

Spotlight on Leaders of Change

Implementing Choosing Wisely Canada Recommendations
in Ontario to Improve Quality of Care

April 2017



About Us

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by a single-minded purpose: **Better health for all Ontarians.**

Who We Are

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in partnership with health care providers and organizations across the system, and engage with patients themselves, to help initiate substantial and sustainable change to the province's complex health system.

What We Do

We define the meaning of quality as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, patient experience. We then produce comprehensive, objective reports based on data, facts and the voices of patients, caregivers and those who work each day in the health system. As well, we make recommendations on how to improve care using the best evidence. Finally, we support large scale quality improvements by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

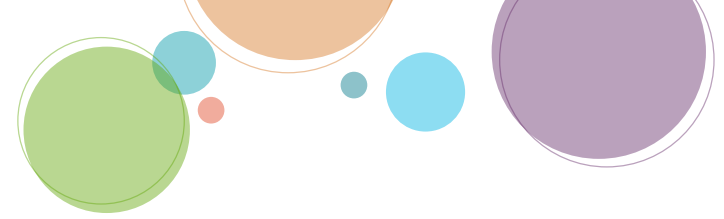
Why It Matters

We recognize that, as a system, there is much to be proud of, but also that it often falls short of being the best it can be. Plus, certain vulnerable segments of the population are not receiving acceptable levels of attention. Our intent at Health Quality Ontario is to continuously improve the quality of health care in this province regardless of who you are or where you live. We are driven by the desire to make the system better, and by the inarguable fact that better has no limit.



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Introduction

Working in partnership with others, Health Quality Ontario has proposed a provincial framework for advancing quality of care. At its heart, as articulated in the report [Quality Matters: Realizing Health Care for All](#), are the six domains of quality: safe, effective, patient-centred, efficient, timely, and equitable. Within this framework, Health Quality Ontario looks to support programs and opportunities to advance these domains. Choosing Wisely Canada is one such initiative.

Choosing Wisely Canada is a national, clinician-led campaign, committed to helping patients and health care providers engage in conversations about unnecessary care. Health Quality Ontario and Choosing Wisely Canada are working together to bring these discussions to patients and clinicians in Ontario so that they can make informed decisions to ensure high-quality care. In Ontario, where possible, we've also elected to align our Choosing Wisely

Canada activities with major provincial quality improvement programs, with the hope of advancing them more easily at scale.

The following report highlights a few provincial and local grassroots initiatives across three sectors (hospital care, long-term care, and primary care) undertaken by teams across Ontario — both within organizations or as part of broad provincial initiatives — to improve quality of care by implementing Choosing Wisely Canada recommendations. Leadership within teams is also so important, and this report gives profile to those who have led the way to implement these changes with their teams. It is our hope that these stories will inspire the spread of these ideas and support others to adopt Choosing Wisely Canada recommendations as part of efforts to improve quality of care. This report also provides an overview of some of the resources and tools available in Ontario to support these efforts.

“Choosing Wisely Canada is proud to partner with Health Quality Ontario to achieve our shared goals of improved quality of care for Ontarians and a high quality health care system. The initiatives outlined in this report highlight Ontario’s leadership around innovation in implementing Choosing Wisely recommendations. We are looking forward to continued partnership and collaboration with Health Quality Ontario to support and spread these efforts.”

— **Dr. Wendy Levinson**,
Chair and Co-Founder, Choosing Wisely Canada

“Choosing Wisely, implemented well, has the potential to significantly advance the provincial quality agenda. It is a great partnership opportunity, not only for Health Quality Ontario, but for providers, patients, and organizations across the health care system.”

— **Dr. Joshua Tepper**,
President and Chief Executive Officer,
Health Quality Ontario

THE CHALLENGE OF UNNECESSARY CARE IN ONTARIO

Unnecessary care, defined as care in which there is a lack of benefit, or in which the benefits are outweighed by the potential risks, can lead to higher health care costs, patient inconvenience, and, in some cases, harm to patients. There is growing recognition that unnecessary care is common in health systems around the world, including Canada. The Institute of Medicine estimates that up to 30% of medical care may be classified as unnecessary care.¹ The reasons for unnecessary care are many, but can include entrenched practice habits, fear of medical litigation, patient expectations, or even financial considerations. Understanding the extent of unnecessary medical care and finding ways to reduce it are important to ensure that Ontarians are receiving the highest quality care without exposing them to undue risk or harm.

Over the last 2 years, Ontario researchers working with Choosing Wisely Canada and Health Quality Ontario have begun to measure how common unnecessary care in Ontario is. For example, 30% of Ontarians received potentially unnecessary cardiac tests and bloodwork before low-risk, non-cardiac surgery.^{2,3}

Importantly, there was almost a 30-fold variation in ordering practices among different hospitals in Ontario.² Ontario hospitals have significant variability in the use of blood products after cardiac bypass surgery, with some centres transfusing blood in up to 45% of patients.⁴ Needless transfusion of blood products puts a strain on the blood system, but can also potentially lead to patient harm.

There are areas of potentially unnecessary care in primary care as well. For example, 21% of Ontarians had bone mineral density (BMD) testing outside of guidelines.⁵ There is significant variation in ordering behaviour among primary care practices, from some practices ordering as low as 4% of potentially unnecessary BMD scans to others ordering unnecessary scans in 54% of

their patients.⁵ Moreover, 8% of Ontario women under the age of 21 and over the age of 69 had a Pap smear test, which is not recommended, but the degree of practice variation ranged from 0.9% to 35%. Finally, 4.5% of Ontarians with uncomplicated low back pain had a CT or MRI scan that was not indicated, with variation ranging widely from 0.8% to 33%.⁵ These scans may expose patients to unnecessary radiation, increase health system costs for minimal benefit, and increase wait times for patients who need these tests.

