



XII Jornadas Nacionales SEDISA

Bilbao, del 29 de septiembre al 1 de octubre de 2022

Gestión Basada en Valor: Presente y Futuro

Dr. Jesús María Aranaz Andrés. Jefe de Servicio Medicina Preventiva y Salud Pública. Hospital Universitario Ramón y Cajal.

Gamificación digital para promover las 'Recomendaciones No Hacer'.

Presentación. ***Casos prácticos de Gestión Sanitaria Basada en Valor***



Mesa patrocinada por:

CSL Vifor

Índice de Contenidos

1. Equipo de Trabajo
2. Antecedentes
3. Resultados Preliminares
4. App No Hacer
5. Gamificación
6. Próximos Pasos



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1

EQUIPO DE TRABAJO

- Jorge de Vicente Guijarro
- José Joaquín Mira Solves
- César Fernández Peris
- Jesús María Aranaz Andrés



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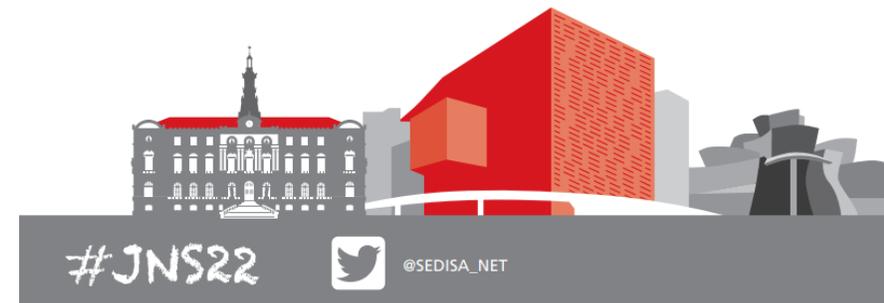


EQUIPO DE TRABAJO



GRUPO DE TRABAJO SOBRINA:

Jesús M. Aranaz Andres, José Joaquín Mira Solves Yolanda Agra Varela, Julián, Alcaraz Martínez, Verónica Aranaz, Ana M^a Ariztegui Echenique, M^a Pilar Astier Peña, María Concepción, Carratalá Munuera, Johanna Milena Caro Mendivelso, Irene Carrillo Murcia, Ana M^a Cebrián Cuenca, Miguel Ignacio Cuchi Alfaro, Juan Custardoy Olavarrieta, Cristina Díaz-Agero Pérez, Ana M^a Fernández Navascués, María Teresa Gea Velázquez de Castro, Javier González de Dios, Francisco Miguel González Valverde, Nieves López Freseña, Julio José López-Picazo Ferrer, Patricia López Pereira, Francisco López Rodríguez-Arias, Federico de Montalvo Jaaskelainen, Olga Monteagudo Piqueras, Isabel M^a Navarro Soler, Cristina Nebot Marzal, María Ángeles Nuin Villanueva, Guadalupe Olivera Cañadas, Pastora Pérez Pérez, Ángela Rincón Carlavilla, José María Ruiz Ortega, Ascensión Sánchez Martínez, Carmen Silvestre Busto, María Luisa Torijano Casalengua, José L. Valencia Martín, Jorge de Vicente Guijarro, Julián Vitaller Burillo, Elena Zavala Aizpúrua.



2

ANTECEDENTES



Fondo Europeo de Desarrollo Regional
"Una manera de hacer Europa"

- *Análisis del error y sus consecuencias legales y en la práctica clínica. Qué consecuencias tiene hacer lo que no hay que hacer en los servicios quirúrgicos hospitalarios (PI 16/00971).*
 - IP: Jesús María Aranaz Andrés
 - Comité de Ética de la Investigación del Hospital Universitario Ramón y Cajal (ref .168/17).
- *Qué consecuencias tiene hacer lo que no hay que hacer en atención primaria. Estudio de los errores asociados a la sobreutilización inadecuada (PI16/00816).*
 - IP: José Joaquín Mira Solves, y que también cuenta con financiación del *Instituto de Salud Carlos III* (PI16/00816)





ANTECEDENTES

- 15 artículos científicos
- 2 Tesis Doctorales
- 4 Trabajos de Fin de Máster
- 20 Comunicaciones a congreso

Low-Value Clinical Practices: Knowledge and Beliefs of Spanish Surgeons and Anesthetists

Jose Maria Arana Andueza^{1,2}, Jose Vicente Valencia-Martin^{3,4,5,6}, Cristina Diaz-Agencia^{7,8}, Nieves Lopez-Fernandez^{9,10}, Irene Carrillo^{11,12}, Joaquin Miras^{13,14,15}

Abstract: OBJECTIVES: To know the frequency and extent of low value surgical practices, according to the opinion of surgeons and anesthetists, and to determine their degree of knowledge about the Spanish "Choosing Wisely" initiative. METHODS: Cross-sectional observational study based on a self-administered online questionnaire through an appropriate sample of 250 surgeons and anesthetists from three Spanish regions, conducted through Scientific Institute. The survey took place between July and December 2017. RESULTS: A patient profile requiring unnecessary practices was identified in 35% of years old and non-affected disease. The frequency of requests was on average 1.5 per day for 50% of the professionals, of whom 15% acknowledged according to their profession. To discharge the patient, clinical reasons (72%) were considered the most frequent. To ensure control and safety in the case was the main reason to indicate them. The greatest responsibility according to their profession, doctors indicate more than nurses. Amongst professionals, knowledge on unnecessary practices, an average of 5 correct answers out of 7 was obtained. Some 44.1% of the respondents were patients of the Spanish "Choosing Wisely" initiative. CONCLUSIONS: Low value surgical practices are performed as a frequent practice, which requires an approach regarding intervention with patients and the results to a self-protection. Increase awareness on unnecessary surgical practices, and how to avoid them remain essential.

