Supplement 1 – Focus Group Discussion Questions

1. When did the Local Health District/hospital implement the ACEM/RCPA guidelines for sensible test requesting?

Pathology "clusters"/ Impact of HIT:

2. Who was involved in setting up the Traffic Light system in EMR order screen?
3. What is included in an order set for chest pain? Who set this up?
4. Does the STOP/ACEM guidelines align with order sets/nursing protocols/standing orders?
5. Who tends to use order sets?
6. Does the way the ordering is set up in EMR affect the tests/order sets you use/order? ("quick orders"/"traffic light"; are you more likely to order an order set if it is included on the quick orders)?
7. There are currently no real systematic barriers for ordering; should there be any?

ED Culture

8. Why and when would GNI tests for chest pain be requested? (E.g., work up for admission/ requested by another hospital; unclear diagnosis)
9. What is the effect on ordering patterns if the hospital:
    a. Is non-metropolitan/regional;
    b. Does not have an ICU/CCU on site?
10. What is the rationale for ordering the following test/s for a person presenting with chest pain?
    - Blood gas
    - Coags
    - CaMgP04
    - Lipase
    - CRP
11. Do you think time of day (daytime/night-time) affects the requesting of GNI tests?
12. Do you think the patients' mode of arrival (ambulance/walk-in) influences the requesting of GNI tests?
13. Does triage category have an impact on the requesting of GNI tests?