

A starter kit for implementing Choosing Wisely in hospitals

This is a new guide which has been prepared to assist smaller hospitals with the implementation of Choosing Wisely - it still needs to be tested in the New Zealand context - send any comment to the Choosing Wisely team.

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2. The Canadian model

3. Adopting a similar approach in New Zealand

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A starter kit for implementing Choosing Wisely in hospitals

1 Context

The Choosing Wisely New Zealand Community of Practice has asked the Choosing Wisely secretariat to help simplify the implementation of Choosing Wisely for hospitals. This includes supporting hospitals to know where to start, as well as support in taking Choosing Wisely implementation to the next level.

There is a need to support smaller hospitals who do not have the resources to fund dedicated project officers or committees, and there are inefficiencies in “reinventing the wheel” at every hospital. There is also a need for better support in monitoring and measurement.

This paper has been developed to suggest a framework for a simple, staged approach to Choosing Wisely implementation in hospitals in New Zealand¹. Building upon the Canadian starter kit for Choosing Wisely implementation in hospitals², the aim would be to identify quick wins which could be implemented relatively simply in most hospitals, as well as suggestions for taking Choosing Wisely to the next level. Potentially, this could be accompanied with a formal ‘Choosing Wisely designation’ for hospitals which achieve one of the levels in the framework.

2 The Canadian model

The Canadian starter kit describes three levels of actions, with increasing intensity (Annex 1). A hospital could start with implementing the “quick wins” in Level 1, or it could dive more deeply into Levels 2 and 3 where the actions are more involved, but the potential benefits are greater.

Hospitals across Canada have been invited to participate, and participation is voluntary. Upon implementation of the starter kit, hospitals become designated “Choosing Wisely Canada Hospitals” (at either Levels 1, 2 or 3). These hospitals receive a certificate of completion, are recognized on the Choosing Wisely Canada website, and gain national profile for their leadership in tackling overuse. (Note: overuse of medical interventions?) The starter kit was published in January 2019 and Canada now has 16 Level 1 hospitals and three Level 3 hospitals³.

3 Adapting a similar approach in New Zealand

There are several potential advantages in adapting a similar stepwise approach in New Zealand:

1. It is simple, and provides a clear, concrete way to get started (as the huge list of Choosing Wisely recommendations can be overwhelming).

2. It balances some directive, “top-down” actions to get people started with more bottom-up projects.
3. It is targeted at hospital level, rather than DHBs, which may appeal more readily to our clinicians. It adds a slightly different angle that would complement the work through Colleges, DHBs, and consumers.

4 What ‘quick wins’ would be most relevant for New Zealand?

Levels 2 and 3 of the Canadian frameworks in Annex 1 would be reasonably straightforward to adapt to New Zealand.

The 5 ‘quick wins’ in Level 1 of the Canadian model are not ones which we could just import for New Zealand, as they arise from Canadian Choosing Wisely recommendations and models of care. We have come up with a similar list of 5 quick wins drawn from our specific Choosing Wisely recommendations.

In terms of criteria⁴ for selecting New Zealand quick wins, the NZ Choosing Wisely secretariat propose that they should be:

- Relatively uncontroversial
- Linked to a NZ Choosing Wisely recommendation, already
- successfully implemented in at least one New Zealand hospital
- Specific in terms of what should be implemented, not just a recommendation/goal
- Easy to measure, including disaggregated measurement by ethnicity and sex
- Outcome focused rather than process (eg not ‘training’ or ‘posters’)
- Applicable to all hospitals - not only tertiary level care
- Feasible within the resources of most hospitals (eg not require significant new funds or dedicated staff), and
- Provide a balance of cost-saving and improved quality of care (the Canadian ones seem a bit more focused on cost-saving, although this could be related to these things being easier to measure).

Based on a review of our NZ Choosing Wisely recommendations, and the Choosing Wisely stocktake of DHB projects, below are some initial candidates for interventions which could be developed into “quick wins” for New Zealand hospitals (NZ site with experience and contact in brackets):

- Changing request forms to reduce high-cost low-value blood tests – (C&CDHB, CDHB and Waikato - Veronique Gibbons)
- Process to ensure all CTPA requests must have been screened with a D-dimer and Wells score first (CDHB, Waikato DHB)
- Criteria to avoid routine cannulation of patients in ED (C&CDHB, CDHB, CMDHB)
- Only able to order one unit of blood at a time (with exceptions) (Waikato DHB – Veronique Gibbons) (Also C&CDHB)

- Review and de-prescribing of proton pump inhibitors for inpatients (Hutt Valley)
- Protocol to reduce urine culture requests in asymptomatic patients (Hutt Valley, Nelson Marlborough, C&CDHB)
- An electronic process for clinicians to request “add-on” laboratory tests to samples taken within the last 48 hours, reducing the need for repeat testing or excessive anticipatory test ordering on initial request form. (CMDHB & HBDHB – Ross Boswell)
- No routine anti-pyretic treatment of fever in children not in distress (Starship, Middlemore, Waitakere, Waikato – Ross Nicholson)
- No X-rays for patients presenting to ED with cellulitis (CMDHB)
- Switch IV to oral antibiotics as soon as patient afebrile & improving (Hutt Valley)
- No routine CXR pre-op (CDHB)
- No blood transfusions for Hb>80 (Waikato, C&CDHB).

