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Norwegian Knowledge Centre for the Health Services

EIPPEE
Evidence informed policy and practice in education in Europe
Oslo 15 May 2014

Lessons from the health sector

Magne Nylenna, MD, PhD, professor/director

The Norwegian Knowledge Centre for the Health Services

- Established 2004, by merging three separate institutions
- Independent and autonomous organization
- No normative authority
- Staff: 200 people, interprofessional
  - Librarians
  - Health care personnel
  - Social scientists
  - ……

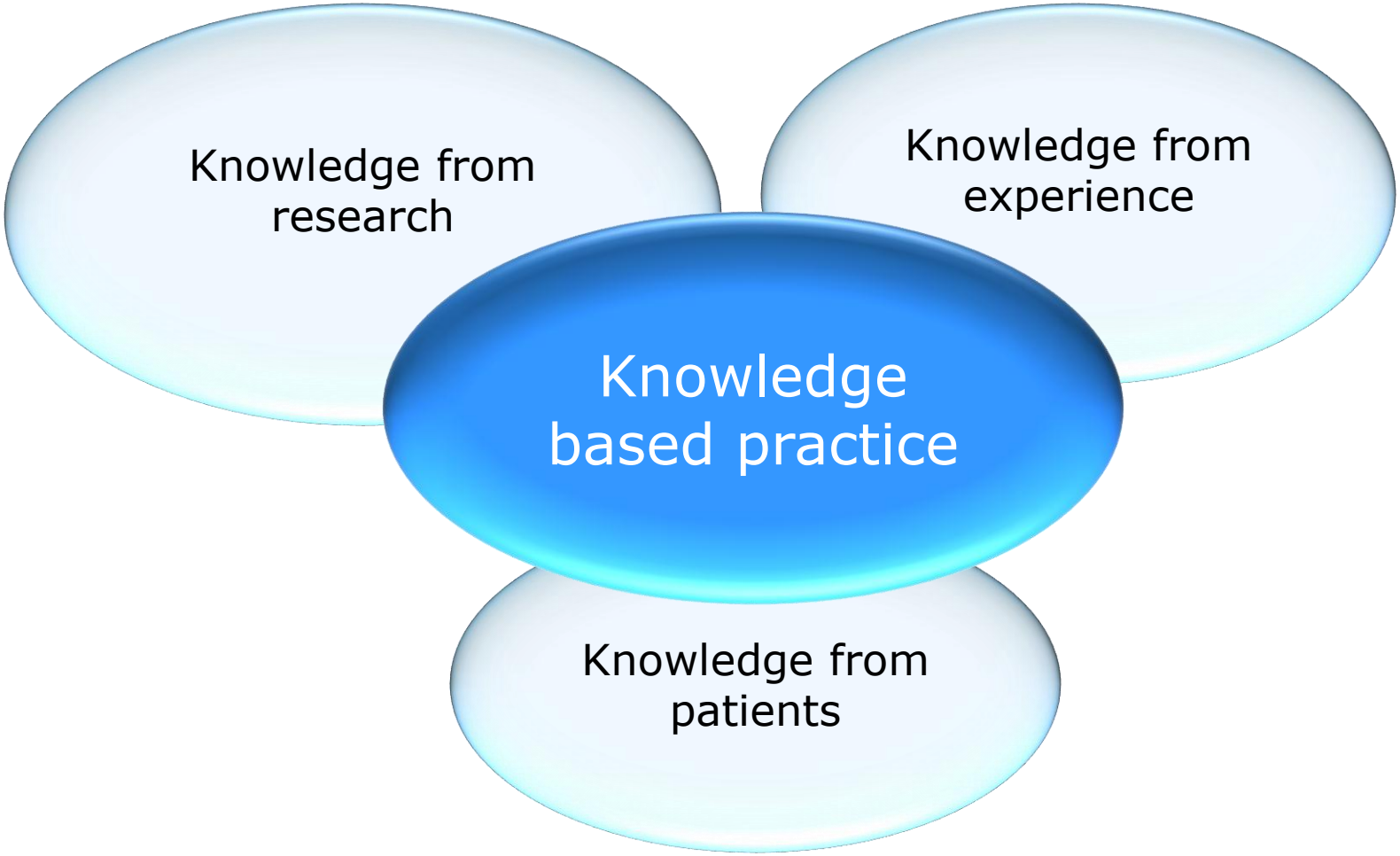
We:

- Collect, analyse and disseminate knowledge

- Promote and measure quality

kunnskapssenteret
Nasjonalt kunnskapssenter for helsetjenesten

Good knowledge contributes to good health services


Knowledge from research
Knowledge from experience
Knowledge based practice
Knowledge from patients

What is special about health care

- Several interventions with great impact on people – possible benefit and harm
- A long tradition and high production of research – indexed in good data bases
- Structured continuous medical education (CME)
- Internationalization

Information overload

- > 25 000 scientific journals
- 1,5 mill papers/year
- 11 systematic reports/day
- PubMed includes > 20 millioner articles

On the impossibility of being expert

More scientific papers are being published than ever before. **Alan G Fraser** and **Frank D Dunstan** call for that new strategies to deal with this avalanche of information

Every doctor has an ethical duty to keep up to date. Is this just getting more difficult or has it already become impossible? Since Alvin Toffler coined the phrase "information overload" in 1970,[1] the growth of scientific and medical information has been inexorable. There are now 25 400 journals in science, technology, and medicine, and their number is increasing by 3.5% a year[2]; in 2009, they published 1.5 million articles.[2] PubMed now cites more than 20 million papers.

One response of the medical profession to the increasing scientific basis and clinical capacity of medicine has been to increase subspecialisation. This may restrict the breadth of knowledge of the ultraspecialist, but can such subspecialists maintain their depth of expertise? Taking one medical subspecialty as an example, we have examined the gap between information and human capacity, and we explore the implications for any doctor

tomography (CT), and coronary arteriography, as well as cardiovascular ultrasound (strategies 5-6, table).

All searches were performed for each year from 1966 (the year before ultrasonics was introduced as a search term in PubMed; echocardiography was added in 1973) to 2009. Trends in papers on echocardiography were modelled; a good fit—from a cubic model containing time, the square of time, and the cube of time—was used to predict the numbers of publications to the end of 2010 and annually to 2015.

