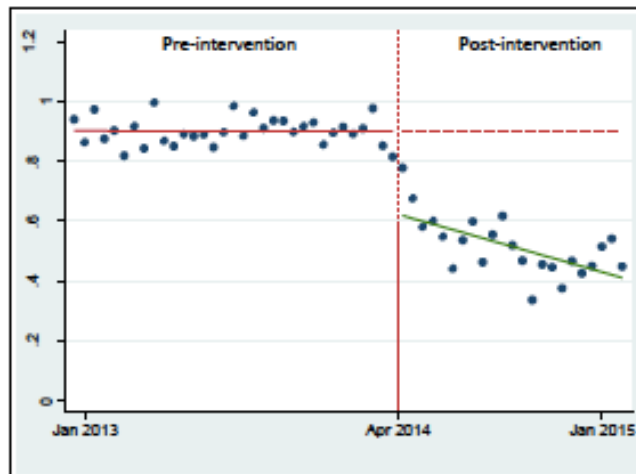




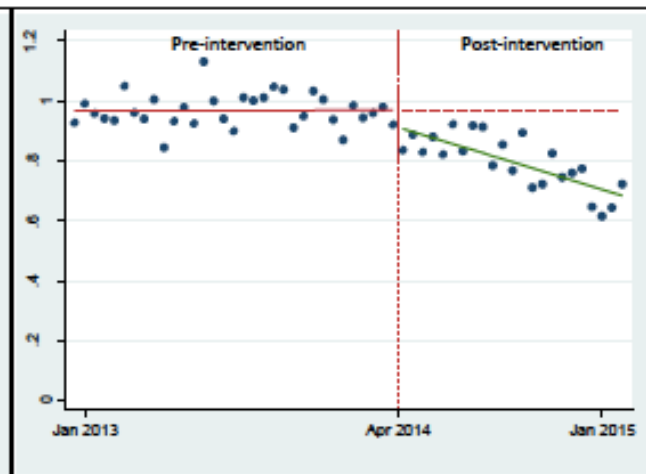
# CBC's per patient

Housestaff  
medical  
services

Intervention

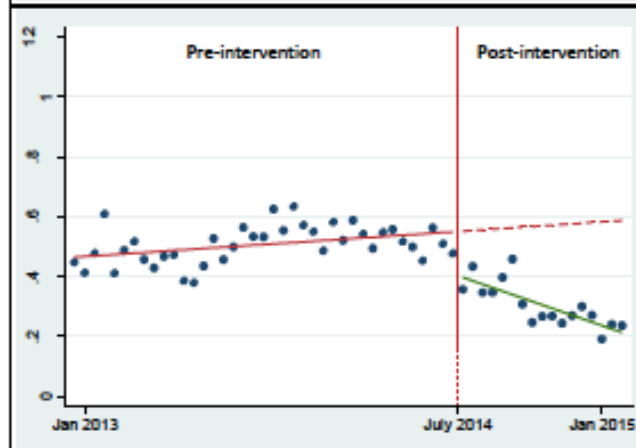


Control

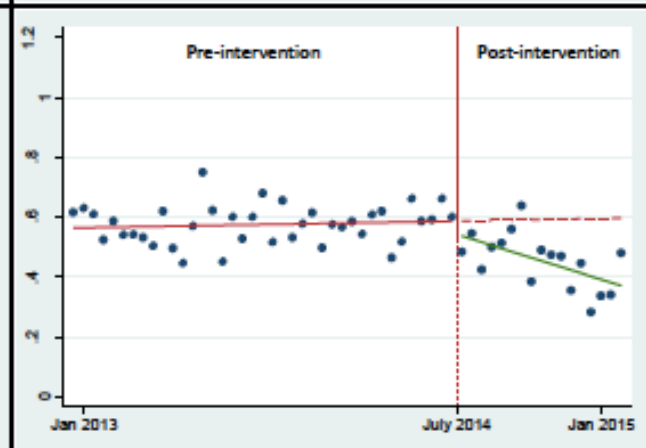


Hospitalist  
medical  
