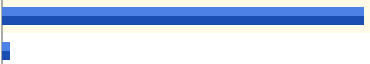


Initial Report






Last Modified: 08/26/2011

1. Clinical decision rules (CDRs) are decision support tools that synthesize evidence for use in bedside practice. The Ottawa Ankle Rules or the Nexus Criteria are examples of such tools. In your clinical practice, do you use CDRs?

#	Answer	Bar	Response	%
1	Yes		44	98%
2	No		1	2%
	Total		45	



Statistic	Value
Min Value	1
Max Value	2
Mean	1.02
Variance	0.02
Standard Deviation	0.15
Total Responses	45

2. Think about a month of clinical shifts. How often would you say you use a CDR in a month?

#	Answer	Bar	Response	%
1	< 1 per Month		0	0%
2	Once a Month		1	2%
3	2-3 Times a Month		4	9%
4	Once a Week		6	14%
5	2-3 Times a Week		13	30%
6	Daily		19	44%
	Total		43	






Statistic	Value
Min Value	2
Max Value	6
Mean	5.05
Variance	1.19
Standard Deviation	1.09
Total Responses	43

3. Think of when you care for a patient in whom pulmonary embolus (PE) is on the differential. Do you use a CDR when evaluating patients with suspected PE?

#	Answer	Bar	Response	%
1	Yes		38	86%
2	No		6	14%
	Total		44	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.14
Variance	0.12
Standard Deviation	0.35
Total Responses	44

4. Think of when you are evaluating somebody for PE. Which of the following criteria do you use? (Click all that apply)

#	Answer	Bar	Response	%
1	The Wells Criteria (a.k.a Canadian or Modified Wells or Wells Score)		41	91%
2	The Geneva or Modified Geneva Score		2	4%
3	The Charlotte Rule		3	7%
4	Clinical Judgment (By this we mean you use only clinical judgment and no other criteria)		18	40%
5	Other _____		10	22%

Statistic	Value
Min Value	1
Max Value	5
Total Responses	45

5. Think of the ED in which you work the majority of your shifts. Does this hospital have the ability to perform D-dimer testing?

#	Answer	Bar	Response	%
1	Yes		45	100%
2	No		0	0%
	Total		45	




Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	45

6. What type of D-dimer assay does that hospital's laboratory use?

#	Answer	Bar	Response	%
1	ELISA (quantitative)		12	27%
2	Latex agglutination (quantitative)		1	2%
3	Latex agglutination (quantitative)		1	2%
4	Immunoturbidimetric (quantitative)		1	2%
5	RBC agglutination/"SimpliRED" (qualitative)		0	0%
6	Immunochromatography/"Simplify" (qualitative)		0	0%
7	I do not know what type of assay they use		30	67%
	Total		45	




Statistic	Value
Min Value	1
Max Value	7
Mean	5.13
Variance	7.39
Standard Deviation	2.72
Total Responses	45

7. Is D-dimer ordering ever done as part of a triage or nursing protocol? In other words, can a triage nurse or nurse caring for the patient order a D-dimer without first consulting a physician? (For the purposes of this question assume nurse practitioners or physician assistants are distinct from nurses)

#	Answer	Bar	Response	%
1	Yes		12	27%
2	No		26	58%
3	I don't know if nurses can order D-dimer tests		7	16%
	Total		45	



Statistic	Value
Min Value	1
Max Value	3
Mean	1.89
Variance	0.42
Standard Deviation	0.65
Total Responses	45

8. For which patients do you order a D-dimer during the evaluation for PE? (click all that apply)

#	Answer	Bar	Response	%
1	Low risk patients		41	91%
2	Intermediate risk patients		21	47%
3	High risk patients		5	11%
4	I don't order D-dimers		0	0%






Statistic	Value
Min Value	1
Max Value	3
Total Responses	45

9. Are you familiar with the Pulmonary Embolism Rule Out Criteria (PERC) Rule?

#	Answer	Bar	Response	%
1	Yes		41	91%
2	No		4	9%
	Total		45	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.09
Variance	0.08
Standard Deviation	0.29
Total Responses	45

10. How often do you use or consider using the PERC rule when evaluating for PE?

#	Answer	Bar	Response	%
1	Never		2	5%
2	Rarely		2	5%
3	Sometimes		10	25%
4	Quite Often		19	48%
5	Very Often		7	18%
	Total		40	



Statistic	Value
Min Value	1
Max Value	5
Mean	3.68
Variance	0.99
Standard Deviation	1.00
Total Responses	40

11. Do you feel the PERC rule has been sufficiently validated? That is to say, do you feel there is a sufficient evidence to merit its use to determine which low risk patients do NOT need further testing (including D-dimer) to exclude PE?

#	Answer	Bar	Response	%
1	Yes		28	68%
2	I'm not familiar enough with the PERC rule to answer this question		9	22%
3	No		4	10%
	Total		41	

Statistic	Value
Min Value	1
Max Value	3
Mean	1.41
Variance	0.45
Standard Deviation	0.67
Total Responses	41

12. Do you require Radiology Department approval for ordering a PE protocol CT at your facility? By approval we mean Radiology may refuse to perform a PE protocol CT if they feel it is not clinically indicated.

