

SickKids Choosing Wisely

10 Years of Impact

2016 - 2026

SickKids®

**Choosing
Wisely
Canada**



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Directors' Message

Choosing Wisely: A decade of impact at SickKids and beyond

Choosing Wisely at SickKids began with a simple but unconventional idea: Every test and treatment should add meaningful value to the care of children and families. At the time, providing care that may be unnecessary was often viewed as an unavoidable part of health care.

Ten years later, we better understand that the unavoidable is often avoidable.

Unnecessary tests and treatments can expose patients to discomfort, anxiety, avoidable side-effects and further interventions, while also placing added demands on families and the health-care system. By reducing low-value care, we lower these risks, make better use of limited resources and create more time and capacity for the care that matters most.

SickKids recognized early that children needed to be part of this international movement. In 2016, we launched Canada's first hospital-based



Choosing Wisely program at a children's academic health sciences centre, helping to bring a distinctly paediatric perspective to the conversation about appropriate care.

Since then, we have brought together research, quality improvement and education to identify unnecessary practices, build evidence and support care teams in making thoughtful decisions with patients and families. After four sets of recommendations (a fifth is on the way) and a "Leadership Status" designation from Choosing Wisely Canada, this work has encouraged collaboration across professions, programs and specialties, turning frontline ideas into practical improvements and helping teams translate evidence into everyday care.

Over the past decade, the program has become closely aligned with SickKids' quality and safety priorities, and embedded in how we work. The words "Choosing Wisely" are now part of our everyday language, prompting us to ask not only whether we can provide a test or treatment, but whether it is truly needed, supported by evidence and beneficial for the individual patient.

Because of Choosing Wisely, conversations between care teams and with patients and families openly discuss options, benefits and potential harms. Because of Choosing Wisely, respectful questioning and continuous learning is normal, and staff are empowered to challenge routine practices when a safer or more effective approach may be available. Because of Choosing Wisely, SickKids has become an even safer, more responsible and patient-centred organization.

As we celebrate this milestone, we are proud of what our teams have achieved and grateful to everyone who has challenged assumptions, shared ideas and improved care. Over 10 years, SickKids has helped demonstrate that reducing unnecessary care is not about doing less, but about doing what is right for each child.

10 years of choosing evidence, embracing change and improving care.

The accomplishments highlighted in this report show what is possible when we choose evidence, embrace change and work together. They also inspire us to keep learning, measuring our impact and asking how we can deliver the right care, at the right time, for every child and family. One decade later, Choosing Wisely has helped shape the SickKids of today and will continue to advance child health for decades to come.

Sincerely,



Dr. Jeremy Friedman and Dr. Olivia Ostrow,
Co-Directors, Choosing Wisely at SickKids

Impact At-A-Glance



Evidence-based recommendations advancing safer, higher-value care in tertiary and quaternary paediatric hospitals.



Departments or Divisions leading Choosing Wisely projects across the hospital.



Scholarly publications sharing evidence and accelerating Choosing Wisely impact beyond our walls.



National and international presentations showcasing SickKids' leadership in resource stewardship.



First children's hospital in Canada to receive Leadership Status designation by Choosing Wisely Canada.



Grand Rounds invitations from leading paediatric hospitals to share the SickKids Choosing Wisely journey and implementation lessons.



Members worldwide connected through the Choosing Wisely in Paediatrics Community of Practice.



Community of Practice presentations showcasing stewardship innovations from coast-to-coast across Canada.

Achievements – Leading the Way



In 2016, The Hospital for Sick Children (SickKids) joined Choosing Wisely Canada – a national campaign that encourages clinicians, patients, and families to have conversations about unnecessary tests and treatments to make smart and effective choices that ensure high-quality, value-add care. Since launching its own program, SickKids has made incredible progress and achieved significant milestones over its first 10 years.