Keywords: medical review, unnecessary procedures, surgery, anesthesia

Estimation of the Overuse of Preoperative Chest X-rays According to "Choosing Wisely", "No Hacer", and "Essencial" Initiatives: Are They Equally Applicable and Comparable?

Jose Vicente-Valencia^{1,2,3,4,5,6}, Jose Lorenzo Valencia-Martin^{7,8,9,10}, Paloma Moreno-Vazquez^{11,12}, Pedro Ruiz Lopez^{13,14}, Jose Joaquin Miras Solera^{15,16,17}, Jose Maria Arana-Andueza^{18,19} and SOBRIENA Working Group²⁰

Abstract: Background: Overuse reduces the efficiency of healthcare systems and compresses patient budgets. Different initiatives have issued recommendations on the indication of preoperative chest X-rays, but the degree of compliance with those recommendations is uncertain. This study investigates the frequency and characteristics of the implementation of these practices. Methods: This is a descriptive observational study with analytical components, performed as a tertiary hospital in the Community of Madrid (Spain) between July 2018 and June 2019. The implementation of preoperative chest X-ray tests was analyzed according to "Choosing Wisely", "No Hacer" and "Essencial" initiatives by comparing them with this practice as established in National Values and Mandatory Limits. Results: A total of 3480 preoperative chest X-ray tests were performed during the period of study. 1444, 54% of them were requested according to the "No Hacer" recommendation (42.3%), according to "Choosing Wisely" and "Essencial" criteria, which would be equivalent to 5.6% and 11.8% of the interventions in which this test was unnecessary, respectively. One or more preoperative chest X-ray tests were indicated in more than 30% of the interventions in which another chest X-ray had already been performed in the previous 3 months. A higher implementation rate was observed for interventions with an Anatomical Society of Anesthesiologists (ASA) grade 1-2 (84.5%). The Anesthesiology service obtained a lower implementation rate than other Performing Surgical Services (77.2%) according to "Choosing Wisely" and "Essencial" (17% according to "No Hacer"). This suggests indication of chest X-ray represents an actual cost of US\$ 1.



ORIGINAL ARTICLE

Surgical Error Compensation Claims as a Patient Safety Indicator: Causes and Economic Consequences in the Murcia Health System, 2002 to 2018

Jorge Vicente-Galindo, MD¹, José Lorenzo Valencia-Martin, PhD^{1,2}, Carlos Fernández-Fernández, PhD^{1,3}, Pablo Sainza, PhD^{4,5}, Ana Joaquina Miras Solera, PhD^{1,2,3,6,7}, José María Arana-Andueza, PhD^{1,2,3,6,7} and SOBRIENA Working Group

Objectives: Compensation claims are a useful source of information on the causes of adverse events. The purpose of this study was to determine an optimal number of surgical compensation claims and their financial impact on the health system.

Methods: A descriptive observational study with analytical components, non-interventive and retrospective design through the entire area of the Murcia Health System between 2002 and 2018. We defined the following terms: compensation, financial and surgical error. We analyzed the number of surgical compensation claims and compensation related to surgical procedures and compensation related to non-surgical procedures. We analyzed the number of surgical compensation claims and compensation related to surgical procedures and compensation related to non-surgical procedures. We analyzed the number of surgical compensation claims and compensation related to surgical procedures and compensation related to non-surgical procedures.

Low-value clinical practices and harm caused by non-adherence to 'do not do' recommendations in primary care in Spain: a Delphi study

JOSÉ JOAQUÍN MIRAS^{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, IRIBNE GARCILLO¹, JAVIER GONZÁLEZ DE BODAS², GUADALUPE OLIVERA³, PASTORA PÉREZ-PÉREZ⁴, CRISTINA NEBIOT⁵, CARMEN SILVESTRE⁶, YOLANDA AGUI⁷, ANA FERNÁNDEZ⁸, JOSÉ J. VALENCIA-MARTÍN^{9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, ANA ARISTEU¹ and JESUS ARANAZ^{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, SOBRIENA RESEARCH TEAM

Abstract: To determine the non-adherence to the primary care 'do not do' recommendations. Design: Delphi study.

Participants: A total of 150 professionals were recruited (100 general practitioners (GPs), 25 pediatricians (PEDI), 15 nurses who care for adult patients (NAC) and 10 pediatric nurses (PNP)).

Intervention: A selection of 37 'Do not do' items (DNDI), 18 as PEDI, 10 as NAC and 9 as PNP, were included in the Delphi technique. A 5-point Likert scale was used to assess whether a given practice was 'do not do' and the likelihood of causing an adverse event.

