

***SWAHN Presents:
Choosing Wisely in
Southwestern Ontario***
~A Knowledge Exchange Forum~

**Friday, May 12, 2017
Parkwood Institute
St. Joseph's Health Care London
London, Ontario**

Forum Proceedings

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OVERVIEW:

In the spring of 2016, SWAHN established its Choosing Wisely Working Group under the direction of the Knowledge Generation & Translation Committee. The Working Group's immediate focus was to develop and implement a strategy to advance the knowledge translation of recommendations highlighted by Choosing Wisely Canada in the SWAHN region which speak to improving clinical practice both in terms of patient care and reduced healthcare costs.

SWAHN's Working Group quickly determined that it would develop and host a health-service provider forum with the following objectives:

1. To encourage knowledge exchange concerning the implementation of Choosing Wisely Canada projects;
2. To foster networking and collaboration among participants to discuss how the information shared by forum presenters concerning best practices can be translated to organizations in the SWAHN region;
3. To obtain recommendations for SWAHN's next steps concerning its role in promoting and advancing Choosing Wisely initiatives in the region.

The forum was held at Parkwood Institute in London, Ontario. This full-day event included key note presentations on mature Choosing Wisely implementation projects underway at North York General Hospital and St. Michael's Hospital in Toronto. Additional presentations were offered to highlight Choosing Wisely initiatives in the SWAHN region.

The forum's presentations sparked discussion among participants during the breakout group sessions. Key learning points were identified including the importance of:

- identifying project context and relevance as a means to gaining consensus;
- leadership support as a key enabler for project success;
- ensuring that project support is in place for implementation;
- focusing on the benefits in terms of improved patient care rather than on cost savings;
- leveraging existing tools/data sets within the institution to ensure relevancy and to track meaningful progress;
- connecting initiatives to existing governance structures;
- selecting projects based on specific targets for the reduction of overuse;
- engaging patients.

Following the forum, various themes were identified based on an analysis of the various breakout group discussion notes and participant evaluations.

- Communication needs to be enhanced across the region concerning Choosing Wisely Canada and in terms of projects that are underway in Southwestern Ontario.
- Not only does public awareness need to be improved, but many health care providers are not familiar with Choosing Wisely, including primary care providers.
- Collaboration across health care organizations in Southwestern Ontario is needed to avoid the duplication of efforts and to share key lessons, approaches, tools, and best practices.
- Alignment with Local Health Integration Network priorities would be helpful.
- The focus of Choosing Wisely implementation projects should be on reducing patient harm and increasing the quality of care, rather than on cost-cutting.

SWAHN's Choosing Wisely Working Group will determine its next steps to address the above themes and make a contribution towards promoting and advancing Choosing Wisely initiatives

in the region. To begin this journey, the Working Group has highlighted its initial plans as follows:

- Enhance collaboration with Choosing Wisely Canada to share information about projects in Southwestern Ontario.
- Develop a communication plan to improve awareness of Choosing Wisely across the region and to promote the advancement of new projects.
- Connect with the South West and Erie St. Clair Local Health Integration Networks to determine strategies for the advancement of Choosing Wisely implementation projects.
- Consider the development of future Choosing Wisely forums/meetings for the region.

FORUM HIGHLIGHTS:

- SWAHN was pleased to hold its *Choosing Wisely in Southwestern Ontario* forum at Parkwood Institute, St. Joseph's Health Care London, in London, Ontario. (St. Joseph's Health Care London is one of SWAHN's financial contributors.) Special thanks to Tracey Jansen of St. Joseph's Health Care London and Kay Hickey of the Schulich School of Medicine & Dentistry at Western University for their assistance in forum preparations and for their help managing registration, set-up, and technology at the event.
- Dr. Kathryn Nicholson, a former SWAHN Committee member while a graduate student in Epidemiology & Biostatistics at Western University, provided assistance in compiling this document. We thank Kathryn for her efforts to record the information shared by presenters as well as for transcribing the notes prepared by each breakout group.
- The forum had 69 registrants and engaged 65 attendees from 18 organizations across the SWAHN region (including many senior leaders) as well as from two Toronto hospitals (i.e., North York General and St. Michael's).
- The first part of the forum symposium was devoted to key note presentations from the representatives of two Toronto area hospitals: Mr. Deepak Sharma, North York General Hospital and Dr. Lisa Hicks and Mr. Patrick O'Brien, St. Michael's Hospital. These speakers shared various challenges, successes, and methodologies behind their Choosing Wisely implementation projects.
- The second half of the forum was focused on brief presentations from a panel of three speakers from the SWAHN region (i.e., southwestern Ontario): Dr. Renato Pasqualucci and Mrs. Deirdre Shipley from Bluewater Health, and Dr. Salimah Shariff from the Institute for Clinical Evaluative Sciences Western.
- The forum included breakout group discussions in both the morning and afternoon sessions. These discussions were facilitated by members of SWAHN's Choosing Wisely Working Group including: Dr. Alison Allan, Dr. Maher El Masri, Dr. Stephanie Frisbee, Dr. Teneille Gofton, Dr. Renato Pasqualucci, Dr. Angela Rutledge, Dr. Salimah Shariff, and Dr. Robin Walker. Attendees were assigned to one of five breakout groups during the morning registration period. The groups were assembled for two 30-minute periods to discuss the recommendations and information that they gathered from the key note and panel presentations. These sessions were designed to encourage networking and opportunities for collaboration. Participants were also asked to share their suggestions regarding SWAHN's next steps concerning its role in promoting and advancing Choosing Wisely initiatives in the region.

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FORUM AGENDA: Friday, May 12, 2017

8:30 a.m. – 8:45 a.m.	NETWORKING / Registration (coffee/tea available)	
8:45 a.m. – 8:55 a.m.	Welcome / SWAHN Greetings	Dr. Robin Walker, Co-Chair, SWAHN Choosing Wisely Working Group; Operations Committee; Integrated Vice President, Medical Affairs & Medical Education, London Health Sciences Centre and St. Joseph's Health Care London
8:55 a.m. – 9:00 a.m.	Overview of the agenda and the day's objectives / Introduction of Dr. Deepak Sharma and Mr. Marwin Asalya	Dr. Robin Walker
9:00 a.m. – 9:45 a.m.	KEYNOTE: North York General Hospital – Choosing Wisely experience	Mr. Deepak Sharma Director, Health Information, Business Intelligence & Patient Flow
9:45 a.m. – 10:00 a.m.	Q&A period	
10:00 a.m. – 10:15 a.m.	BREAK	
10:15 a.m. – 10:20 a.m.	Introduction of Dr. Lisa Hicks and Mr. Patrick O'Brien	Dr. Maher El-Masri, Co-Chair, SWAHN Choosing Wisely Working Group; Professor, Faculty of Nursing, University of Windsor
10:20 a.m. – 11:05 a.m.	KEYNOTE: St. Michael's Hospital – Choosing Wisely experience: <i>"Achieving change through clinician engagement"</i>	Dr. Lisa Hicks, Hematologist, St. Michael's Hospital; Associate Professor, University of Toronto; Associate Scientist, Li Ka Shing Knowledge Institute; Choosing Wisely Lead; Mr. Patrick O'Brien, Quality Improvement Specialist
11:05 a.m. – 11:20 a.m.	Q&A period	
11:20 a.m. – 11:30 a.m.	Directions re: breakout group discussion (and transition to breakout group locations)	Catherine Joyes, Manager, SWAHN
11:30 a.m. – 12:00 p.m.	Breakout group discussions	Moderated by members of SWAHN's Choosing Wisely Working Group
12:00 p.m. – 12:45 p.m.	LUNCH / NETWORKING	
12:45 p.m. – 12:55 p.m.	Introduction of three presenters from the SWAHN region	Dr. Robin Walker
12:55 p.m. – 1:10 p.m.	Implementing Choosing Wisely in a Community Hospital	Dr. Renato Pasqualucci, Medical Director, Emergency Department, Bluewater Health
1:10 p.m. – 1:25 p.m.	Choosing Wisely: An Evaluation of the National Canadian Urology Association Recommendations	Dr. Salimah Shariff, Staff Scientist & Manager, Research, Outreach & Education, Institute for Clinical Evaluative Sciences Western
1:25 p.m. – 1:40 p.m.	Choosing Wisely in Diagnostic Imaging	Mrs. Deirdre Shipley, Manager, Diagnostic Imaging, Bluewater Health
1:40 p.m. – 1:55 p.m.	Q&A period	
1:55 p.m. – 2:00 p.m.	Directions re: breakout group discussion	Catherine Joyes
2:00 p.m. – 2:10 p.m.	BREAK (and transition to breakout group locations)	

