely Australia to challenge the status quo around healthcare delivery.

Since our partnership began 12 months ago, we've challenged our staff across RBWH to think differently about how they care for patients, and to take steps to change or improve what they do when things are no longer adding to the patient experience.

To be successful in this change, we have needed all cogs of the 'Royal' machine to work together. I'm proud to say that Choosing Wisely has been embraced at all levels of our organisation.

More than 30 departments are on board with 130+ initiatives active across RBWH. And this number is growing as we continue to empower our staff to make wise choices, and we invite our patients to ask questions about their healthcare.

While it began somewhat as a 'grass roots' program across RBWH, it's now very much a part of our core business. Today, Choosing Wisely is part of our performance framework—directly connecting the individual initiatives to the organisation they are trying to improve. We now have more robust governance, accountability and sustainability, which support management and clinical engagement in the Choosing Wisely program into the future.

I'm confident that over the next 12 months, RBWH will continue to make big strides with Choosing Wisely and it will be a driving force behind our ongoing innovation, improvement and consumer focus.

Dr Amanda Dines
Executive Director, Royal Brisbane and Women's Hospital

A **CLINICAL PERSPECTIVE**

The increasing complexity and demand for healthcare over the past 20 years has been strikingly apparent to me as an emergency physician.

As a medical student and then trainee specialist, the focus was very much on maximising the use of technology to fix and cure. Each new technology and capability was warmly embraced; however, I don't recall very many conversations or lectures that focused on balancing this capability with the underlying value or impact on patient outcome.

As a clinician working in a busy, high-acuity hospital it is easy to fall into habits of ordering tests and requesting treatments simply because we can. Sometimes, it is because it can help make us feel like we are doing something for the patient. Other times, it is because we think we have to because 'that is what hospitals do' or because 'my boss might ask for that'; or because we are too busy to stop and think.

It can be difficult at times to stop and rationally assess the investigation or treatment plan based on best evidence and good clinical risk assessment in the context of the individual patient. Choosing Wisely helps to make this easier. It encourages clinicians to stop and think, and empowers patients to speak up and ask 'why?'

At the heart of it, we all want to do what is best for our patients. Choosing Wisely is a great way to help deliver that.

Dr David Rosengren
Emergency Physician
A/Director of Operations
Metro North Hospital and Health Service

MESSAGE FROM THE **CLINICAL LEAD**

It's been 12 months now since RBWH joined the global, social movement that is 'Choosing Wisely'.

As the Clinical Lead for the program at RBWH, I've been working across the organisation with staff from all professions—medical, nursing, allied health, administration and operations—to embed the Choosing Wisely ethos. As a result, staff are empowered to champion projects and initiatives that aim to eliminate unnecessary or low-value tests, treatments and procedures.

I am happy to say that staff have embraced Choosing Wisely. During our first 12 months, more than 130 initiatives have been introduced and are making a difference to our staff and patients.

We are already building quality, capacity and efficiency into our hospital's services. Unnecessary imaging, alternative models of care, improved processes and different medicine options have all been identified and progressed as part of our work.

Choosing Wisely is more than healthcare staff making wise choices in healthcare delivery. It is also about promoting better conversations between clinicians and patients about their healthcare options. Our Consumer Advisory Group has embraced Choosing Wisely, with two of our consumer representatives directly participating in the implementation of our Choosing Wisely campaign. Our first consumer workshop was a success with the group discussing what works well, issues and barriers to success.

Moving forward, RBWH will be focusing on the consumer engagement with 'making conversations happen' a priority.

Watch this space...

Jessica Toleman
Clinical Lead, RBWH Choosing Wisely

L-R: Dr Kate McCrossin, Dr Bjorn Smith, Shelly Comber, Catherine Saddler, Justine Giddy and Damian Kukulies.

TICK TOCK

The *fasting clock initiative* is helping to keep hunger in check by ensuring patients aren't fasting for longer than required ahead of their surgery by using a simple, visual bedside aid.

The fasting clock tells both staff and patients what's required using clear instructions on fasting times for food and fluids prior to surgery.

RBWH Anaesthetist Kate McCrossin championed the project with the support of an enthusiastic multidisciplinary team of nursing, medical and allied health professionals.

Dr McCrossin said the initial fasting clock pilot was a great success, demonstrating reduced fasting times for both food and fluids, with patients feeling less hungry and thirsty.

"Previously, patients fasted for excessively long periods of time prior to surgery," Dr McCrossin said.

"Imagine getting up for work at 6.30am and not being able to drink until 6.30pm. This was routinely happening to patients at RBWH.

"Our fasting clock initiative brings fasting times into line with current recommendations and minimises the discomfort for our patients.

"Previous studies have shown potential benefits associated with reduced fasting times such as improved time to mobilisation, gut recovery and hospital discharge, as well as improved wound healing and decreased side-effects of anaesthesia."

The initial pilot ran in January across two wards and the follow-up audit showed positive results including reduced fasting times and improved patient comfort. This was enough evidence to roll out fasting clocks to the remaining surgical areas of the hospital.