Main outcome measures: Items considered to be necessary to be done were 11 (29.7%), 10 (26.3%) for PEDI and 10 (26.3%) for NAC and 10 (26.3%) for PNP were considered to be 'do not do'. A total of 17 (45.7%) of these practices for PEDI and 10 (26.3%) for NAC and 10 (26.3%) for PNP were considered to be 'do not do'.

Grado de cumplimiento de la campaña 'Compromiso por la Calidad' y de las recomendaciones 'no hacer' en pediatría de familia, pediatría y enfermería de Atención Primaria

Level of knowledge of Quality Commitment Campaign and of 'do not do' recommendations amongst general practitioners, pediatricians and nursing Primary Care

J.J. Miras^{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, J.J. Carrillo¹, P. Pérez-Pérez², G. Olivera³, C. Nebiot⁴, A. González de Bodas^{5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}

Abstract: Objetivo: Analizar el nivel de conocimiento de la campaña 'Compromiso por la Calidad' y de las recomendaciones 'no hacer' en pediatría de familia, pediatría y enfermería de Atención Primaria. Metodología: Estudio de corte transversal que se realizó en tres niveles de atención primaria: pediatría de familia, pediatría y enfermería de Atención Primaria. Resultados: El nivel de conocimiento de la campaña 'Compromiso por la Calidad' y de las recomendaciones 'no hacer' fue bajo en los tres niveles de atención primaria. Conclusiones: Se requiere una mayor difusión de la campaña 'Compromiso por la Calidad' y de las recomendaciones 'no hacer' en pediatría de familia, pediatría y enfermería de Atención Primaria.

BMJ Open

SOBRIENA Spanish study – analysing the frequency, cost and adverse events associated with overuse in primary care: protocol for a retrospective cohort study

Jose Joaquin Miras^{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, Irene Carrillo¹, Nieves Lopez-Fernandez², Maria Teresa Gao Velazquez de Castro³, Carlos Fernandez-Fernandez⁴, Guadalupe Olivera⁵, Yolanda Agui⁶, Ana Mir Fernandez⁷, Jose Maria Arana-Andueza^{8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, on behalf of the SOBRIENA Research Team

Abstract: Background: Overuse of healthcare services is a global problem that is increasing in many countries. It is a major cause of waste in the health system and a barrier to the achievement of the Sustainable Development Goals. The aim of this study is to analyse the frequency, cost and adverse events associated with overuse in primary care. Methods: This is a retrospective cohort study that will be conducted in the Community of Madrid (Spain) between July 2018 and June 2019. The implementation of preoperative chest X-ray tests will be analysed according to "Choosing Wisely", "No Hacer" and "Essencial" initiatives by comparing them with this practice as established in National Values and Mandatory Limits. Results: A total of 3480 preoperative chest X-ray tests were performed during the period of study. 1444, 54% of them were requested according to the "No Hacer" recommendation (42.3%), according to "Choosing Wisely" and "Essencial" criteria, which would be equivalent to 5.6% and 11.8% of the interventions in which this test was unnecessary, respectively. One or more preoperative chest X-ray tests were indicated in more than 30% of the interventions in which another chest X-ray had already been performed in the previous 3 months. A higher implementation rate was observed for interventions with an Anatomical Society of Anesthesiologists (ASA) grade 1-2 (84.5%). The Anesthesiology service obtained a lower implementation rate than other Performing Surgical Services (77.2%) according to "Choosing Wisely" and "Essencial" (17% according to "No Hacer"). This suggests indication of chest X-ray represents an actual cost of US\$ 1.

Strength and limitations of this study

Strengths and limitations of this study

Strengths: This study is a primary care study that is representative of the Spanish population. It is a retrospective cohort study that will be conducted in the Community of Madrid (Spain) between July 2018 and June 2019. The implementation of preoperative chest X-ray tests will be analysed according to "Choosing Wisely", "No Hacer" and "Essencial" initiatives by comparing them with this practice as established in National Values and Mandatory Limits. Results: A total of 3480 preoperative chest X-ray tests were performed during the period of study. 1444, 54% of them were requested according to the "No Hacer" recommendation (42.3%), according to "Choosing Wisely" and "Essencial" criteria, which would be equivalent to 5.6% and 11.8% of the interventions in which this test was unnecessary, respectively. One or more preoperative chest X-ray tests were indicated in more than 30% of the interventions in which another chest X-ray had already been performed in the previous 3 months. A higher implementation rate was observed for interventions with an Anatomical Society of Anesthesiologists (ASA) grade 1-2 (84.5%). The Anesthesiology service obtained a lower implementation rate than other Performing Surgical Services (77.2%) according to "Choosing Wisely" and "Essencial" (17% according to "No Hacer"). This suggests indication of chest X-ray represents an actual cost of US\$ 1.

