



DIVING INTO OVERUSE IN HOSPITALS

A STARTER KIT FOR REDUCING UNNECESSARY
TESTS AND TREATMENTS

VERSION 1.1 | MARCH 2021

WWW.CHOOSINGWISELYCANADA.ORG/HOSPITALS



ABOUT THIS DOCUMENT

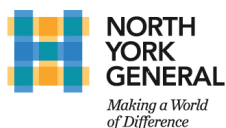
Diving Into Overuse in Hospitals is a starter kit that provides practical advice and guidance for reducing unnecessary tests and treatments in the hospital setting. This document was developed by Choosing Wisely Canada and North York General Hospital, informed by a two-year, five-hospital Choosing Wisely Canada initiative funded by The Adopting Research to Improve Care (ARTIC) Program. It was developed with the support of the Ontario Hospital Association and Health Quality Ontario as part of the Choosing Wisely Ontario campaign. However, the document is intended to be relevant to hospitals across Canada.

Any hospital can become a Choosing Wisely Canada hospital, and participation is completely voluntary. Nevertheless, hospitals that get involved will find that reducing overuse has many benefits, including avoiding potential harm to patients and freeing up precious hospital resources for more important uses.

This document describes three levels of actions, with increasing intensity. A hospital could start with implementing the “quick wins” in Level 1, or it could dive more deeply into Levels 2 and 3 where the actions are more involved, but the potential benefits are greater. Regardless of where you start, taking that first step is the key. The contents of this document are designed to help kick-start your hospital's participation in the global Choosing Wisely movement, or support further advancement of your implementation efforts.

ABOUT CHOOSING WISELY CANADA

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care. It launched in 2014 in partnership with the Canadian Medical Association. Choosing Wisely Canada has partnered with over 70 professional societies from different clinical disciplines to develop lists of “Things Clinicians and Patients Should Question.” These lists contain recommendations of tests, treatments and procedures that could be used less or stopped because they are not supported by evidence and could potentially expose patients to harm. To date, over 300 recommendations have been published.



UNNECESSARY TESTS AND TREATMENTS IN HOSPITALS

Unnecessary testing and treatment is a pervasive problem in health care, and is present in virtually every hospital, department and clinic, irrespective of size or how diligent the clinicians are who work there. A [2017 report](#) from the Canadian Institute for Health Information and Choosing Wisely Canada showed that in many clinical areas, up to 30% of tests and treatments are potentially unnecessary.

While clinicians ultimately make decisions about which tests and treatments to order based on the assessment of the patient symptoms, many of these decisions can often be influenced by hospital systems and processes that, if outdated, can nudge clinicians toward ordering tests and treatments that do not reflect evidence-based guidelines and practices. This can expose patients to avoidable harm, lengthen wait times, and consume precious hospital resources.

Examples of systems and processes that are common in hospitals include: order sets, medical directives, lab order panels and computerized order entry systems, among others. The process of uncovering and refining systems and processes that are out of date or not evidence-based can take time, and require the involvement of multiple stakeholder groups within a hospital and in some cases across the health system. On the flipside, it is also an opportunity to mobilize and empower staff to pause, question long-standing practices and take leadership on making the changes necessary for improving quality and safety, which in many cases, can also reduce cost.

TAKING ACTION ON OVERUSE

There are currently over [300 Choosing Wisely Canada recommendations](#) regarding tests, treatments, and procedures that clinicians and patients should question. A significant number of these recommendations pertain to the hospital setting. You can start by assessing your hospital's current practices against the current set of recommendations. If this feels a little daunting as the starting point, fear not. This starter kit was created to make it easy for hospitals to launch into Choosing Wisely, and to be able to intensify their efforts over time. It is organized into three levels, with an increasingly challenging sets of actions.