Ontarians in long-term care homes are some of society's most vulnerable individuals. Research has shown that they are routinely prescribed benzodiazepines or antipsychotic medications, both of which have been known to cause adverse outcomes, including death by cardiac causes. A recent Canadian Institute for Health Information report indicated that almost 40% of long-term care residents were prescribed either benzodiazepines or antipsychotic medications and these were used chronically.⁶ Again, there is a wide variability in the use of these drugs among long-term care homes. In Ontario, there has been a significant effort over the last 5 years to reduce prescribing of antipsychotic medications where appropriate, which has resulted in a reduction in rates of use in patients without diagnosis of psychosis (35.0% in 2010–11 to 22.9% in 2015–16⁷). Ongoing, focused efforts are needed to continue to reduce use in long-term care settings.

As can be seen by these few examples, we have good evidence of the extent of unnecessary care in Ontario, across the hospital, community, and long-term care sectors. Unnecessary care not only puts a strain on health care resources, but, more importantly, it can be potentially harmful to patients. Understanding the causes of unnecessary care, and developing strategies to address this problem, will keep our patients safe and ensure our system is sustainable. These strategies fit well with our broader goals in Ontario to achieve a quality health system that is safe, effective, patient-centred, efficient, timely, and equitable.

Hospital Care

USING CATHETERS WISELY

Dr. Jerome Leis, Sunnybrook Health Sciences Centre

Between 15% and 25% of patients will have an indwelling urinary catheter during their hospital stay, even though at least 50% of those catheter days are unnecessary and lead to patient harms, including infection, local trauma, and increased immobility.⁸⁻¹⁰ Choosing Wisely Canada recommends the following: “Don’t place, or leave in place, a urinary catheter without reassessment.”

In April 2014, Sunnybrook Health Sciences Centre found that 69% of their catheter use lacked an appropriate medical reason. On their busy hospital units, medical residents and students were finding it difficult to reassess

urinary catheter appropriateness in a timely fashion, and some nurses were keen to have increased autonomy in order to provide optimal patient care. Leveraging the desire to reduce catheter use, the team developed an evidence-based medical directive to empower nurses to remove urinary catheters if patients met specific criteria. This intervention has resulted in nearly a 50% reduction in urinary catheter days in medical patients without any inappropriate catheter removals based on random audits (Table 1).



A toolkit—*Lose the Tube*—has been created, co-authored by Dr. Jerome Leis at Sunnybrook Health Sciences Centre, to support the implementation of these interventions in the hospital setting.

TABLE 1

Catheter use among hospitalized patients before and after implementation of the new medical directive (catheter days per 100 patient days)

PATIENT POPULATION	BEFORE	AFTER
MEDICINE	14.8	8.5
SURGERY	17.1	14.0

Data Source: Leis JA, Corpus C, Rahmani A, et al. Medical Directive for Urinary Catheter Removal by Nurses on General Medical Wards. JAMA Intern Med. 2016;176(1):113-115.

By designing a medical directive giving nurses more autonomy, urinary catheter use was reduced by 50% in the intervention period, and the team has sustained these gains over time.

“This model is one of the ways that hospitals can reduce their urinary catheter use and improve patient safety.”

— Dr. Jerome Leis,
Associate Scientist,
Sunnybrook Health Sciences Centre

CHOOSING WISELY: TRANSFUSION

Dr. Yulia Lin, Ontario Transfusion Quality Improvement Plan

The Ontario Transfusion Quality Improvement Plan (OTQIP) Committee was formed to develop a standardized approach to improving transfusion practices in Ontario hospitals. The committee is co-led by Denise Evanovitch, Ontario Regional Blood Coordinating Network (ORBCoN), and Dr. Yulia Lin, Sunnybrook Health Sciences Centre, with its membership comprising the ORBCoN, Ontario Transfusion Coordinators (ONTraC), physicians, nurses, and medical laboratory technologists from across Ontario. The OTQIP Committee is leveraging Choosing Wisely recommendations supported by eight different specialty societies in Canada and the United States to reduce unnecessary blood transfusions. These recommendations include