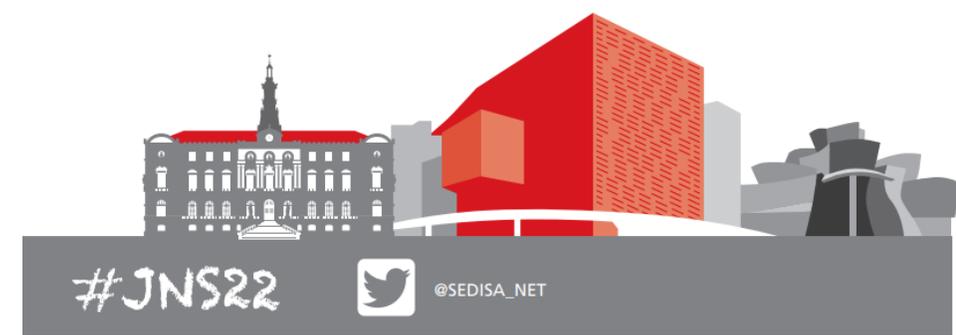


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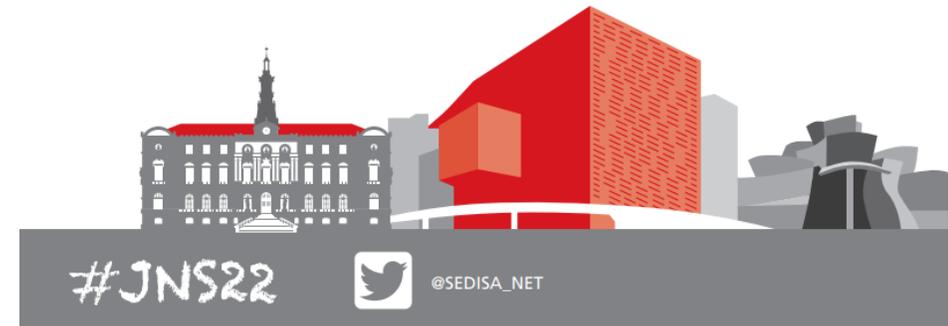
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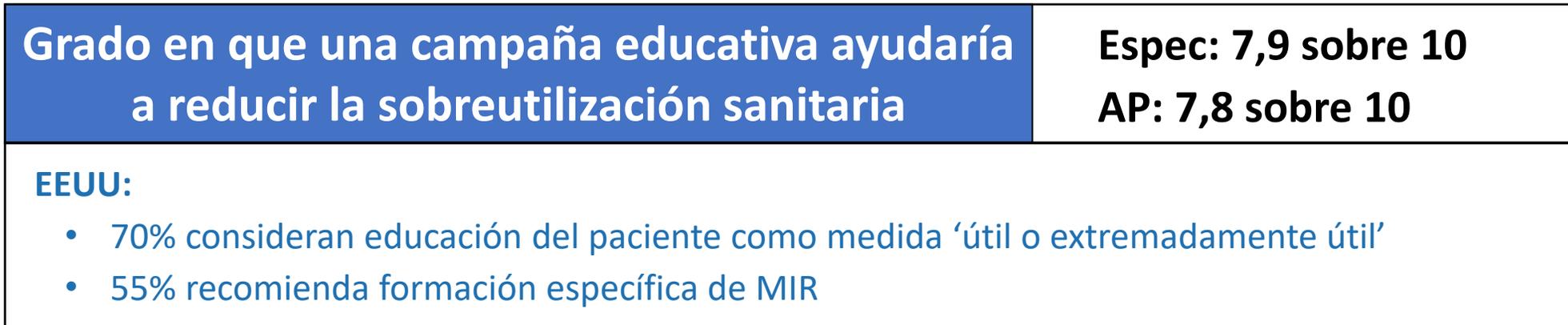
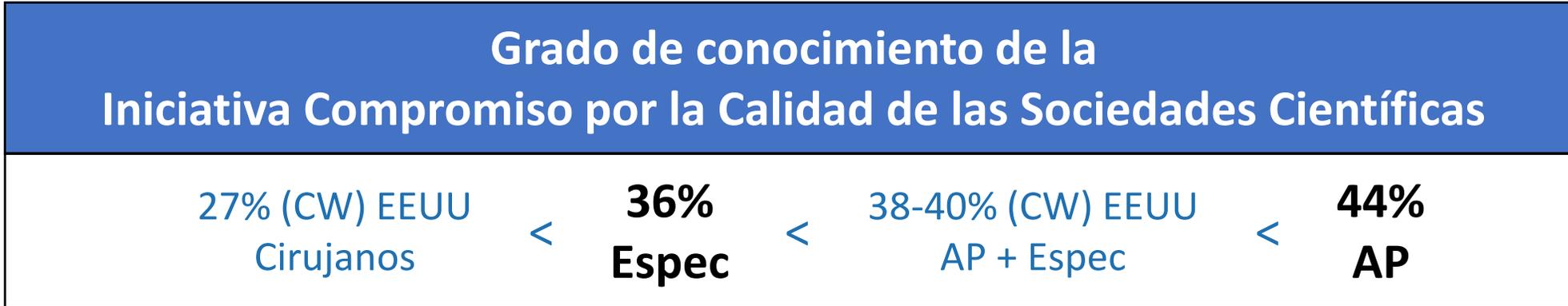
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3

RESULTADOS PRELIMINARES





APP NO HACER:

Una herramienta digital para promover las 'Recomendaciones No Hacer'.



