

# **EVALUATION OF PROGRESS IN CHOOSING WISELY AT CCDHB**

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## **Abstract**

Choosing Wisely, an international programme, aims to reduce medical overuse. A systems appraisal of Choosing Wisely CCDHB was conducted to evaluate the progress of the programme since its launch in 2016. The study has a mixed-method design, comprising qualitative and quantitative methods, with two arms including an online survey for clinical staff and face-to-face interviews with key stake holders. Survey results highlighted the lack of awareness and lack of engagement with the programme. The majority of participants believed Choosing Wisely is not at all effective or slightly effective in both encouraging clinicians to avoid low-value and inappropriate clinical interventions and in encouraging patients to engage in well-informed conversations with clinicians around tests, treatments and procedures.

Themes generated from the executive leadership team interviews highlighted the problem of overuse of tests and procedures at CCDHB and consequent support for a Choosing Wisely programme. Lack of awareness among clinicians and the executive leadership team itself was shown. Themes generated from the steering group recognized the broad involvement and focus of Choosing Wisely, and its ability to promote clinical change. Issues relating to the steering group were acknowledged including meeting efficiency and structure, resourcing of the group and support from senior management. It was widely agreed that a new communications approach should be adopted to promote the programme.

The Choosing Wisely programme is supported but has a lack of engagement due to ineffective communication strategies. The campaign is sustainable in the long term if barriers inhibiting its progress are overcome.

## Introduction

Medical overuse of low-yield investigations and treatments is a growing concern for healthcare providers as they expose patients to avoidable risk in addition to increasing the cost of healthcare (1). Choosing Wisely, an international campaign, challenges this by encouraging clinicians to avoid low-value and inappropriate clinical interventions and encouraging patients to engage in well-informed conversations with clinicians around tests, treatments and procedures. First launched in the USA in 2012 by the American Board of Internal Medicine (ABIM) Foundation, initial success led to many countries adopting a modified version (2). Medical overuse is driven by a longstanding mentality that “more is always better” (2, 3). This overuse is targeted through a foundation of five principles including health professional led, patient centered, evidence based, multi professional and a transparent process (4).

Choosing Wisely was launched in New Zealand in 2016 by the Council of Medical Colleges (CMC) in 2016 and adopted by Capital and Coast District Health Board (CCDHB) shortly after. The programme is run by a steering group composed of a variety of clinicians from multiple professions and specialties. The group meets biweekly and acts as a platform whereby project ideas are initiated and developed to target specific areas of overuse within the DHB. Clinical change is initiated through the engagement of clinical decision makers throughout each stage of the project. Choosing Wisely is set apart from the many other CCDHB clinical groups due its broad involvement from across the organization, lack of boundaries and ability to foster engagement from within decision makers (Anne Aitcheson, personal communication, 2018 December 4).

Since the programme’s launch at CCDHB the group has completed a variety of successful projects. Although there have been multiple successes in its short duration, the awareness and effectiveness of the programme is unknown. Inevitably, it is hoped that the progress of the programme is continuing to gain momentum. However, for a health initiative like Choosing Wisely to be broad and sustainable, it requires an ability to demonstrate success in the short term with a fundamental change in clinical culture and attitude in the long term (2, 6). To determine whether Choosing Wisely at CCDHB is a sustainable campaign a formal

evaluation of the programme is required. The current study is a systems appraisal that aims to evaluate the progress of Choosing Wisely at CCDHB. This study will inform CCDHB of the current position of Choosing Wisely and direct future change to increase breadth and engagement of the programme and reduce the use of unnecessary healthcare.

## **Methods**

The study has a mixed-method design, comprising qualitative and quantitative methods, with two arms including face-to-face interviews and an online questionnaire. Methods are adapted from Bhatia et. al. (2).

### **2.1. Online Survey**

The online survey aimed to assess clinicians' awareness and perceptions of Choosing Wisely in the broader organization. This method was chosen as a time-efficient and standardisable approach suitable for quantitative and qualitative data collection (7). Questions and answer options were constructed with project supervisors, followed by peer-review from steering group members and other clinicians. Feedback was discussed before the final survey was completed (appendix 1).

The survey was targeted at clinical leaders, charge nurse managers and allied health leads at CCDHB. A "top-down approach" was employed for the distribution of the survey whereby executive leadership team members forwarded the survey weblink to the selected staff groups. The weblink was open for one week before the process was repeated and a reminder email was sent. The survey remained open for two weeks. Analysis of the survey included production of graphs to represent quantitative data and a collective thematic analysis of free text answers, consistent with Braun and Clarke (7).

A second survey was replicated and carried out at HVDHB. The aim of this was to compare the progress between Choosing Wisely HVDHB and Choosing Wisely CCDHB.

## 2.2 Face-to-face interviews

Face-to-face interviews were conducted to gather in-depth qualitative data from key stakeholders in the Choosing Wisely CCDHB programme. Two sets of interviews were carried out. Group One included six past and present members of the CCDHB executive leadership team. Group Two included six members of the Choosing Wisely CCHBD Steering Group.

Interviews were semi-structured to allow for consistency with the ability to include follow-up questions allowing for in-depth responses. A face-to-face style was feasible as all interviewees were based at Wellington hospital. Participants were approached through email and provided with a copy of the project briefing for background information. Interviews were carried out in a private location.

An interview schedule was prepared for each of the groups. Both schedules were peer-reviewed by project supervisors then piloted on the first interviewee, with no further changes made.

Informed consent was gained prior to the interview to confirm the interviewees participation and agreement to anonymous reporting of interview quotes. Analysis of recordings was consistent with Braun and Clarke (7). Recordings were transcribed, coded and thematically analysed. The two interview groups were analysed separately.

The interview schedule for group one (appendix 2) aimed to determine the participants' perception on the usefulness, management and resourcing of Choosing Wisely at CCDHB, recommendations for future progress as well as a specific question relating to the participant's leadership role.

The interview schedule for group two (appendix 3) aimed to determine the participants role in the steering group, their perceptions on the functioning of the group, usefulness of the programme and recommendations for the future progress of Choosing Wisely.

# Results

## 3.1 Online Survey Results

### 3.1.1 CCDHB Online Survey Results

#### 3.1.1.1 Participant characteristics

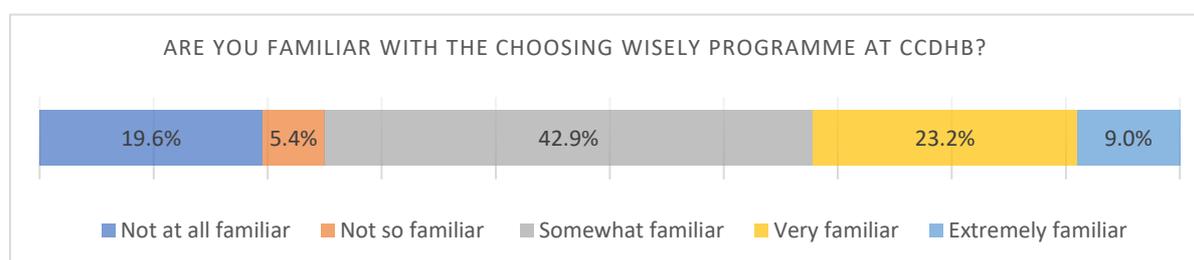
The survey was emailed to four clinical groups including 67 charge nurse managers, 63 allied health and technical leaders, 7 operational managers and 54 clinical leaders and clinical directors, yielding a total of 56 responses (29% response rate). Clinical roles of participants were collected in a free-text box (see table 1).

**Table 1: Responses to “What is your department/unit and role at CCDHB?”.**

Clinical leadership group	Number of responses	Proportion (%)
Clinical leader/team leader	18	32.1
Clinical director	4	7.1
Charge nurse manager	8	14.3
Allied health lead	1	1.8
Operational manager	4	7.1
Nurse (role not specified)	10	17.9
Doctor (role not specified)	5	8.9
Unable to determine from response	6	10.7

#### 3.1.1.2 Familiarity with Choosing Wisely CCDHB

42.9% of participants were somewhat familiar with Choosing Wisely (see figure 1).



