



# THE ADVOCATE!

*"Keeping you in touch with our collective critical care team"*

## The Importance of Choosing Wisely

By Dorothy Grant, Patient Representative on the Choosing Wisely Nova Scotia Steering Committee

Choosing Wisely Canada is a national campaign designed to help clinicians and patients engage in conversations about tests and treatments, in order to help patients make smarter and more effective choices. Choosing Wisely originated in the United States in 2010 but has seen global uptake, ultimately being launched in Canada on April 2, 2014 by a small team consisting of members from the University of Toronto, the Canadian Medical Association and St. Michael's Hospital, in Toronto.



Choosing Wisely Canada, like its counterparts, was designed to inspire and engage health-care professionals to take leadership to reduce unnecessary tests, treatments and procedures, and enable them, with simple tools and resources to make it easier to choose wisely. It does this by partnering with professional societies representing different clinical specialties (e.g., cardiology, family medicine, nursing) to develop lists of "Things Clinicians and Patients Should Question." These lists of recommendations identify tests and Treatment commonly used in each specialty that are not supported by evidence and could potentially expose patients to harm. For many years, both physicians and patients have had a "more is more (better)" attitude. It is time to adopt a "think twice" attitude – recognizing there are many clinical situations in which "less is more".

The major goal of Choosing Wisely is to promote conversations between clinicians and their patients to help them both choose care that is:

- Free from harm
- Truly necessary
- Supported by evidence
- Not duplicative of other tests or procedures already received

**"We are our choices."**  
*~ Jean-Paul Sartre ~*

Doing this, obviously, represents a great challenge, but the anticipated dramatically positive affect on the health care with make the challenges well worthwhile!



# Accreditation Canada Survey Visit 2017

In October of 2017, various sites throughout the newly amalgamated Nova Scotia Health Authority (NSHA) were visited by the Accreditation Canada survey team, made up of 30 surveyors and one patient reviewer. The team followed patients through the health system, met with community partners and spoke with frontline staff, physicians, learners, volunteers, patients and families. Using this information, they assessed services based on a national standard; the organization received an Accreditation verdict of '**Accredited**'.

The team commended the progress NSHA has made since the provincial amalgamation in 2015. To view the full Report, please visit the NSHA intranet and click on the Accreditation logo.

In addition to the written report, the Lead Surveyor for the Critical Care Standards, Dr. Tony Taylor, met with the leadership group to review of his findings. He noted that wherever they visited, staff and physicians were engaged and committed to Quality. Below, please find several of the highlights Dr. Taylor's reports.

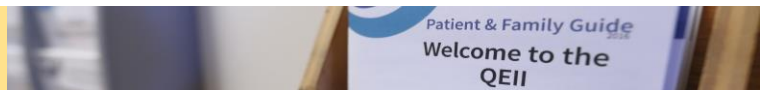
## Program Strengths:

- **Robustness of the QEII (3A ICU and 5.2 ICU) integration**, and the benefits to patient care. The Report describes 3A ICU and 5.2 ICU as "one unit on two sites".
- **Mobility Program** at the QEII. Dr. Taylor described this as a leading practice intervention, and suggested it should be "rapidly and aggressively spread" across the organization, various programs and even the country. He indicated what is most impressive is its strength as an 'integrating strategy', pulling together such topics as delirium, falls prevention, pressure injury prevention and VAP prevention.
- **Organ Donation**. Dr Taylor described people working in ICUs outside of the QEII as understanding the program, know how it works, and recognize the resource that the program and 5.2 provides.
- **Urgent Admission Pause** at 5.2 ICU. The 'urgent admission pause', evolved out of surgical admission pause, allows all team members to participate in the transfer process, ensuring key components are communicated. It is described as "an excellent communication tool", and encouraged NSHA to adopt this program at other ICUs.
- Valley Regional Hospital is unique in its use of **journaling** for patients and families, helping patients to understand their critical care stay.

## Opportunities for improvement:

- Infrastructure issues; for example, VG site structural & safety issues impacting Critical Care delivery.
- Need for a home and long-term ventilation program. There are ICUs within the province caring for patients whose needs might be addressed in the home.
- Need for standardized Clinical Guidelines, and a provincial 'Quality Council'.
- Need for a provincial Integrated Quality Program with outcome data to support improvement. Many ICUs have process indicators but need system level outcome indicators. This will require the infrastructure for a database, data entry and data analysis.
- Further integration of patients and families. Wherever Surveyors visited, they saw commendable integration at the bedside level. Encouraged to take this to the next step with involving families in policies, procedures, and planning.
- Move forward with plans to improve research opportunities outside of Halifax ICUs.