In time there will be consultation and refinement to develop into interventions that are applicable to all hospitals. A number of these would also need more clarity/specificity in terms of the action taken by the hospital.

5 Measurement & monitoring

Linked to the question about implementation, the Choosing Wisely Community of Practice has also asked whether there are any centralised health intelligence systems to assess the extent of Choosing Wisely implementation, and which might assist smaller DHBs determine where they to put their efforts. This will be explored in the future.

Most quick wins should be able to be analysed through hospital datasets, although there is a need to agree upon a standardised approach to allow comparisons between hospitals. This might be as simple as lead hospitals sharing their protocols and measurement methods so that it can be replicated in other hospitals or may be something that HQSC can help support in a more centralised way. Tracking the impact of Choosing Wisely initiatives on inequities is very important – all quick wins should be analysed by ethnicity and sex to look for any sign that interventions are being applied less well to certain groups. How Choosing Wisely can best support hospitals in measurement and monitoring will be further explored in the future.

Feedback appreciated to the Choosing Wisely team enquiries@cmc.org.nz

Annex 1 – Levels of the Canadian Choosing Wisely “Diving into Overuse in Hospitals” starter kit

	SCOPE OF CHANGE	ACTIONS
LEVEL 1	Implement the 5 “quick wins”	<ul style="list-style-type: none"> • Uncouple PT/INR and aPTT tests and revise ED order panels • Eliminate CK testing if troponin is available • Remove “daily lab” options from order sets • Remove folate testing from your hospital’s ordering systems • Stop ordering routine chest X-rays in the ICU, except to answer specific clinical questions <p>*Note: if these actions are not relevant to your hospital, please substitute.</p>
LEVEL 2	Implement an additional 3 Choosing Wisely Canada recommendations through quality improvement methods	<ul style="list-style-type: none"> • Quality improvement methods must include collection of baseline data, the intervention(s), and collection of results data • Projects could include implementation of Choosing Wisely Canada toolkits
LEVEL 3	Take organization-wide leadership on overuse and promote culture change	<ul style="list-style-type: none"> • Make Choosing Wisely part of the hospital’s operating/strategic plan • Implement at least 10 distinct Choosing Wisely Canada recommendations, across multiple hospital departments. The recommendations implemented in Levels 1 and 2 may count towards the 10. • Mentor or collaborate with at least 1 other hospital on Choosing Wisely

For more information on Diving into over-use in Canada

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References

¹ Due to the Coronavirus and consequent reorientation of the health work force, this NZ guide has not been consulted on or tested in services, this will be done as soon as practical.

² Choosing Wisely Canada (2019) “Diving into overuse in hospitals: a starter kit for reducing unnecessary tests and treatments” https://choosingwiselycanada.org/wp-content/uploads/dlm_uploads/2019/01/CWC_Diving-into-Overuse-in-Hospitals.pdf

³ <https://choosingwiselycanada.org/campaign/hospitals/#a4>

⁴ This will be reviewed in the future

Contacts and resources

Choosing Wisely contacts

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New Zealand Choosing Wisely resources

- Starter kit for your Choosing Wisely campaign: an introduction to the Choosing Wisely concepts
- **Developing Choosing Wisely Recommendations:** to assist Colleges, societies and other organisations to develop a list of recommendations for the Choosing Wisely campaign.
- Implementing Choosing Wisely principles in a service: this guide is aimed at service delivery organisations, wanting to implement a Choosing Wisely programme, including Departments in DHBs and services in primary care
- **Measuring the impact of Choosing Wisely:** provides basic information and tools to help you develop and measure your Choosing Wisely interventions
- **How to write up your Choosing Wisely project:** how to record your successful implementation of a Choosing Wisely recommendation
- A Starter Kit for implementing Choosing Wisely in hospitals which has been prepared to assist smaller hospitals with the implementation of Choosing Wisely
- Promoting shared decision making: for information and resources on shared decision making.
- Communicating risk, a guide for health professionals: for information on risk and how to explain risk to consumers.
- Behaviour change toolkit: options for the range of tools available to implement Choosing Wisely initiatives to change health professional behaviour.
- The High-Value Care Culture Survey (HVCCS) captures specific areas for targeted value-improvement interventions and provides a pathway for health system managers to address the underlying culture within hospital divisions, practices, and training programmes
- **A synopsis of Choosing Wisely literature:** this is a list of Choosing Wisely references arranged by year and alphabetically by author
- A combined list of all choosing wisely recommendations: this is a list of all New Zealand Choosing Wisely recommendations on tests, treatments, and procedures health professionals should question, in one list for easy reference

For more information:

- New Zealand <https://choosingwisely.org.nz/>
- Australia - <https://www.choosingwisely.org.au/>
- Canada - <https://choosingwiselycanada.org/>
- USA - <https://www.choosingwisely.org/>
- UK - <https://www.choosingwisely.co.uk/about-choosing-wisely-uk/>

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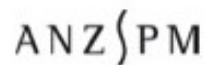
Speakers' Group

Choosing Wisely has a list of leading professionals who can talk to groups about the campaign – contact the Choosing Wisely team if you need a speaker or if you are willing to join our speakers' group.

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