

Reducing low-value care for a **sustainable healthcare system**

2021 report

**Choosing
Wisely
starts with
us...**

Ask me how!
choosingwisely.org.au



**Choosing Wisely
Australia**

An initiative of NPS MedicineWise



About Choosing Wisely Australia

Choosing Wisely Australia® is an initiative of NPS MedicineWise in partnership with Australia's health professional colleges, societies and associations. The campaign is enabling clinicians, consumers and healthcare stakeholders to start important conversations about tests, treatments and procedures where evidence shows they provide no benefit, or in some cases, lead to harm.



About NPS MedicineWise

NPS MedicineWise is an independent, not-for-profit and evidence-based organisation. Our mission is to improve the health of Australians through safe and wise use of medicines and other health technologies. Established in 1998, with the primary aim of promoting quality use of medicines, today we have grown to connect with health consumers and health professionals nationwide, changing attitudes and behaviours, and empowering all Australians to make the best possible healthcare decisions when they count.

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Contents

CEO message	4
Our network over the years	5
Implementing Choosing Wiselyin Champion Health Services	6
Choosing Wisely brought into practice	9
Consumers at the centre	19
National Meeting 2021	23
Appendix	26
Our members and supporters	28



CEO message



Katherine
Burchfield

CEO, NPS MedicineWise

The pandemic has shone a light on the importance of providing access to safe and high-quality healthcare for all Australians using the resources available. This is at the heart of sustainable health care – a focus of this report and at the heart of Choosing Wisely, working to reduce unnecessary care.

Since its inception in 2015, Choosing Wisely Australia, a flagship initiative of NPS MedicineWise, has promoted discussion of sustainable health care to build a network of like-minded organisations and individuals that are working together towards this aim, with quality and resource stewardship at its core.

A network of Choosing Wisely Australia Champion Health Services is an integral part of driving reductions in unnecessary, low-value and sometimes harmful care in Australia, in turn allowing better access to high-quality care. In this annual report, we are proud to showcase some of the initiatives

that have had an impact over the last year. These range from improving education and processes in healthcare delivery to empowering consumers and health professionals to have conversations about what care is truly needed.

The Wollongong Hospital A5 ward saw firsthand the challenges to healthcare sustainability thrown up by the pandemic. Staff realised that COVID-19 patients on the ward had many more blood tests taken than other patients, with mostly no benefit to the patient or influence on their care. Increasing patients admitted with COVID-19 put significant pressure on the ward. A Choosing Wisely project they initiated saw an 81% reduction in group pathology testing, freeing up staff to care for their patients more effectively.

Informed and empowered consumers are at the heart of Choosing Wisely. The Choosing Wisely 5 Questions that support consumer–health professional conversations about care continue to be embraced by hospitals, primary health networks and general practice. The questions have been translated into new languages and adapted to be relevant to more audiences. For example, the 5 Questions are now available in the Whadjuk Noongar Aboriginal

language and have been adapted to be appealing to a young audience. While the 5 Questions are designed to support consumers asking their health professional about their care, they are equally relevant for peer-to-peer conversations between health professionals. The Darling Downs has run an initiative to support health professionals with these conversations.

The local case studies in this report illustrate how Choosing Wisely principles can be brought into practice. We will be continuing the conversation about sustainable health care at this year's Choosing Wisely National Meeting, where we are inviting a discussion on what sustainable health care means, and how it can improve the health of Australians now and into the future. These are important conversations that we hope will stimulate new, innovative ways of providing safe and high-quality healthcare.

Our network over the years

The Choosing Wisely Australia initiative was launched in April 2015 to encourage conversations between clinicians and consumers about the harms of unnecessary tests, treatments and procedures. The initiative began with a membership of six health professional colleges and societies and published an initial set of 26 recommendations of tests, treatments and procedures that were not supported by evidence.

There are now 47 health professional member organisations representing the spectrum of health professions and clinical specialties who have developed over 207 recommendations. Membership has also expanded to include 45 Champion Health Services implementing projects in the acute setting and nine consumer advocacy and health information organisations promoting the Choosing Wisely Australia resources through their networks.

To date, the initiative has demonstrated a positive impact on the awareness, knowledge and practice of key audiences. GP awareness of Choosing Wisely

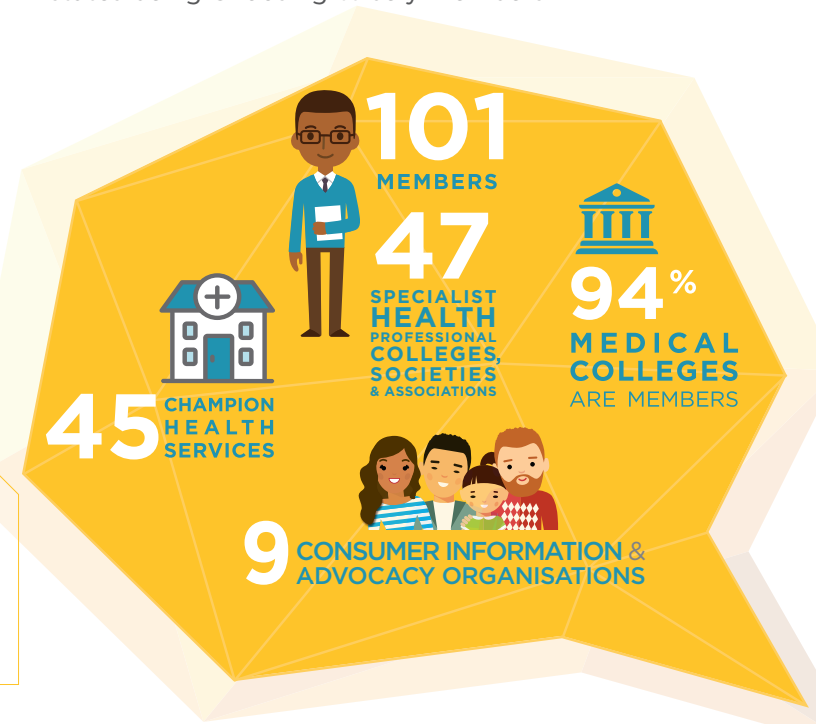
Australia increased by 8% from years one to three, and by the end of year five, 57% of GPs were aware of the initiative. Health professionals who are aware of the Choosing Wisely Australia initiative are more likely to engage in clinical practice that aligns with Choosing Wisely principles compared with those who are unaware. Consumers aware of the initiative are more likely to ask their health professionals questions about medicines and medical tests compared with those who aren't.

The Choosing Wisely initiative continues to be integrated into quality improvement programs, including seven national NPS MedicineWise Quality Use of Medicines (QUM) programs in primary care. These programs have demonstrated changes in knowledge, attitudes and awareness of Choosing Wisely Australia recommendations. The result has been significant reductions in inappropriate use of targeted medicines and tests and associated economic benefits to the health system.

