

# Are We Choosing Wisely...?

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*RBWH Choosing Wisely Program*

# What is Choosing Wisely?

- Launched in America in 2012
- Partnership between American Board of Internal Medicine (ABIM) and Consumer Reports
  - Over use is a matter of professionalism and quality
  - Framework for reducing waste
  - Philosophy of issuing recommendations not rules
  - Designed to help facilitate conversation between patient and clinician

# Choosing Wisely

- A global social movement to
  - Effect a culture shift
  - Start a conversation about unnecessary tests, treatments & procedures
- 20 countries and growing



# Choosing Wisely principles

1. Clinician-led
2. Emphasize quality of care and harm prevention
3. Consumer/Patient - focused
4. Evidence-based
5. Multi-professional
6. Transparent



# In Australia...

- Multi-professional
  - 29 colleges, societies and associations
  - Nearly 150 recommendations
  - Consumer partners



# Recommendations

- Lists of “5 things to question”
- Evidence based
- Transparent
- Quality of care focus
- Starts a conversation

**1** Don't request imaging for acute ankle trauma unless indicated by the Ottawa Ankle Rules (localised bone tenderness or inability to weight-bear as defined in the Rules)

 **Choosing Wisely  
Australia**  
An initiative of NPS MedicineWise

  
**The Royal Australian  
and New Zealand  
College of Radiologists\***

## 5THINGS

CLINICIANS AND CONSUMERS SHOULD QUESTION

*Developed by The Royal Australian and New Zealand College of Radiologists*

**1** Don't request imaging for acute ankle trauma unless indicated by the Ottawa Ankle Rules (localised bone tenderness or inability to weight-bear as defined in the Rules)

Most clinically significant acute ankle injuries can be diagnosed with history, examination, and selective use of plain radiography.

Extensive validation studies have shown that the Ottawa Ankle Rules can be safely applied to adult and paediatric populations.

Selective use of plain radiography in patients with acute ankle injury is useful in identifying patients who have sustained clinically important fracture, dislocation, and osteochondral injuries. However, acute ligamentous injuries involving the anterior talofibular ligament can be diagnosed clinically and treated symptomatically.

When there are persistent symptoms (such as pain and swelling) after an acute injury, which raise suspicion of either instability or other internal derangement, such as osteochondral injury, MRI can be used if the non-urgent (or delayed or elective or similar) weight bearing x-rays show no abnormality.

**2** Don't request duplex compression ultrasound for suspected lower limb deep venous thrombosis in ambulatory outpatients unless the Wells Score (deep venous thrombosis risk assessment score) is greater than 2, OR if less than 2, D dimer assay is positive.

The potential complications of untreated deep venous thrombosis (DVT) include thrombus propagation, pulmonary embolism (PE) and death from PE. A significant but under-appreciated longer-term complication is post-thrombotic syndrome (PTS) and this can occur in up to 40% of patients with proximal DVT, as a result of venous incompetence and hypertension.

Wells et al (2003) showed that ambulatory outpatients with suspected lower limb DVT and a DVT risk assessment score (Wells Score) of less than 2, can have DVT excluded by a negative result on D dimer assay, obviating the need to perform duplex compression ultrasound. The lower limit of the negative predictive value of the combination of a score <2 and negative D dimer was found to be 96.7. The Wells Score has been extensively and externally validated since first publication.

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# 5 QUESTIONS

TO ASK YOUR DOCTOR OR OTHER HEALTH  
CARE PROVIDER BEFORE YOU GET ANY TEST,  
TREATMENT OR PROCEDURE

Some tests, treatments, and procedures provide little benefit.  
And in some cases, they may even cause harm.  
Use the 5 questions to make sure you end up with the right  
amount of care — not too much and not too little.

1

**DO I REALLY  
NEED THIS TEST  
OR PROCEDURE?** Tests may help you and your doctor or other  
health care provider determine the problem.  
Procedures may help to treat it.

2

**WHAT ARE  
THE RISKS?** Will there be side effects? What are the chances  
of getting results that aren't accurate? Could that  
lead to more testing or another procedure?

