Choosing Wisely Canada™

Choisir avec soin℠

10th Anniversary National Meeting

Abstract Book | Cahier des résumés

MESSAGE FROM THE CHAIR

Dear Choosing Wisely Canada community,

Welcome to our National Meeting celebrating ten years of Choosing Wisely Canada.

It is incredible to see the sizable impact Choosing Wisely Canada has made in the past ten years. Ten years ago, we set out to reshape health care conversations by encouraging discussions among clinicians and patients about the risks and harms of unnecessary tests and treatments. We took a unique approach, calling on clinicians to lead this movement by identifying overused tests and treatments in their specialties that do not add value to patient care.

Since our launch with nine professional societies and 40 recommendations, we have grown significantly. Over the last ten years, we have engaged over 85 societies, representing 90% of workforce and developed 550 recommendations.

Over the past ten years, we have continued to gain significant momentum. Our national quality improvement programs have engaged hundreds of hospitals across the country in reducing overuse, particularly in critical areas such as blood and laboratory practices. We have created special campaigns, including those on antibiotics and opioids, to deepen conversations on major overuse issues. We have worked with national partners to measure overuse and evaluate improvements in Canadian health systems.

However, as we reach this ten-year milestone, there's still much more to achieve. Backlogs, the pandemic, lengthy wait times, workforce burnout, and the climate crisis have underscored the finite and precious nature of health care resources in Canada. To make a lasting impact, Choosing Wisely Canada will continue to engage with the wider community to eliminate unnecessary tests and treatments. We will expand our reach to advocate for systemic and policy changes to support clinicians. We will collaborate with patients, the health care system, and researchers to mitigate the disproportionate impact of overuse on diverse populations.

I encourage you to browse the contents of this abstract book to learn about the impressive work of the Choosing Wisely Canada community. The abstracts are organized by topics including environmental sustainability, deprescribing, medical education, patient engagement, quality improvement and measurement and evaluation. I hope this abstract book will serve as a continued source of inspiration that engages the community of clinicians, individuals, and organizations as we move into the next decade of Choosing Wisely Canada.

I sincerely thank you for your ongoing efforts and look forward to celebrating our next ten years.

Yours,

Dr. Wendy Levinson
Chair, Choosing Wisely Canada

MESSAGE DE LA PRÉSIDENTE

Chère communauté Choisir avec soin,

Bienvenue à notre congrès national célébrant les dix ans de Choisir avec soin.

Il est incroyable de constater l'impact considérable de Choisir avec soin au cours des dix dernières années. Il y a 10 ans, nous nous sommes donné comme objectif de réorienter les conversations sur les soins de santé en favorisant les discussions dans la communauté des prestataires de soins de santé et entre les prestataires et leur patientèle sur les risques et préjudices associés aux examens et aux traitements inutiles. Nous avons innové en demandant aux prestataires de soins de santé de prendre la tête du mouvement en dressant la liste des examens et traitements surutilisés dans leur spécialité qui n'ajoutent aucune valeur aux soins.

Depuis son lancement en 2014 avec 9 associations et sociétés professionnelles, et 40 recommandations, la campagne Choisir avec soin a connu une croissance considérable. Ces 10 dernières années, nous avons mobilisé plus de 85 associations et sociétés professionnelles, et élaboré 550 recommandations qui touchent 90 % du personnel de santé.

Au cours des dix dernières années, nous avons continué à prendre un élan considérable. Nos programmes nationaux d'amélioration de la qualité ont mobilisé des centaines d'hôpitaux à travers le pays pour réduire la surutilisation, en particulier dans des domaines critiques tels que les pratiques de sang et de laboratoire. Nous avons créé des campagnes spéciales, notamment sur la prescription d'antibiotiques et d'opioïdes, afin d'approfondir les conversations sur d'importantes questions de surutilisation. Nous avons travaillé avec des partenaires nationaux pour mesurer la surutilisation et évaluer les améliorations dans les systèmes de santé canadiens.

Bien qu'il soit important de célébrer ce jalon majeur, il reste encore beaucoup à accomplir. Les retards, la pandémie, les longs temps d'attente, l'épuisement du personnel et la crise climatique viennent tous souligner à quel point les ressources de la santé au Canada sont limitées et précieuses. Pour que son influence soit pérenne, Choisir avec soin continuera de mobiliser la communauté au sens large pour l'inciter à éliminer les examens et traitements inutiles. Nous étendrons la portée de nos efforts de représentation pour réclamer des changements systémiques et politiques en appui aux prestataires de soins de santé. Nous collaborerons avec la patientèle, le système de santé et le milieu de la recherche pour atténuer les effets disproportionnés de cette problématique sur divers segments de notre population.

Je vous invite à parcourir ce recueil et à découvrir l'impressionnant travail de la communauté Choisir avec soin. Les résumés sont classés par thèmes, notamment la durabilité environnementale, la déprescription, les études de médecine, la mobilisation des patients, l'amélioration de la qualité des soins, et la mesure et l'évaluation des résultats. J'espère que ce recueil de résumés sera pour vous une source continue d'inspiration, d'innovation et d'idées qui mobilisent la communauté grandissante de médecins, de personnes et d'organisations engagés dans la campagne Choisir avec soin.

Je vous remercie sincèrement pour vos efforts continus et j'ai hâte de célébrer nos dix prochaines années.

Cordialement,

Dre Wendy Levinson
Présidente, Choisir avec soin

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Appropriate Prescribing

Prescription appropriée

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Susan Sutherland, Sunnybrook Health Sciences Centre
Karen Born, University of Toronto
Sonica Singhal, University of Toronto, Public Health Ontario
Christiana Martine, University of Toronto

WORKSHOP

TAKING A BITE OUT OF ANTIBIOTIC PRESCRIBING: A CANADIAN DENTAL ANTIMICROBIAL STEWARDSHIP STRATEGY

We are developing a plan for antimicrobial stewardship (AMS) in Canadian dentistry. Our presentation will outline the plan, as well as the process undertaken to inform its' development. To inform the plan, a workshop "Taking a Bite Out of Antibiotic Prescribing: Developing a sustainable Canadian AMS Strategy in Dentistry" was held on October 17, 2023. The workshop included 30 dental leaders nationally and internationally. Priority setting group-based consensus exercises facilitated the development of three priorities for dental action and collaboration in dental AMS as well as to outline the initial phase of an action plan for Canadian dentistry.

The priorities include:

1. Data

- Establishing a robust approach to collection and centralization of prescribing data in dentistry

2. Education

- Targeted education to both patients and providers; with 4 main sub-priorities:
  i. Calibration of dental education and CME
  ii. Guideline development in collaboration with the Canadian Dental Association and Canadian Dental Regulatory authorities
  iii. Dissemination of tools (eg. delayed prescription)
  iv. Knowledge translation

3. Regulation

- Develop a robust regulatory regime for dental antimicrobial prescribing

Rupa Patel, Queen's University, Kingston Community Health Center
Mary Rowland, Queen's University, Kingston Community Health Center

WORKSHOP

REFUSAL SKILLS - HOW TO SAY NO WITH EMPATHY.

The health care environment has become a place where medication and testing are the norm. Patients have an expectation that the physician will order or prescribe "something" for their ailment. This expectation is often fulfilled by clinicians who want to save time. Overtesting and overtreating is often also felt to prevent patient complaints. In this environment, it is essential that clinicians develop skills to refuse interventions with compassion and empathy. This workshop will offer techniques for clinicians to use in situations where refusing a test or intervention is in the patient's overall interest. The presenters work with complex populations in the community health center sector. They have a long history of slow opioid deprescribing that has informed their practice. Managing a patient's emotional dysregulation and one's distress tolerance are essential to refusal skills. The workshop will be case based and offer practical skills in saying no.

Jessica Cuppage, Baycrest Health Sciences
Sid Feldman, Baycrest Health Sciences
Aidlee Craft, Baycrest Health Sciences

ABSTRACT

ESTABLISHING AN ANTIMICROBIAL STEWARDSHIP PROGRAM IN LONG-TERM CARE

Goal: Apotex Centre Jewish Home for the Aged is a large academic long-term care (LTC) home in Toronto, ON, associated with Baycrest Hospital. We aimed to establish an antimicrobial stewardship program (ASP) to support appropriate prescribing and reduce unnecessary, harmful antibiotic use.

Activities: We established a cross-disciplinary working group, consisting of two physicians, our Medical Director, our pharmacist, and a quality improvement specialist. We identified several priority areas, including education, auditing and feedback, measurement, and electronic order entry. The ASP team, in partnership with Dynacare, reviewed all urine isolates to develop our unique antibiograms to target prescribing for urinary tract infections. Baycrest Hospital antibiotic guidelines were adapted to reflect the LTC population. Electronic order templates were reconciled against our antibiotic guidelines to promote adherence. Educational sessions were held with the Apotex physician and nursing teams to support awareness, including education about asymptomatic bacteruria and harms of overtreatment.

Impact: We successfully established an ASP at our LTC home. Updated antibiograms, LTC-specific antibiotic guidelines, and evidence-based electronic antibiotic order templates are now available to our clinicians.

Challenges: Challenges with the electronic medical record PointClickCare precluded our ability to perform real-time auditing and feedback of antibiotic orders. Measuring the impact of the program will take time, as trends in antibiotic prescribing are slow to change; however, the team is committed to monitoring Days of Therapy/1000 resident days.

Lessons Learned: Regular education and feedback to prescribers is important to foster a culture of antimicrobial stewardship. Electronic order entry tools can support adherence to guidelines.

Lisa McCarthy, University of Toronto, Trillium Health Partners
Iliana Lega, Women's College Hospital, University of Toronto
Wade Thompson, University of British Columbia, Holy Family Hospital LTC
Andrea Moser, University of Toronto, City of Toronto Seniors Services and LTC

WORKSHOP

FINDING THE SWEET SPOT: CHOOSING GLYCEMIC CONTROL WISELY IN LONG-TERM CARE

Older adults with diabetes and frailty living in Canada's long-term care homes are often treated counter to recommendations from evidence-based guidelines, increasing their risk for adverse outcomes. Clinicians face daily dilemmas regarding the roles of new monitoring technology and medications classes. In this workshop, we will use clinical cases to explore these clinical uncertainties.

Objectives:

- Highlight the evidence supporting new Canadian Society for Long-Term Care Medicine (CSLTCM) recommendations re: avoiding sliding scale insulin and focusing on relaxed glycemic targets.
- Discuss the role of new monitoring technologies and novel antihyperglycemic medication options for LTC residents.
- Describe approaches for having conversations with residents and families regarding goals of diabetes care.

Dylan Turner, Saskatchewan Health Authority
Leland Sommer, Saskatchewan Health Authority

ABSTRACT

PHARMACEUTICAL AUTOMATED REPORTING: AN OPIOID STEWARDSHIP TOOL

The Saskatchewan Health Authority's Opioid Stewardship Program (OSP) faces limitations due to resource constraints, such as the lack of a complete acute electronic medical record, which impedes our ability to address potential harms associated with opioids (1). To overcome this challenge, we created the Pharmaceutical Automated Reporting (PAR) Tool – a Python code program that organizes Microsoft Excel data to improve efficiency and accuracy, collect data, and direct interventions. The tool helps direct stewardship tasks, collect and identify prescribing trends, and identify patient and clinician educational opportunities to reduce potential opioid harms.

The PAR Tool automatically aggregates data from the hospital prescription pharmaceutical database and organizes patients based on pre-determined logic for opioid prescribing. It automatically delineates patients based on opioid-related risk factors such as morphine milligram equivalents, naloxone use in-hospital, opioid agonist therapy, benzodiazepines co-prescribed with opioids, multiple opioids, over seven days of intravenous therapy, and high-frequency dosing (2–4). Each factor is equally weighted, with an accumulation signifying an increased risk of opioid-related harm, such as overdose or use disorder.

During a three-month trial period, the PAR Tool screened over 5,000 patient visits (23.9 per day) across our two acute sites (~700 beds). Of these, 69% of visits triggered at least one opioid-related harm risk factor, with a further 20% triggering multiple simultaneously. The PAR Tool's open-sourced nature means it can be implemented provincially, expanding OSP capacities and impact in promoting evidence-based Opioid Wisely recommendations and appropriate opioid and pain management practices among clinicians and patients throughout Saskatchewan.

Émilie Bortolussi-Courval, McGill University
Tiina Podymow, McGill University Health Centre
Marisa Battistella, University of Toronto
Emilie Trinh, McGill University Health Centre
Thomas A. Mavrakanas, McGill University Health Centre
Lisa McCarthy, University of Toronto
Joseph Moryousef, McGill University
Ryan Hanula, McGill University, Nantes University
Jean-François Huon, McGill University Health Centre
Rita Suri, McGill University Health Centre
Todd C. Lee, McGill University
Emily G. McDonald, McGill University

ABSTRACT

ELECTRONIC DEPRESCRIBING WITH PATIENTS ON HEMODIALYSIS: A QUALITY IMPROVEMENT STUDY

Goal: Polypharmacy (taking multiple medications) is extremely common among patients on dialysis and can lead to serious adverse drug events (ADEs). We aimed to increase deprescribing, as compared to usual care (medication reconciliation), for outpatients on dialysis, through a quality improvement intervention using deprescribing decision support.

Activities: This controlled quality improvement study took place on 2 dialysis units in Montreal. We paired electronically generated MedSafer deprescribing reports with existing medication reconciliation policy, performed by treating nephrologists and the nursing team. Patients were provided with deprescribing empowerment brochures addressing specific medication classes (e.g., gabapentinoids).

Impact: 195 patients were included (127 control unit; 68 intervention unit) with a mean age of 64.8 (SD=15.9); 39.5% were female. 3.1% (4/127) of patients on the control unit and 39.7% (27/68) on the intervention unit had ³1 PIMs deprescribed (aRD=36.6%; 95% CI=24.5-48.6; p<0.0001; NNT=3). The mean number of medications prescribed after the intervention decreased by -0.54 medications/ patient (linear regression; 95% CI = -0.69 -0.39, p<0.0001).

Challenge: We implemented two interventions simultaneously; we were unable to determine their individual impact. However, we used the same successful approach in a multicentre randomized controlled trial. The study was not powered to reduce ADEs.

Lessons Learned: Electronic decision support can facilitate deprescribing for the clinical team by providing nudge reminders, decreasing the time taken to deprescribe, and by lowering the barrier of when and how to taper certain medications at risk of rebound effects. Deprescribing is still resource intensive, requiring clinician engagement, patient education, and faxing paperwork to the pharmacy.

Jean-François Huon, Canadian Medication Appropriateness and Deprescribing Network, Nantes Université, McGill University Health Centre
Tiphaine Pierson, McGill University Health Centre
Chiranjeev Sanya, Dalhousie University
Camille L. Gagnon, Canadian Medication Appropriateness and Deprescribing Network
Justin P. Turner, Canadian Medication Appropriateness and Deprescribing Network, Monash University
Ninh B. Khuong, Canadian Medication Appropriateness and Deprescribing Network
Émilie Bortolussi-Courval, McGill University Health Centre
Todd C. Lee, McGill University Health Centre
Steven G. Morgan, University of British Columbia
Emily G. McDonald, Canadian Medication Appropriateness and Deprescribing Network, McGill University Health Centre

ABSTRACT

THE COST OF POTENTIALLY INAPPROPRIATE MEDICATIONS IN CANADA: A COMPARATIVE CROSS-SECTIONAL STUDY

Background: Potentially inappropriate medications (PIMs) have often been the target of Choosing Wisely initiatives, as their prescription to older adults is associated with harms and excess drug costs. The burden of costs has not been reported in over a decade.