FORUM AGENDA: Friday, May 12, 2017 (Continued)

2:10 p.m. – 2:40 p.m.	Breakout group discussions	Moderated by members of SWAHN's Choosing Wisely Working Group
2:40 p.m. – 2:45 p.m.	Reassemble	
2:45 p.m. – 2:55 p.m.	Group discussion / next steps	Dr. Maher El-Masri
2:55 p.m. – 3:00 p.m.	Closing remarks	Dr. Robin Walker

KEYNOTE ADDRESS #1 – Presentation Summary

“North York General Hospital’s Choosing Wisely Journey” – Mr. Deepak Sharma, Director, Health Information, Business Intelligence & Patient Flow, North York General Hospital

Mr. Deepak Sharma described the North York General Hospital (NYGH) Choosing Wisely Journey, which included an outline of the structure, key lessons learned, and ongoing activities at the Toronto hospital.

Structure:

After initial planning, Choosing Wisely NYGH started in May 2014. Interest in this initiative resulted in leadership buy-in at all levels within the hospital, which was supported by all of the resources that have been created by the Choosing Wisely campaign (created for a range of different audiences). These resources started the conversation that involved hospital leadership, as well as patient and front-line staff engagement. The departments that were involved selected their own priorities with a focus on improving patient care.

Leadership buy-in came from a combination of key factors: commitment, understanding, time and enthusiasm. It was important for this process not to get misdirected by unrealistic expectations, unnecessary layers of bureaucracy, and years of ineffective project management. The NYGH Choosing Wisely campaign received excellent support from the clinical chiefs. Each department was asked to identify its top five tests that could be reduced or eliminated. Idea generation among the departments was supported, with approved changes incorporated into the order sets.

There was also a specific focus on patient and family engagement (e.g., information boards) and front-line engagement (e.g., screen saver, intranet, blog, lunch-and-learns, social media). These approaches have been adapted to suit the needs of the target populations.

Based on the work that has been completed to date by the NYGH Choosing Wisely campaign, specific examples were provided from laboratory medicine, the Emergency Department and pre-operative clinics (before and after comparisons). In terms of evaluation, Mr. Sharma noted that while measures are important, it was also important to ensure that a preoccupation with being “perfect” not stand in the way of progress. The campaign is now thinking about improvement from a population perspective and evaluating reduction of unnecessary testing (Emergency Department and pre-operative) and prescriptions (e.g., de-prescribing proton pump inhibitor).

Key Lessons:

Mr. Sharma noted that identifying project context and relevance is important in order to gain consensus. Centering conversations around the impact on patient care and quality is also key. It is also important to leverage existing tools that exist within the institution (e.g., order sets, medical directives, protocols and templates) and to hard-wire initiatives into existing governance structures to ease and support the initiatives. Finally, the friendly competition between project teams encouraged engagement and fun!

The Choosing Wisely campaign is now spreading to peer hospitals and primary care partners (i.e., the Joint Centers for Transformative Health and Innovation) and each partner has selected their top five targets for reduction of overuse. (The results to date have indicated very notable reductions throughout multiple sites). The approach with the Joint Centers has been flexible and adaptive, focused on the populations these sites serve, and the key areas of prioritization.

Mr. Sharma also highlighted a focus on engagement with patient advisors, which includes a separate committee and extended conversations with patient advisors from different sites. Patient advisor videos have been created to explain the purpose and benefits of Choosing Wisely thereby enhancing patient understanding and engagement in the campaign.

Ongoing Activities:

In terms of ongoing activities, Mr. Sharma noted the development of a knowledge exchange platform among Joint Centers via webinars; a Joint Centers scorecard to ensure progression continues; an emergency department toolkit to assist with Choosing Wisely interventions across other institutions; primary care evaluation using data collected via electronic medical records; and knowledge translation and evaluation to focus on surveying and sustaining progress.

KEYNOTE ADDRESS #2 – Presentation Summary

***“Achieving Change through Clinician Engagement”* – St. Michael’s Hospital’s Choosing Wisely Journey – Dr. Lisa Hicks, Hematologist, St. Michael’s Hospital; Associate Professor, University of Toronto; Associate Scientist, Li Ka Shing Knowledge Institute; Choosing Wisely Lead; Mr. Patrick O’Brien, Quality Improvement Specialist, St. Michael’s Hospital**

Dr. Lisa Hicks and Mr. Patrick O’Brien described the St. Michael’s Hospital (SMH) Choosing Wisely Journey, which included an outline of the structure, key lessons learned, a case example, and ongoing activities at the Toronto hospital.

Structure:

Mr. Patrick O’Brien explained that the SMH Choosing Wisely began in the late summer of 2014. Participation in Choosing Wisely has been supported by the hospital’s leadership and it is focused on the reduction of harm, improved quality of care and decreased health care costs through decreasing overuse/misuse of tests, treatments, and procedures. SMH’s work was structured around two main hypotheses.

The first hypothesis was that clinical staff have the knowledge and skills necessary to identify tests and treatments that are potentially harmful, costly, not supported by evidence, and that are overused at SMH. The second hypothesis was that clinicians, with project support, could develop and implement Choosing Wisely initiatives that are locally relevant.

Two streams of project development included: 1) clinician-initiated proposals, e.g., encouraged via a robust communication campaign; and 2) Choosing Wisely site reviews, e.g., site reviews relied on the knowledge of multiple clinicians in a particular disease area or within a physical location. The guiding principles for selecting Choosing Wisely projects included: aiming to reduce harm, having moderate-to-high feasibility, alignment with evidence-based practice, offer the possibility of cost reduction, and promising a moderate-to-high impact.

In the Clinician-Initiated work stream, clinicians completed proposal forms outlining the details of their proposed project including an aim statement, proposed methods, and the supports that would be required. The Choosing Wisely task force then reviewed the proposals and offered guidance. Once an approval was obtained, the team was given ongoing support throughout the project.

In the Choosing Wisely Site Review work stream, a task force of local opinion leaders (e.g., administrators, nurse practitioners, nurse, clinicians) was created. Next, SMH utilization data for disease/area of interest was generated and summarized in response to relevant Choosing Wisely recommendations. Stewardship recommendations were then solicited from the task force and a larger group of key informants. The recommendations were then prioritized by the task force, and two or three actionable items were identified. From there, project champions were identified and empowered through support (e.g., changing an order set or assisting with communications to promote program in local area).

There are a number of ongoing projects (e.g., reducing unnecessary CT imaging, utilizing appropriate order sets and reducing repetitive routine blood draws) and these projects are either initiated by Task Forces (e.g., VTE or COPD) or by clinicians.

Key Lessons:

Lessons learned from this work:

- Clinical staff is interested and knowledgeable about opportunities to decrease unnecessary testing and treatments, but support is needed to avoid stasis or the status quo.
- Local utilization data is critical to ensure relevancy and to track meaningful progress.
- Leadership support is a key enabler for project initiation and completion.
- Many initiatives simply require initial project support in order to succeed.

