

The Inaugural Choosing Wisely List for Pediatric Emergency Medicine: Strategies for Local Implementation



An initiative of the ABIM Foundation

American Academy of Pediatrics –
Section on Emergency Medicine and the
Canadian Association of Emergency Physicians

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



CAEP | ACMU

**Five Things Physicians
and Patients Should Question**

PAS 2023

April 30, 2023 - 2:00 PM - 3:30 PM EST

- **Paul Mullan**, Children's Hospital of the King's Daughters, Norfolk, Virginia, USA mullan20@gmail.com @paulmullan20
- **Kelly Levasseur**, Children's Hospital of Michigan, Detroit, Michigan, USA Adocklevasseur@gmail.com
- **Shabnam Jain**, Emory University, Atlanta, Georgia, USA sjain@emory.edu
- **Michele Nypaver**, University of Michigan, Detroit, Michigan, USA michelen@med.umich.edu
- **Lalit Bajaj**, Children's Hospital of Colorado, Denver, Colorado, USA Lalit.Bajaj@childrenscolorado.org
- **Jim Chamberlain**, Children's National Medical Center, Washington, DC, USA JCHAMBER@childrensnational.org
- **Olivia Ostrow**, Hospital for Sick Children, Toronto, Canada olivia.ostrow@sickkids.ca
- **Jennifer Thull-Freedman**, Alberta Children's Hospital, Calgary, Canada Jennifer.Thull-Freedman@albertahealthservices.ca
- **Lori Rutman**, Seattle Children's Hospital, Seattle, Washington, USA Lori.Rutman@seattlechildrens.org

The Authors Allow
This Content To Be Shared



Disclosure

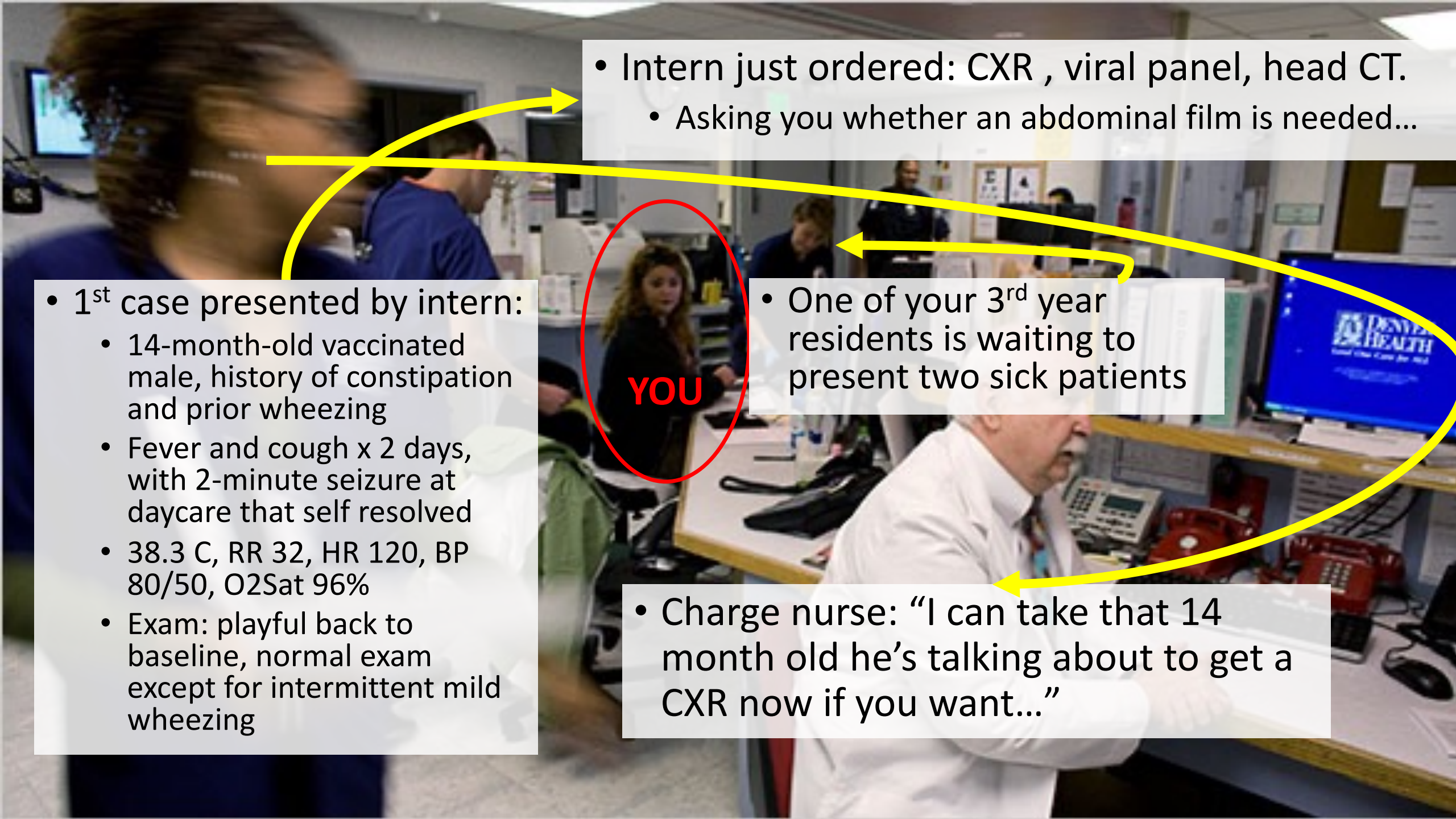


Presenters have no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.

Just coming in for your:
3rd 3PM shift in a row.
3 years into pandemic.

30 patients in ED.
30 in waiting room.
30 more in line...



- 
- Intern just ordered: CXR , viral panel, head CT.
 - Asking you whether an abdominal film is needed...

- 1st case presented by intern:
 - 14-month-old vaccinated male, history of constipation and prior wheezing
 - Fever and cough x 2 days, with 2-minute seizure at daycare that self resolved
 - 38.3 C, RR 32, HR 120, BP 80/50, O2Sat 96%
 - Exam: playful back to baseline, normal exam except for intermittent mild wheezing

- One of your 3rd year residents is waiting to present two sick patients

- Charge nurse: “I can take that 14 month old he’s talking about to get a CXR now if you want...”



Workshop Agenda

- Background (10 minutes): Choosing Wisely list creation and evidence
- Phase 1 (25 minutes): Small groups - Cause and effect diagrams
- Phase 2 (30 minutes): Small groups - Aims and key driver diagrams
- Phase 3 (15 minutes): Small groups - Next action step planning
- Wrap-up (5 minutes)



Workshop Agenda

- **Background (10 minutes): Choosing Wisely list creation and evidence**
- Phase 1 (25 minutes): Small groups - Cause and effect diagrams
- Phase 2 (30 minutes): Small groups - Aims and key driver diagrams
- Phase 3 (15 minutes): Small groups - Next action step planning
- Wrap-up (5 minutes)



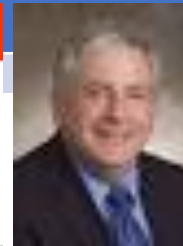
Choosing Wisely[®]

Promoting conversations between patients and clinicians

2010 ACA:
↓Cost & ↑Quality



2010 Article:
'Top 5' Lists
Needed



2012: 9 CW ABIM Lists
2023: 100s in 25 countries





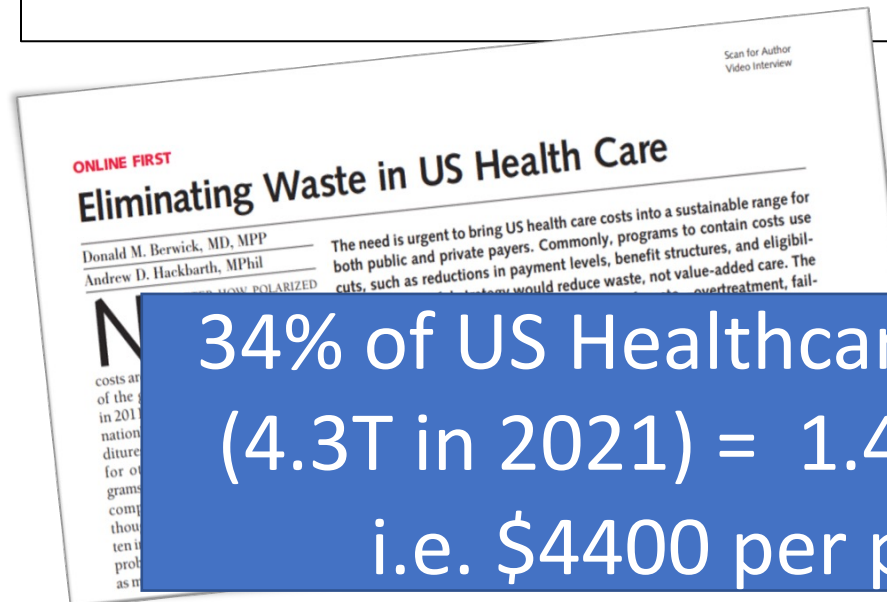
eg, Health,
Morbidity,
Satisfaction, etc.

$$\bullet \text{Value} = \frac{\text{Outcomes}}{\text{Cost}}$$

eg, Equipment,
tests, meds,
staffing

(*travelers, *retention)

34% of US Healthcare spending
(4.3T in 2021) = 1.46T wasted
i.e. \$4400 per person



\$4400 per
person wasted?

~10% is
overuse waste

Shrank WG, et al. JAMA
2019;332(15):1501-09







Share

\$700

Add a tip?

**+\$70 (10%)
CBC**

**+\$140 (20%)
CBC + CXR**

**+\$238 (34%)
CBC+CXR+AXR**

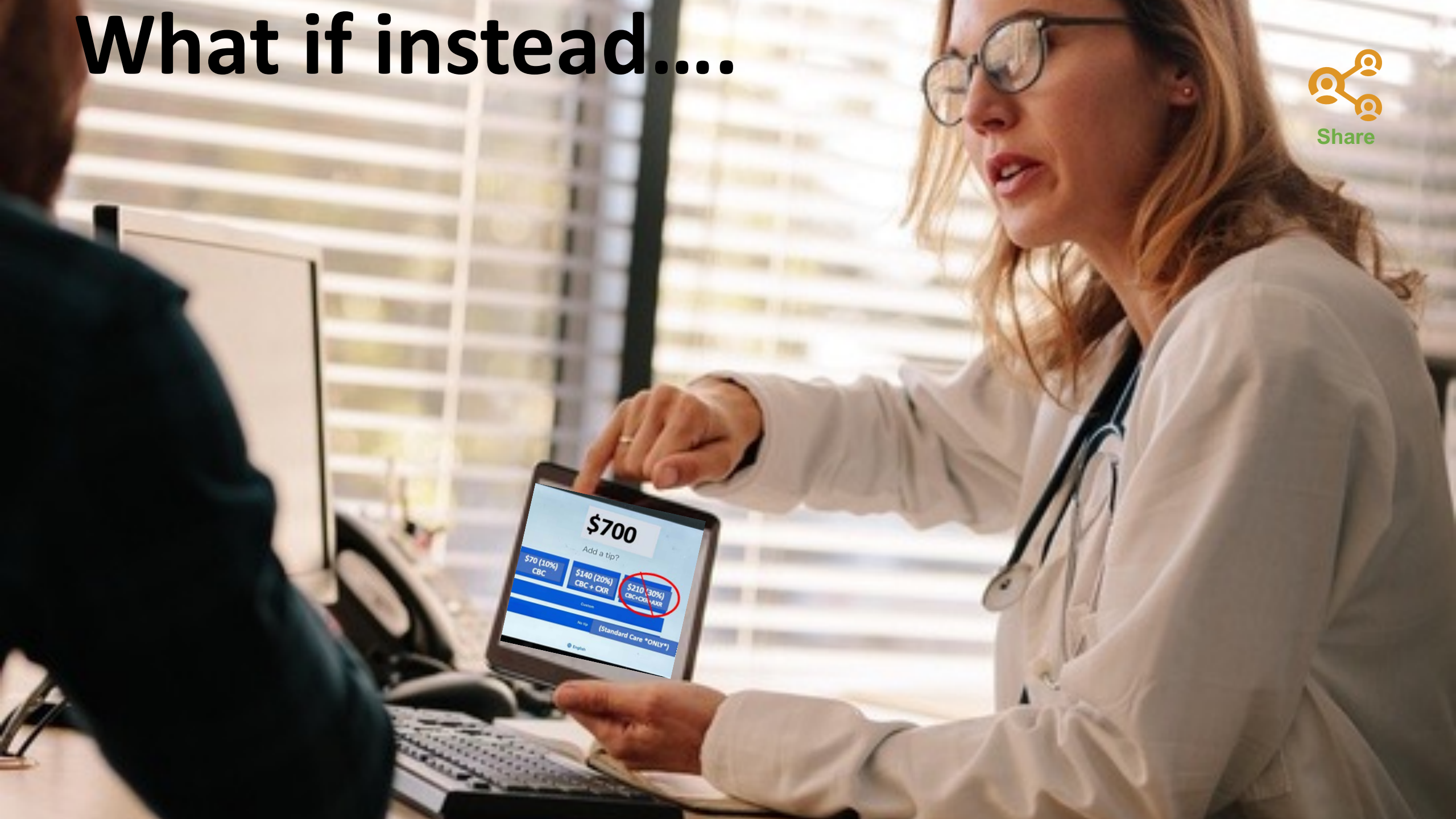
Custom

No tip

(Standard Care *ONLY*)

English

What if instead....