## Choosing Wisely Nova Scotia



Choosing Wisely Nova Scotia (CWNS) officially launched November 30, 2017. The CWNS campaign is led by Doctors Nova Scotia and the Dalhousie Faculty of Medicine. Partner organizations include the Nova Scotia Health Authority (NSHA), Workers Compensation Board of Nova Scotia and the College of Physicians and Surgeons of Nova Scotia.

The CWNS steering committee consists of diverse individuals stemming from different backgrounds and experiences. Members include health-care professionals, administrators, student representatives and a patient representative. CWNS will continue to embark on enhancing the diversity of the steering committee to include various medical specialties, professional backgrounds and other health-care professionals.

By engaging with key stakeholders, CWNS has established strategic priorities that will be pursued over the next four years. We'll soon be hearing more about these:

- **Year 1** – Transfusion – support the provincial spread of initiatives such as the Central Zone "If one will do, why transfuse two" campaign, along with plasma and platelet initiatives
- **Year 2** – Benzodiazepine use – in acute care, long-term care and primary care
- **Year 3** - Routine blood work – Questioning what we have accepted as "routine" in our day-to-day practice, using evidence to support the need for lab testing
- **Year 4** – Development of communication skills, helping clinicians and patients to have conversations about care that is supported by evidence, not a duplicate of previous tests or procedures, truly necessary and minimizing harm

# LEADERSHIP CORNER

Over the last couple of months, many things have happened within our department. The announcement for our new Department Head was made and Tony O'Leary will join us from Nottingham, England on March 12<sup>th</sup> as the new Department Head. We are all looking forward to welcoming Tony and working with him to move our department forward.

A few things will be very helpful in our ongoing journey as a department. First, our longstanding dream of a database, dedicated to critical care, is coming true and we have commitment from leadership to support this database with a dedicated database person. Also, we are finally in a situation where we will be at full physician complement and therefore will be able to distribute the workload on a few more shoulders, hopefully leading to better job satisfaction.

I would like to acknowledge Osama's work as our Research Lead: Under his governance you can see a clear diversification of our research portfolio. This will be further complemented by the researchers joining us from the pediatric group. Congratulations on that Osama!

I also would like to acknowledge two of our colleagues Janice Chisholm and Steve Beed who recently were awarded major awards by the Royal College and Doctors Nova Scotia for their achievements in education and overall accomplishments – this is great recognition for our small group.

Lastly, I would like to thank everyone who has been supporting me in my interim position as Department Head and for the help and advice I received from all of you. Looking forward to a great future with our group under our new leadership.

Thanks,  
Tobias Witter

*“Attitude is a choice. Happiness is a choice. Optimism is a choice. Kindness is a choice. Giving is a choice. Respect is a choice. Whatever choice you make makes you. Choose wisely.” – Roy T. Bennett*



## Choosing Wisely Critical Care

As part of the Choosing Wisely Canada initiative, professional societies representing clinical specialties identify tests and procedures that are commonly used within their specialty that are not supported by evidence and introduce harm.

The Choosing Wisely Critical Care list was recently updated by the Canadian Critical Care Society, the Canadian Association of Critical Care Nurses, and the Canadian Society of Respiratory Therapists. This list, the rationales and references, can be found at <https://choosingwiselycanada.org/critical-care/>

1. Don't start or continue life supporting interventions unless they are consistent with the patient's values and realistic goals of care.
2. Don't prolong mechanical ventilation by over-use of sedatives and bed rest.
3. Don't continue mechanical ventilation without a daily assessment for the patient's ability to breathe spontaneously.
4. Don't order routine chest radiographs for critically ill patients, except to answer a specific clinical question.
5. Don't routinely transfuse red blood cells in hemodynamically stable ICU patients with a hemoglobin concentration greater than 70 g/l (a threshold of 80 g/L may be considered for patients undergoing cardiac or orthopedic surgery and those with active cardiovascular disease).