Dr McCrossin said variations of the fasting clock had been successfully implemented at other hospitals throughout Australia to improve clinical outcomes.

"This low-cost intervention has made a huge difference to patient and staff experience regarding perioperative care.

"As a result, the fasting clock is now in place across all RBWH surgical wards, with several other clinical areas interested in the concept. Caboolture Hospital is also taking the initial steps to implement a fasting clock on their surgical ward."

CREDIT TO SUCCESS

Staff at the Emergency and Trauma Centre (E&TC) are actively pursuing the Choosing Wisely ethos through *CREDIT: Cannulation Rates in the Emergency Department Intervention Trial*.

While the original 2016 CREDIT study is complete, the multi-modal intervention to empower clinicians to consider the need for peripheral intravenous cannulation (PIVC) continues in 'sustaining CREDIT'.

Evidence shows that many PIVC inserted in the E&TC are not used, so reducing the number of unnecessary invasive devices is important. The study showed it saves time and money, and may help to reduce the risk of infection.

This work has encouraged staff to think critically and only use a PIVC on their patient if they believe it is 80 per cent likely to be used within the next 24 hours.

CREDIT has been embraced by the E&TC and the proof as they say, 'is in the pudding': the trial reduced ED PIVC insertion rates by 10 per cent, increased the usage of PIVCs within the first 24 hours by 13 per cent.

The team's efforts were acknowledged at the Health Roundtable Innovation Workshops and Awards winning the 'Improving operational performance: improving service efficiency at 'bottlenecks'' category.

CREDIT team L-R: Jill Duncan, Assoc. Prof. Louise Cullen, Julia Brownlie, Prof. Anthony Brown, Tracey Hawkins, Assoc. Prof. Anthony Bell

ELIMINATING O-NEGATIVE BLOOD WASTAGE

E&TC's Matilda Schmidt

AWARD WINNER

Tick tock, tick tock... staff in the E&TC now have 60 minutes to decide the fate of blood products they receive thanks to a simple but effective initiative that's been in place since May 2017.

A timer is attached to all Medevac blood boxes sent down from blood bank, with the one-hour timeframe commencing as the box leaves the blood bank. It's a reminder to E&TC staff that a clinical decision needs to be made to either transfuse the patient with the O-negative blood or send the box back to blood bank.

O-negative blood is a precious resource and costs $401 per unit, but more importantly is something a member of the community has taken time to donate. It takes one person 12 months to donate four units of blood.

Comparing 2016 and 2017 wastage data, this initiative has significantly reduced any wastage and brought 'blood' front of mind for busy emergency staff.

B POSITIVE ABOUT B-hCG

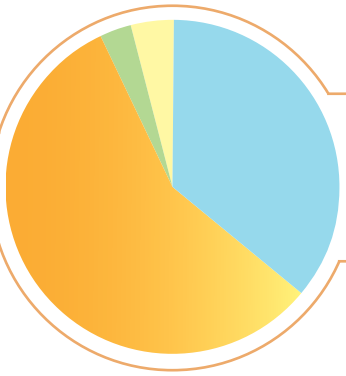
Also under way in the E&TC is a new process for point-of-care pregnancy testing rather than the traditional formal qualitative Beta hCG (B-hCG) used in emergency departments. This initiative aims to make point of care testing (POCT) the primary test when pregnancy screening is required, and reserve formal qualitative B-hCG testing for specific cases or to assist clinical decision making.

POCT is faster and avoids delays in patient treatment where there is a low risk of pregnancy. It also means there is a reduction in pathology spend and in duplicate pathology testing.

SURVEYING OUR HEALTH SERVICE STAFF

As we hit our 12-month anniversary we thought it would be great to find out what our staff think about Choosing Wisely as well as unnecessary tests, treatments and procedures. These survey results will help to evaluate and inform this initiative, and empower clinical teams to make changes.

153 Staff responded to the survey



87 Nursing

55 Medical

6 Pharmacy

5 Allied Health

64% of staff have heard about Choosing Wisely through local projects, their colleagues or professional college or society.

80% of staff think that unnecessary tests, treatments and procedures are undertaken.

- **90%** think they can be harmful for patients.
- **96%** believe medical practitioners have a responsibility to help reduce them.

75% of staff have been asked by patients for unnecessary test, treatment or procedure.

89% of staff have been asked by a colleague or supervisor for unnecessary test, treatment or procedure.

33% believe they have limited influence to reduce unnecessary tests, treatments and procedures, with only **25%** actively discouraging patients from anything unnecessary.

Top 3 reasons for unnecessary tests, treatments or procedures:

1. Difficulty accessing information about previous tests, treatments or procedures
2. Patient expectations
3. Potential for medical litigation

Top 3 barriers to implementing Choosing Wisely:

1. Hard to change existing ways of working
2. Lack of education about recommendations
3. Disagreement among staff

Top 3 areas for improvement:

1. Pathology tests
2. Medications
3. Radiology and imaging

‘5 THINGS’

The Choosing Wisely ‘5 Things’ recommendations are lists created by specialty colleges and societies, and represent recommendations that clinicians and patients should discuss. Primarily, they’re conversation aids.

