Choosing Wisely Canada Nursing Lists

Credits
Thank you to Dr. Wendy Levinson, Chair and Karen McDonald, Project Manager at Choosing Wisely Canada as well as Melissa Panton, Medical Surgical RN for some content

Objectives
- Describe the Choosing Wisely campaign
- Outline the development process for the Canadian Nurses Association's lists
- List the IPAC-related items in the general nursing list
- Highlight the Choosing Wisely Canada IPAC Nursing List items
Campaign Overview

Choosing Wisely Canada is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care.

Levels:
- International
- National
- Provincial and Territorial
- Local

National Campaigns

Provincial and Territorial Campaigns
Local Campaigns

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.  

https://choosingwiselycanada.org/campaign/local-campaigns/

Operating Principles for Top 5 Lists

List Components
1. List items
2. Under each item a brief (2 - 4 lines) rationale for each item
3. Short paragraph describing how the list was created
4. Key references for each item
How to go beyond the initial list

1. Add new recommendations to your list
2. Develop corresponding patient materials
3. Make Choosing Wisely Canada a theme or sub-theme of your national meeting
4. Encourage uptake in the field by sharing implementation efforts with members
5. Develop a toolkit as part of our DIY initiative
6. Identify and recognize those within your membership who are championing CWC locally

Patient materials

1) Do I really need this test, treatment or procedure?
2) What are the downsides?
3) Are there simpler, safer options?
4) What happens if I do nothing?
Online resources

Clinician website:
- www.ChoosingWiselyCanada.org
- www.ChoisirAvecSoin.org

Patient website:
- www.ChoosingWisely.ca
- www.ChoisirAvecSoin.ca

Twitter:
- www.twitter.com/ChooseWiselyCA (@ChooseWiselyCA)
- www.twitter.com/ChoisirAvecSoin (@ChoisirAvecSoin)

Facebook:
- www.facebook.com/ChoosingWiselyCanada
- www.facebook.com/ChoisirAvecSoin

CNA Goals and Objectives

Goal: To identify nursing interventions commonly used in clinical practice that do not contribute to improved patient outcomes or provide high value.

Objective: To lend a voice to the Choosing Wisely Canada campaign by providing nurse-developed resources for the profession and the public to assist in nurse-client communication about evidence-informed decisions about interventions.

Deliverables: 5-10 recommendations for nursing for the Choosing Wisely Canada campaign and a plan for dissemination.
Assessment Questions

Risk:
• Could an outcome be death?
• Could an outcome be progression of death/disability?

Frequency:
• Is this behavior commonly practiced amongst nurses?

Ability to impact:
• Can nurses influence this?
Don’t insert an indwelling urinary catheter or leave it in place without daily assessment

The use of indwelling urinary catheters among hospital patients is common. Yet it can also lead to preventable harms such as urinary tract infection, sepsis and delirium. Guidelines support routine assessment of appropriate urinary catheter indications — including acute urinary obstruction, critical illness and end-of-life care—and minimizing their duration of use. Strategies consistent with CAUTI (catheter-associated urinary tract infection) guidelines regarding inappropriate urinary catheter use have been shown to reduce health care-associated infections.

Sources: see https://choosingwiselycanada.org/nursing/
Related Resources: Toolkit: Lose the Tube – A toolkit for appropriate use of urinary catheters in hospitals.

Don’t recommend antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present

Signs and symptoms suggestive of urinary tract infection (UTI) are increased frequency, urgency, pain or burning on urination, suprapubic pain, flank pain and fever. Dark, cloudy and/or foul-smelling urine may not be suggestive of UTI but rather of inadequate fluid intake. Cohort studies have found no adverse outcomes associated with asymptomatic bacteriuria for older adults. Not only does antimicrobial treatment for such bacteriuria in older adults show no benefits, it increases adverse antimicrobial effects. Consensus criteria have been developed for the specific clinical symptoms that (when associated with bacteriuria) define UTI. Exceptions to these criteria include recommended screening for and treatment of asymptomatic bacteriuria before urologic procedures where mucosal bleeding is anticipated. If a nurse caring for a patient feels that medication is not the appropriate intervention, the nurse has a responsibility to discuss these concerns with the prescribers.
**Specialty Lists - Why IPAC First?**

- CNA recognized that infection prevention and control is an integral part of what all nurses do
- Health care providers’ hands are the major transmitters of infections between patients/residents/clients
- Nurses are the largest group of health care providers
- Nurses provide the most “hands on” care