services

Intervention



Control

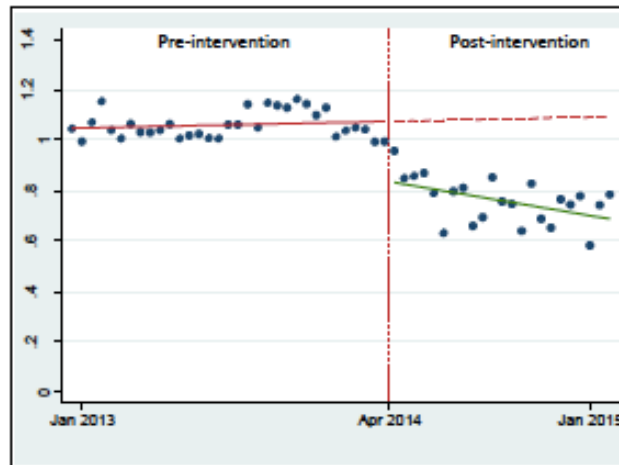




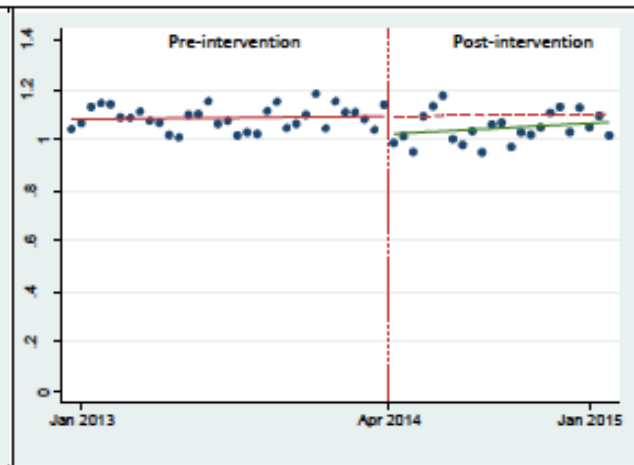
# BMP's per patient

Housestaff  
medical  
services

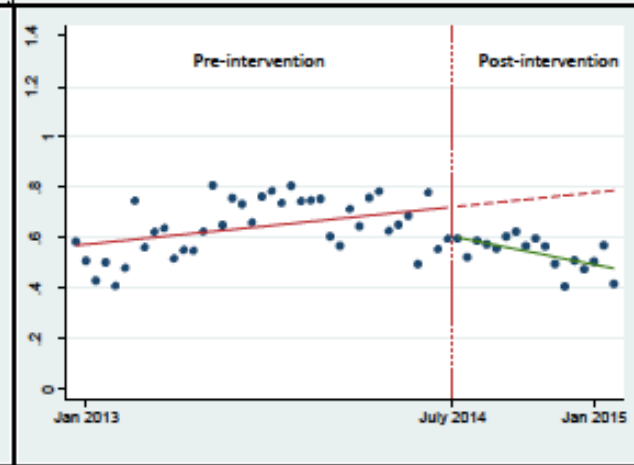
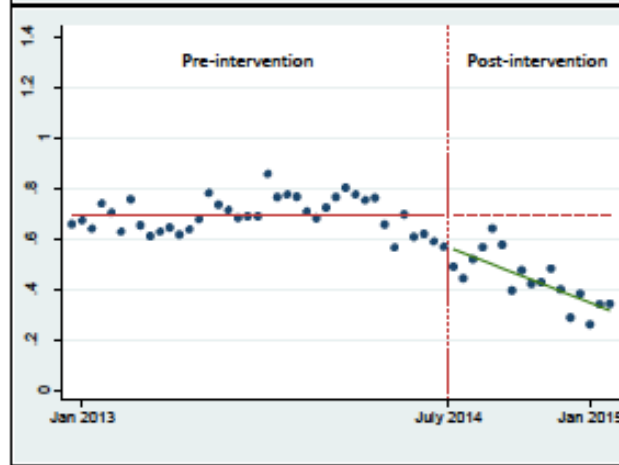
Intervention