Goal: This study aimed to determine the direct costs of PIMs in Canada and describe how these have changed since the last published data.

Methods: Total annual expenditure on PIMs for Canadian adults aged 65 years and older was measured using the Canadian National Prescription Drug Utilization Information System. Average costs per quarterly exposure and average quarterly exposures to PIMs per 10,000 population were measured in Canadian dollars. PIMs were primarily defined based off Beer's criteria.

Results: Canadians spent $1 billion on PIMs in 2021, a 33.6% reduction compared to 2013 ($1.5 billion, inflation-adjusted). The largest annual expenditures in 2021 were on proton pump inhibitors ($211 million), followed by gabapentinoids ($126 million). The quarterly rate of exposure to PIMs declined by 16.4%, from 7,301 in 2013 to 6,106 exposures per 10,000 older adults in 2021. The quarterly amount spent per older adult on PIMs fell by 40%, from $95 to $57 per person exposed. Exposure to most categories of PIMs decreased between 2013 and 2021; however, gabapentinoids (+83.7%), proton pump inhibitors (+6.5%), and antipsychotics (+5.4%) all increased and remain a challenge.

Impact: Overall expenditure on PIMs has declined over the past decade but costs remain high. Directed, scalable interventions are needed, especially for select classes of costly and harmful PIMs.

Jennie Herbin, McGill University Health Centre
Larry Leung, University of British Columbia
Jason Min, University of British Columbia
Amber Ruben, University of Alberta
Wade Thompson, University of British Columbia
Emily G. McDonald, McGill University Health Centre
James L. Silvius, Alberta Health Services
Cheryl A. Sadowsk, University of Alberta

ABSTRACT

DECOLONIZING MEDICATION APPROPRIATENESS: CHARTING A PATH TOWARDS INDIGENOUS HEALTH EQUITY

Alongside important partners including Choosing Wisely Canada, since 2016 the Canadian Medication Appropriateness and Deprescribing Network (CADeN) has been working to enhance the safety and appropriateness of medication use by educating the public, healthcare professionals, and decision-makers. Recognizing the urgency of addressing health disparities in Indigenous communities, in 2023 CADeN prioritized its commitment to Indigenous partnerships and organizational change by acknowledging its shortcomings in this domain.

A dedicated working group was established to craft a comprehensive report addressing the network's historical context, identifying gaps specifically in Indigenous community engagement, articulating goals and vision, and outlining a 5-year action plan. Emphasizing humility, learning, and relationship building, the plan seeks to foster a culturally safe approach to partnering with Indigenous communities in research and actions that reflect their priorities around medication appropriateness, and empowers Indigenous ways of knowing and doing.

Challenges in the process include determining focal points for outreach among the diverse Indigenous communities, and balancing the need to develop a pan-Indigenous approach while still honoring unique Indigenous community needs and priorities related to medication appropriateness. Overcoming these challenges, a body of Indigenous-owned testimonials will be compiled through active listening and engagement, shedding light on appropriate medication use in Indigenous communities.

This presentation outlines a relational approach to decolonization and Indigenization, offering insights for those aspiring to contribute to the ongoing journey toward health equity for Indigenous populations and ensure their work fosters wise medication choices for all Canadians.

Samuel Boudreault, Collège québécois des médecins de famille, Choisir avec soin Québec

PRÉSENTATION

INVESTIGUER AVEC SOIN : RECONNAÎTRE LES EXAMENS DE LABORATOIRES INUTILES

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

- Énumérer les facteurs expliquant la prévalence des soins de faible valeur, ainsi que leurs conséquences
- Identifier des investigations à faible valeur ajoutée mais encore couramment utilisées
- Adopter des stratégies de communication afin de freiner la surutilisation

Description : Ce n'est qu'une petite prise de sang après tout! Impossible de nuire au patient, non? Et pourquoi pas ajouter deux ou trois analyses puisqu'on y est? Force est de constater que les examens de laboratoire sont fréquemment surutilisés au Canada et ce particulièrement en première ligne. Une étude canadienne montrait en 2015 qu'environ 60 % des dépenses en laboratoires provenaient de la première ligne alors que ceux-ci représentaient 45 % des prescripteurs. En moyenne, le médecin de famille moyen prescrivait pour 27 895 $ en examens de laboratoire! Mais au-delà des coûts engendrés, ces examens inutiles ont des risques bien réels pour les patients. Les risques de faux positifs, d'incidentalomes et de surtraitement sont des enjeux à connaître afin de favoriser une saine utilisation des tests en laboratoire. Cette formation "dont vous êtes le héros" vous permettra de mettre en pratique les recommandations Choisir avec soin et de réviser les données probantes concernant près de 20 analyses de laboratoire!

Nathalie Gagnon, CISSS de l'Outaouais

RÉSUMÉ

ÉLABORATION DE FICHES-CONSEIL PHARMACOLOGIQUES ET DIFFUSION VIA UN ORGANISME D'AIDE À L'ALLAITEMENT

Introduction : Durant l'allaitement, interventions et examens nécessitant médicaments et produits peuvent être prescrits. Encore trop souvent dit-on aux femmes qu'elles devront tirer et jeter leur lait; ceci est pourtant rarement nécessaire et comporte des risques. Également, les informations transmises diffèrent souvent au sein du corps médical. Il apparait donc essentiel de rendre disponible l'information tant à celui-ci qu'aux parents.

Objectifs : Revoir la littérature. Élaborer des fiches contenant l'information référencée, objective, complète et à jour, tant pour la femme allaitante que les prestataires de soins pour une décision libre et éclairée.

Activités : Une recherche internet d'un tel outil en français, infructueuse, a été effectuée. Livres de références, revues de littérature et bases de données spécialisées ont été consultés.
Résultats : L'utilisation des médicaments et produits lors de procédure est un événement ponctuel. Administrés plus souvent qu'autrement en dose unique, plusieurs sont peu absorbés par voie orale, d'où l'administration intraveineuse, et rapidement éliminés. La quantité passant dans le lait est donc généralement très faible avec une absorption digestive improbable chez l'enfant. Une reprise de l'allaitement est donc possible lorsque la femme a retrouvé un niveau de vigilance autorisant son lever. Retombées : Les fiches ont été consultées à maintes reprises sur le site internet et la page Facebook de l'organisme et semblent répondre à un besoin d'information.

Défis : Faire circuler l'information et respecter le choix d'allaiter de la femme par les prestataires de soins. Leçons : Faire preuve de ténacité et de résilience dans la protection de l'allaitement.

Nathalie Gagnon, CISSS de l'Outaouais

RÉSUMÉ

MÉDICAMENTS EN CONTEXTE D'ALLAITEMENT

Durant l'allaitement, des médicaments et produits peuvent être prescrits pour une intervention, un examen et un problème de santé sporadique ou chronique.

La tendance est encore trop souvent de dire aux femmes qu'elles devront tirer et jeter leur lait alors que ceci est rarement nécessaire et comporte des risques. Également, les informations transmises d'un prestataire de soins à l'autre diffèrent souvent. L'utilisation des médicaments et produits lors de procédure est un événement ponctuel. Administrés plus souvent qu'autrement en dose unique, plusieurs sont peu absorbés par voie orale, d'où l'administration intraveineuse, et rapidement éliminés du compartiment plasmatique. La quantité susceptible de passer dans le lait est donc généralement très faible avec une absorption digestive improbable chez l'enfant. Une reprise de l'allaitement est donc possible dès que la femme a retrouvé un niveau de vigilance autorisant son lever. L'allaitement n'a pas à être suspendu.

Pour ce qui est d'un un problème de santé sporadique ou d'une maladie chronique, rarement une alternative sécuritaire ne peut pas être trouvée. Rarement, tirer et jeter le lait et nourrir l'enfant avec un substitut est l'option à privilégier.

L'utilisation des médicaments et produits impliqués sont plus souvent qu'autrement acceptables en allaitement.

Objectifs:

- Décrire l'importance de l'allaitement pour la santé de la dyade.
- Élaborer sur les caractéristiques pour déterminer la compatibilité des médicaments avec l'allaitement.
- Déterminer les options de traitement et souspeser avec les parents les risques du non-traitement, du médicament et du non- allaitement tant pour l'enfant que pour sa mère.
- Partager les ressources internet facilement accessibles.

Dominic Chicoine, La Clinique du Coureur

PRÉSENTATION

Y-A-T-IL TROP D'ORTHÈSES PLANTAIRES PRESCRITES ?

Les pieds plats asymptomatiques ne sont généralement pas une déformation nécessitant l'attention des professionnels de la santé. Selon les connaissances actuelles, déterminer le type de pied des patients pour évaluer leur risque de blessure est inefficace et contre-productif. Au lieu de cela, les pieds plats devraient être considérés comme des variantes anatomiques normales et saines. Il est impératif d'abandonner l'idée dépassée, commune à la fois dans la recherche et en clinique, selon laquelle avoir les pieds plats pose problème et expose les individus à un risque élevé de blessures musculosquelettiques. Il est temps de changer notre perspective et notre approche concernant la signification des pieds plats, en reconnaissant leur diversité naturelle dans le contexte de la santé générale du pied. Ce surdiagnostic mène certainement, encore aujourd'hui, au surtraitement par l'orthèse plantaire. En ce sens, l'orthèse plantaire devrait être prescrite seulement dans le but de prévenir ou traiter l'apparition de douleurs en ne tenant pas compte de la morphologie du pied, qui est un concept démenti par les plus récentes données probantes.

Guylène Thériault, Choisir avec soin Québec
Pascale Breault, Choisir avec soin Québec

PRÉSENTATION

INVESTIGUER AVEC SOIN : RECONNAÎTRE LES EXAMENS D'IMAGERIE INUTILES

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

- Prescrire l'imagerie cérébrale de manière appropriée dans les cas de céphalée, commotion cérébrale et délirium
- Utiliser les examens d'imagerie de manière judicieuse pour investiguer les plaintes musculosquelettiques concernant le dos et le genou
- Réfléchir à l'usage judicieux de l'imagerie afin de réduire les incidentalomes

Description : Ce n'est qu'une petite radiographie après tout! Impossible de nuire au patient, non? Force est de constater que les examens d'imagerie sont fréquemment surutilisés au Canada et ce particulièrement en première ligne. Au-delà des coûts engendrés, ces examens inutiles ont des risques bien réels pour les patients. Les risques de faux positifs, d'incidentalomes et de surtraitement sont des enjeux à connaître afin de favoriser une saine utilisation des tests en imagerie. À travers cet atelier, les participants appliqueront les recommandations de Choisir avec soin et évaluerons les données probantes concernant l'usage d'imagerie dans les cas de céphalée, commotion cérébrale, délirium, douleur lombaire, douleur au genou, hernie inguinale et mastalgie.

Pierre Luc Thériault, Hôpital de Rouyn-Noranda

RÉSUMÉ

CAMPAGNE SUR LE TRAITEMENT NON-PHARMACOLOGIQUE DE L'INSOMNIE

Objectif : Promouvoir les interventions non-pharmacologiques pour le traitement de l'insomnie afin de réduire l'utilisation de somnifères en outillant les cliniciens avec des ressources informatives pour les patients et une prescription non-pharmacologique.

Activités :
- Production d'une série de trois capsules vidéos destinées au public, portant sur le sommeil et le traitement de l'insomnie.
- Production d'une prescription non-pharmacologique que les cliniciens peuvent utiliser pour discuter d'hygiène de sommeil avec leurs patients et recommander des interventions basées sur des données probantes.

Retombées :
La première capsule et la prescription non-pharmacologique ont été lancées lors d'une présentation sur le sujet au FMF en novembre 2023. Plus de 150 pads de prescription ont été distribués à des participants du FMF. La prescription est aussi disponible en français et en anglais en format PDF.

Défis :
Il y a eu des délais au niveau de la production des vidéos, ce qui a retardé le lancement. Nous entrevoyons qu'il sera difficile de promouvoir les vidéos afin qu'elles soient connues par les cliniciens et les patients. Un plan de communication sera établi pour rejoindre les cliniques du Québec et leur proposer de diffuser les vidéos (versions sous-titrées) dans les salles d'attente.

Leçons retenues :
Afin de maximiser l'usage des outils créés, nous devons rendre l'accès à l'outil le plus facile possible. Les vidéos et la prescription non-pharmacologique seront disponibles en ligne sur le site web de Choisir avec soin Québec. Il sera donc possible pour les cliniciens d'intégrer la prescription à leur dossier médical électronique.

Environmental Sustainability

Durabilité environnementale

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Rosemarie Vincent, McGill University
Sara Elatris, McGill University
Linda Ofiara, McGill University
Emily McDonald, McGill University
Nicole Ezer, McGill University

ABSTRACT

REDUCING THE CLIMATE IMPACT OF RESCUE INHALERS FOR ASTHMA

Background: Choice of inhaler for respiratory disease treatment has emerged as a low-hanging fruit to mitigate healthcare's climate impact. There is a more than 10-fold decrease in greenhouse gas emissions when switching from metered dose inhalers (MDI) to dry powder inhalers (DPI). Studies reveal that patients are mostly unaware of the climate impact of inhalers. They are willing to change inhalers, but this health behaviour change is mitigated by concerns regarding ease of use/ efficacy.

Methods: We are recruiting stable adult asthmatic patients (no exacerbation in last 30 days) on MDI in an outpatient clinic providing a one-time educational intervention and a pre-filled DPI prescription. Our primary outcome is rotation from MDI to DPI inhaler at 30-days post-intervention. Our secondary objective is assessment of patient/provider views on the environmental impact of inhalers including facilitators and barriers to change. We will perform multivariable logistic regression controlling for age/education/asthma severity. Fischers-exact test will be used for pre and post intervention comparison and multivariate logistic regression for the primary outcome. We will perform stratified analyses by sex, education, and asthma severity.

Results: Recruitment began in November 2023 and aims to recruit 100 patients in 3 months. We are using a patient-friendly bilingual information package which including a CASCADES infographic and a pre-filled prescription rotating Ventolin MDI to a one-month trial of Bricanyl Turbuhaler. Provider data will be collected in February 2024. We hope that this one-time educational intervention directed to patients will empower them to actively involved in choosing a sustainable rescue inhaler.

Marko Balan, Memorial University of Newfoundland, Canadian Critical Care Society
Srinivas Murthy, University of British Columbia, Canadian Critical Care Society

ABSTRACT

DEVELOPMENT OF CANADIAN CRITICAL CARE SOCIETY ENVIRONMENTAL SUSTAINABILITY CHOOSING WISELY CANADA RECOMMENDATIONS

Recognizing the role clinicians can play in the ongoing climate crisis, the CCCS is establishing a working group of partner organizations to develop a new stream of CWC recommendations specifically focused on environmental sustainability in critical care. This collaboration involves multiple Canadian societies and interdisciplinary stakeholders including nurses, respiratory therapists, pharmacists, patients/families, physiotherapists, and dieticians. An evidence review is underway to inform these recommendations. Over the next several months, the working group will engage in a modified Delphi process to develop proposed CWC critical care environmental sustainability-focused recommendations. The final list will be disseminated and voted on by the CCCS membership in the spring of 2024. Future development of a knowledge mobilization scheme will be completed to guide clinicians in implementing these recommendations in critical care units nationally.