**Figure 1: Responses to question “Are you familiar with the Choosing Wisely programme at CCDHB?”.**

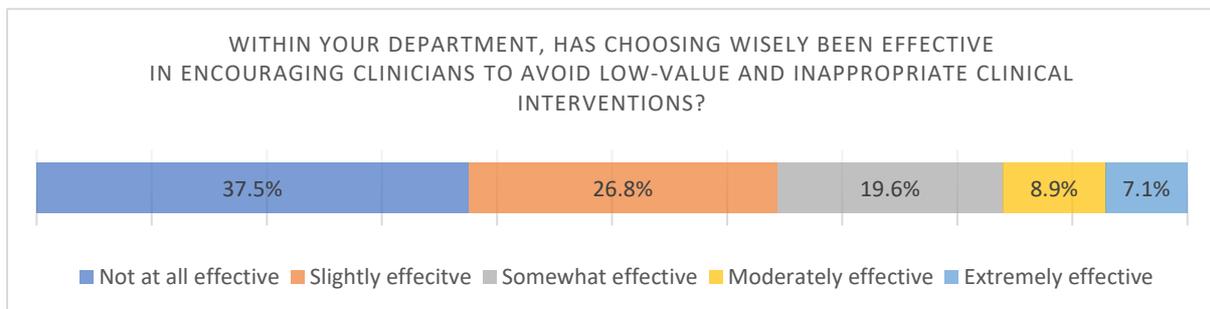
Table 2 shows the ability of participants to correctly identify a Choosing Wisely project at CCDHB. 33.9% were able to identify a project, 17.8% correctly identified a Choosing Wisely project or concept not carried out by the Choosing Wisely CCHBD group.

**Table 2: Responses to question “Can you please name at least one Choosing Wisely initiative or project within your department or CCDHB?”.**

Response Category	Number of responses	Proportion (%)
Able to name a Choosing Wisely CCDHB project	19	33.9
Able to name a Choosing Wisely concept	10	17.8
Unable to name a project or incorrectly named a project	27	48.2

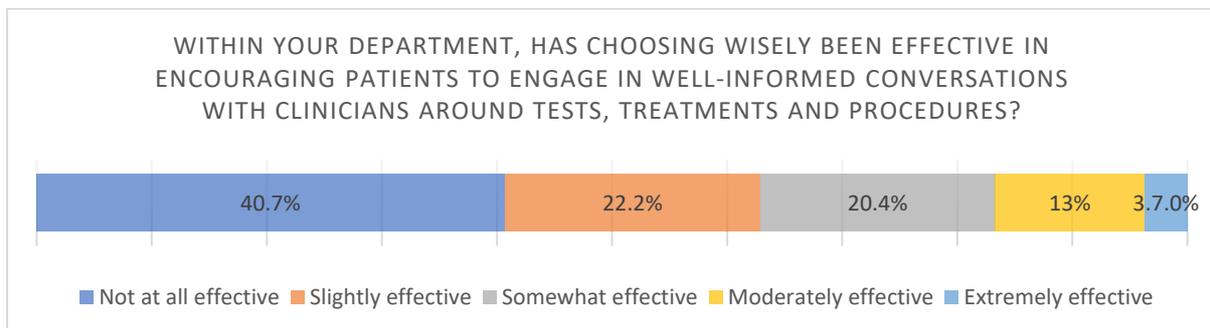
### 3.1.1.3 Effectiveness of Choosing Wisely CCDHB

The majority of participants (64.3%) believe that Choosing Wisely has been not at all effective or only slightly effective in encouraging clinicians to avoid low-value and inappropriate clinical interventions (see figure 2).



**Figure 2: Responses to question “Within your department, has Choosing Wisely been effective in encouraging clinicians to avoid low-value and inappropriate clinical interventions?”.**

The majority (62.9%) of participants believe that Choosing Wisely has been not at all effective or slightly effective in encouraging shared decision making between clinicians and patients (see figure 3).



**Figure 3: Responses to question “Within your department, has Choosing Wisely been effective in encouraging patients and clinicians to engage in well-informed conversations with clinicians around tests, treatments and procedures?”.**

### 3.1.1.4 Staff engagement with Choosing Wisely at CCDHB

Multi-professional involvement and patient centred approach of the programme were commonly selected as facilitators of engagement with Choosing wisely, with 44.6% and 35.7% of participants selecting these respectively. 32.1% of individuals had not engaged with Choosing Wisely.

**Table 3: Responses to question: “What enables your personal engagement with Choosing Wisely CCDHB?”.**

Enabler	Number of responses	Proportion (%)
Widespread patient acceptance	1	1.8
Clear guidance relevant to my practice	13	23.2
Availability of guidance relevant to my practice	15	26.8
Patient centred approach	20	35.7
Encouragement to better my practice	13	23.2
Clinician led programme	11	19.6
Multi-professional involvement (allied health, nursing, medical, operational managers)	25	44.6
I have not engaged with Choosing Wisely	18	32.1
None of the above (please specify)	6	10.7

Table 4 shows barriers to participants’ engagement with Choosing Wisely. A large group (46.4%) abstained from the answer options and selected none of the above. 26.8% selected unclear guidance.

**Table 4: Responses to question “What barriers prevent your personal engagement with Choosing Wisely at CCDHB?”.**

Barrier	Number of responses	Proportion (%)
Lack of patient acceptance	2	3.6
Unclear guidance	15	26.8
Poor availability of guidance	11	19.6
No Choosing Wisely guidance relevant to my practice	9	16.1
Apprehension to change my practice	1	1.8
Medico-legal concerns	2	3.6
Time consuming	9	16.1
Lack of multi-professional involvement in the programme	7	12.5
None of the above (please specify)	26	46.4

### 3.1.1.5 Staff awareness and engagement with Choosing Wisely projects at CCDHB

Factors participants believed to facilitate the success of Choosing Wisely projects and initiatives was multi-professional involvement (41.1%) and implementation led by clinicians (39.4%) (see table 5).

**Table 5: Responses to question “Of the Choosing Wisely projects and initiatives you are aware of at CCDHB, what has enabled these to success?”.**

Enabler	Number of responses	Proportion (%)
Local Choosing Wisely champions	20	35.7
Support from CCDHB Choosing Wisely group	14	25.0
Broad support from clinicians	17	30.4
Implementation led by clinicians	22	39.3
Support from executives	7	12.5
Availability of data to support local decision making	13	23.2
Adaptation from national and college choosing wisely recommendations	15	26.8
Use of the Choosing Wisely “brand”	8	14.3
Good communication and visibility of the projects/initiative	14	25.0
Multi-professional involvement	23	41.1
None of the above (please specify)	20	35.7

Factors participants believed to inhibit the success of Choosing Wisely projects and initiatives included the lack of support from clinicians (43.6%) and lack of communication and visibility of the projects/initiatives (40.0%) (see table 6).

**Table 6: Responses to question “Of the Choosing Wisely projects and initiatives you are aware of at CCDHB, what has prevented these from succeeding?”.**

Preventer	Number of responses	Proportion (%)
Lack of choosing wisely champions	11	20.0
Lack of support from choosing wisely group	4	7.6
Lack of support from clinicians	24	43.6
Lack of support from executives	9	16.4
Lack of multi-professional involvement	12	21.8
Lack of available data to support local decision making	9	16.4
Adaptation from national and college choosing wisely recommendations	2	3.6

Use of the Choosing Wisely “brand”	1	1.8
Lack of communication and visibility of the projects/initiative	22	40.0
Implementation led by clinicians	6	10.9
None of the above (please specify)	22	40.0

### **3.1.1.6 Preferred communication method of information from Choosing Wisely CCDHB**

The majority of participants (75%) would prefer to receive future communication from Choosing Wisely through email (see table 7).

**Table 7: Responses to question: “How would you like to receive more information from Choosing Wisely?”.**

Communication Method	Number of responses	Proportion (%)
Email	42	75.00
CCDHB Intranet	24	42.86
Physical notice boards	7	12.5
Twitter	3	5.36
Facebook	3	5.36
I do not wish to receive any information	1	1.79

### **3.1.1.7 Thematic analysis of free-text responses**

Each survey question provided the participant with the opportunity to provide a free-text response. These responses were thematically analysed collectively. Themes are reported below. Free-text responses from question 12 “Do you have any recommendations for future Choosing Wisely projects” were not included in the analysis and are available in appendix 4.

#### **Knowledge and engagement of Choosing Wisely**

Responses highlighted the lack of awareness around Choosing Wisely at CCDHB, reflecting the findings from quantitative survey data. A smaller group of participants stated they had limited engagement with the programme. Some confusion around what Choosing Wisely is, was apparent. Many participants believed Choosing Wisely was not relevant to their area of practice.

