

CHOOSE

W I S E L Y

WORKSHOP



CHOOSING WISELY NEW ZEALAND
Putting the Theory into Practice

Evaluation Report

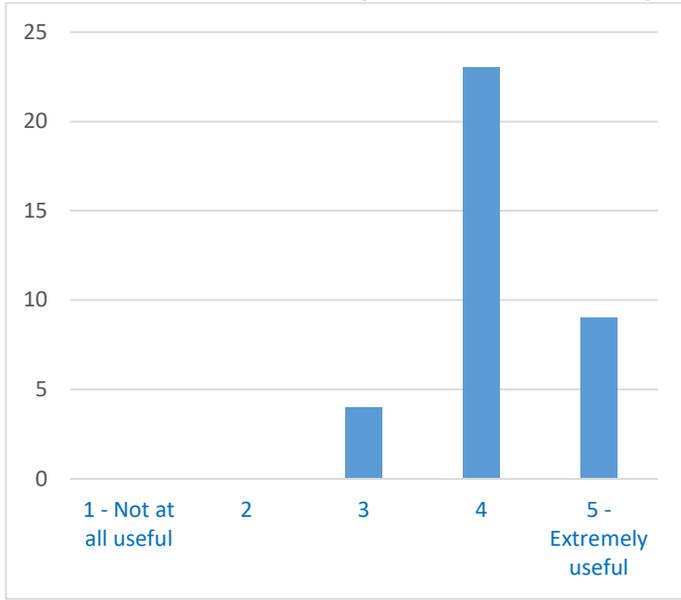
TE PAPA, WELLINGTON, FRIDAY 2 MARCH, 9AM–5PM

Workshop PROGRAMME

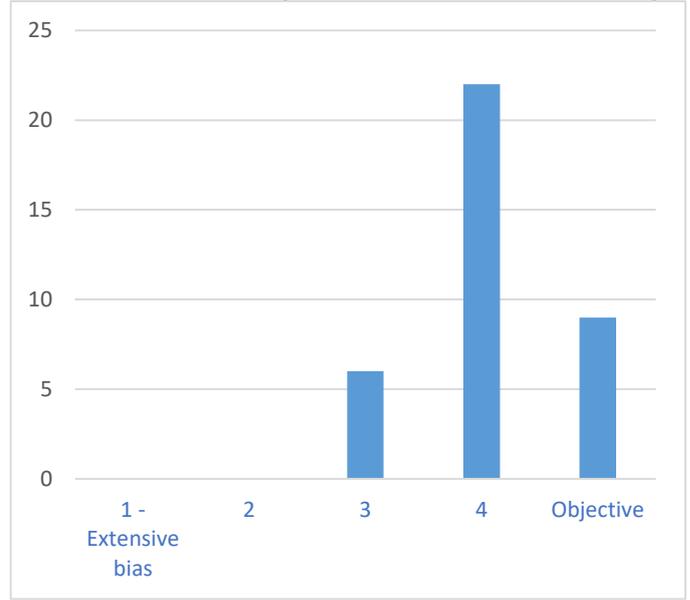
Time		
8.00	Registration opens	
9.00	Mihi Whakatau followed by opening address from Dr Andrew Simpson, CMO at Ministry of Health	
9.15	Implementing Choosing Wisely in services – how to get started and keep up the momentum Learning from others' experiences of setting up Choosing Wisely	
	• RNZCGP approach	Dr Richard Medicott
	• Supported through Clinical Quality Governance	Dr Sharon Kletchko
	• Involving allied health professionals	Harsh Vardhan
	• Using a steering group	Dr Nick Rogers
	• Work at ACC	Sunita Goyal
	Developing a Choosing Wisely campaign – involving staff and consumers	Carol Limber
Lessons learnt in an Australian health service	Asmara Jammali-Blasi	
	Consumer perspectives	
Morning tea 11.15 - 11.35		
11.35	Special interest groups. Group work identified at registration, topics include:	
	• Polypharmacy	Sarah Shellard
	• Working in general practice and links to ED	Dr Michael Ardargh
	• Medico legal issues for Choosing Wisely	Dr Derek Sherwood
	• Competencies for medical education and next steps for student groups	Dr Steven Lillis and Sam Grainger
	• Working with nursing and allied health professionals	Harsh Vardhan
	• Involving consumers	Vicki Culling
	Discussion on best ideas from each special interest group of session 2	
	Consumer perspectives	
Lunch 1.00 - 1.45		
1.45	Making sense of guidelines and statistics and measuring Choosing Wisely	
	• Evidence behind the guidelines	Dr John O'Donnell
	• Cognitive bias regarding risks and benefits	Dr Brian Robinson
	• Measuring Choosing Wisely	Aidan Wilson and Adam Sangster
	• Using Health Pathways	Dr Michael Ardagh
Afternoon tea 3.00 - 3.25		
3.25	Communicating shared decision-making - Dr John Marwick	
	Consumer perspectives	
4.15	The future – what are the next steps for Choosing Wisely in New Zealand?	
4.30	Conclusions	Dr Derek Sherwood