\$700

Add a tip?

\$70 (10%) CBC	\$140 (20%) CBC + CXR	\$210 (30%) CBC+CBC+MAXR
--------------------------	---------------------------------	------------------------------------

Custom

No tip (Standard Care *ONLY*)

English

GROUND RULES FOR WORKSHOP

A portrait of Amy Edmondson, a woman with short, wavy, light-colored hair, smiling. She is wearing a dark top. The background is a blurred indoor setting.

Amy Edmondson (HBS)

“Psychological safety is a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes...”

A portrait of Cindy Alvarez, a woman with long, wavy, dark brown hair, smiling. She is wearing a bright pink top. The background is a blurred outdoor setting with greenery.

Cindy Alvarez (Microsoft UX lead):

“This is only going to work if you tell us ALL the reasons why this is NEVER going to work for your team.”

AUDIENCE RESPONSE

Why is it hard as clinicians to consistently “Choose Wisely” and avoid overuse of diagnostic testing?





American College of
Emergency Physicians®

Sign In

Join/Renew



ACEP Announces List of Tests As Part of Choosing Wisely Campaign

October 14, 2013

**Choosing
Wisely®**

An initiative of the ABIM Foundation



Share

Review

> J Hosp Med. 2013 Sep;8(9):479-85. doi: 10.1002/jhm.2064. Epub 2013 Aug 19.

Choosing wisely in pediatric hospital medicine: five opportunities for improved healthcare value

Ricardo A Quinonez

Jenna Goldstein, Jeff

Vineeta Mittal, Rita M

Affiliations + expand

PMID: 23955837 D

Review

> Crit Care Med. 2021 Mar 1;49(3):472-481. doi: 10.1097/CCM.0000000000004876.

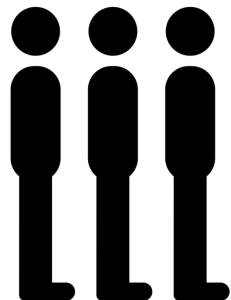
Choosing Wisely For Critical Care: The Next Five

Jerry J Zimmerman¹, Lori A Harmon², Pamela L Smithburger³, Darlene Chaykosky⁴,
Alan C Heffner⁵, Marilyn Hravnak⁶, Jason M Kane⁷, Joshua B Kayser⁸, Meghan B Lane-Fall⁹,
Renee I Matos¹⁰, Riza V Mauricio¹¹, David J Murphy¹², Michael Nurok¹³, Anita J Reddy¹⁴,
Eric Ringle¹⁵, Edward G Seferian¹⁶, Norma M Smalls-Mantey¹⁷, Kathleen B To¹⁸,
Lewis J Kaplan¹⁹

Affiliations + expand

PMID: 33555779 DOI: 10.1097/CCM.0000000000004876

PEM



What diagnostic tests do YOU order that are often unnecessary (or low value)?



Task Force

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

SOEM

Section on Emergency Medicine



Phase 1

- Paul Mullan, Children's Hospital of the King's Daughters, Norfolk, Virginia, USA
- Kelly Levasseur, Children's Hospital of Michigan, Detroit, Michigan, USA
- Shabnam Jain, Emory University, Atlanta, Georgia, USA
- Michele Nypaver, University of Michigan, Detroit, Michigan, USA
- Lalit Bajaj, Children's Hospital of Colorado, Denver, Colorado, USA
- Jim Chamberlain, Children's National Medical Center, Washington, DC, USA

Phase 2 & 3

- Olivia Ostrow, Hospital for Sick Children, Toronto, Canada
- Jennifer Thull-Freedman, Alberta Children's Hospital, Calgary, Canada

Dissemination

- Lori Rutman, Seattle Children's Hospital, Seattle, Washington, USA
 - Brad Sobolewski, Cincinnati Children's Hospital, Cincinnati, Ohio, USA
-



Project Strategy

- **Phase 1: Item collation**

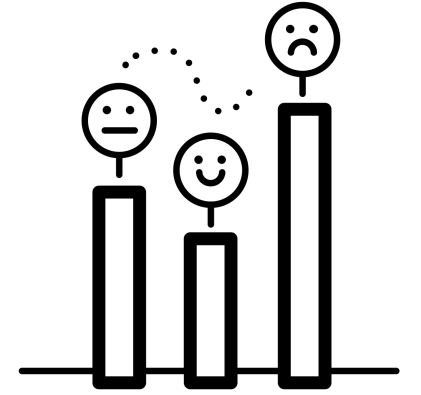
- Task force formation (March 2021)
- Instructions from AAP & US CW
- Multi-round voting & consensus (modified Delphi process)
- Task force members collected overuse items from local ED
 - Diversity aim by years in PEM, gender, and role (doctors, fellows, nurses, APPs)
- 205 suggested items from 33 people
 - 72 unique items



Project Strategy

- **Phase 2: Rating & ranking**

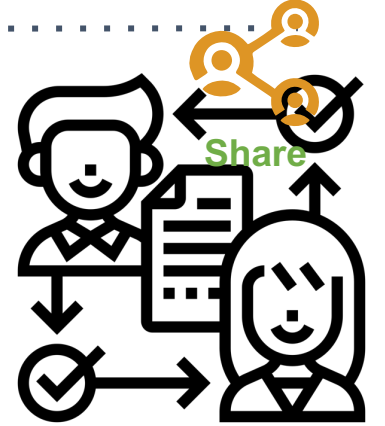
- 72 items rated by task force members on anchored rating scales:
 - Frequency of overuse in a typical ED shift
 - Evidence for lack of efficacy of the intervention
 - Potential for harm
- Top 25 rated items sent to AAP SOEM QI committee to select their top 10 ranking
- The five most frequently ranked items advanced to phase 3
 - For each item: several sentences on evidence basis and references



Share

Project Strategy

- Phase 3: Review, feedback, & approval process
 - AAP Choosing Wisely liaison (Paul Kaplowitz) & AAP SOEM Exec. Committee
 - AAP Committees, Councils, and Sections (n=16)
 - AAP Board of Directors & Executive Committee
 - Canadian Association of Emergency Physicians (CAEP)
 - US Choosing Wisely groups (n>100) & Canadian Choosing Wisely groups (n>60)
 - Simultaneous US & Canada release: December 1, 2023





1

Do not obtain radiographs in children with bronchiolitis, croup, asthma, or first-time wheezing.

Respiratory illnesses are among the most common reasons for pediatric emergency department (ED) visits, with wheezing being a frequently encountered clinical finding. For children presenting with first-time wheezing or with typical findings of asthma, bronchiolitis, or croup, radiographs rarely yield important positive findings and expose patients to radiation, increased cost of care, and prolonged ED length of stay. National and international guidelines emphasize the value of the history and physical examination in making an accurate diagnosis and excluding serious underlying pathology. Radiography performed in the absence of significant findings has been shown to be associated with overuse of antibiotics. Radiographs should not be routinely obtained in these situations unless findings such as significant hypoxia, focal abnormalities, prolonged course of illness, or severe distress are present. If wheezing is occurring without a clear atopic etiology or without upper respiratory tract infection symptoms (eg, rhinorrhea, nasal congestion, and/or fever), appropriate diagnostic imaging should be considered on a case-by-case basis.

2

Do not obtain screening laboratory tests in the medical clearance process of pediatric patients who require inpatient psychiatric admission unless clinically indicated.

The incidence of mental health problems in children has increased in the last two decades, with suicide surpassing homicide as the second leading cause of death in teenagers. Most children with acute mental health issues do not have underlying medical etiologies for these symptoms. A large body of evidence, in both adults and children, has shown that routine laboratory testing without clinical indication is unnecessary and adds to health care costs. Any diagnostic testing should be based on a thorough history and physical examination. Universal requirements for routine testing should be abandoned.

3

Do not order laboratory testing or a CT scan of the head for a patient with an unprovoked, generalized seizure or a simple febrile seizure who has returned to baseline mental status.

Children presenting with unprovoked, generalized seizures or simple febrile seizures who return to their baseline mental status rarely have blood test or CT scan findings that change acute management. CT scans are associated with radiation-related risk of cancer, increased cost of care, and added risk if sedation is required to complete the scan. A head CT scan may be indicated in patients with a new focal seizure, new focal neurologic findings, or high-risk medical history (such as neoplasm, stroke, coagulopathy, sickle cell disease, age <6 months).

4

Do not obtain abdominal radiographs for suspected constipation.

Functional constipation and nonspecific, generalized abdominal pain are common presenting complaints for children in emergency departments. Constipation is a clinical diagnosis and does not require testing, yet many of these children receive an abdominal radiograph. However, subjectivity and lack of standardization result in poor sensitivity and specificity of abdominal radiographs to diagnose constipation. Use of abdominal radiographs to diagnose constipation has been associated with increased diagnostic error. Clinical guidelines recommend against obtaining routine abdominal radiographs in patients with clinical diagnosis of functional constipation. The diagnosis of constipation or fecal impaction should be made primarily by history and physical examination, augmented by a digital rectal examination when indicated.

5

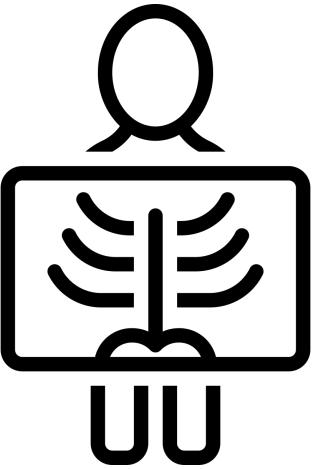
Do not obtain comprehensive viral panel testing for patients who have suspected respiratory viral illnesses.

Viral infections occur frequently in children and are a common reason to seek medical care. The diagnosis of a viral illness is made clinically and usually does not require confirmatory testing. Additionally, there is a lack of consistent evidence to demonstrate the impact of comprehensive viral panel (i.e., panels simultaneously testing for 8–20+ viruses) results on clinical outcomes or management, especially in emergency department settings. Hence, most national and international clinical practice guidelines do not recommend their routine use. Additionally, some viral tests are quite expensive, and obtaining nasopharyngeal swab specimens can be uncomfortable for children. Comprehensive viral panel testing can be considered in high-risk patients (eg, immunocompromised) or in situations in which the results will directly influence treatment decisions such as the need for antibiotics, performance of additional tests, or hospitalization. Testing for specific viruses might be indicated if the results of the testing may alter treatment plans (e.g., antivirals for influenza) or public health recommendations (e.g., isolation for SARS-CoV-2). For more specific recommendations related to diagnosis and management of SARS-CoV-2, please see www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/.



