Choosing Wisely®

An initiative of the ABIM Foundation

CURBING THE USE OF INEFFECTIVE AND COSTLY HEALTHCARE: NURSING EVIDENCE FOR CHOOSING WISELY®
SYMPOSIUM TOPICS

Overview & Building a Statewide Pilot Program
- Lisa J. Woodward, DNP, RN, CENP
  Vice President, Program Development & Faculty Integration, Doctors Hospital At Renaissance, TONE Board of Directors, Texas Team Regional Nurse Leader, Co-lead – Choosing Wisely Texas Pilot

Adoption into Practice: Using EBP Principles
- Kathleen R. Stevens, RN, EdD, FAAN
  Professor & Director, Improvement Science Research Network, University of Texas Health Science Center San Antonio, 2011 STTI Episteme Laureate, Member-Choosing Wisely Texas Pilot Core Team, AAN CW Workgroup

The Role of Nurse Leaders in Reducing Unnecessary Healthcare
- Pamela Bradshaw, MSN, MBA, NEA-BC, CCRN
  Chief Nursing Officer, Shannon Health System, TONE Board of Directors, Texas Team Regional Nurse Leader, Member-Choosing Wisely Texas Pilot Core Team
Overview

Lisa J. Woodward, DNP, RN, CENP
The intent of this symposium is to educate nurses and other health care providers about an innovative program entitled Choosing Wisely®, which focuses on assisting in achieving the Triple Aim through evidence-based recommendations, provider communication and patient empowerment. An initiative of the American Board of Internal Medicine (ABIM) Foundation, Choosing Wisely® is working to spark conversations between providers and patients to ensure the right care is delivered at the right time. Participating organizations have created lists of “Things Providers and Patients Should Question” which include evidence-based recommendations that should be discussed to help make wise decisions about the most appropriate care based on a patients’ individual situation. The American Academy of Nursing (AAN) is leading national nursing engagement in the Choosing Wisely® campaign and has invited numerous nursing specialty organizations to create specific lists of “things nurse providers and patients should question. Nursing has joined the campaign to improve consumer knowledge with engagement from the following nursing organizations:
Leading the Adoption of Recommendations into Practice: Using EBP Principles

Kathleen R. Stevens, RN, EdD, FAAN
Value = Quality / Cost

1. Patient Safety
2. Patient and Family Engagement
3. Care Coordination
4. Clinical Processes/Effectiveness
5. Population and Public Health
6. Efficient Use of Healthcare Resources
QUALITY OF CARE

DEFINED:
the degree to which health services to individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (IOM, 1990)
“STEEEP” Redesign:

Safe
Timely
Effective (EBP)
Efficient
Equitable
Patient-Centered

National Academies Press
http://books.nap.edu
EVIDENCE-BASED PRACTICE

DEFINED:
Integration of
• research evidence
• expertise and
• patient preference

Sackett et al
Stevens Star Model of Knowledge Transformation

1. Discovery Research
2. Evidence Summary
3. Translation to Guidelines
4. Practice Integration
5. Process, Outcome Evaluation
Stevens Star Model of Knowledge Transformation

1. Discovery Research
2. Evidence Summary
3. Translation to Guidelines
4. Practice Integration
5. Process, Outcome Evaluation
Clinical decisions based on
- Systematic Reviews
- EB Clinical Practice Guidelines

Both must be resource-wise and rigorous
Knowing what doesn’t work
• CW–flip-side of evidence-based practice (EBP)
• Evidence of ineffectiveness or harm
• Removing practices
  • Unnecessary and ineffective interventions/procedures
  • Add to cost
  • Desired health outcomes are not reached, eroding the value of care
Evidence-based recommendations—to stop

Avoid unnecessary and ineffective care
Providers and consumers make informed decisions—based on what works

Such decisions are enacted by the healthcare team, with nurses playing a vital role.
GO: Use *what works*

STOP: Using low value healthcare practices (*what doesn’t work*)

Base recommendations on *evidence*
- Summarized
- Explicated
- Rated

Implementation and de-implementation
Lead interprofessional teams to change care in achieving safety and quality.

*IOM (Future of Nursing, 2011)* calls for “…the health care team to conduct research and to redesign and improve practice environments and health systems.”

Just as nurse leaders employ principles to promote adoption of best practices, they can also draw on principles to remove useless practices from daily care.
DE-IMPLEMENTING PRACTICES

- Implementation--“the use of strategies to adopt and integrate evidence-based health interventions and change practice patterns within specific settings” (NIH, 2013).

