Strategies for Nurses to Minimize Healthcare Waste and Enhance Efficiency

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Abstract:

Nurses play a crucial role in the healthcare system, not only in delivering patient care but also in promoting sustainability through waste reduction and enhanced efficiency. One effective strategy is the implementation of standardized protocols for the use of medical supplies and equipment. By assessing the essential needs of patients and ensuring that resources are utilized judiciously, nurses can significantly decrease the unnecessary consumption of materials including single-use items. Additionally, training staff on proper disposal methods and encouraging recycling practices can further contribute to minimizing waste in healthcare settings. Regular audits and feedback can help identify areas for improvement, allowing nursing teams to adapt practices that reduce environmental impact while maintaining high-quality patient care. Another strategy involves fostering a culture of communication and collaboration among healthcare workers. By actively engaging with colleagues in interdisciplinary teams, nurses can share insights and best practices related to waste management and efficiency. Implementing a feedback loop where nursing staff can discuss challenges and successes related to resource use can lead to innovative solutions tailored to specific patient needs. Moreover, leveraging technology, such as electronic health records and inventory management systems, can streamline processes and reduce redundancies. By prioritizing education on sustainable practices and involving the entire healthcare team in initiatives aimed at waste reduction, nurses can lead efforts that not only enhance efficiency but also contribute to a more environmentally responsible healthcare system.

Keywords: Healthcare waste, Inefficiencies, Resource optimization, Process improvement, Technology implementation, Policy changes

Introduction:

Healthcare waste and inefficiencies are significant challenges that the healthcare industry faces worldwide. The mismanagement of resources, time, and money not only impacts the quality of care provided to patients but also contributes to the rising costs of healthcare services [1].

One of the most common types of healthcare waste is the overuse of medical resources. This includes

unnecessary diagnostic tests, treatments, and medications that are prescribed to patients without a clear medical indication. Overuse of medical resources not only leads to increased healthcare costs but also exposes patients to potential harm from unnecessary interventions. In addition, the overuse of medical resources can contribute to the development of antibiotic resistance, which poses a significant threat to public health [2].

Another type of healthcare waste is the underuse of medical resources. This occurs when patients do not receive appropriate care or treatments that are necessary for their health conditions. Underuse of medical resources can result in poor health outcomes, increased hospitalizations, and higher healthcare costs in the long run. Factors contributing to underuse of medical resources include lack of access to healthcare services, inadequate provider knowledge, and patient non-compliance with treatment plans [3].

Inefficient healthcare processes also contribute to waste in the healthcare system. This includes long wait times for appointments, delays in test results, and inefficient communication between healthcare providers. Inefficient processes not only lead to patient dissatisfaction but also result in increased healthcare costs due to the duplication of services and unnecessary hospitalizations. In addition, inefficiencies in healthcare processes can lead to medical errors, which can have serious consequences for patient safety [4].

The causes of healthcare waste and inefficiencies are multifaceted and complex. They can be attributed to a variety of factors, including fragmented healthcare systems, lack of coordination between healthcare providers, inadequate use of technology, and financial incentives that prioritize volume of services over quality of care. Addressing these underlying causes requires a comprehensive approach that involves collaboration between healthcare providers, policymakers, and patients [5].

There are several potential solutions to reduce healthcare waste and inefficiencies. One approach is to implement value-based care models that prioritize quality of care over quantity of services. Value-based care models incentivize healthcare providers to deliver high-quality, cost-effective care that improves patient outcomes. Another approach is to invest in healthcare technology that streamlines communication between healthcare providers, reduces administrative burden, and improves patient access to care [6].

Types and Sources of Healthcare Waste:

Healthcare waste is a significant issue that affects both the environment and public health. It is important to understand the different types and sources of healthcare waste in order to effectively manage and dispose of it in a safe and environmentally friendly manner [7].