Do not obtain radiographs in
children with bronchiolitis, croup,
asthma or first-time wheezing

- For children presenting with first-time wheezing or typical findings of asthma, bronchiolitis, or croup, radiographs rarely yield important results
 - Radiation, increased cost, prolonged stay, antibiotic overuse
 - Consider if:
 - Significant hypoxia, focal abnormalities (post-albuterol in asthma), prolonged illness, or severe distress
 - Wheeze without atopy or URI



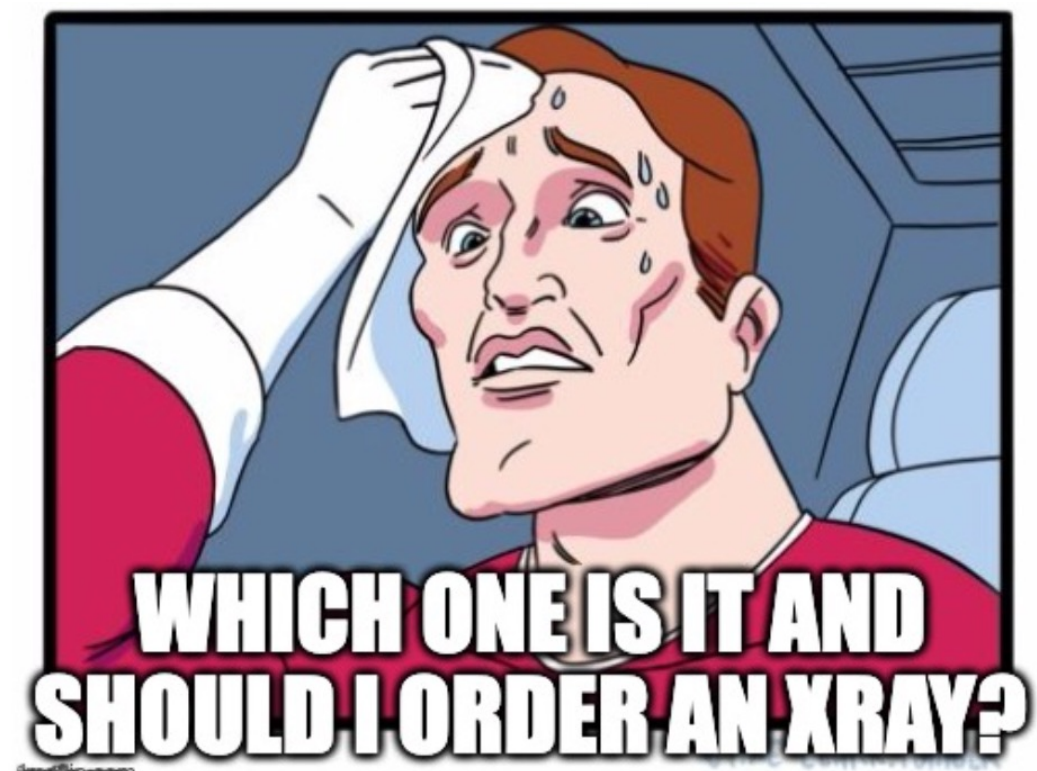
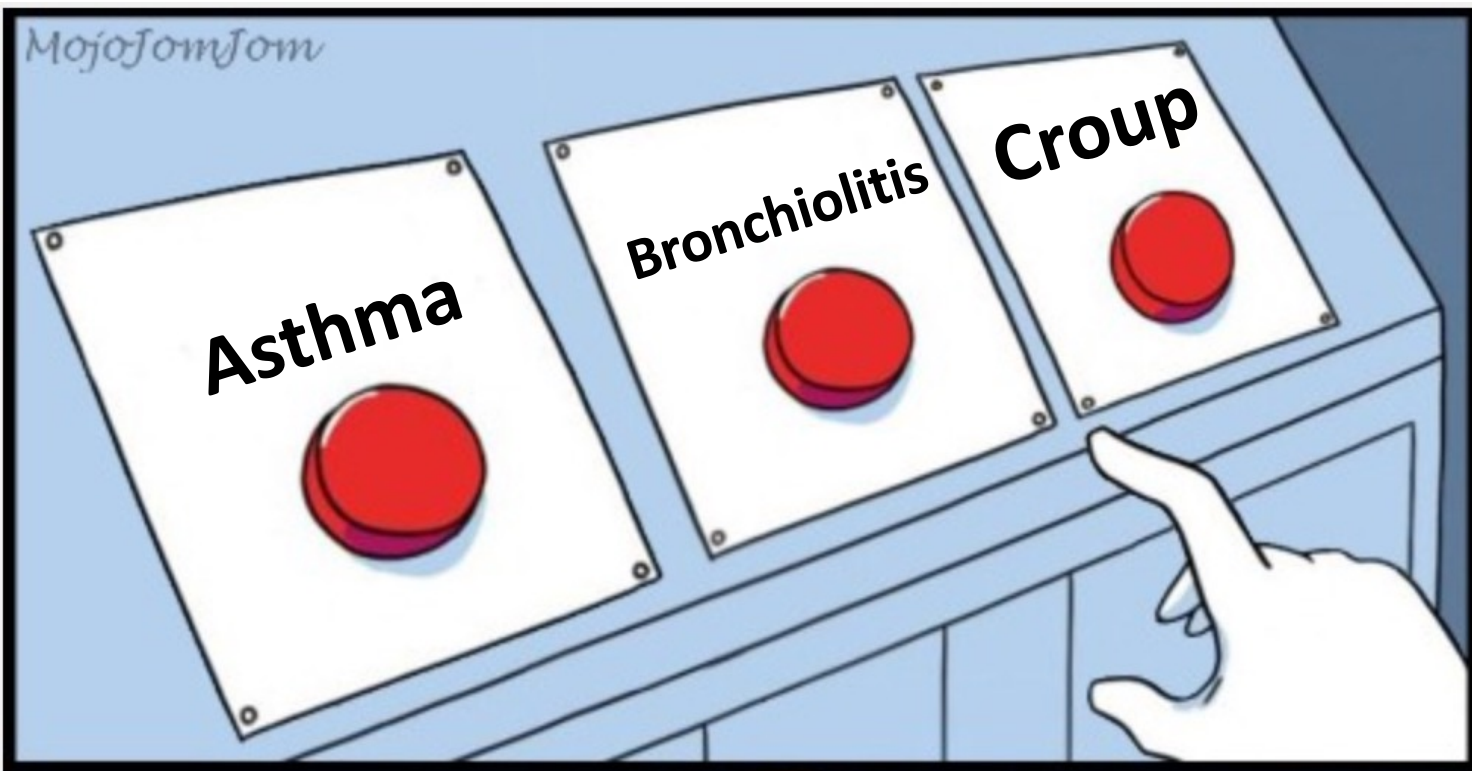
Ralston SL, Lieberthal AS, Meissner HC, et al. Clinical practice guideline: the diagnosis, management, and prevention of bronchiolitis. *Pediatrics*. 2014;134(5):e1474-e1502. DOI: <https://doi.org/10.1542/peds.2014-2742>

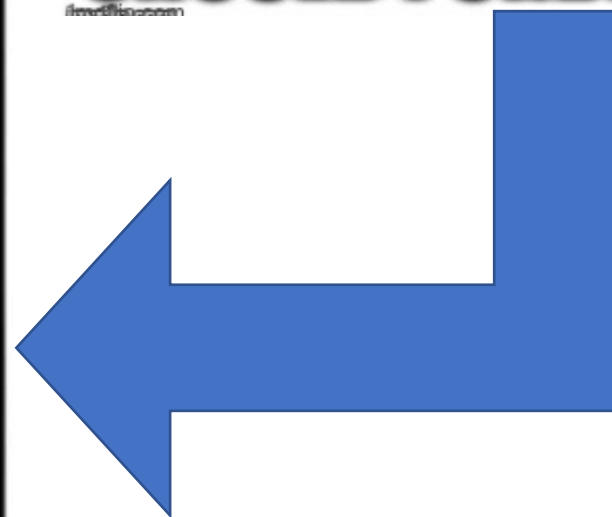
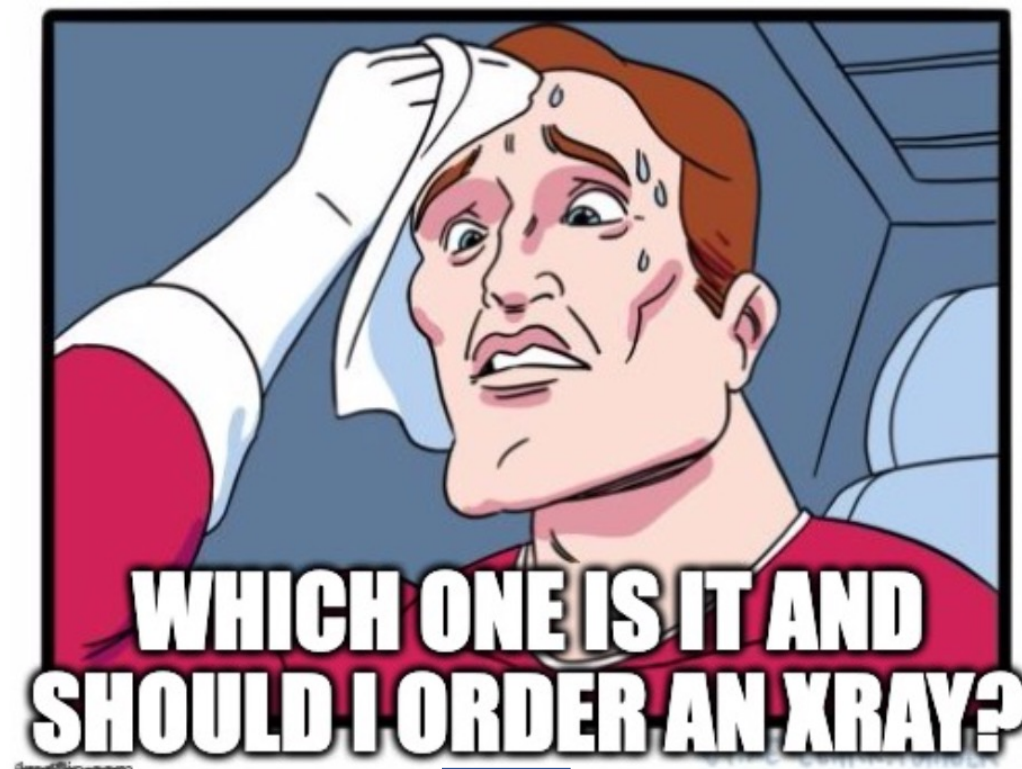
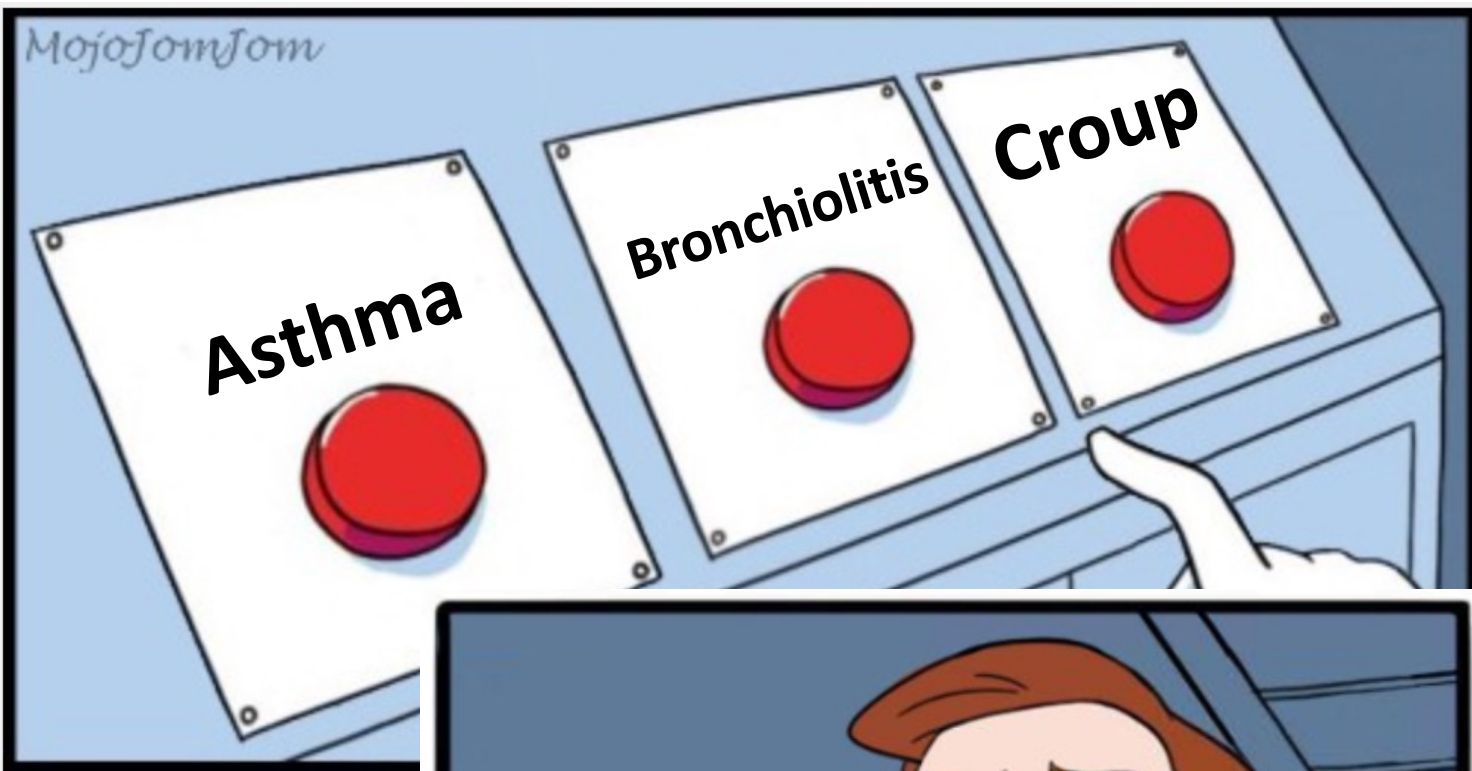
Trottier ED, Chan K, Allain D, Chauvin-Kimoff L. Managing an acute asthma exacerbation in children. *Paediatr Child Health*. 2021;26(7):438-439. DOI: 10.1093/pch/pxab058

Shah SN, Bachur RG, Simel DL, Neuman MI. Does this child have pneumonia? The rational clinical examination systematic review. *JAMA*. 2017;318(5):462-471. DOI: 10.1001/jama.2017.9039

Schuh S, Lalani A, Allen U, et al. Evaluation of the utility of radiography in acute bronchiolitis. *J Pediatr*. 2007;150(4):429-433. DOI: 10.1016/j.jpeds.2007.01.005

National Heart, Lung, and Blood Institute. Expert Panel Report 4: Guidelines for the Diagnosis and Management of Asthma; National Asthma Education and Prevention Program, Third Expert Panel on the Diagnosis and Management of Asthma. Bethesda, MD: National Heart, Lung, and Blood Institute; 2007:391







Do not obtain screening lab tests in the medical clearance of pediatric patients requiring psychiatric admission unless clinically indicated.