In 2019, SickKids applied for Choosing Wisely Canada's Hospital Designation Program that recognizes hospitals for taking deliberate actions to reduce overuse and demonstrating organizational commitment to minimize waste

and harm. SickKids was successful in being recognized as a **Level 3 Hospital** – the highest achievement at the time – making it the first paediatric centre and second hospital in Canada to attain this status.



From left to right: Carolyn Beck, Ashley Audrain (Family Partner), Suzanne Beno, Olivia Ostrow, Lauren Whitney, Kathryn Timberlake, Jeremy Friedman, and Melissa Jones (Family Partner)



When Choosing Wisely Canada's Hospital Designation Program was revamped in 2021, SickKids applied to renew its status and was awarded – once again – the highest designation of **Leadership Status** in 2025. This recognition was earned for demonstrating strong commitment and leading impactful changes, including making

Choosing Wisely a strategic priority, leading self-directed quality improvement (QI) projects, mentoring other hospitals, and participating in Choosing Wisely Canada's national program – Using Labs Wisely (ULW). SickKids is the first paediatric centre and one of only six hospitals that have achieved Leadership Status.



From left to right: Peter Su, Olivia Ostrow, Marina Djuka, Sarah Cutler and Ioulia Pillai



Furthermore, SickKids' development of Choosing Wisely recommendations for tertiary and quaternary level paediatric care was recognized by the Health Standards Organization (HSO) – an affiliate organization to Accreditation Canada – as a **Leading Practice**. As the only hospital that

has been recognized this way for its innovative, people-centred, and evidence-informed Choosing Wisely activities, SickKids has positioned itself uniquely as a leader in reducing unnecessary tests and treatments.



From left to right: Olivia Ostrow, Lauren Whitney and Jeremy Friedman



Project Spotlights

With every Choosing Wisely recommendation developed, a project team embarks on a quality improvement project to implement change ideas and monitor improvements locally. This deliberate and intentional work has led to many impactful and meaningful changes for patients, families and staff at SickKids.

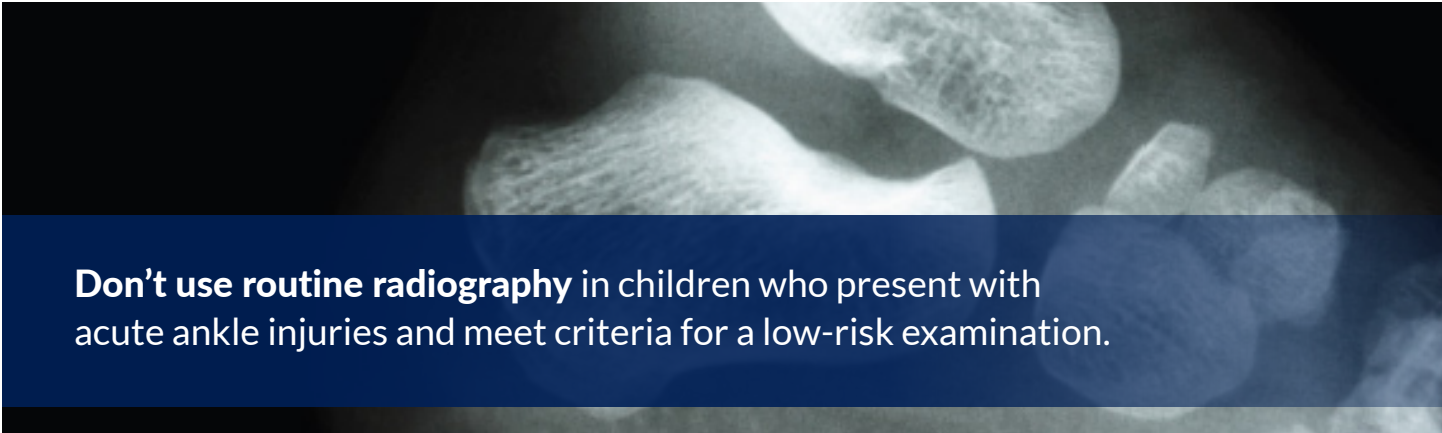
Visit the SickKids Choosing Wisely site to see all 19 recommendations developed and published by the program in [2016](#), [2018](#), [2020](#), and [2023](#). The following are a few examples.