As at October 2017, Choosing Wisely Australia worked with colleges and societies across Australia to endorse 163 Choosing Wisely recommendations.

RBWH has adopted the Choosing Wisely ethos broadly but has used the ‘5 Things’ recommendations as mechanisms to raise awareness, and recently surveyed directors of departments where Choosing Wisely ‘5 Things’ lists were available. Ninety-four recommendations were deemed relevant to RBWH. Of those, 64 per cent were ‘business as usual’ and 23 per cent a ‘work in progress’.

The ‘5 Things’ lists have been a great way to start conversations with the clinical teams, and has focussed conversations on whether or not a test, treatment or procedure is really necessary and if it will add value to their patient’s outcome and experience.

OUR CONSUMERS

RBWH is committed to having meaningful conversations with consumers. This year, RBWH hosted a consumer and volunteer workshop to discuss what a Choosing Wisely hospital should look and act like.

DIGITAL MEAL MANAGEMENT GETS RESULTS

Since July 2016, RBWH has been reaping the rewards of its *digital meal management system*. As the largest supplier of patient meals across Queensland, it was clear a more contemporary system was required to ensure best use of staff time and eliminate food wastage.

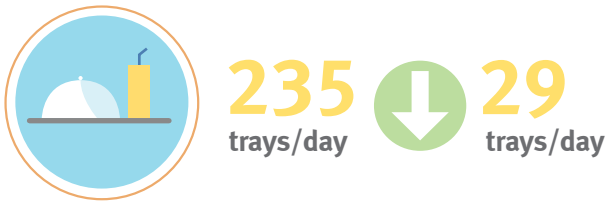
The result of great team work between Nutrition and Dietetics, Patient Food Services and Metro North IT, the delegate menu system was developed with four key aims: improve patient satisfaction, improve patient safety, improve efficiency and reduce food wastage.

Project Lead Jennifer Ellick said that it was important for RBWH to develop a digital solution.

"RBWH produces a staggering 2600 patient meals each day, which is a huge logistical exercise," she said.

"A digital meal management system gives us the ability to better plan menus, control stock, limit food wastage and also track food allergies and other patient needs.

"Since implementing the system we have improved stock control and significantly reduced tray wastage from 13 per cent of trays wasted per day down to 1.6 per cent of trays wasted.



"That's an average of 235 trays per day wasted in the old system, with that figure now only around 29 trays per day.

"Our biggest result is with our staff members' time. Eighteen hours per day of dietetic assistants' time has been saved and is now reallocated to clinical tasks—that is a huge shift in how we do business."

The successful implementation of the digital meal management system has shown how to create efficiencies for the organisation without compromising patient outcomes.

DIETITIANS AT THE FRONTLINE

The *Dietitian First Gastroenterology Clinic* (aka the DFGC) is an innovative model of care managing gastrointestinal disorders. Dietitians work independently as the first point of contact for patients and have been given access to request pathology to fast-track patient assessment and treatment.

Ultimately, this model has reduced gastroenterology waiting lists for patients whose symptoms can be managed through dietary and lifestyle advice, and has positively impacted patient experience and service outcomes.

Looking at the success of this model was Jennifer Ellick who saw positive outcomes for both the patient and the organisation.

"The model of care developed empowered dieticians and expanded work for a specific cohort of patients—those under 40 years with abdominal pain, altered bowel habits and no abnormal screening tests," Jennifer said.

"We collected a range of data over a three-year period around 'time to first appointment', patient symptoms, experience, and referral rates back to the gastroenterologist for further assessment.

"Over that time, 62 patients were moved from the gastroenterology outpatient clinic wait list to the DFGC, and we saw a massive reduction in their wait time. The average 'time to first appointment' with the dietitian was 68 days compared to 283 days to see a gastroenterologist.

"That has an impact on the patient experience and on our service efficiency."

This model of care is now 'business as usual' at RBWH with the team supporting its roll out across other facilities around the state.

EXTENDING SCOPE OF PRACTICE FOR DIETICIANS

The departments of Nutrition and Dietetics, Gastroenterology and Medical Imaging have worked together to expand the role for specifically-trained dieticians, allowing them to do routine maintenance of tubes or devices typically managed by nursing or medical staff.

The benefits revealed themselves quickly, with the major one being patient experience. Patients have fewer appointments, a specialised contact person and improved monitoring and maintenance of their tubes or devices.

ENT AUDIOLOGY TRIAGE

RBWH's audiology and ear, nose and throat (ENT) departments are using patients' time wisely by using audiology assessments to better inform the patient journey and referral pathway to ENT.

The audiology assessment determines if the initial assessment of the patient is accurate and gathers more information to determine if the referral to the ENT specialist is still necessary.

More than 650 patients have been through this triage process with some re-categorised, others discharged without proceeding to ENT or redirected to more appropriate treatment pathways.