- Most children with acute mental health issues do not have underlying medical etiologies for these symptoms
 - All evidence: routine laboratory testing without clinical indication is unnecessary and adds costs
 - Diagnostic testing based on a history and physical
 - Universal routine testing should be abandoned

Thrasher TW, Rolli M, Redwood RS, et al. 'Medical clearance' of patients with acute mental health needs in the emergency department: a literature review and practice recommendations. *WMJ*. 2019;118(4):156-163

Donofrio JJ, Horeczko T, Kaji A, Santillanes G, Claudius I. Most routine laboratory testing of pediatric psychiatric patients in the emergency department is not medically necessary. *Health Aff (Millwood)*. 2015;34(5):812-818

Chun TH. Medical clearance: time for this dinosaur to go extinct. *Ann Emerg Med*. 2014;63(6):676-677

Donofrio JJ, Santillanes G, McCammack BD, et al. Clinical utility of screening laboratory tests in pediatric psychiatric patients presenting to the emergency department for medical clearance. *Ann Emerg Med*. 2014;63(6):666-675.e663.

Santillanes G, Donofrio JJ, Lam CN, et al. Is medical clearance necessary for pediatric psychiatric patients? *J Emerg Med*. 2014;46(6):800-807

Santiago LI, Tunik MG, Foltin GL, Mojica MA. Children requiring psychiatric consultation in the pediatric emergency department—epidemiology, resource utilization, and complications. *Pediatr Emerg Care*. 2006;22(2):85-89



Do not order lab testing or a CT scan of the head for pediatric patients with an unprovoked, generalized seizure or a simple febrile seizure who have returned to baseline mental status.

- Children with **unprovoked, generalized seizures** or **simple febrile seizures** who return to their baseline mental status rarely have blood test or CT scan findings that change management.
 - CT scan harms: radiation, cost, and possible sedation
 - Head CT may be indicated if:
 - New focal seizure
 - New focal neurologic findings
 - High-risk history (eg, neoplasm, stroke, coagulopathy, sickle cell, age <6 mos)

Hirtz D, Ashwal S, Berg A, et al. Practice parameter: Evaluating a first nonfebrile seizure in children. Report of the Quality Standards Subcommittee of the American Academy of Neurology, the Child Neurology Society, and the American Epilepsy Society. *Neurology*. 2000; 55(5):616-623. Reaffirmed October 17, 2020

Riviello JJ Jr, Ashwal S, Hirtz D, et al; American Academy of Neurology Subcommittee; Practice Committee of the Child Neurology Society. Practice parameter: Diagnostic assessment of the child with status epilepticus (an evidence-based review): Report of the Quality Standards Subcommittee of the American Academy of Neurology and the Practice Committee of the Child Neurology Society. *Neurology*. 2006;67(9):1542-1550

McKenzie KC, Hahn CD, Friedman JN; Canadian Paediatric Society, Acute Care Committee. Emergency management of the paediatric patient with convulsive status epilepticus. *Paediatr Child Health*. 2021;26(1):50-57

American Academy of Pediatrics, Subcommittee on Febrile Seizures. Neurodiagnostic evaluation of the children with a simple febrile seizure. *Pediatrics*. 2011;127(2):389-394. DOI: <https://doi.org/10.1542/peds.2010-3318>



Do not obtain abdominal radiographs for suspected constipation.

- Constipation is a clinical diagnosis and does not require an abdominal radiograph.
 - Poor sensitivity and specificity
 - Use is associated with diagnostic error
 - Diagnosis by history and physical examination

Freedman SB, Rodean J, Hall M, et al. Delayed diagnoses in children with constipation: multicenter retrospective cohort study. *J Pediatr*. 2017;186:87-94.e16. DOI: <https://doi.org/10.1016/j.jpeds.2017.03.061>

Pensabene L, Buonomo C, Fishman L, Chitkara D, Nurko S. Lack of utility of abdominal x-rays in the evaluation of children with constipation: Comparison of different scoring methods. *J Pediatr Gastroenterol Nutr*. 2010;51(2):155-159. DOI: <https://doi.org/10.1097/MPG.0b013e3181cb4309>

Berger MY, Tabbers MM, Kurver MJ, Boluyt N, Benninga MA. Value of abdominal radiography, colonic transit time, and rectal ultrasound scanning in the diagnosis of idiopathic constipation in children: a systematic review. *J Pediatr*. 2012;161(1):44–50.e502. DOI: <https://doi.org/10.1016/j.jpeds.2011.12.045>

Tabbers MM, DiLorenzo C, Berger MY, et al. Evaluation and treatment of functional constipation in infants and children: Evidence-based recommendations from ESPGHAN and NASPGHAN. *J Pediatr Gastroenterol Nutr*. 2014;58(2):258-274. DOI: <https://doi.org/10.1097/mpg.0000000000000266>

Kearney R, Edwards T, Braford M, Klein E. Emergency provider use of plain radiographs in the evaluation of pediatric constipation. *Pediatr Emerg Care*. 2019;35(9):624-629. DOI: [10.1097/PEC.0000000000001549](https://doi.org/10.1097/PEC.0000000000001549)

Freedman SB, Thull-Freedman J, Manson D, et al. Pediatric abdominal radiograph use, constipation, and significant misdiagnoses. *J Pediatr*. 2014;164(1):83-88.e2



Do not obtain comprehensive*
viral panel testing for patients with
suspected respiratory viral illness.

(≥ 8 viruses)*

- Diagnosis of viral illness can be made clinically and usually does not require testing
 - Lack of evidence to demonstrate impact of comprehensive viral panels
 - Uncomfortable & costly
 - Consider when:
 - Results directly influence treatment decisions (eg, need for medication, additional tests, or hospitalization)
 - Admission to a hospital with a policy for testing
 - When indicated in public health recommendations (eg pandemics)

FRIENDS DON'T LET FRIENDS

ORDER TOO MANY TESTS
#PAS2023 #CHOOSINGWISELY

imgflip.com



Share



Workshop Agenda

- Background (10 minutes): Choosing Wisely list creation and evidence
- **Phase 1 (25 minutes): Small groups - Cause and effect diagrams**
- Phase 2 (30 minutes): Small groups - Aims and key driver diagrams
- Phase 3 (15 minutes): Small groups - Next action step planning
- Wrap-up (5 minutes)

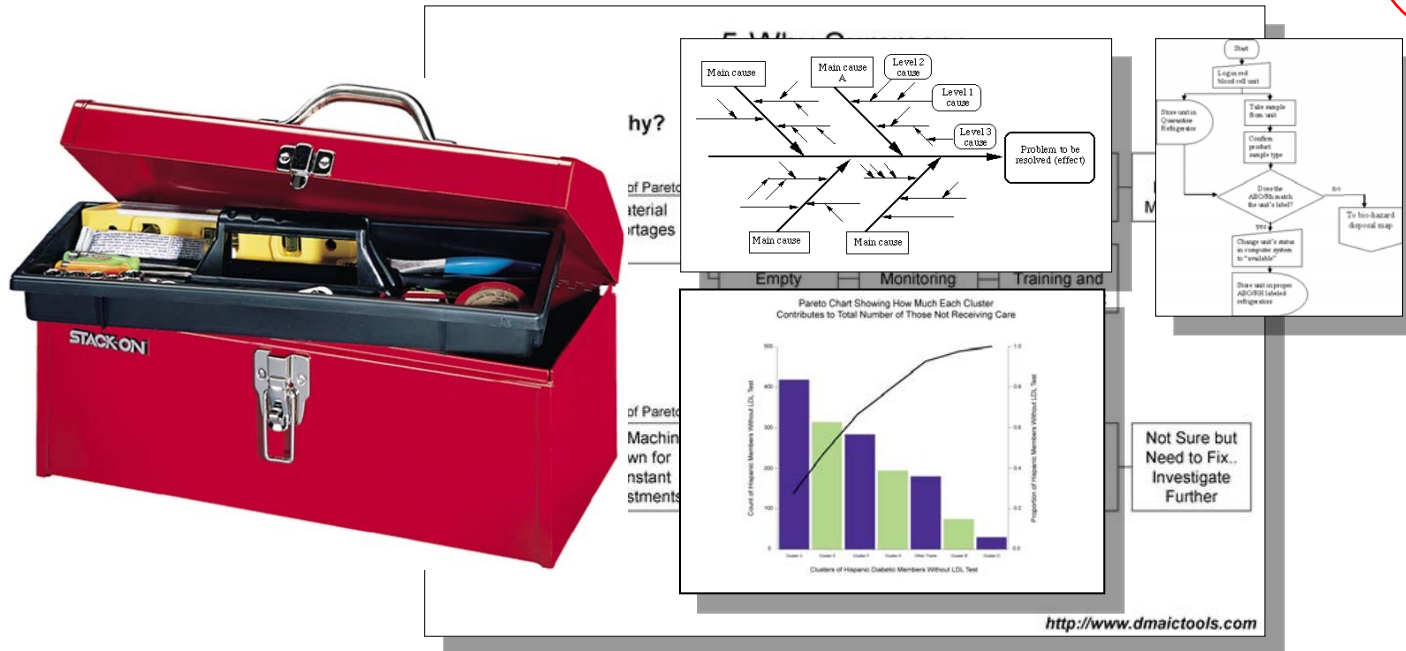
QI diagnostics

- Health care processes are complex
- Process literacy- knowledge of structures, patterns, and people within a system
- Why?
 - provides a shared model
 - identifies measures
 - generates hypotheses for change
 - Understand your problem

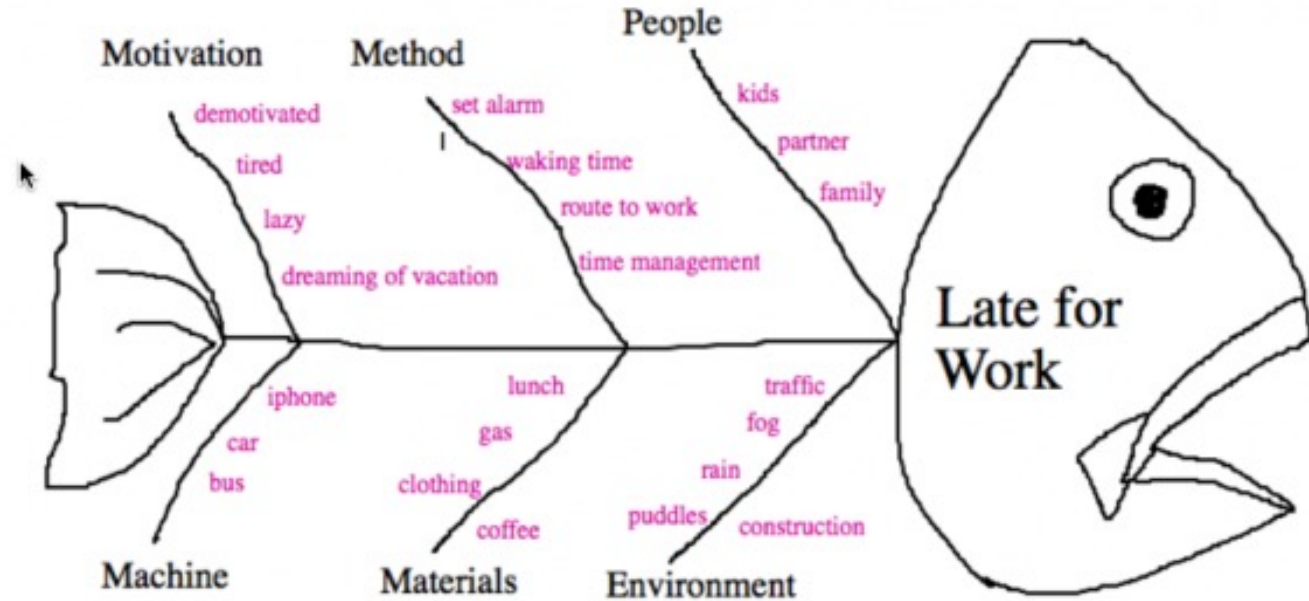


Diagnostic toolkit

- Process mapping
- Cause and effect analysis
- Pareto Diagrams
- Failure Modes and Effects Analysis