3

**ARE THERE  
SIMPLER, SAFER  
OPTIONS?** Sometimes all you need to do is make lifestyle  
changes, such as eating healthier foods or  
exercising more.

4

**WHAT HAPPENS  
IF I DON'T  
DO ANYTHING?** Ask if your condition might get worse  
— or better — if you don't have the test or  
procedure right away.

5

**WHAT ARE  
THE COSTS?** Costs can be financial, emotional or a cost of your  
time. Where there is a cost to the community, is the  
cost reasonable or is there a cheaper alternative?

  
For further information visit  
[choosingwisely.org.au](http://choosingwisely.org.au)

  
Join the conversation  
@ChooseWiselyAU

Adapted from material developed by Consumer Reports.

Choosing Wisely Australia® is an initiative enabling clinicians, consumers and healthcare stakeholders to start important conversations about unnecessary tests, treatments and procedures. With a focus on high quality care, Choosing Wisely Australia is being led by Australia's medical colleges and societies and facilitated by NPS MedicineWise.

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# 10 different languages...

1. Arabic
2. Chinese simplified
3. Chinese traditional
4. Croatian
5. Greek
6. Italian
7. Korean
8. Macedonian
9. Spanish
10. Vietnamese



# 5 CÂU HỎI

ĐỂ HỎI BÁC SĨ HOẶC CƠ QUAN CHĂM SÓC Y  
TẾ KHÁC TRƯỚC KHI QUÝ VỊ ĐI THỬ NGHIỆM,  
CHỮA TRỊ HOẶC LÀM THỦ THUẬT NÀO

Một số thử nghiệm, chữa trị và thủ thuật chỉ có lợi ích chút đỉnh. Và trong một số trường hợp, các việc này còn có thể gây tổn hại.

Hãy dùng 5 câu hỏi này để đảm bảo quý vị nhận được mức chăm sóc vừa đủ — không quá nhiều mà cũng không quá ít.

10 different languages...

1

**TÔI CÓ THẬT SỰ CẦN  
ĐẾN THỬ NGHIỆM  
HOẶC THỦ THUẬT  
NÀY HAY KHÔNG?**

Các cuộc thử nghiệm có thể giúp quý vị và bác sĩ hoặc các chuyên viên y tế khác xác định được vấn đề. Các thủ thuật có thể giúp trong việc chữa trị.

2

**CÓ NHỮNG  
NGUY CƠ GÌ?**

Sẽ có các tác dụng phụ không? Xác suất của việc nhận được kết quả không chính xác là bao nhiêu? Điều đó có thể dẫn tới thử nghiệm thêm hoặc một thủ thuật khác nữa không?

3

**CÓ CÁC CHỌN LỰA  
ĐƠN GIẢN HƠN, AN  
TOÀN HƠN KHÔNG?**

Đôi khi tất cả những điều quý vị cần làm chỉ là thực hiện các thay đổi về lối sống, chẳng hạn như dùng thực phẩm lành mạnh hơn hoặc tập thể dục nhiều hơn.

4

**ĐIỀU GÌ XẢY RA NẾU  
TÔI KHÔNG LÀM  
GÌ CẢ?**

Hỏi xem bệnh trạng của quý vị có thể trở nên tệ hơn – hoặc khá hơn – nếu quý vị không làm thử nghiệm hoặc thủ thuật ngay.

5

**CÁC TỔN PHÍ GỒM  
NHỮNG GÌ?**

Các tổn phí có thể là tài chính, hao tổn tinh thần hoặc tổn thời gian. Khi có tổn kém đối với cộng đồng, tổn kém đó có hợp lý hoặc có cách nào khác rẻ hơn không?

  
Muốn biết thêm thông tin, viếng  
trang mạng  
**choosingwisely.org.au**

  
Tham gia bàn luận tại  
**@ChooseWiselyAU**

Lấy từ tài liệu do tổ chức Consumer Reports soạn thảo.

