

In the name of safety: Identifying and letting go of low-value safety practices

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Background:

- Tendency to add more initiatives, protocols, processes aiming to improve safety
- Up to **30% of all healthcare spending is wasted**¹
- Drive to shift resources to higher value care²
- Previous focus on de-implementation of clinical practices³ and health technologies⁴
- Need to **consider non-clinical practices for de-implementation** too⁵
- **No common terminology or guidance** for systematic approach to de-implementation,^{6,7}
- Stopping accepted practice is **unfamiliar & difficult**⁸
- **“Mindful forgetting”** is required⁹ but little understood^{7,10}

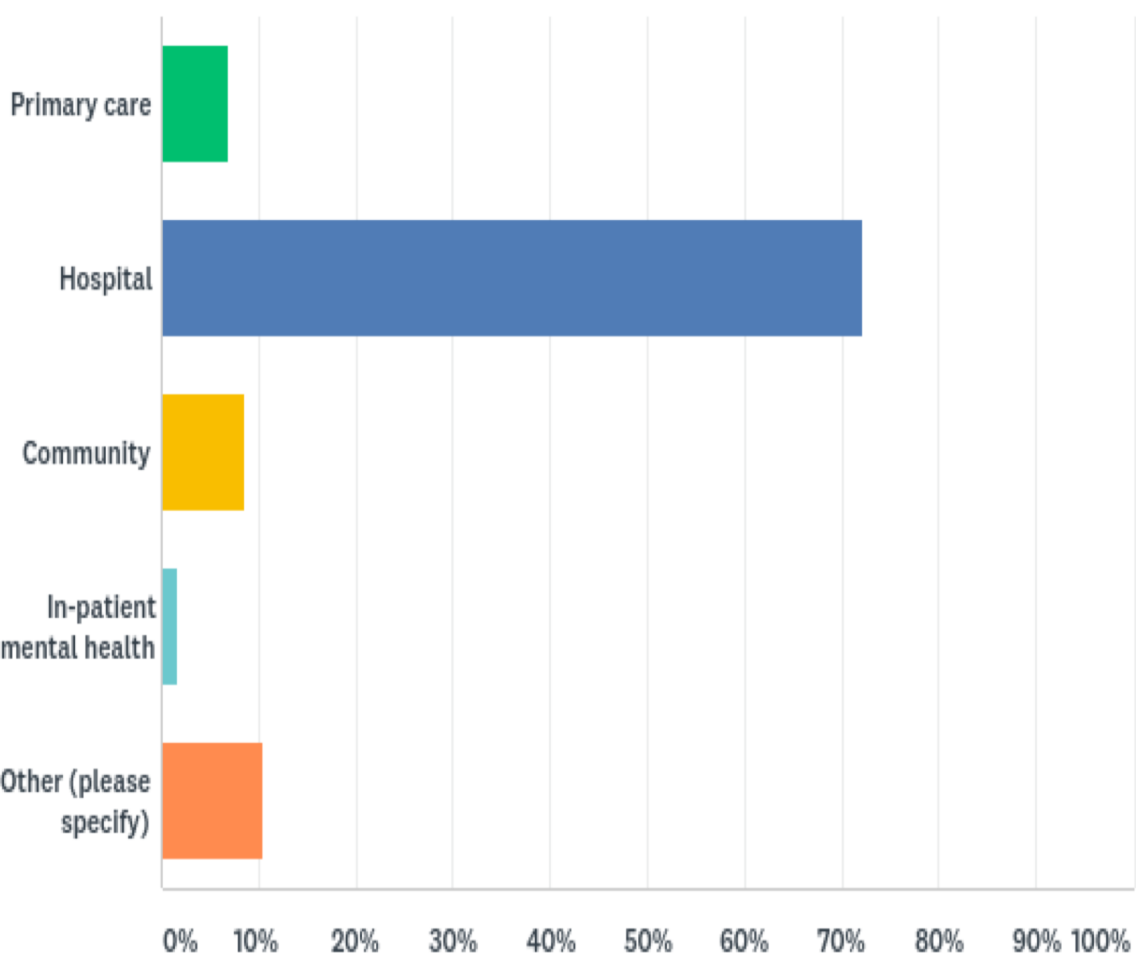
Study Aim (Phase 1):

To identify ineffective non-clinical safety practices used in hospitals that could be removed