The following data analysis is based on feedback from 58% of attendees

1. Overall, how useful did you find the workshop?



2. Was the material presented in a balanced way?



3. Content

Was the content relevant to your area of practice?



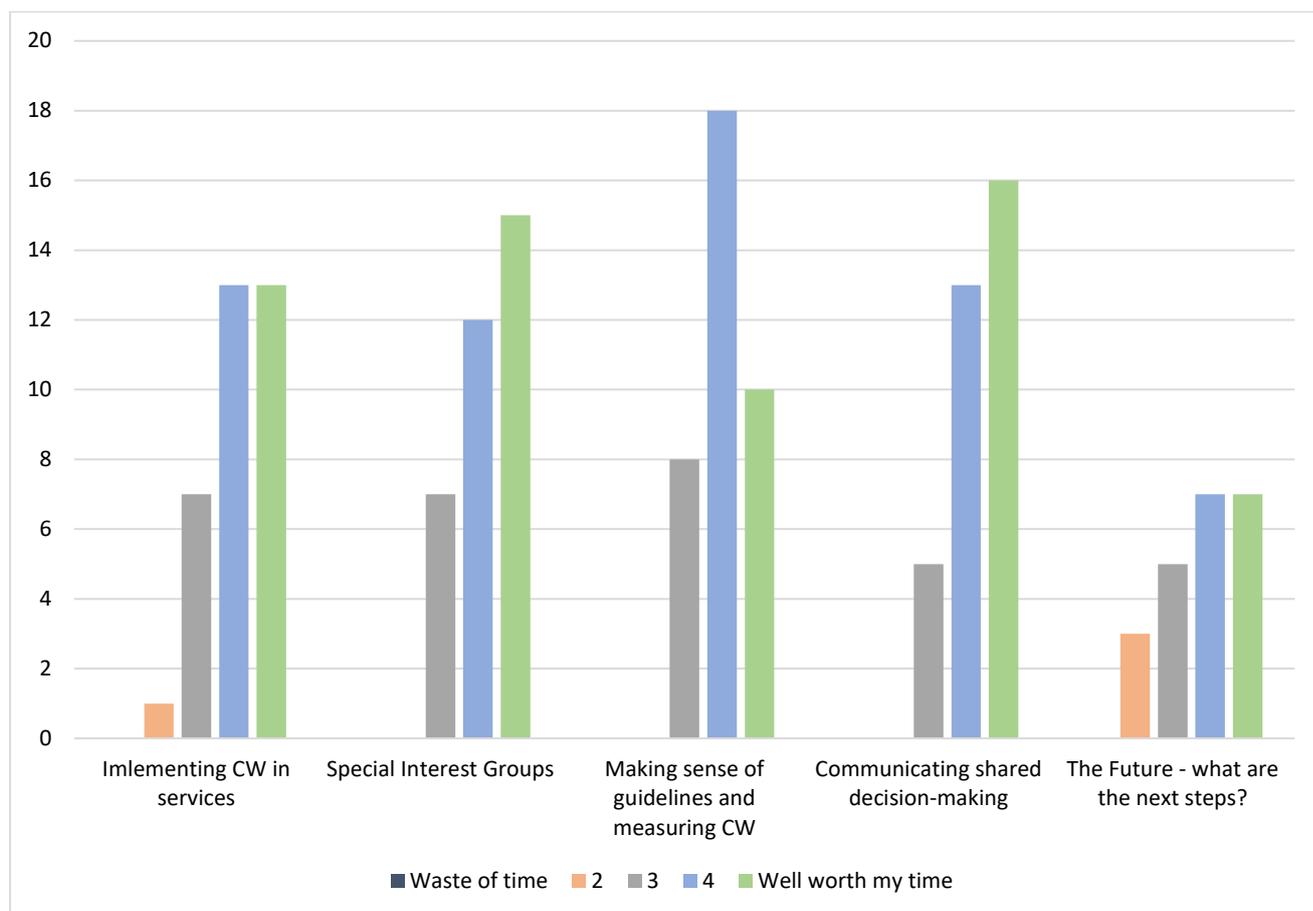
Was the content current?