Choosing Wisely Australia® là một sáng kiến nhằm giúp các chuyên viên trạm xá, người tiêu thụ và các giới liên quan về y tế để bắt đầu các cuộc thảo luận quan trọng về các thử nghiệm, chữa trị và thủ thuật không cần thiết. Với sự chú trọng đến việc chăm sóc chất lượng cao, Choosing Wisely Australia được các hội đoàn và trường đại học y khoa của Úc chỉ đạo và được NPS MedicineWise tạo điều kiện để hoạt động.

Có sự thân thiện hợp lý để cung cấp thông tin chính xác vào lúc soạn tài liệu này. Thông tin này không nhằm để thay thế lời khuyên y tế và không nên chỉ dựa vào thông tin này để lo liệu hoặc chẩn đoán một bệnh trạng. Choosing Wisely Australia® không nhận bất kỳ trách nhiệm nào (đối cả về sự chính xác) đối với bất cứ mất mát, thiệt hại hoặc thương tích nào do việc dựa vào hoặc sử dụng thông tin này. Hãy đọc toàn bộ bản giải trừ trách nhiệm tại [www.choosingwisely.org.au](http://www.choosingwisely.org.au)

# Royal Brisbane and Women's Hospital

- Implemented a connected network approach for introduction of *Choosing Wisely* initiatives
- Facilitated by a clinical lead and governance team
- Active support of senior clinician groups and hospital executive
- Launched November 2016
  - Strongly supported by senior executives across both RBWH and MNHHS



# Royal Brisbane and Women's Hospital

- RBWH challenged all facets of the organisation to...

*...think differently about the way healthcare is delivered...*

- Multiple strategies used to engage stakeholders following the launch including emails, face-to-face discussions and group presentations
- Intention to encourage the nomination of current and future initiatives they considered aligned with *Choosing Wisely* principles
- Resources (e.g. research, communications) were also engaged at this point to identify contact points to connect *Choosing Wisely* teams for support
- In addition *Choosing Wisely* was embedded as part of the performance framework with the requirement for service lines to report on initiatives and their status each month

# RBWH Performance Framework

- RBWH has developed a Performance Framework which sets out the structure in which RBWH will monitor and assess the performance of departments and service lines within the facility with the goal of 'sustaining excellence'
- This framework is applied to monthly performance meetings with each of the service lines, which includes the service line executive team plus invited members of their team
- The elements of the framework include:
  - Safety and Quality
  - **\*\*Choosing Wisely\*\***
  - Operation Plans
  - Teaching, Training and Research
  - Compliance requirements
  - Fiscal management
  - KPI Performance

The Choosing Wisely program is made up of two complementary components:

1. Our consumers empowered to ask if the test or procedure that they are about to get is really necessary and does it add value to patient outcome and experience.
2. Our clinical staff asking the same question about their own practice and questioning if this does not add value to the patient outcome then do I really need to do this.



# Royal Brisbane and Women's Hospital



So far 133 Choosing Wisely initiatives have been registered across RBWH

# RBWH Choosing Wisely

- All service lines reported on their Choosing Wisely initiatives at their monthly performance meeting
- Since April 2017 we have seen:
  - Twelve initiatives progress to implementation phase
  - Eleven initiatives progress to completion and evaluation phase

# Example Choosing Wisely initiatives...

- A hospital-wide campaign to raise awareness of pathology costs and to encourage the 'best choice' of pathology tests (hospital-wide initiative led by Medical Services)
- Reduction in post op imaging checks for Orthopaedic Patients post intraoperative II (led by Surgical and Perioperative Services)
- Implementation of Surgical Antibiotic Prophylaxis in Orthopaedic Patients (joint initiative led by Internal Medicine Services and Surgical and Perioperative Services)
- Beta-HCG testing POC vs Formal Bloods (Emergency Department)