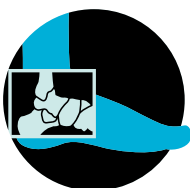
Don't automatically give IVIG as first-line treatment for children with newly diagnosed, typical ITP.



- Children with newly diagnosed, typical immune thrombocytopenia (ITP) can often be treated safely at home – avoiding hospitalization, an intravenous catheter and use of a limited-supply blood product.
- Replacing in-hospital intravenous immunoglobulin (IVIG) with a short course of oral steroids at home delivers equally effective care while saving approximately \$2,000 per patient. This initiative is estimated to have saved over \$300,000 since 2016.
- Choosing Wisely has driven and sustained a 40 per cent reduction in IVIG use for these children – reducing avoidable treatment, conserving a scarce blood product and embedding higher-value care into routine practice.
- Its impact now extends across Canada, having informed the Canadian Paediatric Society's national practice statement on management of newly diagnosed typical ITP.



Don't use routine radiography in children who present with acute ankle injuries and meet criteria for a low-risk examination.



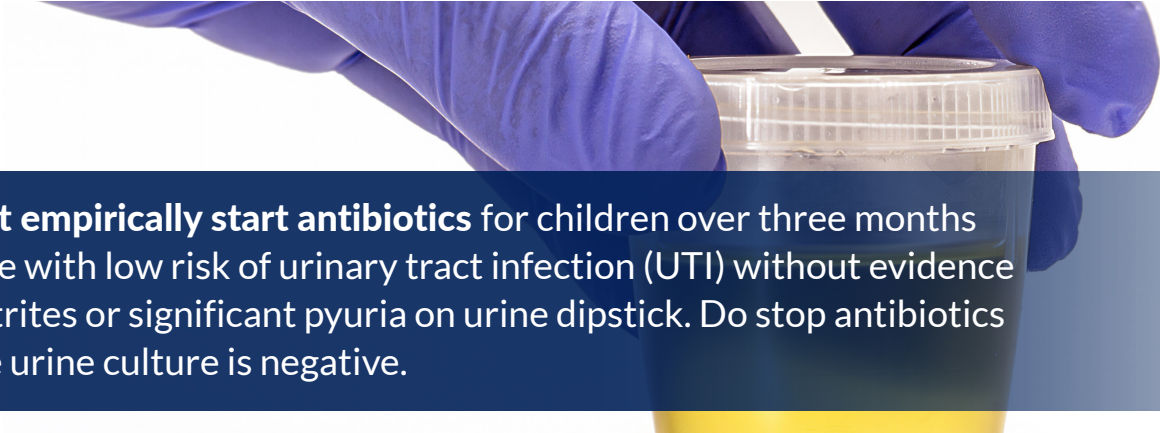
- Each year, approximately 250 children with low-risk ankle injuries can safely avoid an unnecessary X-ray – receiving the same treatment while leaving the Emergency Department sooner.
- For 10 years as a Choosing Wisely initiative, the Low-Risk Ankle Rule has sustained a 25 per cent reduction in X-rays – shortening visits, reducing staff workload and follow-up, and lowering health-system costs.
- SickKids then scaled this impact nationally, partnering with Choosing Wisely Canada to create the “Say Nay to the X-ray” toolkit and help Emergency Departments across Canada adopt the rule.



Don't routinely order a CT abdomen/pelvis for paediatric trauma patients deemed low risk by established decision rules for clinically significant intra-abdominal injury.



- CT imaging is often overused in paediatric traumas – which increases risk from ionizing radiation, need for procedural sedation, and costs to the health system.
- Choosing Wisely has sustainably decreased CT imaging in traumas with low risk for intra-abdominal injury by 20 per cent to avoid at least 200 children receiving CT scans since 2018.
- Evidence-based clinical decision rules help to reallocate lifesaving time and resources in up to 30 trauma team activations each year at SickKids.