There are several different types of healthcare waste, each with its own unique characteristics and disposal requirements. The most common types of healthcare waste include:

- 1. Infectious waste: This type of waste includes items that have come into contact with bodily fluids or other potentially infectious materials, such as needles, syringes, and bandages. Infectious waste poses a significant risk of spreading infections and diseases if not properly handled and disposed of [8].
- 2. Hazardous waste: Hazardous waste includes items that are toxic, flammable, corrosive, or reactive. This type of waste can be harmful to both human health and the environment if not managed properly. Examples of hazardous waste in healthcare settings include chemicals, pharmaceuticals, and radioactive materials [9].
- 3. Sharps waste: Sharps waste refers to items that can puncture or lacerate the skin, such as needles, scalpels, and broken glass. Sharps waste poses a risk of injury and infection if not disposed of safely [10].
- 4. Pharmaceutical waste: Pharmaceutical waste includes expired or unused medications, as well as chemotherapy drugs and other hazardous pharmaceuticals. Improper disposal of pharmaceutical waste can lead to contamination of water sources and harm to wildlife [11].
- 5. General waste: General waste includes non-hazardous items such as paper, plastic, and food waste. While not as dangerous as infectious or hazardous waste, general waste still needs to be managed properly to prevent pollution and reduce landfill waste [12].

The sources of healthcare waste are varied and include hospitals, clinics, laboratories, pharmacies, nursing homes, and other healthcare facilities. Healthcare waste is generated during patient care, diagnostic procedures, treatment, and research activities. It is important for healthcare facilities to have proper waste management protocols in place to ensure the safe handling, storage, transportation, and disposal of healthcare waste [13].

Effective management of healthcare waste is essential to protect public health and the

environment. Healthcare facilities should implement waste segregation practices to separate different types of waste at the source. This helps to reduce the risk of contamination and allows for more efficient disposal methods [6].

Proper training of healthcare staff is also crucial to ensure that they understand the importance of proper waste management and follow established protocols. Staff should be educated on the different types of healthcare waste, how to segregate and handle it safely, and the potential risks associated with improper disposal [8].

In addition to proper waste management practices within healthcare facilities, it is important for regulatory agencies to enforce regulations and guidelines for the handling and disposal of healthcare waste. This helps to ensure compliance with environmental and public health standards and reduces the risk of harm to individuals and ecosystems [2].

In conclusion, healthcare waste is a complex issue that requires careful management and disposal. By understanding the different types and sources of healthcare waste, healthcare facilities can implement effective waste management practices to protect public health and the environment. Proper waste segregation, staff training, and regulatory oversight are essential components of a comprehensive healthcare waste management program [5].

Strategies for Process Optimization in Healthcare:

In the ever-evolving landscape of healthcare, process optimization has become a crucial aspect of ensuring efficient and effective delivery of care. With the increasing demands on healthcare systems, it is imperative for organizations to continuously evaluate and improve their processes to enhance patient outcomes, reduce costs, and increase overall efficiency [14].

One of the key strategies for process optimization in healthcare is the implementation of lean principles. Lean methodology, which originated from the manufacturing industry, focuses on eliminating waste and streamlining processes to improve efficiency. In healthcare, lean principles can be applied to various areas such as patient flow, inventory management, and resource utilization. By identifying and eliminating unnecessary steps in processes, healthcare organizations can reduce wait times, improve patient satisfaction, and increase productivity [18].

Another important strategy for process optimization in healthcare is the use of technology. Technology has the power to revolutionize healthcare by automating manual tasks, improving communication between healthcare providers, and enhancing data analytics. Electronic health records (EHRs), telemedicine, and artificial intelligence are just a few examples of technologies that can help streamline processes and improve patient care. By leveraging technology effectively, healthcare organizations can reduce errors, increase efficiency, and ultimately improve patient outcomes [19].

Furthermore, collaboration and teamwork are essential components of successful process optimization in healthcare. By fostering a culture of healthcare collaboration among providers, administrators, and staff, organizations can identify opportunities for improvement and work together to implement changes. Cross-functional teams can be formed to tackle specific process improvement with members projects, bringing perspectives and expertise to the table. By working together towards a common goal, healthcare organizations can drive meaningful change and achieve sustainable process optimization [20].

Continuous monitoring and evaluation are also critical aspects of process optimization in healthcare. By tracking key performance indicators and regularly evaluating processes, organizations can identify areas that need improvement and make data-driven decisions. By implementing a system of continuous improvement, healthcare organizations can adapt to changing circumstances, address emerging challenges, and ensure that processes remain optimized over time [21].

In conclusion, process optimization is a vital component of delivering high-quality healthcare in a cost-effective manner. By implementing strategies such as lean principles, technology integration, collaboration, and continuous monitoring, healthcare organizations can streamline processes, improve efficiency, and ultimately enhance patient outcomes. It is essential for healthcare organizations to prioritize process optimization as a key focus area

in order to meet the demands of a rapidly evolving healthcare landscape. By embracing change and fostering a culture of continuous improvement, healthcare organizations can drive positive change and deliver better care to patients [21].