# Choosing Wisely – Reduce cost for local anaesthetic infiltration

Metro North Hospital and Health Service *Putting people first*

## Local Anaesthetics

### Incisional infiltration of Local Anaesthetic

- ✓ A significant proportion of pain originates from the surgical skin incision
- ✓ Effective postop pain management:
  - Minimises patient suffering
  - Reduce cardiorespiratory morbidity
  - Facilitates rapid recovery and early discharge from hospital
- ✓ Incisional local anaesthetic (LA) infiltration is an important part of a multimodal analgesia
- ✓ Infiltration of the skin incision is particularly helpful in procedures with a small visceral pain component i.e. inguinal hernia repair
- ✓ Use of LA infiltration after minor day surgery has been shown to reduce nausea and vomiting postop by reducing opioid requirements
- ✓ Using long acting LA like Bupivacaine and Ropivacaine provide 4-8hrs effect

### Long acting LAs

<b>Bupivacaine +/- Adrenaline (Marcain®)</b> <ul style="list-style-type: none"> <li>✓ Available in 0.125%, 0.25%, and 0.5%</li> <li>✓ Causes vasodilation at injected site so adrenaline to reduce incision site bleeding</li> <li>✓ Adrenaline <u>does not</u> prolong duration of effect or reduce risk of toxicity</li> <li>✓ Max safe dose = <b>2mg/kg</b> as single dose</li> <li>✓ Cost: ~\$30 per 20mL ampoule. Marcain 0.5% with Adrenaline 1:200,000</li> </ul>	<b>Ropivacaine (Naropin®)</b> <ul style="list-style-type: none"> <li>✓ Available in 0.2%, 0.75%, and 1% solutions</li> <li>✓ Has some intrinsic vasoconstrictive properties so adrenaline not added to these solutions</li> <li>✓ Max safe dose = <b>3mg/kg</b> as single dose</li> <li>✓ Cost: ~\$3 per 20mL ampoule 0.75% Ropivacaine</li> <li>✓ Potency similar to Bupivacaine</li> </ul>
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### Summary

- ✓ Long acting LAs are useful to reduce pain from surgical skin incision
- ✓ Bupivacaine and Ropivacaine are both long acting agents with similar potency and duration of action
- ✓ Ropivacaine has an improved toxicity profile compared to Bupivacaine and is also lower cost
- ✓ If surgical skin incision bleeding is likely to be significant or hinder the surgical field using an Adrenaline containing solution would be advisable

### References

Whiteman A, Bajaj S, Hasan M. Novel techniques of local anaesthetic infiltration. Continuing education in critical care and pain. 2011;11(5):167-171.



Peck T, Hill S, Williams M. Pharmacology for anaesthesia and intensive care. 3rd ed. New York:2008. p163-174 AMH online

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## All surgical staff...

If clinically appropriate for your patient, would you consider using the cheaper option?

<p><b>\$32</b></p>  <p><b>Bupivacaine with Adrenaline (Marcain®) 20mL ampoules cost approximately \$30 each</b></p>	<p><b>\$3</b></p>  <p><b>Ropivacaine (Naropin®) 20mL ampoules cost approximately \$3 each</b></p>
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**Perioperative services spend \$20,000 per month on Marcaine® 0.5% with Adrenaline**

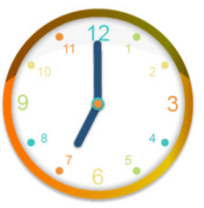
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# The Fasting Clock Pilot

- A simple visual aid for patients, nursing, allied health and medical staff that provides clear instructions on fasting times for food and fluids prior to surgery
- The data so far shows a significant reduction in fasting times
- Current plan to roll out to all of Surgical and perioperative services – 26 June



Metro North Hospital and Health Service *Putting people first*




## PM Fasting Clock

You are fasting for afternoon surgery


Patient: \_\_\_\_\_

Doctor: \_\_\_\_\_

Patient instructions	Staff instructions
<p>You may eat food until 7:00am – <b>NO FOOD AFTER 7:00AM</b></p> <p>You can drink clear fluids until 11:00am (a small cup per hour) – <b>NO FLUIDS AFTER 11:00AM</b></p> <p>Clear fluids are – water, apple juice, black tea, black coffee (<b>NO MILK</b>)</p>	<p><b>Offer food until 7:00am</b> (early breakfast)</p> <p><b>Offer clear fluids until 11:00am</b> (apple juice in fridge)</p> <p>If patient has not gone to theatre by 3:30pm – ring OT coordinator 75915</p> <p>If not going to theatre today, please order dinner or provide a frozen meal. If re-scheduled to tomorrow, switch to 'AM Fasting Clock'.</p>



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# Embedding Choosing Wisely into... ‘the way we do things around here...’