Control



Hospitalist  
medical  
services

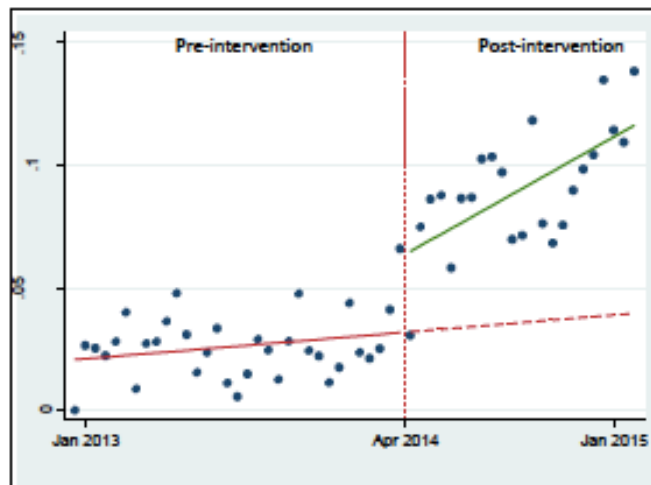




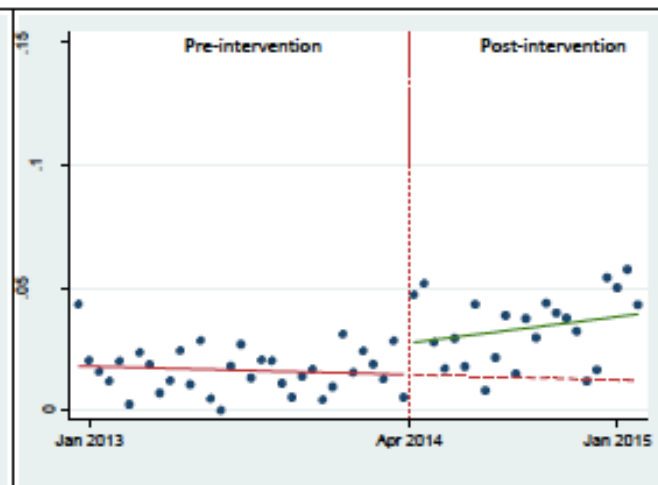
# Lab holidays per patient

Housestaff  
medical  
services

Intervention

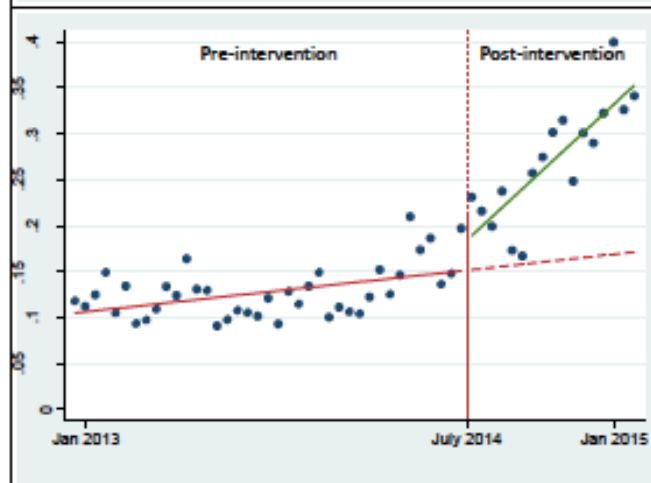


Control

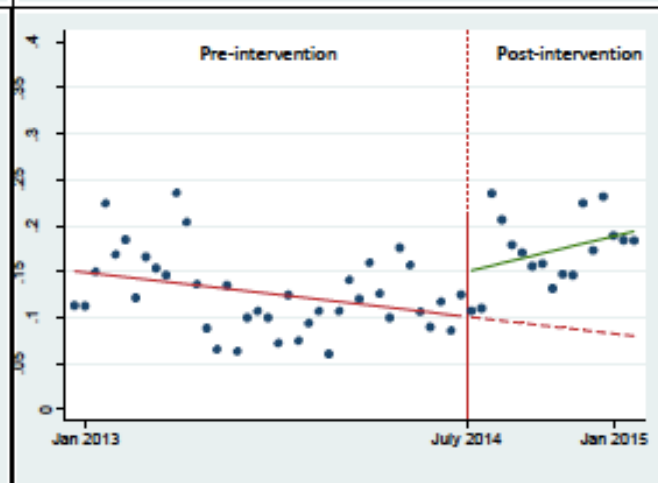


Hospitalist  
medical  
services

Intervention



Control





# Hospital-Wide Safety

<b>Hospital Length of Stay, days</b>				
Housestaff medical services				
Intervention	5.73	5.67	-0.06	-0.17
Control	4.75	4.85	0.10	(-0.68-0.35)

<b>ICU Transfer Rate</b>				
Housestaff medical services				
Intervention	1.54%	1.90%	0.36%	-0.21%
Control	0.72%	1.30%	0.58%	(-1.15%-0.72%)

<b>In-Hospital Mortality</b>				
Housestaff medical services				
Intervention	0.16%	0.29%	0.13%	0.21%
Control	0.30%	0.22%	-0.08%	(-0.19%-0.61%)

<b>30-day Readmission Rate</b>				
Housestaff medical services				
Intervention	17.33%	16.33%	-1.00%	-0.38%
Control	14.73%	14.11%	-0.62%	(-4.72%-3.97%)



