

Choosing Wisely Canada Hospital

Your Guide to Designation



HOW TO PARTICIPATE

Choosing Wisely Canada's Hospital Designation Program recognizes hospitals that take deliberate action to reduce overuse and demonstrate organizational commitment to minimizing waste and harm.

Hospitals can work towards achieving **QI Status** and/or **Leadership Status**.

To qualify for each status, participating sites need to implement hospital-wide Choosing Wisely QI projects that earn credits towards designation.

Hospitals that meet requirements, demonstrate change, and sustain efforts, will qualify to become a Choosing Wisely Canada Hospital.

QI STATUS 5 Credits Needed	LEADERSHIP STATUS 7 Credits Needed
Actively undertake quality improvement.	Demonstrate organizational leadership.
<p>Earn credits by:</p> <ul style="list-style-type: none"> Becoming a Using Blood Wisely Hospital (Counts as two credits) Participating in Using Labs Wisely (Counts as two credits) Take on a self-directed Choosing Wisely QI project (Counts as one credit each) <p>In addition to earning credits, hospitals will need to:</p> <ul style="list-style-type: none"> Demonstrate sustained efforts and ongoing organizational commitment to Choosing Wisely at year 1 and year 2 post-designation, and every 2 years thereafter. 	<p>Earn credits by:</p> <ul style="list-style-type: none"> Five credits can be used from the QI Status designation Becoming a Using Blood Wisely Hospital (Counts as two credits) Participating in Using Labs Wisely (Counts as two credits) Take on a self-directed Choosing Wisely QI project (Counts as one credit each) <p>In addition to earning credits, hospitals will need to:</p> <ul style="list-style-type: none"> Mentor another hospital Make Choosing Wisely a strategic priority/operating plan Demonstrate sustained efforts and ongoing organizational commitment to Choosing Wisely at year 1 and year 2 post-designation, and every 2 years thereafter.

HOW TO GET CREDITS

Earn credits by undertaking improvement projects that align with your hospital's priorities.

Hospitals may choose to implement:

01

NATIONAL PROGRAMS (2 CREDITS EACH)

Compare your hospital's red blood cell utilization against national appropriateness benchmarks and become a designated [Using Blood Wisely](#) Hospital.

Participate in [Using Labs Wisely](#) and join a national consortium that's changing the lab utilization landscape in Canada.

02

SELF-DIRECTED QI PROJECTS (1 CREDIT EACH)

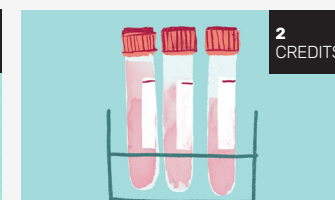
Self directed Choosing Wisely QI projects and [toolkits](#) tackle one or a set of similar [Choosing Wisely Canada recommendations](#). To ensure that your self-directed QI project is eligible, please consult with Choosing Wisely Canada prior to your submission.

- Lab projects cannot count as self-directed QI projects. Hospitals interested in lab projects should first participate in [Using Labs Wisely](#).

NATIONAL PROGRAMS



GET DESIGNATED AS A
USING BLOOD WISELY HOSPITAL

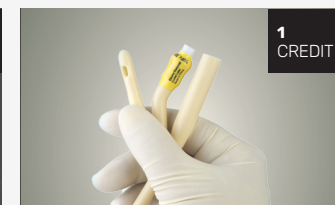


PARTICIPATE IN
USING LABS WISELY

SELF-DIRECTED CHOOSING WISELY QI PROJECTS



LESS SEDATIVES FOR YOUR
OLDER RELATIVES TOOLKIT



LOSE THE TUBE
TOOLKIT



SAY NAY TO THE X-RAY
(PEDIATRICS) TOOLKIT



DROP THE PRE OP
TOOLKIT

NEED HELP GETTING STARTED?

If you are undertaking a QI project and need help getting started, refer to Health Quality Ontario's (HQP) Quality Improvement Guide.

[Download Guide](#)

APPLICATION INSTRUCTIONS

Earned enough credits? Congratulations! Your site is on its way to becoming a Choosing Wisely Canada Hospital.

Your final application for both the QI Status and/or Leadership Status should contain TWO attachments:

1. The completed and signed application form
2. A single file (PDF or Word format) containing your data and supporting documents

Please review the application pointers and examples for details required for submission. Ensuring optimal submissions will save time in the review process (and help your hospital get designated faster!).

Application Pointers and Examples:

For your QI Project Submissions:

- The **Aim** should detail the objective(s) of the project and should be SMART: Specific, Measurable, Achievable, Realistic and Timely.
- The **Project Summary** requires the project name, description of the project, interventions used, sustainment plan and departments impacted. The intervention(s) should be described in enough detail to provide reviewers with a comprehensive view of what was done. For example, simply stating “education” and “IT changes” do not provide sufficient detail.