The implementation of Choosing Wisely in Australian hospitals has spread far and wide, with Champion Health Services in all states and one territory reporting more than 360 local implementation activities that have helped to reduce use of medicines, pathology testing and radiology. These activities have large benefits to patients, including reductions in discomfort, chance of infections, exposure to radiation and side effects from unnecessary medicines. It's great to see that Tasmania has adopted a state-wide approach to Choosing Wisely, with every health service in the states being Choosing Wisely members.

Governing principles

- 1 Health profession-led
- 2 Clear emphasis on improving quality of care and on harm prevention
- 3 Multidisciplinary
- 4 Patient-focused communication between health professionals and consumers
- 5 Evidence-based
- 6 Transparency in processes and supporting evidence



Implementing Choosing Wisely in Champion Health Services

Choosing Wisely Champion Health Services are hospitals or health services that commit to implementing local projects that support the principles of Choosing Wisely. The network is growing year on year. Champion Health Services share project outcomes and lessons learned at monthly webinars. The Choosing Wisely Australia website has more information on how to become a Champion Health Service.

Champion Health Services have been implementing projects to support Choosing Wisely goals of improved patient care, reducing unnecessary tests, treatments and procedures, and empowering consumers to take an active role in their own health care. These projects are showcased as featured stories on the Choosing Wisely Australia website and promoted to a national audience to inspire all health professionals to Choose Wisely.



COVID-19 adding importance to Choosing Wisely

COVID-19 has put additional stress on the healthcare system. Choosing Wisely principles are even more important in these times as resources are stretched and there is a need to prioritise resources for those with the greatest need.

Choosing Wisely and COVID-19 pathology re-testing intervals

In July 2021, during the COVID-19 response at the Wollongong Hospital A5 ward, staff noted that the volume of pathology testing for COVID-19 patients was far greater than the average patient, and unnecessary in many cases. A Choosing Wisely program, including guideline development, education and support, saw an 81% reduction in tests ordered, increasing patient safety and comfort with no adverse impact on patient care.

In July 2021 the Illawarra Shoalhaven Local Health District (ISLHD) began to admit patients with COVID-19 into the Wollongong Hospital A5 ward. This started as a clinical service for a small number of local patients with COVID-19 and a larger number of patients transferred from Sydney hospitals. As COVID-19 cases from the ISLHD area increased, a greater proportion of local patients were admitted. The ward was staffed by a very capable team of junior medical officers (JMOs), consultants from the relevant specialities and nursing staff redeployed to work on the COVID-19 ward.

Unnecessary pathology tests used valuable resources

During the COVID-19 response, staff identified that the volume of pathology testing for this cohort of patients was far greater than for the average inpatient. The COVID Team observed a large volume of pathology tests on a daily basis. Blood tests are invasive, often uncomfortable for patients, and contribute to unnecessary close contact between staff and patients. Furthermore, on the A5 ward, it wasn't clear that testing was clinically indicated or having a positive impact on patient care.

After discussion with the JMOs, two root causes were identified for this unnecessary testing:

- There were no clear pathology guidelines established for COVID-19 patient care.
- Lack of communication between senior and junior staff about repeat interval pathology testing requirements for patients with COVID-19.

Infectious diseases physician, Dr Simeon Crawford noted, "...the Senior Medical Officers (SMOs) were all independently coming to the conclusion that frequent pathology ordering didn't add much to COVID patient care outside of specific clinical

indications, and the JMOs and nursing staff were having to spend several hours collecting blood tests each morning because the phlebotomists didn't visit the COVID Ward".

The Choosing Wisely approach to reduce unnecessary pathology tests

Dr Crawford began a literature review of COVID-19 patient pathology ordering and initiated a discussion with his colleagues (Spiros Miyakis, Nick Adams, Niladri Ghosh, Omar Shum and Peter Newton) on how to address the issue. The ISLHD Choosing Wisely Program Team approached Dr Crawford to work together to achieve a collaborative solution that would be available to all ISLHD clinicians working with COVID-19 patients.

The objectives of the project were to:

- establish appropriate interval pathology testing for COVID-19 patients in A5 ward, to reduce unnecessary tests
- establish standard guidelines in an orientation document for all JMOs who commenced work with COVID-19 patients, to improve patient care.

The solutions deployed were:

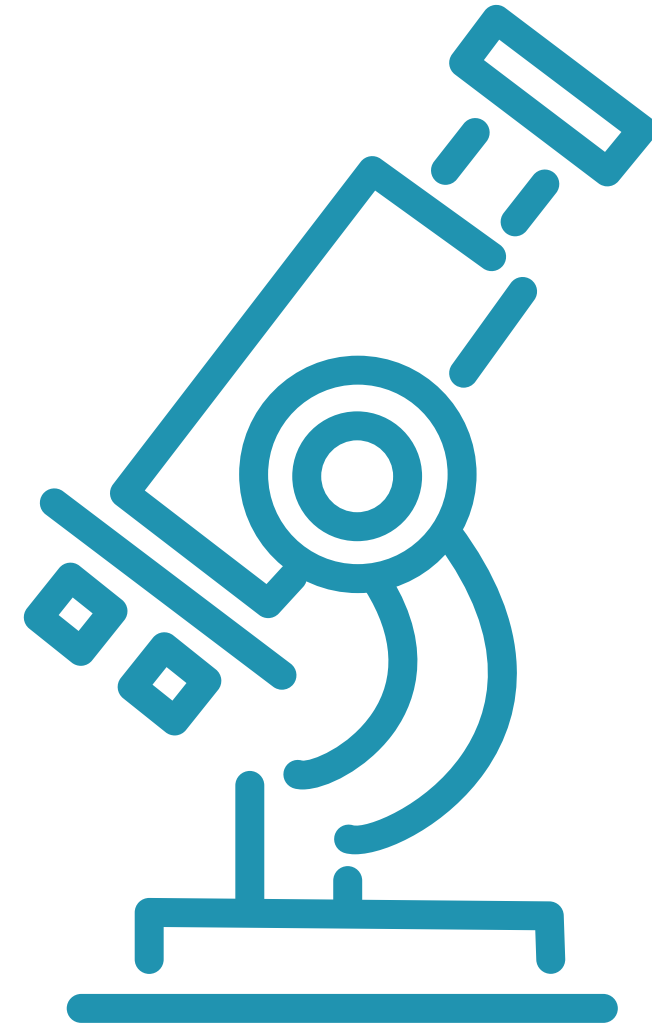
- Include pathology ordering guidelines within the COVID-19 Ward Medical Officer Orientation Manual, to help standardise patient care and reduce unnecessary testing.
- Provide SMO support for JMOs to work within these guidelines.
- Provide a laminated pathology check sheet at all workstations as a quick reference guide for clinicians.