- De-implementation requires similar strategies.
DE-IMPLEMENTING PRACTICES

- Strategies:
  - team leadership
  - change management:
    - create a sense of urgency,
    - empower
    - build capacity
8 Steps of Change

- Create a new culture
- Don’t let up—Be relentless
- Short-term wins
- Empower others
- Understanding & buy-in
- Develop a change vision & strategy
- Build the guiding team
- Create sense of urgency

John Kotter
DE-IMPLEMENTING PRACTICES

**Strategies**
- embed change champions in care settings,
- garner buy-in from executive and frontline nurses
- manage organizational culture

**Outreach strategies**
- promote public awareness
- engage patients and families
- engage policy agents in supporting
- track the practices changes accomplished by the *Choosing Wisely* campaign.
Doctors list overused medical treatments

A coalition of healthcare provider associations says many common practices are costly, often unnecessary and sometimes even harmful.

February 20, 2013 | By Noam N. Levey, Washington Bureau

WASHINGTON — Nearly 100 medical procedures, tests and therapies are overused and often unnecessary, a coalition of leading medical societies says in a new report aimed at improving healthcare and controlling runaway costs.

The medical interventions — including early caesarean deliveries, CT scans for head injuries in children and annual
Nurses list overused and low-value activities in patient care

A coalition of nurses say many common practices are costly, ineffective, unnecessary, and harmful to patients

LAS VEGAS—Nearly 100 nursing procedures, activities, and therapies are overused and many are ineffective, practiced only because “it’s the way we have always done it here.” Nurses are taking action to stop the waste, afford nurses more time in activities reflecting their full scope of practice, and control runaway costs. Leaders gathered at the 2015 STTI Conference to vow to use evidence and rid nurses’ work of ineffective care, such as awakening patients for routine vital signs and non-necessary fetal monitoring. Their goal is to eliminate low-value care and concentrate on effective practices to improve health for patients and families.
Choosing Wisely®: Building a Statewide Pilot Program
Lisa J. Woodward, DNP, RN, CENP
United States

- Skyrocketing health care costs ("IHI," 2014)
- Trail other nations in health related metrics (Moses et al., 2013)

Costs contributed to:

- Price of care
- Administrative costs
- Drugs
- Medical devices
- Professional service fees
- Duplication & unnecessary tests (Moses et al., 2013)

Inappropriate testing

- Decreased quality of care
- Risks to patients
  - Unnecessary testing
  - Unnecessary procedures
  - Unnecessary medications (Hilborne, 2014)
Institute of Healthcare Improvement (IHI)

- The Triple Aim
  - Improve the patient experience of care
  - Improve the health of populations
  - Reduce per capita costs

("IHI," 2014)
CHOOSING WISELY® CAMPAIGN

- Not duplicative of other tests or procedures already received
- Free from harm
- Truly Necessary
- Supported by evidence
- Nearly 100 medical specialties
- Consumer Reports
- AARP
- The Leapfrog Group

(Choosing Wisely website, n.d.)
Choosing Wisely® campaign

Rooted in medical professions

Who was left out?

Nurse work force of over 3 million

More than 180,000 active APRNs ("Total NP," 2011)

Large gap of dissemination of best practice information to the patient

Medicine can’t do it alone
Health improvement focuses on:
- Patient-centeredness
- Quality and efficiencies

Must have active and informed stakeholders
- Patient
- Family
- Insurance carriers
- Health care systems
- Business partners

(Martini et al., 2010)
The aim of this work was to pilot a nursing approach to *Choosing Wisely*® – developed in collaboration with the AAN and nursing societies – in Texas.
American Board of Internal Medicine Foundation

- $2.5 million to medical societies & regional collaborations
  - Develop and disseminate lists of five tests/procedures that are over utilized & questionable necessity
- Requires changes in attitudes regarding physicians’ responsibility to be:
  - Good stewards of resources
  - Attention to evidence-based guidelines
  - Transparency of information
  - Collaboration & communication with patients

("Choosing Wisely," n.d.)
Promise of Nursing Grant

- Funds raised by Texas Team/J&J Gala
- Competitive process
- CW Grant Funded for $27,500
- Two Year grant funding period
  November 2014 – November 2016
# Texas Team Grant

## APRNs

1. Survey Texas APRNs for knowledge and attitudes on unnecessary tests and procedures in the health care system, views on possible causes, and their perspective as to potential solutions using current survey tool provided by ABIM Foundation.
2. Develop educational tool kit on the Choosing Wisely® Campaign based upon the AAN recommendations.
3. Develop electronic media application for continuing and supplemental education.
4. Disseminate educational tool to APRNs in the State of Texas.

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## RNs

1. Develop survey tool to gauge registered nurse knowledge and attitudes on unnecessary tests and procedures in the health care system, views on possible causes, and their perspective as to potential solutions.
2. Develop educational tool kit on the Choosing Wisely® Campaign based upon the AAN recommendations.
3. Develop electronic media application for continuing and supplemental education.
4. Disseminate educational tool to RNs in the State of Texas.

