

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 programming 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.

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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.

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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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