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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