Funded by: National Student Nurses’ Association Foundation
METHODS & PROCEDURES

- Developed comprehensive pilot program
  ✓ APRNs
  ✓ Registered Nurses
  ✓ Other health professionals, policy stakeholders, consumer advocacy groups
- Survey of APRNs & RNs for current knowledge & attitudes in collaboration with Texas Center for Nursing Workforce Studies
- Pilot survey in final development stages
METHODS & PROCEDURES

- Develop educational tool on *Choosing Wisely®* Campaign based upon the AAN recommendations
- Disseminate to Texas APRNs & RNs
- Development of media tool to support APRNs and RNs in Texas
- Comprehensive implementation and evaluation plan developed
PHASE TWO

- Engagement with AAN in national efforts to test and launch Choosing Wisely®
- Texas selected to be “pilot” state for national efforts
- Current collaboration with action coalition in New Mexico
American Academy of Nursing

- ABIM Invited AAN as new partners in campaign
- National Press Conference in Washington DC at 2014 AAN Annual Meeting where first list announcing:
  
  “Five Things Nurses & Patients Should Question”
- Texas work already underway re-envisioned as national pilot roll-out state
RE-ENVISIONED TEXAS PILOT TO BROADER INITIATIVE

- Creation of Leadership Structures to Support Work
  - Guiding Model
  - Charter Developed
  - Formation of Core Team who meet bi-weekly
  - Steering Committee who meet quarterly
Choosing Wisely® Steering Committee Charter

Background and Overview

Choosing Wisely®, Advancing health through Nursing is a state pilot project focused on engaging Texas consumers, nurses, nurse practitioners and other health professionals in achieving a true patient-centered focus through implementation of the Choosing Wisely® campaign. The campaign facilitates meaningful, patient-centered interactions between patients and providers, fostering crucial conversations that stimulate patient empowerment and engagement in health care choices. The Choosing Wisely® campaign was initiated by the ABIM Foundation in an effort to develop evidence-based recommendations that support patient and provider engagement, accountability and appropriate decision making throughout health care consumerism. Recently the American Academy of Nursing (AAN) was invited by the ABIM Foundation to develop recommendations specific to the nursing role. This aligns with the Texas Team Advancing Health Through Nursing vision in achieving the triple aim as well as supporting the Institute of Medicine Future of Nursing recommendation in expanding opportunities for nurses to lead in collaborative improvement efforts. The AAN subsequently selected Texas as the National Pilot State for Nursing.

In an effort to inform the work across disciplines and knowledge base, the Core Leadership Team has brought together a Steering Committee that works to support the mission of the Choosing Wisely® pilot project, comprised of volunteer stakeholders. The Steering Committee represents diverse perspectives while supporting educational and operational dissemination of the Choosing Wisely® campaign through the Texas Pilot. The Steering Committee acts proactively to provide opportunities and infrastructure to promote, collaborate, network and guide the Choosing Wisely® Pilot. In addition, the Steering Committee is encouraged to foster lines of communication and connection with organizations who share common goals. Participation on the Steering Committee is voluntary and unfunded, with each member agreeing to pay their own expenses, including travel, associated with this work.

Goals and Objectives

Phase I goals:

- Educate advanced practice registered nurses (APRNs) in the State of Texas about the Choosing Wisely® Campaign.
- Educate registered nurses (RNs) in the State of Texas about the Choosing Wisely® Campaign.
- Evaluate the effectiveness of education provided to Texas APRNs on the Choosing Wisely® Campaign.
- Evaluate the effectiveness of education provided to Texas RNs on the Choosing Wisely® Campaign.
- Expand education and awareness beyond nursing, to include consumers, policy makers and other health professionals via a targeted media and communications campaign.

Phase II goals:

- Collaborate with AAN to develop a strategy and plan for replication of Phase I activities in other states.
- Partner with AAN in seeking funding and/or grant opportunities which support dissemination of the Choosing Wisely® Campaign across nursing and other organizations across the nation.
- Partner with AAN and ABIM in developing an effective evaluation method to assess the progress of the Choosing Wisely® Campaign in meeting statewide and national campaign goals.

Committee Member Commitment

1. Committee members are required to commit to a two-year term of service.
2. Membership attempts to maintain a diversity of perspectives.
3. Members that need to exit from the committee due to competing obligations should coordinate their exit from the committee with a succession plan to minimize disruption.
4. The Chairperson(s) shall set an appropriate agenda and preside over meetings.
5. The Chairperson(s) may organize the Committee in the most functional manner.
6. Membership nominations are always welcome.
7. Membership appointments are made by consensus of the Steering Committee members and based upon the needs of the Committee as a whole.