Krista Mahoney, Memorial University of Newfoundland, Quality of Care NL

ABSTRACT

"DESFLURANE NEEDS TO DES-APPEAR": BANNING A HARMFUL ANESTHETIC GAS ACROSS NL

Goal: To reduce the carbon footprint of the Newfoundland and Labrador Healthcare system caused by Desflurane.

Background: Choosing Wisely NL has created an Environmental Sustainability Team to work with the NL health system to improve its impact on the environment through various initiatives. One such project aims to work with anesthesiologists to reduce or ban the use of Desflurane across the province. Desflurane is known to be about 2500 times more warming than carbon dioxide and emits about 25 times more Green House Gases than a common alternative.

Activities: Literature review of current state of Desflurane use across Canada and globally. Analysis of Desflurane purchasing trends across the province. Communication with anesthesiologists and health administrators throughout the province. Designing infographics to share messaging with stakeholders and end users. Co-designing an intervention with anesthesiologists, administrators, and Canadian Association of Physicians for the Environment NL. Purchasing trends are being used to inform roll out and target zones.

Impact: Creation of a Choosing Wisely-style campaign entitled "Desflurane needs to des-appear" to share with other regions. Reducing unnecessary carbon dioxide emissions.

Challenges: Concern raised about past global shortages of a common alternative gas (Sevoflurane) has led some departments to maintain stock of Desflurane as a back-up alternative in the event of another future shortage.

Lessons Learned: Desflurane use in NL has been declining steadily over the past several years, but to implement a ban requires significant cooperation and a complete ban may not be possible without a plan in place for a readily available safer alternative.

Candis Lepage, Dalhousie University
Rhiannan Pinnell, Dalhousie University
Alexandra Smithers, Queen Elizabeth II Health Science Centre
Erin Ring, IWK Health Centre
Abigail Falvey, Independent
Katie Gardner, IWK Health Centre
Constance LeBlanc, Dalhousie University, Queen Elizabeth II Health Science Centre

ABSTRACT

REDUCING THE IMPACT OF MDIs ON EMERGENCY DEPARTMENT CARBON EMISSIONS

Introduction: In Canada, millions of patients with asthma and Chronic Obstructive Pulmonary Disease rely on medications delivered by metered dose inhalers (MDIs). Many MDIs utilize greenhouse gasses called hydrofluoroalkanes as propellants. This project aims to reduce MDI-related greenhouse gas emissions produced by care in the Emergency Departments (EDs) of Halifax's academic pediatric and adult hospitals.

Methods: The baseline number of each MDI dispensed from the ED PYXIS™ between September 2021 and August 2023 was collected. These data will inform the development of educational videos encouraging patients and ED personnel to switch to alternate, lower-emission inhalers. Infographics containing QR codes to access the educational videos will be placed in high-traffic locations in the ED.

Subsequently, MDI-related knowledge will be captured using baseline, four, and eight month surveys of ED personnel. Dispensing counts for each MDI at each time point will also be analyzed to determine the educational materials' impact on prescribing patterns. These data will be used to estimate reductions in MDI-related carbon emissions and cost-resulting from the intervention's impact on switching to lower-emission MDIs.

Results: At baseline, between September 2021 and August 2023 a total of 7,903 inhalers were prescribed between the two sites, of which 95% were MDIs. It is estimated that these MDI prescribing practices contributed 188 tonnes of carbon dioxide emissions to the environment.
Implications: Results from this model will increase lower-emission MDIs prescribing and reduce ED-related carbon emissions, which could subsequently be adopted in other Canadian EDs.

Maxine Dumas Pilon, Université McGill

PRÉSENTATION

LA DÉCROISSANCE EN SANTÉ; LA SOMME DES PRATIQUES ÉCLAIRÉES

Cette présentation explorera le concept de décroissance en santé, inspiré des mouvements environnementaux qui traitent du même sujet. Elle explorera les données qui en justifie la nécessité ainsi les angles morts de la situation actuelle en santé comme l'illusion de la compression de la morbidité, la notion d'acharnement préventif, les pièges d'un système de santé basé sur les besoins des patients et les effets pervers du progrès en santé sur les patients, les professionnels de la santé et l'environnement . Ces questions seront abordées à travers les lentilles de la psychologie, de la sociologie et de l'éthique. S'en suivra une proposition de stratégies visant à émerger des ces nombreux culs-de-sac afin d'élaborer un système de santé en cohérence avec les valeurs des patients et en équilibre avec ses ressources humaines et financières.

La présentation s'adresse aux cliniciens, aux leaders, aux décideurs et aux philosophes en nous. Elle comportera des opportunités d'interactions et de conversations.

Rebecca Bourgault, Collège Québecois des Médecins de Famille

PRÉSENTATION

CHOISIR AVEC SOIN: POUR LE PATIENT ET POUR L'ENVIRONNEMENT

À travers une présentation dynamique et interactive, nous souhaitons amener les participants à intégrer certains des impacts environnementaux liés aux soins de santé au Canada. Nous adresserons plusieurs pistes de réflexions et de solutions concrètes afin d'amener un changement tant au point de vue individuel, comme médecin et comme citoyen, qu'au niveau institutionnel et systémique. Nous présenterons les divers outils de la campagne Choisir avec Soins en mettant l'accent sur les répercussions positives de ceux-ci sur l'environnement. Nous adresserons entre autres la médecine par le mode de vie, le changement des habitudes de prescriptions et la réduction des équipements de protection individuelle. Au niveau plus macro, nous aborderons la mise sur pied de cliniques écoresponsables et d'implications possibles au niveau des différents établissements pour terminer avec quelques exemples inspirants de démarches faites à l'internationale.

Measurement & Evaluation

Mesure et évaluation

10

Cécile Duval, Université Laval
Caroline Sirois, Université Laval
Mélanie Bérubé, Université Laval, Centre de Recherche du CHU de Québec-Université Laval (Hôpital de l'Enfant-Jésus)
Alexandra Lapierre, Université Laval , Centre de Recherche du CHU de Québec-Université Laval (Hôpital de l'Enfant-Jésus)
François Lauzier, Université Laval, Centre de Recherche du CHU de Québec-Université Laval (Hôpital de l'Enfant-Jésus)
Lynne Moore, Université Laval, Centre de Recherche du CHU de Québec-Université Laval (Hôpital de l'Enfant-Jésus)

ABSTRACT

LOW-VALUE PRESCRIPTIONS FOR INJURY HOSPITALISATIONS: A COHORT STUDY

Background: Timely actions, multidisciplinary management, medications used, and frequent multi-organ failures make trauma a fertile ground for low-value prescriptions. However, information on the incidence of low value prescriptions and the impact on patient outcomes and resource use is scarce, mainly because of difficulties obtaining data on the intra-hospital use of drugs.

Objectives: We aimed to identify low-value prescriptions in trauma population and evaluate the adherence to clinical practice guidelines recommendations in a Canadian level I trauma center.

Methods: We used internationally recognized clinical practice guidelines and an expert consensus study to identify low-value prescriptions. We conducted a retrospective cohort study among adults hospitalised for injury between 2017 and 2020 in a level I trauma centre in Québec. We developed algorithms to identify low-value prescriptions iteratively with content experts. To evaluate the adherence to recommendations, we calculated incidences using data on clinical diagnoses and outcomes from the Quebec trauma registry and data on intra-hospital drug prescriptions from a hospital information system.

Results: We developed algorithms for 16 low-value prescriptions including corticosteroids, antiseizure and analgesics, among specific populations such as trauma brain injury (TBI) or spinal cord injury. We included 5716 patients. Incidences of low-value prescriptions ranged from 0% (barbiturates for TBI) to 100% (octreotide for pancreatic injury).

Conclusions: We observed high variation in adherence to clinical practice guidelines recommendations. Some recommendations seem to be well implemented, others represent opportunities to improve the quality of care. Hereafter, we will evaluate the impact of these low-value prescriptions on patient outcomes and resource use.

Frantz-Daniel LaFortune, Collège québécois des médecins de famille

ABSTRACT

LET'S CLEAR THE AIR BY CHOOSING WISELY YOUR INHALER AND PRESCRIBING NATURE AT AN ER NEAR YOU!

The healthcare system significantly contributes to greenhouse gas (GHG) emissions. According to the 2023 report of the Lancet Countdown on health and climate change, these GHG emissions are making health-threatening temperatures increasingly frequent. Heat-related deaths of people older than 65 years have increased by 85% from 1990-2000, above the 38% increase expected if temperatures had not changed. International climate pledges are not being met and the pressure on health systems due to climate change is rapidly growing. It is paradoxical to provide care while simultaneously harming the environment, especially considering that since 2021, the World Health Organization has been warning us that « the climate crisis poses the most significant threat to health in the 21st century». The Choosing Wisely campaign advocates for reducing unnecessary medical tests and treatments with an evidence-based approach, thereby potentially decreasing the misuse of financial and human resources. This presentation will equip clinicians with various tools, including enhancing judicious inhaler use by their patients and nature prescriptions with PaRx: a prescription for nature.

Carolanne Caron, Hôpital Montfort, The Ottawa Hospital
Shellyza Sajwani, The Ottawa Hospital
Katherine Bateman, The Ottawa Hospital
Owen Degenhardt, The Ottawa Hospital
Mathilde Gaudreau-Simard, The Ottawa Hospital, Ottawa Hospital Research Institute
Smita Pakhale, The Ottawa Hospital, Ottawa Hospital Research Institutee
Salmaan Kanji, The Ottawa Hospital, Ottawa Hospital Research Institute

ABSTRACT

ENVIRONMENTALLY SUSTAINABLE OPPORTUNITIES FOR HEALTH SYSTEMS: METERED-DOSE INHALER PRESCRIBING, DISPENSING, USAGE AND WASTE AT THE OTTAWA HOSPITAL

Background: Canada's health sector's carbon footprint is amongst the worst in the world, responsible for 4.6% of Canada's total greenhouse gas emissions; a quarter of which are linked to pharmaceuticals including metered dose inhalers (MDIs).

Objectives: Retrospective point-prevalence cohort study aiming to describe MDI prescribing, dispensing, usage and waste patterns at an academic hospital.

Methods: 100 consecutive patients from medical and surgical services were identified from discharge reports, all prescribed one or more MDIs during their admission. Data was collected on demographics, MDI prescribing, dispensing, usage and wastage. The study cohort's usage and waste data was applied to annual purchasing data to estimate annual usage and waste. Monetary cost was applied using local estimates while carbon cost was calculated using published estimates.

Results: 315 MDIs were dispensed in total, of which 96 were unused. 61440 actuations were dispensed, 56773 (92%) were unused or wasted. Waste data was applied to annual estimates, with a calculated carbon footprint of 315.8 tonnes of carbon dioxide equivalents (tCO2e). We estimate that a 20% waste reduction would result in a carbon savings of 68.5 tCO2e. If 20% of salbutamol prescriptions were switched to the dry powder inhaler alternative, terbutaline, a 14% reduction in waste would be required to offset the additional monetary cost.

Conclusions: This study suggests that 92% of MDI doses are unused and wasted. Many opportunities for waste reduction exist and would be associated with monetary savings that could be used to offset the cost of adding dry powder inhaler alternatives to formulary.

Shaima Kaka, University of Ottawa
Mathilde Gaudreau-Simard, University of Ottawa, The Ottawa Hospital, Ottawa Hospital Research Institute
Sydney Ruller, University of Ottawa
Jessica Evans, University of Ottawa, The Ottawa Hospital, Ottawa Hospital Research Institute

ABSTRACT

APPROPRIATENESS OF INPATIENT TRANSTHORACIC ECHOCARDIOGRAMS IN A LARGE ACADEMIC HOSPITAL IN CANADA

Goal: To evaluate how transthoracic echocardiograms (TTEs) conducted in medical inpatients perform against TTE appropriate use criteria (AUC).

Background: TTE use rates have increased substantially over the past five years at The Ottawa Hospital. AUC were developed to reduce low-value use of TTEs, though overuse persists. The 2019 TTE AUC have not been evaluated in the inpatient setting in Canada to date.

Methods: This is a retrospective study of patients admitted to internal medicine from January 1 to December 31, 2023 who underwent inpatient resting TTE. The primary outcomes will be TTE appropriateness based on the 2019 TTE AUC as well as the composite end point of 'new clinically significant TTE abnormalities'. Comparisons between TTE level of appropriateness, clinically significant TTE abnormalities, length of stay, and mortality will be undertaken using parametric and non-parametric testing for categorical and continuous data as appropriate. Potential low yield TTE indications will be defined and predictors of 'new clinically significant TTE abnormalities' along with mortality will be identified using multivariate regression analysis in these groups.

Results: Data extraction is ongoing. We anticipate having approximately 2000 patients included in our study. Preliminary data revealed that re-evaluation of known heart failure 'without precipitating change in medication/diet' or to 'guide therapy' were the most common appropriate indications for TTE. The most frequent rarely appropriate TTE indication was 'routine surveillance (<1 year) of heart failure with no change in status/ examination'.

Impact: Identification of frequent low yield TTEs will inform quality improvement initiatives targetting resource over utilization.

Marco Ragusa, The Ottawa Hospital
Mathilde Gaudreau-Simard, University of Ottawa, The Ottawa Hospital
Sydney Ruller, University of Ottawa
Jessica Evans, University of Ottawa, The Ottawa Hospital, Ottawa Hospital Research Institute

ABSTRACT

APPROPRIATENESS OF TRANSTHORACIC ECHOCARDIOGRAMS IN THE ERA OF POCUS

Goal: To identify clinical scenarios where point-of-care-ultrasound (POCUS) could be used to enhance existing appropriate use criteria (AUC) for transthoracic echocardiogram (TTEs) in medical in-patients.

Background: AUC were developed by the American College of Cardiology Foundation to reduce low-value use of TTEs. In parallel to this, there has been increasing evidence supporting the integration of POCUS in clinical decision making; however, the intersection between AUC and POCUS remains largely undefined.

Methods: This is a retrospective chart review of patients admitted to internal medicine from January 1 to December 31, 2023, who underwent consultation by a POCUS consultation service. Patients who had an inpatient TTE will be compared to those who did not in terms of indication/appropriateness of imaging, time delay until imaging, heart function, length of stay, and mortality. Agreement between POCUS and TTE will be assessed for ejection fraction (EF), right ventricular dysfunction, mitral/aortic regurgitation, and pericardial effusion.

Results: Data extraction is ongoing, but a sample size of approximately 300 patients is anticipated. On preliminary assessment, the primary indication for POCUS was decompensated heart failure (n=27/41). Three quarters (n=31/41) and one quarter (n=11/41) of patients had a TTE done during the admission and within the year prior to admission, respectively; and, 65.8% (n=27/41) did not have worsening heart function on TTE. POCUS agreement with TTE for EF was 93.5% (n=29/41). Only 67.7% (n=21/31) of TTEs were 'appropriate'.

Impact: A preliminary review supports the notion that POCUS could be employed to triage TTEs with rarely appropriate or uncertain indications.

Corinne Hohl, UBC Emergency Medicine
Amber Cragg, UBC Emergency Medicine

ABSTRACT

REDUCING MEDICATION USE BY REPORTING ADVERSE DRUG EVENTS

Background: One third of adverse drug events (ADE) in patients presenting to emergency departments are repeat events. These occur because ADE information is not routinely shared across patients' circle of care. As a result, patients are commonly re-exposed to medications that have previously caused harm.