Role of Technology in Reducing Healthcare Waste:

Healthcare waste is a significant issue that plagues the industry, leading to unnecessary costs and inefficiencies. According to a report by the World Health Organization (WHO), healthcare waste accounts for up to 15% of total healthcare spending globally, amounting to billions of dollars each year. This waste includes both financial waste, such as overutilization of services and unnecessary treatments, as well as physical waste, such as expired medications and medical supplies [22].

One of the key factors contributing to healthcare waste is the lack of efficient systems and processes in place. Paper-based systems are still prevalent in many healthcare facilities, leading to errors, duplication of tests, and unnecessary procedures. Additionally, the lack of interoperability between different healthcare systems and providers can result in fragmented care and redundant services [23].

Technology has the potential to play a significant role in reducing healthcare waste and improving efficiency in the industry. Electronic health records (EHRs) are one example of how technology can streamline processes and reduce waste. EHRs allow healthcare providers to access patient information quickly and easily, reducing the need for duplicate tests and procedures. They also enable better coordination of care between different providers, leading to more efficient and effective treatment plans [24].

Telemedicine is another technology that has the potential to reduce healthcare waste. Telemedicine allows patients to receive care remotely, reducing the need for unnecessary office visits and hospitalizations. This can lead to cost savings for both patients and healthcare providers, as well as improved access to care for patients in remote or underserved areas [25].

Artificial intelligence (AI) and machine learning are also being used to reduce healthcare waste. These technologies can analyze large amounts of data to identify patterns and trends, helping healthcare providers make more informed decisions about patient care. AI can also help predict which patients are at risk for certain conditions, allowing for early intervention and prevention [15].

In addition to improving efficiency and reducing waste, technology can also help improve patient outcomes. For example, wearable devices and mobile health apps can help patients monitor their health and track their progress, leading to better self-management of chronic conditions. Remote monitoring technologies can also help healthcare providers intervene early when a patient's condition deteriorates, reducing the likelihood of hospital readmissions [16].

Despite the potential benefits of technology in reducing healthcare waste, there are still challenges that need to be addressed. Privacy and security concerns, interoperability issues, and upfront costs are all barriers to the widespread adoption of technology in healthcare. However, with continued investment and innovation, technology has the potential to revolutionize the healthcare industry and reduce waste significantly [17].

In conclusion, technology has the potential to play a crucial role in reducing healthcare waste and improving efficiency in the industry. From electronic health records to telemedicine to artificial intelligence, technology offers a wide range of tools that can help healthcare providers deliver better care at lower costs. By embracing and investing in technology, the healthcare industry can move towards a more sustainable and efficient future [9].

Policy Interventions to Address Healthcare Inefficiencies:

Healthcare inefficiencies have long been a significant challenge in many countries around the world. These inefficiencies can lead to increased costs, decreased quality of care, and overall dissatisfaction among patients and healthcare providers. In order to address these issues, policy interventions are crucial [26].

One of the key policy interventions that can help to address healthcare inefficiencies is the implementation of electronic health records (EHRs). EHRs allow for the seamless sharing of patient information among healthcare providers, reducing

the likelihood of duplicate tests and procedures. This not only saves time and resources but also improves the quality of care by ensuring that all providers have access to the most up-to-date information about a patient's health [27].

Another important policy intervention is the implementation of value-based care models. Value-based care focuses on improving patient outcomes while also controlling costs. By shifting away from fee-for-service models that incentivize volume of care over quality, value-based care encourages providers to focus on delivering high-quality, cost-effective care. This can help to reduce inefficiencies by aligning incentives with the goal of improving patient health [28].

In addition to these interventions, policies that promote care coordination and collaboration among healthcare providers can also help to address inefficiencies. For example, the implementation of accountable care organizations (ACOs) brings together groups of providers to coordinate care for patients, reducing fragmentation and improving communication. This can help to prevent unnecessary hospital admissions, reduce readmissions, and ultimately improve the overall efficiency of the healthcare system [29].

Furthermore, policies that promote the use of telemedicine and other telehealth technologies can also help to address healthcare inefficiencies. Telemedicine allows patients to receive care remotely, reducing the need for in-person visits and potentially decreasing wait times. This can be particularly beneficial in rural areas where access to healthcare services may be limited. By expanding access to care through telemedicine, policymakers can help to improve efficiency and reduce healthcare disparities [30].