Meetings and Attendance

1. The Committee shall meet as necessary at a minimum of quarterly and as determined by the Chairperson(s).
2. The Chairperson(s) shall run the meetings, at any given meeting shall constitute a quorum for all purposes.
3. Meetings are open to the public.
CORE TEAM

- Lisa J. Woodward, DNP, RN, CENP
- Pamela Bradshaw, MSN/MBA, RN
- Stacey Cropley, DNP, RN
- Joyce Batcheller, DNP, RN, FAAN
- Alexia Green, PhD, RN, FAAN
- Kathleen Stevens, EdD, RN, FAAN
Dan Culica, PhD, MA, MD, co-chair

Karen Drenkard, PhD, RN, NEA-BC, FAAN – GetWellNetwork

Laura Batz Townsend – The Louise H. Batz Patient Safety Foundation

Other Texas Partners
- BCBS
- Deans & Directors
- HHS
- Healthcare Trustees
- IHCQE
- Texas Team
- THA
- TONE
- TMF Health Quality Institute
NATIONAL MEDIA CAMPAIGN LAUNCHED

- AAN Press Conference
- Poster Presentation at National AAN meeting in Fall 2014
- Healthstyles Radio Fall 2014
  - Interview panel with Diana Mason, PhD, RN FAAN
    - Daniel Wolfson, MHSA, Executive VP ABIM Foundation
    - Karen Cox, RN, PhD, FAAN, COO Mercy Children’s
    - Lisa Woodward, DNP, RN, CENP
PROGRESS TO DATE

- Continue to formulate and construct implementation plan using Implementation Science framework
- AAN continuous participation
- Steering Committee Creation & Meetings
- New Mexico – next steps

Dissemination:
- AAN National Conference
- Numerous Texas outlets
  - THA, TNA, Texas Team Regional Symposiums
- Sigma Theta Tau International
  - Poster -Puerto Rico, June 2015
  - Symposium -Las Vegas, November 2015
- Video Completion
REMARKS.....

✓ Collaboration/Networking
✓ Perseverance
✓ Believing in the vision!
Choosing Wisely®: The Role of Nurse Leaders in Reducing Unnecessary Healthcare
Pamela Bradshaw, MSN, MBA, NEA-BC
The campaign is designed to help consumers and providers:

- Engage in conversations about the overuse of tests, procedures and treatments;
- To help health care consumers make smart and effective care choices.
THINGS PROVIDERS & PATIENTS SHOULD KNOW

- Participating organizations in the campaign created lists that:
  - Include evidence-based recommendations
  - That will stimulate discussions about the most appropriate care based on an individual’s unique situation.
BENEFITS FOR CONSUMERS

- Triple Aim Results
- Improved patient engagement
- Improved patient-provider relationships
- Decrease in unnecessary care - better value at reduced cost
- Improved quality and safety of care received
Recommendations are **NOT** intended to establish coverage decisions or exclusions;

Recommendations **ARE** intended to spur patient-provider conversations;

Recommendations **ARE** intended to engage patients in determining the most appropriate treatment plan...together!
EXAMPLE LISTS- FIVE THINGS

**American Academy of Family Physicians**

**American Academy of Family Physicians**

**Fifteen Things Physicians and Patients Should Question**

1. Don’t do imaging for low back pain within the first six weeks, unless red flags are present.
   - Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

2. Don’t routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.
   - Symptom must include either nasal obstruction and facial or dental tenderness. Most clinicians in the ambulatory setting are due to a viral etiology that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 18 million office visits and $6.5 billion in annual healthcare costs.

3. Don’t use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.
   - DEXA is not cost effective in younger low risk patients, but is cost effective in older patients.

4. Don’t order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
   - There is little evidence that detection of coronary artery disease in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False-positive tests are likely to lead to harm through unnecessary invasive procedures, overtreatment and misdiagnoses. Potential harms of the routine annual screening exceed the potential benefit.

5. Don’t perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.
   - Most observed abnormal cells in adolescents regress spontaneously. Therefore, Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy for non-cancer disease and there is little evidence for improved outcomes.

**American Academy of Pediatrics**

**Five Things Physicians and Patients Should Question**

1. Antibiotics should not be used for apparent viral respiratory illnesses (sinusitis, pharyngitis, bronchitis).
   - Although several antibiotic prescription rates for children have fallen, they still remain alarmingly high. Unnecessary medication use for viral respiratory illnesses can lead to antibiotic resistance and contribute to higher healthcare costs and the risks of adverse events.

2. Cough and cold medicines should not be prescribed or recommended for respiratory illnesses in children under four years of age.
   - Research has shown these products offer little benefit to young children and can have potentially serious side effects. Many cough and cold products for children have more than one ingredient, increasing the chance of accidental overdose if combined with another product.