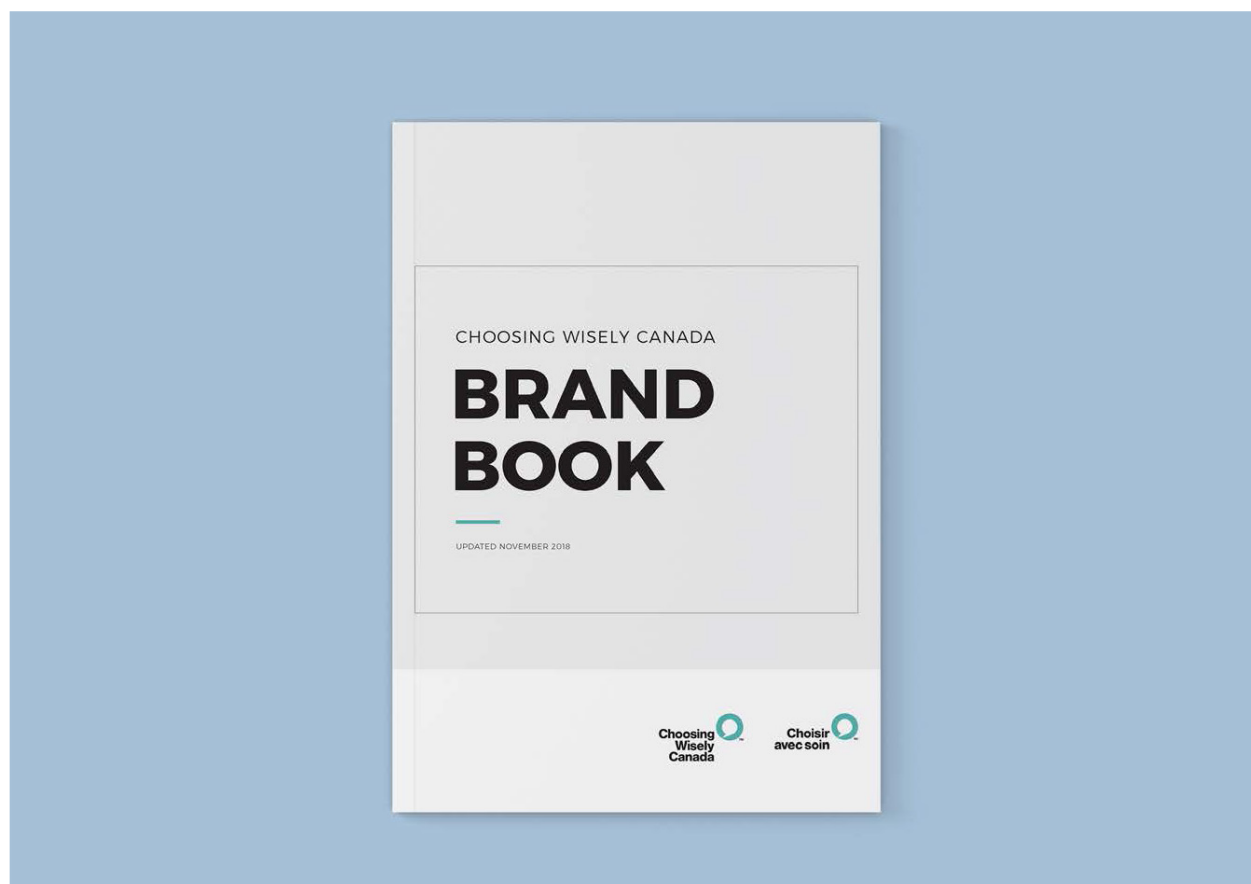
	SCOPE OF CHANGE	ACTIONS
LEVEL 1	Implement the 5 “quick wins”	<ul style="list-style-type: none"> • Uncouple PT/INR and aPTT tests and revise ED order panels • Eliminate CK and/or CK-MB testing if troponin is available • Remove “daily lab” options from order sets • Remove folate testing from your hospital's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

BECOME A CHOOSING WISELY CANADA HOSPITAL

Upon implementation of this Starter Kit, and assuming all actions have been completed, hospitals become designated “Choosing Wisely Canada Hospitals” (at either Levels 1, 2 or 3). These groups of hospitals will receive a certificate of completion, be recognized on the Choosing Wisely Canada website, and gain national profile for their leadership in tackling overuse. To receive the certificate of completion, please complete the [checklist](#) for each level, and send it to Choosing Wisely Canada.

CHOOSING WISELY BRANDING

The Choosing Wisely Canada brand is well-recognized and available for you to use. It will add some instant momentum and credibility to your hospital's Choosing Wisely efforts.



If you are using or planning to use the Choosing Wisely Canada brand in your work, please read the [Brand Book](#) to understand the conditions under which the brand may and may not be used, and to access our brand assets.