Overall, having leadership support and local data are two keys to ensuring progress. While not all projects are successful and some have small success, there is now a program at SMH that provides foundational supports to facilitate this quality improvement initiative.

Case Example:

Dr. Lisa Hicks presented a specific example of an initiative within the SMH Choosing Wisely campaign which was focused on repetitive “routine” blood project. This campaign was based on: 1) the recommendations from multiple medical societies to avoid standing orders for blood orders; and 2) evidence in the literature that has indicated the potential harm of repetitive blood work (e.g., adverse health outcomes such as anemia and in-hospital mortality).

To begin, the team first assessed whether repetitive routine blood testing was an issue within SMH, and examined the baseline routine blood work (in terms of tubes and volume collected) that was done at the hospital. The team also assessed the context of where this blood was drawn with a focus on the general internal medicine (GIM) ward, cardiovascular surgery/peripherovascular surgery (CVS/PVS) ward and the hematology/oncology ward. The team examined the characteristics of these blood draws and potential harm signals (e.g., increased transfusion rates). From this initial work, it was determined that there was room for improvement at SMH and that much of the blood draw was habitual.

The team then developed a change strategy to reduce repetitive routine blood tests among hospitalized patients by 15% by 2018 in SMH. This project is still ongoing with key target or pilot wards of GIM, CVS/PVS and Hematology/Oncology. The change strategy included engagement and close collaboration with the target wards; education of clinicians and patients (e.g., posters, pocket guides, and targeted email blasts that were populated with information created from local data); revision of order sets (e.g., to discourage open-ended lab ordering, increase use of order sets, and to embed education within the order sets).

This work ultimately resulted in a notable decrease in orders across the three wards. When assessing balance metrics, there was no change in patient length of stay and no significant change in proportion of STAT bloodwork in GIM and CVS/PVS and slight increase in Hematology/Oncology ward (although this may have been a function of the cases on the ward). Overall, it was found that repetitive routine blood work was a good target for change as it is associated with patient harm and was amenable for change.

Some of the enablers of this project included:

- the fact that reducing repetitive routine blood work resonates with clinicians (not much push back, but instead there was concern/interest/buy-in from clinicians);
- strong support from hospital leadership;
- strong partnerships with interprofessional partners (e.g., nurse practitioners, labs and teaching unit); and,
- powerful local data illustrated an opportunity and empowered the improvement (relevant data must be available to demonstrate a problem and to demonstrate improvements).

Challenges included:

- the difficulty in defining what constitutes “appropriate routine blood work” and hard-stops are not available;
- the fact that different education strategies are required for different practice environments;
- the fact that changing order sets is time-consuming and labour intensive (e.g., ideal to have this Choosing Wisely/QI lens when developing and creating the order sets); and
- changing order sets only works if practitioners use the order sets.

Dr. Hicks noted the challenge of managing the expectations of those involved with quality improvement as not every project will be successful. However, it is important to remember this and not to give up!

Ongoing Activities:

Dr. Hicks stated that some of the ongoing activities include continuing the rollout of educational tools and sessions (from ward to ward); a continued revision of admission order sets (with a significant opportunity to work with ICUs); and a potential for exploring “automatic expiry” of lab orders beyond 5 days.

PANELIST #1 – Presentation Summary

“Implementing Choosing Wisely in a Community Hospital” – Dr. Renato Pasqualucci, Medical Director, Emergency Department, Bluewater Health

Dr. Renato Pasqualucci described the Bluewater Health (BWH) Choosing Wisely Journey, which included a description of the key learnings from their experiences as a community hospital. To begin, Dr. Pasqualucci noted that Choosing Wisely is about a culture change and paying attention to evidence. The project itself was supported by participation in the Erie St. Clair Executive Program in Health System Innovation, which he strongly recommended.

The BWH team created a Choosing Wisely Canada resource book, which was specifically targeted to programs and wards. This resource includes information on the importance of Choosing Wisely, as well as on specific projects. Making this information available for individual study is essential to building credibility for project development and the process of change. Dr. Pasqualucci noted that ideas for campaigns can come from many different places including the Choosing Wisely website and resources, monthly webinars, national meetings, updated guidelines, local quality improvement programs, as well as “stuff that bothers you.”

BWH’s first project was focused on the Emergency Department. During this process, Dr. Pasqualucci shared how he tapped into the resources and experiences available from Mr. Deepak Sharma and the North York General Hospital’s (NYGH) Choosing Wisely initiatives. The BWH project examined the top seven lab tests that are commonly overused at the hospital, based on information derived from NYGH. The cost savings that was realized as a result of reduced testing was then reinvested to enhance patient care where needed.

To engage medical staff as well as clinicians in the hospital and in the community, the BWH team created advertisements and a Facebook page to begin the conversation. To embed the program in the culture, this can best be achieved by establishing a Choosing Wisely committee involving key partners and extending this to departmental strategic plans and other committees already in place.

In terms of the future, Dr. Pasqualucci highlighted upcoming projects including examining the use of CT scans for renal colic, urine lab orders, transfusions, imaging for orthopaedics, and a communication strategy. The communication strategy includes updates for clinicians (e.g., a “tip of the month” email) as well as Choosing Wisely campaigns and achievements that are shared with the public.

Further clinician supports include information for guidelines shared electronically and as hard copies, patient resources, tip of the month emails, new guidelines as developed, articles regarding Choosing Wisely, unnecessary testing, quality of care, Choosing Wisely talks with relevant physician groups, and Choosing Wisely embedded within the medical education system. All of these efforts support the approach that the Choosing Wisely campaign is a culture change.

PANELIST #2 – Presentation Summary

“Choosing Wisely: An Evaluation of the National Canadian Urology Association Recommendations” – Dr. Salimah Shariff, Staff Scientist & Manager, Research, Outreach & Education, Institute for Clinical Evaluative Sciences Western

Dr. Salimah Shariff described a research project conducted using the Institute for Clinical Evaluative Sciences (ICES) database. Dr. Shariff noted that reducing health care expenditures on low-value care practices is an obvious and attractive mechanism to save money for hospitals and the health care system.

As part of the Choosing Wisely campaign, five urology-specific recommendations were created and disseminated to clinicians by the Canadian Urology Association. The intent was then to examine whether there were significant changes after the campaign’s release (November 2014) with a particular focus on men and children. This research was conducted using the ICES data from Ontario between April 2008 and March 2016 and three urological recommendations (and their impact on health care use) were examined.

First, different patient groups were identified depending on the Choosing Wisely recommendation and the project examined the trends before and after the Choosing Wisely recommendation, as well as the change in the magnitude of use. In some of the outcome measures, a negligible effect was detected when an insufficient follow-up period occurred after the implementation. This project indicated that when conducting an evaluation of the effectiveness or impact of a Choosing Wisely campaign, it is important to have a balance between the amount of data collected and available both before and after the campaign change. This is particularly important to assess whether there is a change and whether this is a sustained change.

In terms of conclusions from this project, in the immediate period after the introduction of the Choosing Wisely urology campaign in Canada, there was no statistically significant indication of behaviour change among physicians for the three urology recommendations that were studied. However, more study will be necessary to determine whether there is a change, and a sustained change, with a longer follow-up period. Dr. Shariff indicated that “future social media campaigns should consider how to evaluate change, and whether high profile recommendations (passive intervention) are sufficient to change physician behaviour.”

PANELIST #3 – Presentation Summary

“Choosing Wisely in Diagnostic Imaging” – Mrs. Deirdre Shipley, Manager, Diagnostic Imaging, Bluewater Health

Mrs. Deirdre Shipley described the Bluewater Health (BWH) Choosing Wisely journey through its implementation in the area of diagnostic imaging. Mrs. Shipley noted that the purpose of the Choosing Wisely campaign aligned well with the strategic priorities of the hospital particularly in terms of focusing on quality of care and ensuring the right diagnostic tests are conducted at the right time. The BWH Choosing Wisely campaign focused on the significant rates of diagnostic imaging at the hospital. Considerable given its size, BWH runs approximately 160,000 diagnostic imaging exams annually and operates one MRI and one CT for all of Lambton County. This working environment provided an ideal case for a Choosing Wisely initiative to work towards ensuring that orders for testing are appropriate for patients, simultaneously addressing capacity issues for the lab.