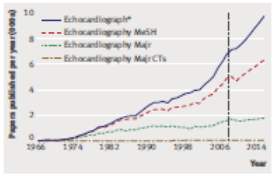
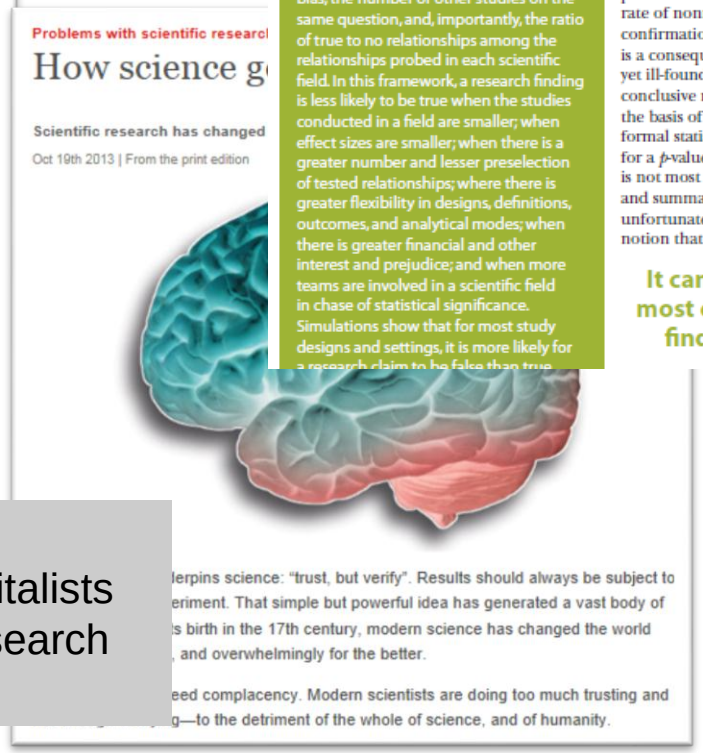


Fig 1 | Trends in numbers of papers listed each year in PubMed, according to search strategies 1-4 in table. The numbers to the right of the vertical line, after 2009, are projected totals. MeSH=medical subject heading, Majr=as a main topic; CTs=controlled clinical trials

which time at least 82 142 more papers would have been added, accounting for another eight years and 78 days. Before our recruit could catch up and start to read new manuscripts published the same day, he or she would—if still alive and even remotely interested—have read 408 049 papers and devoted (or served a sentence of) 40 years and 295 days. On the positive side, our recruit would finish just in time to retire.

Reading only the major studies would need more than four years for strategy 3 and more than five years for strategy 6. Alternatively, if only one year was allocated for study,

An increasing number of studies are not replicable



«A rule of thumb among biotechnology venture-capitalists is that half of published research cannot be replicated»

Cherry picking, i.e. choosing the single study that coincides with own preferences or interests

VG Nett ▸ Nyheter ▸ Innenriks ▸ Artikkel

Svensk professor:

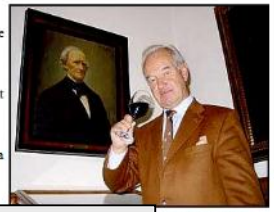
Tre glass vin er sunt

Publisert 08.10.03 - 06:28, endret 08.10.03 - 06:36 (VG)

Tweet 0 +1 0 Anbefal 30 E-post

STOCKHOLM/OSLO (VG) Drikk mellom ett og tre glass (15 cl) vin daglig og få bedre helse.

Det er budskapet fra flere svenske medisinske eksperter.



- Jeg synes det er greit at voksne folk over 40 år drikker ett til tre glass vin om dagen. Det er bra for dem, sier den pensjonerte

Ti sunne grunner til å ta deg et glass vin i kveld

Ny forskning viser at vin kan fo

Bakgrunn

Ikke så edle dråper

Rødvin motvirker både kreft, hjertesykdom, hjernesvikt, overvekt, blodtrykk og aldring. Eller? Hva er egentlig sannheten om den blodrøde drikken?

Hanne Østli Jakobsen
journalist

Lørdag 28. januar 2012
kl. 05:00

forskning.no har skrevet sak på sak om rødvin opp gjennom årene. Som regel med positivt fortegn. For visste du at rødvin kan senke risikoen for å få astma? Eller at du blir eldre saktere med et glass om dagen? Eller at vinen senker blodtrykket?

Samtidig kan både staten og erfaringen fortelle oss noe ganske annet: rødvinspimping kan være trøblete å takle. Det gjelder både på kort sikt – på fylla – og i lengden, dersom du blir alkoholiker.

Så hva er egentlig status for rødvinen: Bør d
dagen?

VG Nett ▸ Helse ▸ Artikkel

- Ett glass vin om dagen øker kreftfaren

Publisert 27.02.09 - 11:45, endret 27.02.09 - 11:52 (VG NETT)

Av Bodil Fagerheim

Tweet 0 +1 0 Anbefal 50 E-post

(VG Nett) Er du i trygg forvissing om at ditt daglige glass vin er sunt? Kanskje må du revurdere den oppfatningen.

FARLIG GODT. Selv små mengder alkohol, som et glass rødvin om dagen, kan øke faren for kreft. Foto: STOCKXPERT

Selv små eller moderate mengder alkohol hver dag øker risikoen for å utvikle kreft, spesielt hos kvinner. Og jo mer du drikker, enten det er brennevin, øl eller vin, jo mer øker risikoen, viser en ny studie ved University of Oxford. Studien er publisert i fagtidsskriftet Journal of the National Cancer Institute.

VG Nett følger
Helse og medisin

VG Nett ▸ Nyheter ▸ Innenriks ▸ Artikkel

Lev lenger - med rødvin

Publisert 05.06.08 - 15:06, endret 05.06.08 - 15:06 (VG NETT)

Av Bodil Fagerheim

Tweet 0 +1 0 Anbefal 169 E-post

(VG Nett) Nyt rødvinen din - i moderate mengder. Det kan styrke hjertet, redusere risikoen for leddgikt og ganske enkelt gjøre at du lever lenger.

