CONCLUSIONS:

This evidence brief will be debated among interested parties and presented to the health minister and state secretaries in order to implement the strategy options, once regional specificities are taken into account.

PP155 Telemedicine Enhance Universal Coverage Of Diagnostic Services

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INTRODUCTION:

Through the telemedicine, advantageous telediagnostic systems can be developed to improve the health care of remote populations that don't have access to specialists. However, evidence on how such innovation technology can enhance universal coverage of diagnostic services in rural communities is limited. The usability of telemedicine to improve the coverage of diagnostic services in public health in Paraguay was investigated.

METHODS:

This descriptive study was carried out by the Telemedicine Unit of the Ministry of Public Health and Social Welfare (MSPBS) in collaboration with the Department of Biomedical Engineering and Imaging of the Health Science Research Institute (IICS-UNA) and the University of the Basque Country (UPV / EHU) to evaluate the utility of a telediagnostic system for universal coverage in public health. For this purpose, the results obtained by the telediagnosis system implemented in fifty-six public countryside hospitals were analyzed and compared to a "face to face" diagnosis.

RESULTS:

The results obtained by the telediagnosis system implemented in fifty-six public countryside hospitals were analyzed. In that sense, 293,142 remote diagnoses were performed between January 2014 and September 2017. Of the total, 37.29 percent (109,311) corresponded to tomography studies, 61.44 percent (180,108) to electrocardiography (ECG), 1.26 percent (3,704) to electroencephalography (EEG) and 0.01 percent (19) to ultrasound. There were no significant differences between the remote and the "face to face" diagnosis. With the remote diagnosis a reduction of the cost was obtained, that supposes an important benefit for each citizen of the interior of the country.

CONCLUSIONS:

The results show that the use of telemedicine can significantly enhance the universal coverage of diagnostic services and health programs, maximizing professional time and productivity, increasing access and equity, and reducing costs. However, before carrying out its systematic implementation, a contextualization with the regional epidemiological profile must be performed.

PP156 Risk Assessment Of Equipment Used In Intensive Care Units

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INTRODUCTION:

Knowledge and proper use of hospital equipment are essential for preventing adverse events associated with their use. The risks controls for medical devices and equipment are of major importance in ensuring patient safety and the quality of care delivered by healthcare professionals. Monitoring equipment (ME), infusion pumps (IP), and mechanical ventilators (MV) are frequently used in intensive care units, but they are subject to technical, human, and process failures that may pose harm to and even cause the death of patients. The aim of this study was to evaluate the risks related to the use of ME, IP, and MV in the adult intensive care unit (AICU) of a public hospital in Brazil, and to investigate the causes of technical complaints and the adverse events associated with them. We hope the outcomes may serve as a basis for the facility to create mechanisms to diminish the risk and increase the safety and quality of care delivered to critical patients

METHODS:

A 12-month prospective, observational descriptive study was conducted using an active and passive search of processes related to: hospital medical equipment use; available human and material resources; training

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programs and continuing professional education; equipment disinfection, sterilization, and assembly processes; and the hospital risk management measures regarding the reports and actions for technical, human, and process failures and the adverse events and incidents related to them. All the data collected were checked against current Brazilian legislation and the equipment technical manuals. The root cause of every failure and adverse event was investigated.

RESULTS:

The active search identified seventy-five reports on technical complaints in the study period: sixty-five were related to IP, six to ME, and four to MV. The reasons for the complaints included: deficiencies in the quantity, qualification, training, and capacity of professionals handling the devices; inadequate disinfection of MV accessories; absence of or difficulty in accessing the equipment technical manuals; and a lack of preventive and corrective maintenance programs. One single adverse event caused by an IP medication error was attributed to a programing error.

CONCLUSIONS:

Failures and deficiencies in the knowledge and management of hospital equipment can potentially increase risks to patients and healthcare professionals. Increasing compliance with Brazil's current legislation related to the technical and operational norms of hospital equipment might create safer practices and improve care quality for critical patients.

PP158 The Art Of Collaboration In Guideline Development

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INTRODUCTION:

Developing clinical practice guidelines (CPGs) is a collaborative, multi-stakeholder enterprise. Over the last 13 years, health technology assessment (HTA) researchers from the Institute of Health Economics (IHE) partnered in a unique manner with provincial clinicians and stakeholders to develop and update CPGs using an innovative adaptation method. The complexities, intricacies, and attributes for success are presented, with emphasis on the role played by HTA resources.

METHODS:

A governance structure (Advisory Committee, Steering Committee, Guideline Development Group) was designed to provide adequate oversight and quick, effective decision making, facilitate progress of the activities, and provide a mechanism for involving a wide variety of participants in the guideline development processes—stakeholders who represent policy, multidisciplinary care practice, knowledge translation, and research.

RESULTS:

The HTA researchers served various functions and played multiple translation roles in the guideline development process: acting as a hub for connecting researchers with government to address relevant policy questions; liaising with committees to translate clinical queries into searchable questions for information specialists; preparing background documents and compiling discussion materials to expedite review by committees; connecting committees with external stakeholders such as the provincial CPG program; and bringing lay advisors into the final review process. Elements for success included effective communication, development and use of consistent methods, reliance on the highest quality of research evidence, willingness to contribute and share expertise, awareness of other initiatives and projects, transparency and openness, efficiency, flexibility, respect, enthusiasm, commitment, and patience.

CONCLUSIONS:

The development of CPGs requires the establishment of sophisticated multi-stakeholder collaboration and time. HTA agencies are well positioned to be an effective translation hub connecting the various stakeholders by virtue of their inherent ability to communicate in the language of policy makers, clinicians, and patients, so that all participants understand enough to add their voice to the process.

PP159 Making Health Technology Assessment A Common Language In Controversies: A Hidden Role For The National Evidence-Based Healthcare Collaborating Agency

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