Prometeo 2020/061, financiado por la Conselleria de Educació, Generalitat Valenciana

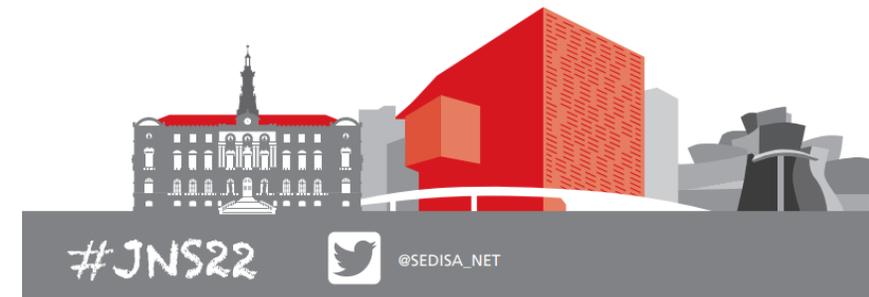
FIS No Hacer PI16/00971 & PI16/00816, financiado por el Fondo de Investigación en Salud (FIS) del Instituto de Salud Carlos III (ISCIII) con fondos FEDER (Fondo Europeo de Desarrollo Regional)

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PANTALLA DE INICIO

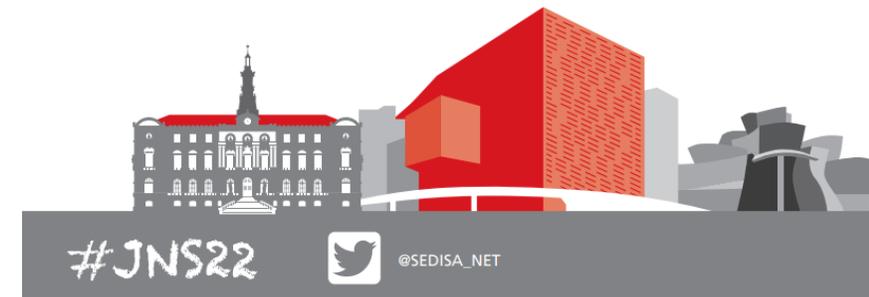


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MENÚ PRINCIPAL

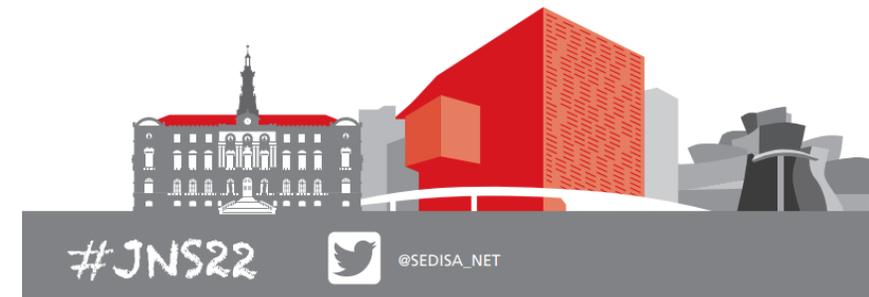


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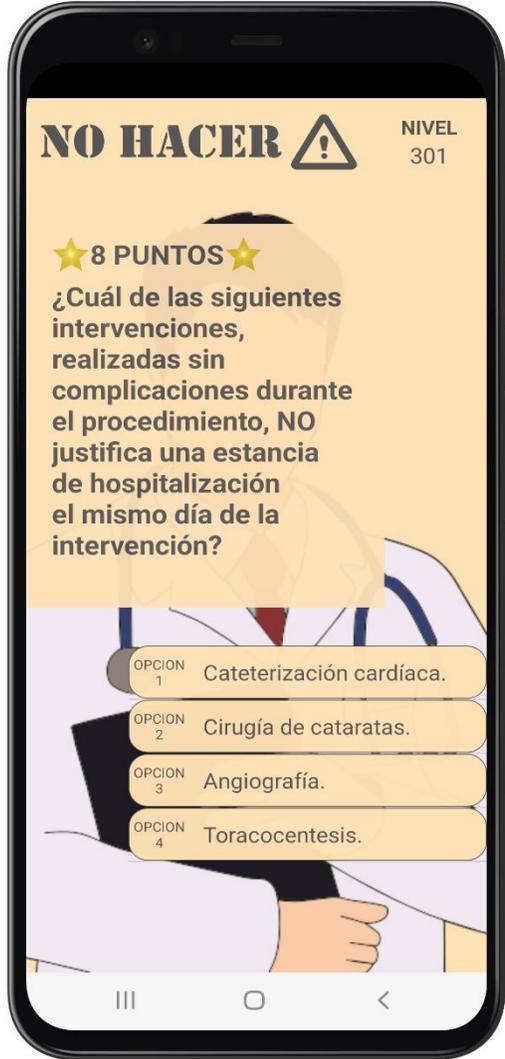


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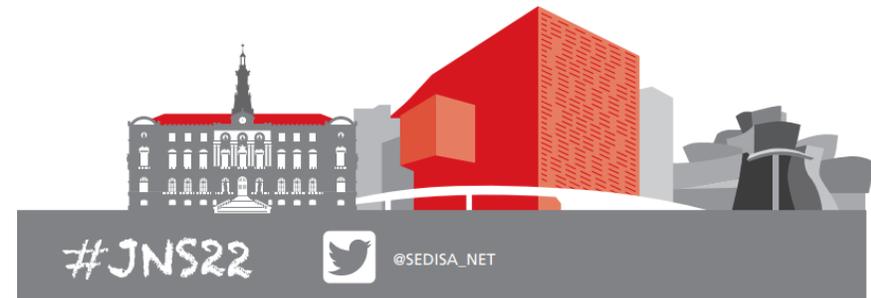


