**Choosing Wisely KEG – Meeting Minutes 11.20.19**

**Attendees:**

Anita Reddy, Ally Hynes, Christina Canfield, Maya Dewan, Gary Procop, Jerry Zimmerman, Amy Dzierba, Anne Rain Tanner Brown, Jen Cortes, Matt Tyler, Scott Bolesta, Seth Bauer, Reagan Collins

Dr. Reddy introduced Dr. Gary Procop, Professor of Pathology at Cleveland Clinic

Strategies and Tactics in Laboratory Stewardship

Sent out slide deck earlier today > posted to SCCM Connect – Choosing Wisely library

* Use slides as a resource
* Great resource for laboratory leadership

1. Structure and Leadership of Team
   1. No one size fits all
   2. Think about
      1. Commitment and investment
         1. Up, Down, and Out > Have Buy in from everyone, selling up is important because often doing things that may be considered as intrusive, but want to support best practices, make sure you have support before moving forward with large interventions
      2. Having essential resources available > helpful to have projects on track, project management, person to pull and analyze data to reduce overburden, someone to encourage meeting participation, stake holders throughout institution
      3. Organizational and Individual Alignment
         1. Critical for support to step back and look at institution as a whole
      4. Meeting schedule, assign responsibilities, have action items, meeting minutes, agenda, etc. to stay on task
      5. Impact analysis
         1. Monitor and track interventions to demonstrate credibility to leadership to gain support for future interventions
         2. Ex. How many tests did we stop and how much money did we save > but also focus on best practices
   3. Multidisciplinary teams work best
      1. MDs may be unwilling to make decisions outside their expertise
      2. Make “alpha teams”, core group interested in stewardship to take on individual projects
   4. Saving money is great, concern over “best practice” better
      1. Reduce false positives
      2. Reduce iatrogenic anemia
2. Why tests are ordered inappropriately
   1. Biologic measurement doesn’t change (HgbA1C) > hard wire system to detect or prevent these; constitutional genetic testing (don’t duplicate CF tests)
   2. Tests add no additional value
   3. Mis-ordered tests (programming, ordersets, etc.)
   4. Cognitive problems (Look-alike, sound-alike)
   5. Misunderstanding of how to diagnose appropriately
3. Focus on appropriate utilization
   1. May have circumstance with “underutilization” (ex. Testing for CMV in neonates)
4. Strategies for Overcoming
   1. Appropriate selection and application
   2. Evaluate best practice
   3. Retrospective profiling
   4. Test order control > don’t interrupt practice, but for limited labs, may develop consensus of “never situations”

Open Discussion:

* Where do you think do you think the largest impacts are made? Department, physician group, etc. > biggest impact throughout system on routine tests > focus on what are the things you never need more than one time per day; financial standpoint, the biggest impact is genetic tests
* Would you restrict certain tests to specialists? Yes, limited to “deemed users”
* Advice or references for institution that has opportunity when switching EHR or transitioning to EHR > proactive approach to design?
  + Custom programming usually needed
  + Hardwire best practices with option to go outside as needed
    - Rule out hypothyroid > instead of individual tests
* POC testing? Not addressed yet
* Education versus hard-wiring > education impact may be short-lived, hard-wiring, showing data to stakeholders may be better

**Review of Mission and Goals**

* Review and send edits if needed

**SCCM Connect:**

* Short bio, contact info for Steering Committee
* Documents related to presentations

**Social Media:**

* Maya Dewan discussed sharing useful information
* Hashtag to share with community “#ChoosingWiselyICU”, tag with additional SCCM hashtags

**Sub-Committees:**

Matt Tyler discussed having smaller groups to share ideas based on Sub-committees, meet at Congress

**Open Announcements**

* No December Meeting due to holidays, vacations, etc.
* We have secured speaker for January Meeting, Dr. Jeffrey Kanne, University of Wisconsin > done work on limiting radiology in ICU
* If other individuals have ideas regarding future speakers, let us know so we can reach out and have them share their experience
* Tag authors on twitter to connect to group, particularly those that are publishing on “ChoosingWiselyICU” topics
* Have finalized congress events
  + Choosing Wisely meeting on Monday, February 17th from 2:30-3:30 in Hyatt Regency, Orlando Ballroom N > will have speaker, Dr. Mitch Buckley on albumin stewardship
  + Round Table Discussion “Less is More…” on Monday, February 17th from 12:15-1:15

\*Both should be listed in the program

* Dr. Zimmerman mentioned voting for next 5 choosing wisely items
* Getting more closely involved with SCCM > KEG members be reviewers for abstracts marked for “choosing wisely award”?
* In the process of finalizing session talk submission for 2021 Congress