Don't empirically start antibiotics for children over three months of age with low risk of urinary tract infection (UTI) without evidence of nitrites or significant pyuria on urine dipstick. Do stop antibiotics if the urine culture is negative.



- UTIs are frequently misdiagnosed in children leading to unnecessary antibiotic exposures and other downstream impacts, including additional testing and visits.
- SickKids embedded a diagnostic algorithm in the Epic electronic health record, introduced a rapid callback system for negative cultures and standardized discharge prescriptions – creating a reliable system to improve diagnostic accuracy and stop antibiotics sooner.
- UTI misdiagnoses in the Emergency Department were cut by almost 50 per cent – resulting in approximately 5,000 antibiotic days saved since 2018.



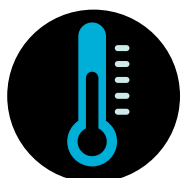
Don't use Free T4 or T3 to screen for primary hypothyroidism or to monitor and adjust levothyroxine (T4) dose in this condition.



- For primary hypothyroidism, thyroid stimulating hormone (TSH) testing alone provides the information needed to screen effectively and safely guide thyroid hormone replacement.
- By “uncoupling” routinely bundled free thyroxine (fT4) and triiodothyronine (T3) tests, SickKids now avoids approximately 4,000 low-value tests and saves \$60,000 every year.
- This evidence-based change has delivered a sustained 50 per cent reduction in unnecessary fT4 and T3 testing for seven years – embedding higher-value care into everyday practice.



Don't routinely hospitalize or start empiric antibiotics for otherwise healthy and well-appearing children presenting with a febrile illness and first episode of neutropenia.



- In response to limited published guidelines and wide practice variation, a multidisciplinary SickKids team – from Emergency Medicine, Haematology, Infectious Disease, and Paediatric Medicine – reviewed the evidence, reached consensus and implemented a guideline for managing viral-induced febrile neutropenia in healthy, immunocompetent children.
- Since 2020, this initiative has spared approximately 100 children unnecessary hospitalizations and intravenous antibiotics – reducing avoidable treatment, disruption and burden for families.
- Its impact now extends across Canada, having informed the Canadian Paediatric Society's national practice statement on febrile neutropenia in immunocompetent children and youth.



Don't routinely order catheterization for urinary tract infection (UTI) testing in febrile children 2-24 months of age without first considering a noninvasive technique for urine screening.



- A simple two-step approach allows young children to be screened safely for a UTI with a non-invasive urine bag sample, reserving bladder catheterization for only those who need a sterile culture.
- At SickKids, this approach has cut catheterization rates by up to 50 per cent which equates to approximately 70 children spared invasive catheterization in our Emergency Department every month. This initiative has now spread to our Paediatric Medicine units too.
- Fewer catheterizations means children avoiding an invasive, painful procedure while reducing staff workload and unnecessary laboratory cultures – improving the care experience and promoting higher-value care.



Don't routinely hospitalize otherwise healthy children who are post-op from a non-perforated laparoscopic appendectomy who can be safely and more comfortably managed at home.



- Children undergoing uncomplicated laparoscopic appendectomy can safely return home the same night – avoiding an unnecessary one- to two-day hospital stay.
- **More than 200 children go home from SickKids' recovery room after this surgery every year now.** Earlier discharge enables them to recover more comfortably at home, reduces exposure to hospital-acquired complications and opens beds for patients who need inpatient care.
- The success of the "Same Night Appendectomy" (SNAppy) initiative is now catalyzing broader change, inspiring surgical teams to redesign care and recovery pathways for more children.



Don't keep urinary catheters in place longer than clinically indicated in hospitalized children.