Cause & Effect (aka Ishikawa) (aka fishbone) diagram



- Brainstorming tool used to organize the potential causes of a specific quality problem
- Uncovers and describes range of factors influencing an outcome



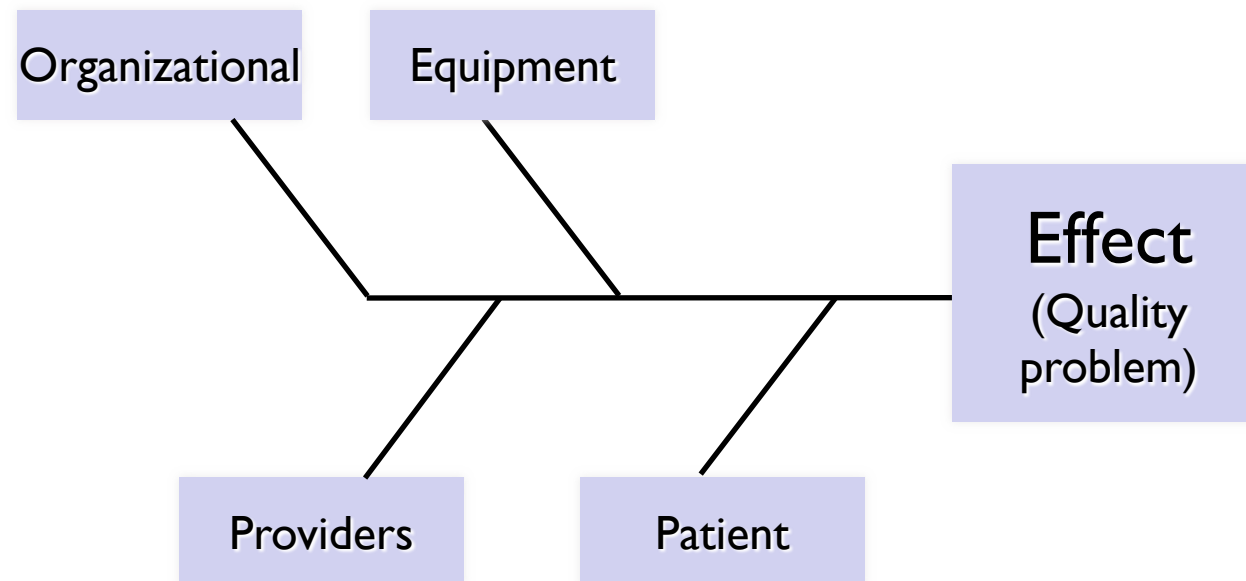
Ishikawa diagram

1. Write the quality problem in a box at the right of the diagram (the “**effect**”)

Effect
(Quality
problem)

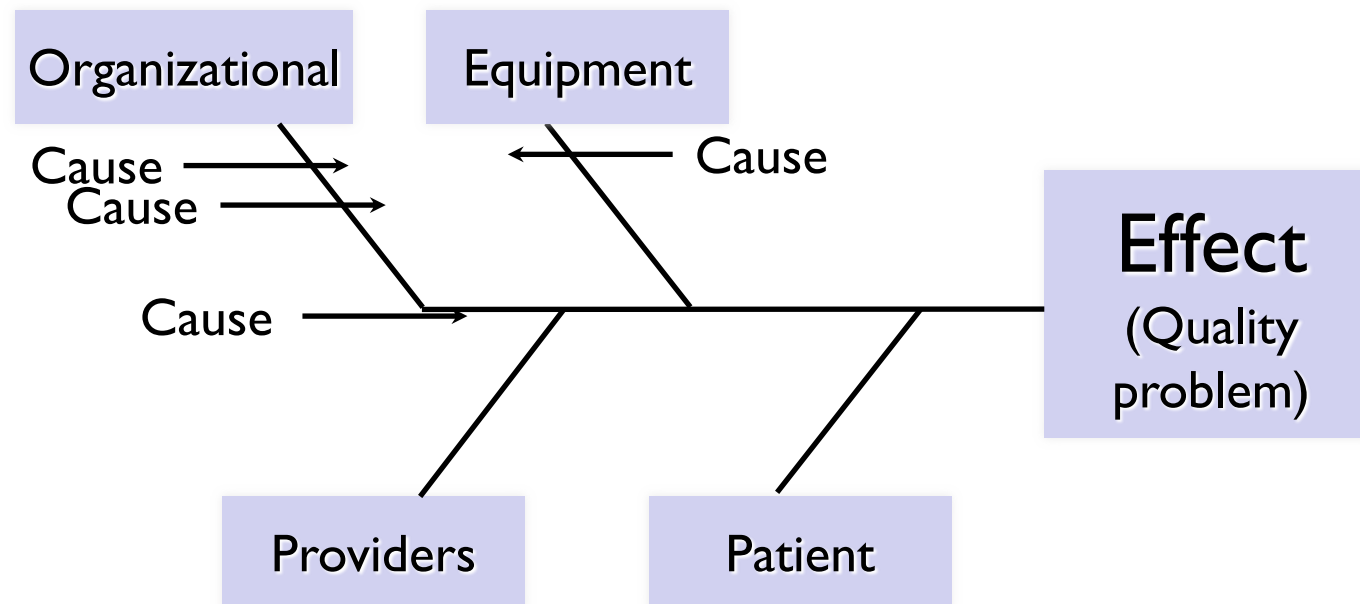
Ishikawa diagram

2. Draw a central line, and from this line, diagonal lines that represent the different **categories** of causes or contributing factors

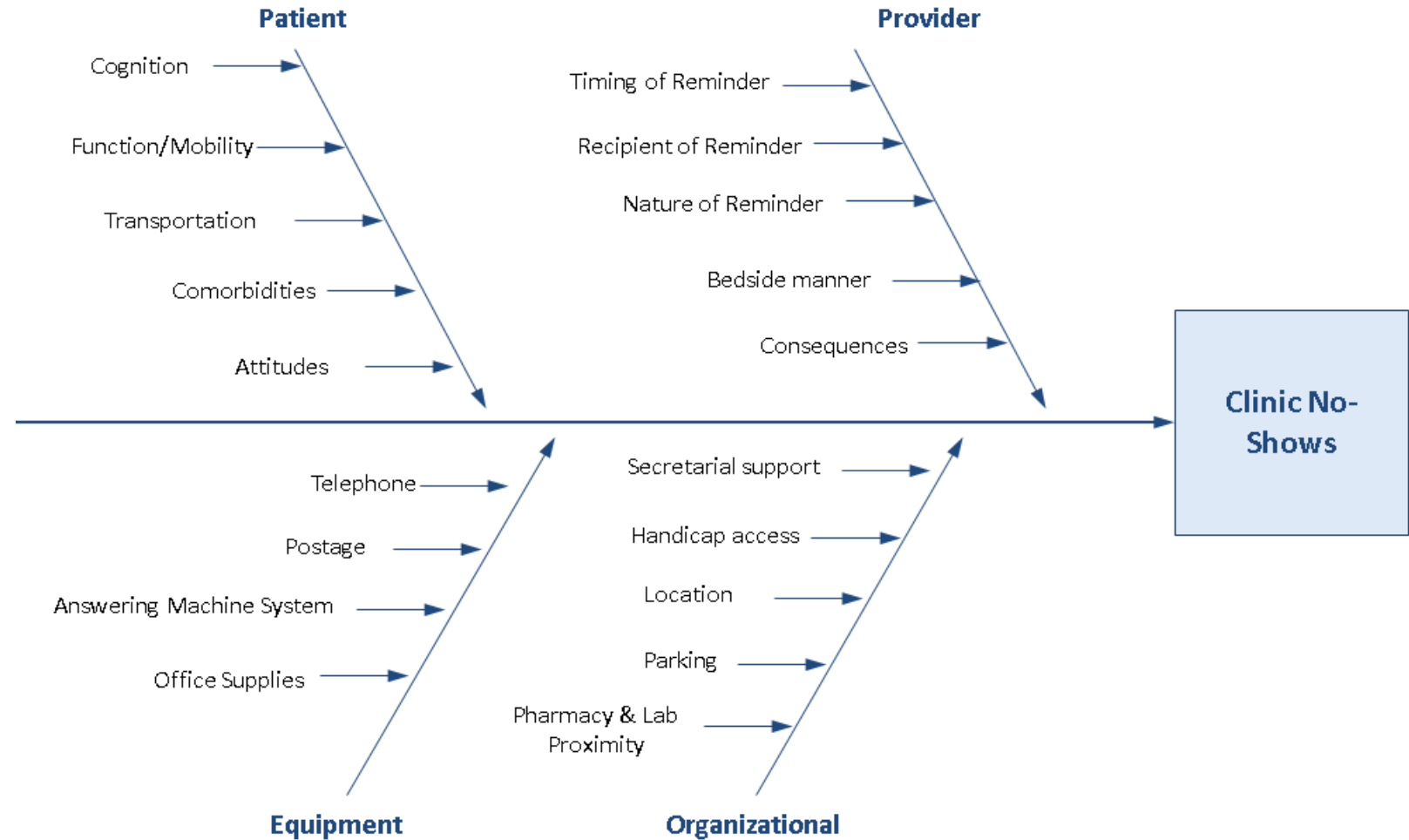


Ishikawa diagram

3. Identify different **causes** and categorize them under the most appropriate grouping



Fishbone example



Share



Stakeholder & often interprofessional involvement is key - must understand contributing factors from multiple perspectives



The effect is the quality problem, *not the solution*



Focus on top 3 cause contributors (*at most*)



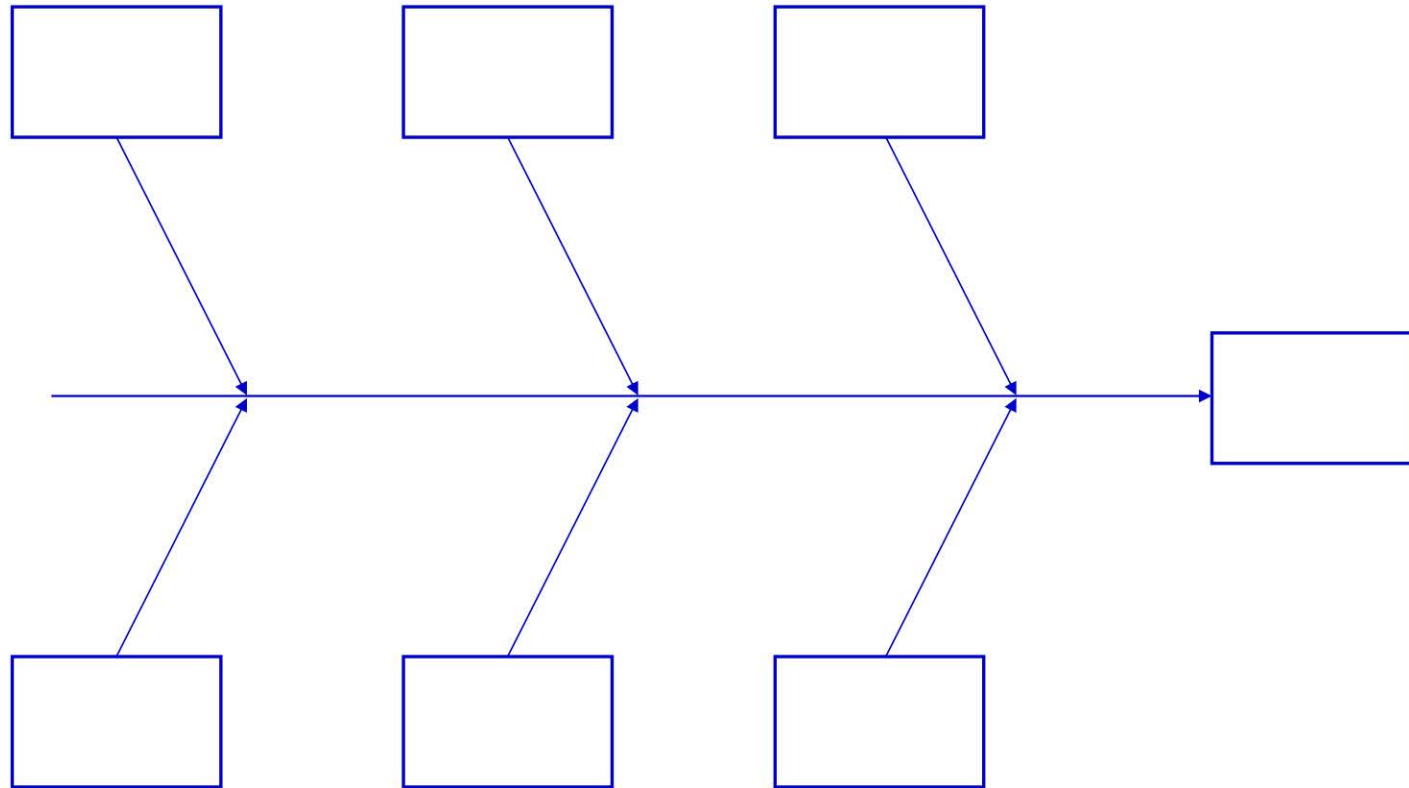
Avoiding Pitfalls:

Key considerations for Cause & Effect Diagrams

Phase 1 Handout



Cause and Effect(Fishbone) Diagram template



FISHBONE REPORT OUT TIME!