Unngå kreft med rødvin

Kreft i prostata rammer mange menn litt opp i årene. Men risikoen blir l glass rødvin nå og da.

Av Joachim Henriksen
Mandag 10.01.05 kl 08:24
Kontakt redaksjonen

Jeg mistet magefettet
og nå er jeg 10 kg tynnere! Trygg, rask og naturlig pille.

MS har mange ansikter
Les og se fortellinger om livet med multippel sklerose her.

Slik øker du forbrenningen
Ny slankepille endelig i Norge. Sikkert Vektstap. Gratis i 4 uker.

Vi kj

Et par glass er bra ved høyt blodtrykk

Menn med høyt blodtrykk får redusert risiko for hjerteinfarkt hvis de drikker ett til to glass øl eller vin hver dag, viser ny amerikansk studie. Det er selve alkoholen som gir den gode virkningen.

Arnfinn Christensen
Journalist

Tirsdag 02. januar 2007
kl. 05:00

I tidligere undersøkelser er det vist at moderat alkoholforbruk kan redusere risikoen for hjerte- og karsykdommer og total dødelighet, også blant mennesker med høyt blodtrykk.

Den nye undersøkelsen tar spesielt for seg menn med høyt blodtrykk og tilfelle av hjerteinfarkt som *ikke* ender med døden. Også her gir et par glass om dagen en helsegevinst.

Undersøkelsen er også mer langsiktig og grundigere enn tidligere studier.

Sunt med vin - eller bare en myte?

Undersøkelser har vist at hele 4 av 10 nordmenn mener at moderate mengder rødvin har positive helseeffekter. Forskere er enig, og de har spesielt pekt på at mengden av antioksidanter i vinen kan ha positiv effekt i forhold til sykdommer. Blant annet mot livsstilssykdommer som for eksempel hjerte- og karsykdommer, noen krefttyper, Alzheimers, Parkinsons, diabetes og ulike typer infeksjoner, samt den generelle aldringsprosessen.

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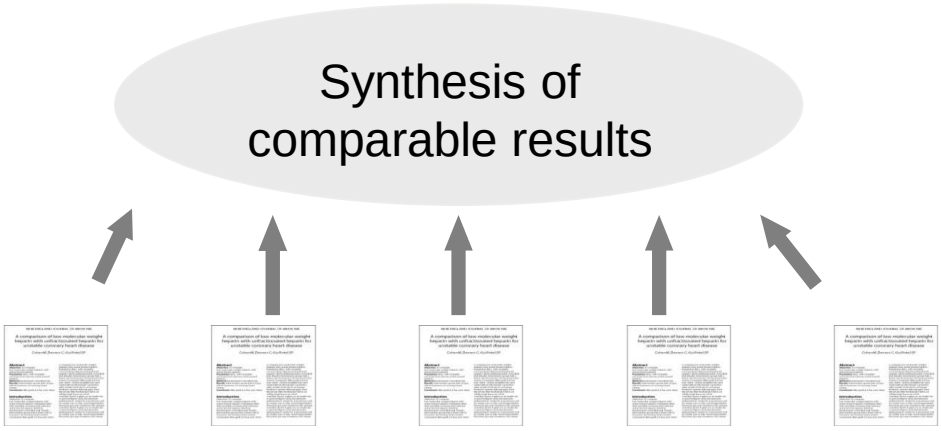
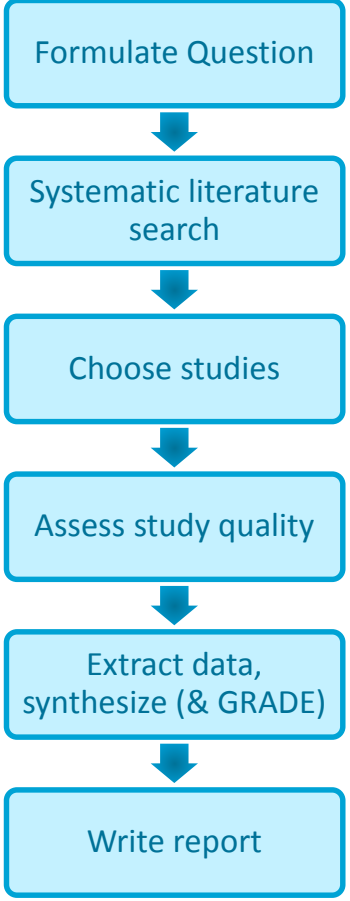
Systematic review

P	I	C	O
Population Patient Problem	Intervention Or Exposure	Comparison	Outcome
Who are the patients? What is the problem?	What do we do to them? What are they exposed to?	What do we compare the intervention with?	What happens? What is the outcome?





Two results:

- **Estimated effect**
- **Quality of evidence**

Health technology Assessment (HTA)

- Efficacy
- Safety

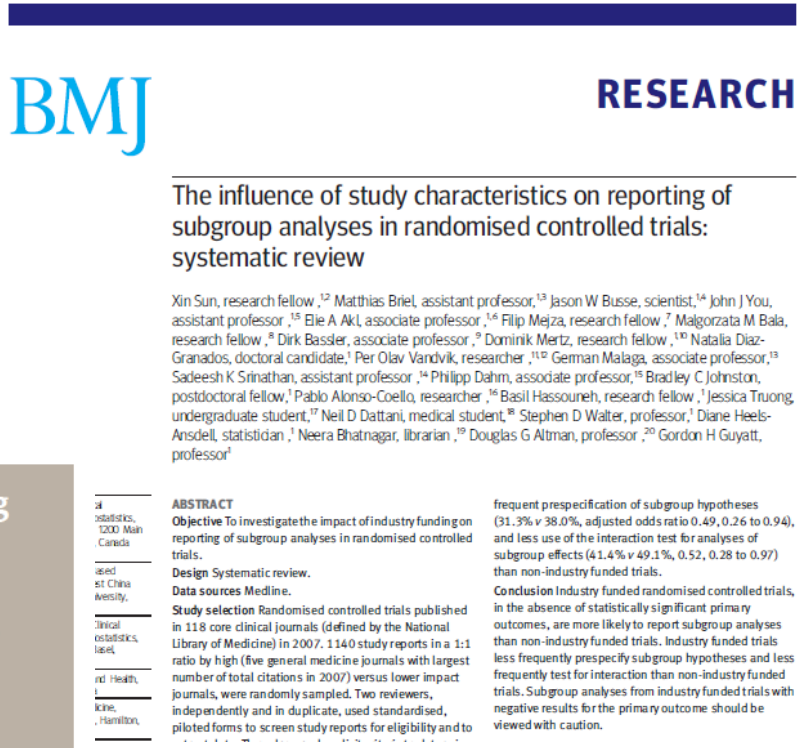
Is the new method safe and effective?
Is it better compared with alternatives?