An 81% reduction in group pathology testing

At the start of the project, every patient on the COVID-19 ward was having at least nine pathology tests each day as a standard group ordered by the JMOs. Frequency of ordering these nine tests was tracked throughout the project. Within 1 month, the volume of all nine tests being ordered together had dropped by 81% without adversely impacting patient care. The interval between pathology tests had also improved ie, not every day unless clinically indicated.

Resulting outcomes:

- JMO confidence improved with provision of guidelines and senior clinician support.
- Reduction in low-benefit interventions for patients while maintaining patient safety and comfort, which improved the patient experience.
- Reduced direct exposure time between staff and patients on the COVID-19 ward.



Choosing Wisely brought into practice

Choosing Wisely projects in 2021 focused on reducing unnecessary pathology testing, imaging and opioid prescribing, and improving wound care.

Choosing Blood Cultures Wisely

Blood cultures are used to detect bloodstream bacterial infections and are essential to tailor antibiotic therapy. However, repeated blood cultures for a patient who is stable, has already had blood cultures taken and antibiotics started, are unlikely to change treatment or diagnosis. Therefore, to reduce waste, and patient discomfort, take blood cultures wisely.



The Sir Charles Gairdner Hospital in Perth looked at its use of blood cultures and developed guidelines for its staff, applying the Choosing Wisely principle of ensuring the right amount of care – not too much and not too little. Pilot data from the Western Australian-based Smart Sepsis project suggested that significant inefficiencies in blood culture practices exist, with excessive sample collection in some cases, and also contamination of specimens and insufficient sample collection in others.

The team at Sir Charles Gairdner Hospital studied when and how many blood cultures were taken at the hospital, and developed guidelines and a training program to improve practice and help health professionals Choose Wisely when it comes to blood cultures.

The multidisciplinary project team comprised clinical experts from a range of specialties, including consultants from the emergency haematology, medical oncology and infectious disease departments; JMOs; and infection prevention and control nurses, with support from a project manager. The Choosing Blood Cultures Wisely project experienced delays related to COVID-19 and took around 2 years to implement.

The Choosing Blood Cultures Wisely project

To inform the guidelines, blood culture pathology data was collected from haematology and medical oncology patients. This group was chosen as patients within it have suppressed immune systems, less clinical response to infection and therefore have the highest risk of missed positive blood cultures.

The number of blood cultures taken at presentation/admission (best practice is two 'sets' = 4 bottles) and the number of subsequent repeated blood cultures was reviewed.

From June to August 2020, 243 blood cultures were taken from 189 medical oncology patients (with 7% testing positive) and 477 blood cultures from 161 haematology patients (with 4.4% testing positive). Around one-third (52/168) of these patients had only one blood culture taken, which is fewer than the two cultures that is recommended.

On the other hand, 10 patients had a combined 100 blood cultures taken, with no positive results after the initial two tests, and a few patients had up to 15 blood cultures taken in a single admission.

To test whether repeat cultures yielded new diagnoses, all the positive cultures were examined. Only two patients had late positive cultures (after day five), and in both situations this was associated with new physiological deterioration (hypotension, tachycardia).

Choosing Blood Cultures Wisely Guidelines

Using this data as a starting point, the project team reviewed and updated the hospital blood culture guideline. A focus was placed on when and how to take blood cultures and to ensure the guideline was safe in meeting the needs and complexities of all hospital patients.

The key messages are:

- 🟡 **Take initial blood cultures** if infection is suspected. A fever alone is not predictive of positive blood cultures; therefore, cultures should be taken in patients with a fever and hypotension, increased respiratory rate or altered mental state.
- 🟡 **Take two sets of blood cultures** (4 bottles, 10 mL in each bottle) from two separate sites to reduce the risk of contamination.

- 🟡 **Only repeat blood cultures** if patient deterioration suggests a new infection or non-response to antimicrobial therapy after 72 hours following the last blood culture.

Implementation and evaluation

To inform clinicians of the updated guideline, education was targeted at nurses and junior medical staff, as nurses often initiate a request for blood cultures when a patient has a fever. A poster was published and placed in clinical areas. Furthermore, the guideline is now available on the hospital intranet site.

The team has seen a slight decrease in the number of blood cultures taken since the introduction of the program, but it is too early to determine if clinical practice change has been sustained. A formal re-evaluation using the same sample group is currently underway.

The team hopes that the Choosing Blood Cultures Wisely program will lead to changes in how blood cultures are taken in the hospital over the longer term.

Choosing Wound Care Wisely

Chronic wounds represent a significant burden to patients and the healthcare system, and can result in significant functional impairment, reduction in quality of life and large financial costs (around 2% of total health expenditure in Australia). The Choosing Wound Care Wisely project from Mackay Hospital and Health Service (Mackay HHS) in Queensland is about ensuring wound treatment is appropriate to the cause and condition of a wound, maximising clinical effectiveness, reducing patient risk, minimising cost and facilitating patient choice where possible.



Following its Choosing Wisely goals, the Mackay HHS is constantly looking to improve the care delivered to the community by making the most of the resources available. The hospital's Catalyst program forms part of how this is achieved. The program encourages and enables initiatives that are based on the latest research, to address a significant challenge in the community and deliver improved patient outcomes without additional ongoing costs.

The Choosing Wound Care Wisely project team saw a good opportunity to improve wound care. In many cases there is little guidance about the best dressing choice for different wound types. Clinical staff sometimes rely on guidance and advice from representatives of the manufacturers of wound dressings, but these representatives are not independent sources of clinical evidence and may not necessarily have such expertise.

Ward storerooms often include wound dressings that are not suitable for the wound types on their wards, or stock dressings that are more expensive than other, equally clinically appropriate dressings. The lack of standardisation or evidence-based selection of dressings may lead to poor patient outcomes, longer healing times and high expenditure on unnecessary dressings.

The initiative

With the goal to improve our wound care, the team adapted a project from the Royal Brisbane and Women's Hospital. Wound care and procurement specialists audited each ward's current stock of wound dressings and developed a standardised dressing selection based on patient cohort, clinical evidence and cost. To reduce the ordering of inappropriate stock, dressings outside the recommended selection were removed. A broader range of dressings was retained in a dedicated wound clinic.

Mackay HHS's rural facilities were educated in wound care product selection, wound care treatment and supply management, and visual guides were introduced to each storeroom on appropriate wound dressing use.

The standardised wound dressing selection, dressing guidance and visual guides were based on the latest evidence. When no compelling comparative evidence on the relative effectiveness of one advanced wound product over another was available, the final wound dressing recommendation was based on respecting the patient's choices, if possible, and minimising cost.

