Choosing Wisely Canada Nursing Lists	
MORE IS NOT ALWAYS	
BETTER	
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Madeleine Ashcroft RN BScN MHS CVAA CIC FAPIC	
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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 Opioid Wisely Ling Antibiotics v A campaign to ret reatments in hos A campaign to ret opioid prescribi A campaign to ret opioid prescribi A campaign by students and traine advocating for resource stewardshi more is Not Always Better An awareness campaign to help patients ask 4 important questions.



Local Campaigns

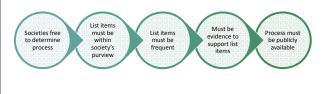


Toolkit: Lose the Tube

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
- ${\it 3.} \quad {\it Make Choosing Wisely Canada\ a\ theme\ or\ sub-theme\ of\ your\ national\ meeting}$
- ${\bf 4.} \quad \hbox{Encourage uptake in the field by sharing implementation efforts with members}$
- 5. Develop a toolkit as part of our DIY initiative
- ${\bf 6.} \quad \text{Identify and recognize those within your membership who are championing CWC locally}$

Patient materials FOUR QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER 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.ChoosingWiselyCanda.org
- www.ChoisirAvecSoin.org

Patient website:

- www.ChoosingWisely.ca
- www.ChoisirAvecSoin.ca

Twitter

- www.twitter.com/ChooseWiselyCA (@ChooseWiselyCA)
- $^{\circ} \underline{\text{www.twitter.com/ChoisirAvecSoin}} \text{ (@ChoisirAvecSoin)}$

Facebook:

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

CNA Goals and Objectives



 $\textbf{Goal:} \ \ \text{To identify nursing interventions commonly used in clinical practice that do not contribute to improved patient outcomes or provide high value}$

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

 $\begin{tabular}{ll} \textbf{Deliverables:} 5-10 \ recommendations for nursing for the Choosing Wisely Canada campaign and a plan for dissemination \\ \end{tabular}$

CNA Pr	OCC	,,			NURSES ASSOCIATION		IFIRMIÈRES IFIRMIERS D	
	CNA's Choosing Wisely Nursing List Criteria							
Nursing Roles and Responsibilities	Is this something all/most nurses in practice should question?	Is this something all/most patients should question?	Is there an existing evidence base for this topic/item?	Does this item improve accessibility for the patient? (ie. Wait times, literacy, language, cost)	Does this item promote patient/family participation?	Does this item advance health promotion/ chronic disease prevention?	Does this item promote appropriate technology?	Does this iter promote inte sectoral collaboration (ie. Care transitions, discharge planning, referrals)
Assessment								
Communication								
Interventions								
Medication Administration								
Patient Safety								
Protecting Privacy								
Testing								

Assessment Questions

- 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?

Process

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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, supra-pubic 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





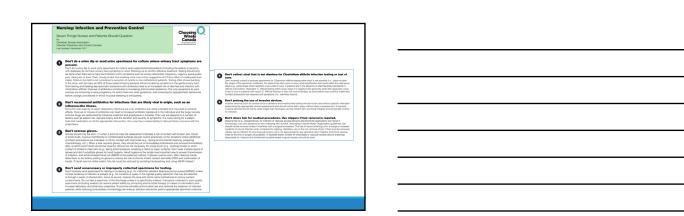
	Our Team				
	IPAC Choosing Wisely Nursing List Working Group				
Region	Representative	Province/Territory	Role/Location		
Central	Madeleine Ashcroft	ON	Regional IPAC Specialist/PHO		
West	Vi Burton	SK	IC Nurse/Kelsey Trail Health Region, Nipawin		
East	Alisa Cuff	NL	Regional Infection Control Nurse/Central Health		
North	Karen Pardy	NT	ICP & Occ. Health Coordinator/Stanton Territorial Health Authority, Yellowknife		
West	Craig Pienkowski	BC	ICP/Vancouver General Hospital		
East	Patsy Rawding	NS	Health Protection Consultant/NS Health Authority		
Central	Ramona Rodrigues	QC	CNS/Montreal General Hospital		
North	Samantha Stewart	YT	ICP/Yukon Hospital Corporation, Whitehorse		
CNA	Karey Shuhendler	CNA	Program Lead, Public Policy		

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

**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*





More	Lists
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<u>Six Things Nurses and Patients Should Question</u> (2018) — Gerontological Nursing (CNA and CGNA)

Additional lists developed by (or in partnership with) nurses:

<u>Five Things Clinicians and Patients Should Question</u> (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	
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