Methods: ActionADE is a software application that enables rapid documentation of ADEs at the point-of-care and shares standardized information to community pharmacies and other care providers. We are evaluating ActionADE's uptake using an integrated mixed-methods implementation evaluation study. We are testing the effectiveness of ActionADE at preventing re-exposures to culprit medications using a randomized controlled trial (RCT) design.

Results: We will present interim implementation evaluation results on ActionADE's uptake, and interim RCT results on ActionADE's effectiveness at preventing re-dispensations of culprit medications to reduce medication use.

Conclusions: ActionADE is associated with improved documentation and communication of ADE information and avoided re-dispensations of culprit medications. Secondary data on ADE frequency and healthcare burden can be used to assess prescribing patterns and guidelines.

Melissa Dann, Ottawa Hospital Research Institute
Jessica Evans, Ottawa Hospital Research Institute, The Ottawa Hospital
Sydney Ruller, Ottawa Hospital Research Institute
Michael Woo, Ottawa Hospital Research Institute, The Ottawa Hospital
Matthew McInnes, Ottawa Hospital Research Institute, The Ottawa Hospital
Mathilde Gaudreau-Simard, Ottawa Hospital Research Institute, The Ottawa Hospital

ABSTRACT

PATTERNS OF USE OF ABDOMINAL IMAGING IN PATIENTS ADMITTED TO GIM WITH AKI

Goal: Review the patterns of use of imaging for patients with acute kidney injury (AKI) and to describe the role of PoCUS as a valid imaging technique in this setting.

Background: In 2021, the American College of Radiology (ACR) emitted appropriateness criteria for the use of imaging in AKI, emphasizing that imaging should be reserved for patients at high risk of obstruction. In parallel to this, several medical specialties have endorsed the use of Point-of-Care Ultrasonography (PoCUS) for the evaluation of obstructive uropathy.

Methods: We performed a health records review of patients admitted to Internal Medicine (GIM) at the Ottawa Hospital with AKI between Sept 2022 and Sept 2023. We recorded risk factors for obstruction as well as imaging performed on admission, including PoCUS. For patients who did not undergo imaging, we followed them to discharge to identify delayed or missed diagnoses.

Results: 703 patients were admitted with AKI, with 75(11%), 75(11%) and 52(7%) patients undergoing radiology ultrasound, computed tomography for renal indication and PoCUS on presentation, respectively. Of patients who did not undergo imaging on presentation, an additional 59(8%) and 18(3%) underwent radiology ultrasound and computed tomography for renal indication later in their admission. No missed diagnoses were identified. In total, 279 (40%) of patients admitted with AKI undergo imaging throughout their admission.

Impact: Further analysis will allow us to identify whether our imaging patterns align with current recommendations as well as to describe PoCUS as a valid imaging technique that may lead to radiology resource conservation.

Michelle Degelman, Saskatchewan Health Authority
Taysa-Rhea Mise, Saskatchewan Health Authority
Paul Gottselig, Saskatchewan Health Authority
Andrea Fong, Saskatchewan Health Authority

ABSTRACT

ASSESSING AND REDUCING FOOD ALLERGY SCREENING PANEL ORDERS IN SASKATCHEWAN

As part of the Choosing Wisely Canada (CWC) campaign in 2016, the Canadian Paediatric Society listed food allergy screening panels in absence of a patient's history as one of five tests/treatments in paediatrics that should be questioned. While this panel can yield false positives in patients who lack a clinical allergy, any clinician in Saskatchewan can order it. This project aims to evaluate the use of food allergy screening panels in Saskatchewan over time, identify possible factors related to the test being ordered, and develop/implement quality improvement (QI) strategies to reduce test use. A pre-post design will be used to compare the frequency of orders before and after relevant events that have occurred (CWC's pediatrics campaign, COVID-19, etc.), and interventions to come. While challenging, provincial data from two systems were retrieved and merged to create a comprehensive dataset of over 16,000 orders from 2013-2022. A combination of statistical tests (parametric/non-parametric) and QI tools (control charts) will be used to determine differences in pre- and post-data, and to monitor ordering over time. A preliminary analysis showed variation in ordering by geographical location and ordering clinician. As we continue to understand possible determinants of ordering, it is apparent that an effective intervention will need to be multifaceted (e.g., targeting clinician behavior via audit and feedback, and the lab ordering process in Saskatchewan). By reducing widespread ordering, this project has the potential of decreasing inefficient spending of resources, and preventing unnecessary harm, anxiety, and dietary restrictions in patients who are misdiagnosed with allergies.

Nathan Stall, Sinai Health, University of Toronto
John Hirdes, University of Waterloo
Luke A. Turcotte, Brock University

ABSTRACT

TUBE FEEDING IN CANADIAN LONG-TERM CARE RESIDENTS WITH ADVANCED DEMENTIA, 2006-2022

Background: Difficulty eating is the most common complication of advanced dementia. Choosing Wisely lists recommend against percutaneous feeding tubes in patients with advanced dementia and instead suggest oral-assisted feeding.

Methods: We conducted a repeated cross-sectional study examining the annual proportion of Canadian long-term care (LTC) residents with feeding tube use from January 1, 2006 to December 31, 2022. We used interRAI Minimum Data Set 2.0 data from the Canadian Institute for Health Information's Continuing Care Reporting System. We included all residents with advanced dementia (Dementia diagnosis and Cognitive Performance Scale score of 6), and modeled sociodemographic, clinical, and facility factors associated with feeding tube use using logistic regression.

Results: We identified 112,460 residents with advanced dementia (30% males; median age = 86 years, interquartile range = 80-91), of whom 2.7% received a feeding tube. By year, this ranged from 3.5% of residents with advanced dementia in 2006 to 1.8% in 2022. Younger age (Odds Ratio [OR] 0.95 per year; 95% Confidence Interval [CI] 0.95-0.95) male sex (OR 1.22; 95% CI, 1.13-1.31), previous stroke (OR 3.44; 95% CI 3.19-3.72), residence in a LTC home situated in an urban (OR 3.11; 95% CI 2.62-3.69) or low income quintile area (OR 1.35; 95% CI 1.19-1.53) were associated with increased tube feeding.

Discussion: The proportion of Canadian LTC residents with advanced dementia and feeding tube use is low and has declined over the past sixteen years. However, some notable sociodemographic and geographic disparities persist. This underscores the success and ongoing need for stewardship efforts.

Mathilde Gaudreau-Simard, Ottawa Hospital Research Institute, The Ottawa Hospital, University of Ottawa
Sydney Ruller, Ottawa Hospital Research Institute
Jessica Evan, Ottawa Hospital Research Institute, The Ottawa Hospital, University of Ottawa

ABSTRACT

TIME & TIME AGAIN: BARRIERS AND FACILITATORS OF POCUS USE IN GIM

Goal: Our goal is to understand and identify barriers and facilitators to internists' capability, opportunity, and motivation for using point-of-care ultrasound (POCUS) in general internal medicine.

Background: POCUS is the use of ultrasound by the treating clinician, performed and interpreted at the time of the patient encounter. Evidence shows that POCUS enhances diagnostic accuracy, and there has been a call for the increased use of this tool in internal medicine. However, efforts to increase POCUS uptake have had limited success, although they have not been extensively evaluated or pursued.

Methods: We conducted an explanatory sequential mixed methods study with a quantitative survey followed by qualitative semi structured interviews. The results of the quantitative survey were used to inform the interview guide. For interview participants we are using direct recruiting strategies. We will use a directed content analysis for our approach to data analysis using the Theoretical Domains Framework.

Results: Our final sample was 25 participants (response rate 49%). We found that most participants are not using POCUS for patient presentations where POCUS use is indicated. We wanted to explore why POCUS uptake remains low through interviews despite survey results showing clinicians feeling like it is within their scope of practice, improves patient care, and it is not too complex to learn. The study is ongoing as we analyze the survey results and conduct qualitative data analysis.

Impact: We want to develop a theory-informed implementation strategy to increase the uptake of POCUS by internists at The Ottawa Hospital (TOH).

William Silverstein, Sunnybrook Health Sciences, University of Toronto
Adina Weinerman, Sunnybrook Health Sciences, University of Toronto
Shruthi Vaidyanathan, Unity Health Toronto, GEMINI
Surain Roberts, Unity Health Toronto, GEMINI
Lisa Hicks, Unity Health Toronto
Wendy Levison, Choosing Wisely Canada, University of Toronto
Sacha Bhatia, Ontario Health
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ABSTRACT

USE OF ROUTINE BLOODWORK ON GENERAL INTERNAL MEDICINE INPATIENTS: A RETROSPECTIVE COHORT STUDY

Background: Speciality societies recommend against routine bloodwork for inpatients in the face of clinical and lab stability. While recent population-level analyses demonstrate reductions in other forms of low-value care, it is unclear how bloodwork utilization has changed at a population level since Choosing Wisely's inception. We aim to describe patterns of routine bloodwork use spanning the introduction of Choosing Wisely recommendations.

Methods: We undertook a retrospective cohort study from April 1, 2011 to March 31, 2020 using the GEMINI database, which includes general medicine inpatients at seven hospitals in Toronto and Mississauga, Canada. All patients admitted to general medicine were included. Patient were excluded if they had a bleeding diagnosis, received an endoscopic/surgical procedure, were transferred directly to the ICU, required transfusion or had no hemoglobin measurement within 48 hours of admission, or were admitted for greater than 30 days. We reported the mean volume of routine bloodwork drawn per patient day at the following physician quartiles: 25, 50, 75, 100. This leveraged the quasi-random allocation of patients to physicians in general medicine to overcome patient-level confounding. Our primary outcome was the volume of routine bloodwork ordered per patient per day on a medical ward.

Results: There were 198,131 included admissions. Overall, blood work utilization decreased 8.5-12.5% across participanting hospital sites. The mean volume of RBW ordered per patient per day significantly decreased from 2011 to 2020 in all but two hospitals. The difference between physicians who ordered the most compared to the least amount of blood did not change appreciably.

Conclusions and Relevance: While utilization of routine bloodwork has significantly decreased, opportunities remain to improve care by reducing physician-level variations in practice.

Marie-Pierre Rousseau, Institut national d'excellence en santé et services sociaux (INESSS)
Marie-Pierre Rousseau, INESSS Mélissa Caron, INESSS
Cédric Bressan, INESSS
Rodolphe Jantzen, INESSS
Caroline Turcotte, INESSS
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RÉSUMÉ

PORTRAIT DE LA POLYPHARMACIE ET DE L'USAGE DE MÉDICAMENTS POTENTIELLEMENT INAPPROPRIÉS CHEZ LA PERSONNE ÂGÉE AU QUÉBEC

Contexte : La polypharmacie, définie comme l'usage de plusieurs médicaments, est un phénomène fréquent, en particulier dans les populations plus âgées ou avec des comorbidités. Ce phénomène augmente le risque d'utiliser un médicament potentiellement inapproprié (MPI), dont la consommation est à éviter dans la majorité des circonstances, en particulier chez les aînés. Objectif. Brosser un portrait de la polypharmacie et de l'usage de quatre classes de MPI (benzodiazépines, inhibiteurs de la pompe à protons, antipsychotiques et sulfonylurées) chez les québécois âgés de 65 ans et plus, assurés par le régime public d'assurance médicament. Résultats : Environ le tiers de la cohorte prenait au moins 10 médicaments distincts en 2022-23 et chez ces personnes, le nombre moyen de prescripteurs a augmenté de plus de 30% entre 2012 et 2022. La moitié des Québécois âgés de 65 ans et plus assurés au RPAM ont facturé au moins un MPI en 2022-23. Après ajustement pour l'âge et le sexe, la proportion de personnes ayant facturé au moins un MPI varie entre les régions. Dans les 10 dernières années, la proportion des personnes ayant facturé une benzodiazépine est en baisse, alors que la tendance est à la hausse pour les antipsychotiques et relativement stable pour les sulfonylurées et les inhibiteurs de la pompe à proton.

Conclusion : La prévalence de la polypharmacie et de MPI dans la population québécoise vieillissante demeure un enjeu important dans le contexte québécois et justifie la poursuite d'efforts de sensibilisation et d'initiatives pour réduire la polypharmacie chez les aînés.

Patient Engagement

Participation des patients

10

Sarah Elliott, University of Alberta
Samantha Cyrkot, University of Alberta
Lisa Hartling, University of Alberta

ABSTRACT

SUPPORTING PARENTS TO CHOOSE WISELY: RANDOMIZED TRIAL AND QUALITATIVE STUDY

Background: Connecting parents to research evidence has the power to improve shared decision-making and reduce health system costs. Choosing Wisely Canada (CWC) has the potential to empower parents in making informed choices. While there are pediatric CWC recommendations, there are currently no outward facing campaigns that target parents.

Goal: To assess the effectiveness of blogshots to increase parent awareness, knowledge and manage expectations with respect to CWC recommendations about common acute childhood conditions.

Methods: We co-designed with parents a multimethod study (randomized trial, qualitative interviews). Parents of children <5 years in Canada were recruited online, and randomly allocated to one of two groups. Each group received a blogshot on a different CWC topic each week (Group A: pharyngitis [diagnosis], common cold, asthma; Group B: pharyngitis [treatment], bronchiolitis, otitis media). Baseline and follow-up questionnaires assess parental knowledge, knowledge retention, intentions and actions. Interviews will explore perceptions and contextualize intervention data.

Results: Data collection is ongoing (results available early 2024). To date, 164 parents are enrolled and 96 have completed baseline and two follow-up questionnaires. Preliminary interview data (n=11) showed that blogshots are aesthetically pleasing, contain relevant information that is easy to read and understand. Parents expressed various intentions to use the blogshots (e.g. share with friends, physicians) and actions (e.g. wait/watch approach vs. sought healthcare) to manage their child's condition.

Conclusions: Increasing parent knowledge and influencing decision-making for common illnesses could have measurable impacts on health service utilization. Understanding how parents want to receive health information could inform future CWC campaigns.

PRÉSENTATION

DÉPISTER AVEC SOIN : INTÉGRER LA DÉCISION PARTAGÉE

À la fin de cette activité, les participants seront en mesure de :

1. Identifier les bonnes pratiques entourant le dépistage
2. Discuter des zones d'incertitudes en ce qui concerne le dépistage
3. Communiquer les bénéfices et risques en dépistage

Description : Le dépistage est souvent vu comme quelque chose de bénéfique qu'il est difficile de remettre en question. Toutefois le dépistage à bel et bien des risques. Les connaissez-vous? Êtes-vous capable de discuter des bénéfices et préjudices potentiels des différents dépistages avec vos patients? Si non, cet atelier est pour vous. Nous analyserons les données probantes et démontrerons l'utilisation d'outils d'aide à la décision. Nous discuterons aussi des controverses en répondant aux questions les plus souvent posées.

Medical Education/ Formation médicale

10

Alicia Shen, McGill University
Tania Morin, McGill University
Mary Roper, McGill University
Peter R. A. Malik, McGill University

ABSTRACT

MEDICAL STUDENT PERSPECTIVES ON RESOURCE STEWARDSHIP: THE 'POCKET CARD' SURVEY

Goal: To evaluate medical student knowledge and awareness of resource stewardship and Choosing Wisely Canada (CWC) principles.

Activities: Pocket cards providing CWC family medicine recommendations were distributed to clerks and pre-clerkship medical students at McGill University alongside a 13-question Likert scale and multiple selection survey to evaluate student level of understanding and interest in CWC principles.