Workshop Agenda

- Background (10 minutes): Choosing Wisely list creation and evidence
- Phase 1 (25 minutes): Small groups - Cause and effect diagrams
- **Phase 2 (30 minutes): Small groups - Aims and key driver diagrams**
- Phase 3 (15 minutes): Small groups - Next action step planning
- Wrap-up (5 minutes)

Driver diagram



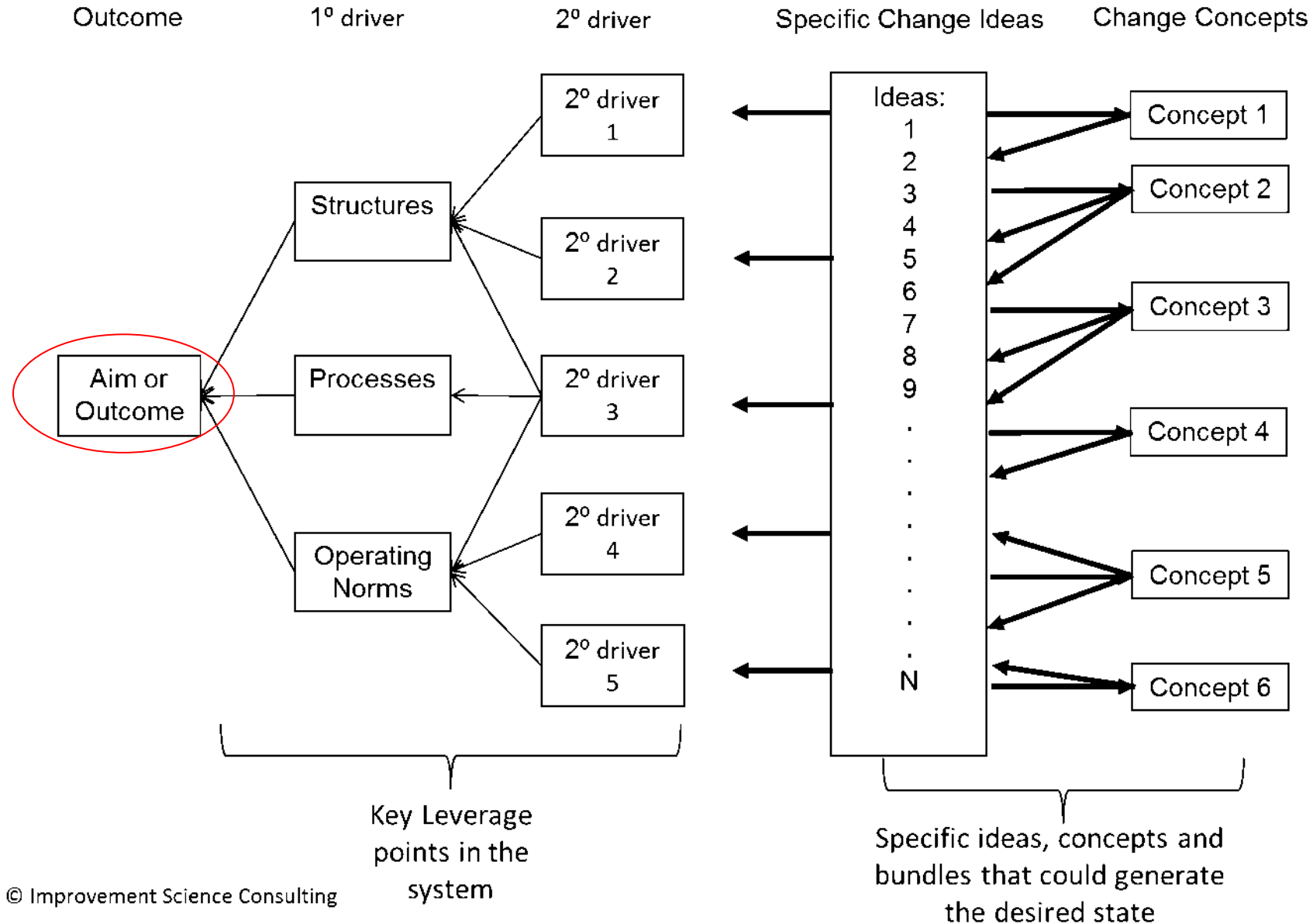
- Tool for building a testable hypothesis
- Defines a system by illustrating what structures, processes and norms require change in order to achieve the specific aim
- Illustrates a theory for the intervention



Driver diagram

- Similar to conceptual model/logic model
- Clarifies theory/informs strategy for achieving outcomes
- Insures everyone is on the same page
- Provides a framework for measurement
- Informs evaluation
- Allows for comparison of projects across organizations/researchers

Driver Diagram



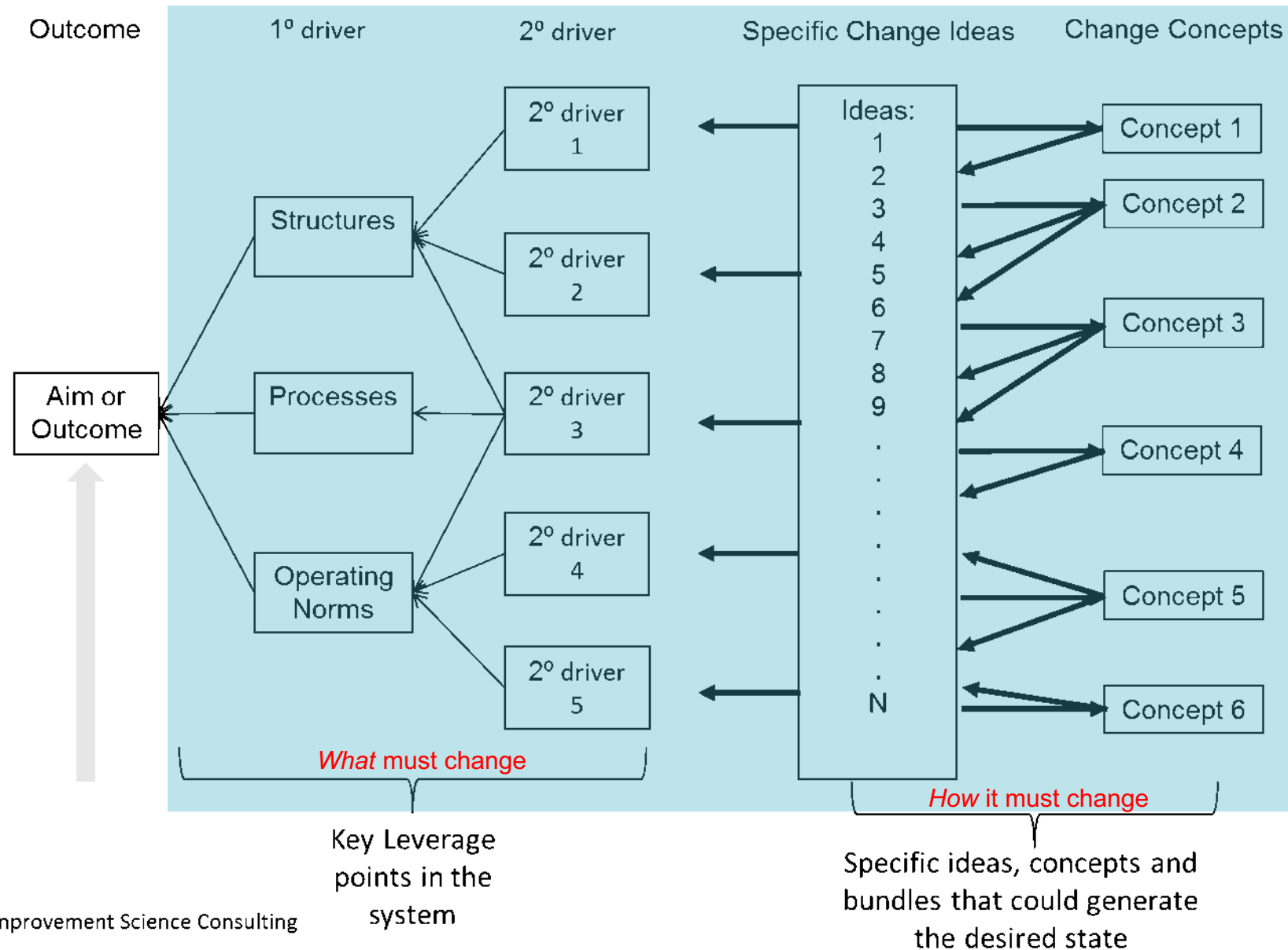
Aim statement

Aim Statement Criteria

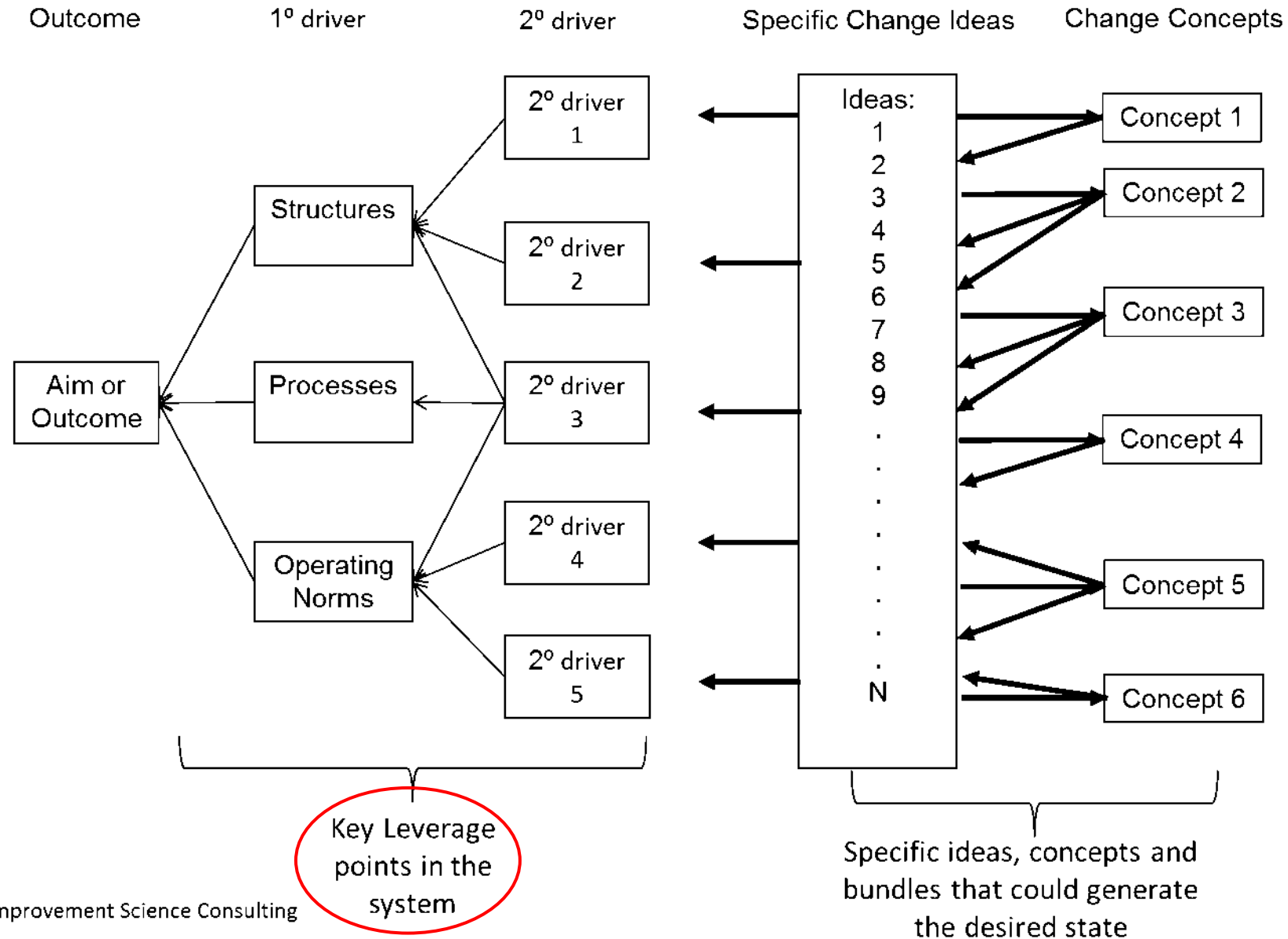
Developmental Questions

SPECIFIC The aim is well-defined and clear, and has a better chance of being reached than a general aim.	<ul style="list-style-type: none"> • Who are the target population and the persons doing the activity? • What is the action or activity?
MEASURABLE Objectives should have a benchmark and target, to help determine when objectives are achieved.	<ul style="list-style-type: none"> • How much change are you expecting to see? • Will there be an increase or decrease? • How can you measure it?
ACHIEVABLE The aim is something that can actually be reached.	<ul style="list-style-type: none"> • Can it be done? • Is your measure realistic? • Can you accomplish it in the timeframe identified? • Do you have the resources?
RELEVANT The aim is relevant to your program's mission, vision, and goals, and is agreed-upon by stakeholders.	<ul style="list-style-type: none"> • Does the action relate to what you want to accomplish? • Is it important and meaningful? • Does it relate to broader program or organizational goals?
TIMELY The aim has a set time-frame to be met.	<ul style="list-style-type: none"> • What is the timeline for change? • When will this be accomplished? Months? Days? Years?