- Every unnecessary day with a urinary catheter increases a child's risk of a catheter-associated urinary tract infection (CAUTI) – a preventable hospital-acquired condition.
- In alignment with the Caring Safely program to eliminate preventable harm, SickKids has developed clear policies and practices to support evidence-based CAUTI prevention bundle use, and a dashboard to monitor and provide a timely response to changes in CAUTI rates.
- Preventing CAUTI protects children from avoidable infection, additional treatment and longer hospital stays – reducing harm while freeing capacity for the care our patients need. This also demonstrates how Choosing Wisely aligns directly with our Caring Safely efforts at SickKids.



To learn how to get involved with SickKids' Choosing Wisely program, contact **Peter Su**, Program Manager, at choosing.wisely@sickkids.ca

Capacity Building

The SickKids Choosing Wisely program has contributed to building capacity and scholarship nationally and internationally in a variety of different ways.

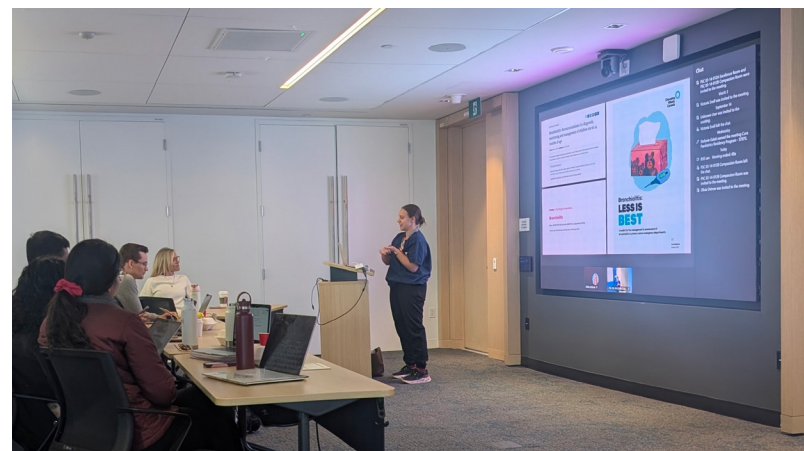
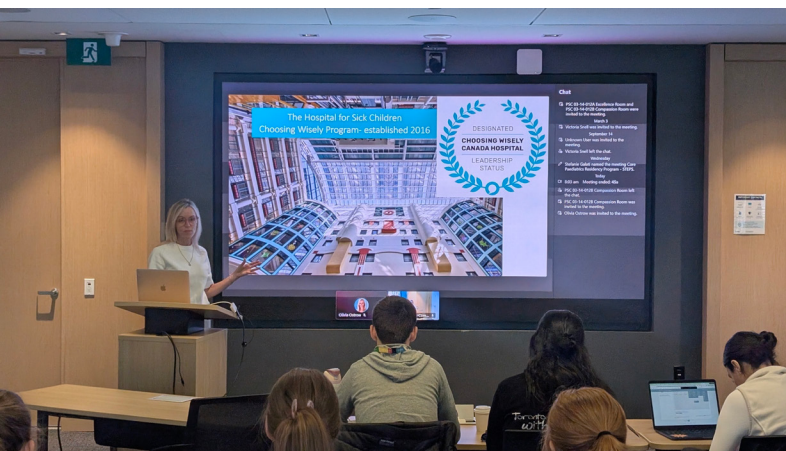
Education

SickKids has strengthened resource stewardship through education of clinicians at multiple stages of training and practice. This includes introducing medical students to high-value care in paediatrics through Choosing Wisely Canada's Students and Trainees Advocating for Resource Stewardship (STARS) program; equipping Department of Paediatrics' residents early in postgraduate training (PGY-1) with fundamentals of resource stewardship and again nationally to all paediatric training programs during their transition to independent practice (PGY-4); engaging community paediatricians through city-wide rounds; and sharing practical Choosing Wisely strategies with broader audiences through the national Canadian Paediatric Society Annual Conference.

