## Supplemental File for Review – Survey Instrument

The overuse of the health system compromises the patient safety in an unwarranted way and involves a loss of opportunity cost.

Through this research, funded by Instituto de Salud Carlos III through the project PI16/00971, we aim to analyze this issue and to develop recommendations for improve the patient safety.

Several professionals and research societies of different Spanish regions (Andalucía, Aragón, Castilla La Mancha, Comunidad Valenciana, Madrid, Murcia, Navarra y País Vasco) collaborates in this study.

We request your collaboration asking you to fill this questionnaire, according to your professional experience. The survey aims to explore the frequency and causes of low value surgical practices.

Please, be aware that the questionnaire must be done once per participant. Estimated time for complete the questionnaire is around 7 minutes.

With the fulfillment and sending of this questionnaire, you show your consent for participate in this study.

Thank you for your collaboration.

by the patients? (mark all options you consider properly)
☐ [1.1] Electrocardiogram
☐ [1.2] Computed axial tomography
☐ [1.3] Magnetic resonance
☐ [1.4] Other radiological studies
☐ [1.5] Antibiotic therapy
☐ [1.6] Non-steroidal anti-inflammatories
☐ [1.7] Prostate Specific Antigen
☐ [1.8] Routine check-up analytics
□ [1.9] Cytology
☐ [1.10] Bone densitometry
☐ [1.11] Referral to other specialists
☐ [1.12] Other procedures (free text space)

1. According to your experience ¿What kind of unwarranted procedures are the most requested

2. Acco	ording to your experience. What is the patient profile which usually requests
unwar	ranted health procedures?
2.1 Ge	nder
	Female
	Male
	DK/DA
2.2 Age	e
	18 to 30 years old
	31 to 50 years old
	51 to 65 years old
	≥ 65 years old
	DK/DA
2.3 Pat	ient's Health Situation
	Multi-pathological patient'
	Low prevalence disease
	Undiagnosed disease

☐ Patient consulting on the I	internet				
□ DK/DA					
☐ Other procedures (free tex	ct space)				
3. Please, mark how often you ar	e in the fol	lowing situatio	ons:		
	Never	Monthly	Almost	Almost	Every day
			every week	every day	
[3.1] Patients request					
unwarranted medical tests or					
procedures					
[3.2] You indicate unwarranted					
medical tests or procedures due					
to patient pressure					
[3.3] You persuade the patient					
that the unwarranted medical					
procedures he requests are not	Ш	Ц	Ц	Ц	
appropriate					
[3.4] You receive patient's					
negative or aggressive reaction					
after a justified refusal					

4. Please, mark the main causes that make you to indicate unwarranted health procedure (mark all options you consider properly)
$\square$ [4.1] To get more clinical control and patient safety.
$\square$ [4.2] Due to the habit of performing this procedure in your setting[4.3] Fear of being
sued.
☐ [4.4] To get patient satisfaction.
☐ [4.5] To respect patient's expectations
$\square$ [4.6] Lack of time in the consultation.
$\square$ [4.7] For not knowing how to explain to the patient that it is unnecessary
$\square$ [4.8] To avoid a claim or complaint.
$\square$ [4.9] To conduct an epidemiological or clinical study.
$\square$ [4.10] Recommendations in obsolete guidelines.
☐ [4.11] Persistent patient pressure.

5. According to your experience, ¿What is the effectiveness level of the following arguments to persuade patient about the inadequacy of medical procedures?

	None	Lack	Moderate	High	Very High
[5.1] Clinical reasons based on knowledge.					
[5.2] Patient's own safety.					
[5.3] The obtaining of the same result by other tests or previous procedures.					
[5.4] Saving of time and costs that have a positive effect on other patients.					
[5.5] Saving of discomfort for the patient.					