EXAMPLE: WILLIAM OSLER HEALTH SYSTEM

Recommendation or Toolkit Implemented:

Pause the Draws: In the inpatient setting, don't order repeated CBC and chemistry testing in the face of clinical and lab stability. Canadian Society of Internal Medicine, Choosing Wisely Canada recommendation #4.

Project Summary:

Increasing physician awareness through discussion at hospitalist meetings, putting a stop date on routine blood work orders, and providing feedback to physician via scorecards. Medicine department impacted.

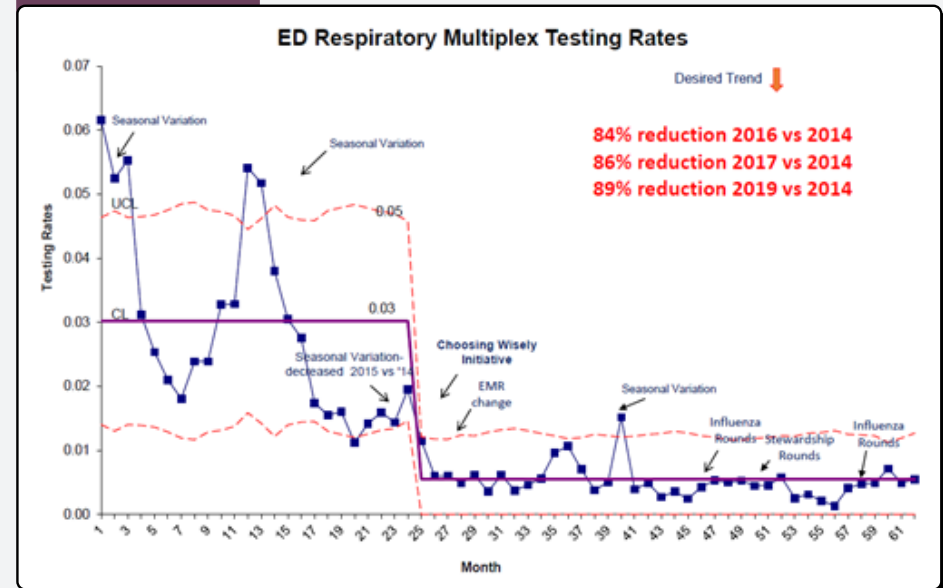
- The **Project Scope** outlines the reach of the project across the hospital. To qualify the project needs to reach hospital-wide or across multiple departments (it cannot be in only one department).
- The **Results Summary** is a brief overview of your findings.
- **Supporting data** and **documents** are to be provided in a separate file. It is preferred that data submitted is displayed as Statistical Process Control (SPC) charts with 10-12 datapoints pre-intervention and 10-12 points post-intervention (total of 20-24 data points). Run charts are also acceptable. The data can be displayed weekly, biweekly, monthly, quarterly, or annually.
- An SPC chart displays data over time (see page 39 of HQO's QI Guide). The chart should include the following details:
 - Proper titles
 - Labels for the X- and Y-axis (ex. units)
 - Annotate the graph to illustrate when the improvement(s) were implemented. This is commonly done by inserting a line or arrow in the graph to indicate the pre-data from the post-data
- References to peer-reviewed articles and publications pertaining to your project can also be included. Please include a full reference and/or PDF attachments of the full article that is being referenced.
 - If intervention details and SPC data are not included in the article/publication, please include this information in the application.

EXAMPLE: THE HOSPITAL FOR SICK CHILDREN

Results Summary:

- Since 2014, the hospital has reduced the use of nasopharyngeal (NP) swab tests for typical respiratory viruses.
- Significant gains have been made in the ED with a reduction in NP swab testing of over 80%. Despite the introduction of the new rapid influenza test, viral respiratory testing has still decreased greater than 50% in the ED and sustained to date
- These gains have been shared in the General Paediatrics units where NP testing has decreased by 35%.

