



CHOOSING WISELY

The Radiologists' Journey



The Royal Australian
and New Zealand
College of Radiologists®

CHOOSING WISELY INTERNATIONAL



CHOOSING WISELY WALES
DEWIS DOETH CYMRU

Choosing Wisely®

An initiative of the ABIM Foundation



Choosing Wisely Australia

An initiative of NPS MedicineWise



fare di più
non significa fare meglio
Choosing Wisely Italy

Choosing Wisely Canada



Choosing Wisely UK



無駄な医療をやめよう

Choosing Wisely (賢い選択) 本来に必要な医療だけを選ぶと、医療を提供する側と受ける患者側に呼びかけるキャンペーン

目的

- 根拠がある医療
- 検査や治療の重複がない医療
- 本当に必要な医療
- 患者に害を及ぼさない医療

無駄な医療とは



妊娠39週未満では原則的に分娩誘発や帝王切開はしない



低リスクの前立腺がんはあわてて治療を始めない



せき止めや風邪薬を4歳未満の子供に処方しない



爪水虫の飲み薬は基本的に不要



ざっくり腰で真っ先にX線検査はしない



進行した認知症患者に胃ろうは推奨しないなど



参加する学会

- 米国家庭医療学会
- 米国内科学会
- 米国産婦人科学会
- 米国内科学会
- 米国外科学会
- 米国消化器病学会
- 米国臨床腫瘍学会
- 米国放射線学会 など



<http://www.choosingwisely.org/>
米国内科専門医認定機構財団 (ABIM財団)のサイトから

各国の医療費

米国	8745*
ノルウェー	6140*
スイス	6080*
オランダ	5099*
日本	3649*
OECD平均	3484*

*1人あたりの医療費。2012年のOECD加盟国のデータ。厚労省のホームページから
グラフィック高橋 亮司

CHOOSING WISELY AUSTRALIA



Choosing Wisely Australia

An initiative of NPS MedicineWise

“ An important conversation
about unnecessary tests,
treatments and procedures. ”



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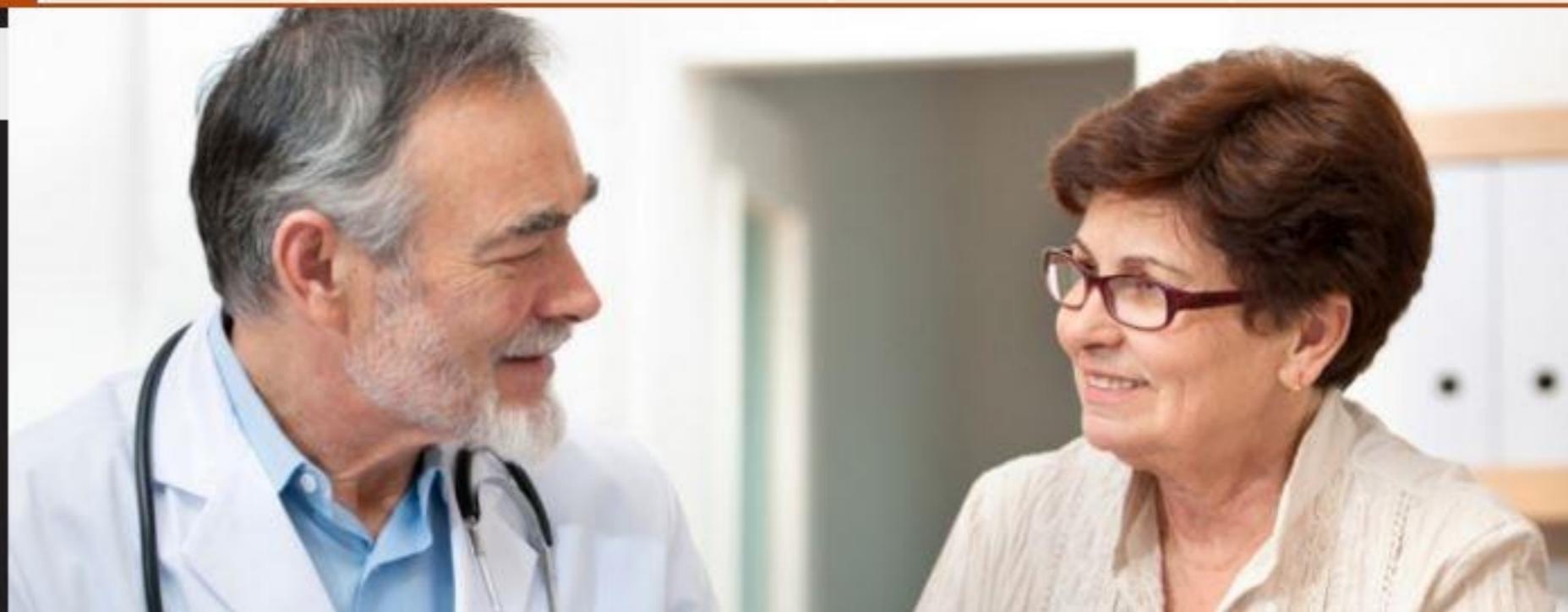
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CHOOSING WISELY AUSTRALIA