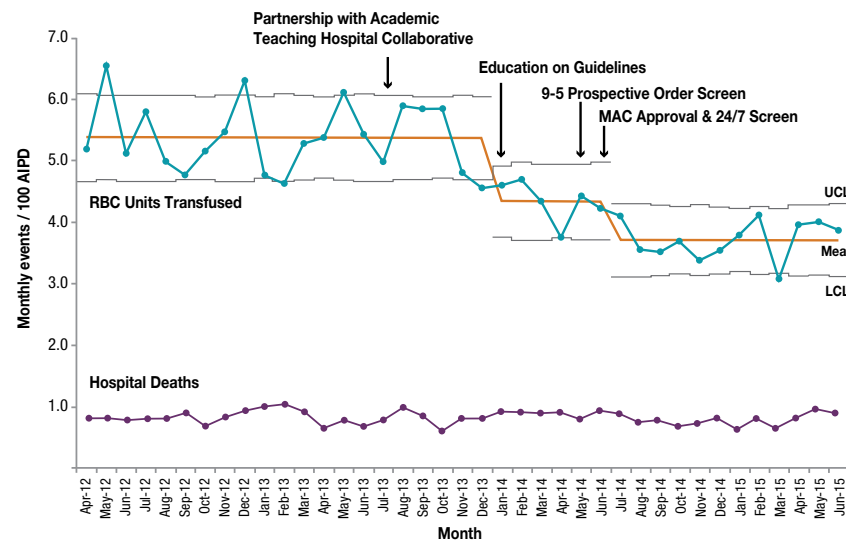


adopting restrictive transfusion thresholds (hemoglobin less than 70–80 g/L) and routine use of single-unit transfusions (transfusing one unit at a time). The OTQIP laid out measurements and targets for 2016–2021 and created a toolkit — *Why Give Two When One Will Do?* — for reducing unnecessary red blood cell (RBC) transfusions in hospitals. Other resources, such as guidelines for blood product use, can be found at <http://transfusionontario.org/en/documents/?cat=quality-improvement-plan>.

As per ORBCoN annual site visits in 2016, 74 interested hospital sites across Ontario are collecting baseline audit data and are implementing or have implemented change ideas from the OTQIP. The engagement and support of key provincial organizations dedicated to improve transfusion practices have been essential.

What's next? An OTQIP e-tool has been created to help Ontario hospital sites generate reports locally and report progress centrally. A formal survey on progress to date was sent out in January 2017.

FIGURE 1
Red blood cell use at Lakeridge Health over 2 years of quality improvement activities



From: Lin Y, Cserti-Gazdewich C, Lieberman L, et al. Improving Transfusion Practice with Guidelines and Prospective Auditing by Medical Laboratory Technologists [Letter to the Editor]. *Transfusion* 2016;56:2903-2905. Adapted with permission.

“By using the interventions mentioned in this toolkit, Lakeridge Health, in collaboration with University Health Network and Sunnybrook Health Sciences Centre, Toronto, was able to reduce monthly RBC [red blood cell] usage by 30% in a sustainable manner [see Figure 1 above]. This is an example of what we can potentially achieve across Ontario.”

— Dr. Yulia Lin,
Transfusion Medicine Specialist,
Sunnybrook Health Sciences Centre

REDUCING PRE-OPERATIVE TESTING IN LOW-RISK NON-CARDIAC SURGERIES IN ONTARIO

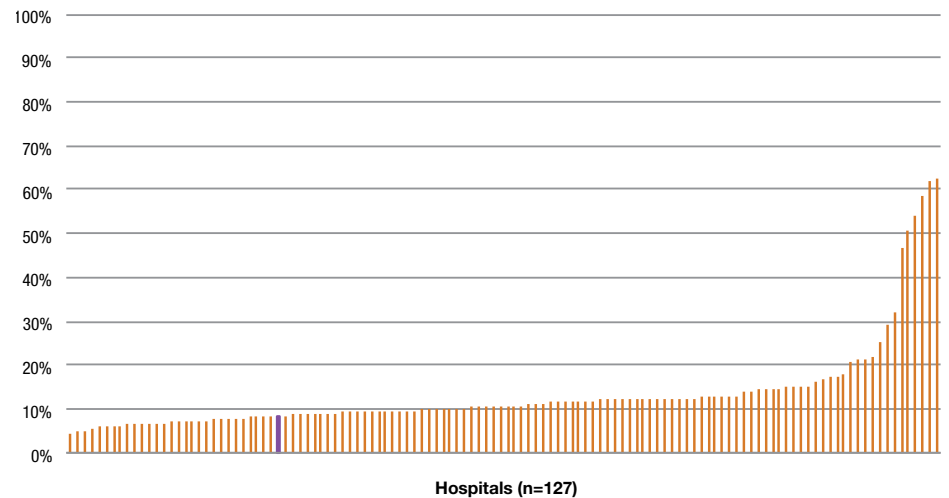
Health Quality Ontario's [Hospital Performance Series Report](#) provides hospitals with comparative provincial data and ideas for improvement to support quality improvement in select topic areas. The reports were created by Health Quality Ontario in partnership with Choosing Wisely Canada, with data provided by the Institute for Clinical Evaluative Sciences. Each topic area is identified and developed in collaboration with the hospital sector.

At present, the report focuses on indicators related to Choosing Wisely Canada recommendations by providing hospitals with data on their own performance compared to other Ontario hospitals in the use of pre-operative electrocardiography and chest radiography for low-risk non-cardiac surgery groups (e.g., endoscopy procedure, ophthalmologic surgery, and other low-risk surgeries, such as hip/knee arthroscopy and hernia repair). Hospitals can compare their numbers with those of their peers (Figure 2) and set targets for improvement according to Choosing Wisely Canada recommendations.

A step-by-step approach to improvement is provided in the Quality Improvement Change Ideas section featured in the Hospital Performance Series Report. The section follows quality improvement methodology and references examples of toolkits developed to improve overall peri-operative services and screening.

FIGURE 2

Rates of pre-operative testing in endoscopy among Ontario hospitals, ranked lowest to highest



The Hospital Performance Series Reports offers comparative provincial data by providing each hospital with their own ranking (indicated on the graph in a different colour) while the others remain anonymous. Note: This graph does not include hospitals with suppressed data or hospitals without low-risk surgeries within the reporting period.