SUPPORTING DATA

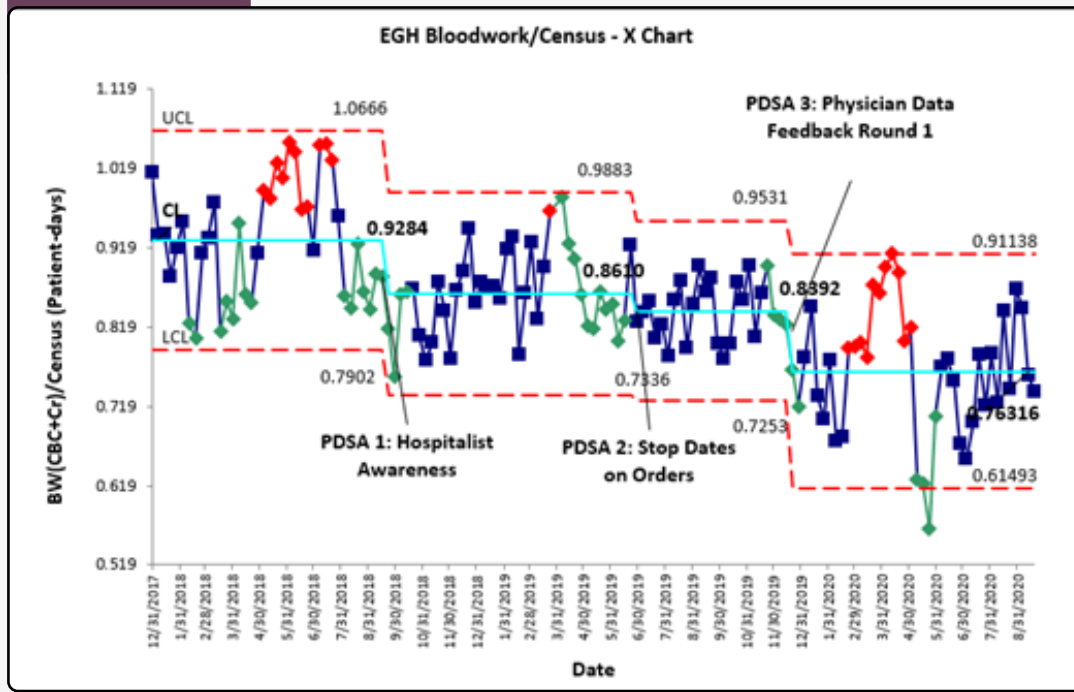


EXAMPLE: WILLIAM OSLER HEALTH SYSTEM

Results Summary:

- 18% decrease in routine blood work per patient-day.

SUPPORTING DATA



SUSTAIN EFFORTS

For both **QI Status** and **Leadership Status** designation applications, outline how you intend to sustain efforts and demonstrate ongoing organizational commitment to Choosing Wisely.

- Examples include:
 - Up-to-date data on projects included in this application
 - A description of new Choosing Wisely projects at your organization
 - Ongoing corporate quality improvement/strategic plans (refreshed/maintained)
 - Other items that demonstrate ongoing/sustained Choosing Wisely work
- Proof of sustained efforts and ongoing organizational commitment to Choosing Wisely must be submitted at year 1 and year 2 after receiving designation, and every 2 years thereafter.

If you are applying for **Leadership Status**, you will also require the following:

- **Make Choosing Wisely an organizational/strategic priority**
 - Detail how your hospital has made Choosing Wisely a strategic priority
 - Examples include:
 - A letter from hospital CEO outlining organizational commitments
 - Hospital operating/strategic plan
 - Clearly label and include this information in your data/support documents file
- **Mentor at least one other hospital**
 - Include a letter from the mentee hospital describing your mentorship and the Choosing Wisely initiatives you guided.
 - There is no minimum required number of QI projects to be implemented by the mentored hospital. As long as there is demonstrable mentorship of at least one facility, that is all that is required.
 - The letter should be included in your data/supporting documents file.

READY TO SUBMIT?

Use this checklist to ensure your application includes the information necessary for review.

WHAT'S NEXT?

Each application is first vetted for completeness and to ensure that the data requirements are met. You may receive additional questions or requests for clarification at this stage.

Following this stage, applications are sent out for external review which may result in more comments and questions to be addressed. Review and designation can take up to approximately two months.

Application Checklist

- ☐ Download the appropriate application form:
 - [QI Status application](#)
 - [Leadership Status application](#)
- ☐ Complete the application form and ensure that it is signed by Chief of Staff and President/Chief Executive Officer.
- ☐ Ensure that data and supporting documents are combined into one document (Word or PDF format).
 - Do not include embedded documents in the application file.
 - Clearly label your data and supporting documents according to their respective implemented action. Supporting documentation should appear in the same order as found in the application form.
 - If you would like to submit data that is in an excel document, please screen shot the data and include it in the data file.
- ☐ Data chart checklist:
 - Data is displayed in the form of an SPC or run chart
 - Data contains:
 - 10-12 datapoints pre-intervention and 10-12 points post-intervention (total of 20-24 data points)
 - Title
 - Labels for both axis (include units)
 - Line to show the pre- and post-data on the graph

Once completed, send your application form and file containing data and supporting information to: info@choosingwiselycanada.org.

MAKE IT COUNT TWICE

Participation in the Hospital Designation Program not only encourages best practices, but can also help physicians meet requirements for professional licensure and certification programs.

QI efforts from this program can be aligned with:

- The College of Physicians and Surgeons of Ontario's QI Partnership for Hospitals Program.
- The Royal College of Physicians and Surgeons of Canada MOC Section 3 credits requirements.

Questions?



Info@ChoosingWiselyCanada.org



www.ChoosingWiselycanada.org/CWC-Hospitals

