Choosing Wisely Canada™

Choosing Wisely in Long-Term Care

Relevant resources to help you get started.

Content

Introduction

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care.

Central to the campaign are recommendations developed by national clinician societies that identify frequently overused tests and treatments that may unnecessarily expose patients to harm.

Choosing Wisely Canada mobilizes and supports clinicians and organizations committed to embedding campaign recommendations into practice.

This document includes a collection of relevant recommendations, quality improvement toolkits, and awareness initiatives that can support using health care resources wisely in long-term care (LTC) settings.

Recommendations: Tests & Patient Care

Below is a curated list of Choosing Wisely Canada recommendations relevant to tests and treatments in LTC settings.

Don't send the frail resident of a nursing home to the hospital, unless their urgent comfort and medical needs cannot be met in their current setting/care home.

- Canadian Society for Long Term Care Medicine

Don't order screening or routine chronic disease testing just because a blood draw is being done.

- Canadian Society for Long Term Care Medicine

Don't do a urine dip or urine culture unless there are clear signs and symptoms of a urinary tract infection (UTI).

- Canadian Society for Long Term Care Medicine

Don't insert a feeding tube in individuals with advanced dementia. Instead, assist the resident to eat.

- Canadian Society for Long Term Care Medicine

Don't hesitate to use virtual care to complement in-person visits in order to meet the needs of residents in long-term care during the COVID-19 pandemic.

- Canadian Society for Long Term Care Medicine

Don't place or leave in place a urinary catheter without reassessment.

- Canadian Society of Hospital Medicine

Don't use restraints with older persons unless all other alternatives have been explored.

- Canadian Gerontological Nursing Association

Don't use a q2h turning routine unless it meets the older person's plan of care.

- Canadian Gerontological Nursing Association

To view rationales and sources for each recommendation, please visit:

- www.ChoosingWiselyCanada.org/Long-Term-Care
- www.ChoosingWiselyCanada.org/Nursing
- www.ChoosingWiselyCanada.org/Hospital-Medicine

Recommendations: Medications

Below is a curated list of Choosing Wisely Canada recommendations relevant to medication use in LTC settings.

Don't use antipsychotics as first choice to treat behavioural and psychological symptoms of dementia.

- Canadian Society for Long Term Care Medicine

Don't continue or add long-term medications unless there is an appropriate indication and a reasonable expectation of benefit in the individual patient.

- Canadian Society for Long Term Care Medicine

Don't routinely use antipsychotics to treat primary insomnia in any age group.

- Canadian Academy of Geriatric Psychiatry

Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.

- Canadian Geriatrics Society

Avoid using medications known to cause hypoglycemia to achieve hemoglobin A1c < 7.5% in many adults age 65 and older; moderate control is generally better.

- Canadian Geriatrics Society

Don't routinely suggest antimicrobial treatment for older persons unless they are consistent with their goals of care.

- Canadian Gerontological Nursing Association

Don't routinely use intravenous antimicrobials for older persons who can take and absorb oral medications.

- Canadian Gerontological Nursing Association

Don't use a medication for long-term risk reduction if life expectancy is shorter than the time to benefit of the medication.

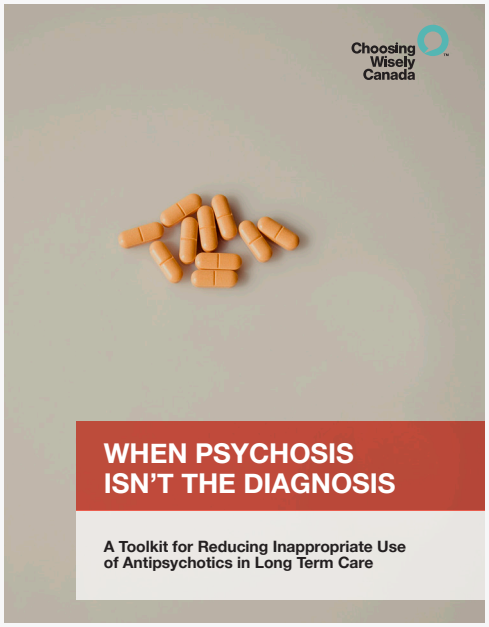
- Canadian Society of Hospital Pharmacists