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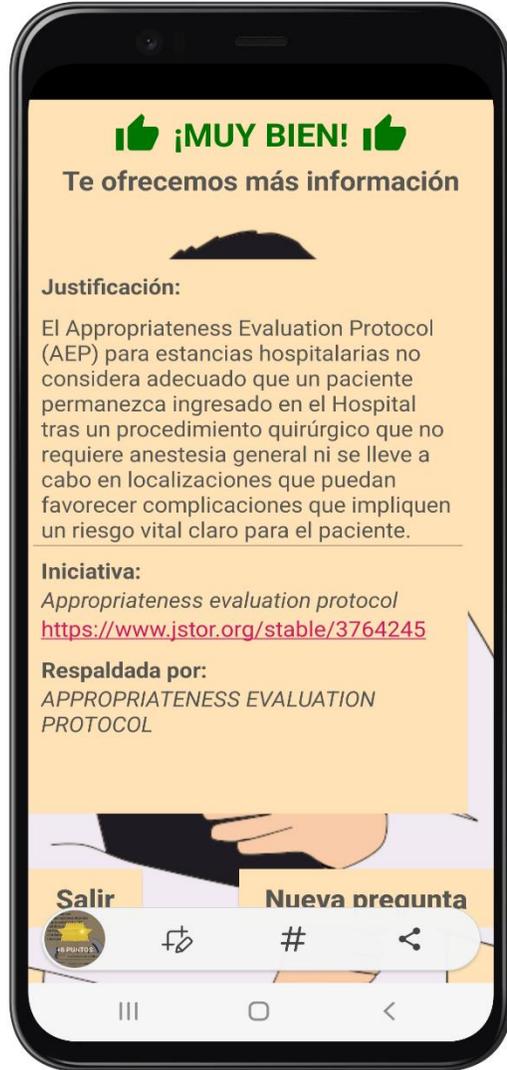


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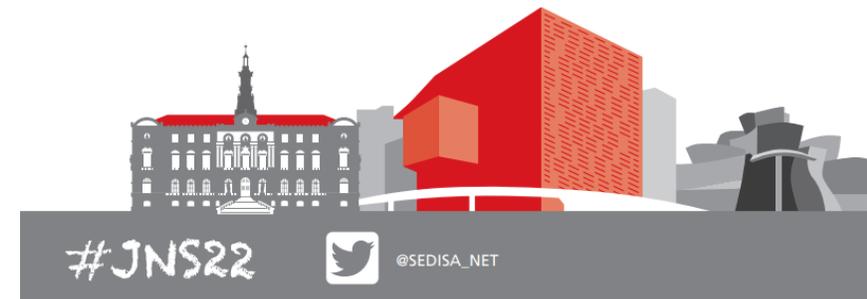


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ACIERTO



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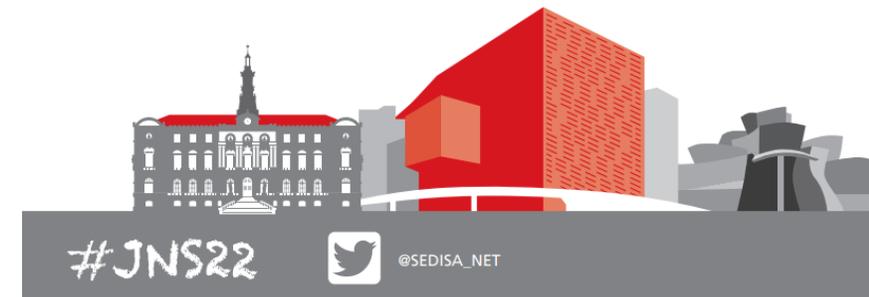
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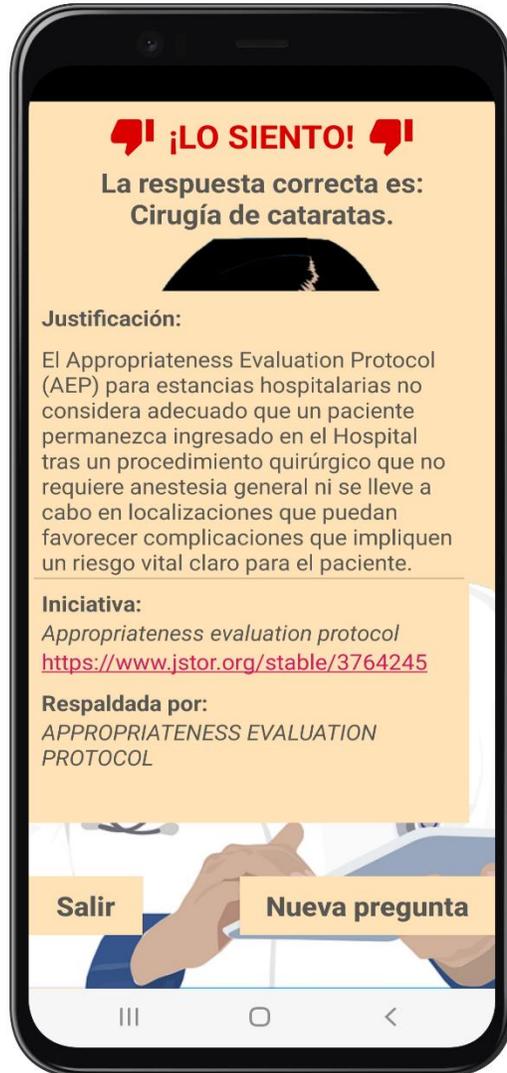