The primary focus for the Choosing Wisely project was placed on the quality of imaging rather than on its quantity, identifying radiologists as consultants. There was a distinction between labs and diagnostic imaging. Labs have a limited outpatient population; they have mainly internal physician orders; they are able to discuss orders with BWH physician groups and medical advisory committees; and they have structured order sets. Conversely, diagnostic imaging has a high volume of outpatient exams; many external physicians (e.g., emergency department or inpatient care) and health care professionals (e.g., midwives, nurse practitioners and chiropractors); and limited opportunity with order sets.

The team decided to identify and establish positive steps that have already been taken to implement Choosing Wisely, including needed protocols for imaging and a “menu” for ordering CT exams after hours. To get started, the team identified areas of quick wins (e.g., redundancy in CT scans and x-rays), collected data, and created knowledge translation opportunities (e.g., tip of the month, such as the focus on the lumbar spine x-ray) and brainstormed for more ideas. Mrs. Shipley also noted that the diagnostic imaging medical director is attempting to decrease the number of unnecessary MRIs in consultation with the orthopaedic surgeon group. In addition to these changes, the team is promoting the use of guidelines from the American College of Radiologists on the appropriateness criteria for imaging studies.

Future Choosing Wisely project opportunities include initiatives related to limiting rib x-rays for uncomplicated trauma and CT scans for renal colic criteria for emergency department and in consultation with urologists. Mrs. Shipley also noted that another key step in BWH’s Choosing Wisely journey is communication. Now that there are a number of Choosing Wisely strategies and initiatives identified, these must be shared with key stakeholders through memos, meetings, hospital newsletters and social media.

Lessons learned:

- Look for what you are already doing well to enhance engagement.
- Facilitate communication in a fun, informative, and consistent way.
- Rely on experts
- Reiterate that Choosing Wisely is a valuable and important culture change.

NEXT STEPS

The following themes were identified by SWAHN's Choosing Wisely Working Group following the Forum, based on an analysis of the various breakout group discussion notes and participant evaluations.

- Communication needs to be enhanced across the region concerning Choosing Wisely Canada and in terms of projects that are underway in Southwestern Ontario.
- Not only does public awareness need to be improved, but many health care providers are not familiar with Choosing Wisely, including primary care providers.
- Collaboration across health care organizations in Southwestern Ontario is needed to avoid the duplication of efforts and to share key lessons, approaches, tools, and best practices.
- Alignment with Local Health Integration Network priorities would be helpful.
- The focus of Choosing Wisely implementation projects should be on reducing patient harm and increasing the quality of care, rather than on cost-cutting.

SWAHN's Choosing Wisely Working Group will determine its next steps to address the above themes and make a contribution towards promoting and advancing Choosing Wisely initiatives in the region. To begin this journey, the Working Group has highlighted its initial plans as follows:

- Enhance collaboration with Choosing Wisely Canada to share information about projects in Southwestern Ontario.
- Develop a communication plan to improve awareness of Choosing Wisely across the region and to promote the advancement of new projects.
- Connect with the South West and Erie St. Clair Local Health Integration Networks to determine strategies for the advancement of Choosing Wisely implementation projects.
- Consider the development of future Choosing Wisely forums/meetings for the region.

APPENDICES

APPENDIX 1: OVERVIEW OF THE SOUTHWESTERN ACADEMIC HEALTH NETWORK (SWAHN)

The SouthWestern Academic Health Network's vision is to transform health in Southwestern Ontario through integrated excellence in research, education, and clinical practice. Its mission is to improve population health and be a national leader in health care, education, and research by:

- Leading the development of innovative and value-added education, research, evaluation, and knowledge;
- Accelerating the dissemination of research-based evidence and leading practices into clinical practice to enhance patient and population health outcomes, quality, accessibility and affordability of health care;
- Integrate innovative collaborative models of education within health care delivery and research;
- Engaging community partners, patients and families to inform the academic service integration;
- Identifying appropriate performance measures to monitor progress and performance;
- Enhancing and advancing synergy and the sharing of resources between our organizations for mutual benefit in integrated patient care, education and research.

SWAHN is guided by a Steering Committee of leaders from its member organizations and is Co-Chaired by Dr. Gillian Kernaghan, President and Chief Executive Officer of St. Joseph's Health Care London, and Dr. Ken Blanchette, Associate Vice President, Academic at St. Clair College in Windsor.

St. Joseph's Health Care London, St. Clair College, and other organizations provide financial support to the Network and include area hospitals in London, Windsor, Sarnia, Stratford and Owen Sound; universities and colleges (including Western University, University of Windsor, University of Waterloo, Fanshawe College, St. Clair College, and Lambton College); community and research organizations (Erie St. Clair Hospice Palliative Care Network and Lawson Health Research Institute); and Local Health Integration Networks (LHINs) in the South West and Erie St. Clair regions.

The Operations Committee is co-chaired by Dr. Robin Walker, Integrated Vice President Medical Affairs and Medical Education, London Health Sciences Centre and St. Joseph's Health Care London, and Dr. Davy Cheng, Vice Dean, Faculty Affairs, Schulich School of Medicine & Dentistry at Western University. Through its committee structure, SWAHN is engaged in projects that align to its three areas of focus: community, education, and research. These projects address priorities for the region including: palliative care, interprofessional education, research ethics, and nutrition.

SWAHN's value proposition focuses on facilitating interprofessional collaboration, networking, and knowledge-sharing opportunities across health-care related education, research, health service providers, and other stakeholders in Southwestern Ontario to identify gaps and to improve the health of individuals, families, communities, and systems.

APPENDIX 2: SWAHN CHOOSING WISELY WORKING GROUP MEMBERSHIP

The following individuals contributed their expertise, ideas, and efforts in the preparations leading up to the May 12, 2017 forum and at the forum itself. SWAHN is grateful for their ongoing support and commitment.

Dr. Maher El-Masri, Co-Chair; Professor & Faculty Research Chair, University of Windsor

Dr. Robin Walker, Co-Chair; Integrated Vice President, Medical Affairs & Medical Education, London Health Sciences Centre & St. Joseph's Health Care London

Dr. Alison Allan, Graduate Program Chair, Anatomy & Cell Biology; Senior Scientist, Experimental Oncology, Schulich School of Medicine & Dentistry, Western University and London Health Sciences Centre

Dr. Stephanie Frisbee, Assistant Professor (cross appointment), Epidemiology, Biostatistics and Pathology, and Laboratory Medicine, Schulich School of Medicine & Dentistry, Western University

Dr. Michelle Freeman, Assistant Professor, Faculty of Nursing, University of Windsor

Dr. Teneille Gofton, Director, Neurocritical Care Program, Palliative Care & Neurocritical Care, Schulich School of Medicine & Dentistry, Western University, and London Health Sciences Centre

Ms. Catherine Joyes, Manager, SWAHN

Dr. Mike Kadour, Director, Pathology & Laboratory Medicine, London Health Sciences Centre and St. Joseph's Health Care London

Dr. Albert Kadri, Nephrologist, Care for Kidneys

Ms. Shannon Landry, Chief Nursing Executive, Bluewater Health

Ms. Vaidehi Misra, HBA Student, Faculty of Health Sciences, Western University

Dr. Renato Pasqualucci, Medical Director, Emergency, Bluewater Health

Ms. Debbie Rickeard, Experiential Learning Specialist, Faculty of Nursing, University of Windsor