Impact: 400 pocket cards were distributed to the classes of 2024, 2025, and 2026, of whom 134 (33.5%) completed the survey. Of those who responded, 72/134 (54%) reported being somewhat familiar with the CWC campaign, while 33/134 (25%) had never heard of CWC. 64/134 (48%) of participants agreed that the curriculum sufficiently incorporated teaching about resource stewardship in their medical training; however, only 37/134 (28%) felt confident in their knowledge of resource stewardship principles in medical practice. Most respondents (79/134; 59%) strongly agreed that it is important for medical students to promote resource stewardship in the clinical environments they participate in.

Challenges: In medical school, opportunities to discuss resource stewardship and CWC concepts are limited despite interest from medical students. The survey response rate was suboptimal and did not evaluate changes in student awareness of resource stewardship throughout medical school.

Lessons Learned: The distribution of pocket cards is an inexpensive way to remind students about resource stewardship. An overwhelming majority of students indicate a desire to expand their knowledge of resource stewardship, and believe that choosing appropriate medical tests and treatments will be an important part of their future medical practice.

Maxine Dumas Pilon, McGill University
Justin Sandlers, McGill University
Samuel Boudreault, Université Laval

WORKSHOP

SERIOUS ILLNESS CONVERSATIONS; AFTER THE THEORY, LET'S PRACTICE!

Serious illnesses place people at risk of receiving treatments that may not benefit them and that poorly reflect their goals and values. For example, while 69% of Quebecers indicate a desire to die at home, 80% die in a hospital or in long term care facilities. This disconnect is made possible in part by clinicians' failure to elicit patients' goals and values in the context of a shared understanding of prognosis. Choosing wisely recommends having and documenting serious illness conversations as an evidence-based opportunity to close a critical gap in patient care that may help avoid potentially harmful or overly aggressive tests or treatments. This workshop will introduce participants to tools to identify patients at high risk of mortality and provide an opportunity to practice, with guidance and coaching, a patient-tested serious illness conversation.

Nathalie El-Hawli, Université de Montréal
Yousra Maghmoul, Université de Montréal

RÉSUMÉ

LE PODCAS: POUR GARDER L'OREILLE OUVERTE AUX RECOMMANDATIONS DE CHOIX JUDICIEUX DÈS LE DÉBUT DE LA FORMATION MÉDICALE

En tant qu'étudiants en médecine impliqués avec Choisir avec soin, nous sommes convaincus de l'importance d'intégrer le choix judicieux dès le début de notre formation. Connaissant la réalité des étudiants, déjà bien chargés en termes d'activités d'apprentissage, nous avions pour défi de trouver un moyen efficace de les intéresser à cet incontournable dans un format pratique, qui s'insère facilement dans un quotidien rempli et qui rejoindra une large population d'apprenants aujourd'hui et à l'avenir. Un balado nous est apparu comme une solution idéale. Certes, trouver du matériel et une salle assurant une bonne qualité sonore furent de vrais défis, mais après maintes recherches, nous avons découvert le studio d'enregistrement de l'UdeM – tout équipé avec mode d'emploi clair – qui fut salvateur et nous a rappelé de considérer les précieuses ressources offertes par nos institutions, souvent oubliées. Nous avons eu la chance d'obtenir des réponses positives de la part de nos premiers invités, notamment Dr Wittmer, président de CAS Québec, acceptant d'être cobaye pour notre tout premier épisode. Avec deux épisodes publiés à ce jour et promus sur les réseaux des étudiants et de CAS Québec - qui nous ont valu 92 écoutes, 33 abonnés Spotify et plusieurs rétroactions positives - un troisième épisode prêt à rejoindre la série, et un quatrième en planification, notre PodCAS nous a avant tout appris qu'en utilisant judicieusement les ressources (bien sûr!) à notre disposition et en faisant appel aux bonnes personnes pour nous soutenir, même une idée ambitieuse peut voir le jour et avoir un impact positif.

Caroline Laberge, Collège Québécois des médecins de famille, Université Laval
Marie-Josée Laganière, Collège Québécois des médecins de famille, Université Laval

RÉSUMÉ

LA MÉDECINE PAR LE MODE DE VIE: LA PIÈCE MANQUANTE DES SOINS DE SANTÉ

La pyramide des soins dans notre système de santé est actuellement très axé sur le curatif, sur la pathogénèse des maladies et leur traitement individuel, alors qu'il faut s'intéresser davantage à la salutogenèse, ce qui amène la santé. La médecine par le mode de vie sert à prévenir, traiter, renverser un grand nombre de maladies chroniques. La campagne Choisir avec Soin prône une utilisation judicieuse des ressources, et cette approche est tout à fait alignée avec la philosophie de la campagne.

Le développement de la médecine par le mode de vie prend de plus en plus d'ampleur aux États-Unis, et son implantation au Québec commence à prendre forme. À l'Université Laval (Québec), le programme de médecine de famille à lancé en septembre 2022 un créneau de médecine par le mode de vie pour les résidents intéressés, et constitué un groupe de médecins en pratique qui agissent comme mentors, eux-mêmes certifiés en médecine par le mode de vie ou en voie d'obtenir leur certification.

La connaissance de cette approche fort pertinente par les cliniciens, le réseau de la santé et les décideurs permettra de mettre en place des changements profonds dans notre relation à la maladie, plaidoyer pour un accès équitable aux ressources (alimentaires entre autres), constituer des équipes interdisciplinaires et encourager la société à adopter globalement des comportements plus sains.

Samuel Boudreault, Collège québécois des médecins de famille, Choisir avec soin Québec
Geneviève Bois, Collège québécois des médecins de famille, Choisir avec soin Québec
Amanda Try, Collège québécois des médecins de famille, Choisir avec soin Québec

RÉSUMÉ

POUR UNE PRATIQUE ÉCLAIRÉE : UNE FORMATION SUR L'UTILISATION JUDICIEUSE DE RESSOURCES EN SOINS PRIMAIRE

« Pour une pratique éclairée : une utilisation judicieuse des examens et des traitements » est une formation qui a été créée en 2016. L'objectif était d'offrir une formation sur le surusage et le surdiagnostic qui soit concrète et applicable à la pratique des médecins de famille du Canada. Au Québec, sa popularité se maintient sept ans plus tard.

Cette formation de sept heures est interactive et est divisée en quatre modules qui abordent graduellement différentes notions : la prescription judicieuse (principalement d'imagerie), la prise de décision partagée (avec des exemples sur le risque cardiovasculaire et fracturaire), le dépistage des cancers et la polypharmacie et la déprescription. L'équipe d'une dizaine de facilitateurs se rencontre annuellement et effectue une mise à jour basée sur les données probantes.

Depuis 2017, 55 sessions ont été données au Québec, pour un total de 700 participants. Depuis 2021-2022, quatre sessions sont données chaque année gratuitement aux résidents en médecine de famille. Environ 75 résidents y participent annuellement.

Cette formation certifiée est accompagnée d'un pré-test et d'un post-test que les participants remplissent 8 semaines après. Depuis 2021, 95.5% des répondants (n=269) disent avoir atteint l'objectif de modifier une pratique à l'aide des outils discutés durant l'atelier. Les pratiques qui ont été le plus modifiées sont les examens dans le cadre d'un "examen annuel", le dépistage des fractures de fragilité et la déprescription des inhibiteurs de la pompe à protons.

Durant la pandémie, nous avons offert des séances en virtuel et l'offrons encore à ceux pour qui il est plus difficile de se déplacer. La formation est donnée en anglais et en français, pour des cliniques et pour des groupes à inscription individuelle. De nouveaux facilitateurs sont formés chaque année afin de répondre à la demande.qui agissent comme mentors, eux-mêmes certifiés en médecine par le mode de vie ou en voie d'obtenir leur certification.

La connaissance de cette approche fort pertinente par les cliniciens, le réseau de la santé et les décideurs permettra de mettre en place des changements profonds dans notre relation à la maladie, plaidoyer pour un accès équitable aux ressources (alimentaires entre autres), constituer des équipes interdisciplinaires et encourager la société à adopter globalement des comportements plus sains.

Pascale Breault, Université de Montréal

PRÉSENTATION

DOCTEUR GPT: ALLIÉ OU CHEVAL DE TROIE?

L'intelligence artificielle amène un tout nouveau champ de batailles et de possibles pour l'utilisation judicieuse des ressources en santé.

Alliés ou cheval de Troie? Les applications et les algorithmes seront-ils à la hauteur de leurs promesses pour soutenir les cliniciens et leurs patients ou, au contraire, seront-ils des vecteurs de prescriptions qui, sous le vernis d'une médecine hyperpersonnalisée pousseront à prescrire plus, plus souvent?

A travers une revue de l'historique du développement des outils d'intelligence artificielle en médecine, particulièrement ceux visant les règles de décision clinique, nous dresserons un bilan qui permettra à l'auditoire de poser un regard critique et éthique sur les enjeux découlant de leur intégration dans les dossiers électroniques des patients.

Le sujet de l'intelligence artificielle, de son état, dans ses grandeurs et limites actuelles et des perspectives qu'il déploie est un incontournable en 2024. Nous sommes convaincus que de s'y intéresser sous l'angle de Choisir avec soin est fondamental et pourra nourrir les réflexions des membres en plus de les outiller à faire une analyse critique des outils que l'industrie aura tôt fait de leur mettre sous la main.

Géraldine Lachance-Fortin, CSSS Côte de Gaspé

ATELIER

AU-DELÀ DE L'AMM, COMMENT CHANGER LA TRAJECTOIRE DE FIN DE VIE DES PATIENTS ATTEINTS DE TROUBLES NEURO-COGNITIFS POUR LEUR PERMETTRE DE MOURIR DANS LA DIGNITÉ

Mourir d'une démence terminale après des années de déclin cognitif (avec toutes les conséquences que cela implique: perte d'autonomie progressive, hébergement, incontinence, chutes, douleurs, agitation et troubles de comportements fréquents, et surtout souffrance pour les patients, leurs proches et les soignants qui les accompagnent), c'est une fin de vie que nul ne souhaite à soi-même ni à ses proches.

Pourtant, lorsqu'on exerce en soins de longue durée, ce scénario de fin de vie se déroule quotidiennement sous nos yeux. C'est la conséquence, invisible pour la plupart des médecins exerçant en soins aigus, d'années (voire de décennies) de soins médicaux « trop efficaces », axés sur la survie et non sur la qualité de vie. En effet, si l'on revient sur la trajectoire de fin de vie de ces patients, on peut dans la plupart des cas repérer de nombreuses occasions manquées de mourir de causes naturelles, avec des soins de confort, plus paisiblement et dans une plus grande dignité.

Dans cet atelier, à l'aide d'exemples concrets et de discussions de cas, les objectifs suivants seront couverts:

1. Connaître l'évolution naturelle des troubles neuro-cognitifs
2. Explorer les données probantes en matière de prévention des troubles neuro-cognitifs
3. Questionner l'éthique des soins curatifs à tout prix, sur le plan individuel, systémique et social
4. Repérer des opportunités de discuter des objectifs de soins et de mourir de causes naturelles tout au long de la trajectoire des patients atteints de de troubles neuro-cognitifs et dans différents contextes cliniques (suivi de patients, urgence, hospitalisation et soins de longue durée)

Mireille Aylwin, Hopital et CLSC de Verdun

ATELIER

DISCUTER DE MALADIES GRAVES: COMMENT ABORDER LES NIVEAUX DE SOINS

Ma présentation adresse les différentes connaissances nécessaires pour se sentir à l'aise dans une discussion de niveau de soin et divers trucs de communication basé sur mon expérience personnelle comme médecin pratiquant à l'urgence et en soins palliatifs depuis près de 10 ans.

Ce contenu fut présenté en collaboration avec Choisir avec Soin Québec à quelques reprises avec une bonne réception

Les objectifs sont:

- Maitriser les informations pertinentes à la discussion sur la réanimation cardio-vasculaire
- Se familiariser avec quelques techniques de discussion utiles dans la discussion de niveau de soins
- Intégrer l'utilisation de formulations et de trucs communicationnels qui favorisent la compréhension des patients et leurs proches

Guylène Thériault, Choisir avec soin Québec, Choisir avec soin Canada
Victoria Blouin, Université de Montréal

PRÉSENTATION

ENSEIGNER AVEC SOIN : COMMENT AIDER LES APPRENANTS À INTÉGRER UNE GESTION PERTINENTE DES RESSOURCES DANS LEUR PRATIQUE

Objectifs :
À la fin de cette activité, les participants seront en mesure de :

- Utiliser différents outils pour guider les apprenants dans leur réflexion sur l'utilisation judicieuse des ressources
- Guider les apprenants face aux demandes qui peuvent ne pas être concordantes avec une utilisation judicieuse des ressources
- Ouvrir une discussion sur les tests et traitements non nécessaires

Description : L'enseignement est une passion avec ses défis et ses complexités. Nous devons savoir adapter ce que l'on enseigne aux différents niveaux des apprenants tout en utilisant des stratégies qui reflètent notre compréhension de l'apprentissage à l'âge adulte. Un des buts importants de l'enseignement est de stimuler la réflexion critique et le désir chez nos étudiants d'en savoir plus, mais comment faire? À travers des histoires de cas, nous explorerons comment intégrer les principes d'une utilisation judicieuse des tests et des traitements dans nos enseignements. Les considérations en lien avec une gestion responsable des ressources peuvent sembler nouvelles pour certains et ne sont pas si faciles à enseigner. Augmenter la valeur de nos soins, considérer l'impact environnemental de nos choix ainsi que les coûts d'opportunités sont tous des thèmes importants. Comment favoriser un regard critique chez nos apprenants est un enjeu qui revient constamment lorsqu'on enseigne. Nous viserons à partager des outils pour vous appuyer dans cette démarche. Vous repartirez de cette rencontre avec des outils et des idées pour enseigner avec soin.

Quality Improvement

Amélioration de la qualité

10

Thomas Bodley, Scarborough Health Network

ABSTRACT

SOURCES OF VARIABILITY AND UNNECESSARY BLOOD TESTING IN THE INTENSIVE CARE UNIT

Background and Rationale: Many routine intensive care unit (ICU) blood tests are unnecessary. Identifying sources of unnecessary testing is important to reduce excessive phlebotomy, ICU acquired anemia, and financial and environmental waste.

Aim: Quantify ICU blood testing at Scarborough Health Network (SHN) and assess the impact of hospital site and critical care physician on routine blood testing volume.

Methods: Retrospective analysis using 20-months of pre-intervention data from a prospective quality improvement (QI) initiative to reduce unnecessary blood testing. Three SHN hospitals, six ICU areas, and over 70 ICU beds are included. Pre-intervention testing profiles will be used to inform QI project interventions and develop a physician and hospital specific report of ICU blood testing for implementation as an audit/feedback tool.

Results: A total of 420 patient-days (one clinical week) of the planned 20-month pre-intervention window were available for preliminary analysis. The urea:creatinine ratio (0.53) and INR:PTT ratio (0.92) suggest unnecessary urea and coagulation profile testing. Mean routine INR testing varied from 0.25 to 0.9 tests per patient-day depending on hospital and attending physician. Identifying the source of variability as hospital vs. physician was not possible with one week of data but will be pursued in the final analysis.

Conclusions: There is substantial variation in blood testing practices across the three SHN hospital sites. Additional data and further analysis are needed to determine how much of the variability is driven by hospital site and critical care physician.