CHOOSING WISELY

CORE PRINCIPLES

Regardless of which stage you're at, it's important to ensure that the actions taken are done thoughtfully. By launching a Choosing Wisely initiative at your hospital, you become part of an international movement and benefit from its established credibility and momentum. This credibility and momentum stems from a core set of principles that all members of the Choosing Wisely community abide by:



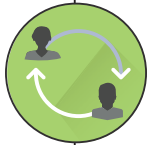
CLINICIAN-LED

Choosing Wisely initiatives should be clinician-led with commitment and support from hospital leadership. This is important for building and sustaining the trust of clinicians and patients. It emphasizes that campaigns are focused on quality of care and harm reduction, rather than cost reduction.



PATIENT-FOCUSED

Choosing Wisely initiatives must be patient-focused and involve efforts to engage patients in the development and implementation process. Communication between clinicians and patients is central to Choosing Wisely.



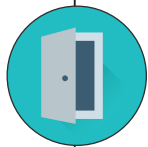
MULTI-PROFESSIONAL

Where possible, Choosing Wisely initiatives should include physicians, nurses, pharmacists and other health care professionals as they can all be involved with ordering, performing or prescribing medical tests, treatments, and medications. Also integral to include in Choosing Wisely efforts are decision support, information technology, project management and other staff members, where available, who can help to implement and measure Choosing Wisely work.



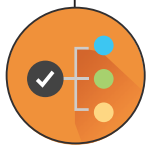
EVIDENCE-BASED

Choosing Wisely initiatives must be evidence-based. Follow the Choosing Wisely Canada recommendations, which have been developed through a review of the evidence by national organizations representing over 70 clinical specialties.



OPENNESS

Choosing Wisely is about changing the conversation between clinicians and patients about unnecessary tests and treatments – which also means that clinicians need to have open, honest conversations with each other about the best, most effective care choices to make available to patients.



EXECUTIVE-SUPPORTED

Choosing Wisely work should be supported by executive and administrative leaders, both in words and in actions. This is important to ensure that Choosing Wisely teams have the resources and supports they need to do the work and overcome barriers they experience.

LEVEL 1

Reducing overuse doesn't have to be a complicated and resource intensive exercise. Below are details on the five "quick wins" to kick-off your hospital's Choosing Wisely efforts. In contrast to Level 2, these actions don't necessarily need the collection of baseline data. Quite simply, if your hospital currently does any of these things, just stop doing them.

1

DOES MY EMERGENCY DEPARTMENT ORDER BOTH PT/INR AND aPTT TESTS AS A BUNDLE?

Rationale

PT/INR (prothrombin time/international normalized ratio) and aPTT (activated partial thromboplastin time) were tests developed in the early 20th century for specific and unique indications. Despite this, they are often ordered together routinely in emergency departments (ED). PT/INR and aPTT are often unknowingly ordered together because most bloodwork in the ED is based on lab order panels that are outdated and frequently couple PT/INR and aPTT tests as a bundle despite the fact that they are rarely required together. In some hospitals, laboratory software may also automatically run both tests even if only one was ordered.

Action

If your answer is **yes**, here's how you decrease unnecessary PT/INR and PTT testing.

Results

In one of the teaching hospitals in Ontario, uncoupling PT/INR and PTT and revising ED panels resulted in a 50% reduction in both tests.

2

DOES MY HOSPITAL STILL USE CK OR CK-MB TESTING TO DIAGNOSE A HEART ATTACK?

Rationale

Troponin has become the cardiac biomarker of choice for detecting myocardial injury. Despite troponin being clinically superior to creatine kinase (CK) and creatine kinase myocardial band (CK-MB) in both specificity and sensitivity, CK and CK-MB is still being used at a high rate in some hospitals. If troponin testing is available at your hospital, there is little reason for CK or CK-MB to still be on your hospital's order sets and laboratory test profiles.

Action

If your answer is **yes**, here's how you can reduce CK and/or CK-MB testing when troponin is available.

Results

At a large community hospital in Ontario, approximately 10 total CK were ordered for every 10 troponin tests. After removing total CK from its order sets and laboratory test profiles, this number dropped to approximately 1 total CK per 10 troponin tests.