RECOMPENSA

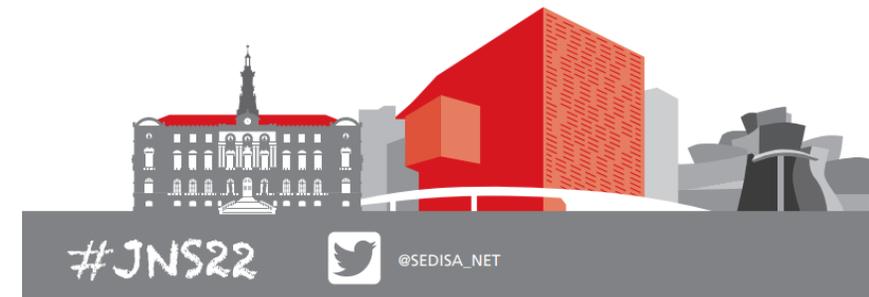


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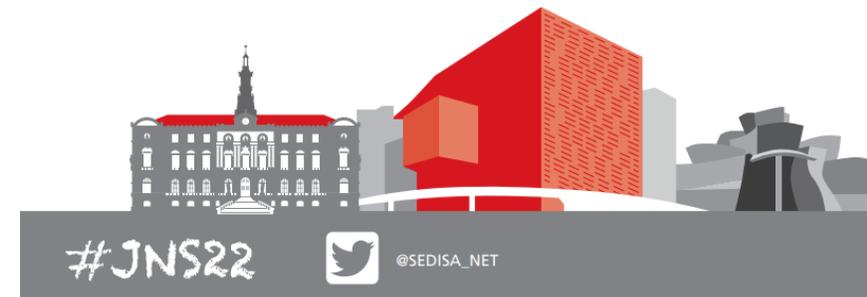
GAMIFICACIÓN



Beneficios de las técnicas Game Based Learning:

- Aprendizaje
- Asimilación de conceptos
- Evaluación de conocimientos.
- Capacidad para captar la atención del usuario
- Entorno divertido y motivador.
- Bajo coste

Las estudios más recientes concluyen mejoras respecto a los grupos de control en: conocimientos, habilidades, satisfacción, cambio en los comportamientos y mejora en las actitudes hacia el aprendizaje.

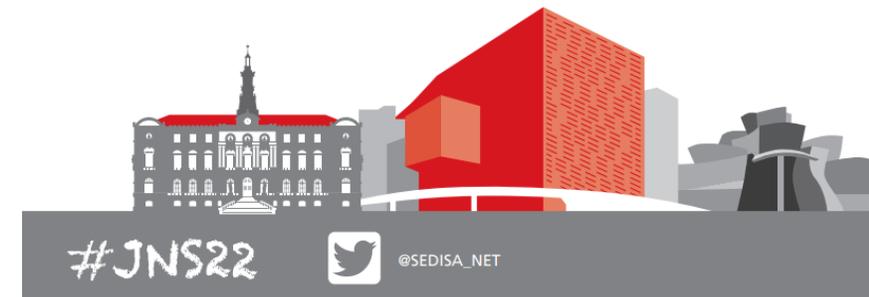


6

PRÓXIMOS PASOS



- Actualización de preguntas incluidas.
- Actualización de sistemas de gamificación y de recompensa.
- Campañas de difusión de recomendaciones con menos "aciertos".
- Análisis de asociación entre el conocimiento de las recomendaciones y el grado de sobreutilización en la práctica real.
- Publicación internacional en primer cuartil.
- Adaptación transcultural: difusión en Latinoamérica.
- Traducción a lengua inglesa: difusión en países anglosajones.





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Bilbao, del 29 de septiembre al 1 de octubre de 2022

Gestión Basada en Valor: Presente y Futuro

Jorge de Vicente Guijarro. Facultativo Especialista Medicina Preventiva y Salud Pública. Hospital Universitario Ramón y Cajal.
Gamificación digital para promover las 'Recomendaciones No Hacer'.