For chronic wounds, the general advice was to use hydrogels in the debridement stage, foam and

low-adherence dressings in the granulation stage, and hydrocolloid and low-adherence dressings in the epithelialisation stage.

Outcomes

By driving more clinically appropriate wound care across Mackay HHS with the Choosing Wound Care Wisely project, the health service is providing better patient outcomes. There are also financial benefits of the project, meaning that resources are freed up to deliver care in other areas.

The healthcare environment is very complex, and it can be difficult to establish cause-and-effect relationships. For this reason, it was not possible to measure or quantify clinical benefits resulting from any better (and faster) wound healing. Therefore, the primary outcome measured was cost savings from wound dressing expenditure (which is typically 17–22% of total wound care expenditure).

Using two different measures, estimates of the annual wound dressing expenditure savings were around \$70,000. These ongoing annual savings, which would be augmented by savings resulting from better wound care, clearly outweigh the one-off costs of the program of around \$18,000. The team has shown that providing better care does not need to cost more, and indeed, can fund itself.

The Choosing Wound Care Wisely project is not a one-off activity. Through the Mackay Institute of Research and Innovations Catalyst program, a full project evaluation has been undertaken and successful interventions from the wound care project are now used to inform new Choosing Wisely projects in other areas. The health service continues to improve the way it works and delivers on its Choosing Wisely goals of providing evidence-based, high-value care.

Supporting JMOs to Choose Blood Tests Wisely

Blood tests that do not inform changes to treatment or patient outcomes are unnecessary, inconvenient for patients, increase medical staff workload, and add extra costs. As part of its Choosing Wisely work, Shellharbour Hospital (SHH) has introduced an education program to support JMOs in Choosing Blood Tests Wisely.

Southern Illawarra Hospital Group (SIHG) Director of Medical Services Dr Jacqui Irvine is leading a Choosing Wisely project at SHH, focusing on reducing unnecessary testing of inpatients. The initial focus group decided to work on reducing blood tests that did not contribute to care. This would reduce the number of needles for patients and the number of resultant unnecessary follow-up investigations. It would also reduce the workloads of medical staff.

Guidance and expectation setting for JMOs

All physicians agreed to support their medical teams to reduce testing.

The junior medical staff identified that a lack of clear direction from more experienced staff, and a belief that they would be criticised for not doing bloods, were key reasons for over-ordering. The project team decided to introduce team 'blood rounds' every afternoon, where registrars and JMOs would discuss the ongoing care needs of their patients – including planning of any blood tests. Registrars agreed to provide explicit instructions daily to JMOs on what blood tests patients required and when. Consultants supported this by providing guidance to the registrar and JMO during rounds, and by reinforcing the concept of testing only when it makes a difference



to the patient. Consultants also committed to ensuring that they were supporting a lower-ordering culture by responding in an educative and non-critical manner when tests were not ordered as per their expectations.

There is no such thing as 'routine bloods'

An additional opportunity was identified by noting that some tests were being ordered as a panel when a single test was all that was required, and that there may be a significant cost difference between the single test and the panel. These were summarised on a 'prompt card' for quick reference. The reverse side of the card had the slogan that the JMOs and registrars felt best captured their feelings and goals: "...there is no such thing as routine bloods".

Reducing pathology testing

Choosing Wisely is now embedded into SHH site orientation and the project goals and successes are discussed in handover and education sessions. Pathology costs have been used as a readily available proxy for volume and frequency of test ordering. Data on compliance with best practice test ordering was reviewed to ensure safety of the test reduction and to identify which tests needed more attention. Since project implementation, the SHH inpatient teams have reduced pathology testing by an incredible 20% each month.

Dr Irvine said, "Our SHH results for 2020 were a reduction of 20.2% (almost \$400,000 decrease) in pathology costs for SHH hospital. This is a fantastic achievement by the team and we are keen to continue our work with this project."

Using Choosing Wisely in the ICU to reduce unnecessary testing

In the Intensive Care Unit (ICU), blood tests and chest radiographs are usually requested on a routine, time-scheduled basis, and many may be unnecessary. The Fiona Stanley Hospital in Perth has developed a replacement protocol to reduce unnecessary tests and will evaluate and optimise this protocol in a large clinical study.

There are good reasons for standardising blood tests and chest radiographs in the ICU. Using the same



tests for all patients at set times during the day can reduce the risk of missing important findings. ICUs are complex environments with many staff, so having set rules to follow can reduce the risk of mistakes being made.

However, this approach leads to unnecessary tests being performed, impacting on patient safety and using resources and valuable clinicians' time. A survey of 201 intensive care clinicians (nurses, junior doctors, and senior doctors) across Australia found that 33% of routine blood tests and chest radiographs were considered unnecessary.

Targeted testing protocols for the ICU

A team at the Fiona Stanley Hospital is undertaking a series of initiatives to replace standardised testing protocols with targeted testing. This will focus on tests that are deemed clinically indicated by the treating ICU team, usually during the consultant ward round.

Following the Choosing Wisely principle of ensuring the right amount of care, the team has identified which of the present standardised tests are unnecessary and how targeted testing can be introduced safely and efficiently.

Recognising that consumer involvement is an integral focus of Choosing Wisely, the ICU team

sought consumer input as part of the study. Consumer forums highlighted there was clear recognition by ICU patients and next of kin that unnecessary testing may be harmful, but that addressing this should not be primarily about cost saving. Although there were high levels of agreement for an intervention to reduce unnecessary tests, a majority believed that more liberal testing was preferable, possibly owing to the present lack of definitive evidence to support a targeted approach.

The study also identified 24 possible points of intervention, at which behavioural changes could be made using a theoretical framework: COM-B (the Capability, Opportunity, Motivation-Behaviour model). The framework provides a robust method of describing and reporting evidence as well as allowing for future accurate replication of successful interventions. A review of previous studies identified targeted interventions that had proved successful. This list was further refined through feedback from intensive care clinicians and patients.

A clinical trial to evaluate targeted testing protocols

This feedback, along with the framework to identify behavioural interventions, has been used to inform the design of a proposed targeted testing clinical trial. The Targeted Intensive Care Test Ordering Cluster Trial (TICTOC) will be conducted across

Australia and New Zealand, and will include more than 66 ICUs serving 75,000 critically ill patients.

The study harnessed the Choosing Wisely principle of working in a multidisciplinary team. It was managed by a team that included experts in intensive care medicine and intensive care nursing, behavioural and implementation science, clinical trial design, health economics, clinical quality registries, and a consumer.

The study identified that the trial would require: a management committee to acquire, disseminate and coordinate intervention-related information; a targeted testing guideline for sites; educational material; medical and nursing champions; and site audit and feedback.