Mentorship

SickKids has extended the reach of Choosing Wisely by mentoring hospitals in Ontario, Quebec, Nova Scotia and Singapore as they build and adapt local resource stewardship initiatives. Through this guidance, SickKids has helped other organizations translate Choosing Wisely principles into practical improvement strategies for their own care settings.

SickKids has extended the reach of Choosing Wisely by mentoring hospitals in Ontario, Quebec, Nova Scotia and Singapore



Olivia Ostrow (left) and Felicia Paluck (right) teaching the Department of Paediatrics' residents introduction to resource stewardship and high-value care session.

Family Partnership

Family partners have strengthened Choosing Wisely by ensuring resource stewardship remains grounded in the lived experiences, priorities and needs of children and families. Their contributions have shaped committees and communities of practice, informed resources for staff and families, and advanced scholarly work, including co-leading an antimicrobial stewardship campaign, presenting to international audiences and co-authoring publications.

“Being a partner in this work has been a profoundly meaningful experience. Being given a seat at the table with clinicians and policymakers has allowed me to transform my raw, lived experience into a tool for systemic improvement.”

– Naomi Gryfe Saperia, Lived Experience Advisor

4 Questions

to Ask your Health-Care Provider About Antibiotics

Antibiotics can help fight infections, but inappropriate use of antibiotics may lead to unwanted side-effects. Using antibiotics inappropriately can cause bacteria to develop resistance and become less effective in the future. Ask your health care provider these questions to help you choose antibiotics wisely.

1 Does my child need antibiotics?



Viruses such as the common cold, the flu, and most sore throats, are the most common cause of infections in children. Antibiotics do not treat viruses but do work to fight infections caused by bacteria, like strep throat and bladder infections.

ASK what your child's diagnosis is and whether it is caused by a bacteria.

2 Which is the best option?



There are many types of antibiotics – some fight many different bacteria, including normal healthy bacteria, and some target specific bacteria. Choosing targeted antibiotics will fight specific bacteria and disturb your child's healthy bacteria less. Some antibiotics can also interact with other medications which may lead to unwanted side-effects.

ASK if your child is on the best type of antibiotic for this infection, if there is a more targeted option available, and to check for medication interactions.

3 What are some side-effects?



When antibiotics are needed, they can occasionally have minor side effects such as rash, diarrhea, nausea, and vomiting.

ASK if your child's symptoms are caused by antibiotics, and how to manage these.

4 What can we do to stay healthy?



Some infections can be prevented by making sure the whole family cleans their hands, covers their mouth when coughing with a tissue or upper sleeve and gets the recommended vaccines. If your child is unwell, they should stay home.

ASK for tips on how to prevent the spread of infection so that your whole family can stay healthy.

Choosing Wisely Canada

SickKids

Departmental Reach

SickKids has mobilized committee members and project leads from departments across the hospital, evolving Choosing Wisely from a program into an organization-wide improvement initiative. This broad engagement has generated recommendations and quality improvement projects that strengthen resource stewardship, reduce low-value care and improve the care experience for children and families across clinical settings.

Community of Practice

In 2019, SickKids established a national Choosing Wisely in Paediatrics Community of Practice that brings together all Canadian children's hospitals along with many community hospitals caring for children. The forum creates a shared space to exchange practical tools, spread successful strategies, learn from implementation challenges and accelerate the adoption of high-value paediatric care.

