CBC’s per patient
BMP’s per patient

Intervention

Control

Housestaff medical services

Hospitalist medical services
Lab holidays per patient

**Intervention**

**Pre-intervention**

**Post-intervention**

**Control**

**Pre-intervention**

**Post-intervention**

**Housestaff medical services**

- Intervention: Increase in lab holidays per patient post-intervention.
- Control: Stabilization of lab holidays per patient post-intervention.

**Hospitalist medical services**

- Intervention: Increase in lab holidays per patient post-intervention.
- Control: Decrease in lab holidays per patient post-intervention.
Hospital-Wide Safety

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

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

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

| 30-day Readmission Rate    | | | |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|
|                             | 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

Critical Care Societies Collaborative - Critical Care

Choosing Wisely®
An initiative of the ABIM Foundation

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 healthcare 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.
Closing Thoughts

- 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
“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.”
Closing Thoughts

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