Towards reducing unnecessary tests in the ICU

Funding is being sought for the trial, which will test the hypothesis that a targeted testing intervention is as safe as routine test ordering and will provide the necessary evidence for future work in this area. Reducing unnecessary diagnostic testing in ICUs is globally recognised as an area requiring attention. The work being undertaken at Fiona Stanley Hospital exemplifies Choosing Wisely principles of evidence-based outcomes, based on sound scientific research, with a focus on harm prevention and improved quality of care.

A Choosing Wisely approach to improve opioid prescribing

Opioids continue to be the primary drug associated with drug-related deaths in Australia, with prescription opioids constituting the majority of unintentional deaths due to opioids since 2004. The Sunshine Coast Hospital and Health Service (SCHHS) has applied a Choosing Wisely approach in its Emergency Department to address the problem.

Patients discharged from SCHHS's Emergency Department are sometimes prescribed an opioid to manage acute pain – usually immediate-release oxycodone. A review pointed to Choosing Wisely principles that could apply to the Emergency Department so a program was created, with ambitious targets to educate prescribers, improve clinical handover and educate patients to improve opioid stewardship throughout the health service.



👉 **Educate prescribers:** 90% of immediate-release oxycodone scripts supplied at discharge should be for 10 or fewer tablets. Many prescriptions supplied at discharge were for 20 tablets, which is much more than needed in most cases. Tablets that are prescribed and not used directly after discharge pose a risk as they could be redirected to inappropriate use.

👉 **Improve clinical handover:** 90% of clinical handover letters to GPs should contain information about the opioid prescribed. Many clinical handover letters did not provide any information or only indicated 'analgesia provided'. The GP needs to have comprehensive information as they will be the one caring for the patient going forward. Best practice clinical handover should also include the number of tablets to be taken and the timeframe, as well as detailing the de-escalation plan.

👉 **Educate patients:** 90% of patients should be provided with an educational handout. This will trigger an informed discussion aligned with Choosing Wisely principles about the risks as well as potential benefits of opioids for acute pain. This approach will also set patient expectations around pain relief and possible side effects, and highlight that the opioid should only be used for a short period of time.

[Consumers are involved in the process of designing and developing SCHHS's programs and resources](#), ensuring the team is asking the right questions and creating programs that meet the needs of consumers. As part of its opioid stewardship program, and to support prescriber education, the team [created a video to inform staff about the program](#) and incorporated it into medical officer orientation training. A template for the discharge letter to the GP to support clinical handover, and a [patient education pamphlet](#) were also created. These resources could be valuable for other organisations for their work around opioids.

The SCHHS Choosing Wisely project team members set challenging goals and are proud to say that they beat them! Now, the health service regularly has weeks with over 90% of prescriptions for 10 or fewer tablets, representing a statistically significant improvement. While the service has reduced the total amount of immediate-release oxycodone prescribed by decreasing the amount per prescription, it has not seen a decrease in the number of prescriptions. Clinicians are still prescribing immediate-release oxycodone when required, but are matching the number of tablets they prescribe with the number needed.

The program is in mid-flight, and is working towards the other program goals of improving clinical handover and patient education. Although the team is yet to see improvements in the information provided in clinical handover letters, this is expected to improve once the template letters are easily accessible in the clinical information system. The project team has just finalised a patient education handout and expects this will support health professionals to have important conversations with their patients.

SCHHS is excited to continue its Choosing Wisely journey and is working hard to roll out more initiatives to reduce low-value care.

The NPS MedicineWise educational program Opioids, chronic pain and the bigger picture provides important information and resources for health professionals and consumers on the role of opioids in the management of chronic non-cancer pain, including information on the tapering of opioids and on having conversations with patients about opioids. For [people prescribed opioids in hospital](#) and for osteoarthritis, the Choosing Wisely 5 questions principle has been applied to help these patients ask specific questions of their health professionals.

Choosing Preoperative Pathology Wisely

An audit at the Sunshine Coast University Hospital found that 41% of all preoperative pathology tests ordered before elective surgery were unnecessary. A Choosing Wisely program introduced at the hospital to address this issue started with urology procedures and has seen significant improvements.

The [first Choosing Wisely recommendation from the Australian and New Zealand College of Anaesthetists](#) is: *Avoid routinely performing preoperative blood investigations, chest X-ray or spirometry prior to surgery, but instead order in response to patient factors, symptoms and signs, disease, or planned surgery.*

Staff at the Sunshine Coast Hospital were aware that protocols within the health service were outdated, and lacked ownership, and suspected that practice wasn't in line with this recommendation and evidence-based guidelines.

An audit found unnecessary preoperative pathology tests

The Choosing Wisely team undertook an audit of preoperative blood tests performed at the Sunshine

Coast University Hospital over a one-month period in February 2021, and compared this to local protocols and [Queensland-wide evidence-based guidelines](#).

The results demonstrated that practice at the hospital deviated significantly from evidence-based guidelines and, interestingly, from the hospital's own local protocols. Of 527 patients, 41% had incorrect pathology ordered. Broken down by speciality, four departments were over ordering pathology for more than 50% of patients. For urology patients, 77% received blood tests that were not supported by evidence-based guidelines.

Over the one-month period, the only changes to care that resulted from over ordering of blood tests

were two sets of blood tests that were repeated on the day of surgery, and an iron infusion for a patient who had been missed by the anaemia screening pathway and should have been excluded from the audit. This showed that there was the potential to reduce unnecessary pathology tests without harming patients.

The impact of these unnecessary blood tests extends beyond the dollar value, which was estimated to be \$109,000 over a 12-month period. There was also time lost by patients, the distress and pain of blood tests and valuable staff time spent on ordering, performing and following up pathology results. By reducing unnecessary testing, the team identified that resources could be freed up for

use by other important services. Additionally, as a department with a strong sustainability focus, the team noted that the CO₂ emissions generated from unnecessary blood tests was substantial.

Program of change is reducing unnecessary tests

The project team began its change program by addressing departments individually. It approached each surgical speciality to present the audit data, demonstrate the safety of limited preoperative pathology, and work collaboratively to create an updated pathology protocol that was evidence based.

The protocol developed was launched for the hospital's urology patients. In a repeat audit, compliance with evidence-based guidelines trebled from 23% to 69% with no recorded theatre delays, cancellations or patient harm, and there was a 41% decrease in unnecessary pathology tests.

The aim is to continue ongoing education for the perioperative staff to increase compliance even further, as well as to redesign protocols for all surgical specialities.

The Sunshine Coast facility continues to reduce low-value health care without compromising patient care. The team hopes its findings inspire other health services to Choose Wisely in the perioperative space.



Consumers at the centre

Consumers are at the heart of Choosing Wisely as they can improve their health by being better informed about their healthcare options. Asking questions and having conversations about care are an important part of this.