Dr. Angela Rutledge, Assistant Professor, Pathology & Laboratory Medicine, Schulich School of Medicine & Dentistry, Western University and London Health Sciences Centre

Dr. Salimah Shariff, Staff Scientist; Manager, Research, Outreach & Education, Institute for Clinical Evaluative Sciences Western; Associate Director, ICES Faculty Scholars Program; Allied Scientist, Lawson Health Research Institute

Dr. Blayne Welk, Assistant Professor, Surgery, Schulich School of Medicine & Dentistry, Western University & St. Joseph's Health Care London

APPENDIX 3: SPEAKER BIOGRAPHIES (*in alphabetical order*)

Dr. Maher El-Masri, Co-Chair, SWAHN Choosing Wisely Working Group; Professor, Nursing, University of Windsor



Maher El-Masri is a full professor and Faculty Research Chair at the University of Windsor, Faculty of Nursing with an expertise in research methodology, biostatistics, and clinical epidemiology and evidence-based practice. He is the Editor-in-Chief of the Canadian Journal of Nursing Research (CJNR). He is also an adjunct professor at [the Schulich School of Medicine – Department of Epidemiology and Biostatistics](#) at Western University and is a visiting scholar with the University of North Dakota - College of Nursing and Professional Disciplines.

During his academic tenure, Dr. El-Masri has received a number of teaching and research awards that include the 2012 the Registered Nurses Association of Ontario Leadership in Nursing Research award, the University of Windsor's Mid-career (2013) and emerging scholar (2006) awards. A complete portfolio of Dr. El-Masri can be accessed at www.uwindsor.ca/maherelmasri

Dr. Lisa Hicks, Hematologist, St. Michael's Hospital; Associate Professor, University of Toronto; Associate Scientist, Li Ka Shing Knowledge Institute; Choosing Wisely Lead



Dr. Lisa Hicks is hematologist at St. Michael's Hospital with an academic focus on quality improvement and innovation. She has a Master of Science in Clinical Epidemiology and advanced training in Quality Improvement Sciences from the Veteran's Administration Quality Scholars Program at Dartmouth. Thematically her work focuses on understanding drivers of overutilization in healthcare and developing strategies to decrease overuse. Dr. Hicks is the St. Michael's Hospital lead for a hospital initiative addressing overutilization. She has also led the Choosing Wisely Campaign for the American Society of

Hematology since its inception, and is a member of the Choosing Wisely Canada Clinical Leaders Group.

Ms. Catherine Joyes, SWAHN Manager



Catherine Joyes holds an HBA (History) from Brescia University College, a Master of Library and Information Science from Western University, and an MBA from the Ivey School of Business. From 1997-2002, Catherine was a member of the Prospect Research team in Advancement Services, part of the External Relations Department at Western. After leaving Western, Catherine spent twelve years working for two local nonprofit funding organizations managing community grantmaking programs. She joined the SouthWestern Academic Health Network as Manager in January 2015. A life-long Londoner, Catherine has an affinity for continuous learning and development and enjoys her involvement in various book clubs and volunteer committees.

APPENDIX 3: SPEAKER BIOGRAPHIES (*continued*)

Mr. Patrick O'Brien, Quality Improvement Specialist, St. Michael's Hospital



Patrick O'Brien is a Quality Improvement Specialist in the Quality and Performance department at St. Michael's Hospital. Patrick has led various quality improvement projects both locally at St. Mike's and for Toronto Central LHIN. These include programs focused on reducing hospital readmissions and improving hospital discharge summary distribution to primary care providers while also improving readability of discharge instructions for patients. Since late 2014, he has supported the St. Michael's Choosing Wisely campaign by providing QI and project management support to the various clinician led initiatives.

Dr. Renato Pasqualucci, Chief & Medical Director, Emergency Room, Bluewater Health



Dr. Renato Pasqualucci is Chief and Medical Director of ER at Bluewater Health and has been Chair of its Quality and Patient Experience Committee for 5-years. Interested in metacognition and quality, he started the Choosing Wisely work at BWH in 2016.

Dr. Salimah Shariff, Staff Scientist, Manager - Research, Outreach & Education, ICES Western



Dr. Salimah Shariff is an epidemiologist and Staff Scientist at the Institute for Clinical Evaluative Sciences (ICES) Western satellite site. She is also the Director of the ICES Faculty Scholars Program, two-year, part-time learning opportunity for Ontario-based academic faculty in the medical, health and social sciences who wish to develop their skills in population health research. She completed a PhD in Epidemiology and Biostatistics specializing in medical informatics and health services research at Western University, and a Bachelor's of Mathematics (BMath) in computer science specializing in bioinformatics at the University of Waterloo. As a health services researcher, Salimah's research leverages Ontario's large health administrative databases to conduct large-scale population-based studies. She has participated in numerous influential studies across diverse clinical disciplines, and has published over 50 peer reviewed articles. In her role as Staff Scientist, Salimah oversees and leads various ICES Western research initiatives, knowledge user requests (AHRQ projects) and stakeholder engagement activities.

APPENDIX 3: SPEAKER BIOGRAPHIES (*continued*)

Mr. Deepak Sharma Director, Health Information, Business Intelligence, & Patient Flow, North York General Hospital



Deepak has over 15 years' experience working in large hospitals and government agencies and is currently the Director, Health Information Management, Business Intelligence and Patient Flow at North York General Hospital (NYGH). He is also the co-lead for the ARTIC Funding Project *Choosing Wisely: An Idea Worth Spreading*. NYGH is recognized leader in adopting eHealth technologies to advance patient care. Prior to NYGH Deepak was the director of Decision Support at London Health Sciences Centre (LHSC), one of Canada's largest acute-care teaching hospitals. He has also worked or consulted for organizations such as Cancer Care Ontario, Ministry of Health and Long-Term Care, Mount Sinai Hospital and the University Health Network. Deepak holds a Master's in Health Administration from the University of Toronto and a Bachelor of Science from the University of Waterloo. He is also a member of the Canadian College of Health Leaders and has training in Lean/Six Sigma and Project Management.

Mrs. Deirdre Shipley, Manager, Diagnostic Imaging, Bluewater Health



As manager of the Diagnostic Imaging department of Bluewater Health, Deirdre is responsible for multiple imaging modalities across two hospital sites in Lambton County. Prior to taking on this exciting role in 2013, she worked as a Medical Radiation Technologist specializing in Mammography, and a Clinical Education Leader at Grand River Hospital. Deirdre was recently recognized as a finalist for Bluewater Health's Bridging Excellence Awards as part of the *Choosing Wisely* team. She is currently working on completion of her Bachelor of Health Science degree when not taking her kids to hockey and soccer practices.

Dr. Robin Walker, Co-Chair, SWAHN Operations Committee & Choosing Wisely Working Group; Integrated Vice President, Medical Affairs & Medical Education, London Health Sciences Centre and St. Joseph's Health Care London



Robin Walker is the Integrated Vice President of Medical Affairs and Medical Education for London Health Sciences Centre and St Joseph's Health Care, London, and Professor of Paediatrics at the Schulich School of Medicine & Dentistry of the University of Western Ontario. He previously held the position of Vice-President Medicine at the IWK Health Centre in Halifax, Nova Scotia and Professor of Pediatrics at Dalhousie University. His postgraduate work in pediatrics and neonatal-perinatal medicine was at Dalhousie University, Halifax, NS and he received his FRCPC (Fellow of the Royal College of Physicians and Surgeons of Canada) in pediatrics in 1977, as well as subsequently the designation FAAP (Fellow of the American Academy of Pediatrics).

APPENDIX 3: SPEAKER BIOGRAPHIES (*continued*)

With over 25 years' experience as a neonatologist, Dr. Walker has worked both within the hospital sector and with non-government organizations. His research has included work on artificial intelligence tools in neonatal medicine and evidence-based approaches in the improvement of the practice of neonatal intensive care; he is currently helping lead a project to develop a comprehensive on-line profile of the health status of Canada's children and youth.