# Reducing Unnecessary CXR

**Choosing Wisely<sup>®</sup>**

*An initiative of the ABIM Foundation*

Critical Care Societies Collaborative - **Critical Care**

AMERICAN  
ASSOCIATION  
of CRITICAL-CARE  
NURSES

**CHEST<sup>™</sup>**  
AMERICAN COLLEGE  
of CHEST PHYSICIANS



*We help the world breathe<sup>®</sup>*  
PULMONARY • CRITICAL CARE • SLEEP

Society of  
Critical Care Medicine  
*The Intensive Care Professionals*

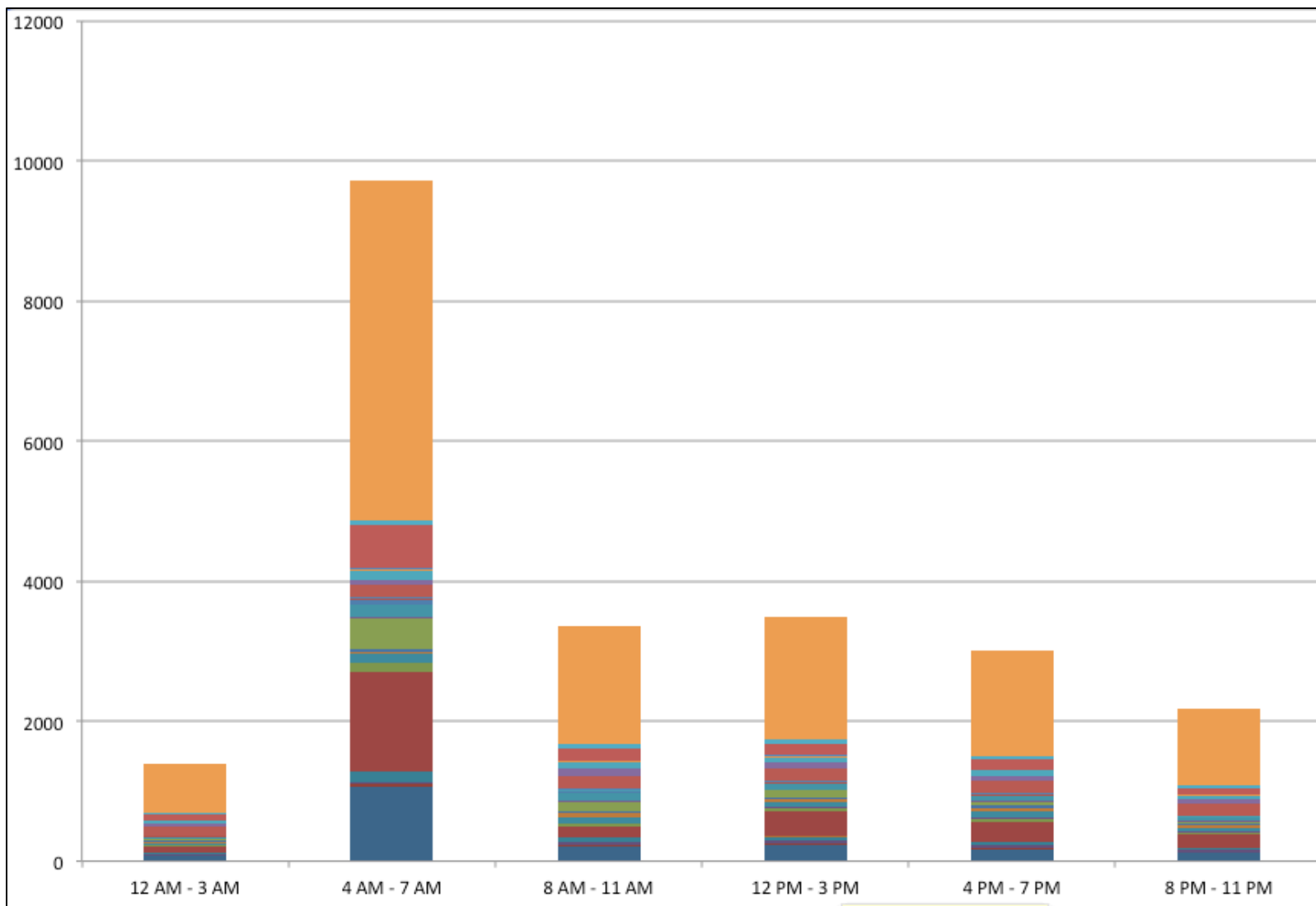
## Five Things Physicians and Patients Should Question

**Don't order diagnostic tests at regular intervals (such as every day), but rather in response to specific clinical questions.**

Many diagnostic studies (including chest radiographs, arterial blood gases, blood chemistries and counts and electrocardiograms) are ordered at regular intervals (e.g., daily). Compared with a practice of ordering tests only to help answer clinical questions, or when doing so will affect management, the routine ordering of tests increases health care costs, does not benefit patients and may in fact harm them. Potential harms include anemia due to unnecessary phlebotomy, which may necessitate risky and costly transfusion, and the aggressive work-up of incidental and non-pathological results found on routine studies.



# Reducing Unnecessary CXR





# Closing Thoughts

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- All data is flawed in some way
- Imperfect data is better than no data
- The vast majority of clinicians will improve practice when provided with effectiveness data
- WIZ order changes do not constitute cultural change



# Closing Thoughts

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“In the 1970’s...we issued house staff a finite number of “coupons” that could be redeemed for laboratory tests.

The success of this experiment lasted only until counterfeit “coupons” appeared.”

**common OB/GYN labs**





# Closing Thoughts

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## **Current**

- Teaching Value and Choosing Wisely Challenge
- Hospital-Based Value Committee - UCSF
- Providers for Responsible Ordering - Hopkins
- ACP High Value Care - Duke
- Do No Harm – U Colorado
- Inpatient autoantibody panels – MGH
- Choosing Wisely Curriculum - Stanford

## **Historical**

- Change ordering capability (IT)
- Charge display at order entry
- Financial incentives (for housestaff)
- Individual feedback