Timothy Hannon, High Value Care Lead Consultant, McLaren Healthcare System
Chandan Gupte, VP Clinical Excellence, McLaren Healthcare System

WORKSHOP

REDUCING WASTE AND ADVANCING HIGH VALUE CARE ACROSS LARGE SYSTEMS

Following the success of a system-wide blood management program that substantially reduced blood utilization, McLaren Health Care decided to expand the range of clinical projects including lab and imaging stewardship through creation of a High Value Care (HVC) program. The goal of the HVC Program was to develop a system-wide platform to sustainably reduce low value services and promote high value care.

Governance infrastructure included a System HVC Steering Committee and multidisciplinary hospital HVC teams. A process map was created to guide clinical practice changes and infrastructure was developed to support it. This included task forces to develop implementation plans, a team to disseminate communication and education, a team to develop and track KPIs, and an informatics group to hard wire changes in the EHR.

Since inception the HVC Program has achieved system-wide volume adjusted reductions for blood utilization (38%) and inpatient lab utilization (24%). This constitutes a reduction of 26,000 blood products with direct cost savings of $19M and a reduction of 1,300,000 inpatient lab tests with direct cost savings of $13M. Additional benefits include 57,000 nursing hours and 430,000 lab hours reallocated. Imaging Stewardship efforts are early but to date the ICU CXR rate has dropped 26% and inpatient MRIs have been reduced 18%. Several Antimicrobial Stewardship projects have also been accomplished including a 70% reduction in urine culture rate to address ASB.

This workshop will discuss in detail:

- Program governance infrastructure
- Process map development
- Evidence-based implementation strategies including communication/ education, audit/ feedback, EHR hardwiring
- Key findings/lessons learned

Candyce Hamel, Canadian Association of Radiologists
Marc Venturi, Canadian Association of Radiologists
Paul Pageau, The Ottawa Hospital
Ryan Margau, North York General Hospital

ABSTRACT

CANADIAN ASSOCIATION OF RADIOLOGISTS DIAGNOSTIC IMAGING REFERRAL GUIDELINES

Goal: Canada's radiology community and its referring clinicians are developing a comprehensive set of evidence-based, peer-reviewed referral guidelines to support clinical decision-making by referring clinicians. These guidelines aim to promote the most clinically relevant diagnostic imaging procedure(s), so that patients receive these procedure(s) at the right time, expediting their journey and resulting in better health outcomes.

Activities: We are developing 13 guidelines, using a standardized methodological approach. Seven guidelines have been completed and five are underway (last section to begin in early 2024). We are working with clinical decision support (CDS) vendors, hospitals, and provinces to integrate these recommendations in practice. We have applied for funding to perform a pilot project using a Delphi method, to identify the clinical scenarios within the musculoskeletal system guideline that would have the highest impact on referral practice. The plan, convert these recommendations into the Choosing Wisely format.

Impact: Discussions and collaboration with radiologists, provinces, and CDS vendors continues to grow, increasing the breadth of those aware of this work. Interprofessional collaboration has proven to be a key success in this initiative.

Challenges: We are reaching radiologists by publishing these guidelines on the Canadian Association of Radiologists (CAR) website and the CAR Journal, but we need to enhance knowledge dissemination among referring clinicians.

Lessons Learned: To increase efficiency and engagement for guideline development, we have been holding full-day meetings to develop the recommendations for all clinical/diagnostic scenarios within a guideline, rather than holding multiple 1-hour meetings.

Kelly Burak, Physician Learning Program, University of Calgary
Eliana Castillo, Physician Learning Program, University of Calgary
Sampson Law, Physician Learning Program, University of Calgary
Diane Duncan, Physician Learning Program, University of Calgary
Brenna Murray, Physician Learning Program, University of Calgary
Elaine Chow Bake, Physician Learning Program, University of Calgary

WORKSHOP

USING FACILITATED AUDIT & GROUP FEEDBACK TO IMPLEMENT CWC RECOMMENDATIONS

Over the past decade, the Physician Learning Program at the University of Calgary (PLP UofC) has experienced successes and challenges developing and implementing quality improvement projects aligned with Choosing Wisely Canada (CWC) recommendations.

The Calgary Audit and Feedback Framework (CAFF) is a practical, theory informed approach developed and used by the PLP UofC to facilitate interaction and engagement with clinical teams in planning and implementing change.

The workshop will provide attendees with real-world examples of using CAFF to develop and implement CWC recommendations.

Attendees will learn key facilitation techniques and presentation strategies when conducting audit and feedback sessions in person and virtually.

The workshop activities include:

- A didactic presentation to summarize the evidence for audit and feedback
- Discussion of real-life examples using facilitated audit and group feedback to implement CWC recommendations
- Group-based interactive exercises to practice facilitation techniques and how to optimize these for in-person and online sessions

Participants will have multiple opportunities to discuss the application of CAFF methodologies in their local context and receive feedback from workshop facilitators.

Daniel Thirion, Université de Montréal
Larissa Matukas, University of Toronto, Unity Health Toronto
Victor Leung, Providence Health Care
Dominik Mertz, McMaster University, Hamilton Health Sciences
Andrew Morris, Sinai Health, University Health Network, University of Toronto.
Dani Peters, Canadian Antimicrobial Innovation Coalition

WORKSHOP

THE RIGHT TREATMENT, THE RIGHT PATIENT, THE RIGHT TIME – ADDRESSING AMR IN CANADA

In 2021, the Government of Canada, along with its G7 partners, committed to tackling AMR by addressing the antibiotic market failure through policy and programs to identify the right economic conditions to preserve existing antibiotics and ensure access while strengthening AMR antibiotic research and development to revitalize the AMR pipeline and bring new drugs to market to meet identified public health needs.

Two years later, there have been several Canadian initiatives that can have significant impacts on patients, prescribers, and the healthcare system. Through the release of the Pan-Canadian Action Plan on Antimicrobial Resistance and the Council of Canadian Academies report, Overcoming Resistance, Canada has a framework to revitalize the AMR pipeline and increase access to current antibiotics.

As new and novel AMR products enter the Canadian healthcare system, questions arise as to how the right patient receives the right treatment at the right time. All while navigating the Canadian healthcare system, the benefits of adopting value-based hospital procurement and access programs, and upholding stewardship practices.

The Canadian Antimicrobial Innovation Coalition proposes a workshop to address these questions through a panel of healthcare professionals, including infectious disease doctors, hospital pharmacists, hospital diagnostic experts, and researchers. Panellists will provide best practices and obstacles to how antibiotics are currently being accessed and recommendations for the future when new and novel antibiotics are available and require appropriate use practices that protect the efficacy of the antibiotics Canada has relied upon and the new antibiotics that Canadians can access soon enough all while putting a stop to the increasing rates of AMR.

Karen Born, University of Toronto
Nicole Simms, CASCADES, University of Toronto

WORKSHOP

ADVANCING QUALITY IMPROVEMENT TO REDUCE OVERUSE, ADVANCE QUALITY AND ENVIRONMENTAL SUSTAINABILITY

Description: This workshop will share how sustainability, reducing overuse and advancing quality of care in health systems are intricately linked. It will identify sustainability co-benefits in the practices and projects that are already being implemented to reduce overuse and advance quality. The workshop will empower and equip clinicians and administrators to engage in sustainable quality improvement projects. This is a practical, actionable way for health professionals to respond to climate change – while also reducing overuse, and delivering the highest quality of care possible.

Learning Objectives:

- Situate environmental sustainability as a pre-requisite, goal, and outcome of high-quality care across all domains of quality
- Examine strategies to incorporate climate-relevant objectives and measures in quality improvement projects
- Review QI projects focused on reducing overuse that have focused both directly and indirectly on reducing the environmental impacts of care
- Consider these concepts in relation to participants' field/practice

Overview:
The workshop will have four core components to facilitate participant learning and application.

The first establishes the relationship between reducing overuse in health care, and reducing health care's environmental impact.

The second provides an overview of approaches to measuring sustainability in QI, drawing from the literature and existing initiatives.

The third offers examples relevant to practice in both hospital and community settings, of QI projects implementing Choosing Wisely Canada campaign recommendations related to reducing unnecessary preoperative tests, as well as reducing unnecessary asthma inhalers to demonstrate this alignment, measurement approaches and change strategies.

Finally, workshop participants will then have an opportunity to consider how they might incorporate sustainability objectives and measures to Choosing Wisely related QI projects.

Alice Yu, University of Ottawa
Mathilde Gaudreau-Simard, The Ottawa Hospital, University of Ottawa

ABSTRACT

REDUCING WASTE ASSOCIATED WITH THORACENTESIS AND PARACENTESIS ON THE CTU

Background: Thoracentesis and paracentesis are the most common bedside procedures performed by general internists at our center. They result in significant waste production, averaging 1338g per procedure, with 50% of items used and discarded.

Goal: Our project aimed to reduce waste associated with paracentesis and thoracentesis over a 6 month period with the target of reducing waste weight per procedure by 50%.

We implemented three change ideas. First, a waste-reduction checklist, developed in collaboration with stakeholders, was distributed to guide the minimal supplies required for each procedure. Second, we optimized our working environment by streamlining supply gathering, eliminating redundancies in our procedural cart, and phasing out more wasteful prepackaged trays. Third, physicians received education on planetary health to shift from a “just in case” to a “just in time” model of resource utilization.

Impact: Our primary outcome was the percentage of unused supplies for each procedure, with secondary outcomes measuring the waste weight per procedure and the cost of supplies used. Post-implementation of our change ideas, we observed an average 39.4% reduction in waste weight per procedure. The percentage of unused and discarded items per procedure decreased from 54% to 25.1%, representing an absolute reduction of 53.5%.

Conclusion: We hope these initiatives will not only reduce waste associated with bedside procedures, but also foster interest in sustainable healthcare practices amongst our hospital network and raise awareness of the healthcare sector’s impact on the planet.

Eric Levasseur, Vitality Health Network
Ihssan Bouhtiauy, Vitality Health Network
Malik Bereksi, Vitality Health Network

ABSTRACT

INTEGRATION OF "CHOOSING WISELY" IN A HEALTHCARE NETWORK

The Vitality Health Network has achieved a significant milestone, successfully implementing Choosing Wisely principles across its extensive network. Comprising 11 hospitals, including 5 regional and 6 community hospitals, and other sites and services, Vitality employs about 8000 workers and 600 physicians. The initiative aimed to optimize and improve quality of care.

The strategic approach involved securing leadership commitment, integrating advanced IT tools, and fostering engagement among physicians, employees, and patients. Champions were identified within each facility. Existing decision-making structures were utilized for maximum exposure with limited labor. Concrete projects were executed to address low-value care.

Successes include a culture of continuous quality improvement, stakeholder engagement, optimized resource allocation, IT and analytic integration. Open communication and the empowerment of champions was key in our success. Hospitals received prestigious designations such as Choosing Wisely Canada Hospital and Using Blood Wisely Hospitals. Many concrete projects were realized.

Challenges surfaced in sustaining engagement, balancing resource allocation for training, and instigating a cultural shift. Addressing resistance through education, communication and change management became crucial.

In conclusion, despite challenges, the Vitality Health Network's Choosing Wisely journey stands as a testament to collaborative commitment to high-value, patient-centered care. The organization's success reflects dedication to overcoming obstacles in the pursuit of improved healthcare practices.

Nathan Wilson. Memorial University
Krista Mahoney, Quality of Care NL
Robert Wilson, Quality of Care NL
Peter Daley, Eastern Health

ABSTRACT

REDUCING URINARY CATHETERIZATION RATES WITH BEHAVIOURAL INTERVENTIONS

Inappropriate urinary catheters have multiple adverse effects on patient quality of life, including increased urinary tract infections, pain/discomfort, restrictions in activities of daily living and more. Given these detrimental effects of urinary catheters Choosing Wisely Canada developed the "Lose The Tube" Toolkit to help reduce unnecessary urinary catheterization. Currently, Newfoundland & Labrador (NL) has not implemented any interventions to reduce urinary catheterization rates – despite the primary tertiary care centres in the province having nearly a 20% average urinary catheterization rate.

In line with Choosing Wisely recommendations, we are currently implementing a medical directive in St. John's, NL, allowing nurses to remove unnecessary urinary catheters independently. Our novel approach to this medical directive is to add multiple behavioural interventions to improve the rollout and implement the directive across multiple sites simultaneously. The behavioural interventions include a daily reminder to nurses to reassess any patients with a urinary catheter linked to the medical directive algorithm and removing permanent urinary catheters from the floor to make them more inconvenient to retrieve. We plan to compare the urinary catheterization rates across the two major hospitals in St. John's, where one receives the behavioural interventions along with our medical directive, and the other receives only our medical directive.

This project aims to establish a novel approach to implementing urinary catheterization reduction interventions by combining nursing medical directives with behavioural interventions. This project will directly impact urinary catheterization rates in NL and provide a framework for implementing the "Lose The Tube" Toolkit more effectively.

Robert Wilson, Quality of Care NL/Choosing Wisely NL

ABSTRACT

CREATING A LEARNING HEALTH AND SOCIAL SYSTEM IN NEWFOUNDLAND & LABRADOR

Goal: Learning Health Systems are health care systems in which knowledge generation processes are embedded in daily practice to produce continual improvement. Recognizing the impact of the Social Determinants of Health (SDOH) and the important role of the social system on health outcomes, Health Accord NL expanded this concept to a Learning Health and Social System. Quality of Care NL/Choosing Wisely NL, along with NL Health Services (NLHS) and the Department of Health Transformation, are helping develop a sustainable and successful LHSS which will incorporate Choosing Wisely principles.

Activities: A Vice President of Quality Learning Health Systems has been appointed who will liaise with CWC/CWNL and QCNL; A province wide symposium was held, hosted by government and the NLHS that brought together stakeholders including patient partners and community sector organizations to envision a provincial LHSS; A Research Exchange Group hosted by Memorial University has been created and is meeting regularly

Potential Impact: Improving population health by eliminating low value care, enhancing the health and social care experience, reducing costs, advancing health equity and improving workplace well-being.

Challenges: creating and changing organizational culture, real time data availability, data systems and data sharing, limited availability of skilled individuals, managing competing priorities for frontline staff, funding learning activities, regulatory challenges.

Lessons Learned: Strong leadership and building on existing strengths are integral to creating a LHSS. Engagement of all stakeholders in the health and social system, including patients, the public and frontline staff from all disciplines, is vital.

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Jackie Thomas, University of Toronto
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ABSTRACT

REDUCTION OF UNNECESSARY ROUTINE CBC TESTING AFTER CESAREAN DELIVERY

Objective: Routine post-operative complete blood count (CBC) testing after cesarean delivery (CD) for hemoglobin measurement is a common practice, but it does not change clinical management for most patients. We initiated a quality improvement project at Mount Sinai Hospital in Toronto, Ontario, in April 2023, aiming to reduce CBC ordering after CD by 50%.

Methods: Baseline ordering patterns were assessed using pre-existing data of 223 patients having CD. The project strategy included: staff education, un-checking a pre-checked CBC order in the electronic post-partum order set, and introducing criteria for CBC ordering: pre-operative Hgb < 110 g/L, "above average" blood loss or operating time. The primary outcome was the rate of post-operative CBC draws. Balancing measures included "missed" draws, anemia-related signs or symptoms, and visits to hospital up to two weeks post-partum. Rates of post-operative anemia treatment were also measured.