Dr. Walker has also led initiatives to develop improved engagement and partnership between hospitals and physicians both in Halifax and now in London. Dr. Walker is a past president of the Canadian Paediatric Society and past Chair of the American Academy of Pediatrics Committee on Pediatric Education. Outside of his daily work, Dr. Walker has been an active advocate for the health needs of children and youth for over two decades, receiving several awards for his work. He was awarded the Commemorative Medal for the Queen's Golden Jubilee in recognition of work advancing the rights of children & youth ("for his commitment to the right of all children to a healthy start in life").

APPENDIX 4: BREAKOUT GROUP EXERCISE



**Choosing Wisely in Southwestern Ontario
~A Knowledge Exchange Forum~
May 12, 2017**

BREAKOUT GROUP DISCUSSIONS

We have one 30-minute period in both the morning and afternoon to address the questions below once the groups are assembled. Before the discussion begins, each breakout group will need to elect a note taker.

Considering the presentations that we have heard today, please discuss the following questions and record your discussion points on the poster paper provided.

Morning breakout session:

1. What specific recommendations/information did you learn from the North York General Hospital and St. Michael's Hospital experiences that will help you to consider a Choosing Wisely implementation project in your institution?
2. What additional information, resources, and support are needed to move forward?
3. What health care issues/topics could the SWAHN region address through a Choosing Wisely initiative? How might multiple sites collaborate?

Afternoon breakout session:

1. This afternoon, three presentations concerning Choosing Wisely initiatives were shared from the SWAHN region. Discuss other projects that are currently under consideration and/or in process.
2. In five years, envision what SWAHN stakeholders across Southwestern Ontario could achieve in terms of Choosing Wisely implementation projects. What do these stakeholders need from SWAHN in order to be successful?
3. What are your recommendations for SWAHN's next steps concerning its role in promoting and advancing Choosing Wisely initiatives in the region?

APPENDIX 5: BREAKOUT GROUP DISCUSSIONS (*verbatim transcription of notes*)

Morning Breakout Group Discussion Questions/Responses

1. What specific recommendations/information did you learn from the North York General Hospital and St. Michael's Hospital experiences that will help you to consider a Choosing Wisely implementation project in your institution?

Group #1

- Focus on the harms involved in the equation
- Approaches that flexible & adaptive
- Obtain clinician buy-in
 - Use your DATA!
 - Get local feedback from clinicians (what is relevant at your facility)
- Get the whole data picture - balancing metrics
- Having patient partners
- Understand that not every project will succeed
- What is success for a patient?
- How can you feed back information to your patient population?
- And ensure it is relevant!
- How do you tackle issues in the community setting?

Group #2

- Have a champion (with passion)
 - Clinical
 - Leadership/ admin
- Focus on reducing harm/increasing quality/increasing safety
 - NOT a #1 goal to reduce costs
- Engagements of patients & families
 - Empowerment
- "Early adopters" - engage the rest over time ("early wins")
- Follow-up & communication to clinicians about long-term outcomes/impact
 - Example of EDTC clinicians
- Provision of resources (time, expertise, DATA)

Group #3

- Need identified time -> engagement from stakeholders
- Key projects - (May vary site to site)
- What are supports? Key to success – informatics, senior leadership support, multidisciplinary team, QI person, data for change
- Choosing Wisely "Brand Name"
- Need the "Why" to implement - change practice
- "Harm relationship"
- Good to down-play financial impact -> focus on reduced harm to pt
- Care order sets/plans important!
- Education important but not enough

APPENDIX 5: BREAKOUT GROUP DISCUSSIONS (*verbatim transcription of notes*) - continued

Morning Breakout Group Discussion Questions/Responses

Group #4

- Start without perfection
- Keep focus on patient care
- Teamwork - physicians, data, etc.
- Identify small # of priorities
- Involved culture change through education
- Clear criteria for priorities
- Support of leadership
- Sharing + leveraging partnerships
- Champions to drive project
- Addressing primary care

Group #5

- n/a

2. What additional information, resources, and support are needed to move forward?

Group #1

- Obtaining relevant data! Ensuring that your data is accurate!
- What is the approach at our facility?
- How do we implement the necessary infrastructure?
- How can we ensure we are feeding back information to the clinicians & leadership teams

Group #2

- A culture change NOT a "typical" project
 - PDSA cycles
 - Change is constant
 - Vs. a "research project" (hypothesis, collect data, do the stats...)
- Realistic & timely data
- Challenges of primary care VERY different to acute care
 - Data, resources, expertise, "lotsa pockets" of data, time, silos
- DATA to INFORMATION
- Communicating with/bringing to the table those who use the services (i.e. patients)
- Resource needs:
 - Not about new resources - about wise/more efficient use of resources we have (e.g. 75% of reports generated are not acted on)
 - Alignment of priorities, efforts, expertise
- Point-of-care analytics
 - Designing systems to do what you want clinicians to do

Group #3

- Decision support-data
- Rt people rt table
- Appropriate guidance for steps in performance improvements
- Engagement of all groups to initiate QI Projects - Need follow thru - sustainability
 - Follow up on success/failure
- Share information between organizations; involve public more – "Why"

APPENDIX 5: BREAKOUT GROUP DISCUSSIONS (*verbatim transcription of notes*) - continued

Morning Breakout Group Discussion Questions/Responses

Group #4

- Support from leadership + prioritization
- Data + decision support
- Visibility of Choosing Wisely - communication + engagement
- Clarity on what the focus is
- Identify quick wins etc. to build buy-in
- Method to redistribute resources between wards + labs etc.
- Local data + evidence available

Group #5

- n/a

3. What health care issues/topics could the SWAHN region address through a Choosing Wisely initiative? How might multiple sites collaborate?

Group #1

- Opportunity for feeder hospitals to partner with London
 - Can we improve discharge summary distribution to facilitate appropriate care?
- CWC website
- Work with your partners
- Understanding the patient experience
- Breast cancer screening program?
- Regional diagnostic imaging project?
- Opportunities for forums and talks across the Southwest region

Group #2

- Align CW priorities with EBM/guidelines from professional associations (better buy-in)
- Increased awareness of data availability
- Need for collaborative model
- All 12 hospitals share EHR
- 2 possible areas of priority – EDTC, Cancer/onc
- Integration with LHIN
- Development of a shared data repository
 - Wheel re-inventing
 - Efficiency, use of resources

Group #3

- EHR harmonization
 - Apply already existing knowledge
 - Not reinvent the wheel
- Structure of committees that same at all sites (link b/w sites on same committees)
- Consider implementing projects in smaller locations of care, then bigger
- Improve awareness of projects across sites
- Synergy rather than opposition of committees w/in hospitals/organizations

APPENDIX 5: BREAKOUT GROUP DISCUSSIONS (*verbatim transcription of notes*) - continued

Morning Breakout Group Discussion Questions/Responses

Group #4

- Annual regional meet-ups to share best practices
- SWAHN could function as knowledge repository for Choosing Wisely opportunities, including clinical evidence
- Regular webinars - how to access resources, etc.
- How are the LHINs involved?
- Help look at redundant ordering cross hospitals (i.e. imaging done by sending + receiving hospitals)
- MRI overuse

Group #5

- n/a

Afternoon Breakout Group Discussion Questions/Responses

1. This afternoon, three presentations concerning Choosing Wisely initiatives were shared from the SWAHN region. Discuss other projects that are currently under consideration and/or in process.