Disseminating Knowledge

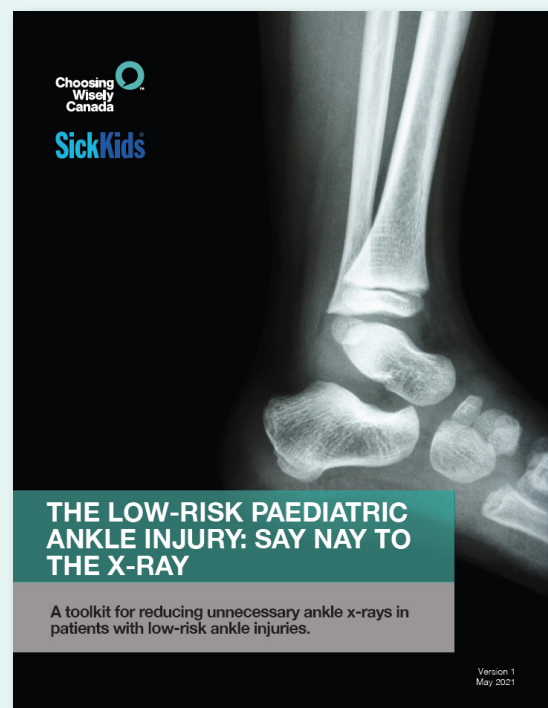
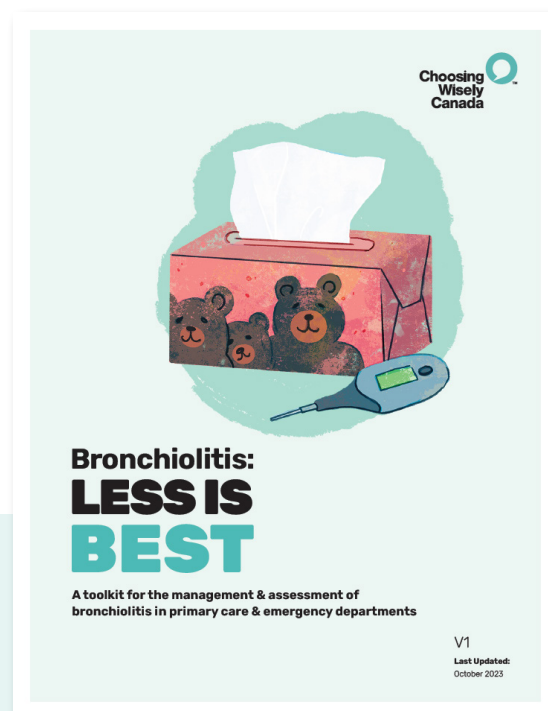
SickKids staff have helped to amplify Choosing Wisely's reach by sharing evidence, tools and practical lessons through recommendations, toolkits, scholarly publications, webinars, conferences, grand rounds, and national and international presentations. This dissemination has positioned SickKids as a leader in paediatric resource stewardship and helped translate local improvement work into broader practice change.

Paediatric Emergency Medicine

Five Tests and Treatments to Question in Paediatric Emergency Medicine

by
American Academy of Pediatrics and the Section on Emergency Medicine
Canadian Association of Emergency Physicians
Last updated: November 2022

- | | | |
|--------------------------|--|---|
| 1 | Do not obtain radiographs in children with bronchiolitis, croup, asthma, or first-time wheezing. | ✓ |
| 2 | Do not obtain screening laboratory tests in the medical clearance process of pediatric patients who require inpatient psychiatric admission unless clinically indicated. | ✓ |
| 3 | Do not order laboratory testing or a CT scan of the head for a pediatric patient with an unprovoked, generalized seizure or a simple febrile seizure who has returned to baseline mental status. | ✓ |
| 4 | Do not obtain abdominal radiographs for suspected constipation. | ✓ |
| 5 | Do not obtain comprehensive viral panel testing for patients who have suspected respiratory viral illnesses. | ✓ |
| How the list was created | | ✓ |



Looking Ahead

While the SickKids Choosing Wisely program has accomplished much and changed the culture of resource stewardship in paediatrics over the last 10 years, the next decade and beyond is filled with opportunity.

New Recommendations

SickKids' Choosing Wisely program continues to support local quality improvement projects and lead in developing new recommendations for paediatric acute care hospitals. Team members are currently championing the development of a new national recommendation list in paediatric hospital medicine with Choosing Wisely Canada and the Canadian Paediatric Society.