3. Computed tomography (CT) scans are not necessary in the immediate evaluation of minor head injuries; clinical observation/Pediatric Emergency Care Applied Research Network (PECARN) criteria should be used to determine whether imaging is indicated.
   - Minor head injuries occur commonly in children and adolescents. Approximately 50% of children who visit hospital emergency departments with a head injury are given a CT scan, many of which may be unnecessary. Unnecessary exposure to X-rays poses considerable danger to children, including increasing the lifetime risk of cancer because a CT scan brings them more sensitive to tertiary radiation. Unnecessary CT scans impose undue costs to the healthcare system. Clinical observation prior to CT decision-making for children with minor head injuries is an effective approach.

4. Neuroimaging (CT, MRI) is not necessary in a child with simple febrile seizure.
   - CT scanning is associated with radiation exposure that may escalate future cancer risk. MRI also is associated with risks from required needle use and high cost. The literature does not support the use of skull films in the evaluation of a child with a simple seizure. Clinicians evaluating infants or young children after a simple febrile seizure should direct their attention toward identifying the cause of the child’s fever.

5. Computed tomography (CT) scans are not necessary in the routine evaluation of abdominal pain.
   - Utilization of CT imaging in the emergency department evaluation of children with abdominal pain is increasing. The increased lifetime risk for cancer due to excess radiation exposure is of special concern given the acute sensitivity of children’s organs. There is also the potential for radiation exposure with inappropriate CT protocols.
To date the Choosing Wisely® campaign has:

- Engaged nearly 100 national and state medical specialty societies, regional health collaboratives and consumer organizations;
- Identified more than 400 tests and procedures that have been described as overused and inappropriate;
- The American Academy of Nursing is among the first non-physician organizations to participate.
Engagement of the AAN in the Choosing Wisely® campaign represents an important milestone:

- Nurses are the most trusted profession by the patient population - (2015 Gallup Poll)
- Patients rely on the advocacy of nurses to help them navigate increasingly complex health information.
Through the Choosing Wisely® campaign, the American Academy of Nursing has developed the first nursing list of “Ten Things Nurses and Patients Should Question”, with work progressing on additional lists of evidence-based recommendations.

To promote conversations that will help consumers choose care that is:

- Supported by evidence;
- Not duplicative;
- Free from harm; and
- Truly necessary.
The recommendations are supported by:

- Extensive health evidence;
- Reviewed by Academy Fellows who are among the nursing profession’s most accomplished leaders.

The Academy is committed to leading the nursing professions’ efforts in the Choosing Wisely® campaign.
Don’t automatically initiate continuous electronic fetal heart rate (FHR) monitoring during labor for women without risk factors; consider intermittent auscultation (IA) first.

Continuous electronic FHR monitoring during labor, a routine procedure in many hospitals, is associated with an increased use of cesarean and instrumental births without improving Apgar scores. NSDUH statistics on interventional fetal death rates. IA allows women more freedom of movement during labor, enhancing their ability to cope with labor pain and facilitate gravity to promote labor progress. Upright positions and walking have been associated with shorter duration of first stage labor, lower cesarean rates and reduced epidural use.

Don’t let older adults lie in bed or only get up to a chair during their hospital stay.

Up to 65% of older adults who are independent in their ability to walk will lose their ability to walk during a hospital stay. Walking during the hospital stay is critical for maintaining functional ability in older adults. Loss of walking independence decreases the length of hospital stay, the need for rehabilitation services, and the chance of hospital placement. Risk factors for both during and after discharge from the hospital include intercurrent on caregivers and increases the risk of death for older adults. But not all walking (only sitting up in a chair) during a hospital stay causes deconditioning and is one of the primary factors for losing independence in hospitalized older adults. Older adults who walk during their hospital stay are able to walk faster after discharge, gaining in improvement in their ability to independently perform activities of daily living, and have a faster recovery rate after surgery.

Don’t use physical restraints with an older hospitalized patient.

Restrains cause more problems than they solve, including serious complications and even death. Physical restraints are most often applied when behavioral expressions of distress and/or changes in medical status occur. Those situations require immediate assessment and attention, not restraint. Safe, quality care with restraints can be achieved when multidisciplinary teams and geriatric nurse experts help staff anticipate and identify and address problems. Family members or other caregivers are consulted about their patient’s usual routine. Behavior and care: systematic observation and assessment measures and early discontinuation of invasive treatment devices are implemented. Staff are educated about restraints and the organizational culture and structure support restraint-free care.

Don’t wake the patient for routine care unless the patient’s condition or care specifically requires it.