- Cost effectiveness
- Societal costs

Is the new method cost-effective?
What will be the overall costs?

- Ethics
- Organisational issues
- Legal issues

What are the consequences for patients, health care services and society?



- Systematic reviews
- Meta-analyses
- Health Technology Assessments
- Methodology research

Transparency and usefulness

- Decision makers
  - Politicians
  - Managers
  - Clinicians
- Students
- Patients and the public

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Norwegian Electronic Health Library (Helsebiblioteket)

- Publicly funded, internet based service
- Giving easy – and free – access to knowledge to health care personnel

helse-biblioteket

helsebiblioteket.no

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Søk

Health Library | Guidelines | In summary, the research | Journals | Databases | Patient | Tools | Fagprosedyrer

Helsebiblioteket.no

Topics

- Emergency Medicine
- General practice
- Anaesthesia
- Children and Youth
- Blood
- Older
- Endocrinology with diabetes
- Prison Health
- Intoxications
- Physio and occupational therapy
- Gynecology - Obstetrics
- Heart and vessels
- Skin
- Infection
- Cancer
- Quality improvement
- Laboratory Medicine
- Medicines
- Respiratory tract
- Stomach and intestinal
- Muscle and skeletal
- Neurology
- Kidney and Urinary Disorders
- Mental health
- Radiology and

FREE JOURNALS IN THE HEALTH LIBRARY

The European Journal of General Practice

Gå til tidsskriftet »

Journals

Select topic

- Annals of Internal Medicine
- BMJ
- JAMA
- The Lancet
- The New England Journal of Medicine
- Norwegian / Scandinavian journals
- All journals

REFERENCE DATABASES

Databases

Select Database

Search databases to find many articles.

- PubMed - full text
- Lexicomp by Martin Dale

CHOOSE YOUR SUBJECT LIBRARY

Topic Library

CLINICAL ENCYCLOPEDIA

Encyclopedias

Quick answers to questions in the patient encounter.

- BMJ Best Practice
- Uptodate
- Anatomical atlas (Norwegian)
- The Catalogue
- Telefonråd
- Several reference works

GUIDELINES AND TREATMENT RECOMMENDATIONS

Guidelines

Select topic

Advice and recommendations on the diagnosis and treatment of medical conditions.

- Guidelines International Network (GIN)
- Additional policies and guidelines

WHAT DOES THE RESEARCH?

In summary, the research

All research on a topic gathered, reviewed and summarized.

- Cochrane Library
- More information overviews

Helsebiblioteket.no

- Free access to updated knowledge
- Publicly funded site
- Editorially independent

Editor:
Professor MD.
Magne Nylenna

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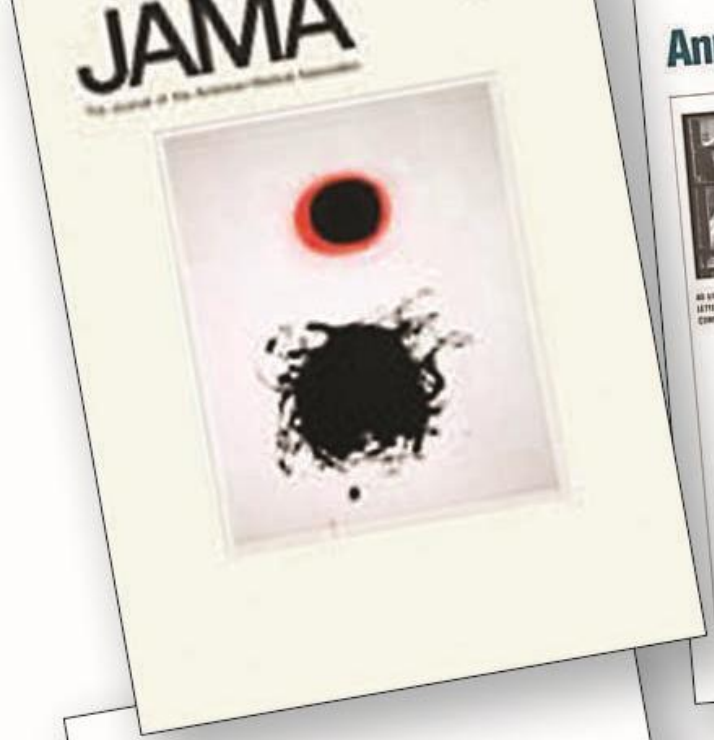
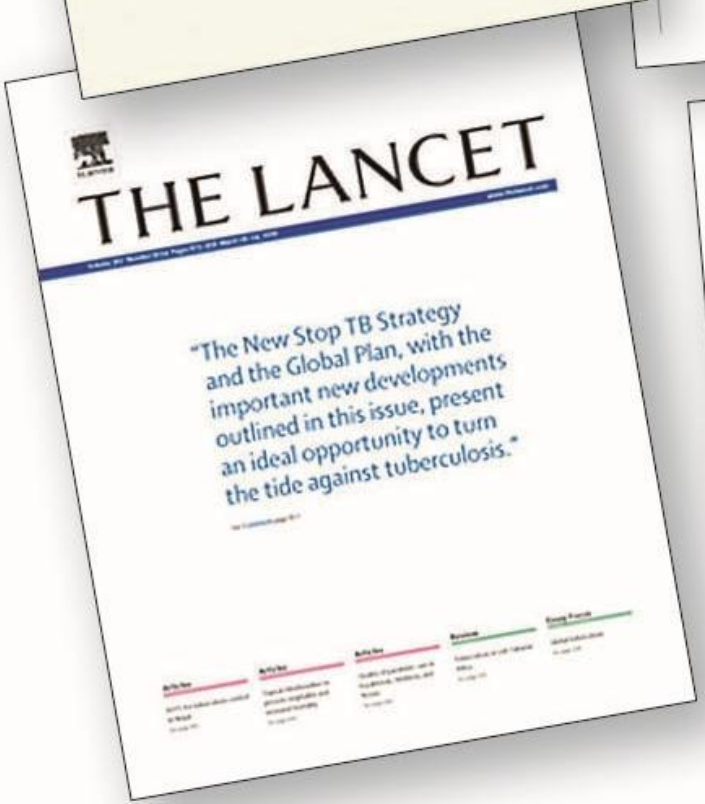
Litigation Network