A fifth list of new Choosing Wisely recommendations is currently being developed for SickKids. Project leaders are working with the SickKids Choosing Wisely committee – including family partners – to ensure aims, measures, and change ideas are rooted in strong quality improvement methodology. The list is anticipated to be released in December 2026.

New Designations

SickKids will be submitting evidence to demonstrate its ongoing commitment to maintain its Leadership Status in the Choosing Wisely Canada Hospital Designation program.

The SickKids Choosing Wisely program is also collaborating with the Department of Paediatric Laboratory Medicine (DPLM) to pursue a new designation: Using Blood Wisely (UBW). One of Choosing Wisely Canada's national programs, it focuses on decreasing inappropriate red blood cell transfusion practices to strengthen Canada's blood supply.

An infographic with a light blue background. On the right side, there is a medical illustration of a blood transfusion set, including a drip chamber and tubing. The text is on the left. The title "WHY GIVE 2 WHEN 1 WILL DO?" is in large, bold, black letters. Below it, a sub-header reads "Especially now, to help conserve the blood supply." There are three bullet points: "Don't transfuse more than one red cell unit at a time in non-bleeding patients.", "Don't transfuse red blood cells in asymptomatic, non-bleeding patients with hemoglobin greater than 70 g/L.", and "Don't transfuse blood if other therapies (e.g. iron) would be effective." At the bottom left is the "Choosing Wisely Canada" logo, and below it is the text "For more information, visit: www.choosingwiselycanada.org/transfusion-medicine."/>

WHY GIVE 2 WHEN 1 WILL DO?

Especially now, to help conserve the blood supply.

- Don't transfuse more than one red cell unit at a time in non-bleeding patients.
- Don't transfuse red blood cells in asymptomatic, non-bleeding patients with hemoglobin greater than 70 g/L.
- Don't transfuse blood if other therapies (e.g. iron) would be effective.

Choosing Wisely Canada

For more information, visit:
www.choosingwiselycanada.org/transfusion-medicine

New Areas of Focus

The health-care sector is responsible for nearly five per cent of global greenhouse gas emissions. As a result, climate action has emerged as a prominent Choosing Wisely Canada priority in recent years. The SickKids Choosing Wisely program is committed to aligning with Choosing Wisely Canada and SickKids' Sustainability Office to support planetary health by highlighting

the co-benefit of reducing unnecessary tests, treatments, and procedures with environmental sustainability.

Furthermore, resource stewardship and clinical appropriateness continue to support financial sustainability. With resources increasingly limited, careful and thoughtful stewardship is essential to sustain high-quality care.

The health-care sector is responsible for nearly 5 per cent of global greenhouse gas emissions.



Acknowledgements

The success of the SickKids Choosing Wisely program reflects the commitment, collaboration and support of many individuals, teams and leaders across the organization. Over the past decade, their contributions have been instrumental in advancing resource stewardship, strengthening high-value paediatric care and helping to shift the culture at SickKids toward more thoughtful, evidence-informed decisions about tests, treatments and care.

We are grateful to colleagues in Senior Management, Clinical Operations, the Antimicrobial Stewardship Program, the Utilization Management Committee, Communications and Public Affairs, Information Management and Technology, Family Advisory roles and many other groups whose encouragement, expertise and partnership enabled this work to grow from early ideas into sustained improvement across the hospital.

A special acknowledgement goes to Lauren Whitney, our original project manager, whose leadership, dedication and extraordinary contributions over the program's first eight years helped build the foundation for its growth, reach and lasting success.

We also extend sincere thanks to the SickKids Choosing Wisely committee members, including all of the project leads, family partners, and more who identified opportunities, challenged assumptions, tested changes, measured impact and shared learning locally, nationally and internationally.

To everyone who has supported, championed and contributed to Choosing Wisely at SickKids: Thank you. Your efforts have helped embed resource stewardship into everyday practice, to **Elevate Quality and the Care Experience**.



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