#	Answer	Bar	Response	%
1	Yes		0	0%
2	Maybe (May depend on which Radiologist is working)		1	2%
3	No		44	98%
	Total		45	

Statistic	Value
Min Value	2
Max Value	3
Mean	2.98
Variance	0.02
Standard Deviation	0.15
Total Responses	45









13. Do you believe that Emergency Physicians over-order PE protocol CT exams?

By over-order, we mean that they are ordered on patients who can be reliably ruled out via other means (i.e. can be ruled out by PERC or negative d-dimer) or when V/Q scanning or Ultrasound are available (and patient is appropriate for testing by those means).

#	Answer	Bar	Response	%
1	Yes		23	51%
2	Maybe		12	27%
3	No		10	22%
	Total		45	








Statistic	Value
Min Value	1
Max Value	3
Mean	1.71
Variance	0.66
Standard Deviation	0.82
Total Responses	45

14. In your opinion, what forces might oppose a program to reduce over ordering of PE protocol CT exams at your institution? (Please select all that apply)

#	Answer	Bar	Response	%
1	Diagnostic algorithms (which may include D-Dimer, ultrasound imaging, or V/Q scanning) won't be as accurate as CT imaging		12	34%
2	Diagnostic algorithms (which may include D-dimer, ultrasound imaging, or V/Q scanning) won't be as timely as CT imaging		13	37%
3	Lack of patient acceptance		6	17%
4	Lack of administrative support		3	9%
5	Concern over perceived medico-legal implications		27	77%
6	Lack of nursing acceptance		1	3%
7	Lack of additional diagnostic resources (e.g. ultrasound, V/Q, D-dimer)		5	14%
8	Other _____		3	9%

Statistic	Value
Min Value	1
Max Value	8
Total Responses	35

15. In your opinion, what forces might favor a program to reduce over ordering of PE protocol CT exams at your institution? (Please select all that apply)

#	Answer	Bar	Response	%
1	Support from administration		10	29%
2	Support from nursing		4	11%
3	Support from local/regional mandates		8	23%
4	Published guidelines and policy statements		25	71%
5	Availability of additional diagnostic resources		9	26%
6	Medico-legal support (i.e. risk management support, tort reform)		25	71%
7	Other _____		3	9%

Statistic	Value
Min Value	1
Max Value	7
Total Responses	35

16. If you have experience with developing and implementing a protocol to help limit unnecessary PE protocol CT use in your facility what are the most important lessons you have learned?



Text Response	
Statistic	Value
Total Responses	0

17. Do you believe that you personally over order PE protocol CT exams?

#	Answer	Bar	Response	%
1	Yes		15	34%
2	Maybe		18	41%
3	No		11	25%
	Total		44	

Statistic	Value
Min Value	1
Max Value	3
Mean	1.91
Variance	0.60
Standard Deviation	0.77
Total Responses	44

18. Would you support an algorithm-based approach to ordering PE protocol CT examinations? By algorithm based approach, we mean calculating a pre-test risk of PE (e.g. low, intermediate, high) followed by possible additional screening evaluation for PE (PERC or D-dimer) followed by further testing (e.g. CT, V/Q, Ultrasound) if indicated?

#	Answer	Bar	Response	%
1	Yes		40	89%
2	No		5	11%
	Total		45	







Statistic	Value
Min Value	1
Max Value	2
Mean	1.11
Variance	0.10
Standard Deviation	0.32
Total Responses	45

19. List any specific issues you would like covered at the "Reducing CT Use for PE" Journal Club

Text Response
d-dimer use has not actually reduced the use of CT, by lowering the threshold for consideration of PE in the diagnostic algorithm, it generally has increased utilization of CTA.
ddimer in pregnancy, borderline ddimer with low pre-test probability ie ddimer=0.52
common consequences of missed PE

Statistic	Value
Total Responses	3

20. How many years have you practiced Emergency Medicine since you finished your residency?

#	Answer	Bar	Response	%
1	Currently in training		15	33%
2	1-5 years		9	20%
3	6-10 years		8	18%
4	11-15 years		5	11%
5	16-20 years		3	7%
6	Over 20 years		5	11%
	Total		45	









Statistic	Value
Min Value	1
Max Value	6
Mean	2.71
Variance	2.89
Standard Deviation	1.70
Total Responses	45

21. I agree to be contacted in the next 6 months to assess what changes have occurred in the interim at my facility.

#	Answer	Bar	Response	%
1	Yes		31	70%
2	No		13	30%
	Total		44	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.30
Variance	0.21
Standard Deviation	0.46
Total Responses	44

22. Where do you work the majority of your clinical shifts. By "majority" we mean more than 50% of your clinical shifts.

#	Answer	Bar	Response	%
1	Sentara Bayside/Independence Hospital		1	2%
2	Sentara Belle Harbor Hospital		1	2%
3	Sentara Leigh Hospital		6	14%
4	Sentara Louise Obici Hospital		3	7%
5	Sentara Norfolk General Hospital		25	57%
6	Sentara Princess Anne Hospital		4	9%
7	Sentara Virginia Beach General Hospital		1	2%
8	Other		3	7%
	Total		44	

Statistic	Value
Min Value	1
Max Value	8
Mean	4.84
Variance	2.00
Standard Deviation	1.41
Total Responses	44