Group #1

- Pharmacy - examining wide snapshot of data (e.g., ICU) - focus so far is more on cost, but will hopefully include quality or inappropriate medications
 - The cost of prescriptions has also been examined elsewhere - building knowledge of cost & units ordered (intro. to quality conversations and options between prescriptions)
 - This could be build on with cost-weighting to capture "full" cost
- Lab tests - looking to reduce folate testing & vitamin D testing, which are not necessary
 - Challenge of how to address overuse (guidelines/prompts of appropriate ordering for building awareness)
- Catheter usage - reducing burden/dependency on catheter overuse & increasing awareness
 - Relates to ageing-friendly initiatives & reducing delirium, as well as promoting movement/mobility
- PPI initiatives? - not necessary (potentially) for some patients, especially for long-term use
- Current lack of understanding of extent/purpose
- "One unit" - giving one unit, instead of two
- Transfusions - "pre-hab" of engaging patients to build iron within blood before surgery

APPENDIX 5: BREAKOUT GROUP DISCUSSIONS (*verbatim transcription of notes*) - continued

Afternoon Breakout Group Discussion Questions/Responses

Group #2

- Urinalysis - reducing testing and Rx
- "Early wins" – top-of-mind/high profile
 - Crosses specialties
 - Patient engagement
 - e.g., Abx use
- QIP (St. Thomas) –
 - 1) Drop the pre-op (eg. Cataracts; Patients as champions, esp in rural areas with long travel times).
 - 2) Lose-the-tube
 - 3) Decrease sedatives for older relatives
 - 4) When psychosis is not the Dx
 - 5) Why give 2 when 1 will do?
- Steering committee, toolkits, "grids", use "hospital performance series report"
- Remoteness & rurality -> influence on decision making
- Challenges/considerations with special populations (e.g. Mennonite)
- 13 CW most appropriate - prioritize via survey across 12 hospitals
- Urine drug screens on ER pts

Group #3

- Prescribing practices i.e. narcotics - already a "report card" at LHSC, initiative in Sarnia exists, looking at this in Windsor (CPSO initiatives?)
- Lab projects - BUN, liver enz - only ALT, 1 unit transf, PTT RBC folate but not widely shared - how to highlight success (have run into IS challenges)
- How to get buy-in for implementation
- Started some pre-op initiatives - culture change + context important

Group #4

- LHSC has diagnostic utilization committee starting up
- Antimicrobial stewardship
- STEGH has top 5 items selected - transfusions, catheterizations ...
- Choosing Wisely statements are in order sets

Group #5

- This "is" the culture, "common language"
- Choose 1 rec hosps/? 1 rec comm to disseminate
- Social media eg Twitter
- How to reach Baby Boomer gen?
- Topic of IPE Day? Students would buy-in
- Ger into Meds UG curriculum
- ? Pioneer nursing, pharmacy implementation?

APPENDIX 5: BREAKOUT GROUP DISCUSSIONS (*verbatim transcription of notes*) - continued

Afternoon Breakout Group Discussion Questions/Responses

2. In five years, envision what SWAHN stakeholders across Southwestern Ontario could achieve in terms of Choosing Wisely implementation projects. What do these stakeholders need from SWAHN in order to be successful?

Group #1

- Sharing information among sites/between sites (small <-> large)
- Continued use of Choosing Wisely list & resources
- Incorporating ENVIRONMENTAL pockets into patient care & enhancing health - prevention as well as management
- Potential collaboration/partnerships with other ministries -> ideally this would happen NOW to build over 5 years

Group #2

- SWAHN - facilitate & liaise with orgs
 - Knowledge (& data) repository
 - Leadership role
 - Decrease wheel re-inventing
- What is role of LHIN vs. SWAHN?
 - More engagement from LHIN (lrg focus on LTC/CH)
- Needs:
 - physician buy-in
 - Support for activities
- Linking "smaller" members to "larger" members is very valuable
- Assistance/advocacy for identifying meaningful data

Group #3

-See answers to Q2 from AM

Group #4

- See #3 from morning
- Facilitate knowledge/governance structure sharing
- Maintain a list of CW projects and organizations
- Every hosp. has a CW core group
- In 5 yrs - becomes cultural norm all health care providers aware
- Effective solid relationship between SWAHN and partners
- Clear vision as to where CW fits with other QI initiatives

Group #5

n/a

3. What are your recommendations for SWAHN's next steps concerning its role in promoting and advancing Choosing Wisely initiatives in the region?

Group #1

- Present at MACs across region (slow-drip of knowledge dissemination)
- SWAHN could play an integral role in facilitating a knowledge sharing platform
 - Hub for collecting information on initiatives that are ALREADY completed or underway + contact person
 - Similar to Senior Friendly initiatives

APPENDIX 5: BREAKOUT GROUP DISCUSSIONS (*verbatim transcription of notes*) - continued

Afternoon Breakout Group Discussion Questions/Responses

Group #2

- Better outreach to partners & sites
 - "Inter" vs. "intra" institutional
- "Sharing" - facilitate inter-institutional information, activity, "lessons learned", opportunities for collaboration, best practices (and the "bad ones" learned the hard way)
- Data efficiency
 - Expertise
 - Being able to use what is already being collected
- Better integration with & involvement in LHIN

Group #3

- Knowledge network + KT
- Use community hospitals as sites for pilot projects
- Trying to eliminate bureaucracy or "hoops" at larger hospitals so that change is easier
- Protection of time for physician leads
- How to engage primary care physicians and not just hospitals
- i.e. private lab testing overused
- Can SWAHN play a role in this?
- Patient education
- Role in engaging nurses and nurse practitioners in education of doctors, patients?
- Access to data in a timely fashion
- Dictations vs. electronic
- Development of scorecards for units and/or individual physicians
- Better transition of patients from hospital discharge back to community care

Group #4

- Advertise + promote CW - many physicians unaware
- Make materials available to facilitate knowledge sharing including results from others
- Help make promotional materials available
- Lobby for CW implementation
- Public awareness campaign
- Tip of the month sent to subscription list

Group #5

n/a

APPENDIX 6: EVENT EVALUATION FORM



Choosing Wisely in Southwestern Ontario
 ~A Knowledge Exchange Forum~
 Friday, May 12, 2017
FORUM EVALUATION

SWAHN would like to receive direct feedback and constructive recommendations from you in order to improve events like this one in the future. Please be as specific as possible in your ratings and comments. Thank you.

Forum objectives:

1. To encourage knowledge exchange concerning the implementation of Choosing Wisely Canada projects;
2. To foster networking and collaboration among participants to discuss how the information shared by forum presenters concerning best practices can be translated to organizations in the SWAHN region;
3. To obtain recommendations for SWAHN's next steps concerning its role in promoting and advancing Choosing Wisely initiatives in the region.

In your opinion how would you rate this event on the following factors?

(Please circle the appropriate number)

Please use the scale: 5 = strongly agree to 1 = strongly disagree	
a) The event's contents were relevant to me.	5 4 3 2 1
b) The event satisfied my personal expectations.	5 4 3 2 1
c) The event allowed me to network with people from other organizations.	5 4 3 2 1
d) The event increased my awareness and understanding of best practices in the development and implementation of Choosing Wisely Canada initiatives	5 4 3 2 1
e) The content delivered by the speakers enabled me to have a greater understanding of some of the challenges associated with the implementation of Choosing Wisely Canada initiatives.	5 4 3 2 1
f) The small group discussions were effective in uncovering possible ways in which SWAHN can contribute to the promotion and advancement of Choosing Wisely initiatives in the region.	5 4 3 2 1
g) I was able to make a meaningful/significant contribution to today's discussions.	5 4 3 2 1
h) Overall, the event was an effective learning experience.	5 4 3 2 1
i) I hope to attend future SWAHN events based on my experience today.	5 4 3 2 1
j) Commercial influence did not bias today's event.	5 4 3 2 1

1. What was the most important thing that you learned today?

2. Describe at least one thing that you will do differently based on what you learned today.

3. Specify any changes that you think would have made this SWAHN event more effective.

4. What advice do you have for SWAHN regarding its role in helping to promote and advance Choosing Wisely initiatives across Southwestern Ontario to provide value to its stakeholders?