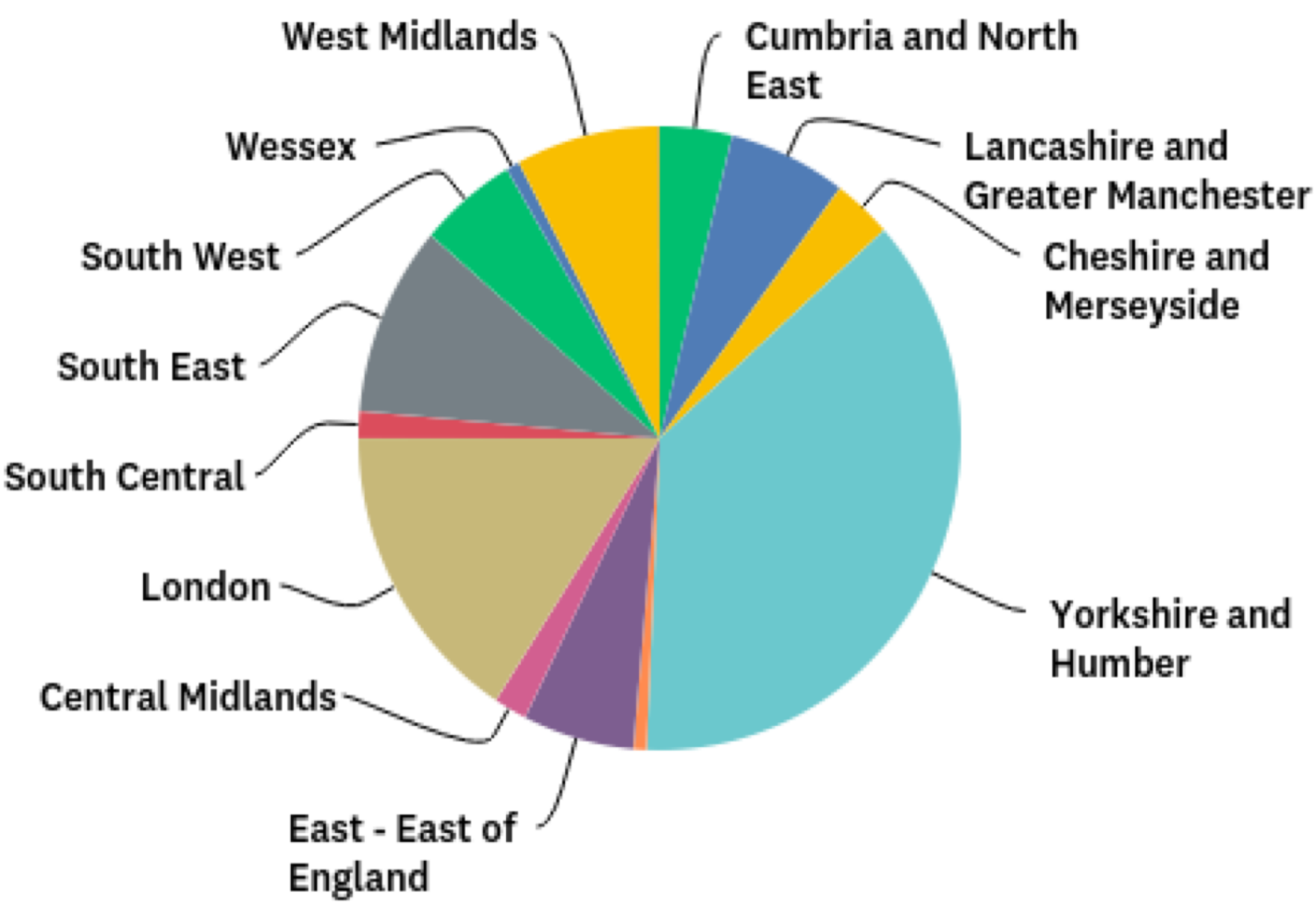
Method: Crowdsourcing via social media¹¹ using an online survey: *It’s a waste of time doing ‘x’ because it doesn’t make care safer. Please tell us what ‘x’ is below. You can list more than one answer.’*

Summary demographics

Which best describes where you are based most of your time at work?



