

RESULTS:

Providing advice through adaptation proved feasible and acceptable to stakeholders. Limited time was saved because of the supplementary work undertaken, and lessons have been learned about what should and should not be done in future .The guideline recommendation was updated and made available more quickly than similar previous updates.

CONCLUSIONS:

Further such collaborations and adaptations will be pursued as this appears to be a sustainable approach for the future. The process could be aided by EUnetHTA publishing forward work plans and also by the inclusion of economic information, with details of the decision-making context provided, to allow assessment of its relevance locally.

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VP198 Efficient Retrieval Of Trial Protocols: An Empirical Study

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INTRODUCTION:

Registration of trial protocols has become increasingly important in recent years. In the context of systematic reviews, published trial protocols facilitate the identification of studies. Data recorded in trials registers requires standardization to assist with ease of identification, and availability of the most current protocol version. Searching sources of trial protocols, for example trials registers, has issues relating to currency, coverage, functionality and indexing. An empirical study was conducted in the context of a funded systematic review, to establish; the proportion of trial protocols retrievable, the most effective retrieval methods, barriers to retrieving protocols, and whether the most easily retrieved protocol copy remains the document of record.

METHODS:

In a systematic review of primary care interventions for medically unexplained symptoms, seventy-four trials were identified as potential included studies. To search for the seventy-four trial protocols, multiple sources and methods were utilized to identify the the differential coverage of sources and the relative efficiency of retrieval methods. Retrieval methods included searching trials registers and bibliographic databases, internet searching, checking journal websites and contacting authors.

RESULTS:

Results included; (i) number of trial protocols that were referenced in the corresponding study publication(s), (ii) percentage of protocols indexed in each checked source, including MEDLINE and various trials registers, (iii) number of authors that responded to email contact, (iv) number of authors that provided a reference to, or copy of, the protocol. Information on when the trial protocol was published, funding sources, and trial registration, was also recorded.

CONCLUSIONS:

Conclusions are made regarding the coverage of different sources of trial protocols. This will enable Information Specialists to prioritize retrieval methods for identifying trial protocols to inform future search methods guidance. The main barriers to retrieving protocols are discussed together with recommendations for future empirical studies.

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VP199 Limitations Of Studies On Oxygen Therapy In Acute Care Settings

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INTRODUCTION:

A high-level, rapid review (1) was conducted on oxygen therapy issues studied in the past 10 years in acute care

settings. The main objective was to determine the appropriateness/inappropriateness of use, safety issues, and quality of care associated with oxygen prescription, administration, and monitoring. The results from this review were used to inform an upcoming provincial oxygen summit.

METHODS:

The Health Technology Assessment review (1) used a standardized rapid review approach: a comprehensive search of literature (published in English from 2005 to 2016), study selection using *a priori* developed criteria, and a qualitative synthesis of the results. Iterative interactions with the requester were necessary to clarify and refine the research questions, scope, and inclusion criteria.

RESULTS:

Twenty-four audit studies were reviewed, the majority published after 2011, in the United Kingdom, and also in single institutions. Twelve studies reported effects after implementing interventions for improvement of oxygen prescription. Many studies had caveats on design, data reporting, and outcomes, or they lacked an explanation of the methods of analysis. Studies conducted in rural settings, and on infants and children were unavailable. The reported issues with oxygen therapy included: a lack or an inconsistency of compliance with guidelines, local policies, and standards; inappropriate prescription and administration; variability in practice among healthcare providers; and suboptimal monitoring, including poor standards of medical chart documentation for patients receiving oxygen therapy, such as incomplete details on flow rate and oxygen concentration.

CONCLUSIONS:

Possibly due to the general tendency to publish research findings that have statistically significant results, relatively few publications were found in the literature search. The universal use of oxygen therapy and the enrolment of consecutive patients in some of the studies increase the applicability of the findings to other institutions. The rapid review provided a timely synthesis of the available, credible research for use by local stakeholders for further discussions and planning.

REFERENCES:

1. Moga C, Chojecki D. *Oxygen therapy in acute care settings*. Edmonton (AB): Institute of Health Economics; 2016. (Available at www.ihe.ca/publications/oxygen-therapy-in-acute-care-settings).

VP200 Untangling What Information Specialists Should Document and Report

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INTRODUCTION:

Thorough documentation and clear reporting are essential when conducting a comprehensive literature search for a health technology assessment (HTA) or systematic review. The ultimate goal of this process is transparency and reproducibility with the added benefit of increasing the reader's confidence in the research. Thorough documentation of the search also allows for critical appraisal of the methodology used and facilitates future updating of a review (1,2).

It has been found that large numbers of systematic review searches are inadequately documented and there is little consensus on best practices for reporting standards (3).

As part of the SuRe Info Project, we conducted a review of all current reporting standards relevant to HTAs and systematic reviews in addition to looking at the published literature on this topic in order to synthesize the evidence in this area and create a standard set of agreed upon recommendations.

METHODS:

We conducted a comprehensive search of Medline, Embase, and LISA (Library & Info Studies Abstracts) databases. We also examined the Equator Network (<http://www.equator-network.org/>) website. Reference lists of included studies and reporting guidelines were also consulted. Eleven reporting guidelines and eight