**Table 8: Example quotations on awareness of Choosing Wisely**

Opinion	Example Quotation
Unaware of Choosing Wisely	<i>"I have never heard of Choosing Wisely before this survey" "I have no idea what this is"</i>
Limited engagement	<i>"Our department have not been approached, and the wider Women's health department don't appear to have been engaged."</i>
Confusion	<i>"I am not entirely sure it if focusses on specific aspects of medical care or it is just telling us to think more carefully."</i>
No relevance to department or practice	<i>"We are the receiving end of referrals so not really relevant to radiology." "I am aware of positive changes in ED and elsewhere as a result of this programmes. Has not been particularly relevant to our profession."</i>

***Usefulness of the Choosing Wisely programme***

There were mixed opinions on the usefulness of Choosing Wisely. Some individuals believed Choosing Wisely has been useful, on the other hand some believed it is unnecessary at CCDHB. In addition to these polarising views, many commented that Choosing Wisely as a concept is already established in high quality clinical practice, rendering the programme redundant.

**Table 9: Example quotations on the usefulness of the Choosing Wisely programme**

Opinion	Example Quotation
A useful programme	<i>"A hugely important initiative both in terms of making the best use of the resources at our disposal and assisting patients to make the right choices when making decisions regarding treatment and procedures"</i>
An unnecessary programme	<i>"Cost efficient programmes are already in place. The actual committee has very little impact on business as usual process. " "I don't believe we needed the choosing wisely to change practice as we were aware of the literature and were changing before the choosing wisely campaign started."</i>
A concept staff already engage with	<i>"We do this regardless of the campaign" "It is not that I don't endorse them, it is just already established practice."</i>

***Suggestions for the future of Choosing Wisely***

Constructive responses regarding the future of Choosing Wisely were common. The majority focused on improving the visibility and awareness of Choosing Wisely among patients and CCDHB staff, including some strategies to do so. In addition, many suggested the reporting of tangible results to promote engagement.

**Table 10: Example quotations for future suggestions for Choosing Wisely**

Opinion	Example Quotation
Increase visibility to patients	<i>"Not sure how well we are doing with patient engagement... Simple things like posters in clinics reinforcing the four questions you should ask your doctor/nurse/allied health practitioner."</i>

	<i>"Possibly more patient awareness rather than acceptance."</i>
Increase visibility to staff	<i>"Very valuable group within CCDHB. Not enough staff are aware of the group. More advertising." "I think it needs more visibility - I read all the daily dose emails, CCDHB newsletters etc, but I don't feel that I see much about it" "Included in orientation."</i>
Communication of project outcomes	<i>"Better communication of actions and outcomes." "Annual work programme, publication of results, requests for ideas, make part of service planning." "Continue to raise its profile and demonstrate tangible results"</i>

### 3.1.2 HVDHB Online Survey Results

The participant population of the HVDHB differed to that of the CCHBD survey. Thus, results of these surveys can not be directly compared, as the project originally aimed to do. The survey is not relevant to the results of this project and is included in appendix 5. Free text responses from question 11 "Do you have any recommendations for future Choosing Wisely projects" are available in appendix 6.

## 3.2 Face-face interview results

Themes generated from the thematic analysis of each group are below.

### 3.2.1 Interviews with Group one (Executive leadership team)

#### **Medical overuse**

Most interviewees addressed medical overuse in their responses and recognized this as a pervasive problem at CCDHB, requiring attention. Overuse was attributed to habitual practice of clinicians. Others stated that 'rationing' or 'cost-saving' methods employed by CCDHB have thus far proved ineffective as these terms are unpopular among clinicians. Re-phrasing to 'low-yield investigations' is a more attractive concept.

**Table 11: Example quotations on the issue of medical overuse at CCDHB**

<b>Opinion</b>	<b>Example Quotation</b>
Medical overuse at CCDHB	<i>"...you've probably seen people repeating thyroid function tests every 5 days when we know that they aren't going to change" "We've become so totally dependent on tests, ultrasound, radiology all those things." "You know you can't have a blood test in this hospital without someone doing a CRP."</i>

	<i>"We repeat blood test we repeat CAT scans, lung function tests. I think if we could really get our teeth stuck into that we could save a lot of time, patient's time and money as well."</i>
No rational reason for unnecessary use of resource	<i>"... no particular rational basis for the use, it was just what clinicians felt was the right thing for them." "We keep doing that things that we've always done, because we have always done it that way"</i>
Cost-saving is an unpopular concept	<i>"We were reasonably up front that it was cost saving as well as reducing the amount of work, or unnecessary work. So we used to use the term "low yield investigation". Particularly with radiology. So that was perhaps more attractive to clinicians."</i>

### **Successes of Choosing Wisely**

Comments praising Choosing Wisely and its success thus far were made by most interviewees. It was acknowledged that Choosing Wisely has completed many projects that have contributed to a reduction in medical overuse. Interviewees commented on Choosing Wisely's positive influence on encouraging clinicians to be conscious of healthcare resources. A few interviewees commented that multi-disciplinary involvement and Choosing Wisely champions have had a positive influence on outcomes.

**Table 12: Example quotations on the success of Choosing Wisely**

<b>Opinion</b>	<b>Example Quotation</b>
Overall Success	<i>"It has been great from a MDT perspective, it has been great from a 'what's best for our patients', and from a fiscal perspective of managing our health dollar as well. I still think we can do a lot more."</i>
Successful projects	<i>"We did some important things which were costly, blood transfusions, IV fluids, immunoglobulins and I think they were achieved reasonably well." "I think it has done some really good things. I think the things it has done really well is urinalysis, the fact that we have controlled the use of some medication, have also controlled the use of ITP, use of IVs in ED."</i>
Encouraging clinicians to be resource conscious	<i>"I think it has made clinicians conscious of their responsibility to be careful with their resources, which I think is a change from the old days where doctors would say we have to do these things without too much financial accountability."</i>
Awareness of Choosing Wisely	<i>"I think it does have a presence and it does have awareness in ELT."</i>
Choosing Wisely champions	<i>"Having some great champions has made it really easy and really palatable you know."</i>
MDT Involvement	<i>"Our physios and OTs can also think of things you know why do we do things like this, is there a better way, what does the evidence show."</i>

### **Barriers to the success of Choosing Wisely**

Lack of awareness of Choosing Wisely was recognized as a common issue. It was perceived that CCDHB staff members have little or no awareness of the programme. Two interviewees stated they themselves had little or no knowledge of Choosing Wisely prior to the interview.

Autonomy of doctors was noted as a barrier towards engagement. As a result of the nature of Choosing Wisely, one interviewee commented that doctors may have medico-legal concerns around engagement. The high work load of clinicians was also recognized.

**Table 13: Example quotations on the barriers to success of Choosing Wisley**

Opinion	Example Quotation
Lack of Awareness among clinicians	<p><i>"I never hear RMOs talking about choosing wisely, so I wonder if they have somehow been missed of the list or whether they have stopped sending out missives through the RMO network"</i></p> <p><i>"I'm not totally sure that it's been embraced by every individual clinician (the broader sense of the word) in the organization."</i></p> <p><i>"I suppose we don't know whether it has been well managed or not because we don't know how many people know about it, and if not many people know about it then it hasn't been that great."</i></p>
Lack of Awareness among the executive leadership team	<p><i>"To be honest I think the executive leadership team doesn't know it exists half the time. It is never discussed at the executive leadership meeting."</i></p> <p><i>"...I seriously have not been engaged. I haven't been to any meetings about it."</i></p>
Autonomy of doctors	<i>"Doctors are autonomous, they don't particularly like being told what they should do and not do."</i>
Medico-legal concerns	<i>"There's a group of people who will not be choosing wisely for whatever reason, whether they've had a medico-legal scare in their life, and ever since then they're going to do every single test known to man so it doesn't happen again"</i>
High work load	<i>"People end up prioritizing what they can and anything else just falls off the list."</i>

### **Components required for a successful Choosing Wisely programme**

Interviewees were constructive with their comments and provided suggestions for a successful Choosing Wisely programme. It was stated that it must continue to be clinician led and to promote clinical change from within clinical decision makers. Choosing Wisely champions remain essential to build momentum and interest in the programme. Multiple interviewees felt strongly that more emphasis needs to be placed on clinical auditing of Choosing Wisely projects to provide evidence of clinical improvement. It was stated that communication with Choosing Wisely groups from other DHBs could be of benefit.