To view rationales and sources for each recommendation, please visit:

- www.ChoosingWiselyCanada.org/Nursing
- www.ChoosingWiselyCanada.org/Geriatrics
- www.ChoosingWiselyCanada.org/Long-Term-Care
- www.ChoosingWiselyCanada.org/Psychiatry
- www.ChoosingWiselyCanada.org/Hospital-Pharmacy

Quality Improvement Toolkits

Choosing Wisely Canada's toolkits are developed by clinicians or sites that have successfully implemented recommendations and achieved significant impact. They are intended to provide you with just enough information to get started.

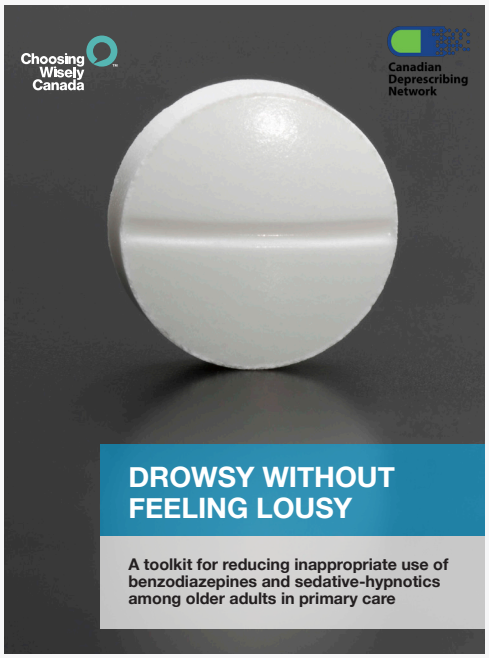


Reducing Inappropriate Use of Antipsychotics in Long-Term Care

This toolkit was created to support interventions to reduce the inappropriate use of antipsychotic medication in LTC facilities. Its content is derived from the Appropriate Use of Antipsychotics (AUA) Toolkit developed by Alberta Health Services.

Alberta's LTC facilities reduced antipsychotic use by 30% based on the approach in this toolkit.

Download Toolkit



Reducing Inappropriate Use of Benzodiazepines and Sedative-Hypnotics Among Older Adults in Primary Care

This toolkit was created to support the implementation of interventions to reduce long-term prescription of benzodiazepines and other sedative hypnotics (BSH) medications in the community.

The study in this toolkit showed that when patients are given direct information about risks and benefits of these medications, it led to shared decision-making and a reduction of BSH use among older adults.

Download Toolkit

Using Antibiotics Wisely in LTC

Up to 50% of LTC residents who have bacteria in their urine do not have a urinary tract infection. Treating asymptomatic bacteriuria with antibiotics is unnecessary, potentially harmful, and contributes to antimicrobial resistance.

The below practice change recommendations aim to assist health professionals in optimizing their antibiotic prescribing practices in LTC.

	Process of Care	Practice Change Recommendations
1	**New Admission/Periodic Health Examinations/ New Referrals In LTC**	Don't perform screening urinalysis/urine dipstick and/or urine culture and sensitivity for residents on admission, during periodic health examinations, or prior to new specialist referrals.
2	**Use of Urine Dipstick or Urinalysis**	Don't perform urine dipstick/urinalysis to diagnose a UTI.
3	**Assessment of Resident with Change in Health Status (e.g. change in urine odour or colour, change in behaviour, fever, etc.)**	Don't assume a UTI is the cause of any change in health status, including behaviours, until alternate explanations are excluded, such as volume depletion, constipation, skin breakdown, medication side effects, and other sources of infection. Don't send a urine culture unless the change noted is accompanied by **minimum criteria** for a UTI (specific for residents with and without catheters). Do perform a clinical assessment to identify alternate causes for change in health status including examination of the perineal skin. Do complete a comprehensive delirium workup, if clinically indicated, which may include a urine culture (See Practice Change Recommendation #5). Do encourage increased fluid intake if urine is concentrated or malodorous. Do document and reassess.
4	**Substitute Decision Maker/Family Request to Submit a Urine Culture or Treat a UTI**	Don't collect a urine culture upon request without first seeking to understand and address resident/substitute decision maker/family concerns. Provide a differential diagnosis and a rationale for the investigations that will help identify the etiology of the symptoms.