6. According to yo	ur op	oinic	n, n	nark	the	degi	ree o	f res	spon	sibi	lity 1	regarding overuse of the
following collectiv	ves ((	) me	ans '	'Low	vest	resp	onsil	bility	ı" ar	nd 10	) "Hi	ighest responsibility"):
<b>6.1.</b> Top manageme	ent o	f hea	ılth s	syste	ems							
Lowest	0	1	2	3	4	5	6	7	8	9	10	Highest responsibility
<b>6.2.</b> Directors of he	althc	are s	settir	ng								
Lowest responsibility	0	1	2	3	4	5	6	7	8	9	10	Highest responsibility
<b>6.3.</b> Medical coordi	inato	rs / I	Head	ls of	dep	artm	ent					
Lowest responsibility	0	1	2	3	4	5	6	7	8	9	10	Highest responsibility

## **6.4.** Medical Doctors

responsibility	0	1	2	3	4	5	6	7	8	9	10	Highest responsibility
<b>6.5.</b> Nursing/other	heal	th pr	ofes	sion	S							
Lowest	0	1	2	3	4	5	6	7	8	9	10	Highest responsibility
responsibility												
<b>6.6.</b> Patient's Assoc	riatio	ns										
Lowest	0	1	2	3	4	5	6	7	8	9	10	Highest responsibility
6.7. Mass media (P	ress,	radi	o, te	levis	sion)							
Lowest	0	1	2	3	4	5	6	7	8	9	10	Highest responsibility

Lowest	0	1	2	3	4	5	6	7	8	9	10	Highest responsibility
7. According to you health procedures	_						ciati	on b	etw	een	the i	ndication of unwarranted
Lowest association	0	1	2	3	4	5	6	7	8	9	10	Highest association

**6.8.** Managers of health sites on the Internet

## 8. Please, mark true or false.

	True	False
[8.1] The early detection of urinary tract infection must be mandatory in		
all patients with urinary catheter, with weekly infection screening		
cultures.		
[8.2] Hair removal only must be done if it is compromised the surgical		
field visibility. If it is necessary, it must be done with electric shavers or		
chemical hair removal, never with shaving blades.		
[8.3] The patient's consent prior any intervention or invasive procedure		
can be obtained in an auto-administrated way.		
[8.4] The Prostate Specific Antigen, for the prostate cancer screening, must		
be indicated in every male patient older than 55 years old.		
[8.5] For a whole preoperative assessment, it always must be indicated:		
chest radiography, biochemical analysis, complete blood count, and		
coagulation test.		
[8.6] Peri-operative antibiotic prophylaxis must be indicated at least 1		
hour before any intervention, with a remaining administration between 24		
– 48 hours.		
[8.7] All hospitalized patients must receive proton pomp inhibitor for		
gastroduodenal ulcer prophylaxis		

9. Acco	ording to y	our c	pini	ion,	mar	k th	e de	gree	of 1	ısefı	ulne	ss o	f an educational campaign to
reduce	the require	men	t of p	oatie	nts f	for u	nwa	rran	ted 1	nedi	ical t	tests	and procedures (0 means "Not
agree a	nt all" and 10	) "Fu	lly ag	gree'	"):								
Not a	gree at all	0								8	9	10	Fully agree
10. Do	you know	the	"Co	mmi	itme	nt to	o the	e Qı	ıalit	y of	Scie	entif	ic Societies" (ICC) initiative,
launch	ed by the	Span	ish	Min	istry	of	Hea	lth,	Soci	al S	ervi	ces a	and Equality, collecting most
relevai	nt unwarrar	nted (	clini	cal p	oract	ices	of ea	ach 1	nedi	ical 1	field	ls ( "	do not do practices")?
	Yes												
	No												
11. Pro	fessional E	xperi	ience	2									
	< 1 year												
	1 to 5 years	;											
	6 to 15 year	îs.											
	16 to 29 yea	ars											
	≥ 30												

	_	_
11	C	
11.	. Ger	ıaer

☐ Female

□ Male