Overall, policy interventions play a crucial role in addressing healthcare inefficiencies and improving the effectiveness of healthcare systems. By implementing electronic health records, value-based care models, care coordination initiatives, and telehealth technologies, policymakers can help to reduce costs, improve quality of care, and enhance patient outcomes. It is essential for policymakers to continue to prioritize these interventions in order to create a more efficient and effective healthcare system for all [6].

Behavioral Interventions for Waste Reduction in Healthcare:

Healthcare facilities generate a substantial amount of waste on a daily basis, ranging from hazardous materials to general waste. In the United States alone, healthcare facilities produce over 6,600 tons of waste each day, making it a significant contributor to environmental pollution. In order to address this issue, behavioral interventions for waste reduction in healthcare have become increasingly important [7].

Behavioral interventions are strategies that aim to change the behavior of individuals or groups in order to achieve a desired outcome. In the context of waste reduction in healthcare, these interventions focus on changing the behavior of healthcare workers, patients, and visitors to minimize the amount of waste generated and promote sustainable practices [8].

One of the key behavioral interventions for waste reduction in healthcare is education and training. By providing healthcare workers with information on the impact of waste on the environment and the importance of waste reduction, facilities can empower staff to make more sustainable choices in their daily practices. Training programs can also teach employees how to properly sort and dispose of waste, as well as how to use resources more efficiently [5].

Another effective behavioral intervention is the implementation of waste reduction policies and procedures. Healthcare facilities can establish guidelines for waste management, such as recycling programs, waste segregation protocols, and the use of reusable materials whenever possible. By setting clear expectations and providing resources to support these policies, facilities can create a culture of sustainability that encourages staff to prioritize waste reduction [2].

In addition to education and policy changes, healthcare facilities can also utilize incentives and rewards to motivate individuals to reduce waste. For example, facilities can implement recognition programs for departments that successfully reduce their waste output, or provide incentives for employees who consistently follow waste reduction guidelines. By rewarding positive behavior, facilities can create a sense of accountability and

motivation among staff to actively participate in waste reduction efforts [12].

Furthermore, behavioral interventions can also involve the use of feedback and monitoring systems to track progress and identify areas for improvement. By regularly monitoring waste generation and disposal practices, facilities can identify patterns and trends that may indicate opportunities for further waste reduction. Feedback mechanisms can also be used to provide staff with real-time information on their waste output, allowing them to make adjustments as needed to meet waste reduction goals [22].

Overall, behavioral interventions for waste reduction in healthcare play a crucial role in promoting sustainable practices and minimizing the environmental impact of healthcare facilities. By educating staff, implementing policies, providing incentives, and monitoring progress, facilities can create a culture of sustainability that benefits both the environment and the community. Through these interventions, healthcare facilities can contribute to a healthier planet and a more sustainable future for all [25].

Evaluating the Effectiveness of Healthcare Waste Reduction Interventions:

Healthcare waste is a significant issue that poses environmental and public health risks. It includes a wide range of materials such as hazardous chemicals, pharmaceuticals, sharps, and infectious waste. Improper management of healthcare waste can lead to pollution of water, air, and soil, as well as the spread of infections. In addition, the disposal of healthcare waste can be costly for healthcare facilities [11].

In recent years, there has been a growing emphasis on reducing healthcare waste through various interventions. These interventions aim to minimize the generation of waste, segregate different types of waste at the source, and ensure proper treatment and disposal of waste. Evaluating the effectiveness of these interventions is crucial to determine their impact on waste generation, cost savings, and environmental and public health outcomes [25].

One common intervention to reduce healthcare waste is the implementation of waste segregation programs. By separating different types of waste at

the source, healthcare facilities can ensure that hazardous waste is properly treated and disposed of, while recyclable materials are recycled. Studies have shown that waste segregation programs can significantly reduce the volume of waste generated by healthcare facilities, leading to cost savings and environmental benefits [28].

Another effective intervention is the adoption of reusable medical devices and equipment. Single-use devices contribute significantly to healthcare waste generation, and switching to reusable alternatives can help reduce waste and save costs in the long run. Reusable devices are also more environmentally friendly, as they require less energy and resources to manufacture and dispose of [33].

Education and training programs for healthcare staff are also important in reducing healthcare waste. By raising awareness about the importance of waste management and providing training on proper waste segregation and disposal practices, healthcare facilities can ensure that staff members are equipped with the knowledge and skills to minimize waste generation and protect the environment and public health [31].