5. What topics would you like addressed at future SWAHN events?

6. Please provide any additional comments about today's program.

Thank you for completing this evaluation form.

If you would like to be involved with SWAHN in its work, please let us know!

APPENDIX 7: EVENT EVALUATION FORM RESPONSES

Responses to Likert Scale Questions: Using the following scale (5=strongly agree to 1=strongly disagree), participants responded as follows.

In your opinion how would you rate this event on the following factors?

Scale: 5 = strongly agree to 1 = strongly disagree	
Response averages:	
a) The event's contents were relevant to me.	4.33 (21 responses) 86.6%
b) The event satisfied my personal expectations.	4.35 (20 responses) 87%
c) The event allowed me to network with people from other organizations.	4.19 (21 responses) 83.8%
d) The event increased my awareness and understanding of best practices in the development and implementation of Choosing Wisely Canada initiatives	4.52 (21 responses) 90.4%
e) The content delivered by the speakers enabled me to have a greater understanding of some of the challenges associated with the implementation of Choosing Wisely Canada initiatives.	4.33 (21 responses) 86.6%
f) The small group discussions were effective in uncovering possible ways in which SWAHN can contribute to the promotion and advancement of Choosing Wisely initiatives in the region.	3.65 (20 responses) 73%
g) I was able to make a meaningful/significant contribution to today's discussions.	3.90 (21 responses) 78%
h) Overall, the event was an effective learning experience.	4.48 (21 responses) 89.6%
i) I hope to attend future SWAHN events based on my experience today.	4.43 (21 responses) 88.6%
j) Commercial influence did not bias today's event.	4.85 (20 responses) 97%

Responses to narrative questions (verbatim):

1. What was the most important thing that you learned today?

- Patient engagement and partnership.
- Hearing about how the smaller community hospital implemented.
- Change strategies shared; focus on patient safety/harm avoidance rather than cost.
- An approach to creating a program at my hospital.
- Get data to show results.
- How to start a Choosing Wisely initiative at my organization; interesting info from academics but more practical info from Bluewater, thanks!
- Focus on a few priorities and don't wait for perfection.
- Culture change and commitment issues are not only physician issues but also of leadership, administration, decision support to be successful.
- Senior leadership support; group work and holistic approach; implementation plans.

APPENDIX 7: EVENT EVALUATION FORM RESPONSES (continued)

- Don't reinvent the wheel. Use the experience and expertise of others who have already started this work. Just start. Don't overthink it.
- The focus of SWAHN on reducing harm to patients is great!
- Generally, most of us are barely out of the starting blocks (if that).
- Better understanding of Choosing Wisely adoption and what's been done so far by others.
- Approach to Choosing Wisely initiatives.
- Additional information on overall guide/plan to implement a hospital Choosing Wisely initiative. Resources/network of healthcare teams with Choosing Wisely experience.
- Promote by focusing on patient care values, not on dollars saved.
- That not everything needs to be a success at first. It's okay to retry; The not required blood draw data (huge shock!)
- Patient harm should be the primary goal of Choosing Wisely not cost/cost savings.
- How St. Mike's reduced blood draws.

2. Describe at least one thing that you will do differently based on what you learned today.

- Involve patients in needs
- Advocate to fix order sets; we need an order set committee.
- I'd like to have more physicians involved both as presenters in group discussion.
- More Choosing Wisely education across the organization.
- Use Choosing Wisely website more.
- Keep Choosing Wisely in mind always.
- Get decision support involved.
- Will share the information. Will talk to the Partnering for Quality Group we're working with to see how we can morph to Choosing Wisely projects and how do the initiatives link.
- Engage a patient/public expert in development and assessment of Choosing Wisely Canada projects.
- Doesn't impact me now, but will possibly help guide future investment in decision support resources.
- Change focus on approach and approach to physicians.
- Review/unit transform guideline and distribute to physician group.
- Tip of the month campaign to promote awareness among front-line staff.
- Developing a focus group in my clinical area and start communicating re: Choosing Wisely and find "what bothers them."
- Physician engagement.

3. Specify any changes that you think would have made this SWAHN event more effective.

- Nothing.
- Tabled seating rather than lecture/large classroom style.
- None!
- Overall very well done.
- Case examples of do's and do not's.
- Involve family physicians.
- Really nothing of major import. Minor – projection of slides rather pale/hard to read.

APPENDIX 7: EVENT EVALUATION FORM RESPONSES (continued)

- I was surprised attendance was somewhat low. I expected more physicians.
- Well done! (Maybe a patient advocate present?)
- More practical information for implementing Choosing Wisely Canada.
- More QI from LHSC.

4. What advice do you have for SWAHN regarding its role in helping to promote and advance Choosing Wisely initiatives across Southwestern Ontario to provide value to its stakeholders?

- It seems to be money issues that is where the problem is. Money should be not an issue.
- Help with communication to public; help with adoption of one Choosing Wisely initiative across the LHINS.
- I'd like to see a joint project across SW Ontario, e.g., breast screening follow-up testing e.g., U/S testing and biopsies on benign lesions.
- Visit small rural sites both primary care and hospitals; facilitation of presentations at each MAC re: Choosing Wisely.
- Providing assistance with QI project support, i.e., people like Patrick O'Brien.
- Regular (monthly?) webinars/teleconferences to allow members to share progress/challenges.
- Ask department leaders to hold separately meeting for Choosing Wisely and Quality Improvement.
- More posters or advertisement.
- It would be helpful to understand how: Ideas, HQO, Choosing Wisely (Yes. It's an HQO-sponsored initiative), Partnering for Quality, CQI, Lean, etc. fit together. How does one decide which group(s) to pursue? It's all QI in the end. Set up a database of Choosing Wisely projects (and results) once available in the SW and ESC LHINS for all organizations to access. Create a network of participants/those working on initiatives/interested parties etc. Expand beyond medicine and incorporate into education for all health care professionals.
- Pick one statement/project and apply it LHIN-wide and see where it goes.
- Promotion, advertising to clinicians and to public.
- Continue to promote and tell/share stories.
- Information dissemination.
- Webinar sessions.
- More specifics of "how" to go this.
- Focus on social media/communication to patients and the community to ensure they are involved in care.
- Share practice.

5. What topics would you like addressed at future SWAHN events?

- Nothing.
- More on Choosing Wisely – we cannot learn enough about this!
- Supporting OTN – Efficient use of OTN.
- More implementation tips/strategies.
- All aspects of Choosing Wisely.
- More success stories. Perhaps poster presentations and report outcomes once there are multiple projects underway.
- Provision of community-wide lab services by hospital-based laboratories; Improved quality in POCT [Point of Care Testing] by patients and long-term care facilities.

APPENDIX 7: EVENT EVALUATION FORM RESPONSES (continued)

- Academic research.
- Chronic ambulatory care.

6. Please provide any additional comments about today's program.

- I think patients should be engaged in everything also doctors and outpatients.
- Thank you!
- Excellent. Looking forward to the next one.
- Easy access to site.
- Great! Has energized me to try to make changes at my organization.
- Nice mix of presentations and group discussions! Lots of questions following presentations indicated audience was engaged!
- Well organized.
- N/A.
- Well done. Knew nothing about Choosing Wisely. Now I'm hooked and wonder how to best pursue in patient care
- All of the presentations were excellent! The day was well organized.
- Facilitators for small group discussions need to demonstrate those skills in the group. Excellent day!
- Room was too cold.
- Thank you.
- Room too cold.
- Nice facility; just cold. Lovely lunch. Great day! Thank you to Catherine and organizers.
- Excellent speakers.

APPENDIX 8: FORUM ATTENDEE LIST

SWAHN would like to thank the following individuals who attended the forum. Any errors or omissions are unintended. In recognizing these individuals, please note that the content and analysis of these proceedings should in no way be interpreted as a reflection of their individual opinions or those of their organizations.

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