

Choosing Wisely at Island Health: Patient-Centred Public Facing Communications Campaign
Short-Listed Recommendations & Stakeholder Feedback

The Choosing Wisely Canada (CWC) at Island Health Patient-Centred Public Awareness Campaign Working Group has selected a short list of 15 low-risk [CWC recommendations](#) to highlight in an island-wide public awareness campaign using accessible language to promote conversation between providers and patients in the community and create awareness of potentially unnecessary tests and treatments. Chosen recommendations consider:

1. Patient perspective: identifying tests and treatments that have broad appeal and ones where a patient has awareness.
2. Provider perspective: highlighting frequently requested tests/treatments that will enhance patient care and that have appeal to providers.

We are requesting feedback to help prioritize and narrow down the options and reduce the list to a final selection of 6-12 by identifying any potential barriers, concerns, or general feedback related to sharing these recommendations in a public-awareness campaign.

Category	Short-listed Recommendations for Public Awareness Language has been adapted from the “Do Not” format of CWC. Links provided navigate to the CWC recommendation referenced.
Medication Prescribing	A thorough medication review should be conducted when new medications are prescribed for those taking multiple medications.
	Consider the risks and benefits of long-term continued medication use.
	Consider trialling non-pharmacologic interventions before prescribing medication for promotion of sleep.
	Opioids should not be used as a first line of treatment for pain. Trial available non-pharmacological treatments including exercise and physical therapy and non-opioid medications for treatment of pain before trialling opioids.
Treatment Plans	Treatment and management of back pain without red-flags: Imaging (X-Ray and CT) is not required for lower-back pain unless red flags are present. Opioids should not be used as a first line of treatment for pain including back pain
	Treatment and management of migraine headaches without red flags: Migraine headaches without red flags do not required medical imaging. Imaging can lead to further unnecessary investigation and anxiety. Medications containing opioids should not be used as first line of treatment for treatment of migraines. Lifestyle issues and specific trigger management can contribute considerably to successful migraine control.
Medical Imaging	An MRI for your hip or knee is not required when the x-ray imaging and symptoms already shows osteoarthritis.
	An ankle or foot x-ray may not be required for minor injuries and will not improve the outcome of the injury or change the course of treatment.
Routine Lab Testing	Lab tests to screen for Vitamin D deficiency in healthy individuals is generally unnecessary.
	Repeat testing or standing orders should be discussed with your provider to ensure the frequency is backed by evidence and should not be ordered without a stop or review date that is communicated clearly by your provider.

Routine Exam	Periodic physical examinations play an important role in ensuring healthy patients remain healthy, however the frequency of these preventative health checks should be done at time intervals recommended by guidelines.
Lifestyle	There is a positive link between work and both physical and social health – absence from work can contribute to declining health and slower recovery times. Talk to your provider before pursuing an extended absence from work.
	Bed rest and inactivity should not be prescribed unless there is scientific evidence that harm will result from activity.
Alternate ¹	Chest x-rays and ECGs for periodic health exams in asymptomatic or low-risk patients can result in false-positives and over-treatment.
	Routine preoperative lab testing and baseline laboratory studies and imaging should not be ordered for low-risk surgeries without a clinical indication.

[To learn more about Choosing Wisely at Island Health visit the Medical Staff Website.](#)

¹ Recommendations in this final category were popular with the Working Group. We are seeking feedback from Stakeholders as to whether these recommendations could be considered patient/community driven, or if they are subject to standards and protocols within the inpatient setting. They may need to be excluded from consideration.