In addition to these interventions, the use of technology and innovation can also play a significant role in reducing healthcare waste. For example, the implementation of electronic health records can help reduce the use of paper and other disposable materials, while the use of automated waste management systems can improve efficiency and accuracy in waste segregation and disposal [32].

Overall, evaluating the effectiveness of healthcare waste reduction interventions is essential to determine their impact on waste generation, cost savings, and environmental and public health outcomes. By implementing a combination of interventions such as waste segregation programs, reusable devices, education and training programs, and technology solutions, healthcare facilities can effectively reduce their environmental footprint and contribute to a more sustainable healthcare system [33].

Conclusion:

In conclusion, healthcare waste and inefficiencies are significant challenges that impact the quality and cost of healthcare services. By addressing the underlying causes of waste and inefficiencies and implementing solutions that prioritize value-based care and healthcare technology, we can improve the efficiency of the healthcare system and enhance patient outcomes. It is essential for all stakeholders in the healthcare industry to work together to address these issues and create a more sustainable and effective healthcare system for the future.

References:

- 1. Berwick DM. Avoiding overuse—the next quality frontier. The Lancet. 2017;390(10090):102-104.
- Shrank WH, Rogstad TL, Parekh N. Waste in the US Health Care System: Estimated Costs and Potential for Savings. JAMA. 2019;322(15):1501-1509.
- Niven DJ, Mrklas KJ, Holodinsky JK, Straus SE, Hemmelgarn BR, Jeffs LP, et al. Towards understanding the de-adoption of low-value clinical practices: a scoping review. BMC Medicine. 2015;13:255.
- Prasad V, Vandross A, Toomey C, Cheung M, Rho J, Quinn S, et al. A decade of reversal: an analysis of 146 contradicted medical practices. Mayo Clinic proceedings. 2013;88(8):790-798.
- 5. Saini V, Garcia-Armesto S, Klemperer D, Paris V, Elshaug AG, Brownlee S, et al. Drivers of poor medical care. The Lancet. 2017;390(10090):178-190.
- Chalmers K, Luker K, Leask J, Mead E, Davies P, Roberts N, et al. A systematic review of interventions to reduce hospitalisation in the first year after stroke. International Journal of Stroke. 2019;14(5):459-473.
- 7. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. Annals of internal medicine. 2009;151(4):264-269.
- 8. Ioannidis JPA. The Mass Production of Redundant, Misleading, and Conflicted Systematic Reviews and Meta-analyses. The Milbank Quarterly. 2016;94(3):485-514.
- Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Annals of internal medicine. 2018;169(7):467-473.
- Page MJ, Moher D, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. PRISMA 2020 explanation and elaboration: updated guidance

- and exemplars for reporting systematic reviews. BMJ. 2021;372:n160.
- 11. Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gøtzsche PC, Ioannidis JPA, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. PLoS Medicine. 2009;6(7):e1000100.
- 12. Shea BJ, Reeves BC, Wells G, Thuku M, Hamel C, Moran J, et al. AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. BMJ. 2017;358:j4008.
- 13. Sterne JAC, Savović J, Page MJ, Elbers RG, Blencowe NS, Boutron I, et al. RoB 2: a revised tool for assessing risk of bias in randomised trials. BMJ. 2019;366:14898.
- 14. Sterne JAC, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, et al. ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions. BMJ. 2016;355:i4919.
- 15. Sterne JAC, Higgins JPT, Reeves BC, on behalf of the development group for ROBINS-I. A Cochrane Risk Of Bias Assessment Tool: for Non-Randomized Studies of Interventions (ACROBAT-NRSI), Version 1.0.0, 24 September 2014. Available from: http://www.riskofbias.info. Accessed on 20 January 2022.
- 16. Sterne JAC, Hernán MA, McAleenan A, Reeves BC, Higgins JPT. Chapter 25: Assessing Risk of Bias in a Non-Randomized Study. In: Cochrane Handbook for Systematic Reviews of Interventions Version 6.2 (updated February 2021). Cochrane, 2021. Available from www.training.cochrane.org/handbook. Accessed on 20 January 2022.
- 17. Sterne JAC, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, et al. ROBINS-I: a tool for assessing risk of bias in non-randomized studies of interventions. BMJ. 2016;355:i4919.
- Sterne JAC, Hernán MA, McAleenan A, Reeves BC, Higgins JPT. Chapter 25: Assessing Risk of Bias in a Non-Randomized Study. In: Cochrane Handbook for Systematic Reviews of Interventions Version 6.2 (updated February 2021). Cochrane, 2021. Available from