➤ **Wave 1**

Launched March 2015

RANZCR (FCR) was one of 5 founding member organisations

➤ **Wave 2**

Launched March 2016

RANZCR as an example

➤ **Wave 3 – soft launch**

RANZCR (FRO) recommendations launched



DEVELOPING THE RANZCR LIST

Building on existing research

- RANZCR was completing a project on education around appropriate imaging using validated Clinical Decision Rules

Forming the Recommendations

- Working Party was formed
- Criteria for prioritisation determined
- Recommendations developed

Internal Consultation

- RANZCR Clinical Radiology Membership Consultation
- Faculty of Clinical Radiology Council Approval

External Consultation

- NPS MedicineWise facilitated teleconferences with stakeholders
- Liaising with other Choosing Wisely Partners including ACEM

Recommendations Finalised and Launched



WHEN 5 = 6

➤ RANZCR recommendations

Most organisations release 5 recommendations.
Both RANZCR and ACEM launched 6 recommendations.
Recommendations included 2 joint ones between the two
Colleges so in total there were only ten individual
recommendation across both at the launch.



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WAVE 1 RECOMMENDATIONS

- 1 Don't request imaging for acute ankle trauma unless indicated by the Ottawa Ankle Rules (localised bone tenderness or inability to weight-bear as defined in the Rules). +
- 2 Don't request duplex compression ultrasound for suspected lower limb deep venous thrombosis in ambulatory outpatients unless the Wells Score (deep venous thrombosis risk assessment score) is greater than 2, OR if less than 2, D dimer assay is positive. +
- 3 Don't request any diagnostic testing for suspected pulmonary embolism (PE) unless indicated by Wells Score (or Charlotte Rule) followed by PE Rule-out Criteria (in patients not pregnant). Low risk patients in whom diagnostic testing is indicated should have PE excluded by a negative D dimer, not imaging. +
- 4 Don't perform imaging for patients with non-specific acute low back pain and no indicators of a serious cause for low back pain. +
- 5 Don't request imaging of the cervical spine in trauma patients, unless indicated by a validated clinical decision rule. +
- 6 Don't request computed tomography (CT) head scans in patients with a head injury, unless indicated by a validated clinical decision rule. +