The Choosing Wisely 5 Questions adapted and translated

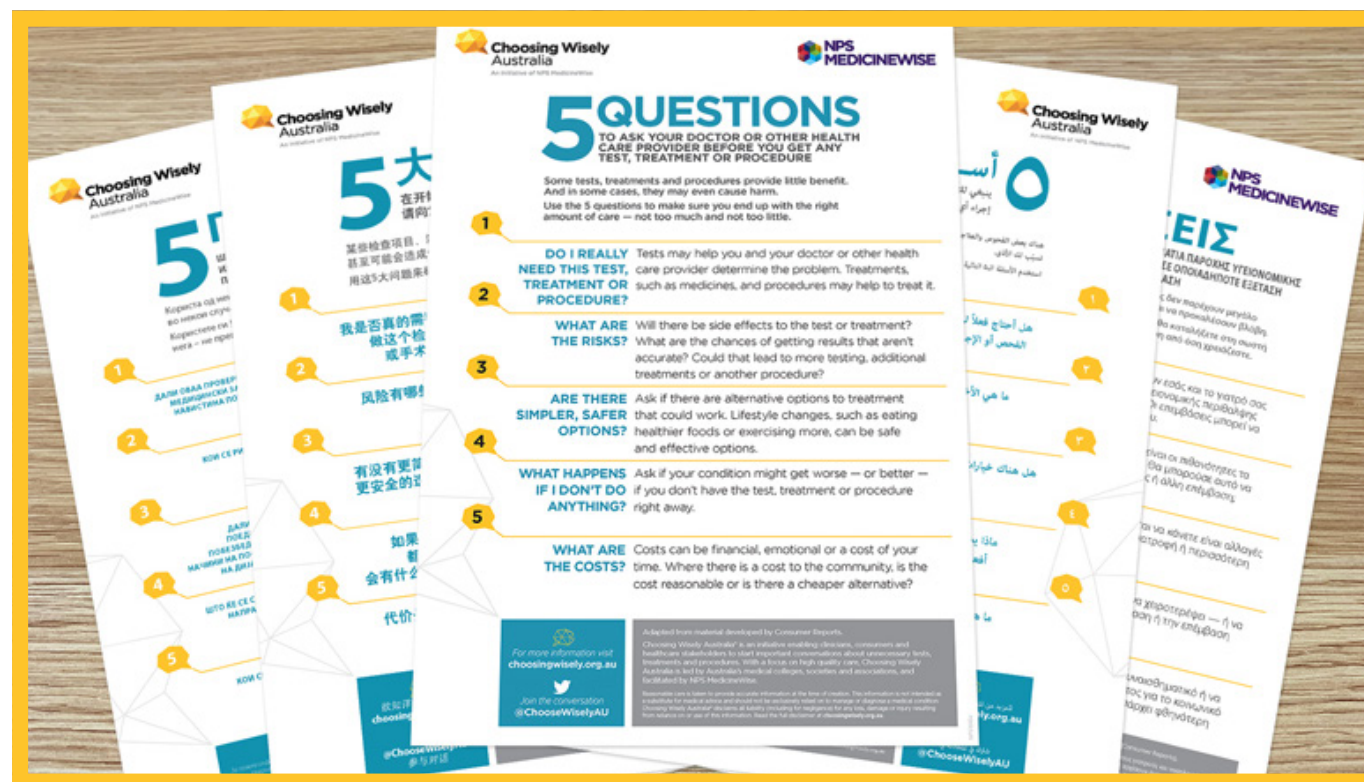
The Choosing Wisely 5 Questions have been a core resource for consumers since its inception, supporting conversations between patients and health professionals about their care. They have supported informed healthcare decisions, ensuring the right amount of care – not too much and not too little.

In 2021 the Choosing Wisely 5 Questions principle was adapted for particular conditions. We now have Choosing Wisely 5 Questions for anticholinergic medicines, opioid medicines, low back pain and heart failure. These have been an integral part of the NPS MedicineWise educational programs on these topics.

To further extend the benefit of these resources, NPS MedicineWise has worked with the Federation of Ethnic Communities Councils of Australia (FECCA) to translate the Choosing Wisely 5 Questions and some of the adapted 5 Questions into 12 additional languages. East Metropolitan Health Service has adapted the Choosing Wisely 5 Questions into the Aboriginal Whadjuk Noongar language.

Enabling consumer-health professional conversations

Having conversations about care can be difficult and there are potential barriers for both consumers



and health professionals. Consumers may feel uncomfortable asking questions; don't always feel like they have permission to ask; may not know what to ask; and don't want to 'waste the doctor's time'. Health professionals may feel unprepared with such conversations to guide shared decision-making as well as time pressures.

[An NPS MedicineWise podcast](#) has covered the topic of having conversations about patient care with consumer advocates Ricky Spencer and Debra Letica. Ricky and Debra share insights about how the Choosing Wisely 5 Questions have supported the conversations they have had with health professionals about their care.

Choosing Wisely 5 Questions giving confidence to clinicians

Darling Downs Health used the Choosing Wisely 5 Questions to help their patients living in rural areas to ask questions of their healthcare teams. However, feedback made it clear that local doctors wanted support to help respond to the questions. The program was broadened to include medical staff, and a printable resource was created to support health professionals have these discussions with their patients. Early evidence suggests this has led to an even stronger program, with increased benefits for both patients and doctors.

In 2019, Queensland's Darling Downs Health integrated the Choosing Wisely 5 Questions into patient care after consumer and community engagement officer, Donna Lucas, attended a Choosing Wisely forum.

Darling Downs Health provides hospital, community and primary health services to about 300,000 people across 90,000 square kilometres in southern Queensland. The population is older than Australia's average, and it was felt that local people weren't confident about asking questions and more likely to be passive in their relationships with their health professionals.

Donna said, "We wanted to conduct a large-scale, service-wide initiative that would bring patients and their families together with healthcare professionals to improve the patient journey and their level of care." A program was mapped out.

- 👉 The 5 Questions program was first presented to rural senior managers and discussed at sectional and divisional meetings.
- 👉 General staff forums and question-and-answer sessions were held.
- 👉 Choosing Wisely 5 Question wallet cards were distributed internally and shared externally with patient support groups. The campaign was promoted on social media.
- 👉 Posters were placed in patients' hospital rooms and in common areas. Information was displayed on hospital digital boards.
- 👉 Wallet cards were included in patients' hospital admission packs and nursing staff were asked to go through the 5 Questions with their patients when they were admitted.

Choosing Wisely
wallet cards are
now available



Choosing Wisely wallet cards
are now available in every
Darling Downs Health facility.

They provide five questions for consumers to ask before getting any test, treatment or procedure. Let's start the conversation about improving healthcare and preventing unnecessary and sometimes harmful procedures.