**Table 14: Example quotations on the components required for a successful Choosing Wisely programme**

Opinion	Example Quotation
Clinician led	<i>"Choosing wisely has to come from the clinicians not something that you should tell people they should do. Unless they really embrace it, which I'm not sure people have necessarily embraced choosing wisely..."</i>

Promote clinical change	<p><i>"You have to have RMO's confidence to ask the question and you have to have SMOs who are big enough to realise it's not a criticism but a desire for knowledge."</i></p> <p><i>"When you share the evidence with the clinicians as something that's going to save time and isn't going to cause any patient harm, that's how you're going to get it over the line."</i></p>
CW Champions	<p><i>"It's finding someone with a bit of a passion, they bring more to the table."</i></p> <p><i>"We need the champions to keep it going"</i></p>
Clinical audit	<p><i>"I think its very useful if there can be some audits before and after the programmes introduction to see if it has made any difference."</i></p> <p><i>"If you look at our whole quality and safety set up we don't review everything we should review, we make lots of recommendations, we never complete the loop by checking 6 months later whether those recommendations have been implemented or have made a difference."</i></p>
Communications with other Choosing Wisely programmes	<p><i>"One thing I think would be an opportunity, because I get the sense there are other choosing wisely committees/groups around NZ. So it would be really great to see collectively what's happening in that space."</i></p>

### 3.2.2 Interviews with Group two (Steering Group)

#### ***Positive attributes of the Choosing Wisely CCDHB programme***

Positive attributes of the Choosing Wisely CCDHB programme were acknowledged by interviewees. These attributes were in alignment with the five core principles of Choosing Wisely. Most interviewees talked extensively of the wide variety of successful projects Choosing Wisely has conducted. Interviewees attributed the success of Choosing Wisely to its broad involvement from across the organization, its broad focus, multi-disciplinary involvement and its clinician led and patient centered approach.

**Table 15: Example quotations on the positive attributes of Choosing Wisely**

<b>Opinion</b>	<b>Example Quotation</b>
Promoting clinical change	<p><i>"I think it's useful in that the projects it has been involved in have had quite a big impact, and they've been really successful projects."</i></p> <p><i>"If you list all the things we have done, we've actually done a lot. And we have the shared DHB resource that CMC use and we're one of the front runners in NZ."</i></p>
Targeting unnecessary care	<p><i>"The budget is fixed but there is more and more demand coming so we actually have to start doing things. We actually need to stop doing things. This is the clinician's way to stop doing things where we think we are over delivering."</i></p> <p><i>"Choosing wisely feels like a natural progression to begin asking why do we keep doing the same thing when the resources are not going to go far."</i></p>
Broad involvement	<p><i>"Choosing Wisely is a broad organizational platform so it has representation from across the organization which is unusual. It is unusual to have an anesthetist and an infectious disease physician go and do peer review on ophthalmologists. And I think that is the beauty."</i></p>
Broad focus	<p><i>"Choosing wisely is not confined, it is absolutely anything. I think that's the good thing about choosing wisely. I think 1 – its organizational focus and 2 - that it has no boundaries." -</i></p>

Multi-disciplinary involvement	<i>"Sometimes we are very much us and them [doctors] in this organization, so we need to make sure it's really transparent that these things are going on across the organization including the different professions."</i>
Clinician led	<i>"It is much more about peer review than authority. It isn't about authority. It can't be about authority." "You need to engage SMOs in order for them to continue to learn too. It has to be multi-disciplinary, but it has to involve SMOs"</i>
Patient focused	<i>"The fundamental principle of choosing wisely ... is don't do unnecessary things to people, don't do things that don't produce a benefit to that patient because you are covering your ass basically rather than making good sound clinical decisions." "And of course, the ultimate impact is what it means for our patients"</i>

### **Effectiveness of the Choosing Wisely Steering group**

Interviewees were all part of the steering group, thus, opinions on the effectiveness, functioning and structure of this group were expressed. Most agreed that the meetings were not efficient and require improvement. Some stated this was due to the structure of the agenda while others stated this was due to the group structure and dynamic. Resourcing of the steering group yielded mixed opinions regarding whether or not the group should be provided with resource, in the form of allocated time. Few believed that resourcing the Chairman would add accountability to the group. On the contrary, others believed that resourcing the group is inconsistent with the Choosing Wisely principles, by increasing resource use as opposed to reducing it. Senior management of the group was viewed by some interviewees as effective, allowing the group to have access to executive leaders to aid with the implementation of projects. Others viewed management of the group as ineffective due to the lack of reporting lines and support from the executive leadership team.

**Table 16: Example quotations on the effectiveness of the Steering Group**

<b>Opinion</b>	<b>Example Quotation</b>
Meeting efficiency	<i>"3/10 [for meeting effectiveness]. it's a group of people who are quite passionate about it. Some of its sort of peer support and sometimes we'll have an intellectual conversation rather than actually breaking down what are we doing." "They are incredibly variable depending on who is present. Sometimes they feel like a chat, sometimes they aren't managed that well" "I don't think more time would work because I think you could always do with more time but it's actually how productive the time you've got is."</i>
Meeting structure	<i>"The first second and third projects get all the attention and time and it's always the end ones that get don't get as much." "The structure of the meetings is trying to get through all of the different items which can be tough. There's a lot of different projects and I think we are still working out the best way of doing it."</i>

	<i>"It's actually better when we actually discuss certain things in quite a lot of detail rather than going lightly over a whole bunch of different things"</i>
Group structure	<i>"When we started we had several areas that we were particularly keen on and we set up a steering group and we had a number of working groups and that kind of structure served us really well in terms of getting things done and using the least amount of clinician time that we could to have better outcomes." "I think every member brings something different... Everyone is really keen and wants to do it and that's key I think."</i>
Resourcing of the group	<i>"You ask someone that's busy and they find time to do things, and often it is about where your interest lies." "When I've been involved with projects its very much your own resource for your own project." "There's no FTE associated with choosing wisely, and that's good and bad. There's no accountability. Choosing wisely could do nothing for a whole year and there's no accountability, there's not output expected." "I think there's an argument that the chair should probably have a bit of FTE, not much FTE but a little bit. They then become accountable for it." "I think the fact that we don't have those resources is a very popular thing. It required people to be engaged." "I know that a number of the clinicians have very strong views about, we need this support and we need project people and we need money and we need a whole lot of things... If what we are doing is to drive efficiency, is that the most efficient way to operate?"</i>
Support from senior management	<i>"I think the structure that was set up at the start was a good one, where it positioned in the DHB, rather than a group way down the bottom with lots of ideas but no way of implementing them. I think putting it as a steering group high up in the organization is the best way." "Sometimes it needs a bit of top down executive leadership. We've had varied support from professional heads." "I think that there are more issues for us around our membership and their ability to participate then there are about management or governance."</i>

### **Challenges of Choosing Wisely**

Choosing Wisely CCDHB has face many challenges. An issue raised by a few interviewees was the overlap it has with other quality improvement groups at CCDHB. There was concern that clinicians are not clear on the role of Choosing Wisely and what projects are within the scope of the group. In addition, a few interviewees stated that clinicians may be apprehensive to bring projects to the group as Choosing Wisely may 'brand' the project and take credit for it without a lot of input into it. In response to the later opinion, other interviewees believed that the priority of Choosing Wisely lies with making meaningful clinical change and providing quality care to patients, no matter how the projects are branded. An additional concern was the lack of awareness of Choosing Wisely among clinicians.

**Table 17: Example quotations on the Challenges of Choosing Wisely**

Opinion	Example Quotation
Distinction from other platforms for clinical change	<p><i>“Like the complex shared decision making, that’s choosing wisely, it fits into advanced care planning, it fits into goals of care, you know there’s a potential overlap. Do we support them? No. Do we see the similarities? Yes. So to me its that whole complex shared decision making space and choosing wisely are completely interlinked.”</i></p> <p><i>“We have the conversation in the meetings about where this could be delt with, who else is doing work in this particular area, where else could we do this. If its not something we think we can make a difference with or there is the group that has been established to do this we send it where its been established to do. So we don’t hold on to it if someone else is playing in that space.”</i></p> <p><i>“They are different platforms and there’s no right or wrong.”</i></p> <p><i>“The other thing I think that gets confusing in the hospital is there’s different ways of tapping into quality initiatives. And I think people get confused... I think from a nursing point of view it can get quite confusing as to what one does what and what would be best for them.”</i></p>
Apprehension of clinicians to bring projects to Choosing Wisely	<p><i>“Sometimes people get quite precious and say you know I did this, we need the credit. And I think sometimes they are a bit fearful that by joining in with another group they’ll take the credit for it. So I think that is something that needs to be, people can only get that reassurance by working with us. In my mind we absolutely give credit where it is due.”</i></p> <p><i>“I haven’t seen anything where choosing wisely has actually taken the credit. But there are probably people who have read it differently.”</i></p>
Lack of awareness	<p><i>“I am still concerned that it is fairly invisible”</i></p> <p><i>“I’m not convinced that many people have actually heard about it and what it’s about and how they can tap into it as a help.”</i></p>

**Components required for successful Choosing Wisely projects**

A common theme among interviewees was the components required for Choosing Wisely to experience continuing success. Engagement of clinical decision makers was recognized as highly important among interviewees. Most stating that engagement needs to come from within the clinical decision makers to foster change. To do so, an engaged working group is required to facilitate this. Choosing Wisely champions were acknowledged as important for the initiation of projects and a driver of the programme. Pre and post-project auditing was believed by many to be an area of improvement for the group. Currently there is a noticeable of post-project auditing, resulting in a lack of evidence regarding the effect a project has had on a service.