Supporting Appropriate Imaging

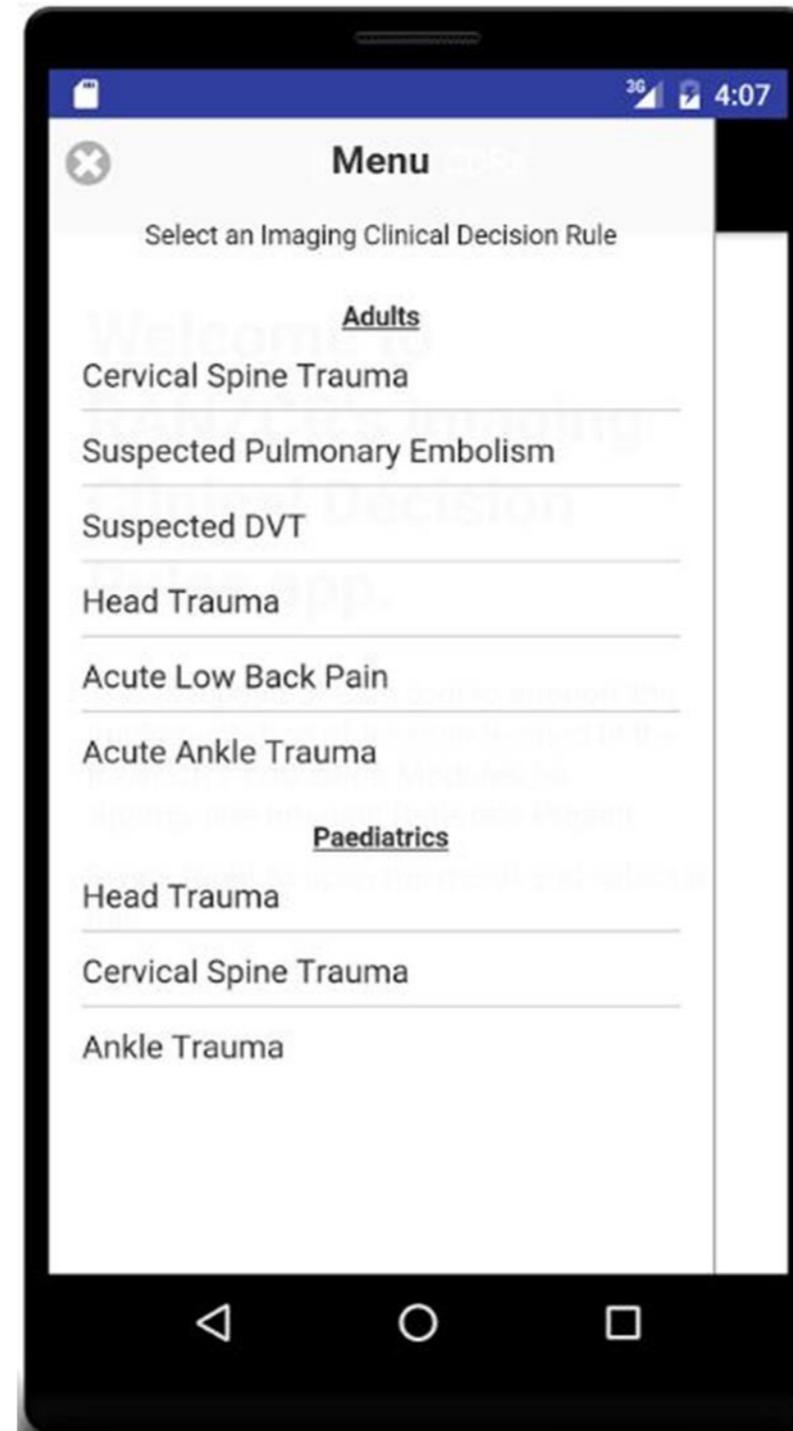
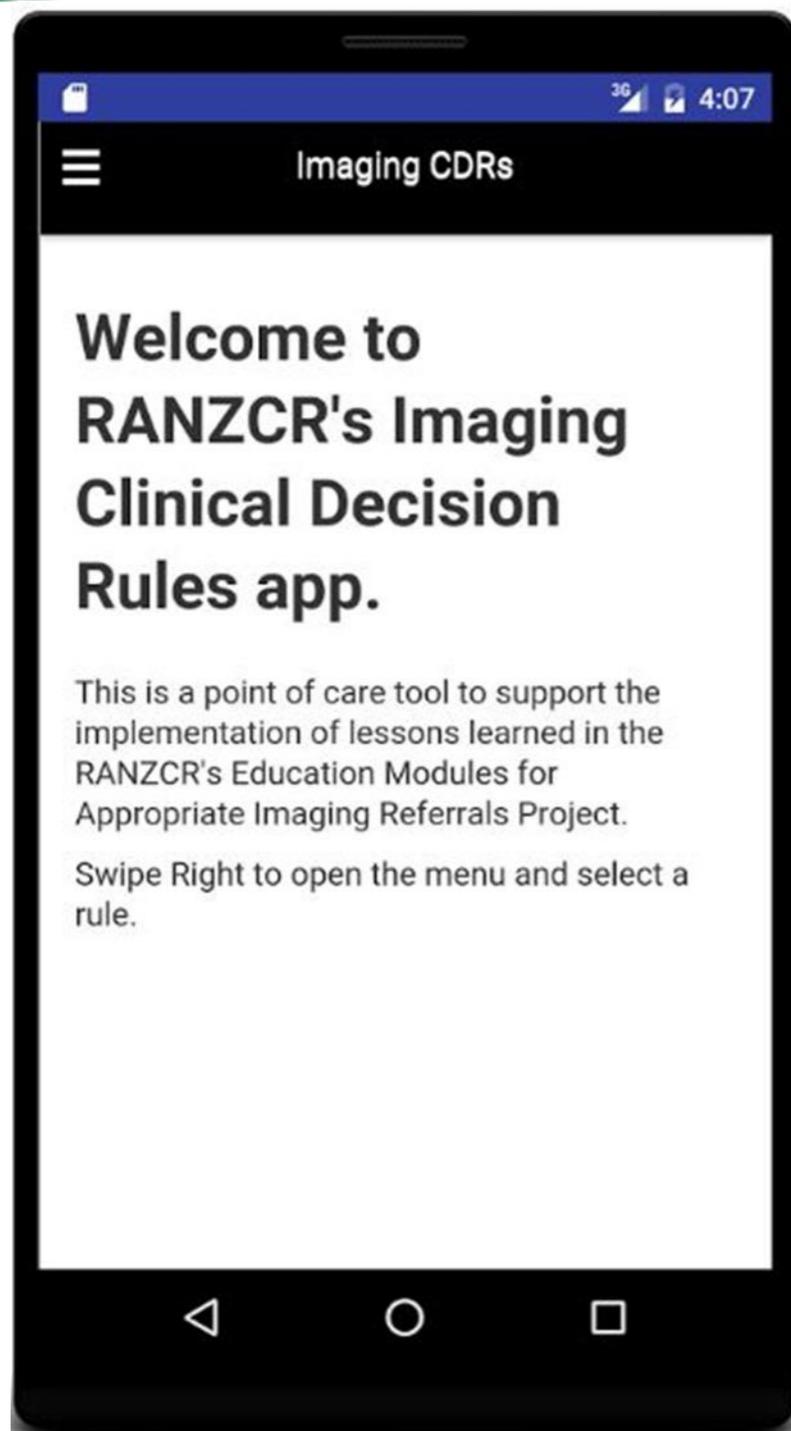
RANZCR modules on Appropriate Imaging developed into a clinical decision support app