3

ARE INPATIENTS AT MY HOSPITAL GETTING DAILY BLOOD TESTS AUTOMATICALLY?

Rationale

Repetitive, "routine" blood tests are associated with hospital-acquired anemia and increased hospital mortality. Indiscriminate testing may mislead patient care and results in unnecessary cost to the system. At many hospitals, "daily labs" appear as an option on admission order sets. Consider changing your hospital's admission order sets to remove all "daily lab" options, and ensure that all lab orders have a clear indication and a reasonable terminus.

Action

If your answer is **yes**, here's how you can reduce daily blood tests.

Results

At several Canadian hospitals, restricting serum & RBC folate ordering resulted in decreases in testing by approximately 95% and significant cost savings.

4

DOES MY HOSPITAL STILL TEST SERUM & RBC FOLATE LEVELS?

Rationale

Serum folate and red blood cell (RBC) folate testing is no longer justified for the investigation of anemias for the vast majority of patients in Canada. Fortifying grain products became mandatory in the late 1990s and has rendered folate deficiencies virtually nonexistent in Canada. Despite the condition being rare at best, many hospitals still include it in their ordering systems. Consider removing folate testing from your hospital's ordering systems and restricting its use by having physicians contact the laboratory consultant should they feel the test is warranted.

Action

If your answer is **yes**, here's how you can eliminate unnecessary folate testing at your hospital.

Results

At several Ontario hospitals, this change resulted into an approximately 20% reduction in blood tests.

5

DOES MY ICU STILL ORDER ROUTINE CHEST X-RAYS FOR ALL PATIENTS?

Rationale

Chest X-Rays (CXR) are the most frequent radiological test performed in intensive care units (ICU), with routine daily CXR being standard practice in many ICUs. But routine CXRs are rarely beneficial to patients, exposing them to unnecessary radiation, disruption and discomfort. Moving from routine CXRs to ordering CXRs only to answer specific clinical questions ensures only the patients who need CXRs are getting them. It also frees up radiation technologists to support patient care in other areas of the hospital.

Action

If your answer is **yes**, here's how you can reduce routine CXRs in the ICU.

Results

At several Canadian hospitals, this change has resulted in ICU CXRs being reduced by 20-50%.

NEED ALTERNATIVE QUICK WINS?

Since originally rolling out this toolkit some hospitals have substituted their Level 1 actions. Below are examples of substitutions that can be used towards Level 1 designation. Like the items noted above, these are “quick wins” and don’t necessarily need the collection of data.

1 DO MY CLINICIANS USE FREE T4 OR T3 TO SCREEN FOR HYPOTHYROIDISM OR TO MONITOR AND ADJUST LEVOTHYROXINE (T4) DOSE IN PATIENTS WITH KNOWN PRIMARY HYPOTHYROIDISM, UNLESS THE PATIENT HAS SUSPECTED OR KNOWN PITUITARY OR HYPOTHALAMIC DISEASE?

Action

- Remove reflex testing in your hospital's EMR unless an indication is given, **OR**
- Implement forced-function in the lab system with a reflex free T4 (i.e. fT4 is only processed if TSH was beyond laboratory's reference range, or if clinical justification was given on lab requisition)

2 DOES MY HOSPITAL ROUTINELY ORDER REPEAT CBC AND CHEMISTRY TESTING IN CLINICALLY STABLE PATIENTS?

Action

- Remove repeat common lab testing from order sets with high utilization of repeat orders (i.e. Critical Care and Haematology/Oncology order set), **OR**
- Uncouple redundant BUN/Creatinine from all hospital order sets and panels (Creatinine alone is recommended for renal function testing unless for specific patient populations), **OR**
- Uncouple redundant AST/ALT from all hospital order sets and panels (ALT alone is recommended for liver function testing except for specific patient populations), **OR**
- Delist BUN/Urea and AST lab testing

3 DOES MY HOSPITAL ROUTINELY ORDER AMYLASE IN ADDITION TO LIPASE TO DETECT PANCREATITIS?

Action

- Remove amylase from test menu and make available as only a send out.

4 DOES MY HOSPITAL STILL ROUTINELY USE DOCUSATE TO/FOR TREATMENT OF CONSTIPATION?

Action

- Remove docusate from your hospital pharmacy/formulary.