JAMA


Annals of Internal Medicine
www.annals.org
Articles
Infection Risk with Nitrofurazone-Impregnated Urinary Catheters in Trauma Patients: A Randomized Trial
Accuracy of Serologic Tests and HLA-DQ Typing for Diagnosing Celiac Disease
Influence of Renal Function on the Efficacy and Safety of Fondaparinux Relative to Enoxaparin in Non–ST-Segment Elevation Acute Coronary Syndromes
Regression of Electrocardiographic Left Ventricular Hypertrophy Is Associated with Less Hospitalization for Heart Failure in Hypertensive Patients
Improving Patient Care
The Effect of Adherence to Practice Guidelines on Depression Outcomes
Review
Narrative Review: Hyperkyphosis in Older Persons
Editorials
Tailored Testing for Celiac Disease
Guideline Recommendations and Results: The Importance of the Linkage
Trials That Matter: Minimizing Treatment of Mild, Persistent Asthma
Medical Writings
A Rigorous Mind Meets Her Yielding Body: Intellectual Life and Meaning-Making in MS
In the Clinic
Dysplasminogenemia


BMJ
PLUS Renal function and risk of stroke
Managing frequent migraine
Chronic pelvic pain in women
Don't miss septic arthritis in children
NHS
Should mental health services fear the private sector?
PRIVATE SECTOR


THE LANCET
"The New Stop TB Strategy and the Global Plan, with the important new developments outlined in this issue, present an ideal opportunity to turn the tide against tuberculosis."


The NEW ENGLAND JOURNAL of MEDICINE
JANUARY 16, 2003
THIS WEEK IN THE JOURNAL
ORIGINAL ARTICLES
Imaging Studies after a First Febrile Urinary Tract Infection in Young Children
Intratumoral T Cells, Recurrence, and Survival in Epithelial Ovarian Cancer
Pseudomonas aeruginosa and Serratia marcescens Contamination Associated with a Manufacturing Defect in Bronchoscopes
An Outbreak of Pseudomonas aeruginosa Infections Associated with Flexible Bronchoscopes
SPECIAL ARTICLE
Patient Safety: Risk Factors for Retained Instruments and Sponges after Surgery
CLINICAL PRACTICE
Suspected Appendicitis
PERSPECTIVES
Ensuring Safe and Effective Medical Devices
Risks and Benefits of Gene Therapy
EDITORIALS
Imaging Studies for Childhood Urinary Infections
Immunosurveillance against Cancers and Immunotherapy — Synergy or Antagonism?
IMAGES IN CLINICAL MEDICINE
Retained Surgical Instrument
CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL
Case 2-2003: A 60-Year-Old Man with Mild Congestive Heart Failure of Uncertain Cause
CORRESPONDENCE
BOOK REVIEWS
NOTICES
CORRECTION
CONTINUING MEDICAL EDUCATION

Monitoring quality and patient experience

RN4CAST Nurse forecasting in Europe

Personell og pasientsikkerhet

Ingeborg Strømseng Sjetne, Nasjonalt kunnskapssenter for helsetjenesten (ing@nokc.no)
Christine Tvedt, Nasjonalt kunnskapssenter for helsetjenesten (cht@nokc.no)

Introduksjon

Personell er en betydelig innsatsfaktor i sykehus, og prognoser tyder på at det vil bli en utfordring å balansere tilbud og etterspørsel i årene som kommer. Det vil bli enda viktigere med god forvaltning av personellressurser for å sikre pasientene trygg behandling og å utnytte fellesskapets ressurser best mulig.

Et EU-finansiert internasjonalt prosjekt kalt "RN4CAST: Nurse forecasting in Europe" har som formål å utvikle kunnskap som grunnlag for bedre forvaltning av disse ressursene. Sykepleiere utgjør den største yrkesgruppen i somatiske sykehus, og denne studien retter oppmerksomhet mot sykepleiernes oppfatning av sin arbeidsplass i Norge og elleve andre europeiske land.

Metode

Prosjektet er en multinasjonal tverrsnittsundersøkelse som

Guideline epidemic? The proliferation of loc clinical guidelines in Norway

Eiring Ø[1], Stolt Pedersen M[2], Borgen Ø[3], Jamtvedt G[4]

Background/Purpose

- Clinical practice guidelines can be adapted and embedded in hospitals' local procedural descriptions, possibly increasing uptake through stronger local ownership.
- In Norway local clinical practice guidelines and procedures are maintained within mandatory electronic quality systems within each hospital trust.
- The methodological quality of this work and the amount of resources used to generate guidelines within these local systems is unknown.

Objectives

the owners and main administrators of the quality systems in the trusts, followed by telephone interviews.

Results

29 out of 30 hospital trusts replied.

Scope: The number of local clinical practice guidelines and procedures is above 45 000, in a country of 4.9 million inhabitants.

People: Approximately 4,700 health professionals in the hospitals are involved in the development of guidelines and procedures.

for a clinical tools, but to fulfill legal require
Recently, the health authorities have require
guidelines and procedures are made accessi
web.

Implications for guideline develope

In order to transform Norwegian local clini
tice guidelines and procedures into evidenc
user-friendly tools that improve practice, s
measures are necessary:

New technical solutions

A requirement specification for an online a
and presentation tool is currently being de
The tool should enable automatic support
ing the content in the guideline, local adap
national guidelines, and integration of the
in the electronic medical record, enabled b
of formal representation languages.

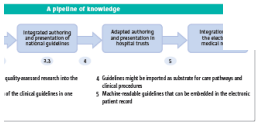
Better colaborations

The Norwegian Knowledge Centre for the
Services coordinates a network of local de
ens of evidence-based clinical guidelines an
dures. The members of the network activel
nate their efforts and share their work.