Click on the buttons below to launch the modules.

RANZCR: Appropriate Imaging Referrals
Clinical Decision Rules
Suspected Pulmonary Embolism
Paediatric Head Trauma
Acute Ankle Trauma in Adults
Adult Cervical Spine Trauma
Acute Low Back Pain
Paediatric Cervical Spine Trauma
Adult Head Trauma
Suspected Lower Limb Deep Vein Thrombosis
Paediatric Ankle Trauma



Clinical Decision Rules App



PECARN

Inclusion Criteria:

- Age <18 years old
- Glasgow Coma Scale (GCS) 14 or 15
- Presented to ED within 24 hours of head trauma

No to ANY

Exclude

Exclusion Criteria:

- Trivial injury mechanisms: ground level falls, walking or running into stationary objects, no signs or symptoms of head trauma other than scalp abrasions and lacerations
- Penetrating trauma
- Known brain tumours
- Pre-existing neurological disorders
- Neuroimaging at an outside hospital before transfer
- Patients with ventricular shunts
- Bleeding disorders

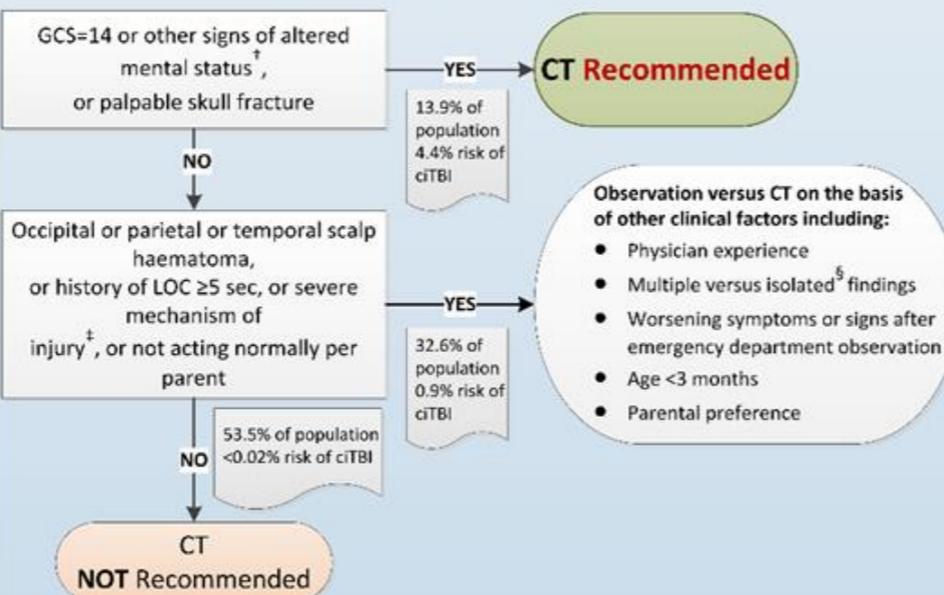
YES to ALL

YES to ANY

Exclude

No to ALL
(go to A or B)

A - for children younger than 2 years



Observation versus CT on the basis of other clinical factors including:

- Physician experience
- Multiple versus isolated[§] findings
- Worsening symptoms or signs after emergency department observation
- Age <3 months
- Parental preference

Explanatory Notes:

GCS = Glasgow Coma Scale.
ciTBI = clinically-important traumatic brain injury.
LOC = loss of consciousness.