Presentación. *Casos prácticos de Gestión Sanitaria Basada en Valor*



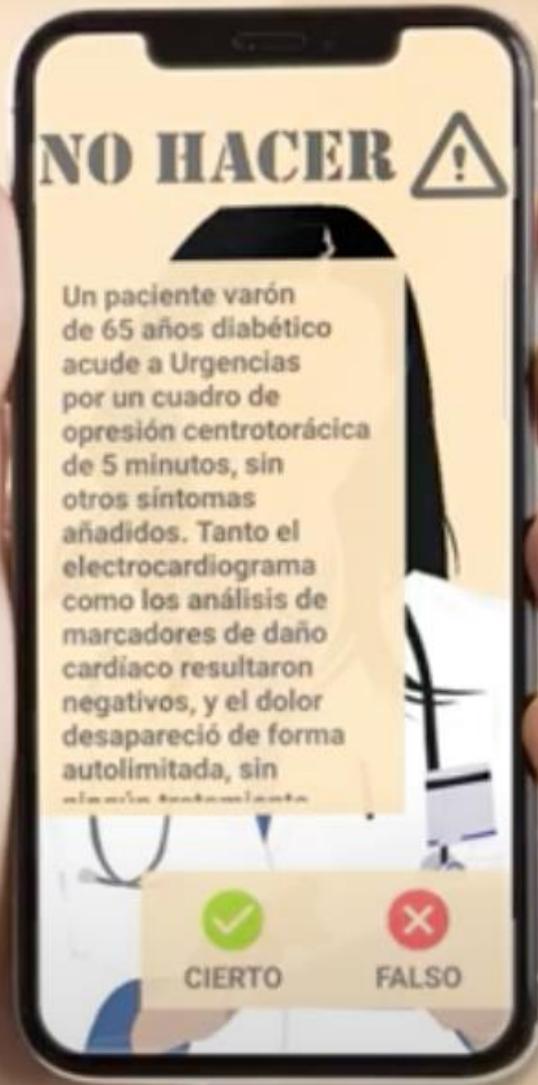
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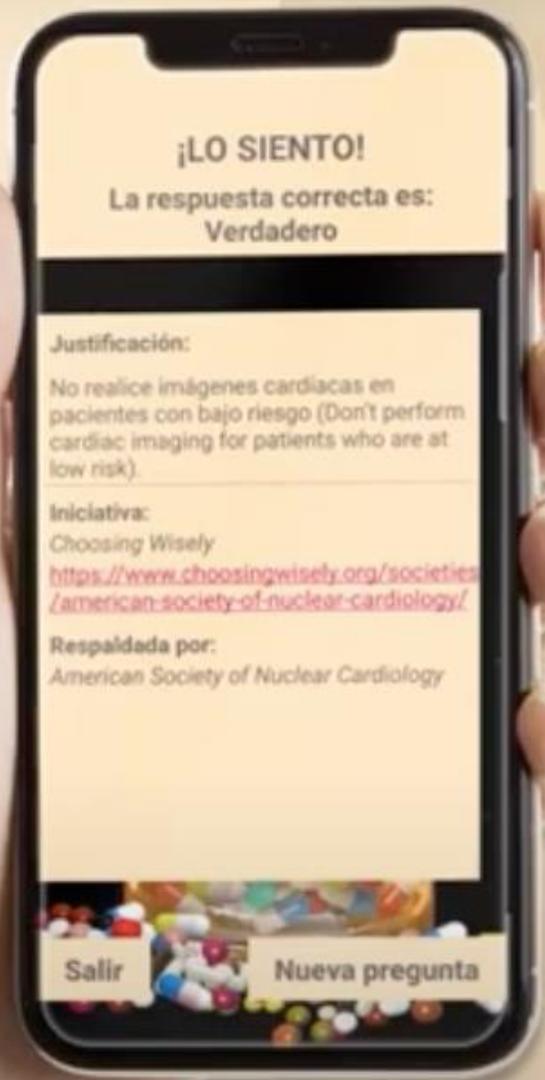




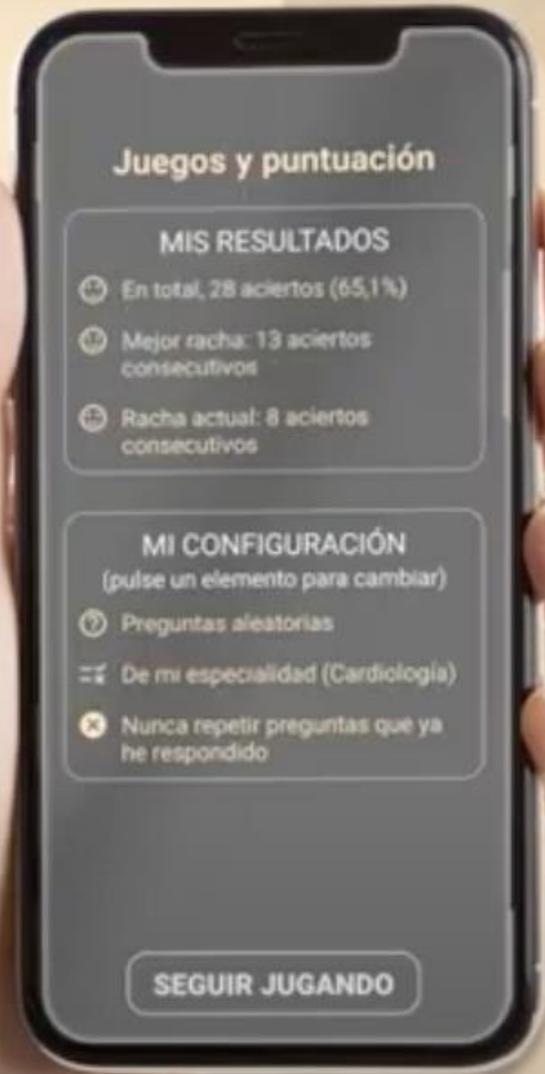
Crea tu perfil y escoge entre varios niveles de dificultad



Responde a preguntas genéricas o a las de tu propia especialidad



siempre existe
aprendizaje con su fuente oficial



Juega el tiempo que quieras, ya que tu progreso se guardará automáticamente