**Table 18: Example quotations on the components required for successful Choosing Wisley projects**

Opinion	Example Quotation
Engagement from clinical decision makers	<p><i>“It is about engaging the hearts and minds of a whole lot of people. And that’s what we need to do. It needs to be what we believe in as an organization.”</i></p>

	<p><i>"If you try and form a group with people who aren't engaged it doesn't work. They don't turn up to meetings and you don't get anywhere. Trying to choose who's involved is important."</i></p> <p><i>"If you want to genuinely change clinical practice you have to engage doctors. We can engage everybody else as much as we like but you need to have the doctors fully engaged and involved in whatever it is you're doing."</i></p>
Engagement of working group	<i>"If you set up a working group of interested people they will work to implement whatever it is. They'll do the work, they'll do the research, they'll drive it because it actually matters to them. They'll sit down and see it through implementation and do an audit"</i>
Choosing Wisely champions	<i>"Usually you have a clinical champion. So you need to have someone who feels passionately about this. And usually that's someone who is trying to stop things."</i>
Auditing	<i>"Re-auditing is probably a big thing and getting a data person involved was something I feel strongly about because it's a real hinderance, getting the data was a real issue for re-auditing things."</i>

### **Communication and awareness**

Most interviewees felt that effective communication is an essential part of the programme and required for the future success of Choosing Wisely. It was recognized that a communication approach should be multi-modal to have the most impact on staff. Most interviewees agreed that a CCDHB communications team member should sit in on the steering group meetings to engage with the group's progress and promote this to the wider CCDHB network. One interviewee expressed a controversial opinion and believed that the branding of Choosing Wisely and the communication of this is unnecessary. They believe the most important thing is the outcome of patients and the change projects are able to promote rather than worrying about branding these projects with the 'Choosing Wisely' title.

**Table 19: Example quotations on the communication and awareness of Choosing Wisely**

<b>Opinion</b>	<b>Example Quotation</b>
Importance of communication	<p><i>"To make change in an organization, communication is a key part of it."</i></p> <p><i>"Almost everything is about communications."</i></p>
Involvement from CCDHB communications team	<p><i>"I think we need to get them involved, that's the thing. Having that strategy about what to do needs someone who understands it and knows what we can do."</i></p> <p><i>"One of the things is that we really wanted someone from communications to come regularly to the meetings, so they understood what it was about. It's kind of never happened. I think we had somebody once and they looked distinctly uninterested."</i></p> <p><i>"If we could get communications involved more and the sorts of projects going with this surgical optimization of patients and things like that, those sorts of things are such big ticket items, they're going to be successful"</i></p>
Multi-modal approach	<i>"I believe we should always do things in a multi-pronged way, we all learn differently and take on information differently."</i>

	<i>“Communication takes a whole lot of time and effort and just the environment we live in today we have to have multiple forms of communication because people like to have different forms of communication.”</i>
Branding of Choosing Wisely	<i>“I think if you’re a purest and believe that what you’re doing is better for patient outcomes it actually doesn’t matter who achieves it, it doesn’t need to be branded as anything really.”</i> <i>“We should be focused on clinical change rather than worrying about putting the ‘Choosing Wisely’ brand on everything the group touches.”</i>

### **Future of Choosing Wisely CCDHB**

An important aspect of the future of Choosing Wisely is its ability to be sustainable in the long term. Most interviewees believed that Choosing Wisely is sustainable due to its international roots and its ability to benefit the budget restriction of CCDHB. Common suggestions for the future of Choosing Wisely were focused around the Choosing Wisely patient resource ‘Four questions to ask your doctor’ and how this should be adjusted to benefit our vulnerable population, especially our Maori and Pacific Island populations.

**Table 20: Example quotations on the future of Choosing Wisely**

<b>Opinion</b>	<b>Example Quotation</b>
Sustainability	<i>“I think very sustainable and I think because its an international movement that makes it much more sustainable.”</i> <i>“I think it’s a huge potential benefit to the hospital as far as preventing resource wastage, so I think its very sustainable. It should be something that’s well supported within the DHBs in a way that can actually bring about meaningful change.”</i>
Evaluate “four questions to ask your doctor”	<i>“Choosing Wisely is very much a north American service, doctors actually have conflict of interest so that they might be making money on unnecessary procedures and investigations and so by asking the patient to challenge that by basically saying “do I really need that?”, it’s kind of a weird question. Why would a doctor recommend something you don’t really need?”</i>
Address vulnerable patients	<i>“Choosing wisely came out of north America. Particularly in the US where they are over delivering to a whole numbers of patients but also under delivering to a whole lot of patients which you never get to here about. And I think there’s a real danger that we adopt the north American model and we need to think of the complete flipside of that. About if you are a disadvantaged, vulnerable patient, the questions that you would be asking would not be “do I need this intervention” its actually the reverse, “are there interventions that members of the privileged part of the population are getting that I am not”.”</i>

## Discussion

The aim of this study was to evaluate the progress of Choosing Wisely at CCDHB.

Online survey results provided data on the current position of the programme. There is general awareness of Choosing Wisely, with 42.9% of participants stating they are somewhat familiar and a further 32.3% stating they are familiar or extremely familiar with it. This was not reflected by engagement as a much lower 33.9% were able to accurately name a Choosing Wisely project conducted at CCDHB. This indicates that although there is awareness of the programme, the level of engagement is a lot lower. The two primary aims of the Choosing Wisely programme are the reduction of unnecessary healthcare and the encouragement of shared decision making between patient and clinician. Choosing Wisely was deemed to be either not at all effective or slightly effective by the majority of participants in achieving these aims. These quantitative results suggest that Choosing Wisely has not been a successful initiative among the wider CCDHB organization.

Thematic analysis of free-text responses provided further insight into the programme.

Themes were in alignment with quantitative data and highlighted a lack of engagement, lack of visibility and a perceived limited usefulness of the programme. Interestingly, many participants commented that Choosing Wisely as a concept is already embedded into clinical care and a programme is not required to facilitate this. In addition, many believed Choosing Wisely is not relevant to their area of practice, distinctly different to responses from face-to-face interviews with the key stake holders which highlighted the breadth and inclusivity of the programme.

Face-to-face interviews yielded mixed responses with varying themes between the two groups. Themes generated from interviews with the executive leadership team were mainly supportive of Choosing Wisely, praising previous successes with the anticipation of more in the future. Interviewees were motivated to engage further and endorsed the future of the programme. Themes generated from steering group interviews were focused around the success Choosing Wisely has achieved, the issues faced by the programme thus far and valuable suggestions for the improvement of the programme. Lack of communication was highlighted as a key issue.

It is apparent that participants of the survey have mostly likely been influenced by the work of Choosing Wisely, however the lack of communication and visibility of the programme has meant participants have a lack of knowledge and insight to attribute clinical change to the Choosing Wisely programme. Interviewees believed Choosing Wisely is sustainable in the long term due to its international roots, success thus far and positive influence on the CCDHB fixed budget, as long as current barriers to progress are addressed.

Limitations of the study include the nature of question one in the online survey, “What is your unit/department and role at CCDHB?”. Responses were unclear and difficult to interpret; thus we were unable to group survey answers into professional groups and draw comparisons between these. The administration of the survey at HVDHB meant the participant group was different to that of the CCDHB participant group. Comparisons were unable to be made between these surveys. Respondent bias may have been introduced into the survey as those who are aware of Choosing Wisely were more likely to respond to the survey. The effective of this was attempted to be reduced in the survey introduction as those unaware of Choosing Wisely were encouraged to respond.