Comments:

*"We're behind many other countries"
Shared decision-making has been around for years – we are so late adopting!"*

4. Do you feel the sessions were a good investment of your time?



5. List the most important things you have learned today.

- *Need to involve consumers X 14*
- *6 D's of shared decision-making X 3*
- *Not to rely on P value X 7*
- *Overuse, underuse, misuse theory.*
- *Pathways links X 5*
- *HQSC site has a section on "Involving Consumers" X 2*
- *Useful references x 3*
- *Collaboration and communication x 3*
- *It's worth taking the time to ascertain patient values.*
- *What matters to the patient/family.*
- *Communication with colleagues in different centres.*
- *Give the patient a chance to engage in the decision making.*
- *Framing risk/harm.*
- *Do we train/coach our clinicians on how they listen and communicate with patients?*
- *CW is about the patient in front of you and the next one.*
- *Standards can help, but it's about delivery of effective quality care.*
- *Potential to use work from Austin on flow charts etc*
- *How Australia (Austin Health) integrated.*
- *Shared obstacles.*
- *Keep going until it becomes commonplace.*
- *To recognise cognitive bias.*
- *Promotion of the message – good ideas from Austin Health examples x 2*
- *Evaluating the evidence.*
- *The importance of health literacy x 2*
- *"What matters to you" "chance of benefit, chance of harm"*
- *CMC will engage with PHOs.*
- *Learnt exactly what the movement is about.*

6. How will this workshop change your practice?

Allows me to support the team at our DHB driving CW
Framing risk – change the emphasis/wording to balance “benefit/possibility”
I will work with my PHO to try to raise the profile of CW.
Will inform the public about CW and the resources available
I will be recommending our DHB to sign up to CW
When communicating risk, I’ll not use percentages
Further reading about CW
I will build CW into staff meetings
Feel more empowered to actively engage in CW
Keep moving forward
Prompted to accelerate this work in HBDHB
Will use in education session
This reconfirmed my investment into shared decision making. Our organisation needs to be part of CW.
We need to continue to test what we “know” is true. “What matters to you?”
Greater development of involvement of consumers in our decision-making processes.

7. What could we improve for next time?

“round tables are difficult for some as some always have backs to screens or have to sit sideways”
“list of participants?”
“need to move to more examples on how things should be implemented (eg, Asmara’s presentation was excellent in that regards).”
“Seats were hard”
“food was substandard”
Fruit for lunch and afternoon tea would be appreciated”
First session seemed quite long, but short pm sessions did work”
“1st session was a bit long – coffee!”
“food was great” “good screens and audio worked effectively”
“excellent x 3/all good x 4/ran well/fine x 3/no problem/well organised/great organisation and structure/very good x 2/good location and venue x 2/very well done”

8. Other comments

“Some background history to CW would help some”
“Smooth registration process and it was helpful getting a reminder at the start of the week and the day before the conference”
Thank you for putting this on – suggest needs more input from the people we serve, particularly Maori and other health professionals – medic heavy”
“where were the nurses in the presentation?”
Examples of successful programmes in NZ – data analysis. Engaging with GPs v Primary care – how to do this”
“Communication skills are the basis for progressing CW. CW needs to address the stewardship of our health resources as being an important consequence of the CW interventions.”
“Whilst it was great to see more inclusion of allied and nursing professions we need to look at how to develop further focus interprofessional approach to CW.”
“Thank you. I am very inspired and keen to see more GP involvement. Great presenters and passion.”
“Some great advice and sharing of ideas and work others are doing”
“very worthwhile day for me, coming from a non-CW DHB. The consumer presences was key to adding value. There was still a dominant “medical” voice when we need a more “clinical” voice inclusive of all professions – something to ponder on as inter-professional practice in now the norm (or should be!). Also, need to create space for patient values within the discourse. Consumers were present but not always heard”
“I really liked the “short-sharp” nature of the presentations which allowed lots of topics to be covered in one day”

Excited about the motivation and interest in Choosing Wisely – broadly-need to speak openly about this across all parties – the public, the ministry, the broader health profession, etc”

“Fantastic consumer voice”

“great forum – thanks!”

“very useful day!”

“well presented day – thank you”

Further involvement and engagement

- 23 participants have signed up for the Choosing Wisely newsletter
- 12 participants would like to be involved in the Choosing Wisely interest groups