## Upcoming Events & Conferences:

### ● **Critical Care Rounds** @ 1200-1300, Rm 378 Bethune, VG

M&M Rounds: Dr. Abdulelah Akkam – Tuesday Feb 27<sup>th</sup>

Grand Rounds: Dr. Marko Balan – Tuesday March 6<sup>th</sup> (TBA)

M&M Rounds: Dr. Jack Rasmussen – Tuesday March 20<sup>th</sup>

Bioethics: Dr. Marko Balan – Tuesday March 27<sup>th</sup>

Research Rounds: Dr. Jai Shankar – Tuesday April 3<sup>rd</sup>

Research Rounds: Dr. Jennifer Hancock – Tuesday April 10<sup>th</sup>

Journal Club: Dr. Marko Balan & Senior Rotating Resident – Tuesday April 17<sup>th</sup>

### ● **Critical Care's FoM 150<sup>th</sup> Anniversary Lecture** Tues May 1st

*Invited Presenter*: Dr. Mitchel Levy, Brown University

*Location*: Theatre B, Tupper Link, Dalhousie University

### ● **Blood and Beyond 2018**

April 28<sup>th</sup> & 29<sup>th</sup> 2018

Hampton Inn by Hilton, Halifax, NS

Register at:

<https://nsanesthesia.ca/static/register-blood-and-beyond>

## Reflection at the end of an Accreditation Visit...

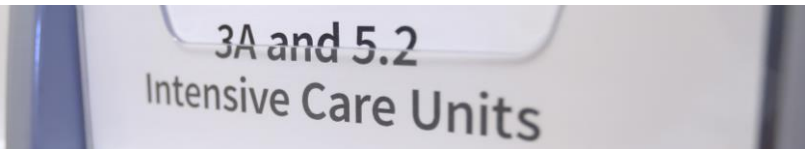
"I am sure you all looked at your calendars and breathed a sigh of relieve that it was finally Friday. I wanted to drop a note to acknowledge the hard work everyone put in for accreditation.

I think the Quality Team has made such a huge difference since my last accreditation experience. This time (I have been through 3 or 4), it was evident that many hours of prep had been done.

There is not a day passes that I am not very proud of where I work and what I do. When I sit and think of all the great things such as the mobility work, medication safety huddles, safety pauses, professional practice council, SIMS training and I can keep going :) I realize what wonderful new innovative work, with very few dollars we have created and promoted.

Awesome team I am proud to be involved in!!!!"

Pam Hughes



3A and 5.2  
Intensive Care Units

## Changes to our Critical Care Family: Welcomes! & Thank You's!

We have had a few new hires and additions to our ICU family since our last edition. WELCOME!

- **5.2** welcomes Will Bland and Ryan McDonald, from the CCNP Program, Sarah Sturge, Chris Lachner, and Hilary Creelman to the 5.2 ICU team! In addition 5.2 welcomes back Walter Somers from his time in the Professional Practice group!
- **3A** welcomes Taylor Davis, Autumn Embree, and Marie Josie White from the CNNP Program!
- **RT** welcomes Tom Swinkels to the team!
- **Pharmacy** welcomes Sarah Burgess who is covering Meghan Mackenzie while she is on maternity leave.

With the coming of new staff we have seen some amazing members of our family leave. A BIG thank you for your dedication and hard work! You will be missed!!

- **5.2 Goodbyes**: Congratulations to Annetta Moses-Gorman, Janet White, and Rita Karsten on their retirements, and best of luck to Heather Smith and Jennifer Levangie with their moves to PACU.
- **3A Goodbyes**: Congratulations to Kathy Bulow and Dawn Mercer on their retirements. 3A also says goodbye to Carol Hickey and Kelly Grady.
- **RT Goodbyes**: Congratulations to Glen Bourque and Carol Abbott who retire April 1<sup>st</sup>
- **Pharmacy Goodbyes**: Jennifer Fleming will be leaving early April to pursue a one year term in Drug Use Evaluation.
- **The Critical Care Quality Team** wish to extend a sincere THANK-YOU to Kristen Griffiths for all of her amazing work throughout the past few years, in particular in putting together our quarterly newsletter. Kristen is taking an educational sabbatical; while we will miss her and her talents greatly, we wish her all the best and look forward to her return in one year's time! THANK YOU KRISTEN AND GOOD LUCK!



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