Studies show sleep deprivation negatively affects breathing, circulation, immune status, hormonal function and metabolism. Sleep deprivation also impacts the ability to perform physical activities and can lead to fatigue, depression and other psychiatric impairments. Multiple environmental factors affect a hospitalized person’s ability for normal sleep. Factors include noise, patient care activities and paternity-related facets such as soap, medication and co-existing health conditions.

Don’t place or maintain a urinary catheter in a patient unless there is a specific indication to do so.

Catheter-associated urinary tract infections (CAUTIs) are among the most common hospital care-associated infections in the United States. Most CAUTIs are related to urinary catheters, so the infections can largely be prevented by reduced use of indwelling urinary catheters and catheter removal as soon as possible. CAUTIs are responsible for an increase in U.S. healthcare costs and can lead to more serious complications in hospitalized patients.

Don’t use aloe vera on skin to prevent or treat radiodermatitis.

Radiodermatitis can cause patient pain and prevents that effect quality of life, body image and sleep. Severe radiodermatitis can exacerbate dose reductions or treatment delays that negatively impact the ability to adequately treat the cancer. The incidence of radiodermatitis can be as high as 95% depending upon the population of patients receiving treatment. Studies documenting incidence have primarily occurred in women receiving treatment for breast cancer.

Many Internet sites market algae to individuals for what is commonly termed “sunburn type” reactions from radiation therapy. Research evidence shows that aloe vera is not beneficial for the prevention or treatment of radiodermatitis, and one study reported worse patient outcomes with use of aloe vera.

Patients undergoing radiation therapy need to know that aloe vera should not be used to prevent or treat skin reactions from radiation therapy, since it has been shown to be ineffective and has the potential to make skin reactions worse.

Don’t use L-carnitine/acetyl-L-carnitine supplements to prevent or treat symptoms of peripheral neuropathy in patients receiving chemotherapy for treatment of cancer.

Peripheral neuropathy is a chronic side effect of some chemotherapy agents. This can be a significant quality of life issue for patients, affecting functional ability and comfort. In the public realm, numerous Internet sites that sell herbal and dietary supplements have specifically recommended L-carnitine/acetyl-L-carnitine for symptoms of peripheral neuropathy. This supplement is available without a physician prescription. Evidence not only has shown use of carotene supplements to be ineffective, but research also shows it may make symptoms worse. Current professional guidelines or mark a strong recommendation against the use of L-carnitine in the prevention of chemotherapy-induced peripheral neuropathy. Nurses need to educate patients not to use this dietary supplement while undergoing chemotherapy for cancer.

Don’t neglect to advise patients with cancer to get physical activity and exercise during and after treatment to manage fatigue and other symptoms.

During treatment for cancer, up to 93% of patients will experience fatigue and many individuals continue to experience persistent fatigue for years after completion of treatment. It is the natural tendency for people to try to get more rest when feeling fatigued and healthcare providers have traditionally been educated about the importance of getting rest and avoiding strenuous activity when ill. In contrast to these traditional views, exercise and aerobic exercise have been shown to be safe, feasible and effective in reducing symptoms of fatigue during multiple phases of cancer care. Exercise has also been shown to have a positive effect on symptoms of depression and anxiety. Current professional guidelines recommend 30 minutes of at least moderate level exercise such as fast-walking, cycling, or swimming per week along with 2.3 strength training sessions per week, unless specifically contraindicated.

Don’t use mixed medication mouthwash, commonly termed “magic mouthwash,” to prevent or manage cancer treatment-induced oral mucositis.

One mixture is a painful and debilitating side effect of some chemotherapy agents and is a widespread therapy that includes the oral mucosa that can occur in the pavement floor. Oral mucositis impairs the ability to eat, drink fluids and possibly even speak. Oral mucositis can make the need for hospitalization for pain control and provision of total parenteral nutrition in order to maintain adequate nutritional intake during cancer treatment. Mixed medication mouthwash also commonly known by other names such as “magic mouthwash,” “Duker’s magic mouthwash,” or “Mary’s magic mouthwash.” These are often complicated by a pharmacy, are expensive anecdotally not be covered by health insurance. Research has shown that magic mouthwash was reported to cause taste changes, irritate local side effects and is no more effective than salt and baking soda (pseudococaine) rinses. Instead, frequent and consistent or a gynecologic rinse is used against cancer.

Don’t administer supplemental oxygen to relieve dyspnea in patients with cancer who do not have hypoxia.