CHOOSING WISELY AT TRILLIUM HEALTH PARTNERS

Trillium Health Partners operates one of the busiest emergency departments in the country. Even modest changes to the way tests are ordered in the emergency department can have big implications for the organization's laboratory utilization.

Despite the introduction of troponin as the most specific marker of myocardial injury, THP was surprised to learn that total CK was still included in the laboratory test profiles and clinical order sets. On an annual basis, over 60,000 total CK and troponin tests were being jointly ordered across two of their hospital sites. It was decided that high-ordering clinical areas such as the emergency and cardiology departments would be consulted about how to rectify these ordering practices. Consensus was reached and support from clinical experts was given to an educational memo being sent out from the laboratory medicine program informing all hospitals programs to only order troponin as the biomarker for cardiac testing and not total CK-troponin jointly. This intervention was found to have only modest impact. Realizing that education alone would not be enough to change behaviour, they decided they also needed to make changes to the test ordering system by removing total CK from order sets and lab profiles.

Prior to the interventions, the sites were ordering total CK and troponin at a ratio of approximately 1:1. After the interventions, this ratio fell to approximately 1:10 at both sites. The results achieved by THP imply that educational initiatives are usually not effective on their own, and they work best when coupled with higher leverage interventions such as modifying hospital processes and systems.

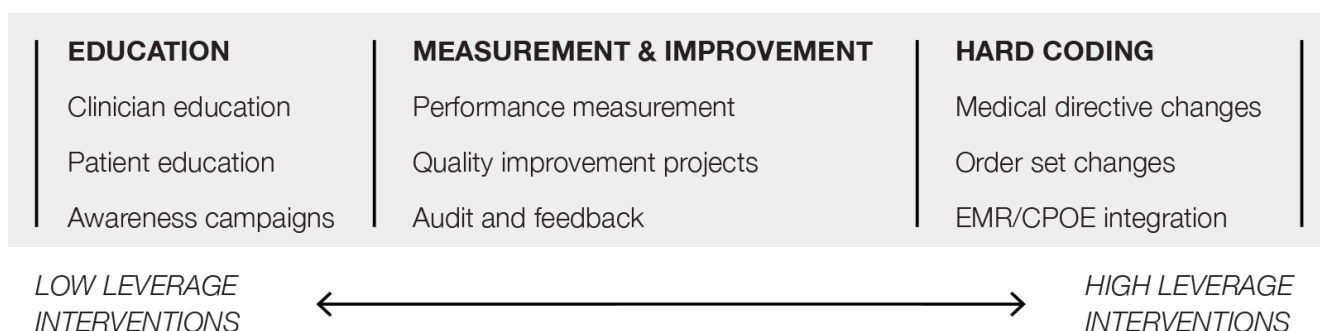
*To read more about the impressive initiatives at Trillium Health Partners, visit their profile:
www.choosingwiselycanada.org/perspective/diving-in-trillium-health-partners

LEVEL 2

Hospitals interested in achieving Level 2 must **implement an additional 3 Choosing Wisely Canada recommendations** using quality improvement methods. This requires the collection of baseline data, rolling out the intervention(s), and the collection of results data. Hospitals may choose to implement any of the existing Choosing Wisely Canada toolkits or consider recommendations that address local priorities and areas of focus.

With respect to the Choosing Wisely Canada toolkit, each one was developed by a clinician who has successfully implemented a Choosing Wisely Canada recommendation in their setting and achieved significant impact. If you choose to design your own unique quality improvement project(s), the figure below shows the spectrum of approaches employed by hospitals that are currently implementing Choosing Wisely Canada recommendations. A robust quality improvement approach tends to involve a combination of interventions.

Implementation Spectrum



High leverage interventions are those that require organizational level changes; these changes are typically “hard coded” into the systems and policies of the organization and tend to be more difficult to implement, but the results are more likely to be sustained. Low leverage interventions, on the other hand, focus on change at the individual rather than organizational level and tend to be easier to implement, but are generally less sustainable. Consider an approach that includes a combination of interventions, with special attention paid to the local context and what might/might not be appropriate.

To achieve Level 2, hospitals must implement a minimum of 3 additional Choosing Wisely Canada recommendations, with results data that it could share with Choosing Wisely Canada. You can submit your data by completing the [checklist](#) for levels 1 and 2 and sending it to Choosing Wisely Canada.

