Choosing Wisely: The Next Five and Implications for Pediatric Practice

Speaker:
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Slides are available on SCCM Connect - Choosing Wisely KEG website

- Between 1/3 and 1/4 of the cost of medical care we provide is considered wasteful; results in financial harm as well as physical & emotional harm
- Harm from overuse or waste should be considered equal to an adverse event and reviewed as such
- Choosing Wisely – overcoming therapeutic illusions: There are a number of assumptions/expectations that lead to overuse ie, assuming patients are constantly looking for an exact answer or expect the care team to "just do something", feeling that "watching and waiting may be viewed as disinterest, provider's uncomfortable with 'medical uncertainty' fostering defensive medicine
- The original Choosing Wisely for Critical Care were reviewed along with the history and rationale for development of the Next Five
  1. Don't retain catheters and drains in place without clear indication
     a. National collaborative in pediatric patients examined insertion and maintenance bundle in pediatric care unit. Saw significant decrease in infection over time.
  2. Don't delay progress toward liberation from mechanical ventilation
     a. RT-driven protocol can decrease time to extubation readiness. Intensivists should trust RT colleagues to be involved with continuous weaning of mechanical ventilator and ID patients who are appropriate for weaning and extubation. Data was shared on studies that demonstrate decrease in ventilator and PICU days when protocolized ventilator weaning pathway applied
  3. Don't continue antibiotic therapy without evidence of need
     a. Limit antimicrobials to shortest possible duration
  4. Don't delay mobilizing ICU patients
     a. Can decrease lean body catabolism, these patients may require less sedation, have less delirium and less need for mechanical ventilation. Results in shorter duration of ICU. PICU UP! initiative was discussed. "Illness shouldn't mean stillness"
  5. Don't provide care that is discordant with the patient's goals and values.
     a. Provide honest medical information, assess patient/family values and preferences, make shared decision as soon as possible.
- Practitioners need to be proactive – weaning sedation, weaning mechanical ventilation and antibiotics, implementing early mobility. Proactive scheduled weaning will reduce the waste of waiting and will lead to increased value.
- CW is best practice as part of learning healthcare environment - 3 components: patient care, shared education model, clinical research. Two important consequences:
  o Facilitates delivery of evidence-based care
  o Hidden value of operating in learning healthcare environment promotes wellness for community of ICU practitioners

- Choosing Wisely and ICU Liberation have significant alignment
- Question: have mobility studies looked at device lost or complications? In settings who do this a lot, as long as there is effort at being careful and adequately staffed mobility, can be done safely.
- Question: what has been the effect of early mobilization on staffing levels? There is increased need for personnel to do these types of activities. Likely can afford additional staff with cost savings from reduced ICU LOS.
- Question: what are some of the biggest barriers to implementing Choosing Wisely in the PICU? Need to prioritize – people are overloaded with quality initiatives. May need to concentrate on one element at a time to start. Need resources to collect data and demonstrate impact.

May 19 meeting attendees:
Jessica Mercer
Ally Hines
Andrew Kiragu
Anita Reddy
Anne Rain Brown
Brian Flaherty
Bridget Norton
Edward Seferian
Erika Stalets
Jack Green
Jayesh Thakker
Kathy Williams
Maya Dewan
Peter Lindbloom
Sameer Kamath
Sarah Welsh
Venessa Pinto
Vijay Srinivasan
Jana Stockwell
Jeff Lutmer
Randi Trope