Results: At baseline, post-partum CBC ordering was 98%. During month one of intervention, 202 patients had CD, 88 planned and 114 unplanned. The post-partum CBC draw rate was 34%. Twenty-eight percent of CD (56/202) had a documented operative or pre-operative indication for ordering, based on our study criteria. Eleven of these patients (5% of all CD) were "missed" and discharged without a CBC draw; however, none had signs or symptoms of severe anemia on bedside assessment prior to discharge.

Conclusion: This QI intervention achieved a significant reduction in post-partum CBC ordering without compromising patient safety. Communication with ordering physicians is essential when making changes to routine, pre-checked orders.

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ABSTRACT

DEVELOPING AN INTERVENTION FOR IMPLEMENTING LOW BACK PAIN CHOOSING WISELY RECOMMENDATIONS

Background: There are 13 Choosing Wisely Canada (CWC) recommendations pertaining to low back pain (LBP) management aiming to reduce unnecessary and potentially harmful diagnostic imaging, opioid prescriptions and referral to medical specialists. However, passive dissemination of these recommendations may not change primary care clinicians' behaviours.

Objectives: 1- Identify the barriers and facilitators (determinants) to implementing CWC's LBP recommendations. 2- Map these determinants to implementation strategies for developing a multi-component intervention to improve LBP management in primary care.

Methods: 1- We conducted focus groups with 14 physiotherapists and four family physicians using an interview guide informed by the Theoretical Domains Framework (TDF). Interviews were recorded, transcribed and a deductive thematic analysis was performed. 2- Using the Behaviour Change Wheel method, we mapped the determinants to behaviour change techniques, and identified strategies to implement CWC's LBP recommendations.

Results: We identified 13 determinants to implementing CWC's LBP recommendations across seven domains of the TDF (knowledge, skills, beliefs about capabilities, beliefs about consequences, memory/attention/decision-making process, environmental context and resources and social influence). To address these determinants, we identified ten implementation strategies including the development and distribution of educational material, interactive workshops, audit and feedback, support from clinical champions and creation of interdisciplinary primary care teams.

Conclusion: The implementation strategies to include in this preliminary intervention will be operationalized in collaboration with stakeholders. This project allows us to understand the behaviour change required to improve LBP management in primary care. The implementation of this intervention has the potential to offer more effective and efficient care to adults living with LBP.

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ABSTRACT

REDUCING THE USE OF SEDATIVE AND ANALGESIC INFUSIONS IN CRITICAL CARE (ROSA), ROYAL ALEXANDRA HOSPITAL

Background/Goal: Excess use of sedative and analgesic infusions prolongs mechanical ventilation, increases length of stay, and increases complications such as delirium. Choosing Wisely Canada recommends not prolonging mechanical ventilation by the over-use of sedatives and regular assessment of the patient's ability to awaken and breathe spontaneously using spontaneous awakening trials (SAT). ROSA is a quality improvement initiative aiming to reduce the use of sedative and analgesic infusions in ICUs in Edmonton, Alberta.

Methods/Activities: A standardized, evidence and stakeholder informed guideline was developed, including a SAT protocol. Knowledge translation occurred via a multidisciplinary champion team with rapid change cycles addressing opportunities for improvement and regular audit and feedback. Outcome (cumulative duration and total dose of infusions), process (SAT eligibility assessment rate and incidence of over and under sedation) and balancing measures (unplanned extubation and unplanned central line removal) were collected. Results for the Royal Alexandra Hospital are presented.

Results/Impact: At baseline, SAT eligibility assessment was 4%. Post implementation SAT eligibility assessment increased to 35%. While the total duration of sedative and analgesic infusions remained unchanged, the average cumulative dose of fentanyl, morphine, hydromorphone, midazolam, propofol, and ketamine were all reduced. Rates of unplanned central line removals and unplanned extubations did not change.

Conclusions/Challenges/Lessons Learned: The implementation of ROSA improved adherence to SAT assessment and completion, and reduced dosage of infusions. Use of knowledge translation strategies can lead to successful implementation. Ongoing efforts are required to reduce infusion use and maintain sustainability long-term.

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ABSTRACT

REDUCING UNNECESSARY X-RAYS FOR NASAL FRACTURES

Choosing Wisely Canada (CWC) guidelines recommend against the use of nasal bone X-rays for the evaluation of nasal fractures. Sensitivity and specificity of these X-rays in evaluating nasal fractures are 65% and 68%, respectively. Despite recommendations, patients referred to otolaryngology-head and neck surgery (OHNS) with suspected nasal fractures have nasal X-rays performed.

The goal of this quality improvement (QI) project was to reduce the number of nasal X-rays ordered for nasal fractures in both adult and pediatric emergency departments at our institution by 50% over a 12-month period. A driver diagram was used for problem characterization. Orders for nasal X-rays were most commonly placed by Emergency Medicine (EM) physicians. Survey results demonstrated that 37% of EM physicians believed that patients should receive nasal X-rays prior to referral and that 58% were unfamiliar with the CWC guidelines. Change ideas included an electronic medical record (EMR) clinical decision-support tool and educational infographics (implemented December 2022).

Before the implementation of our change ideas, 63 nasal X-rays were ordered from December 2021 to September 2022. Since implementation, from December 2022 to September 2023, only 25 have been ordered, representing a 60% reduction. T-test analysis for pre- and post-implementation comparison showed a statistically significant decrease in difference of means of 2.9 X-rays per month (5.4 vs 2.5, respectively; p=0.009)

This QI project is ongoing, and data continues to be followed and analyzed. Implementation of a clinical decision-support tool and educational infographics demonstrated a significant reduction in the number of nasal x-rays ordered for nasal fractures.

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ABSTRACT

DEVELOPMENT AND USABILITY TESTING OF A MULTIFACETED INTERVENTION TO REDUCE LOW-VALUE INJURY CARE

Background: Trauma care is a high-risk setting for overuse, but there is a knowledge gap about innovative solutions to limit low-value practices. Evidence on implementation of high-value care suggests that multifaceted interventions addressing determinants for success are the most effective. Hence, using a partnership approach, we aimed to develop a multifaceted intervention to reduce low-value injury care and assess its usability.

Methods: To design the intervention, we first listed the barriers and facilitators to reducing low-value injury practices reported in previous studies. Then, we linked barriers and facilitators to CFIR constructs and identified implementation strategies according to the CFIR-ERIC matching tool. To test to usability of the intervention prototype, we iteratively conducted three focus groups and four think aloud sessions with trauma program leaders in seven trauma centres.

Results: Barriers and facilitators concerned knowledge and beliefs, perceived relative advantage, and self-efficacy for de-implementing practices. Accordingly, we selected the following intervention implementation strategies: conduct local needs assessment and prepare champions; involve governing structures; audit & provide feedback; provide educational material; offer virtual education meetings and facilitation visits. We identified eight critical and 39 moderate issues during the usability tests. The critical issues led us to clarify the definition and determinants of low-value practices. Moderate problems mainly led to changes aimed at improving understanding of the intervention material.

Conclusions: This study has enabled us to develop and refine a multifaceted intervention to ensure its acceptability and feasibility. The next step will be to evaluate its effectiveness in reducing low-value injury care.

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ABSTRACT

REACH LTC - REASSESSING CHOLINESTERASE INHIBITORS AND MEMANTINE IN LONG-TERM CARE

Choosing Wisely Canada recommends regular reassessment of cholinesterase inhibitor (ChEI) and memantine use and consideration of deprescribing if risks outweigh benefits. This is not routinely occurring in Ontario long-term care (LTC) homes where 54% of older adults are still taking ChEIs at time of death.

Our goals are to:
1. Improve rates of ChEI and memantine reassessment at Sunnybrook's Veterans Centre from its baseline of 5% to 30% by May 2024
2. For appropriate candidates, trial deprescription in 30% by May 2024
3. Develop a model for implementation of ChEI/memantine deprescribing guidelines that can be adapted in other LTC settings

A baseline chart review, direct observation of quarterly medication reviews, and physician surveys were completed. We also conducted semi-structured stakeholder interviews with leadership, physicians, registered nurses, pharmacists, social workers, and patient caregivers.

All physicians agreed that ChEI/memantine reassessment and deprescription is an important aspect of providing care yet they reported a lack of training in deprescribing these medications and knowledge of deprescribing resources. Other key barriers to reassessment and potential facilitators were identified and PDSA cycles are underway for high yield interventions. These include a deprescribing algorithm, clinician evidence summary, patient and family support package, critical conversation guide, and integration into quarterly medication reviews.

Our QI study is the first to implement these recommendations in LTC, where the risks of ChEIs/memantine are more likely to outweigh benefits compared to community settings. This model for implementation can then be scaled and spread to LTC centres across Canada.

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Leslie Dryburgh, Winnipeg Regional Health Authority
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ABSTRACT

CHOOSE WISELY: REDUCTION IN THE INAPPROPRIATE USE OF URINARY CATHETERIZATION AND INCONTINENT PRODUCTS WITH THE ACUTE AND LONG-TERM CARE FACILITIES OF THE WINNIPEG REGIONAL HEALTH AUTHORITY (WRHA)

Background: The inappropriate use of urinary catheters, long dwell times and incontinent products creates increased urinary tract infections, skin breakdown and longer hospitalization. With an aging population, the inappropriate use of these products will cause harm to patients and burden our health care system.

Goal: The goal is to decrease inappropriate use of urinary catheters and incontinent products in the WRHA's Long-Term Care, and Acute/Community Care Hospitals. Using an evaluation process based on bedside data collection and financial analysis, frameworks, and metrics that will provide continuous evaluation of reaching site reductions goals of 15% by March 31st, 2024.

Activities: Conduct a usage and financial analysis of urinary catheter equipment and incontinent products to identify which products to focus for our reduction goal. Develop an evaluation and display framework to track usage, and display metrics to monitor targets by site. Develop implementation plans, education, and evaluation packages for Site Leads.

Method: A mixed-methods design will assess intervention effectiveness with bi monthly data, measuring reductions in product use through financial cost. Also, a pre and post bedside data collection tool, will identify the impact on clinical practice.

Challenges: Establishing the project as a priority within the WRHA's is daunting, with continual staff changes and constant competing priorities for Regional Sites.

Impact: This study will decrease inappropriate urinary catheter use, and incontinence product that in turn will decrease pressure injury ulcers, urinary tract infections, and improve length of hospitalization. It also demonstrates the success of using financial tracking outcomes rather than the more traditional hands on data collection with pen, paper and people.

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ABSTRACT

UTILITY AND PRACTICES OF ROUTINE POST CARDIAC SURGERY TESTING IN ADULT PATIENTS

Routine post cardiac surgery testing is frequently completed, although there is limited evidence to support this practice. In 2013, the Society of Thoracic Surgeons in conjunction with Choosing Wisely, published recommendations on limiting use of low-value cardiothoracic tests/procedures (Wood et al., 2013). One of the proposed recommendations that was considered, but ultimately excluded in the final list, was routine daily chest radiographs and blood laboratory tests after cardiothoracic surgery in the absence of clinical indications. A systematic review of routine post cardiac surgery chest radiographs in adults is currently underway to re-evaluate the diagnostic and therapeutic value of these tests in this clinical setting. Furthermore, a national survey of cardiac surgery centers is being planned to assess current practices in regards to routine post-operative imaging and laboratory investigations across Canada to assess variation in practice and current standard of care. These data may inform future guidelines on limiting low-value testing in adults following cardiac surgery.

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ABSTRACT

REDUCING UNNECESSARY THYROID FUNCTION TESTING THROUGH OPTIMIZING TEST ORDERING PROTOCOLS

Goal: Optimize the utilization of thyroid function testing for clinicians in Saskatchewan

Activities: This project originates from a 4-year audit of thyroid function testing done in Saskatoon, Saskatchewan, spanning from 2016-2019. Key issues identified included high volumes of thyroid function testing due to approximately 70% TSH ordered in combination with free T3 & free T4 rather than as TSH alone. Additionally, inappropriate repeat TSH testing was observed. In response to these findings and in alignment with existing guidelines, we implemented targeted changes through 1) updating the laboratory information system ordering protocol, allowing only specialists to request free hormone tests or those pre-approved physicians by laboratory, 2) updating the community ordering requisition, 3) adjusting TSH testing to reflex to free hormones only when abnormal results are obtained, 4) providing educational rounds to physicians. We have launched these changes and are auditing the 3-month data to assess their efficacy. We anticipate observing a decrease of approximately 10,000 thyroid function tests monthly.

Impact:

1. Financial: Projected financial savings resulting from reduction of thyroid function testing are significant, estimated to be 1 million dollars.
2. Patient care: Minimizing unnecessary testing will reduce patient harm.
3. Laboratory efficiency: Freeing up laboratory resources that were previously spent on unnecessary testing will improve overall laboratory efficiency

Challenges/Lessons Learned:
We will share our experience with consulting family physicians, endocrinologists, biochemists, and laboratory staff on changing community test requisitions. We will also discuss the challenge associated with implementing LIS changes.

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Plamena Mya, University of Dundee

ABSTRACT

CHOOSING WISELY IN SCOTTISH DENTAL PRIMARY CARE

Background/Goal: Healthcare systems globally are subject to demand pressures, leading to policymakers re-assessing funding to reduce the provision of 'low-value care' (LVC). In dentistry, the routine provision of six-monthly check-ups and scale and polishes for adults, are treatments with no evidence of clinical benefit. Using these routine practices as exemplars, this study takes a Choosing Wisely (CW) approach to explore the barriers and enablers to de-implementation.

Activities/Methods:
- Semi-structured, theoretically informed interviews with patients (N=14), dental professionals (N=20) and systems-level stakeholders (N=34).
- Focus group and engagement activities with patients and the public to identify their dental care priorities.

Impact: This study reflects the first steps to demonstrating the value of taking a CW approach in dentistry. Findings confirmed the need for a suite of payment models, to incentivise the integration of prevention into service delivery and, a focus on behavioural change interventions to promote 'higher-quality conversations' between patients and professionals, based on shared decision-making. This work is informing the development of resources for patients and professionals used by Scottish Government and National Health Service (NHS) Education for Scotland.

Challenges: NHS Dentistry is in flux. Legacy payment models for patient treatment are no longer fit for purpose and do not reflect evidence-based practice. Practitioners fear that changing practice will impact upon business models and patient-practitioner relationships.

Lessons Learned: Patients have trust and confidence in the dental profession but many practitioner's concerns about change are rooted in fear. Building positive patient-practitioner relationships, on the foundations of the existing trust, will facilitate de-implementation of LVC within Scottish dental primary care.

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ABSTRACT

DON'T DELAY PALLIATIVE CARE - REAL-WORLD CANCER AND PALLIATIVE CARE INTEGRATION

Goal: Early referral to specialist palliative care (SPC) is underutilized but can enhance outcomes of patients living with advanced cancer. We implemented a Knowledge-to-Action theory informed process improvement intervention, in the real-world setting of gastrointestinal cancer clinics, to increase the proportion of metastatic colorectal patients who receive early SPC (defined as ≥90 days before death).

Activities: Facilitated implementation of a practice guideline and resources: (a) systematically screening patients attending cancer clinics for unmet PC needs and alerting the primary oncologist, (b) using a dedicated full-time community-based palliative clinical nurse specialist for each referral and (c) templated 'shared care' letters (between oncologist, family physician, and patient) to improve communication and awareness of patients' needs.