NEED CHANGE IDEAS OR HELP WITH YOUR LEVEL 2 PROJECTS?

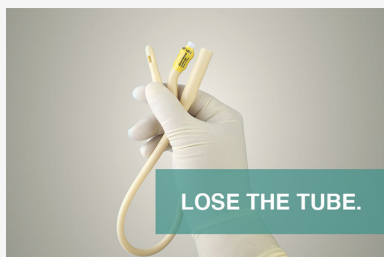
Check out the toolkits below. Each toolkit was developed by a clinician who has successfully implemented a Choosing Wisely Canada recommendation in their setting and achieved significant impact. They are intended to provide you with just enough information to get started.

If you are planning to design your own unique Choosing Wisely Canada implementation projects, consider applying quality improvement methodologies such as the [Institute for Healthcare Improvement Model for Improvement](#).



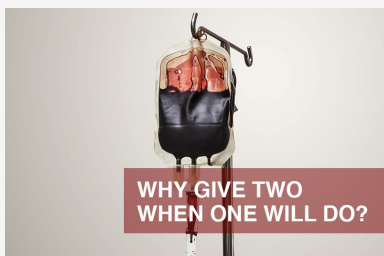
LESS SEDATIVES FOR YOUR OLDER RELATIVES

A toolkit for reducing inappropriate use of benzodiazepines and sedative-hypnotics among older adults in hospitals. Sinai Health System in Toronto reduced benzodiazepine prescribing by 44% using the approach in this toolkit.



LOSE THE TUBE

A toolkit for appropriate use of urinary catheters in hospitals. Sunnybrook Health Sciences Centre reduced inappropriate catheterization by 50% using the approach in this toolkit.



WHY GIVE TWO WHEN ONE WILL DO

A toolkit for reducing unnecessary red blood cell transfusions in hospitals. Sunnybrook Health Sciences Centre and Lakeridge Health in Ontario reduced transfusion rates by 31% using the approach in this toolkit.



DROP THE PRE-OP

A toolkit for reducing unnecessary visits and investigations in pre-operative clinics. North York General Hospital achieved a sustained 30-40% reduction preoperative assessments and investigations using the approach in this toolkit.

CHOOSING WISELY AT BLUEWATER HEALTH

Choosing Wisely was first introduced at Bluewater Health in 2013. At this time, Choosing Wisely Canada had not yet launched, but the American ABIM Foundation Choosing Wisely lists were shared with all physicians and Choosing Wisely was discussed at the Medical Quality & Utilization Committee.

A Choosing Wisely Committee was formed in 2016, as a sub-committee of the hospital's Medical Advisory Committee (MAC) with the goal of proactively implementing and leading Choosing Wisely initiatives in the hospital. As its first project, the Choosing Wisely Committee asked each department to consider removing the 'hard check' or automatic ordering function on patient order sets related to seven common lab tests: BUN, AST, TSH, ESR, serum folate, CK, and urine cultures. Pre- and post-implementation data were collected and shared with the physicians to highlight the results achieved without negatively impacting patient care. Reductions in these tests freed up laboratory resources allowing the hospital to offer BNP testing on site, a demonstration of what can be achieved when hospitals are able to reallocate resources.

Other successful Choosing Wisely initiatives have included the adoption of the 'Why Choose Two When One Will Do' transfusion toolkit, establishing appropriate protocols for urinalysis and urine culture testing cheekily named the 'pee rules', decreasing rib x-rays in the emergency department by over 40% from 2016-2017, and an interprofessional discussion with family physicians, chiropractors, physiotherapists with the goal of reducing inappropriate imaging for low back pain. Current initiatives include antibiotic wisely, reducing opioid prescribing as well as a more general hospital wide deprescribing initiative, appropriate use of diagnostic imaging, and code status updates.

The communications department is an integral member of the Choosing Wisely Committee at Bluewater Health. Communications initiatives include a Choosing Wisely 'tip of the month' for physicians/nurse practitioners, which provides a tip as well as the Choosing Wisely recommendation, and patient resources. Profiles on physician champions, who share their perspectives on Choosing Wisely, are also featured on social media as well as on the hospital's website.

Bluewater Health exemplifies what it means to be a Choosing Wisely hospital, helping to spread and scale local initiatives that meaningfully improve the quality of care at their organization and beyond.