ARTIC **Adopting Research to Improve Care**

In April 2016, ARTIC selected the project “Choosing Wisely: An Idea Worth Spreading” to help reduce unnecessary medical care across the province by implementing hospital-relevant Choosing Wisely Canada recommendations across the Joint Centres for Transformative Healthcare Innovation (Mackenzie Health, Markham Stouffville Hospital, Michael Garron Hospital, North York General Hospital, Southlake Regional Health Centre, and St. Joseph’s Health Centre) and targeted primary care recommendations across the associated family and community medicine clinics.

In little more than a year, successes are already being recorded. For example, North York General Hospital is reducing unnecessary pre-operative testing in low-risk patients undergoing elective surgery (page 9), while their affiliate family health team is working to reduce long-term proton pump inhibitor therapy in patients who do not need it (page 14).

With ARTIC support, this project will enable these partners to share their successful adoption strategies and extend the spread of Choosing Wisely Canada recommendations already in place.

A PRE-OPERATIVE QUALITY IMPROVEMENT INITIATIVE FOR SURGICAL PATIENTS: REDUCING UNNECESSARY TESTS

Linda Jussaume, Dr. Donna McRitchie, Dr. Aaron Mocon, and Valeria Thompson, North York General Hospital

North York General Hospital found that more than 70% of the elective surgery cases seen in their pre-operative clinic received medically unnecessary investigations and assessments, leading to a waste of valuable resources, inefficiency, prolonged clinic visit times, and potential harm to patients. To address this, the team looked for ways to improve this process by aligning with Choosing Wisely Canada recommendations to reduce pre-operative testing in low-risk patients undergoing low-risk surgical procedures.

Using a Lean and Six-Sigma interprofessional approach to quality improvement, the team created processes that:

- Increased compliance of chart completeness.
- Improved efficacy with booking pre-operative clinic appointments.
- Decreased medically unnecessary investigations and consultations as per Choosing Wisely Canada recommendations.
- Increased clinic booking flexibility to accommodate urgent/emergent add-on requests.



They also implemented a patient grid based on patient and surgical criteria to help guide clinical practice; created a “patient prompt” appointment reminder process to decrease no-shows; and designated explicit leadership: Chiefs of Surgery and Anaesthesia, with anaesthesia physicians leading.

North York General Hospital was awarded the Adopting Research to Improve Care (ARTIC) grant in 2016 with a proposed plan to spread its success in reducing unnecessary tests and

procedures to other community hospitals and primary care. In conjunction, North York General Hospital developed a toolkit called *Drop the Pre-Op* as a guidance document to support leaders and clinicians in the following areas: developing order sets, creating new processes within organizations, and implementation and sustainability.

North York General Hospital has seen a 38% decrease in pre-operative testing in low-risk patients undergoing low-risk surgical procedures and has sustained these results since February 2015.

TABLE 2
Summary of results before and after implementation of the pre-operative quality improvement initiative at North York General Hospital

MEASURE	MONTHLY AVERAGE (N)		PERCENT CHANGE
	Pre-implementation	Post-implementation	
No. of pre-op visits	701	535	24% ↓
No. of pre-op tests	3,631	2,259	38% ↓
No. of clinic no-shows	37.3	26.8	28% ↓
No. of pre-op add-on requests*	9.5	14.3	51% ↑

*Patients who can be accommodated on an urgent/emergent basis.

“This program has been a win for all stakeholders in our preoperative program. Patients have had fewer appointments and tests. Physicians and their offices have been given a simple evidence-based tool for deciding on pre-operative testing, and the hospital has been able to save valuable resources to use in other areas.”

— Dr. Lloyd Smith,
Chief of Surgery,
North York General Hospital

REDUCING UNNECESSARY SEDATIVE-HYPNOTIC USE IN HOSPITALIZED PATIENTS

Dr. Christine Soong, Mount Sinai Hospital, Sinai Health System

“Don’t use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.” This was the Choosing Wisely Canada recommendation the team at Mount Sinai Hospital in Toronto used to leverage a decrease in the number of sedative-hypnotic prescriptions issued to their medical inpatients. Before starting the project, they found that 16% of older adults were prescribed sedative-hypnotics inappropriately: 87% of these prescriptions occurred at night to treat insomnia and about 20% came from a standard-admission order set (before the patients even spent a night in hospital). The risks of using this type of medication include falls, confusion, dizziness, and potential dependency with difficulty weaning.

Through The Sedative Project (Figure 3), which focused on changing physician order sets and executing a variety of communication and educational strategies, Mount Sinai Hospital reduced the monthly proportion of sedative hypnotic-naïve inpatients (i.e., those who are prescribed a new sedative-hypnotic in hospital for sleep) on medicine and cardiology units by more than 40% in 1 year.

A key insight from The Sedative Project was the finding that patients were experiencing insomnia as a result of the poor sleep environment in hospital, which in turn led to requests for nighttime sedatives. A simple intervention of reducing unnecessary interruptions and creating a sleep-friendly environment helped to improve sleep and lessen the need for nighttime sedatives, reducing the number of new prescriptions for sedative-hypnotics (Figure 4).

“By making the hospital environment at night less disruptive and more conducive to sleep, we were able to help patients rest better and reduced the need for high-risk sedatives.”