- Job descriptions
  - *RBWH, a Choosing Wisely Australia® hospital, is empowering both staff and consumers to have important conversations about improving the quality of healthcare by eliminating unnecessary and sometimes harmful tests, treatments, and procedures.*
- Orientation
- Policy documents
- Hospital-wide approaches...
  - Consumer engagement
  - Pathology
  - Wound management

# Communications strategies

- Service line 'dashboard'
- Monthly 'newsletter' i.e. Choosing Wisely Update
- Second monthly status update
- Monthly features in News @ the Royal
- Department specific e.g. WisDEM
- External articles e.g. Choosing Wisely Australia newsletter, Australian Hospital and Healthcare Bulletin
- Conference presentations e.g. Choosing Wisely National Meeting, HSRAANZ 2017, ACHSM / ACHS 2017
- Exemplar projects are being highlighted at both RBWH and MNHHS performance meetings

# 2017 Innovation award – Health Roundtable 26 and 27 July

- Two (2) Choosing Wisely initiatives recognised with Innovation Awards at the recent Health Roundtable Innovations Workshop
  - Tracey Hawkins – CREDIT- Reducing unnecessary cannulation in the emergency department
  - Matilda Schmidt - Eliminating O Negative blood wastage in the ED (pictured below beside her poster with the award)



# RBWH Choosing Wisely Activities

- The Australian Hospital + Healthcare Bulletin
  - [Winter edition pg 78/79](#)
  - [Website feature](#)
- Be Medicinewise Week 2017 activities at RBWH featured Choosing Wisely



# Consumer engagement

- Two consumer representatives on the Choosing Wisely Governance Team
- Heavily involved in the testing and development of national consumer materials
  - Provided feedback and advice on '5 Questions'
  - Holding focus groups for newly developed materials
- Member of the Consumer Expert Advisory Group for the Choosing Wisely and Consumer Health Forum of Australia Collaborative Consumer Engagement and Activation Project

# Consumer / Volunteers and Choosing Wisely

- RBWH Choosing Wisely Consumer and Volunteer Workshop – 11 August
  - To engage you, the consumers and volunteers of the organisation, to ask...
    - What does a Choosing Wisely organisation look like to you...?
    - What can we do to achieve this...?
    - What are the issues and barriers...?
- To make the program sustainable...



# Next steps...

- 2018 rebranding of the organisation
  - ‘holding to account’
- Working with our consumers and volunteers
  - Short term
  - Medium term

# Next steps...

- Working with clinical teams to determine:
  - Which of the 'Top 5 recommendation' are relevant to the clinical setting?

# Next Steps...

- Choosing Wisely Forum – 13 November 2017
  - Planning is under way for a RBWH Choosing Wisely Forum on 13 November 2017
  - This will be a 3 hour event and will feature a number of our Choosing Wisely projects
  - The ‘Choicies’
- Choosing Wisely Highlights Report
  - To be launched at the Choosing Wisely Forum

# What has worked for us...

- Clinician led
  - MSA
  - Clinical Council
- Consumer driven
  - Consumer Advisory Group
  - Also consumer driven nationally
- International / national brand
  - Credibility
  - Working with colleges and societies

# What has worked for us...

- Performance Framework
  - Overwhelming agreement to continue Choosing Wisely's inclusion in the Performance Framework
- Senior Clinical Leadership
- Executive Director Leadership
- AMAZING individuals AND clinical teams
- Clinical focus i.e. what is best for the patient
- Not \$ focussed...

# Questions