Driver Diagram



Driver Diagram



Primary vs Secondary drivers



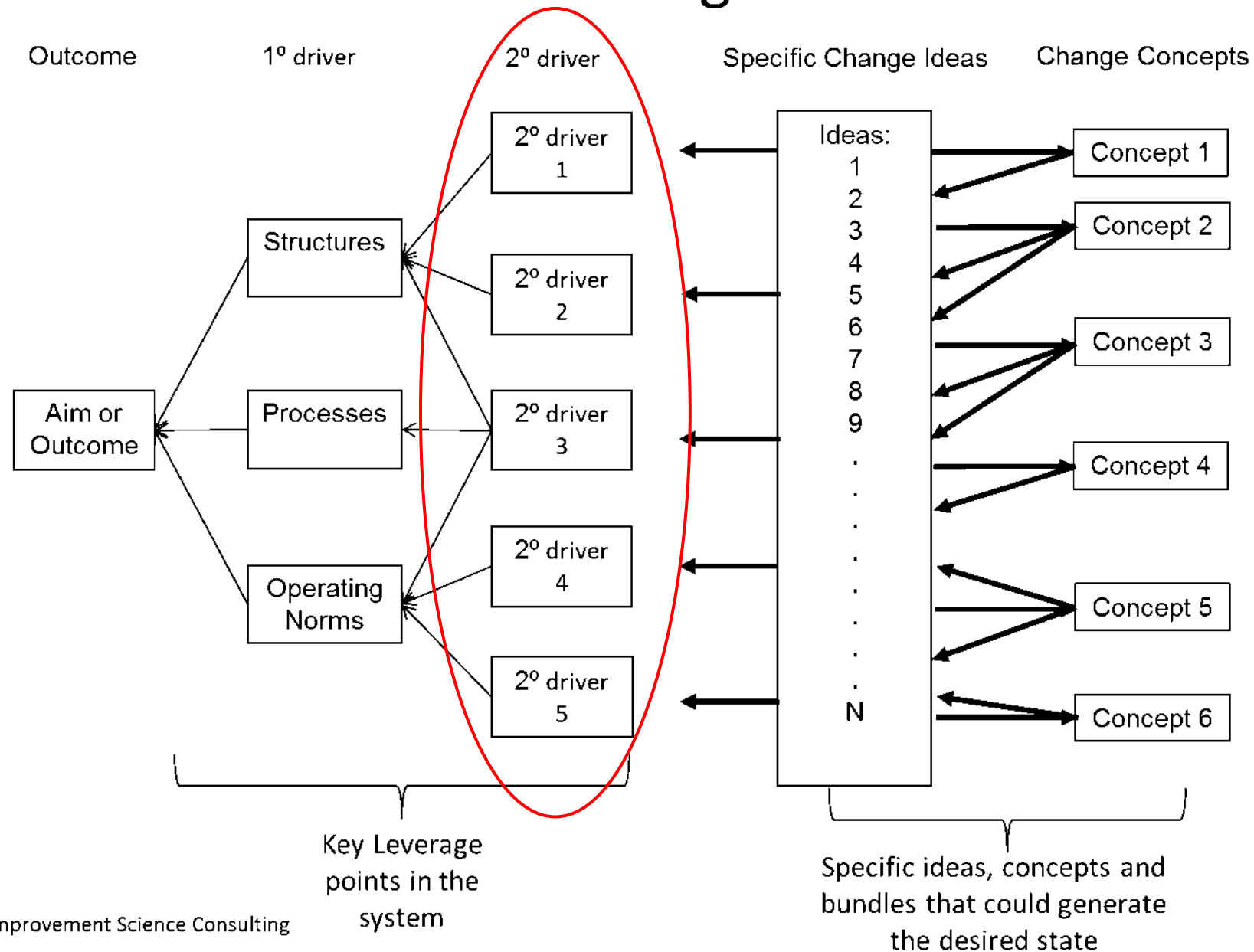
- Primary drivers
 - High-level elements in the system that must change to accomplish the outcome of interest
 - E.g., The overarching process
- Secondary drivers
 - More actionable approaches, places or opportunities within the system where change can occur
 - E.g., Individual steps within the overall process

Primary drivers



- Intended to identify elements of a system that are necessary and sufficient for achieving the intended outcome
 - Structures that comprise the system
 - Processes that represent the work of the system
 - Operating norms → the culture of the system

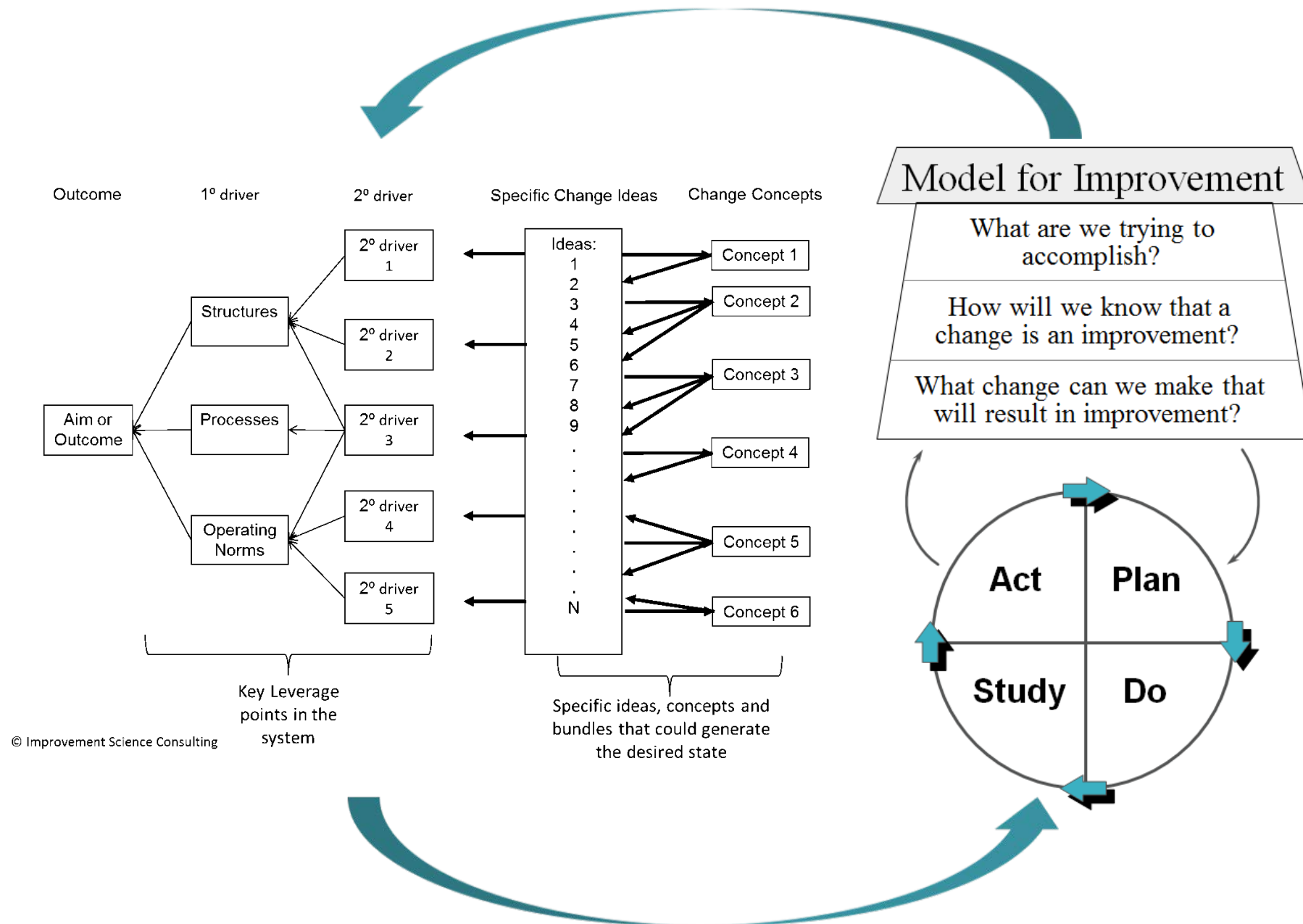
Driver Diagram



Secondary drivers



- Actionable approaches, places or opportunities within the system where change can occur
- “Switches” within a system that must be flipped on or off to achieve the outcome of interest
 - Replacing a tool
 - Introducing a new step to a process
 - Reordering sequence of events



Phase 2 Handout

SMART Aim & Driver diagram

Create a driver diagram for your project.

Global Aim Write your project here	Primary/Secondary Drivers List the main drivers that influence your aim here. Consider grouping them into Structures, Processes, and Culture	Interventions/Change ideas List the actions, processes or interventions that when performed correctly will lead to a positive effect on a driver. Link these to the relevant driver
SMART Aim (Specific, Measurable, Achievable, Relevant, Timely)		

KEY DRIVER & AIM REPORT OUT TIME!



Share





Workshop Agenda

- Background (10 minutes): Choosing Wisely list creation and evidence
- Phase 1 (25 minutes): Small groups - Cause and effect diagrams
- Phase 2 (30 minutes): Small groups - Aims and key driver diagrams
- **Phase 3 (15 minutes): Small groups - Next action step planning**
- Wrap-up (5 minutes)



What will you do
differently on your
next shift?

- Do not obtain radiographs in children with bronchiolitis, croup, asthma, or first-time wheezing
- Do not obtain screening laboratory tests in the medical clearance process of pediatric patients who require inpatient psychiatric admission unless clinically indicated
- Do not order laboratory testing or a CT scan of the head for a patient with an unprovoked, generalized seizure or a simple febrile seizure who has returned to baseline mental status
- Do not obtain abdominal radiographs for suspected constipation
- Do not obtain comprehensive viral panel testing for patients who have suspected respiratory viral illnesses



What Next & Next Steps



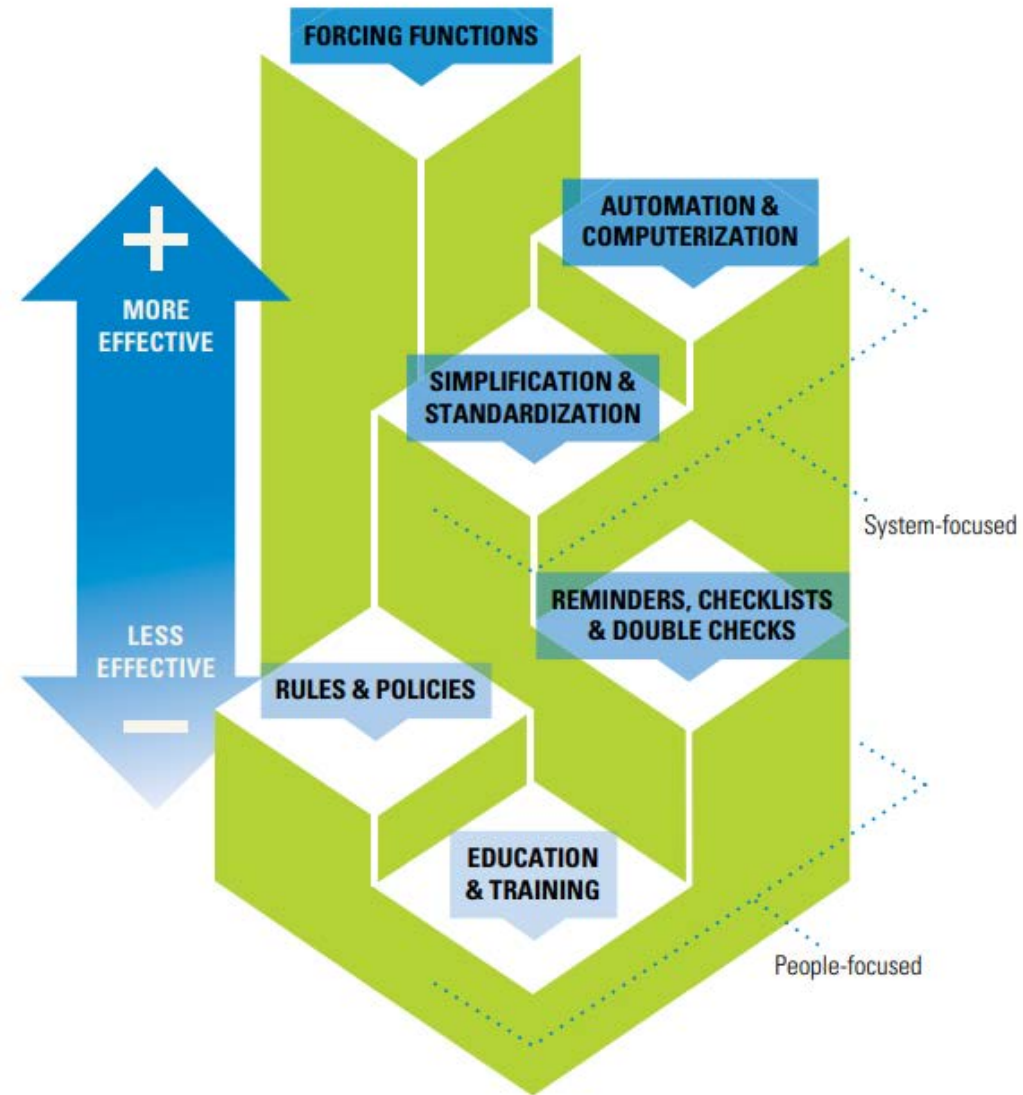
Action Items

***HANDOUT:
LIST OF
short/med/
long term...**

Minimum:

- 3 weeks - 1 item
 - 6 months - 1 item
 - 1 year – 1
-
- Immediate changes (ex. Post one choosing wisely topic in department)
 - Quarterly changes - Local team in your next quarter (ex. remove CXR from bronchiolitis order set)
 - Long term/ system level changes (ex. High reach goal to present at PAS 2024;)

The Hierarchy of Intervention Effectiveness



Phase 3 Handout

Minimum:

- 1 month goals (1-3 items)
 - eg. Post one choosing wisely topic in ED
- 6-month goals (1-3 items)
 - eg. Remove CXR from bronchiolitis order set
- 12-month/system level goals (1-3 items)
 - eg. High reach goal to present at PAS 2024 or local grand rounds



Reflection on Choosing Wisely | An initiative of the AHRQ Foundation

What can we do to bring change?

Short term goals:

1. _____
2. _____
3. _____

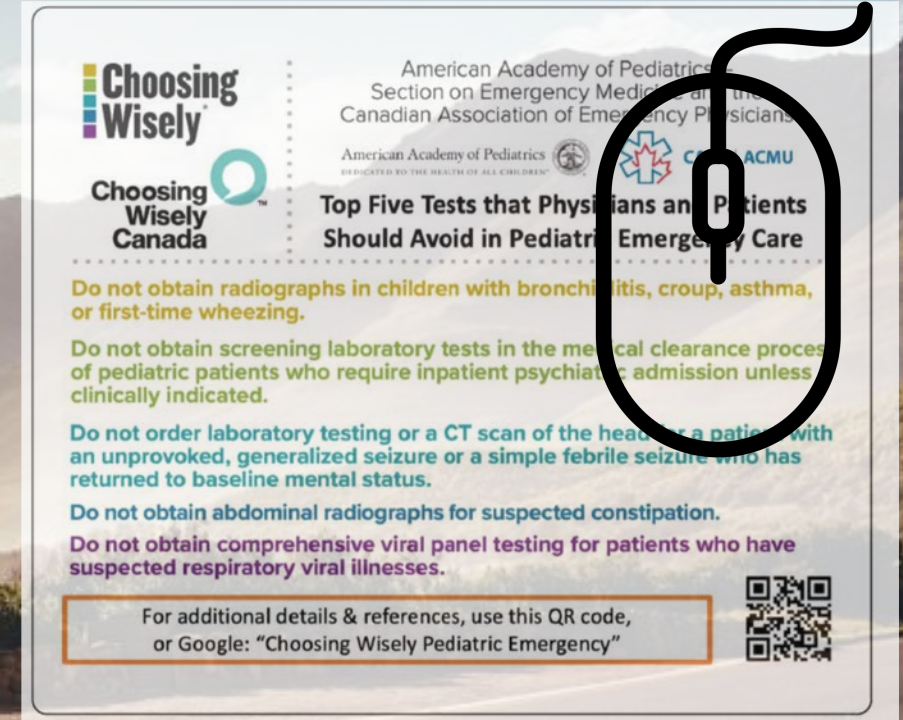
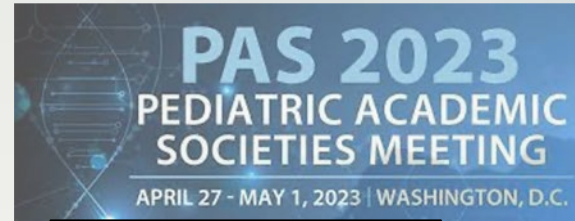
6-month goals:

1. _____
2. _____
3. _____

Long term/ system level change:

1. _____
2. _____
3. _____

2023 Dissemination Efforts



American
Academy of
Pediatrics



Don't Forget
The Bubbles



AAP QI Network Project Announcement - 2023

What's Next!?

The **AAP Pediatric Acute & Critical Care (PACC) Quality Network** is excited to get to work on building its next project which will focus on **Pediatric Mental Health** in the hospital setting.

More details including project goals and how your hospital can apply to participate will be distributed in **Fall 2023**. For more information, please

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

PEDIATRIC ACUTE & CRITICAL CARE QUALITY NETWORK

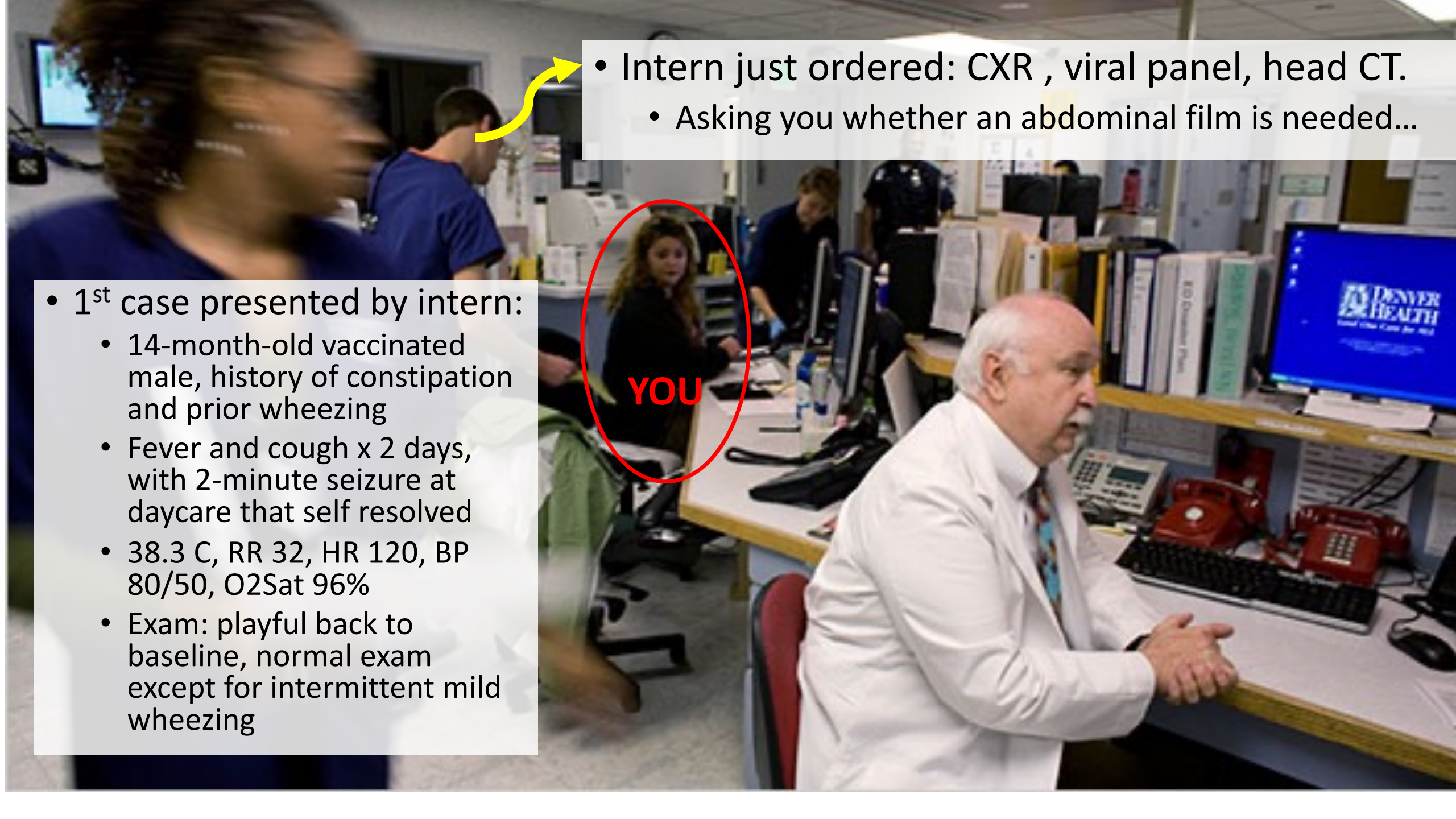
Innovate — Improve — Implement



AAP Project Contact: Sloane
Magee
smagee@aap.org

Brittany Jennings
bjennings@aap.org



- 
- Intern just ordered: CXR , viral panel, head CT.
 - Asking you whether an abdominal film is needed...

- 1st case presented by intern:
 - 14-month-old vaccinated male, history of constipation and prior wheezing
 - Fever and cough x 2 days, with 2-minute seizure at daycare that self resolved
 - 38.3 C, RR 32, HR 120, BP 80/50, O2Sat 96%
 - Exam: playful back to baseline, normal exam except for intermittent mild wheezing



Choosing Wisely®

Get a free Choosing Wisely Mousepad if you share our work on social media

1. Scan the QR code to the left for a link to the Choosing Wisely website
2. Share a post using the hashtags **#ChoosingWisely** and **#PAS 2023** on your favorite social media platform (Twitter, Instagram, Facebook, etc.)

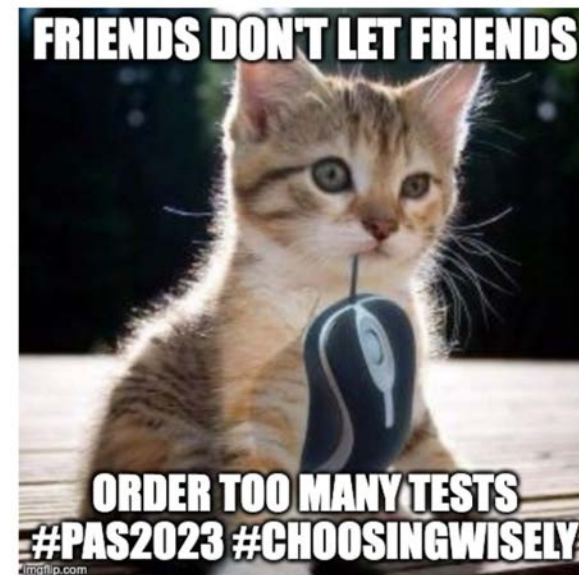


PAS Attendee @Your_handle

The **#ChoosingWisely** recommendations highlight five things physicians and patients can do to reduce unnecessary tests and interventions for children in the Emergency Department.

Read more

at <https://www.choosingwisely.org/societies/american-academy-of-pediatrics-section-on-emergency-medicine-and-the-canadian-association-of-emergency-physicians/> **#PAS2023**



Choosing Wisely®

An initiative of the ABIM Foundation

American Academy of Pediatrics –
Section on Emergency Medicine and the
Canadian Association of Emergency Physicians

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



CAEP | ACMU

**Five Things Physicians
and Patients Should Question**

- Do not obtain radiographs in children with bronchiolitis, croup, asthma, or first-time wheezing
- Do not obtain screening laboratory tests in the medical clearance process of pediatric patients who require inpatient psychiatric admission unless clinically indicated
- Do not order laboratory testing or a CT scan of the head for a patient with an unprovoked, generalized seizure or a simple febrile seizure who has returned to baseline mental status
- Do not obtain abdominal radiographs for suspected constipation
- Do not obtain comprehensive viral panel testing for patients who have suspected respiratory viral illnesses