— **Dr. Christine Soong**,
Hospitalist, Mount Sinai Hospital,
Sinai Health System

FIGURE 3

An overview of The Sedative Project, a multilevel strategy aimed at reducing sedative-hypnotic prescriptions for hospital inpatients

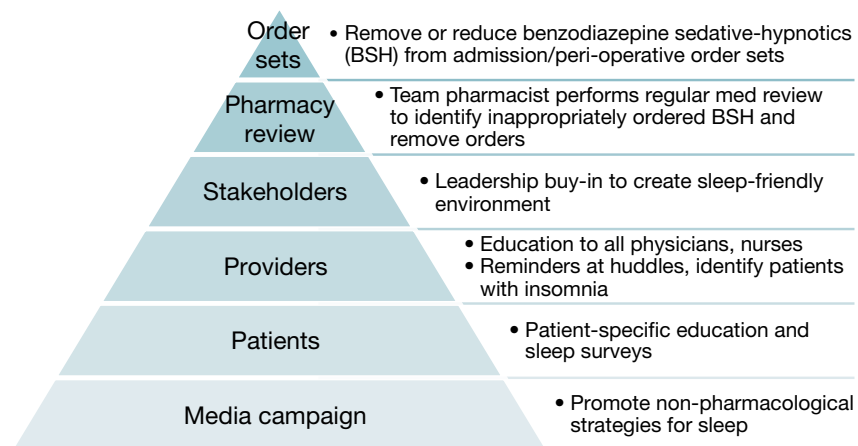
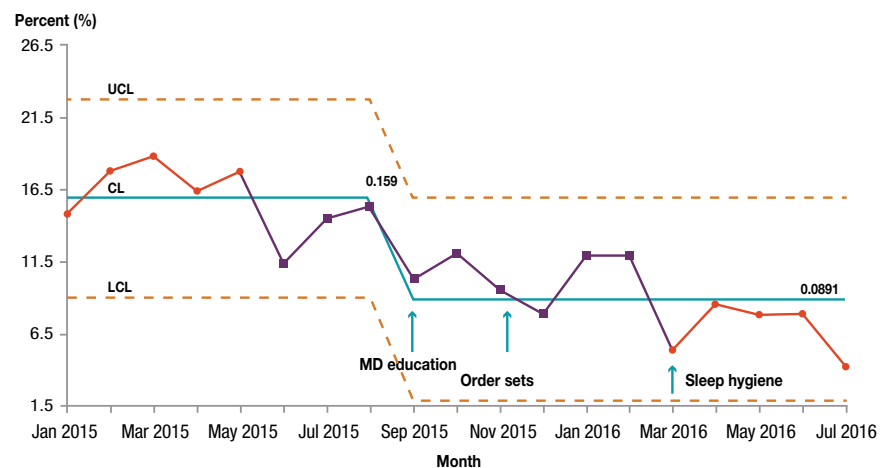


FIGURE 4

Proportion of sedative-naïve patients who are prescribed a new sedative in hospital for sleep, by month





Long-Term Care

REDUCING ANTIPSYCHOTIC PRESCRIBING IN LONG-TERM CARE IN ONTARIO

Ontario's long-term care sector is committed to a culture of ongoing quality improvement to meet the evolving, complex needs of the tens of thousands of residents living in long-term care homes across the province. Health Quality Ontario and the long-term care sector work together to spark improvement by connecting care teams, clinicians, residents, and researchers, with support from these key organizations:

- The [Ontario Long Term Care Association](#), which works to promote safe, quality long-term care to Ontario's seniors, offering a variety of tools and resources to advance the delivery of their care and services.
- The [Ontario Association of Non-Profit Homes and Services for seniors](#), which represents and supports its members in providing a continuum of quality not-for-profit long-term care, seniors' community services, and housing.
- The Ontario Ministry of Health and Long-Term Care, Ontario Long Term Care Clinicians, Ontario Pharmacists Association, Nurse Practitioners' Association of Ontario, the Institute for Clinical Evaluative Sciences, and Women's College Hospital.

Together, we are helping to improve the landscape of care available to meet the ever changing needs of one of the province's most vulnerable populations.

The following initiatives have resulted from these partnerships and are available to help long-term care facilities build on existing knowledge and make improvements:

- The [Appropriate Prescribing Demonstration Project](#), a quality-based educational program to support best practices in prescribing. This program is administered by the Ministry of Health and Long-Term Care and the Ontario Medical Association in collaboration with Health Quality Ontario and the Centre for Effective Practice.
- [Behavioural Symptoms of Dementia: Care for Patients in Hospitals and Residents in Long-Term Care Homes](#), a quality standard that addresses care of behavioural symptoms for people living with dementia, focusing on care for people who are in an emergency department, admitted to a hospital, or in a long-term care home.
- [Long-Term Care Practice Reports](#), which provide long-term care providers with data comparing their practices to others in the province.
- [Long-Term Care Quality Indicators](#) to ascertain how the long-term care sector is performing overall.
- [Looking for Balance](#), a health system report about antipsychotic medication use in Ontario long-term care homes.
- [Quality Improvement Plans](#), an organizational outline of how long-term care homes will address improving the quality of care it provides to its residents as well as [Quality Improvement Plan reports](#), which summarize long-term care improvement plans across the province.

REDUCING UNNECESSARY BENZODIAZEPINE USE IN LONG-TERM CARE IN ONTARIO

The [Long-Term Care Practice Report](#) gives physicians access to personalized and confidential information about their practices, provincial-level data, and other relevant comparators, as well as contextualized information and ideas for improvement (called “change ideas”) to help drive quality improvement. This report is available to every general practitioner working in long-term care.