Impact: The project achieved two CWC recommendations, with earlier, integrated palliative in lower cost care settings. Using decedent health administrative data (n=704), in the implementation center, the proportion of decedents who received early SPC increased from 44.7% baseline to 57.4%; in the control center the proportion decreased from 47.7% to 44.1% (17% difference in differences (DID); 95%CI 2.0% to 32.0%; P=0.027). A 15% decrease in hospital stay and 18% decrease in chemotherapy days in last 90 days of life was observed. The intervention was cost dominant with an overall DID increase of 2.3 community days and average cost reduction of C$1,953.02 per patient day in the community.

Challenges and Lessons Learned: Busy clinicians struggle to provide primary palliative care and cueing the oncologists to patients who needed early palliative care was essential.

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ABSTRACT

LOW-VALUE PRACTICES IN PEDIATRIC TRAUMA CARE

Background and Goal: Recent research has suggested that low-value practices in adult trauma care are frequent and subject to significant inter-hospital variation. However, there is a major knowledge gap on low-value care for pediatric trauma admissions. We aimed to estimate the incidence of low-value practices in acute pediatric trauma care and evaluate inter-hospital practice variations.

Methods: We estimated incidences of low-value practices using data from the Québec trauma registry on all pediatric (0-16 years of age) injury admissions to any of the 59 provincial trauma centers from April 2013 to March 2020. To assess inter-hospital variation, we used multilevel generalized linear models to generate intraclass correlation coefficients (ICCs) interpreted as low if <5%, moderate if 5-20% and high if >20%.

Results: Our study population comprised 14,137 patients including 62% males and 34% aged 12 to 16 years. Three practices had incidences > 10% and moderate to strong inter-hospital variation: neurosurgical consultation for mild traumatic brain injury (TBI; 21%, ICC=11%), hospital admission in isolated mild TBI (15%, ICC=20%), and hospital admission in isolated blunt abdominal trauma with negative CT (26%, ICC=20%). Incidences of post-transfer repeat CT, repeat head CT for mild TBI, and ICU admission in mild TBI were all <10% but inter-hospital variation was moderate to high.

Conclusions: We identified three low-value clinical practices in pediatric trauma care that can be measured with trauma registry data and have high incidence and significant inter-hospital variation. These practices may be interesting targets for de-implementation interventions.

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ABSTRACT

A TWO-STEP PATHWAY FOR NON-INVASIVE URINARY TRACT INFECTION SCREENING

Background: UTIs are a common bacterial cause of paediatric fever. Urinalysis (UA) and urine culture are required for diagnosis and obtaining a sterile sample in children can be difficult. Bladder catheterization is invasive and time consuming. Given that UTIs occur in only about 5% of febrile children under 2 years, non-invasive methods for screening should be explored.

Goal: To implement a two-step pathway on the inpatient paediatric units for children with suspected UTIs which includes a Point of Care Test (POCT) UA screen on a bag sample, followed by bladder catheterization for culture if positive, with the aim to reduce catheterization rates by 25% over 1 year in those with a negative screen.

Activities: Baseline data was obtained 1 year prior to the launch of the pathway in April 2021. Using the Model for Improvement and PDSA cycles, the pathway was adopted on the paediatric units. Interventions focused on education, interdisciplinary collaboration, and process standardization.

Impact: Baseline data demonstrated a high rate of urinary cultures despite a negative UA or no UA prior (70%). After pathway implementation, this decreased to 23%, with a reduction in UA collected by catheter from 14% to 5%. The rate of POCT UA performed increased from 69% to 82%.

Lessons Learned: There is variability in practice for specimen collection, contributing to ongoing unnecessary catheterizations. Efforts are ongoing to encourage the pathway's use to direct high-value, patient-centered care and reduce unnecessary investigations, with plans to broaden the pathway's use to children > 90 days old.

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April Price, Health Quality BC
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ABSTRACT

REIMAGINING LTC: USING PERSON-CENTRED APPROACHES FOR APPROPRIATE USE OF ANTIPSYCHOTICS

Goal: As part of Reimagining LTC, a pan-Canadian quality improvement (QI) program supporting the Long-Term Care (LTC) sector to enable a healthy workforce to provide person-centred care, Healthcare Excellence Canada partnered with Health Quality BC to reduce potentially inappropriate use of antipsychotics (AUA) without a diagnosis in BC homes, including those with some of the highest rates in the province. This program aimed to reduce the rate of antipsychotic use in residents without a diagnosis in 79 participating care homes across BC by 15%, from baseline of 34%, by December 31, 2023.

Activities: The Reimagining LTC 12-month program is an adapted QI collaborative approach grounded in peer-to-peer learning, access to QI expertise through resources, education sessions and coaching, and seed funding.

Impact: After the program evaluation period in early 2024, we will be able to share updated impact numbers (related to the RAI-MDS) and experiential data that highlight some of the key enablers and barriers to success.

Challenges: Participating homes faced many challenges within the current health system climate including staff shortages and time constraints, limited access to resident-centred non-pharmacological interventions, and difficulty integrating approaches across interdisciplinary care teams.

Lessons Learned: The presentation will share lessons learned and successes of using a collaborative approach to quality improvement with the goal of reducing inappropriate use of antipsychotics, including how homes are achieving positive results by concentrating efforts towards data clean-up, assessments, regular medication reviews, innovative non-pharmacological approaches like virtual reality and sensory tables, and emphasizing staff, resident, and family engagement.

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Guylene Theriault, Choosing Wisely Canada
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Colleen Fox, Patient Family Advisor
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Claire Seaton, BC Children's Hospital
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ABSTRACT

LESS IS BEST: CREATING A BRONCHIOLITIS TOOLKIT FOR CHANGE.

Bronchiolitis is a common respiratory illness that globally impacts one third of children in the first two years of life. It is a clinical diagnosis with strong evidence and multiple international guidelines recommending against most tests and treatments in the care of these infants. Despite this, overuse of laboratory investigations, medications, and diagnostic imaging in bronchiolitis is common, and in fact, is one of the most studied areas of overuse in Pediatrics.

The bronchiolitis toolkit, Less is Best, was released in November 2023 and designed by a diverse, pan-Canadian group of family physicians, pediatricians, pediatric emergency physicians and a patient and family advisor. After a literature review of the key drivers of overuse in bronchiolitis, patient and provider tools were developed to target these drivers in practice. Noteworthy successes include the collaboration for the toolkit development among the working group members representing five Canadian provinces, as well as involvement of several national organizations that had the opportunity to provide feedback on the toolkit. We received important national endorsements from the Canadian Pediatric Society (CPS), the College of Family Physicians of Canada (CFPC), Translating Emergency Knowledge for Kids (TREKK), and the Nurse Practitioner Association of Canada (NPAC). A challenge was creating a focused toolkit with applicable tools for a variety of practice settings and locations caring for patients with bronchiolitis, and ultimately, was decided to target outpatient and emergency department settings. Current efforts are focused on dissemination of the toolkit during the current viral season and includes several national speaking opportunities and conferences across the country.

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ABSTRACT

IMPLEMENTATION DETERMINANTS OF CLINICAL STANDARDS AT A PROVINCIAL HEALTH ORGANIZATION

Background: The Saskatchewan Health Authority (SHA) develops clinical standards (CS) as a set of requirements and protocols that define the appropriate and evidence-based practices for delivering patient care. There is a lack of comprehensive strategies or tools to facilitate the CS implementation among point-of-care staff. Our objective was to identify the implementation barriers or facilitators (determinants) of CS.

Methods: The Capability, Opportunity, Motivation, Behaviour model and the Theoretical Domains Framework (TDF) were employed to identify the implementation determinants. We held focus groups and utilized the Interactive Systems Framework to engage with key stakeholders responsible for developing and implementing clinical standards. Two clinicians experienced in CS development and implementation science independently reviewed the determinants collected and matched them with the Expert Recommendations for Implementing Change (ERIC) compilation of implementation strategies (IS) to develop determinant-IS configurations (DISCs)

Findings: During three focus group sessions with 10 clinical managers, we identified 11, 12, and 14 determinants under Capability, Opportunity, and Motivation constructs, respectively. The top five TDF domains were knowledge (n=9), environmental context and resources (n=8), social influences (n=4), goals (n=4), and social/professional role and identity (n=4). Of 345 DISCs, the top three ERIC IS included develop stakeholder interrelationships (n=134), train and educate stakeholders (n=87), and use evaluative and iterative strategies (n=64).

Impact: Implementation of CS requires efforts in increasing knowledge among staff, enhancing resources, and clarifying professional roles. Our findings highlight the importance of key stakeholders' engagement in the implementation process and the utilization of existing implementation science frameworks in guiding the process.

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Jerome Leis, Sunnybrook Health Sciences Centre, University of Toronto
Christopher Moriates, University of California Los Angeles, Costs of Care

WORKSHOP

4E'S WAYS TO REDUCE LOW-VALUE CARE ON MEDICAL WARDS

The Canadian Society of Internal Medicine recommends against: 1) urinary catheterization without an acceptable indication, 2) routine and repetitive bloodwork in the face of clinical and lab stability; and 3) continuous telemetry monitoring out of an ICU setting without a protocol that governs discontinuation. Despite these recommendations, overuse remains prevalent. Telemetry is ordered without a supported indication in approximately 40% of cases, upwards of 60% of bloodwork that is undertaken in hospitalized patients is potentially avoidable, and catheterization without a guideline-supported indication is seen in as many as 55% of medical inpatients with a urinary catheter.

There are several evidence-based strategies that effectively de-implement these 3 common forms of low-value care of medical wards. Not only do these strategies work, but they are safe, not exposing patients to any undue harm. Drs. Leis, Moriates, and Silverstein are thus proposing a workshop to help clinicians that are looking to reduce these three common forms of low-value care on medical wards.

The session would be split up into three sections – Eliminating Telemetry, Decreasing Use of Routine/Repetitive Labs, and Removing Urinary Catheters. In each section, we would outline 1) evidence-based indications for utilization; 2) Documented harms of inappropriate care; 3) epidemiology of overuse; and 4) a summary of quality improvement initiatives that can reduce provision of these forms of inappropriate care. We would also present that these interventions are safe, addressing any safety concerns that clinicians may have.

The authors are Choosing Wisely leaders with expertise in leading sessions and encouraging participation.

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ABSTRACT

REDUCING UNNECESSARY URINE DRUG SCREEN TESTING IN THE ED

In 2018, we implemented a clinician report to provide audit and feedback to emergency department physicians in Regina about their use of laboratory tests. Specifically, we focused on reducing unnecessary use of urine drug screens, based on a Choosing Wisely recommendation. Over 18 months of audit and feedback, we saw a significant drop in use of this laboratory test which constituted a reduction of unnecessary testing for patients, reduced workload for the laboratory, and reduced system costs. Moreover, this reduction has been sustained since the completion of the formal audit and feedback in 2019. We would like the opportunity to share our success with other sites across Canada, as well as speak to the barriers we faced and the implementation science methodology used to overcome these barriers. Sharing this work may help other health systems to implement similar interventions.

EXAMINER AVEC SOIN : LES MANOEUVRES DE L'EXAMEN PHYSIQUE LES PLUS DISCRIMINANTES

ATELIER

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Appliquer de manière clinique les différentes valeurs statistiques associées aux manoeuvres de l'examen physique
2. Reconnaître la faible valeur ajoutée de tests de l'examen physique et déterminer la pertinence clinique
3. Optimiser l'examen physique en utilisant des manœuvres de l'examen physique qui sont plus discriminantes

Description : Dans cette présentation, nous ferons un survol de plusieurs manœuvres de l'examen physique qui sont utilisées quotidiennement dans la pratique. La notion de pratique basée sur les données probantes (EBM) fait souvent référence à des investigations et à des traitements, mais elle peut (et devrait) s'appliquer dès le questionnaire et l'examen physique. Plusieurs manoeuvres sont enseignées partout à travers le monde malgré la faible discrimination de ces tests. De plus, cette présentation vous permettra d'apprendre certains tests moins connus dans l'examen physique, qui ont tendance à être plus utiles dans la pratique.

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Valérie Chevrette, CISSS Montérégie Centre - Hôpital Charles-LeMoyne

COMMENT LA PRATIQUE AVANCÉE EN PHYSIOTHÉRAPIE OPTIMISE LE PARCOURS CLINIQUE VERS L'ORTHOPÉDIE ET LA NEUROCHIRURGIE

PRÉSENTATION

Comme dans plusieurs pays du monde, la pratique avancée en physiothérapie fait sa place au Canada et au Québec. Positionné en amont des interventions en santé neuro-musculo-squelettique, le physiothérapeute agit par son évaluation, son analyse et ses recommandations pour accroître la pertinence et l'utilisation judicieuse des corridors de soins et services.

Objectifs :
- Définir l'expertise du physiothérapeute et son rôle en modèle de pratique avancée;
- Décrire les impacts sur la pertinence des corridors de soins et services vers la médecine spécialisée;
- Élaborer et échanger sur le sujet.

Activité :
- Illustration du vécu clinique des conférencières physiothérapeutes en pratique avancée en GMF et en clinique de neurochirurgie.

Retombées :
- Accompagnement aux équipes de première ligne et accès adapté à la médecine spécialisée;
- Haut niveau de satisfaction de la patientèle et des équipes;
- Triage des requêtes CRDS;
- Efficience et économie.

Défis :
- Connaissance et reconnaissance de l'expertise du physiothérapeute consultant;
- Définition et précision des rôles vers un élargissement des pratiques professionnelles;
- Engrenages administratifs des instances décisionnelles;
- Éducation et rayonnement à la population et aux autres professionnels.

Leçons retenues :
- Il y a encore du chemin à parcourir pour une implantation pérenne provinciale.

Andréanne Moreau, IUGM, CCSMTL
Agnès Cailhol, IUGM, CCSMTL
Juan Manuel Villalpando, IUGM, CCSMTL

APPLICATION SUR TÉLÉPHONE INTELLIGENT POUR DÉTERMINER LA PERTINENCE DES ANALYSES ET CULTURES D'URINE EN CHSLD

RÉSUMÉ

En 2021 à l'Institut Universitaire de Gériatrie de Montréal, une évaluation de la qualité de l'acte a permis de faire un audit des analyses et cultures d'urines faites entre le 1er juillet et le 31 décembre 2020 dans deux centres de soins de longue durée. Il a été déterminé que 44% des 222 analyses et cultures d'urines n'étaient pas en accord avec les critères de Loeb (qui permettent de déterminer si ces tests sont indiqués ou non en soins de longue durée). Nous avons mis sur pied un projet en trois volets pour améliorer ces résultats.

1. **Éducatif :** une formation a été donnée à tous les médecins et infirmières sur la pertinence de ces tests.
2. **Affiches :** des affiches produites par Choisir avec Soins Canada - Utilisation judicieuse des antibiotiques en soins de longue durée ont été mises dans les postes infirmiers et les endroits fréquentées par les familles.
3. **Application web :** sous la forme d'un questionnaire que les médecins devaient remplir avant de demander une analyse et culture d'urine afin de guider leur choix de façon rationnelle (critères de Loeb).

Nous allons récolter les réponses au questionnaire pendant 3 mois (du 1er septembre au 31 décembre 2023), puis cesser son utilisation. Après, nous allons faire un audit des analyses et cultures demandées lors de la période du questionnaire et 3-6 mois plus tard. Si les résultats sont concluants, on tentera de mettre le projet en place dans les 15 autres centres de notre territoire.

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