*To read more about the impressive initiatives at Bluewater Health, visit their profile:

www.choosingwiselycanada.org/perspectives/diving-in-bluewater-health

LEVEL 3

Reducing overuse on an organization-wide and sustained basis takes leadership and culture change. Hospitals should consider how Choosing Wisely work can align to organizational or strategic priorities of the hospital, and mobilize clinicians to feel empowered and supported in taking action.

In order to achieve Level 3, hospitals must demonstrate that they have:

- Made Choosing Wisely part of the hospital's operating/strategic plan
- Implemented at least 10 distinct Choosing Wisely Canada recommendations, across multiple hospital departments
- Mentored or collaborated with at least 1 other hospital on Choosing Wisely

To assist hospitals in building a Choosing Wisely culture, consider following Kotter's 8-Step Process for Leading Change.¹ If your hospital uses a different framework for change, you are encouraged to adapt the content here to suit your needs.

STEP 1 **CREATE A SENSE OF URGENCY**

Articulate clearly that overuse exposes patients to avoidable harm, lengthen wait times, and consume precious hospital resources.

- Use existing evidence
 - [Choosing Wisely Canada recommendations](#)
 - [Unnecessary Care in Canada](#), a 2017 report produced by the CIHI
 - Choosing Wisely Canada slide set (request through info@choosingwiselycanada.org)
- Find out about your hospital's current test and treatment patterns – nothing is more powerful than local data
- Review patient relations data, patient safety incident reports, etc. to identify patient stories that can speak to the consequences of overuse

STEP 2 **BUILD A GUIDING COALITION**

Assemble a passionate and influential group of clinical and administrative leaders to drive change.

- Start talking to clinical and administrative leaders
 - Begin with those responsible for clinical programs (e.g. surgery, emergency) or clinical support areas (e.g. laboratory, pharmacy) that would be most affected
- Connect with your hospital's Medical Advisory Committee, Quality of Care Committee, and other relevant committees
- Connect with patients and families
 - If your hospital has Patient and Family Advisors, start with them
- Assemble the team, and name your clinician champions

¹ www.kotterinc.com/8-steps-process-for-leading-change

STEP 3

FORM A STRATEGIC VISION AND INITIATIVES

Make tackling overuse an organizational priority.

- Consider including it in your strategic plan or operating plan
- Define what success means at your hospital – find the right balance in measures
- Publicize your strategic intentions through internal communications

STEP 4

ENLIST A COALITION OF VOLUNTEERS

Mobilize hospital departments to take action on overuse.

- Publicize your strategic intentions through internal communications
- Organize grand rounds about Choosing Wisely
- Enlist interested clinicians and clinical support staff – champions that exhibit passion and enthusiasm
 - Consider both formal (e.g. division/department chiefs, chief medical information officer) and informal (clinicians leading a policy change or quality improvement project) clinician leaders
 - Strongly consider including laboratory, medical imaging and pharmacy leaders as many Choosing Wisely recommendations will directly affect these areas

STEP 5

ENABLE ACTION BY REMOVING BARRIERS

Equip teams with the necessary resources and empower them for success.

- Use existing teams where you can to make the best use of people's time – create new committees or teams only if you have to
- Think about supports teams will need – expertise, skills, time
- Engage clinical and administrative leaders who can help support teams by:
 - Giving them permission to delegate or put on hold other work and giving them resources (e.g. time, extra staff, budget)
 - Ensuring that barriers and roadblocks can be cleared in a timely way

STEP 6

GENERATE SHORT-TERM WINS

Build early momentum with discrete successes.

- Start with low-hanging fruit before moving on to more difficult undertakings
 - If your hospital hasn't done so already, implement the 5 "quick wins" presented earlier in this document
- Identify areas of interest that teams want to work on; test with a small group; collect meaningful data to show impact
- Relentlessly communicate your short-term wins both internally and externally and credit those involved

STEP 7

SUSTAIN ACCELERATION

Press harder after the first successes.

- Get other areas of the hospital involved
- Let your early adopters, clinical champions and team members do the preaching:
 - Get them to showcase their work at every possible opportunity
 - Nominate them for organizational or industry awards
- Watch for and prevent burn-out among team members so that you don't lose momentum
- Have one-on-one conversations with those who are on-the-fence

STEP 8

INSTITUTIONALIZE CHANGE

Making Choosing Wisely part of your hospital's culture.

