NPAC Choosing Wisely List

NPAC in Conjunction with Choosing Wisely Canada

Jennifer Fournier NP-PHC, MHS, PhD© on behalf of NPAC

Nurse Practitioner Association of Canada

Association des infirmières et infirmiers practiciens du Canada

What is NPAC?

The **Nurse Practitioner Association of Canada** is the voice for Canada's Nurse Practitioners.

NPAC works across jurisdictions to address issues related to nurse practitioner practice and health care with a national focus.

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What is Choosing Wisely?

"Choosing Wisely Canada is a national campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments, and make smart and effective care choices."

https://choosingwiselycanada.org/about/

Choosing Wisely Canada™

What is Choosing Wisely?

- Founded in 2014
- Collaboration: University of Toronto, CMA, and St. Michael's Hospital
- Part of a global movement – 20 countries/5 continents
- Encourages professionals to take leadership on reducing unnecessary care
- Enables them with simple tools and resources

Why the Partnership?

NPAC saw an opportunity to enhance conversations about necessary care among Canada's nurse practitioners and their patients by developing a Choosing Wisely campaign.

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Why Choosing Wisely Canada?

- Clinician led
- Bottom up approach
- Focused on common clinical conditions
- Simple
- Remarkably rapid uptake
- Patient and clinician supports

Unnecessary care in Canada

Wastes health system resources

Increases wait times for patients

Can lead to patient harm

Canadians have

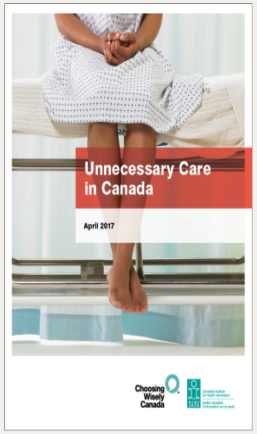
1 million+

potentially unnecessary medical tests and treatments each year.

of patients indicated in the 8 selected Choosing Wisely Canada recommendations had tests, treatments and procedures that **are potentially unnecessary**.

There is room to reduce unnecessary care.

Substantial variation exists among regions and facilities in terms of the number of unnecessary tests and procedures performed — **this points to an opportunity to improve.**



Choosing Wisely Canada is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments, and make smart choices.

Unnecessary Care in Canada explores 8 out of 200+ Choosing Wisely Canada recommendations across sectors of the health system: primary care, specialist care, emergency care and hospital care.

Choosing Wisely Canada™ CIHI

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MORE IS
NOT
ALWAYS
BETTER
www.ChoosingWisely.ca

Unnecessary Tests and Treatments

- Can be clinically useless
- Potentially expose patients to harm
- Lead to more testing to investigate false positives
- Contribute to unwarranted stress for patients/ families
- Consume time and resources

https://choosingwiselycanada.org/about/

How did the NPAC Choosing Wisely List Evolve?

- NPAC put a call out to their membership for committee members
- The team was assembled
- Met several times during process
- Prioritized ideas

How did the list evolve?

- Refined statement and list content
- Received support and guidance from CWC
- Posted for NPAC member comment
- Approved by NPAC Board
- Published
- Disseminated – **this is the first of many knowledge translation activities that will happen across Canada!**

NPAC's CW People

Co Chairs:

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NPAC's Choosing Wisely List

1. **Don't prescribe any medication to patients over the age of 65 without conducting a thorough medication review.**

- Patients over the age of 65 have an increased risk of drug interactions, adverse drug reactions and falls.
- Although it can sometimes be appropriate to prescribe new medications, a thorough medication review should be done concurrently.
- The review should ensure that the medications are having the desired effect, that the lowest effective doses are being used, that the patient has been involved in the decision to use them and that they align with the patient's goals of care.
- There is a paucity of research on clinical outcomes associated with medication review tools however, the STOPP/START, Beers criteria and the McLeod criteria have been reviewed in a Cochrane analysis. Another useful resource is www.Medstopper.com.

2. **Don't prescribe vitamin B12 injections to clients with low vitamin B12 levels as first line therapy.**

- Vitamin B12 deficiency affects approximately 5% of Canadian adults. Deficiencies are primarily the result of a lack of intrinsic factor (pernicious anemia). Vitamin B12 absorption can also be affected by the regular use of proton pump inhibitors.

- There is a large body of evidence supporting the efficacy of oral B12 administration in most cases related to pernicious anemia, malabsorption or malnutrition.

- The use of oral vitamin B12 is cost effective. Furthermore, using the oral formulation will decrease the need for unnecessary clinic visits for vitamin B12 injection, improve efficiency and decrease costs without compromising patient care.

- After the initiation of therapy, serum vitamin B12 concentrations should be monitored to assess for efficacy.