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### Our Team

**IPAC Choosing Wisely Nursing List Working Group**

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<thead>
<tr>
<th>Region</th>
<th>Representative</th>
<th>Province/Territory</th>
<th>Role/Location</th>
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<tr>
<td>Central</td>
<td>M. Roden = Ashcroft</td>
<td>ON</td>
<td>Regional CNA/Specified IPAC</td>
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<tr>
<td>West 1</td>
<td>T. Burton</td>
<td>SK</td>
<td>ICP Nurse/Took Health Region, Nipawin</td>
</tr>
<tr>
<td>West 2</td>
<td>Alia Cuff</td>
<td>NL</td>
<td>Regional Infection Control Nurse/Primary Health</td>
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<tr>
<td>North 1</td>
<td>Karla Peddy</td>
<td>NT</td>
<td>ICP &amp; Dec Health Coordinator/Stanen Territory Health Authority, Yellowknife</td>
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<tr>
<td>North 2</td>
<td>Craig Pienkowski</td>
<td>BC</td>
<td>ICP/Vancouver General Hospital</td>
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<tr>
<td>North 3</td>
<td>Melody Reading</td>
<td>NS</td>
<td>Health Protection Consultant/NS Health Authority</td>
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<td>North 4</td>
<td>Ramona Rodrigues</td>
<td>QC</td>
<td>ICP/ Laurent General Hospital</td>
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<tr>
<td>North 5</td>
<td>Samantha Stewart</td>
<td>YT</td>
<td>ICP/Yukon Hospital Corporation, Whitehorse</td>
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<td>North 6</td>
<td>Karen Sh幕后ler</td>
<td>CMK</td>
<td>Program Lead, Public Policy</td>
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**Our Process**

- Reviewed 232 existing recommendations from the Canadian and US lists
- Created 66 novel evidence-based items specific to IPAC
- Appraised all items for relevance, broad application, and associated risk
- 2 rounds of a modified Delphi process, to refine the list to 30 items
- Final consensus on 8 items, confirmed by literature review/supporting references
Approval

• Extensive review by:
  • Experts in patient safety
  • Members of the Canadian Network of Nursing Specialties
  • Patient advocates
  • CNA jurisdictional members and nurses
  • The Canadian Association for Drugs and Technologies in Health
  • Choosing Wisely Canada’s internal clinician reviewers
• Hand hygiene was incorporated into the glove item to create final 7 item list
• September 2017: Approved by IPAC Canada and CNA boards
• November 2017: Launched

1. Don’t do a urine dip or send urine specimens for culture unless urinary tract symptoms are present
2. Don’t recommend antibiotics for infections that are likely viral in origin, such as an influenza-like illness
3. Don’t overuse gloves
4. Don’t send unnecessary or improperly collected specimens for testing
5. Don’t collect stool that is not diarrhea for Clostridium difficile infection testing or test of cure
6. Don’t prolong the use of invasive devices
7. Don’t shave hair for medical procedures. Use clippers if hair removal is required
More Lists

Six Things Nurses and Patients Should Question (2018) — Gerontological Nursing (CNA and CGNA)

Additional lists developed by (or in partnership with) nurses:
Five Things Clinicians and Patients Should Question (2017) — Critical care (Canadian Critical Care Society, Canadian Association of Critical Care Nurses, and Canadian Society of Respiratory Therapists)
Nine Things Nurse Practitioners and Patients Should Question (2017) (Nurse Practitioner Association of Canada)

Reflections

• We all rely on nurses to use IPAC best practices, whatever their role
• Nurses strongly impact the health of patients – they need to know and use IPAC best practices
• This creative initiative has value for IPAC Professionals, nurses, and patients/residents/clients
• An additional tool that challenges the status quo via simple evidence-based statements
• We think more about what we are doing and recommending

Next Steps

Communication to nurses and IPAC professionals – sharing at every opportunity
• Social media – Twitter, Facebook
• Email
• Present at conferences
• Publish in journals
• Tell everyone!

Challenge to ensure nurses recognize recommendations span settings
Suggestions for enhancing implementation:
• Toolkit
• Champions – walk the talk!
• Make it fun and engaging
For more information

Madeleine Ashcroft
Chair, IPAC Canada Standards and Guidelines Committee &
Representative to the Canadian Network of Nursing Specialties
Madeleine.Ashcroft@oahpp.ca