A common methodology

The locally developed, clinical guidelines tha
with the requirements of AGREE are publish
website of the Norwegian Electronic Health

Local ownership and adaptation should be
maintained.



helsebiblioteket.no

User experience surveys with maternity services: a randomized comparison of two ways of combining postal and electronic data collection

Øyvind Andresen Bjertnæs[1], Hilde Hestad Iversen[1]
[1]Norwegian Knowledge Centre for the Health Services, Oslo, Norway

Background

Large-scale surveys of user reported experiences are a core component of quality evaluations in many western countries. However, low response rates are threatening the validity of such surveys, creating a need to identify initiatives to increase response rates and methods to assess the amount of non-response bias. The objectives of this study were to compare the effectiveness of two ways of combining postal and electronic data collection in a user experience survey with maternity services, and to assess the amount of non-response bias for both data collection procedures.

Methods

As part of a national development and validation project related to user experience with maternity services, a randomized trial was conducted at a university hospital in Norway in 2010. Women giving birth in the period 1.june – 27.july were randomized to the following data collection models (n=734): Group A, postal distribution of questionnaires with electronic and paper response option in both postal requests; Group B, postal distribution of questionnaires with electronic response option in first request, electronic and paper in reminder. The primary outcome measure was response rate for each group, in addition we used three methods to assess the amount of non-response bias.

Results

The response rate was significantly higher in Group A (51.9%) than Group B (41.1%). Of six background variables none were significantly different between respondents and non-respondents in Group A, while two of six variables were significantly different between respondents and non-respondents in Group B (mean number of diagnosis and admission type). Of a random sample of eight user experience questions none were significantly different between Group A and Group B. The six background variables were not at all or only weakly related to the eight user experience questions.

Conclusion

Providing postal and electronic response options in both survey requests produced the highest response rate. However, both data collection models had little amount of non-response bias, indicating adequate generalizability of both approaches.

WEB FIRST

By Cathy Schoen, Robin Osborn, David Squires, Michelle Doty, Roz Pierson, and Sandra Applebaum

New 2011 Survey Of Patients With Complex Care Needs In Eleven Countries Finds Care Is Often Poorly Coordinated

DOI: 10.1377/hlthaff.2011.0923
HEALTH AFFAIRS 30,
NO. 12 (2011): –
©2011 Project HOPE—
The People-to-People Health
Foundation, Inc.

EMBARGOED Not for release before 12:01 a.m. ET Wednesday, November 9, 2011

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David Squires is a senior research associate in the Commonwealth Fund's International Program in Health Policy and Innovation.

Michelle Doty is vice president of survey research and evaluation at the Commonwealth Fund.

Roz Pierson is vice president of public affairs at Harris Interactive, in New York City.

Sandra Applebaum is a senior research manager at Harris Interactive.

Original research

Overall patient satisfaction with hospitals: effects of patient-reported experiences and fulfilment of expectations

Oyvind A Bjertnaes, Ingeborg Strømseng Sjetne, Hilde Hestad Iversen

Department for Quality Measurement and Patient Safety, Norwegian Knowledge Centre for the Health Services, Oslo, Norway

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Accepted 29 July 2011

ABSTRACT

Background: Patient satisfaction and experiences are important parts of healthcare quality, but patient expectations are seldom included in quality assessments. The objective of this study was to estimate the effects of different predictors of overall patient satisfaction with hospitals, including patient-reported experiences, fulfilment of patient expectations and socio-demographic variables.

Methods: Data were collected using a national patient-experience survey of 63 hospitals in the five health regions in Norway during the autumn of 2006. Postal questionnaires were mailed to 24 141 patients after their discharge from hospital. Non-respondents were sent a reminder after 4 weeks. Multivariate linear regression analysis including multilevel regression was used to assess the predictors of overall patient satisfaction with hospitals.

Results: Thirteen variables were significantly associated with overall patient satisfaction: two variables about fulfilment of expectations, eight about patient-reported experiences and three socio-demographic variables. The regression model explained 59% of the variation in overall patient satisfaction. The most important predictor of patient satisfaction with hospitals was patient-reported experiences with the nursing services (β=0.27, p<0.001), followed by fulfilment of patient expectations (β=0.21, p<0.001), experiences with doctor services (β=0.12, p<0.001) and perceived incorrect treatment (β=−0.12, p<0.001). Multilevel regression analysis confirmed most of the findings, but revealed that age was not a significant predictor of overall patient satisfaction.

Conclusions: The study showed that both fulfilment of expectations and patient-reported experiences are distinct from but related to overall patient satisfaction. The most important predictors for overall patient

BACKGROUND

There is no consensus in the literature as to how to define and measure the patient perspective on healthcare. Four different approaches have been described in a systematic review of the patient-satisfaction literature: approaches based on expectations; approaches based on health-service attributes; economic approaches; and holistic approaches.[1] These approaches differ in various ways. For example, expectation-based approaches focus on the association between expectations, perceived experiences and patient satisfaction, while the health-service attribute approach normally excludes satisfaction and expectations, instead focusing on patient-reported experiences on different health-service factors. Holistic approaches try to include all important predictors of patient satisfaction, thus providing a comprehensive framework for exploring interactions between variables that affect consumer evaluations.[1]

