LUCID
Low Value Care in Medical Hospitalized patients

Lay Summary, V2

LUCID, a project studying how often hospitalized patients receive low-value care

What is low-value care? Low-value care can be defined as services that provide little or no benefit to patients. They also can cause harm, cause unnecessary cost to patients, or waste limited healthcare resources.

One example of low-value care is when a nurse gives a sedative (a medicine to help them sleep) to an elderly patient who doesn't necessarily need it. Older people who take sedatives have a tendency to fall and hurt themselves more often. This low-value practice has two costs – firstly, because medicine can be expensive, and secondly, because the patient is more likely to fall and require treatment for the resulting injury. It will become increasingly important for healthcare workers to help patients better, while spending less money and wasting less resources.

How can we decrease low-value care? There are approaches that teach how to do this: how to better help patients while wasting less. Some of these approaches, such as Choosing Wisely (https://www.choosingwisely.org/), exist in the USA. In Switzerland, our approach is called Smarter Medicine (https://www.smartermedicine.ch) and suggests how to improve medical care, while reducing healthcare practices (such as the treatment hospital staff give patients) and reducing costs that add little value.

How is information on patients and low-value care collected in Switzerland? In Switzerland, it is impossible to study the low-value care that patients get in a hospital, because we miss a detailed national database on the quality of care those patients got (what medicine the patient takes, what disease they live with, and what exactly happens during their hospital stay). The information collected is also missing details about what the patient thinks and feels about how successful their treatment in hospital was.

What are patient-reported outcomes (PROs)? Indeed, it is very important to ask patients what *they think and feel about the care they got* in the hospital. To find out, patients can be asked to talk openly and honestly about *what they really felt, needed, and wanted* in the hospital. Their views are called "**patient-reported outcomes**" (PROs) and the LUCID project wants to measure them.

What are patient-reported outcome measures (PROMs)? To *measure* patients' views, we use something called "**patient-reported outcome measures**" (PROMs). For example, a patient could talk about if the treatment and care they got helped them with their breathing, coping with doing things alone (like getting dressed), or with the quality of their everyday lives. These things can be recorded and measured.

What is the main goal of the LUCID project? The LUCID project wants to find out if patients in the five Swiss university hospitals (Basel, Bern, Geneva, Lausanne, and Zürich) get low-value care. It also wants to find out if this low-value care causes more health problems for the patients later on after they leave the hospital. The LUCID project will ask patients, *while they are in hospital*, to give their patient-reported outcomes: to talk honestly about what they want and need there. This will help all patients in the future to get better, more personal care. For the LUCID project, we want to build a "national data stream": a safe, private online platform, where we can study and compare information (data) about the care that patients get in hospitals. The LUCID project will connect the five Swiss university hospitals, hoping to make urgent care for patients better, right across the country. With more and more information collected every day at hospitals, doctors and researchers from the Centre Hospitalier Universitaire Vaudois (CHUV) and the Swiss Data Science Center (SDSC) working on the LUCID project will be able to find useful ways to do this.

How will the LUCID project help society and patients in Switzerland? Using all this information, the LUCID project will get a clear picture of the quality of care delivered to patients during their stay at hospitals and how often they were administered “low-value care”. The project will then share this picture with everybody in society: patients, the public, healthcare workers, and the healthcare authorities. With this new information, we can build a better system that is more focused on patients and gives them higher-value care.