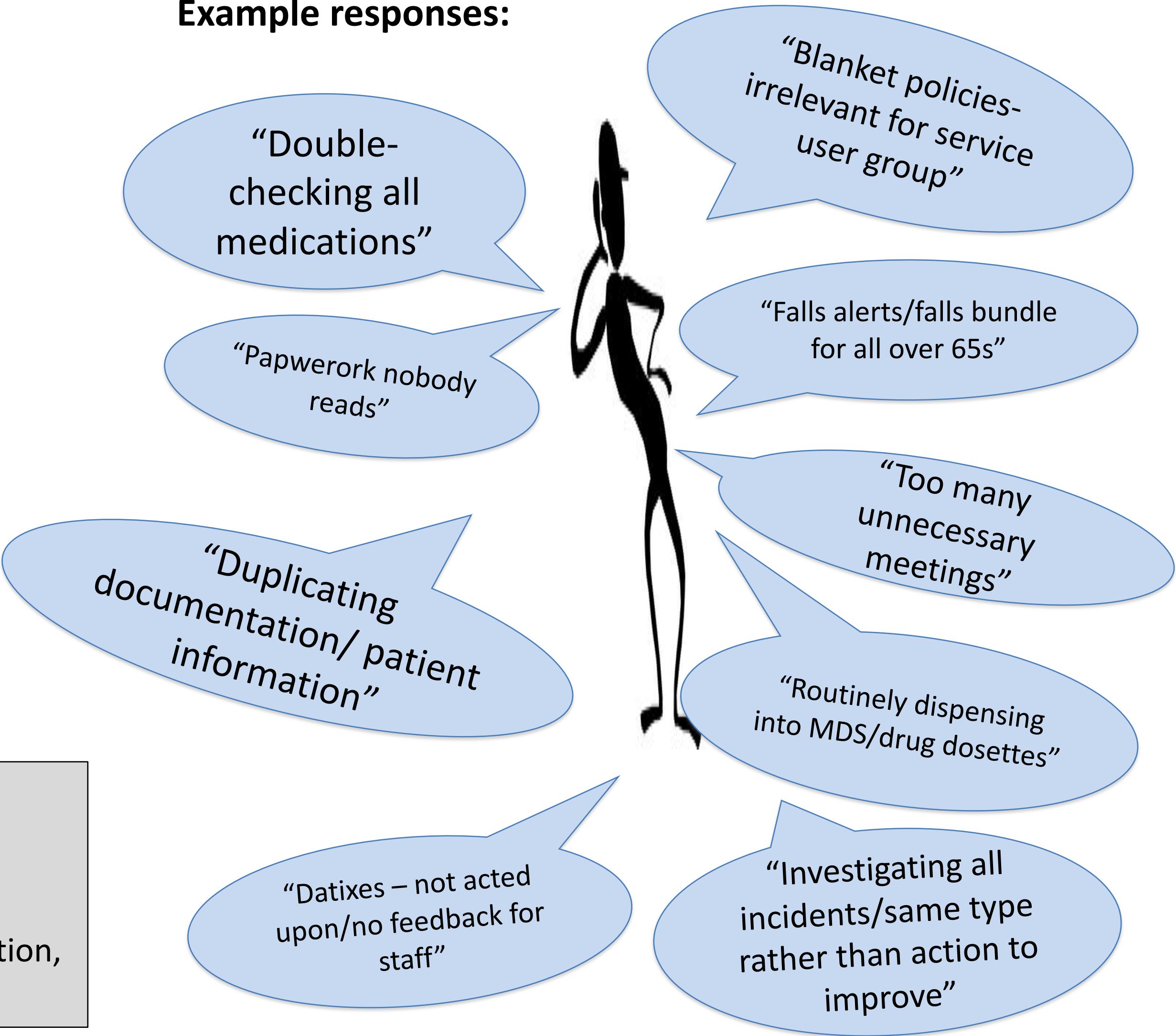
Which NHS region do you work in?



Survey results

| | n |
|---|----------|
| Total responses | 287 |
| Total ideas within responses | 318 |
| Excluded responses (clinical idea or no response) | 22 |
| Eligible ideas | 296 |
| By theme: | |
| Care environment | 10 |
| Communication & co-ordination | 45 |
| Duplication (including double checking) | 60 (24) |
| Policy (including incident investigation) | 122 (21) |
| Training | 16 |
| Paperwork & over-documentation | 43 |

Example responses:



Next steps:

Phase 1: Complete data collection & analysis

Phase 2: Determine target practices for removal based on: survey responses, evidence review, health economic evaluation, contextual drivers and readiness for change.

References: 1. Berwick D & Hackbarth AD (2012) Eliminating waste in US health care. *JAMA* 307(14) 1512-6; 2. Roosenhas et al (2015) “I won’t call it rationing...” An ethnographic study of healthcare disinvestment in theory and practice. *Social Science and Medicine* 128: 273-281; 3. <http://www.choosingwisely.org/our-mission/>; 4. Haines T et al (2014) A novel research design can aid disinvestment from existing health technologies with uncertain effectiveness, cost-effectiveness and/or safety. *Journal of Clinical Epidemiology* (67):144-151; 5. Norton WE et al (2017) Studying de-implementation in health: an analysis of funded research grants. *Implementation Science* 12:144 DOI 10.1186/s13012-017-0655-z; 6. Harris C et al (2017) Sustainability in health care by Allocating Resources Effectively (SHARE) 9: conceptualising disinvestment in the local healthcare setting. *BMC Health Services Research* 17: 633 DOI 10.1186/s12913-017-2507-6; 7. Bekeis K et al (2017) De-adoption and enovation in the use of carotid revascularization: retrospective cohort study *BMJ* 359:j4695 doi: 10.1136/bmj.j4695; 8. Haas M et al (2012) Breaking up is hard to do: why disinvestment in medical technology is harder than investment. *Australian Health Review* 36(2):148-152; 9. Coiera E (2017) The Forgetting Health System. *Learning Health Systems*. 1:e10023 <https://doi.org/10.1002/lhs2.10023>; 10. Niven DJ et al (2015) Towards understanding the de-adoption of low-value clinical practices: a scoping review. *BMC Medicine* 13(255) DOI 10.1186/s12916-015-0488-z; 11. Swann M (2012) Crowdsourced Health Research Studies: An Important Emerging Complement to Clinical Trials in the Public Health Research Ecosystem. *Journal of Medical Internet Research* 12(2) e46