GLOWING DIGITAL TO EDUCATE CONSUMERS

GLOW—an innovative resource providing antenatal education online—has transformed how Women's and Newborn Services engages and educates its patients. Not only has GLOW celebrated its first anniversary, seen 4000 patients use the resource, it also took out the Value the Customer award at the 2017 eHealth Awards.

GLOW has shown the value of considering electronic alternatives to paper-based consumer resources as a means to not only reduce paper wastage but also increase consumer engagement by providing easy-to-access information.

Co-creator and RBWH midwife Libby Ryan said GLOW's future is bright.

"We have filled a gap in the market and our patients can't get enough of it," she said.

"Technology use is at an all-time high and our spare time at an all-time low. Through GLOW we've provided mums-to-be with all the information they need.

"Many of our GLOW users are first-time mums who are still working. Their time is limited but they're still looking for all the same information offered in face-to-face classes."

Winners: GLOW's Karen and Libby are all smiles after their win at the 2017 eHealth Awards.

IMPROVING PATIENT DISCHARGE INFORMATION: COMMUNICATING FOR SAFETY

RBWH is leading the way when it comes to delivering timely, relevant and safe discharge information to GPs, patients and their families.

Since mid-2016, RBWH has increased its two-day completion rate for discharge summaries from 50 per cent to 70 per cent—the highest it's ever been for RBWH and Metro North Hospital and Health Service.

This work has been championed by the RBWH Discharge Summary Working Group—comprising junior and senior doctors, GP and community services, pharmacy, safety and quality, health informatics, medical education, executive and consumers—to ensure that GPs and patients are receiving clear documentation of their medications and treatment plan soon after leaving hospital.

The working group went back to the drawing board and questioned the purpose of a discharge summary: is it about handing over to a GP or communicating with patients? Is it about summarising the inpatient admission for the next inpatient team?

A/Director of Clinical Training, Centre for Medical Officer Recruitment and Education, Dr Sonia Chanchlani said working collaboratively to tackle this issue made the biggest difference.

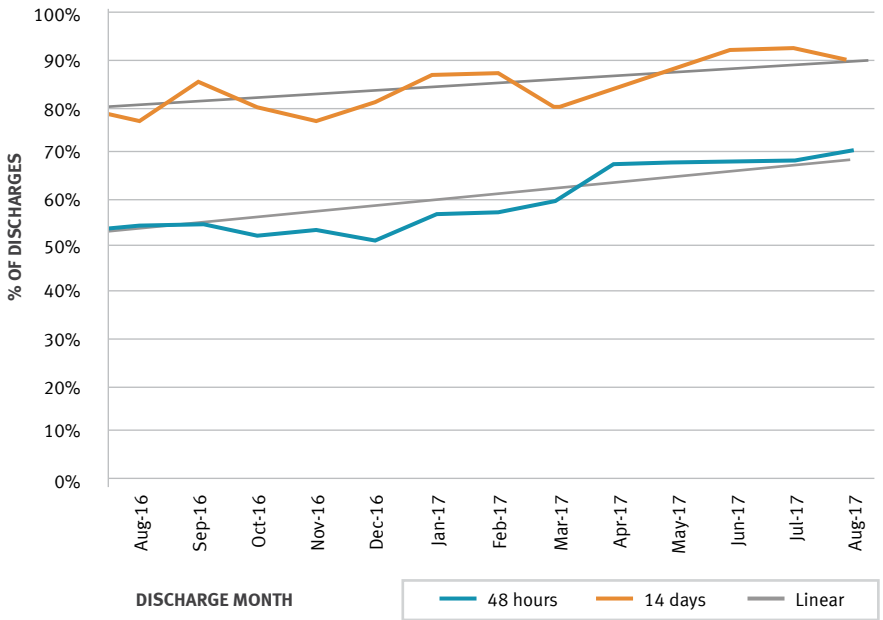
"Working with the GPs to improve education and orientation of the junior medical staff removed a huge barrier. We also improved IT access for allied health and nursing staff to directly populate discharge summaries as necessary," Dr Chanchlani said.

"Our big win came after adapting an IT solution from Townsville Hospital to deliver a daily email report to our doctors highlighting the patients who require a discharge summary. Within three 'clicks' they are able to complete the necessary discharge summary.

"We now boast a 70 per cent two-day completion rate for discharge summaries, which is a record high for RBWH and for any hospital in Metro North!"

This has substantially improved communication with GPs, ultimately improving patient safety.

"We are still working on improvements but it's amazing how a collaborative multidisciplinary effort combined with clinician leadership and a bit of IT magic can make a big difference."



> We have applied Choosing Wisely to some of our processes... from outpatients to discharges... to make sure that we are providing the right services, at the right time and in the right way.

MEDICATION LISTS A KEY TOOL FOR GPS

GPs consider the patient's medication list to be some of the most important information on a discharge summary but it is not commonly included.

Not to miss the opportunity to better communicate with GPs, and ultimately improve patient safety, RBWH has been working hard to ensure medication lists are included on discharge summaries.