## **Conclusion**

The study highlighted the support for Choosing Wisely, but a lack of engagement due to current poor communication strategies, limiting the potential the programme has to succeed and grow. The successful work that is being conducted should be communicated effectively to the wider CCDHB network to have a wider impact on the reduction of unnecessary healthcare. A review of the current communications approach is imperative, and it is suggested that this includes a ‘relaunch’ of the programme through the use of email, posters, presentations at ground rounds, presentations to new clinical staff, followed by a regular article in health matters. This needs to be a priority of the steering group.

A review in structure and function of the Choosing Wisely steering group should be considered. Involvement of RMOs, nursing and allied health staff is required to promote awareness among this major group of decision makers. The resourcing of the group

chairman with allocated time should be discussed to increase the accountability and efficiency of the group. A review of the meeting agenda should be conducted to hopefully increase the momentum of projects.

To facilitate the aims of Choosing Wisely and enhance its effectiveness, future research should include a review into the 'four questions to ask your doctor' resource available to patients. These questions are not believed to be appropriate to our population and our public healthcare system. The questions require adaptation to be suitable to New Zealand and our Maori and Pacific Island populations.

It is recommended that the Choosing Wisely CCDHB steering group and the executive leadership team reviews this study to facilitate future efficiency and maximal impact of the programme.

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# Appendices

## Appendix 1: Online Survey

### Evaluation of Choosing Wisely at CCDHB/HVDHB

*Please note your participation is voluntary and anonymous. Responses will be used for research purposes.*

1. What is your department/unit and role at CCDHB/HVDHB?
2. Are you familiar with the Choosing Wisely programme at CCDHB/HVDHB?
  - Not at all familiar
  - Not so familiar
  - Somewhat familiar
  - Very familiar
  - Extremely familiar

Comment: \_\_\_\_\_

3. Can you please name at least one Choosing Wisely initiative or project within your department or unit at CCDHB/HVDHB?
4. Within your department, has Choosing Wisely been effective in encouraging clinicians to avoid low-value and inappropriate clinical interventions?
  - Not at all effective
  - Slightly effective
  - Somewhat effective
  - Moderately effective
  - Extremely effective

Comment: \_\_\_\_\_

5. Within your department, has Choosing Wisely been effective in encouraging patients and clinicians to engage in well-informed conversations with clinicians around tests, treatments and procedures?
  - Not at all effective
  - Slightly effective
  - Somewhat effective
  - Moderately effective
  - Extremely effective

Comment: \_\_\_\_\_

6. What enables your personal engagement with Choosing Wisely at CCDHB/HVDHB?  
(You may choose multiple options)

- Widespread patient acceptance
- Clear guidance relevant to my practice
- Availability of guidance relevant to my practice
- Patient centred approach
- Encouragement to better my own practice
- Clinician led programme
- Multi-professional involvement (allied health, nursing, medical, operational managers)
- I have not engaged with Choosing Wisely
- None of the above (please specify)

Other/Comment: \_\_\_\_\_

7. What barriers prevent your personal engagement with Choosing Wisely at CCDHB/HVDHB? (You may choose multiple options)

- Lack of patient acceptance
- Unclear guidance
- Poor availability of guidance
- No Choosing Wisely guidance relevant to my practice
- Apprehension to change my practice
- Medico-legal concerns
- Time consuming
- Lack of multi-professional involvement in the programme
- None of the above (please specify)

Other/Comment: \_\_\_\_\_

8. Of the Choosing Wisely projects and initiatives you are aware of at CCDHB/HVDHB, what has enabled these to succeed? (You may choose multiple options)

- Local Choosing Wisely champions
- Support from CCDHB/HVDHB Choosing Wisely group
- Broad support from clinicians
- Implementation led by clinicians
- Support from executives
- Availability of data to support local decision making
- Adaptation from national and college Choosing Wisely recommendations
- Use of the Choosing Wisely “brand”
- Good communication and visibility of the projects/initiatives
- Multi-professional involvement
- None of the above (please specify)

Other/Comment: \_\_\_\_\_

9. Of the Choosing Wisely projects and initiatives you are aware of at CCDHB/HVDHB, what has prevented these from succeeding? (You may choose multiple options)

- Lack of Choosing Wisely champions
- Lack of support from Choosing Wisely group
- Lack of support from clinicians
- Lack of support from executives
- Lack of multi-professional involvement
- Lack of available data to support local decision making
- Adaptation from national and college Choosing Wisely recommendations
- Use of the Choosing Wisely “brand”
- Lack of communication and visibility of the projects/initiatives
- Implementation led by clinicians
- None of the above (please specify)

Other/Comment: \_\_\_\_\_

10. How would you like to receive more information from Choosing Wisely?

- Email
- CCDHB/HVDHB Intranet
- Physical Notice Boards
- Twitter
- Facebook
- I do not wish to receive any information

Other/Comment: \_\_\_\_\_

11. Do you have any suggestions for future Choosing Wisely projects?

12. How can Choosing Wisely support a project you would like to conduct?

13. Overall, do you have any further suggestions for the future development of Choosing Wisely at CCDHB/HVDHB?

## **Appendix 2: Executive leadership interview Agenda**

### ***Introduction***

I am conducting an evaluation of the effectiveness of the choosing wisely programme at Capital and Coast DHB. As a part of this I am interviewing professional leads, members of the executive leadership team and other key stake holders to gain an understanding of how Choosing Wisely is managed from a higher level and what this groups’ perceptions are on the initiative.

### **Questions**

What is your personal involvement with choosing wisely?

Do you believe choosing wisely has been useful at CCDHB?

- Why?

How does the executive leadership team view the progress of choosing wisely?

- What do you personally think?

How does Choosing Wisely appear in high level management discussions?

Is the Choosing Wisely campaign well managed?

- Is it adequately resourced?
- Do you have any suggestions for how this could be improved?

What is your vision for choosing wisely in the future?

- What improvements need to be made to facilitate this?

Specific question around the leader's role.

Is there anything else you would like to address?

## **Appendix 3: Steering Group Interview Agenda**

### **Introduction**

I am conducting an evaluation of the effectiveness of the choosing wisely programme at Capital and Coast DHB. As a part of this I am interviewing professional leads, members of the executive leadership team and other key stake holders to gain an understanding of how Choosing Wisely is managed from a higher level and what this groups' perceptions are on the initiative.

### **Questions**

What is your role in the Choosing Wisely group?

- How did you initially get involved with the Choosing Wisely group?
- What projects have you been a part of?
- How does Choosing Wisely fit into your schedule and priorities?
- Are you likely to stay involved in the future?

How useful has Choosing Wisely been at CCDHB?

- Why?

How effective are the Choosing Wisely group meetings?

- What facilitates this?
- What can be improved?

How well does Choosing Wisely fit into CCDHB?

- How well does it fit with other initiatives and projects?

Is choosing wisely well managed?

- Is there a better way Choosing Wisely could be structured?

How has choosing wisely been resourced?

- Can it be better resourced?
- How?

How sustainable is Choosing Wisely in the long term?

- What is your vision for choosing wisely in the future?

Is there anything else you would like to address?

## **Appendix 4: Free-text responses to survey question 11 CCDHB**

***Do you have any suggestions for future Choosing Wisely projects?***

1. PEG use in head and neck patients Tumour standards

**not yet**

2. Paperwork. Too much of it.
3. Changing plastic lab bags to paper bags.
4. None that I can think of currently
5. Perioperative anticoagulation High risk surgical patient assessment and management  
Early stage prostate cancer pathways Stress urinary incontinence evaluation and management  
Surveillance of patients treated for cancer Virtual clinic follow up of outpatients
6. as above re comms, increase spread to primary health, NGOs, ARC and CR colleagues
7. No
8. Tell people about it
9. Viability of more extensive upper GI ,liver service in particular around management of traumatic liver injury. Support in setting up a trauma service.
10. vascular needs an education session on the initiatives
11. use of mri
12. no
13. Looking at developing national guidelines for imaging follow-up & for surgical/anaesthetic preop workup
14. no
15. no
16. Better recommendations on antibiotics.
17. short sharp presentations at forums such as grand rounds, nursing grand rounds ceo forums
18. service level or DHB level?
19. Dose banding for chemotherapy, to stop the dose reductions which are clinically insignificant. Dose reductions, when unnecessary, generate re-work , product waste, and increased cost of treatment.