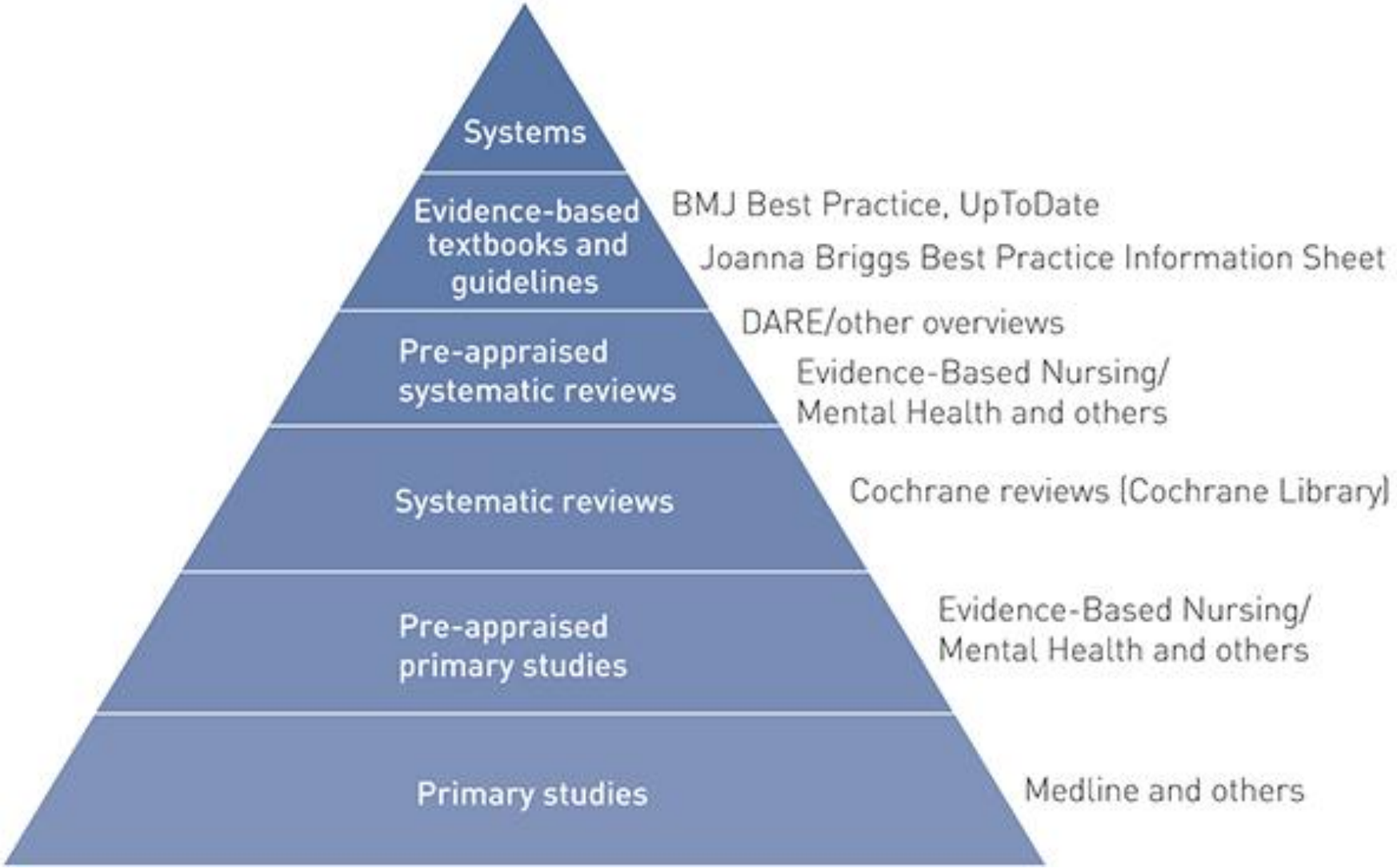
kunnskapssenteret

Health care versus education: a personal view

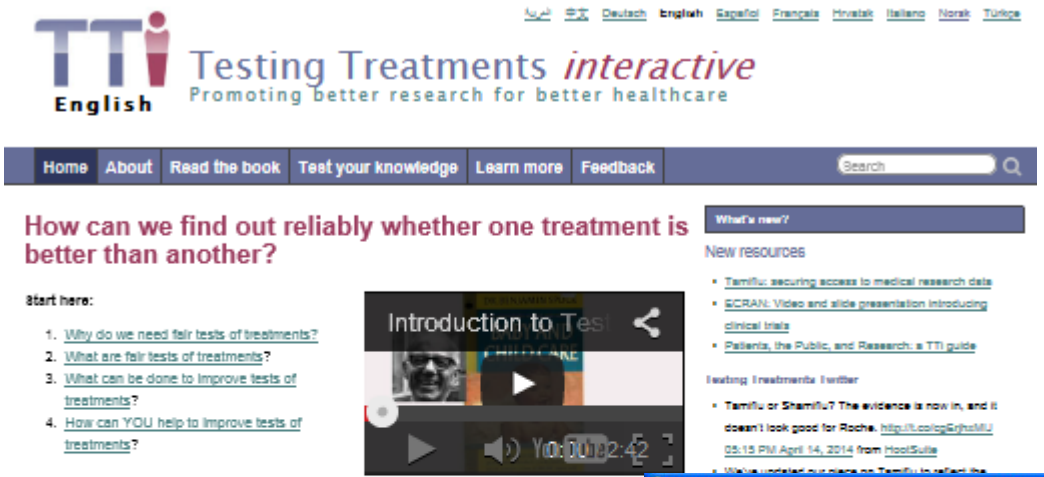
Developments from 2004 to 2014

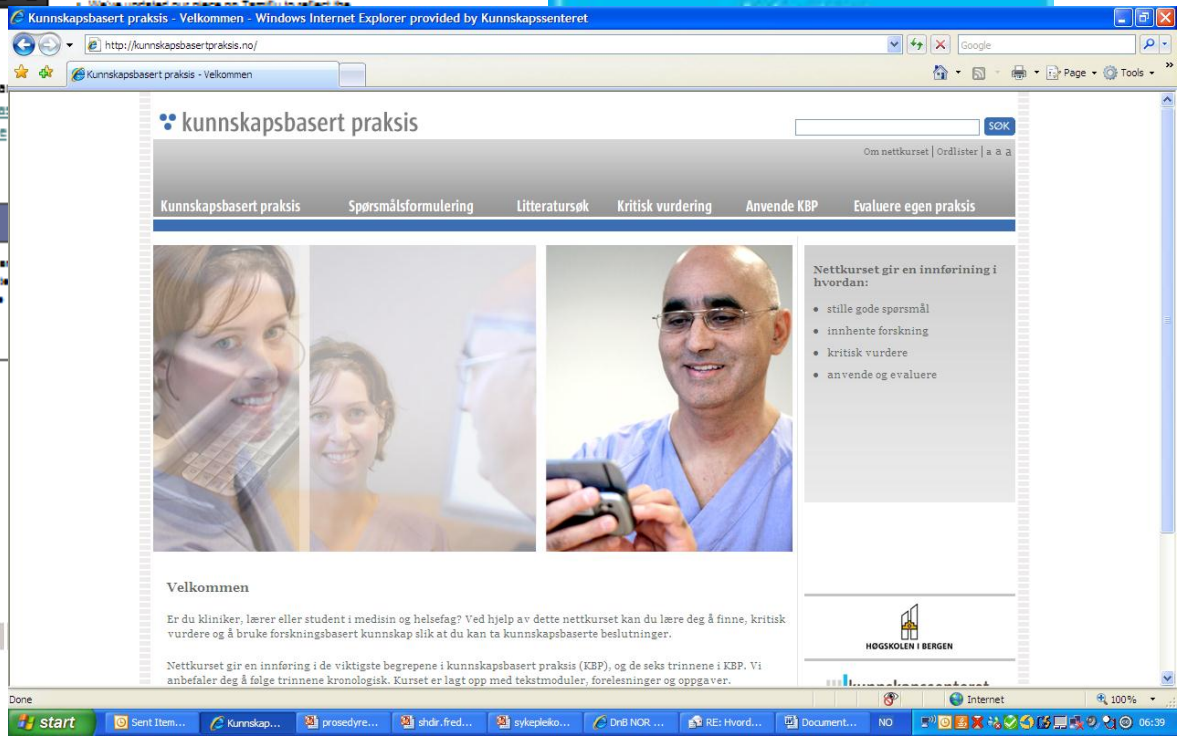
- More interest, respect and systematic approach to knowledge based practice
- Expansion, growth at the Knowledge Centre
- Diversity
- Independence challenged
- From production to education
- From reports to support

The pyramide of knowledge