A recent study in the Geriatric Evaluation and Management and general medicine wards found that medication lists were included in more than 80 per cent of discharge summaries, which is considerably higher than previous studies around Australia have suggested.

For high-risk patients, pharmacy technicians have also begun faxing discharge medication lists directly to GPs ensuring timely communication and continuity of care for patients.

LOOKING A LITTLE CLOSER...

Technology transforms hospital after-hours

Now, thanks to a combination of great team work and technology, RBWH is the first hospital in Australia to implement an electronic task management system for its clinicians working all after-hours shifts—evening, night and weekends.

Task Manager is an electronic system enabling staff to efficiently request, manage and respond to tasks after-hours. Nurses can easily request and track tasks, while doctors can better prioritise and plan workloads with more detailed clinical information.

This system supports team-based care by encouraging teamwork and promoting workload sharing, which ultimately leads to a better after-hours working experience.

Assistant Nursing Director Safety and Quality Unit Mary Fenn has witnessed the success of the program from the beginning.

"Users embraced the task manager and we have seen a high level of user acceptance," Ms Fenn said.

"Already, clinicians are telling us they can better prioritise and manage their workload and that they can work more efficiently as a result."

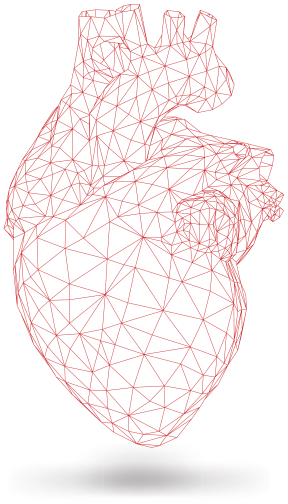
Streamlining cardiac cath lab

Realising that early discharge planning has a positive impact on patient experience, the Coronary Care Unit is improving its processes to ensure patients returning from the cardiac cath lab can be discharged more efficiently.

Since June 2017, the team has been piloting a new process where the receiving nurse contacts the treating medical team and the pharmacist to determine the discharge plan and discharge prescriptions, education, medicines lists and dose administration aids.

Cardiology Team Leader Serena Rofail said that initial results are promising.

"Feedback from junior medical officers indicated that writing the discharges the day before made their mornings less stressful."



Patient time saver a hit

In order to improve patient flow and timely discharges, a pharmacist is now present on the Acute Surgery Unit morning ward round.

The pharmacist collaborates with medical officers at the time of discharge planning and prescribing, and receives relevant prescriptions during or immediately after the ward round.

This initiative saves on average 30 minutes of patient time when pharmacists are contacted about a discharge prior to the writing of prescriptions compared to being notified afterwards and subsequent amendments are required, delaying discharge.

This simple time-saving collaborative process has helped build inter-professional relationships between the pharmacist and other multidisciplinary team members, encouraged pharmacists to provide input into clinical decision-making in regards to medication management and has saved patient waiting time.

Keeping Kidneys

Keeping Kidneys (KK) delivers expert kidney care to patients in the community at the KK General Practitioner (GP) clinic.

The program aims to slow or stop chronic kidney disease by providing local, timely and expert kidney care and increasing people's knowledge and confidence to manage their kidney health.

People may enter the program via referral from their GP, the Metro North Kidney Health Service or self-referral. Patients move through a series of care checkpoints—triage, diagnosis and monitoring—depending on their kidney needs.

KK is inclusive of the patient's usual GP and may also include shared care with hospital-based nephrologists.

Getting patients home faster

Commencing in November 2016 and established in consultation with GPs, specialists and consumers, the *outpatient accelerated discharge protocol program* assists specialities to develop a discharge protocol for patients with conditions that would be better managed by their referring practitioner (i.e. GP, specialist or community health provider).

This program aims to reduce the demand for ongoing specialist review, provide care to patients closer to home and address the perceptions around ongoing specialist care after treatment. It is also expected to reduce review case activity and improve access for new patients requiring specialist care.

So far, the program has seen keen interest from specialist departments—including colorectal, dermatology, endocrine and diabetes, general surgery, neurology, urology, epilepsy and persistent pain—to discharge patients with the safety net of a rapid re-entry program.

Simple switch sees cost reduction

Changing normal practice and empowering staff to make changes has delivered easy cost savings under the *local anaesthetic cost reduction initiative.*

Medication expenses were halved from $22,000 per month to $11,000 per month in operating theatres by educating staff and using signs to prompt them to consider the substantially cheaper, yet still equally effective alternative brand.

The *Assessing the equivalence of Erythropoisesis-Stimulating agents in haemodialysis patients following brand switching initiative* had a similar aim and outcome, with a switch to a cost-saving medication creating a $860 per patient per year saving. These changes in practice have eliminated wastage costs, allowing that money to be spent on patient care.