[View more information »](#)

- It was seen as important to include patients' families. Cards were left on bedside tables and handed to family members who were encouraged to be present at ward rounds and family meetings. In this way they could use the prompts on the cards to gather more information about their loved ones' care.

Director of Medical Services for the western region, Dr Chris Cowling, has been a key figure in driving the program. Based at Dalby Hospital, more than 200 kilometres north-west of Brisbane, he says for a multitude of factors, rural and remote communities sometimes need help in understanding their healthcare journey.

"The days of the infallible doctor are long gone, but patients in rural areas, particularly elderly patients, tend to be very compliant with the advice their healthcare professional provides them. Using cards as a prompt for them to start a conversation about their conditions and needs is giving them permission to respectfully question the rationale of recommended therapies and explore the availability of alternative treatments."

Helping clinicians respond to patient questions

As the initiative got underway, it soon became clear that to be successful, clinicians need to be brought into the mix. Doctors attending meetings expressed a desire for support.

Initially, there was a degree of uncertainty among medical staff.

"This was probably to be expected," Chris said. "Firstly, they needed to see the benefit to patients in having them enquire about their care. Secondly, there was a need to support doctors to respond to the five questions.

"At our regular meetings we explored their concerns and provided reassurance. We discussed that it was an opportunity for us to engage patients in their healthcare journey and increase their health literacy.

"It was also an opportunity for us as a profession to question the reasons for, and the evidence behind, what we have traditionally done. It not only helped patients gain knowledge, but also us as practitioners, to reflect on our decisions. We could minimise unnecessary interventions."

The services' medical education team was brought in to help. Doctors' information sheets were developed that set out suggested responses to patients' 5 Questions and included sections encouraging doctors to reflect on their decisions.

Early results

Early feedback from doctors has been that the initiative has provided them with reassurance that their patients understand their health, are able to ask questions, and our doctors are empowered to answer patient's questions.

Some patients are using the cards, but not all. The most frequent engagement with the cards seems to be when patients are needing end-of-life care and they and their families are making decisions about treatment options. Chris said, "This, I think, is a really lovely benefit that I had not foreseen with the Choosing Wisely initiative."

National Meeting 2021

The 2021 Choosing Wisely National Meeting was hosted by broadcast journalist and news presenter Hamish Macdonald and attracted health professionals, consumers and associated professional organisations, medical students, researchers and policy-makers from state and federal governments. The annual event showcases implementation outcomes and offers a platform for stakeholders to share insights and ideas to take back to their organisations for future activities.

Themed *Empowering Consumers to Choose Wisely*, keynote presentations highlighted and challenged thinking around key issues including:

- organisational and systems challenges to empowering consumers
- lessons learned from COVID-19 pandemic and health literacy
- future trends in healthcare and what it means for empowering consumers.

A particular highlight was the international keynote presentation from Ms Tara Montgomery of Civic Health Partners (USA) on the importance of trust as a factor in the success of international efforts to reduce unnecessary care.

[The 2021 Choosing Wisely National Meeting recording is available](#) here.



Appendix

Choosing Wisely Australia Advisory Group



Dr David Rosengren,
Chair, Executive Director
and Senior Staff Specialist
Emergency Physician,
Royal Brisbane and
Women's Hospital Metro
North Hospital and Health
Service (from July 2019).



Dr Helen Belcher,
Community
Representative.



Dr Sarah Dalton,
Paediatric Emergency
Physician, The Children's
Hospital at Westmead
(until April 2021).



Deb Letica, Consumer
Representative.



Professor Erwin Loh,
National Chief Medical
Officer and Group General
Manager Clinical
Governance, St Vincent's
Health Australia.



Dr Simon Morgan,
General Practitioner
and Medical Educator,
GP Synergy, Newcastle.



Jessica Toleman,
A/Executive Director,
Critical Care and Clinical
Support Services, Royal
Brisbane and Women's
Hospital Metro North
Hospital and Health Service.



Dr Jeremy Wellwood,
Director of Haematology
Oncology, Gold Coast
University Hospital.



Dr Kim Sutherland,
Director of Evidence,
NSW Agency for Clinical
Innovation
(from May 2021).

Our members and supporters

Colleges, societies and associations

 RACP Specialists. Together EDUCATE ADVOCATE INNOVATE Australasian Chapter of Sexual Health Medicine	 Australasian College for Emergency Medicine	 AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS Australasian College of Sport and Exercise Physicians	 Australasian Faculty of Occupational and Environmental Medicine Australasian Faculty of Occupational and Environmental Medicine	 Australasian Faculty of Rehabilitation Medicine Australasian Faculty of Rehabilitation Medicine
 Australasian Paediatric Endocrine Group Australasian Paediatric Endocrine Group	 Australasian Society for Infectious Diseases	 australasian society of clinical immunology and allergy Australasian Society of Clinical Immunology and Allergy	 Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists	 AUSTRALIAN & NEW ZEALAND ASSOCIATION OF NEUROLOGISTS Australian and New Zealand Association for Neurologists
 AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS Australian and New Zealand College of Anaesthetists	 Australian and New Zealand Society for Geriatric Medicine	 Australian and New Zealand Society of Palliative Medicine	 Australian and New Zealand Intensive Care Society	 australian college of nurse practitioners Australian College of Nurse Practitioners
 Australian College of Nursing Australian College of Nursing	 Australian College of Rural & Remote Medicine WORLD LEADERS IN RURAL PRACTICE Australian College of Rural and Remote Medicine	 AUSTRALIAN PHYSIOTHERAPY ASSOCIATION Australian Physiotherapy Association	 Australian Rheumatology Association Australian Rheumatology Association	 THE AUSTRALIAN AND NEW ZEALAND CHILD NEUROLOGY SOCIETY Australia and New Zealand Child Neurology Society
 RACP Specialists. Together EDUCATE ADVOCATE INNOVATE Australasian Chapter of Palliative Medicine	 CHIROPRACTIC AUSTRALIA Chiropractic Australia	 College of Intensive Care Medicine of Australia and New Zealand	 endocrine society of australia Endocrine Society of Australia	 Faculty of Pain Medicine ANZCA Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists
