5	**Management of Resident with Clinical Criteria for a UTI**	Don't order a urine culture unless **minimum criteria** for a UTI are present.
6	**Management of Resident with Positive Urine Culture**	Don't prescribe antibiotics unless **minimum criteria** for a UTI are met.
7	**Selecting Antibiotic and Duration for a Resident with Clinical Criteria for a UTI**	Don't treat a UTI for excessive durations.
8	**Follow-up Assessment of Resident with Clinical Criteria for a UTI**	Don't forget to reassess the need for antimicrobial therapy within 3 days of starting antibiotics to check antibiotic sensitivity results and that the resident is improving. Antibiotic therapy should be stopped if result of the urine culture collected before antibiotics is negative.
9	**Resident Transferred to the Emergency Department**	Don't routinely screen residents from LTC homes with a urinalysis/urine dipstick unless **minimum criteria** for a UTI are present. Look for alternate explanations for change in clinical status. Refer to Practice Change Recommendation #3.

DURATION OF THERAPY DEPENDS ON UTI SYNDROME

UTI Syndrome	Duration of Therapy
Uncomplicated cystitis	3–5 days depending on antibiotic chosen
Complicated cystitis (male resident, catheterized resident, urological abnormalities)	7 days
Acute pyelonephritis	7 days

Modified Loeb Criteria[1,2]

In a non-catheterized resident:	In a catheterized resident:

• Acute dysuria or 2 or more of the following:
  • fever [> 37.9°C (100°F) or a 1.5° C (2.4°F) increase above baseline on at least two occasions over the last 12 hours]
  • new or worsening urgency
  • frequency
  • suprapubic pain
  • gross hematuria
  • flank pain
  • urinary incontinence
	• Any one of the following after alternate explanations have been excluded:
	  • fever [> 37.9°C (100°F) or a 1.5° C (2.4°F)increase above baseline on at least two occasions over the last 12 hours]
	  • flank pain
	  • shaking chills
	  • new onset delirium

[1] Note that these are clinical criteria validated for diagnosis for a UTI and differ from criteria that are used for surveillance.
[2] Note that confusion alone is not symptom of UTI in non-catheterized resident.

For more information, visit www.ChoosingWiselyCanada.org/Antibiotics-LTC.

Time to Talk.

Encouraging serious illness conversations.

While many with serious illnesses want to avoid tests and treatments that may cause harm, particularly at the end of life, many end up receiving them because their wishes are not known.

Choosing Wisely Canada encourages conversations between clinicians and patients with serious or progressive illnesses. Taking the time to talk can help to avoid potentially harmful or overly aggressive tests and treatments that may not align with a patient's goals and wishes.

Recommendation

Over 30 national clinician societies representing different specialties support the following recommendation:

Don't offer tests or treatments without establishing your patient's prognosis, preferences, and goals of care. Potentially harmful or overly aggressive tests or treatments can be avoided by having discussions about goals and wishes, and documenting this information.

> Early conversations about disease understanding, wishes, and goals with patients who have serious or progressive chronic illness can avoid potentially harmful tests or treatments. Ensuring patients discuss and document wishes and goals, as well as identify a substitute decision-maker can support evidence-informed and patient-centred care.

What Can Clinicians Do?

- Have early conversations either before a crisis with patients who have serious or progressive chronic illness
- Educate patients and families
- Use a checklist or conversation guide

Resources to Start the Conversation

Conversation Guide

Designed to help support better and earlier conversations between clinicians and patients about goals and wishes that can inform future care.

Download

Four Questions: Clinicians

Designed for clinicians to ask patients to start conversations about goals, wishes, and values.

Download

Patient Pamphlet

Designed for clinicians and patients to discuss serious illness conversations.

Download

Four Questions: Patients

Designed for patients to ask their health care provider to start conversations about goals, wishes, and values.

Download

For more information, visit www.ChoosingWiselyCanada.org/Serious-Illness-Conversations.

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