HOW WE ARE CHOOSING WISELY

A SNEAK PEEK AT OUR INITIATIVES

PROJECT	DEPARTMENT(S)	PROJECT LEAD
Implementation of digital patient meal management system	Nutrition and Dietetics	Jennifer Ellick
Gastrostomy cares	Nutrition and Dietetics	Claire Blake
PenPals	Nutrition and Dietetics	Claire Blake
Alternative model of care (multidisciplinary) for Type 2 diabetes who were previously seen individually at RBWH OP clinic	Nutrition and Dietetics	Jane Musial
Ear, Nose and Throat (ENT) audiology pathway	Audiology/ENT	Carla Rose
Sustaining Cannulation Rates in the Emergency Department Intervention Trial (CREDIT)	Emergency	Paul Wynne
To bleed or not to bleed: Improving pathology ordering, VBGs and FBC	Emergency	Melissa McGlone
To bleed or not to bleed: improving pathology ordering, group and hold	Emergency	Melissa McGlone
Bedside ultrasound for PV bleeding in early pregnancy	Emergency	Julia Brownlie
PosiFlush pre-filled saline syringes for cannulation	Emergency	Tracey Hawkins
Improving collar and cuff use	Emergency	Janelle Heine
Improving incentive spirometer use	Emergency	Janelle Heine
Decreasing O-negative blood wastage	Emergency	Matilda Schmidt
To bleed or not to bleed: improving pathology ordering: qualitative vs quantitative B-hCG	Emergency	Julia Brownlie
Emergency department opioid prescribing intervention: optimising discharge (ED OPIOID)	Emergency/Pharmacy	Rina Savage
Medication stock usage: improving the use of high cost or high volume medications	Emergency/Pharmacy	David Hughes
Reduce the utility of hyperbaric oxygen (HBO) in treatment of non healing chronic wounds	Hyperbaric Medicine	Kenneth Thistlethwaite
Medicines: (A.) Intensive Care Unit (ICU) pharmacy has active involvement and in collaboration with clinicians (B.) Routine assessment and rationalisation of drugs is done on ward rounds	ICU	Nandan Bhende
Pathology tests (A.) A uniquely designed lab form to enable limited ordering with guidelines (B.) Direct Consultant involvement in ordering the tests (C.) Ongoing education regarding the merits of limited test ordering	ICU	Nandan Bhende
Radiology investigations: consultant led radiology test ordering	ICU	Nandan Bhende
Development of a burns dressing management plan for patients not requiring community services	Outpatients	Tania Davidovic
Optimisation of plastic surgery PDAR processes	Outpatients	Joanne James
Reduction in patient rescheduling due to process issues	Outpatients	Joanne James
Introduction of 'prequel' program	Professor Tess Cramond Multidisciplinary Pain Centre	Penelope Horn
Review of radiology protocols in emergency	Emergency/DMI	Anthony Bell

PROJECT	DEPARTMENT(S)	PROJECT LEAD
Feasibility of introduction of comprehensive extended hours: seven-day pharmacy service to ICU	ICU/Pharmacy	Sinead Carmichael
Is stress-ulcer prophylaxis being appropriately reviewed and a management plan documented in post ICU discharge	ICU/Pharmacy	Christopher Accornero
A review of the accuracy of NIMC transcribing on transfer of care from ICU to the ward	ICU/Pharmacy	Kasey Schuler
Introduction of a PDF metavision discharge medication list to improve accuracy of NIMC transcribing on transfer of care from ICU to the ward	ICU/Pharmacy	Kasey Schuler
Outpatients: request for review appointments	Outpatients, Neurology and Professor Tess Cramond Multidisciplinary Pain Centre	Carmen Mauchline
Is Erythromycin as a prokinetic being reviewed when goal feed rates reached in ICU? An investigation into feasibility of using Baxter pre-filled syringes to reduce cost of erythromycin	Pharmacy	Christopher Accornero
Outpatients: discharge of colorectal surgical patients on a surveillance pathway	Outpatients/General Surgery (Colorectal)	Kelcie Cole
Cease the historical practice of routine weekly chest X-ray on all inpatients on the haematology ward	Haematology	Glen Kennedy
Review antiemetics given with chemotherapy for solid tumours	Medical Oncology	David Wyld
Reduction in Urokinase usage for central venous access devices (CVAD) management	Nursing	Michael Smith
Therapeutic radioactive iodine: cease urine iodine testing prior to I-131	Radiation Oncology	Graeme Dickie
Progressing the 'Top 5 recommendations' from Choosing Wisely	Department of Medical Imaging	John Clouston
Development and delivery of education modules on anticoagulants for staff on Coronary Care Unit (CCU)	Cardiology/Pharmacy	Erika Marsh
Audit of the use of flexible diuretic plans in patients readmitted with heart failure	Cardiology/Pharmacy	Katina Black
Trial of pharmacist and junior medical officer early discharge planning following cath lab procedures	Cardiology/Pharmacy	Serena Rofail
Formalised assessment of medication adherence in cardiology outpatient clinics and effect of pharmacist intervention	Cardiology/Pharmacy	Andrew Hale
Hormone replacement therapy (HRT) prescribing in cardiology patients: audit of practice and outcomes of recommendations	Cardiology/Pharmacy	Jesseca Eglington
Excessive Proton Pump Inhibitor (PPI) prescribing	Gastroenterology	Amy Legg
Colonoscopy surveillance project	Gastroenterology	Dean Cartwright
Do not use antimicrobials to treat bacteriuria in older adults where specific urinary tract symptoms are not present	IMAC	Kana Appadurai
Palliative medicine: monitoring/supporting five palliative medicine initiatives including reduction of polypharmacy in palliative patients	Palliative Care/Pharmacy	Alison Kearney
Intravenous (IV) to oral	Pharmacy	Champika Pattullo
Use of a prescribing audit tool to optimise safe prescribing in a high turnover medical unit	Pharmacy	Andrew Hale
Anticoagulation in cardiology patients	Pharmacy/Cardiology	Champika Pattullo