Colleges, societies and associations

 <p>GESA Gastroenterological Society of Australia</p> <p>Gastroenterological Society of Australia</p>	 <p>HSANZ Haematology Society of Australia and New Zealand</p> <p>Haematology Society of Australia and New Zealand</p>	 <p>HUMAN GENETICS SOCIETY OF AUSTRALASIA</p> <p>Human Genetics Society of Australasia</p>	 <p>Internal Medicine Society of Australia & New Zealand</p> <p>Internal Medicine Society of Australia and New Zealand</p>	 <p>MOGA</p> <p>Medical Oncology Group of Australia</p>
 <p>RACP Specialists. Together EDUCATE. ADVOCATE. INNOVATE</p> <p>Paediatrics & Child Health Division of The Royal Australasian College of Physicians</p>	 <p>Pharmaceutical Society of Australia</p> <p>Pharmaceutical Society of Australia</p>	 <p>RACGP</p> <p>Royal Australian College of General Practitioners</p>	 <p>RACMA ROYAL AUSTRALASIAN COLLEGE of Medical Administrators</p> <p>Royal Australasian College of Medical Administrators</p>	 <p>RACP Specialists. Together EDUCATE. ADVOCATE. INNOVATE</p> <p>Royal Australasian College of Physicians</p>
 <p>ROYAL AUSTRALASIAN COLLEGE OF SURGEONS</p> <p>Royal Australasian College of Surgeons</p>	 <p>SOMANZ</p> <p>Society of Obstetric Medicine of Australia and New Zealand</p>	 <p>shpa</p> <p>Society of Hospital Pharmacists of Australia</p>	 <p>THE AUSTRALIAN SOCIETY OF OTOLARYNGOLOGY HEAD AND NECK SURGERY</p> <p>The Australian Society of Otolaryngology Head and Neck Surgery</p>	 <p>THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS</p> <p>The Australasian College of Dermatologists</p>
 <p>The Royal Australian and New Zealand College of Obstetricians and Gynaecologists</p> <p>The Royal and Australian and New Zealand College of Obstetricians and Gynaecologists</p>	 <p>The Royal Australian and New Zealand College of Radiologists*</p> <p>The Royal Australian and New Zealand College of Radiologists</p>	 <p>RANZCO THE LEADERS IN EYE CARE</p> <p>The Royal Australian and New Zealand College of Ophthalmologists</p>	 <p>RCPA The Royal College of Pathologists of Australasia</p> <p>The Royal College of Pathologists of Australasia</p>	 <p>The Thoracic Society of Australia & New Zealand LEADERS IN LUNG HEALTH</p> <p>Thoracic Society of Australia and New Zealand</p>
 <p>RACP Specialists. Together EDUCATE. ADVOCATE. INNOVATE</p> <p>The Australasian Chapter of Addiction Medicine</p>	 <p>ANZSN</p> <p>The Australian and New Zealand Society of Nephrology</p>			

Hospitals and health services

 <p>Armada Kalamunda Group East Metropolitan Health Service</p> <p>Armada Kalamunda Group (Western Australia)</p>	 <p>Austin HEALTH</p> <p>Austin Health (Victoria)</p>	 <p>BENDIGO HEALTH</p> <p>Bendigo Health (Victoria)</p>	 <p>Cabrini</p> <p>Cabrini Health (Victoria)</p>	 <p>Cairns and Hinterland Hospital and Health Service</p> <p>Cairns & Hinterland Hospital and Health Service (Queensland)</p>
 <p>Calvary Public Hospital Bruce</p> <p>Calvary Public Hospital Bruce (Australian Capital Territory)</p>	 <p>ACT Government Canberra Health Services</p> <p>Canberra Health Services (Australian Capital Territory)</p>	 <p>Health Great care for Central Queenslanders</p> <p>Central Queensland Hospital and Health Service (Queensland)</p>	 <p>Government of Western Australia Child and Adolescent Health Service</p> <p>Child and Adolescent Health Service (Western Australia)</p>	 <p>Darling Downs Health</p> <p>Darling Downs Hospital and Health Service (Queensland)</p>
 <p>Government of Western Australia East Metropolitan Health Service</p> <p>East Metropolitan Health Service (Western Australia)</p>	 <p>easternhealth</p> <p>Eastern Health (Victoria)</p>	 <p>Gold Coast Health Queensland Government</p> <p>Gold Coast Health (Queensland)</p>	 <p>GVHealth</p> <p>Goulburn Valley Health (Victoria)</p>	 <p>Health Illawarra Shoalhaven Local Health District</p> <p>Illawarra Shoalhaven Local Health District (New South Wales)</p>
 <p>Joondalup Health Campus Part of Ramsay Health Care</p> <p>Joondalup Health Campus (Western Australia)</p>	 <p>TASMANIAN HEALTH SERVICE Tasmanian Government</p> <p>Launceston General Hospital (Tasmania)</p>	 <p>Mackay Hospital and Health Service Queensland Government</p> <p>Mackay Hospital and Health Service (Queensland)</p>	 <p>Mercy Health</p> <p>Mercy Health (Australian Capital Territory)</p>	 <p>Metro South Health Queensland Government</p> <p>Metro South Health (Queensland)</p>
 <p>MonashHealth</p> <p>Monash Health (Victoria)</p>	 <p>Northern Health</p> <p>Northern Health (Victoria)</p>	 <p>Health Northern NSW Local Health District</p> <p>Northern NSW Local Health District (New South Wales)</p>	 <p>Health Northern Sydney Local Health District</p> <p>Northern Sydney Local Health District (New South Wales)</p>	 <p>Peninsula Health</p> <p>Peninsula Health (Victoria)</p>

Hospitals and health services

 <p>Royal Brisbane and Women's Hospital (Queensland)</p>	 <p>Royal Hobart Hospital (Tasmania)</p>	 <p>Royal Perth Bentley Group (Western Australia)</p>	 <p>Sir Charles Gairdner Osborne Park Health Care Group (Western Australia)</p>	 <p>Health South Eastern Sydney Local Health District</p> <p>South Eastern Sydney Local Health District (New South Wales)</p>
 <p>South Metropolitan Health Service</p>	 <p>St John of God Midland Public and Private Hospitals (Western Australia)</p>	 <p>St Vincent's Hospital Melbourne (Victoria)</p>	 <p>Sunshine Coast Hospital and Health Service (Queensland)</p>	 <p>Swan Hill District Health (Victoria)</p>
  <p>Tasmanian Health Service (Tasmania)</p>	  <p>The Prince Charles Hospital (Queensland)</p>	 <p>Royal Children's Hospital (Victoria)</p>	 <p>Townsville Hospital and Health Service (Queensland)</p>	 <p>West Gippsland Healthcare Group (Victoria)</p>
  <p>West Moreton Health (Queensland)</p>	 <p>Western Australia Country Health Service – Wheatbelt</p>	 <p>Western Health (Victoria)</p>	 <p>Wide Bay Hospital and Health Service (Queensland)</p>	 <p>SA Health Women's and Children's Health Network (South Australia)</p>

Consumer information and advocacy organisations



Consumers Health Forum of Australia



Healthdirect Australia



Health Care Consumers Association ACT



Health Consumers NSW



Health Consumers Queensland



Health Consumers TAS



Health Consumers WA



Public Health Services, Department of Health Tasmania



Tasmanian Health Pathways





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