20. The huge amount of unnecessary blood tests that are widely used but have little value in the wrong setting: BNP, CRP, Coagulation tests for patients on NOACs, D-dimer, Troponin and the 'baseline / just in case" daily electrolytes!
21. No
22. I don't know what this is, so....
23. Unable to decide as I have no idea what choosing wisely is
24. Identified project lead within Allied Health. Links with other DHBs engaged in Choosing Wisely with Allied Health services. Resource to release some clinician time to focus on Choosing Wisely project/initiative.
25. There could be many within Radiology but would need significant referrer buy in and engagement
26. \*Admission from rest home for end of life care - but this is pretty complex.... \* head CTs in Gen Med patients \* "routine" bloods
27. Fibronectin is a product used in other DHBs - would prevent a number of admissions for ? pre-term labour. Questions around Iron Transfusions and thresholds for administration. How do we give clinicians permission to normalize birthing and reduce caesarean sections?
28. Tell us about them
29. continue with surveillance work in other specialities
30. Oral tranexamic acid pre-op instead of IV

## **Appendix 5: HVDHB Online survey results**

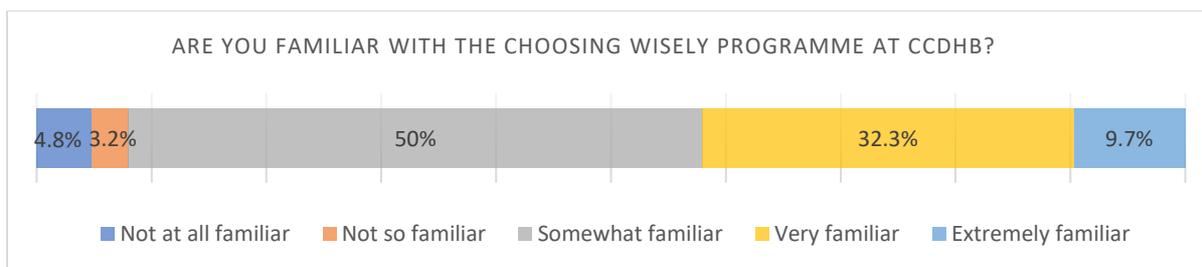
### ***5.1. Participant Characteristics***

The survey weblink was emailed to charge Nurse Managers and their team members including Clinical Leads, as well as being advertised on the Daily Dose, a news section of HVDHB Intranet. This yielded a total of 62 responses. The total number of people the survey weblink reached is unknown.

Responses to “What is your department/unit and role at HVDHB?” were difficult to interpret and have not been included in the analysis of results.

### ***5.2 Familiarity with Choosing Wisely HVDHB***

Half of the participants were somewhat familiar with Choosing Wisely (see figure 1).



**Figure 1: Responses to question “Are you familiar with the Choosing Wisely programme at HVDHB?”.**

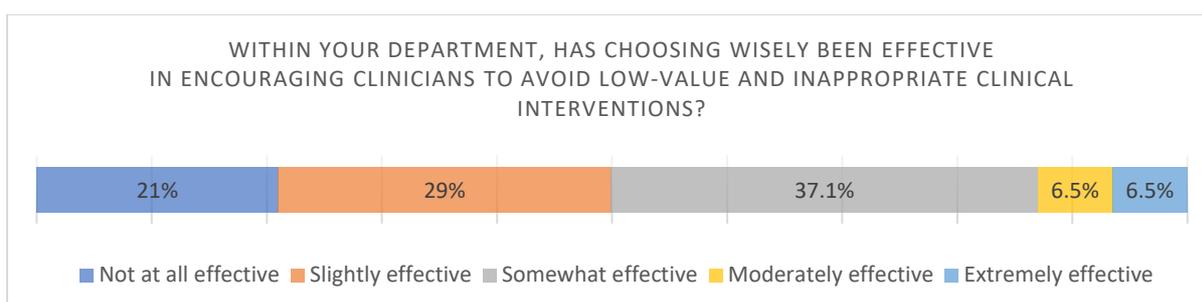
45.1% of participants were able to name a Choosing Wisely HVDHB project, 22.6% of participant were able to name a Choosing Wisely concept (see table 1).

**Table 1: Responses to question “Can you please name at least one Choosing Wisely initiative or project within your department or HVDHB?”.**

Response Category	Number of responses	Proportion (%)
Able to name a Choosing Wisely HVDHB project	28	45.1
Able to name a Choosing Wisely concept	14	22.6
Unable to name a project or incorrectly named a project	20	32.3

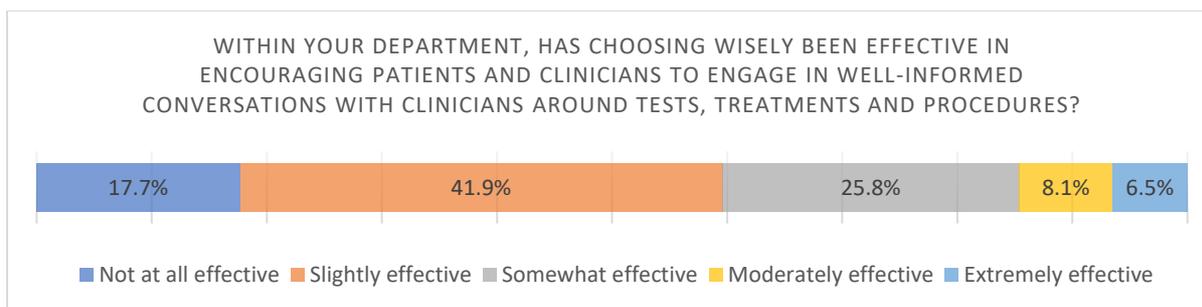
### 5.3 Effectiveness of Choosing Wisely HVDHB

Half (50%) of participants believe Choosing Wisely has been not at all effective or slightly effective, 37.1% believe it has been somewhat effective and a further 13% believe it has been moderately effective or extremely effective (see figure 2).



**Figure 2: Responses to question “Within your department, has Choosing Wisely been effective in encouraging clinicians to avoid low-value and inappropriate clinical interventions?”.**

The majority of participants (59.6%) believe that Choosing Wisely has been not at all effective or slightly effective at encouraging shared decision making between patients and clinicians (see figure 3).



**Figure 3: Responses to question “Within your department, has Choosing Wisely been effective in encouraging patients and clinicians to engage in well-informed conversations with clinicians around tests, treatments and procedures?”.**

#### **5.4 Staff engagement with Choosing Wisely HVDHB**

Half of participants (50%) attributed their personal engagement with Choosing Wisely to the patient-centred approach and 40.3% to the multi-professional involvement of the programme (see table 2).

**Table 2: Responses to question: “What enables your personal engagement with Choosing Wisely HVDHB?”.**

Enabler	Number of responses	Proportion (%)
Widespread patient acceptance	7	11.3
Clear guidance relevant to my practice	16	25.8
Availability of guidance relevant to my practice	15	24.1
Patient centred approach	31	50.0
Encouragement to better my practice	22	35.5
Clinician led programme	12	19.4
Multi-professional involvement (allied health, nursing, medical, operational managers)	25	40.3
I have not engaged with Choosing Wisely	8	12.9
None of the above (please specify)	6	9.7

Participants believed that unclear guidance (30.7% participants), lack of multi-professional involvement (30.7% participants) and poor availability of guidance (29.0% participants) are main factors that prevent their engagement with the programme (see table 3).

**Table 3: Responses to question “What barriers prevent your personal engagement with Choosing Wisely at HVDHB?”.**

Barrier	Number of responses	Proportion (%)
Lack of patient acceptance	10	16.13
Unclear guidance	19	30.65
Poor availability of guidance	18	29.03
No Choosing Wisely guidance relevant to my practice	14	22.58
Apprehension to change my practice	1	1.61
Medico-legal concerns	5	8.06
Time consuming	11	17.74
Lack of multi-professional involvement in the programme	19	30.65
None of the above (please specify)	12	19.35

### ***5.5 Staff awareness and engagement with Choosing Wisely projects at HVDHB***

A large portion of participants (38.7%) attribute the success of Choosing Wisely projects to the implementation of these led by clinicians, 37.0% to local Choosing Wisely champions and 35.5% to good communication and visibility of the projects (see table 4).

**Table 4: Responses to question “Of the Choosing Wisely projects and initiatives you are aware of at HVDHB, what has enabled these to success?”.**

Enabler	Number of responses	Proportion (%)
Local Choosing Wisely champions	23	37.01
Support from CCDHB Choosing Wisely group	5	8.06
Broad support from clinicians	16	25.81
Implementation led by clinicians	24	38.71
Support from executives	12	19.35
Availability of data to support local decision making	13	20.97
Adaptation from national and college choosing wisely recommendations	6	9.68
Use of the Choosing Wisely “brand”	13	20.97
Good communication and visibility of the projects/initiatives	22	35.48
Multi-professional involvement	14	22.58
None of the above (please specify)	13	20.97

Factors that participants believe to prevent success of Choosing Wisely projects included lack of communication and visibility by 37.1% and lack of support from clinicians by 21.0% (see table 5).