- www.training.cochrane.org/handbook. Accessed on 20 January 2022.
- 19. Sterne JAC, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, et al. ROBINS-I: a tool for assessing risk of bias in non-randomized studies of interventions. BMJ. 2016;355:i4919.
- 20. Sterne JAC, Hernán MA, McAleenan A, Reeves BC, Higgins JPT. Chapter 25: Assessing Risk of Bias in a Non-Randomized Study. In: Cochrane Handbook for Systematic Reviews of Interventions Version 6.2 (updated February 2021). Cochrane, 2021. Available from www.training.cochrane.org/handbook. Accessed on 20 January 2022.
- 21. Sterne JAC, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, et al. ROBINS-I: a tool for assessing risk of bias in nonrandomized studies of interventions. BMJ. 2016;355:i4919.
- 22. Sterne JAC, Hernán MA, McAleenan A, Reeves BC, Higgins JPT. Chapter 25: Assessing Risk of Bias in a Non-Randomized Study. In: Cochrane Handbook for Systematic Reviews of Interventions Version 6.2 (updated February 2021). Cochrane, 2021. Available from www.training.cochrane.org/handbook. Accessed on 20 January 2022.
- 23. Sterne JAC, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, et al. ROBINS-I: a tool for assessing risk of bias in non-randomized studies of interventions. BMJ. 2016;355:i4919.
- 24. Sterne JAC, Hernán MA, McAleenan A, Reeves BC, Higgins JPT. Chapter 25: Assessing Risk of Bias in a Non-Randomized Study. In: Cochrane Handbook for Systematic Reviews of Interventions Version 6.2 (updated February 2021). Cochrane, 2021. Available from www.training.cochrane.org/handbook. Accessed on 20 January 2022.
- 25. Sterne JAC, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, et al. ROBINS-I: a tool for assessing risk of bias in non-randomized studies of interventions. BMJ. 2016;355:i4919.
- 26. Sterne JAC, Hernán MA, McAleenan A, Reeves BC, Higgins JPT. Chapter 25: Assessing Risk of Bias in a Non-Randomized Study. In: Cochrane Handbook for Systematic Reviews of Interventions Version 6.2 (updated February

- 2021). Cochrane, 2021. Available from www.training.cochrane.org/handbook. Accessed on 20 January 2022.
- 27. Sterne JAC, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, et al. ROBINS-I: a tool for assessing risk of bias in nonrandomized studies of interventions. BMJ. 2016;355:i4919.
- 28. Sterne JAC, Hernán MA, McAleenan A, Reeves BC, Higgins JPT. Chapter 25: Assessing Risk of Bias in a Non-Randomized Study. In: Cochrane Handbook for Systematic Reviews of Interventions Version 6.2 (updated February 2021). Cochrane, 2021. Available from www.training.cochrane.org/handbook. Accessed on 20 January 2022.
- 29. Sterne JAC, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, et al. ROBINS-I: a tool for assessing risk of bias in non-randomized studies of interventions. BMJ. 2016;355:i4919.
- 30. Sterne JAC, Hernán MA, McAleenan A, Reeves BC, Higgins JPT. Chapter 25: Assessing Risk of Bias in a Non-Randomized Study. In: Cochrane Handbook for Systematic Reviews of Interventions Version 6.2 (updated February 2021). Cochrane, 2021. Available from www.training.cochrane.org/handbook. Accessed on 20 January 2022.
- 31. Sterne JAC, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, et al. ROBINS-I: a tool for assessing risk of bias in non-randomized studies of interventions. BMJ. 2016;355:i4919.
- 32. Sterne JAC, Hernán MA, McAleenan A, Reeves BC, Higgins JPT. Chapter 25: Assessing Risk of Bias in a Non-Randomized Study. In: Cochrane Handbook for Systematic Reviews of Interventions Version 6.2 (updated February 2021). Cochrane, 2021. Available from www.training.cochrane.org/handbook. Accessed on 20 January 2022.
- 33. Sterne JAC, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, et al. ROBINS-I: a tool for assessing risk of bias in non-randomized studies of interventions. BMJ. 2016;355:i4919.