Teaching material



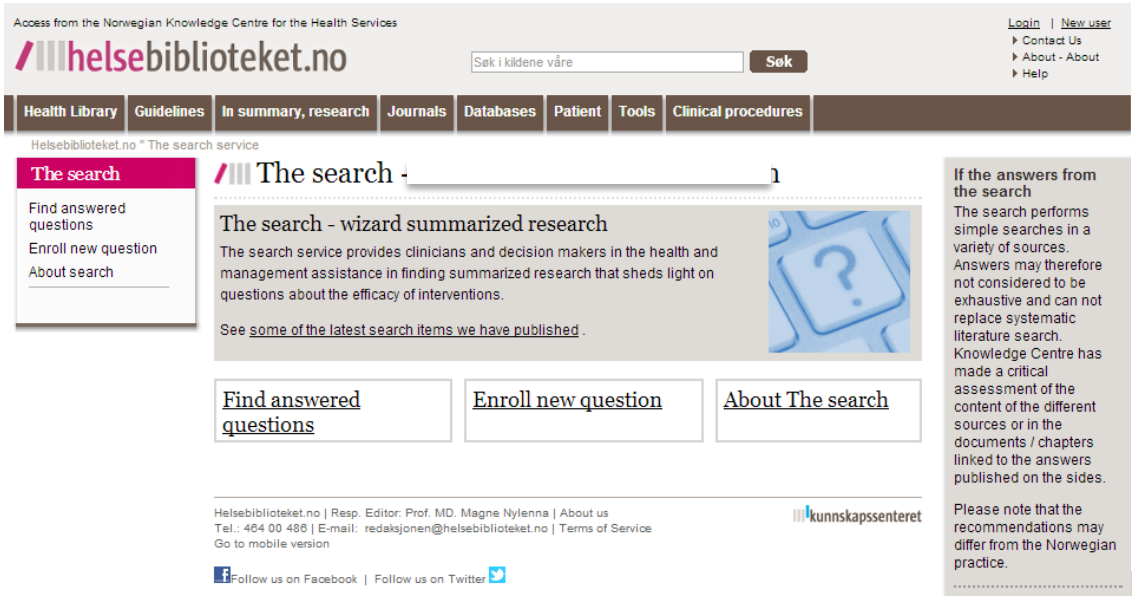


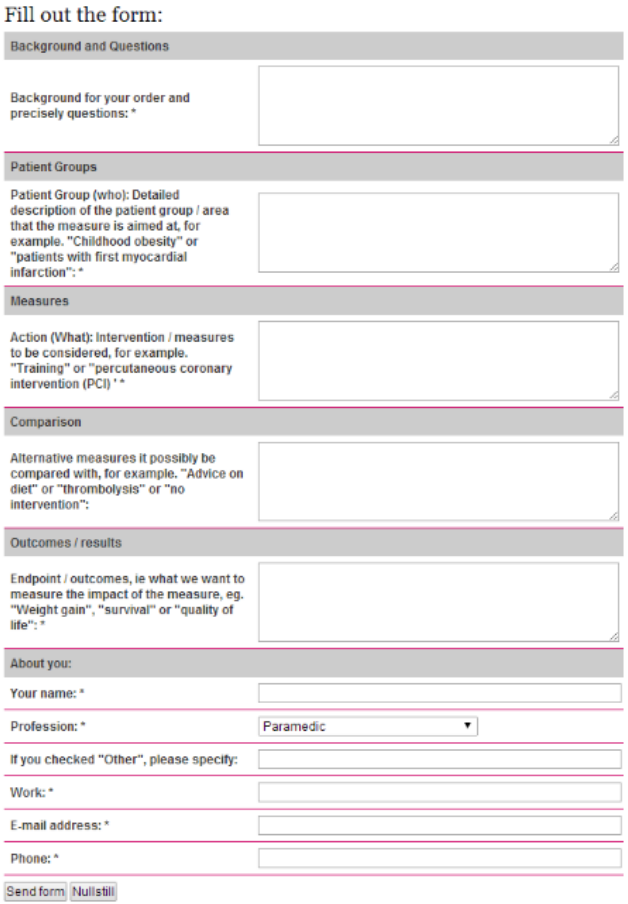
Educational efforts

- "How to Practice Evidence-Based Health Care" A yearly one week workshop
- Courses
- Seminars
- Supporting
  - guideline-processes
  - evidence-based based decisions for introduction of new technology

Latest news – to be launched this week

- Searching service – guidance to systematic knowledge






The Future
NEXT EXIT