**Table 5: Responses to question “Of the Choosing Wisely projects and initiatives you are aware of at CCDHB, what has prevented these from succeeding?”.**

Preventer	Number of responses	Proportion (%)
Lack of choosing wisely champions	9	14.52
Lack of support from choosing wisely group	6	9.68
Lack of support from clinicians	13	20.97
Lack of support from executives	8	12.90
Lack of multi-professional involvement	10	16.13
Lack of available data to support local decision making	11	17.74
Adaptation from national and college choosing wisely recommendations	0	0
Use of the Choosing Wisely “brand”	2	3.23
Lack of communication and visibility of the projects/initiative	23	37.10
Implementation led by clinicians	7	11.29
None of the above (please specify)	22	35.48

### ***5.6 Preferred communication method of information from Choosing Wisely HVDHB***

The majority of participants would prefer to receive further communication from Choosing Wisely through email (58.1% participants) and HVDHB intranet (56.5% participants) (see table 6).

**Table 6: Responses to question: “How would you like to receive more information from Choosing Wisely?”.**

Communication Method	Number of responses	Proportion (%)
Email	36	58.06
HVDHB Intranet	35	56.45
Physical notice boards	8	12.9
Twitter	1	1.61
Facebook	3	4.84
I do not wish to receive any information	7	11.29

## 5.7 Thematic analysis of free-text responses

Each question provided the participant with the opportunity to write a response in a free-text response. These responses were analysed collectively. The themes generated from these responses are reported below.

### **Lack of support for Choosing Wisely**

Support for the HVDHB Choosing Wisely is mixed. Generally, most comments were centered around lack of awareness of Choosing Wisely with marked lack of engagement. Many believed that Choosing Wisely is not relevant to their practice. There were comparatively few comments focused on positive support for Choosing Wisely including engagement and awareness with the programme. In addition, many participants believed that Choosing Wisely is a concept clinicians already engage in and believe the initiation of the programme is not necessary. Further perceptions around the effectiveness of the programme did not support Choosing Wisely.

**Table 7: Example quotations on the lack of support for Choosing Wisely**

Opinion	Example Quotation
Unaware of Choosing Wisely	<i>"Have not heard of this programme at all"</i>
Limited engagement	<i>"Lack of engagement with this in my department"</i>
No relevance to department or practice	<i>"Choosing Wisely has not been directly relevant to the interaction of practitioners and the radiology department."</i>
A concept clinicians already engage with	<i>"The changes and improvements we have made have not been influenced by the campaign." "Our service tries to practice evidence based care and avoid inappropriate interventions already"</i>
Limited effectiveness	<i>"Looking at it from a hospital wise perspective... not at all [effective]." "The assumption was that we we're doing tests we weren't. It's a waste of time and money asking us to stop doing things we weren't doing anyway."</i>

### **Barriers to engagement with Choosing Wisely**

Comments focused on individuals perceived barriers to their own engagement as well as their department's engagement with Choosing Wisely were abundant. Individuals commented that there has been some resistance amongst staff members to the change that Choosing Wisely initiates. Staff believe their practice is evidence-based and up to date and fail to recognise the potential evolving evidence that is available. Others believed that time

restraints due to clinical practice limit their ability to engage with the programme. Departmental disorganisation was perceived by a few individuals to inhibit their engagement.

**Table 8: Example quotations for barriers to engagement with Choosing Wisely**

Opinion	Example Quotation
Resistance to change clinical culture	<i>"I personally feel many clinicians in my area are far too caught up in the day-to-day and often fail to see the bigger picture of providing healthcare services. There are a few clinicians who are excellent at looking beyond the basics which is inspirational to be around. But far too many resistant to changes." "There may need to be a more accepted culture of accountability discussion from junior to senior doctors."</i>
Time restraints	<i>"There are many things we can do if staff were asked and had time in our day to do so." "Time and resourcing"</i>
Departmental disorganisation	<i>"I feel opportunities to look into better ways to do things (choose wisely) are over-looked and the focus tends to be on the day-to-day running of the department and the problems we have, such as being short-staffed (something that will always be an issue)... If we choose wisely then maybe we could free up time...So really lack of support prevents my personal engagement, and lack of insight of other team members/supervisors into the benefits of choosing wisely."</i>

### **Suggestions for the future of Choosing Wisely**

Throughout the comments, individuals offered suggestions to improve the issues currently inhibiting the progress of Choosing Wisely. It was widely recognised that clinical change needs to be promoted and accepted among staff to encourage further engagement with the programme. For this to happen, further support from a management level is required. As with many initiatives at HVDHB, few people believed the programme needs more resourcing to progress. Improving communication was a common suggestion. Individuals recognised that consistent promotion of the programme and its projects should be employed. Finally, there were comments around further involvement across allied health professions.

**Table 9: Example quotations for suggestions for future Choosing Wisely suggestions**

Opinion	Example Quotation
Promote clinical change	<i>"Stop ill-informed clinicians requesting procedures that are not correct or beneficial to the patient." "A re-focus on the choosing wisely principles in everyday practice vs formal project plans would be of benefit."</i>
Support from management	<i>"Support by management infrastructure to implement recommendations." "Department and management need to be "on same page" in this."</i>

Resource allocation	<i>"Ongoing funding of the FTE to have people on the job as part of their pay for responsibilities"</i>
Communication	<i>"Knowing who to contact [with project initiatives]" "Choosing Wisely could select a single recommendation each month and promote it to the public to raise awareness and discussion about the project."</i>
Allied health involvement	<i>"The examples in the promotional material have quite a medical focus. It would be good to generate more day to day [examples] of choosing wisely across Allied Health." "Better transparency - involvement of all staff."</i>

## Appendix 6: Free-text responses to survey question 11 HVDHB

### ***Do you have any suggestions for future Choosing Wisely projects?***

1. Pamphlets available in the ED waiting room
2. Better transparency - involvement of all staff
3. High dependency care: Guidelines and initiatives about choosing wisely in the context of comorbid elderly patients presenting to the emergency department and edetermining appropriateness of HDU and ICU admission for that particular patient group. Should a patient with severe COPD be admitted to HDU because the medical ward can't offer the nursing care that is required?
4. Yes - think sensibly about interventions that are undertaken. Is it really in the patients best interests or simply because we can.
5. Enjoyed the fun interactive project when areas / individuals could submit their 'choosing wisely' idea
6. Review of questions asked by all MDT and professions to avoid multiple duplication
7. more education needs to be given to patients, that it OK to question things
8. more information of costs, radiation risks for xrays, CT scans
9. ipad or tablet patient information for patients rather than paper based documents that cost departments money
10. N/A
11. no
12. probably, but limited time doing this survey right now
13. Make it compulsory for clinicians to be involved - for example it could be something simple like each week one physio (for example) has to come up with an idea - it could be something simple like a literature review on a particular treatment/test that may no longer be clinically relevant/ beneficial/ there may be new options available - and then they have to present it to the other physios - even just in an email form. Make it easy - does it always have to be a huge project? Can it be simpler?
14. No
15. For us - it is more about making the right informed decision for the patient. Most clinicians make poorly informed decisions about the interventional procedures as to what is right, risk and if beneficial for the patient. Clinicians need to stop making "dumping grounds" for ancillary services such as imaging in our case.
16. no
17. not sure whats been done already

18. As above
19. Prescription of antipsychotics to children and adolescents
20. No
21. Referrals to MDT.
22. Consider stopping routine blood tests post uncomplicated joint replacement.
23. Champions in the work place are best
24. no
25. There does need to be some work on reducing the un-necessary tests done on ED
26. Anaesthesia medications
27. No
28. It enables for community services to have a community at a glance operations centre.
29. ANA and ENA testing
30. Lack of editorial control over recommendations that are published on the Choosing Wisely website. Some recommendations by professional groups (eg. College of Midwives) were scientifically unsound and have since been removed from the Choosing Wisely website.
31. No
32. Don't ask us to have input which is time consuming and then not be prepared for the implementation of clear recommendations
33. No
34. lab tests for chronic abdominal pain in children, AXRs in children for constipation, viral serology testing when the result does not alter treatment.
35. no
36. Choosing whether patients should be admitted to the rehabilitation ward versus being managed at home/ESD or residential care.
37. More publicity for current campaigns