Reports of the prevalence of dyspnea range from 21 to 90% overall among patients with cancer, and the prevalence and severity of dyspnea increases in the last six months of life, regardless of cancer diagnosis. Supplemental oxygen therapy is commonly prescribed to relieve dyspnea in people with advanced illness despite arterial oxygen levels within normal limits, and has been seen as a standard care. Supplemental oxygen is costly and there are multiple safety issues associated with use of oxygen equipment. People also experience functional restrictions and may have some distress from being attached to a device. Prolonged oxygen (administration in nonphobic patients) has consistently been shown not to improve dyspnea in individuals but it systemic reviews, rather than use a less invasive intervention for agencies, care should be focused on those interventions which have demonstrated efficacy such as immediate release opioids.
Nurses touch patients and consumers in multiple settings:

- Community
- Clinics
- Hospitals
- Health System Leadership
- Educational institutions
Nurses in Texas are bound by the Standards of Nursing Practice outlined in Board Rule 217.11 that specifically related to the nursing role in:

- Creating a safe care environment;
- Promoting and participating in health care education based on the individual’s health care needs;
- Knowing and recognizing professional boundaries in the nurse-client relationship;
- Collaboration with members of the healthcare team
NURSES ARE UNIQUELY POSITIONED!

- Nurses are the most trusted consumers....this means:
  - Improved opportunities for relationship-based interventions;
  - Improved opportunities for meaningful conversations and education at the point of care;
  - Improved ability to participate in care coordination and patient advocacy activities.
Consortium will continue to generate recommendations in collaboration with societies
Currently conducting knowledge assessment survey in Texas
After pilot is complete, spread nationwide
We have covered a great deal about Choosing Wisely®:
- The Issue facing health care;
- The background of the campaign;
- The nursing roles and implications for practice;
- The benefits to consumers; and
- The communication and dissemination through the Nursing Voice

Now what will you DO?
3,000,000 AND GROWING
How did nursing get involved in the Choosing Wisely Campaign?
What are these recommendations?
Don’t automatically initiate continuous electronic fetal heart rate monitoring during labor for women without risk factors; consider intermittent auscultation first.
Don’t let older adults lie in bed or only get up to a chair during their hospital stay.
Don’t use physical restraints with an older hospitalized patient.
Don’t wake the patient for routine care unless the patient’s condition or care specifically requires it.
Don’t place or maintain a urinary catheter in a patient unless there is a specific indication to do so.
Will there be more recommendations, or is this it?
About the Choosing Wisely campaign

Consumer Reports offers more than 70 Choosing Wisely brochures for patients.

Patients sometimes ask for tests and treatments that are not necessarily in their best interest. And physicians often struggle with decisions about prescribing tests and procedures as a way of covering all possible bases. So the ABIM Foundation has joined with leading medical specialty societies to develop evidence-based lists of tests and procedures for patients and physicians to question as part of Choosing Wisely.
Hospital Hazards
Four practices that can harm older people

A hospital stay can be risky, especially for older people. For example, many seniors who could walk on their own and care for themselves before entering the hospital lose these abilities during their stay. They may also develop delirium (sudden, intense confusion). As part of the Choosing Wisely series, the American Academy of Nursing has identified four over-used hospital practices. These practices are usually unnecessary, and they may harm you.

Question these hospital practices. If you notice doctors or nurses using any of these practices, ask why. Explain your concerns to the nurse. Nurses can often stop these practices.

BED REST
The problem: Usually, older people spend most of their time in bed during a hospital stay. This is because we used to think that bed rest helped the body recover. But research now shows that walking helps older patients recover faster. They get out of the hospital sooner, and they can walk farther when they get home.

Bed rest can be harmful: When you’re not active, your leg muscles get weaker. You’re also more likely to become dehydrated. This can make you dizzy and lead to falls. These are serious issues because

Monitoring your baby’s heartbeat during labor

There are two ways to do it, and most women have a choice

Doctors, nurses, and midwives check your baby during labor and birth with a “fetal heart rate monitor.” There are two ways to do this:

- Continuous monitoring (CM): Records your baby’s heartbeat throughout labor.
- Intermittent auscultation (IA): Checks your baby’s heartbeat at certain times during labor.

IA is often a better choice. You may want to ask for it if you have a low risk for problems during labor. Here’s why.

Low-risk women don’t need CM.
There’s no evidence that CM is better than IA for low-risk pregnancies. The two methods have been compared in many studies. A review of these studies found that:

- Compared with IA, CM didn’t reduce the baby’s risk of cerebral palsy, admission to a newborn intensive care unit, or death.
- There was no difference between the groups in

CM limits your movement during labor. With CM, you are attached to a machine that records the information. This limits your movement. It can also be uncomfortable.

IA lets you move around during labor. With IA, your doctor uses a handheld device to
Ten Things Nurses and Patients Should Question

1. Don’t automatically initiate continuous electronic fetal heart rate (FHR) monitoring during labor for women without risk factors; consider intermittent auscultation (IA) first.