PROJECT	DEPARTMENT(S)	PROJECT LEAD
Isolated medication cupboard safety strategy	Pharmacy/General Medicine	Naythen Hoang
Improving medication information on discharge for medical patients	Pharmacy/General Medicine	Jared Zipf
IV to oral: reducing unnecessary IV use in medical patients	Pharmacy/General Medicine	Champika Pattullo
Audit and optimisation of inhaler use/technique in medical patients	Pharmacy/General Medicine	Julie Withers
Improving patient flow: increasing the percentage of patient's discharges before 1200 for medical patients	Pharmacy/General Medicine	Rolene Coetzee
Audit of antipsychotic use for agitation/delirium/dementia in medical patients	Pharmacy/General Medicine	Julie Withers
Optimising medication information on discharge: pharmacy technician faxing discharge medication lists to GPs	Pharmacy/General Medicine	Julie Withers
Pharmacist prescribing	Pharmacy/General Medicine	Shannon Finn
Metro North Keeping Kidneys Program	Renal	Alexandra Cation
PPI de-prescribing tool	Renal/Pharmacy	Carla Scuderi
Erythropoiesis-stimulating agent (ESA) conversion	Renal/Pharmacy	Carla Scuderi
Anticoagulation and vascular access	Renal/Pharmacy	Carla Scuderi
Smoking and the haemodialysis unit (HDU)	Renal/Pharmacy	Carla Scuderi
Drug utilisation review (DUR): renal services	Renal/Pharmacy	Carla Scuderi
Incorporation of the five Choosing Wisely Recommendations into departmental KPI reporting	Sexual Health and HIV Service	Diane Rowling
Dietician first gastro clinic	Gastroenterology/Nutrition and Dietetics	Jennifer Ellick
Antimicrobial stewardship (AMS)	Infectious Diseases/All	Krispin Hajkowicz
Oral chemotherapy competency standards for pharmacy staff	Pharmacy	Michelle Rantucci
Oral chemotherapy patient counselling checklist	Pharmacy	Michelle Rantucci
Development of a chemotherapy treatment diary for management of complex treatments	Pharmacy	Lesley Dawson
Discharge Medicine Record (DMR) guidelines for cancer patients	Pharmacy	Kelly Mulvogue
Utilisation of charm for prescribing, dispensing and claiming supportive care treatments for medical oncology patients	Pharmacy	Michael Rayner
Supportive care patient information leaflets	Pharmacy	Judith Burnett
Optimisation of SMS messaging in the cancer care pharmacy	Pharmacy	Alexandra Sharpe
Monoclonal antibody handling and administration guidelines	Pharmacy	Grant Partridge
Streamlining BMT group approvals and development of BMT work unit guidelines	Pharmacy	Midori Nakagaki
Guidelines for antiemetic treatment of chemotherapy-induced nausea and vomiting	Pharmacy	Midori Nakagaki
Guidelines for the safe prescribing, dispensing and administration intrathecal chemotherapy	Pharmacy	Grant Partridge
Increasing pharmacy services to cancer care patients through ambulatory care clinics	Pharmacy	Jonathan Hall