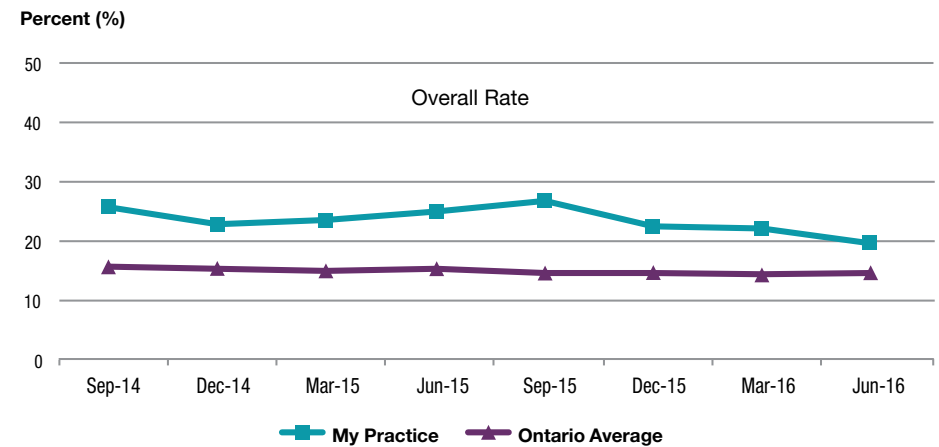


The Long-Term Care Practice Report was updated in 2016 to help clinicians manage residents at increased risk of falls due to certain medications or combinations of medications. To optimize (and potentially decrease) medication use to reduce the risk of falls, change ideas are provided in the report to help identify areas for improvement based on key prescribing indicators. These indicators provide a snapshot of data (Figure 5) that providers can use to understand their current prescribing patterns, identify an improvement target, and test one

or more change ideas. Choosing Wisely Canada tools and resources are shared within the report, including the toolkit [Less Sedatives For Your Older Relatives](#) to provide support for clinicians caring for older adults prescribed benzodiazepines.

FIGURE 5

An example of data available in the Long-Term Care Practice Report: Percentage of long-term care residents prescribed a benzodiazepine*



*These data are for demonstration purposes and do not reflect the real results of any long-term care practice.

“Although long-term care physicians have access to practice data from a few different sources, they still struggle with how to use this information to guide quality improvement initiatives in their own prescribing practices. The webinars, workshops, and confidential practice reports provided by Health Quality Ontario, have provided ideas, examples, and tools for clinicians to develop quality improvement initiatives related to their prescribing practices.”

— Dr. Julie Auger,
Clinical Lead, Long-Term Care,
Health Quality Ontario

APPROPRIATE PRESCRIBING DEMONSTRATION PROJECT

Dr. Sid Feldman, Co-Chair


The Appropriate Prescribing Working Group — a partnership between the Ministry of Health and Long-Term Care and the Ontario Medical Association — launched [The Appropriate Prescribing Demonstration Project](#), with a focus on improving prescribing in long-term care. The first topic area addressed was the use of antipsychotic medications.

The Appropriate Prescribing Demonstration Project is divided into two components: “Audit and feedback,” led by Health Quality Ontario, provides personalized practice reports offering providers with clinical quality indicators related to their prescribing practices. “Academic detailing,” led by the Centre for Effective Practice, entails service-oriented visits focused on delivering providers with objective, balanced, evidence-informed information on best practices to optimize clinical care in each recipient’s own care setting (Figure 6 is an example of one of the tools provided by the Centre for Effective Practice to help providers implement best practices). This initiative also aligns with the Choosing Wisely Canada recommendation, “Don’t use antipsychotics as first choice to treat behavioural and psychological symptoms of dementia.”

“The Appropriate Prescribing Demonstration Project, with its individualized long-term care (LTC) practice reports and academic detailing, is helping change practice in ways that should improve quality of life for residents living in LTC homes in Ontario. Clinicians and care teams are leveraging practice-level data, education, tools, and resources in creative and positive ways to improve prescribing practices and team-based approaches to care.”

— **Dr. Sid Feldman,**
Co-Chair, Appropriate Prescribing Demonstration Project,
Baycrest Health Sciences

FIGURE 6
Snapshot of a **tool** developed by the Centre for Effective Practice designed to help providers understand, assess, and manage residents in long-term care homes with behavioural and psychological symptoms of dementia.


Long-Term Care (LTC) 2nd Edition

Use of Antipsychotics in Behavioural and Psychological Symptoms of Dementia (BPSD) Discussion Guide







This tool is designed to help providers understand, assess, and manage residents in LTC homes with behavioural and psychological symptoms of dementia (responsive behaviours), with a focus on antipsychotic medications. It was developed as part of Centre for Effective Practice’s Academic Detailing Service for LTC homes. This tool integrates best-practice evidence with clinical experience, and makes reference to relevant existing tools and services wherever possible.

Important principles include:

- Being resident-centred,
- Being mindful of benefits, risks and safety concerns,
- Using an interprofessional team approach and validated tools,
- Prescribing conservatively, and,
- Reassessing regularly for opportunities to deprescribe medications that are no longer needed.

As always, efforts must be made to individualize any treatment decisions for the resident, with consideration given to caregivers, family members, as well as LTC staff.