2. Don’t let older adults in bed or only get up to a chair during their hospital stay.

3. Don’t use physical restraints with an older hospitalized patient.

4. Don’t wake the patient for routine care unless the patient’s condition or care specifically requires it.

5. Don’t place or maintain a urinary catheter in a patient unless there is a specific indication to do so.

6. Don’t use aloe vera on skin to prevent or treat radiodermatitis.

7. Don’t use L-carnitine/acetyl-L-carnitine supplements to prevent or treat symptoms of peripheral neuropathy in patients receiving chemotherapy for treatment of cancer.

8. Don’t neglect to advise patients with cancer to get physical activity and exercise during and after treatment to manage fatigue and other symptoms.

9. Don’t use mixed medication mouthwash, commonly termed “magic mouthwash,” to prevent or manage cancer treatment-induced oral mucositis.

10. Don’t administer supplemental oxygen to relieve dyspnea in patients with cancer who do not have hypoxia.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a health professional. Patients with any specific questions about the items on the list or a medical situation should consult their physician or nurse.
How do I learn more?
Choosing Wisely

An initiative of the ABIM Foundation

About the Choosing Wisely Initiative

An initiative of the ABIM Foundation, Choosing Wisely is working to spark conversations and patients to ensure the right care is delivered at the right time. Participating organizations and their lists of "Things Providers and Patients Should Question" which include evidence-based conversations, should be discussed to help make wise decisions about the most appropriate care for an individual's situation.

Through the Choosing Wisely campaign, the American Academy of Nursing has developed the "Ten Things Nurses and Patients Should Question" to help promote conversations that will help patients choose care that is:

- Supported by evidence
- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary

Download the American Academy of Nursing's announcement on its initiative as part of the Choosing Wisely® Campaign.

The Academy has partnered with Consumer Reports to translate its Choosing Wisely brochures for consumers to reference for common health practices and conditions. The following are the ten recommendations developed from the Academy's first set of five recommendations, and all of the recommendations are listed on the Choosing Wisely website.

- Hospital Hazards
- Monitoring Your Baby's Heartbeat During Labor

The Ten Things Nurses and Patients Should Question

Don't automatically initiate continuous...
www.AANnet.org/choosing-wisely
The Society for Healthcare Epidemiology of America just released its list of recommendations.

In 2012 the ABIM Foundation launched Choosing Wisely® with a goal of advancing a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures.

Choosing Wisely centers around conversations between providers and patients informed by the evidence-based recommendations of "Things Providers and Patients Should Question." More than 70 specialty society partners have released recommendations with the intention of facilitating wise decisions about the most appropriate care based on a patients' individual situation.

Consumer Reports is a partner in this effort and works with specialty societies to create patient-friendly materials to educate patients about what care is best for them and the right questions to ask their physicians. Through a coalition of consumer groups like AARP and the National Partnership for Women and Families, Consumer Reports is ensuring patients get the information they need just when they need it.
TEXAS TEAM: FUTURE OF NURSING

TEXAS TEAM
Advancing Health through Nursing Initiative on the Future of Nursing

Want to stay updated on the latest in Texas Nursing—visit the Texas Team's new website.

The Campaign for Action, a joint initiative of AARP and the Robert Wood Johnson Foundation, has mobilized to address our nation health care challenges across all 50 states and the District of Columbia as identified in the recommendations of the 2010 landmark report, The Future of Nursing: Leading Change, Advancing Health from the Institute of Medicine.

The Texas Team is our state's action coalition, cosponsored by THA and Blue Cross Blue Shield of Texas.

The Texas Team believes all Texans deserve better care, better health, and lower healthcare costs. Nurses— as the largest group of health care providers in the state— are essential to achieving these three goals in Texas. Texas Team members are enthusiastically working to transform nursing and health care in Texas.

The Texas Team is led by four focus teams and its Strategic Advisory Committee:

- The Texas Team Advancing Nursing Education
- The Texas Team Advancing Nursing Practice
- The Texas Lead Nursing Organization
- The Texas Lead Business Team

Academic Progression in Nursing (APIN) collaborates with the Texas Team to accelerate implementation of promising practices that will help achieve seamless academic progression for all nurses and increasing the number of nurses with a baccalaureate degree to 80 percent by 2020.
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FNSNA
The Foundation of the National Student Nurses’ Association, Inc.
For more information on the Texas Choosing Wisely Campaign, please email us at

TexasChoosingWisely@gmail.com
Can I really make a difference as a nurse in this Campaign?
QUESTIONS, COMMENTS, IDEAS
FOR MORE INFORMATION ABOUT THE CAMPAIGN

- http://www.choosingwisely.org/resources/
- http://www.choosingwisely.org/updates-from-the-field/nurses-join-choosing-wisely/
- http://www.aannet.org/choosing-wisely


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