PROJECT	DEPARTMENT(S)	PROJECT LEAD
Physical health for mental health: initiating care in in-patients (calculating cardiovascular risks and actioning)	Pharmacy/Mental Health (MH)	Emily D'arcy
Hypnotic use in adolescent MH: monitoring current usage and developing guideline	Pharmacy/MH	Minnie Park
Nicotine replacement therapy (NRT) in MH: are we effectively using NRTs?	Pharmacy/MH	Jenna Turkington
PPI reviews: effectiveness in pharmacist intervention	Pharmacy/MH	Minnie Park
Appropriate therapeutic drug monitoring (TDM)	Pharmacy/MH	Minnie Park
From Psychiatric Emergency Centre (PEC) to wards: improving the medication management journey during admission	Pharmacy/MH	Minnie Park
Time in motion: ways to enhance patient contact	Pharmacy/MH	Minnie Park
Discharge Medicine Records (DMR) in Consumer Integrated Mental Health Application (CIMHA)	Pharmacy/MH	Stephanie McKellar
Making impact with iPharmacy intervention data	Pharmacy/MH	Lynda Tripcony
No more meds in envelopes in PEC	Pharmacy/MH	Minnie Park
High dose/poly pharmacy antipsychotic prescribing	Pharmacy/MH	Minnie Park
Availability of an appropriate weaning schedule or management plan for analgesics post discharge from burns ward	Burns/Pharmacy	Sinead Carmichael
Surgical antibiotic prophylaxis in orthopaedic patients	Orthopaedics/Anaesthetics/ ID/Pharmacy	Champika Pattullo
IV to oral (orthopaedics)	Orthopaedics/Pharmacy	Champika Pattullo
Evaluation of patient compliance with medication management instructions provided at preadmission	Pharmacy	Abby Yu
Evaluation of patient flow initiatives within surgical pharmacy team: pharmacist on ASU ward round	Pharmacy	Liam Busuttin
Pharmacist in parenteral nutrition (PN) clinic	Pharmacy	Andrew Hale
Appropriateness of Vancomycin dosing for central nervous system infections in a neurosurgical ward	Pharmacy/Neurosurgery	Alex Sharpe
Audit of VTE prescribing and completion of venous thromboembolism (VTE) risk assessment in neurosurgical patients	Pharmacy/Neurosurgery	Sinead Carmichael
An audit of the current practice in seizure prophylaxis prescribing in ICU and neurosurgery	Pharmacy/Neurosurgery	Sinead Carmichael
Opioids: evaluation of documented analgesia weaning plans on discharge	Pharmacy/Orthopaedics	Champika Pattullo
Assess completion of VTE risk assessment section on medication chart (orthopaedics)	Pharmacy/Orthopaedics	Champika Pattullo
Pathology	Hospital-wide	Wayne Hsueh
Quality activity committee: Human Research Ethics Committee	Safety and Quality Unit	Karen Lang
To provide standardised information and explanation to patients when they are deemed unsuitable for a particular treatment or intervention	Safety and Quality Unit	RBWH-PLS@health.qld.gov.au
After-hours task manager for ward calls	Safety and Quality Unit	Mary Fenn
Are we data rich but information poor?	Safety and Quality Unit	Therese Lee
Consumer representatives to participate in executive walk-arounds	Safety and Quality Unit	RBWH_CE@health.qld.gov.au

PROJECT	DEPARTMENT(S)	PROJECT LEAD
Improving discharge processes: medical process	Safety and Quality Unit/ Centre for Medical Officer Recruitment and Education (CMORE)	Sonia Chanchlani
Urinary tract infection (UTI) working group review	Hospital-wide	Karen Kasper
Supporting clinical environment: epicentre	Safety and Quality Unit/IMAC	Lisa Mitchell
Supporting clinical environment: multidisciplinary handovers	Safety and Quality Unit/ Women's and Newborn Services	Lisa Mitchell
Wound management	Nursing - hospital-wide	Skin_Integrity@ health.qld.gov.au
Close observation utilisation	Nursing - hospital-wide	Alanna Geary
Medihotel	Patient Flow	Alanna Geary
Stop using latex rubber bands on scud machines (level 4 and 5 theatres)	Patient Flow - Clinical Equipment Loans Service	Glen Sanderson
Delegate inventory and stocktake module	Patient Food Services	Juerg Suter
Reduce cost for local anaesthetic infiltration	Anaesthetics	Kerstin Wyssusek
Fasting clocks for patients awaiting surgery	Anaesthetics	Kate McCrossin
Low risk cataract appointments	Ophthalmology	Maria Moon
Reduction in Optical coherence tomography (OCTs)	Ophthalmology	Maria Moon
Ceasing post injection prophylactic drops	Ophthalmology	Maria Moon
Reducing number of drops used to routinely dilate patients eyes in outpatients	Ophthalmology	Maria Moon
Reduction in post op imaging checks (s-rays) for orthopaedic patients post intraoperative II (imaging)	Orthopaedics	Andrew Mayo
Prosthetic choice in theatres for vascular surgery patients	Vascular Surgery	Sue Cadigan
Review of length of stay: vascular surgery patients	Vascular Surgery	Sue Cadigan
Iron optimisation	Transfusion and Blood Management	Natasha Kearey
Single unit blood usage	Transfusion and Blood Management	Natasha Kearey
Induction of labour	Maternity	Tami Photinos
Antimicrobial stewardship in neonatal intensive care	Maternity	Melissa Lai
Value of D dimer or erythrocyte sedimentation rate (ESR) in pregnancy	Maternity	Karin Lust
Value of repeating protein/creatinine ratio (PCR) in women's with known preeclampsia	Maternity	Karin Lust
Women's and Newborn Services paperless (semi-digital) initiative	Maternity	Elizabeth Ryan
Small for gestational age (SGA) infants and frequency of scanning	Maternity	Renuka Sekar
Kleihauer project	Maternity	David Freidin
Inhaled nitric oxide in preterm infants	Neonatology	Melissa Lai
Scanning for attendance at morbidity and mortality meetings (instead of printing certificates)	Women's and Newborn Services	Karin Lust

“MAKING CONVERSATIONS POSSIBLE”