Identify BPSD Symptom Clusters ^{1,2}

Psychosis	Aggression	Agitation	Depression	Mania	Apathy
					
Delusions Hallucinations Misidentification Suspicious	Defensive Resistance to care Verbal Physical	Dressing/undressing Pacing Repetitive actions Restless/anxious	Anxious Guilty Hopeless Irritable/screaming Sad, tearful Suicidal	Euphoria Irritable Pressured speech	Amotivation Lacking interest Withdrawn

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Primary Care

REDUCING LONG-TERM PROTON PUMP INHIBITOR THERAPY

Dr. Kimberly Wintemute, North York Family Health Team

Proton pump inhibitors (PPIs) are powerful anti-acid drugs that may cause harmful side effects. Studies suggest that more than half of those who take them probably do not need them. Simple heartburn can be relieved with antacids or other less powerful drugs. At the North York Family Health Team, 6.5% of all patients have been prescribed a PPI, and the Canadian Institute for Health Information reports that 27% of patients older than 65 years of age are taking a PPI – a substantial amount.



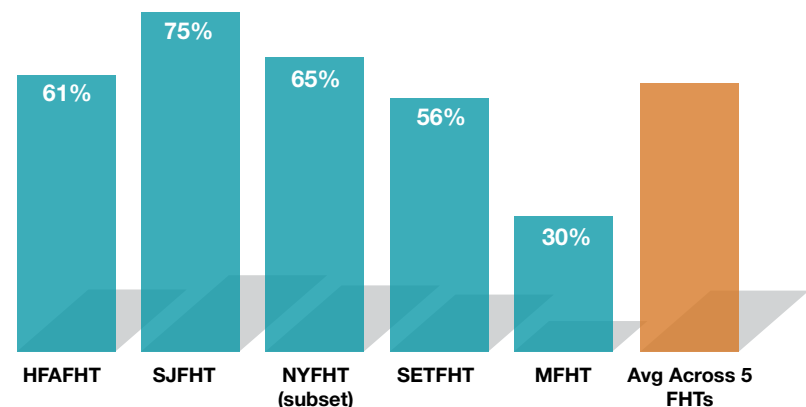
Under the umbrella of Adopting Research to Improve Care (ARTIC), the North York Family Health Team is working to enable the spread of targeted recommendations for long-term PPI therapy for gastrointestinal symptoms across primary care within the Joint Centres for Innovation's family health teams. One outcome has been the development of a toolkit –

Bye-Bye, PPI – to support the implementation of interventions to reduce long-term prescription of PPIs by physicians in community practice or

long-term care organizations, improving patient safety. The Toronto Western Family Health Team was able to reduce inappropriate prescribing of PPIs by 26%. Their work formed the basis of this toolkit.

FIGURE 7

Percentage of patients who have stopped or reduced their use of proton pump inhibitors, by family health team



FHT – Family Health Team, HFAFHT – Health For All FHT, MFHT – Markham FHT, NYFHT – North York FHT, SETFHT – South East Toronto FHT, SJFHT – St. Joseph's Urban FHT.

In order to decrease PPI use, the North York Family Health Team identified 1600 patients who were taking potentially inappropriate PPIs. These patients were flagged for physician consultation on indications for use, side effects and risk, and other treatment options when they arrived in clinic for regularly scheduled appointments. Over a period of 18 months, through this simple, patient-centred intervention, 60% of patients who were engaged have stopped or reduced their use of PPIs.

PRACTISING WISELY: CERTIFIED CONTINUING PROFESSIONAL DEVELOPMENT

Dr. Jennifer Young, Ontario College Of Family Physicians

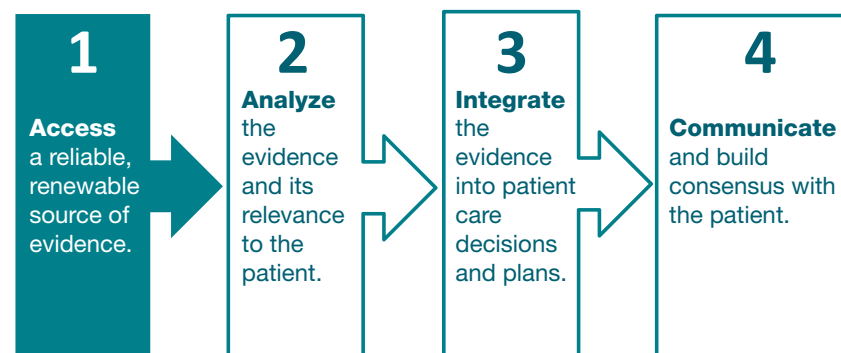
Practising Wisely: Reducing Unnecessary Testing and Treatment is a continuing professional development program that enables the implementation of Choosing Wisely Canada recommendations across multiple clinical areas. Each of the four modules provides practical tools to assist in shared decision making with patients (Figure 8). The clinical areas include appropriate use of imaging; breast, colon, and prostate cancer screening; deprescribing and polypharmacy in the elderly; and the evolution of annual physicals into preventive health visits. In an interactive format, participants examine the drivers of over-medicalization and work through case studies highlighting challenges and solutions supported by high-quality online resources.

With the addition of focused exploration of evidence-informed websites, participants leave the course able to put their knowledge and new skills into practice immediately and can tap into renewing sources of evidence long after course completion. The ability to measure actual practice change is built into the new program, improving on the qualitative feedback of its impact

gathered in earlier versions. As Practising Wisely continues to evolve, ways to access data and analyze the practice patterns of participants in comparison to peers who have not taken the course will be explored.

FIGURE 8

Practising Wisely decision-making tool: applying evidence to patient-centred care



Ontario College of Family Physicians

Education | Leadership | Research | Advocacy

Source: Ontario College of Family Physicians. Reprinted with permission.

Practising Wisely

This 6-hour in-person course has been certified for three-credits-per-hour by the College of Family Physicians of Canada, the highest level of continuing professional development offered to family physicians. It is certified nationally and is being adopted in several regions across the country under the leadership of the Ontario College of Family Physicians.