- Given the lack of conclusive evidence, vitamin B12 injections should still be considered for patients with severe neurological involvement, ileectomy and significant malabsorption syndromes.

3. **Don't routinely measure Vitamin D levels in low risk adults.**

- Clinical evidence shows that screening for vitamin D deficiency in healthy individuals is generally not necessary.
- Vitamin D deficiency is common in many populations, particularly in patients at higher latitudes, during winter months and in those with limited sun exposure. Therefore, Canadians have inadequate exposure to sunlight, which puts them at risk for vitamin D deficiency.
- Over the counter vitamin D supplements and increased summer sun exposure are sufficient interventions for most otherwise healthy patients.
- Laboratory testing is appropriate in higher risk patients when results will be used to institute more aggressive therapy (e.g., osteoporosis, chronic kidney disease, malabsorption, some infections, obese individuals).

4. **Don't do annual complete physical examinations on asymptomatic adults with no significant risk factors.**

- Instead, nurse practitioners should counsel their well, asymptomatic patients regarding the importance of screening and focused health assessments performed according to their risk factors.
- These visits may include specific physical examination maneuvers and screening tests that should occur at intervals informed by the available evidence such as the Canadian Task Force on Preventive Health Care and provincial cancer care organizations.
- Following evidence based recommendations, including relevant physical examination and screening test guidelines (pap smears, colorectal cancer screening, etc.) has been shown to be effective at helping nurse practitioners and their patients to find disease before symptoms arise.

5. **Don't order screening chest X-rays in asymptomatic patients.**

- This includes periodic health exams, pre-employment health assessments, tuberculosis screening, preoperative and pre-admission screening and cancer screening.
- There is little evidence to indicate that patient outcomes are improved with screening in these populations. Furthermore, exposure to unnecessary radiation may exceed any potential benefits.
- Chest X-rays on asymptomatic patients may also result in false positive reporting, which may cause undue stress. The decision to order a chest X-ray should be considered on careful evaluation of any patient presentation indicative of respiratory disease or illness.

6. **Don't order chest X-rays in patients with acute upper respiratory tract infections.**

- There is no evidence that a chest X-ray improves patient outcomes or decreases recovery time for those with upper respiratory infections.
- Chest X-rays should be reserved for those patients with clinical suspicion of pneumonia, acute upper airway infection with comorbid conditions and those with symptoms persisting beyond three weeks.
- Pneumonia presents with at least two of: fever, rigors, new cough with or without sputum production or chronic cough with change in colour of sputum, pleuritic chest pain, shortness of breath and localized crackles. Nurse practitioners should be mindful of the risks associated with cumulative radiation exposure such as that from chest X-rays.

7. **Don’t order thyroid function tests as screening for asymptomatic, low risk patients.**

The primary rationale for screening asymptomatic patients is that the resulting treatment leads to improved health outcomes when compared with patients who are not screened.

There is insufficient evidence available indicating that screening for thyroid diseases will have these results.

8. **Don't prescribe prophylactic antibiotics to prevent travellers' diarrhea.**

- Travellers' diarrhea is the most predictable travel related illness affecting up to 70% of travellers to developing countries. The vast majority of cases clear on their own in a few days without treatment.

- Antibiotic prophylaxis for travellers' diarrhea is not recommended as these treatments disrupt the normal gut flora and allow resistant bacteria such as extended-spectrum beta lactamase (ESBL) producing bacterial to flourish.

- Those taking antibiotics are more likely to become colonized with ESBL producing bacteria. These individuals can shed the bacteria upon return home for several months and close contacts and family members may become colonized with the organism.

- As a safer alterative, travellers should consider prophylaxis with bismuth salicylate given the good evidence for its use. Clinicians may consider prescribing a three-day supply of antibiotics to carry with patients with clear instructions to only take them for severe diarrhea, given the benefit of reduced symptom duration.

9. **Don't screen women with Pap smears if under 21 years of age or over 69 years of age.**

- Screening pap tests should not be done on asymptomatic patients outside of screening intervals and age groups specified in relevant provincial and national guidelines.
- Cervical cancer is very rare in women younger than 21 years of age even if they are sexually active. Abnormal cells in young women usually go back to normal with no treatment.
- Cervical cancer is very rare in women over 65 years of age who have had normal pap smears at regular recommended screening intervals.
- Screening pap smears done outside of recommended populations could result in false positive findings and lead to unnecessary follow up and treatment. This could result in stress for the patient and expose them to the risks associated with additional investigations and treatments. Monitor for cervical screening guideline changes based on the most up to date evidence.


I've always done this
The patient wants it
$$
New tests are good
I don't want to get sued
Better to do something than do nothing
Referring doctor wants it

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