*Data are from the combined derivation and validation populations.

†Other signs of altered mental status: agitation, somnolence, repetitive questioning, or slow response to verbal communication.

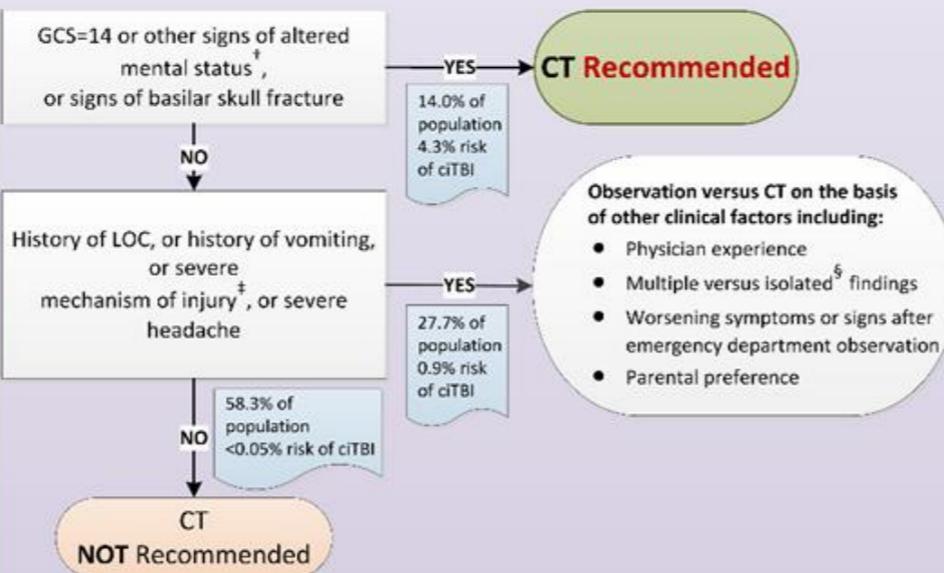
‡Severe mechanism of injury:

- Motor vehicle crash with patient ejection, death of another passenger, or rollover;
- Pedestrian or bicyclist without helmet struck by a motorised vehicle;
- Falls of more than 0.9 m (3 feet) (or more than 1.5 m [5 feet] for panel B); or
- Head struck by a high-impact object.

§Patients with certain isolated findings (i.e. with no other findings suggestive of traumatic brain injury), such as isolated LOC, isolated headache, isolated vomiting, and certain types of isolated scalp haematomas in infants older than 3 months, have a risk of ciTBI substantially lower than 1%.

Risk of ciTBI exceedingly low, generally lower than risk of CT-induced malignancies. Therefore, CT scans are not indicated for most patients in this group.

B - for those aged 2 years and older with GCS scores of 14–15 after head trauma*



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- Physician experience
- Multiple versus isolated[§] findings
- Worsening symptoms or signs after emergency department observation
- Parental preference

PARTNERING INSTITUTIONS

- **Monash University**
- **University of NSW**
- **University of Sydney**
- **Health Education Australia**
- **Monash Health**
- **Australasian College for
Emergency Medicine**
- **Australian Physiotherapy
Association**
- **Calvary Hospital (ACT)**
- **Griffith University (Qld)**
- **Health Education and Training
Institute (NSW)**
- **Metro North (Royal Brisbane
and Women's Hospital)**
- **Rural Health Continuing
Education Scheme**
- **University of Newcastle (NSW)**
- **University of Queensland (Qld)**
- **Gold Coast Hospital and Health
Service**
- **Central Adelaide Local Health
District**
- **Royal New Zealand College of
General Practitioners**



THANK YOU

Level 9, 51 Drutt Street
Sydney NSW 2000, Australia
Ph: +61 2 9268 9777
Fax: +61 2 9268 9799
web: www.ranzcr.edu.au
Email: ranzcr@ranzcr.edu.au



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