“I have an approach to stopping meds, especially PPIs [proton pump inhibitors].”

— Participant

“I have solid science to support less testing.”

— Participant

“A new language for discussing the rationale of “practising wisely” with patients.”

— Participant

Looking Ahead

This report has showcased some of the initiatives undertaken by the clinical community in Ontario to implement Choosing Wisely Canada recommendations and see them as an opportunity to improve care. As many clinicians are engaged in Ontario, Health Quality Ontario, with the support of other organizations and professional associations, will continue to develop and build Choosing Wisely Ontario and participate in this campaign by creating opportunities to connect and spread efforts across the province while ensuring these efforts remain organic and grassroots.

Since its launch in 2014, Choosing Wisely Canada has partnered with Health Quality Ontario and the Ontario College of Family Physicians to support regional efforts and has released more than [215 recommendations](#) and [associated patient materials](#) across a broad range of medical and surgical specialties as well as nursing and other allied health professions. Over this period, we have seen a groundswell of grassroots initiatives undertaken by the clinical community in Ontario to implement the Choosing Wisely Canada recommendations, some of which are showcased here. These initiatives demonstrate that it is possible to dramatically reduce unnecessary care and its associated harm locally, whether within a unit, department, or organization.

But might it be time to link up these local initiatives into a broader approach, so that we learn from one another, establish shared priorities and Communities of Practice, develop common tools and resources, and collect common data? Might we be ready for a “Choosing Wisely Ontario” Community of Practice, similar to what is happening in other parts of Canada (e.g., Choosing Wisely Alberta, Choosing Wisely Newfoundland and Labrador)?



The answer is yes. In December 2016, Health Quality Ontario and Choosing Wisely Canada co-hosted a workshop that brought together more than 40 key individuals, including many of the leaders whose work is highlighted in this report, to discuss future opportunities for Choosing Wisely in this province. A key takeaway from the workshop was the need for a coordinated approach to reducing unnecessary care in Ontario. The following areas remain a priority:

- Ontario-wide: Inappropriate prescribing of opioids, and benzodiazepines and sedative-hypnotics, as well as unnecessary bloodwork.
- Hospital specific: Unnecessary pre-operative testing before low-risk surgeries, unnecessary blood transfusions, and inappropriate use of urinary catheters.
- Primary care specific: Inappropriate prescribing of proton-pump inhibitors.
- Long-term care specific: Inappropriate use of antipsychotics.

In the coming months, Health Quality Ontario will be working with Choosing Wisely Canada as well as provincial partner organizations and patients to establish a steering group to guide the formation of a Choosing Wisely Ontario campaign. In keeping with the principles and spirit of the national campaign, Choosing Wisely Ontario will be clinician-led and actioned through grassroots efforts. We heard stakeholder feedback on the importance of linking and connecting this campaign with other efforts in quality improvement in Ontario, and we are committed to working with partners to ensure alignment of Choosing Wisely Ontario with other relevant provincial initiatives.

Ongoing ways in which Health Quality Ontario will support the initiative include:

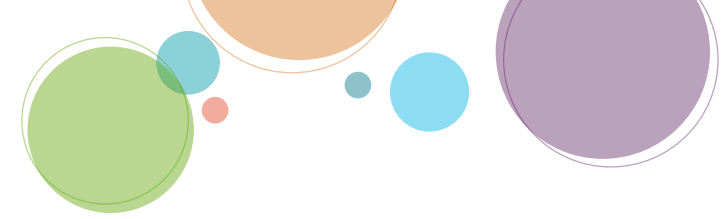
- Continuing to provide clinicians, organizations, and sectors with high-quality data to support implementation.
- Communicating with the public through local media and enlisting patients to spread the campaign's messages.

- Continuing to support cross-sector approaches to recommendations that touch on various practice and care settings.
- Continuing to highlight stories of how Choosing Wisely Canada recommendations have been implemented through a variety of channels.
- Engaging stakeholders, patients, and providers of care across various disciplines more broadly to assist in the spread of the provincial campaign.
- Working with Choosing Wisely Canada to continue to develop data, tools, resources, and Communities of Practice.
- Evaluating the spread and impact of Choosing Wisely Canada in Ontario as part of our broader effort to improve quality care.

Choosing Wisely Canada is expanding to include recommendations for nursing, with the involvement of organizations like the Canadian Nurses Association. As this work evolves, so will our provincial focus and partnerships.

Our hope is that the implementation of Choosing Wisely Canada recommendations across Ontario will contribute to a health care system that is even more safe, effective, patient-centred, efficient, timely, and equitable.

To learn more about how to get involved, please email us at CWC@HQOntario.ca.



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Ontario College of Family Physicians

Ontario Hospital Association

Ontario Long Term Care Association

Ontario Medical Association

Ontario Regional Blood Coordinating Network

Queen's University

Sunnybrook Health Sciences Centre

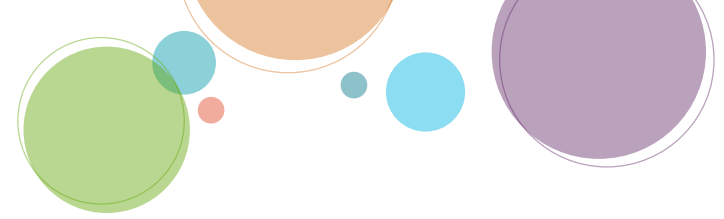
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