- Encourage all staff to speak up about questionable practices that don't add value to patient care, and support them in self-initiating Choosing Wisely projects
- Hard code Choosing Wisely practices into organizational systems, (e.g. order sets, medical directives, CPOE systems)
- Track performance on reducing overuse as part of your hospital scorecard, key performance indicators and annual reports
- Look for evidence-based practices to reduce overuse, beyond the existing set of Choosing Wisely Canada recommendations ([see SickKids](#))
- Keep it fun by enabling a bottom up approach to change that motivates and empowers the frontlines
- Commit to mentoring another mentee hospital that has not yet taken on Choosing Wisely or that may be experiencing difficulties with implementing Choosing Wisely recommendations

CHOOSING WISELY AT NORTH YORK GENERAL HOSPITAL

North York General Hospital (NYGH) was one of the campaign's earliest adopters after the launch in 2014. Through the leadership of the CEO and the Vice President of Medical and Academic Affairs, NYGH's approach centred on encouraging staff to be innovative and bring ideas forward on what Choosing Wisely Canada recommendations the hospital should prioritize. By engaging patients and supporting physician leadership, NYGH was able to use their advanced electronic health record with evidence-based order sets to reduce unnecessary test and treatments, and instill a culture of 'Choosing Wisely' when providing health care services.

NYGH subsequently led a two-year ARTIC project supported by the Council of Academic Hospitals of Ontario (CAHO) and Health Quality Ontario (HQO), which spread the approach to five nearby hospitals, members of the Joint Centres for Transformative Innovation (Markham Stouffville Hospital, Michael Garron Hospital, North York General Hospital, St. Joseph's Health Centre, and Southlake Regional Health Centre) and their six associated Family Health Teams (Health for All, Markham, North York, St. Joseph's Urban, South East Toronto, Southlake Academic).

NYGH attributes a lot of its success to having strong clinical and administrative leadership support. Some examples of how NYGH engaged and utilized these leaders are:

- Vice President focused on frequent and early communication with Medical Advisory Committee throughout the journey
- Each Medical Chief was asked to send out an email to physicians regarding the campaign, and each department was asked to identify their 'Top 5 Tests' that they thought could be reduced or eliminated
- Medical Directors helped drive deliverables, mitigate risks, and track milestones

A FEW FINAL WORDS

Reducing overuse has many appeals, including avoiding potential harm to patients and freeing up precious hospital resources for more important uses. When this is coupled with an implementation approach that engages the hospital workforce, it has the potential to lead to a positive culture change that benefits patients, the hospital and the health care system.

This starter kit offers a variety of ways hospital can participate in the Choosing Wisely movement. Taking that first step is the most important action you can take, and we hope this starter kit has given you some ideas on where to begin.

RESOURCES

CHOOSING WISELY CANADA RECOMMENDATIONS

Choosing Wisely Canada has compiled all its recommendations into a single document. This includes more than 300 recommendations covering a large number of clinical specialties. You can find all of them at the link below. You can also download all of the recommendation on a single spreadsheet so that you can sort, rank order and prioritize based on what's important to you and your hospital.

www.choosingwiselycanada.org/recommendations

BRANDING

In implementing Choosing Wisely, your hospital joins a large and growing number of health care organizations that are part of the global Choosing Wisely movement. The Choosing Wisely Canada brand is well-recognized and is available for your hospital's usage to add instant momentum and credibility to your work. Download the Brand Book to access the Choosing Wisely Canada logo, brand assets, and to understand how the brand may and may not be used.

www.choosingwiselycanada.org/perspective/choosing-wisely-canada-releases-brand-book

QUORUM: AN ONLINE COMMUNITY

Participants in the Choosing Wisely Ontario campaign can connect on Quorum, Health Quality Ontario's online community for improving health care quality. Share your successes, lessons learned, and questions on this platform to help inspire and unite Ontario's Choosing Wisely community:

<https://quorum.hqontario.ca>

QUALITY IMPROVEMENT FRAMEWORK

Institute for Healthcare Improvement's Model for Improvement:

<http://www.ihl.org/resources/Pages/HowtoImprove>

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