

PP156 New Information And Communication Technologies And Hospitals' Design

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INTRODUCTION:

The hospital's design today must be prepared for changes resulting from the incorporation of new information and communication technologies (ICT) (1). These will affect non-finalistic (warehouse, archive), diagnostic support (laboratory and image) and finalistic activities (emergency, surgical center, clinics) (2). The Health Technology Assessment (HTA) is fundamental in the dimension of the impact of each technology on the structure of healthcare facilities (HCF). In this way, this work intends to evaluate the trends of impact of the new ICT on hospitals' structure.

METHODS:

The main technologies under discussion in Management of HCF in Brazilian Health Regulatory Agency were raised. From this survey an impact matrix was built with hospital environmental design and the trends of adequacy of its space.

RESULTS:

ICT that tend to decrease the physical space are: electronic health record for the archive, use of digital imaging for radiology, Radio-Frequency Identification (RFID) for the warehouse, point of care and automated laboratory equipment for clinical laboratories.

ICT that tend to increase physical space are: Telemedicine for the surgical center, Internet of Things - IoT for Intensive Care Units, beds for emergency and hospitalization.

The technologies that present an undefined tendency in relation to physical space are: automatic dispensers of drugs for nursing posts.

The use of database servers and the need for network points are still undefined due to the use of Wi-Fi technology and cloud storage. However, it's possible to increase use of electricity and the internet.

CONCLUSIONS:

It is concluded that the new ICT will have an impact on the planning and building of the future HCF (3). The designs of today's buildings should consider this trend so that the future reality is adequate and the regulatory requirements about HCF should be able to consider it.

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PP166 From An Institutional Strategic Plan To A Knowledge Transfer Tool For Health Technology Assessment: Case Of Drug-eluting Stents

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INTRODUCTION:

Knowledge transfer (KT) of Health Technology Assessment (HTA) results presents numerous challenges, one being the lack of time of busy decision makers. Our hospital-based HTA unit is now part of a large network comprising 100 installations. To bridge the gap between complex HTAs and even more limited time by executive officers and managers, we needed to develop a new approach to deliver effectively key HTA messages. We initiated a new strategy with a report on drug-eluting stent (DES). DES may have the potential to eradicate restenosis and the necessity to perform multiple revascularization procedures subsequent to percutaneous coronary intervention (PCI). However, the technology is expensive and some concerns about safety remain. The second generation of DES stents show promising results in terms of efficacy and safety.

METHODS:

We conducted a systematic review of meta-analyses comparing bare-metal stents (BMS) with second generation DES. Data extracted were used to perform a cost-benefit analysis for our organization. Main findings were illustrated in relation to the strategic plan of our institution.

RESULTS:

As compared to BMS, the second generation of DES is very effective and potentially leads to huge savings. Safety is improved as regard to myocardial infarction, but not to mortality. For our institution, the use of second-generation DES has the potential to reduce waiting lists for a PCI. In an effort to improve clarity of the results and increase knowledge transfer among managers, we developed a new communication strategy involving the six axes considered as strategic by our Chief Executive Officer, namely: university mission, judicious use of resources, accessibility and quality of care and services, to build for and with the staff, and to act for and with the patient and his family. This led to a smart visual scheme directly showing the results in terms of what is important for our hospital. This initiative was very appreciated by managers.

CONCLUSIONS:

Using our institutional strategic plan to communicate our results allowed a greater visibility of HTA activities and was greatly appreciated by managers. This will help in disseminating our results locally and in promoting the utility of HTA.

PP168 Combination Therapy Versus Intensification Of Statin Monotherapy

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INTRODUCTION:

Coronary heart disease (CHD) is the most common cause of mortality globally. The burden of CHD is a challenge for Tunisia causing 27.14 percent of total mortality (1).

Statins are the leading molecules used to prevent CHD in Tunisia. The amount paid by the national insurance fund for statins in 2015 represents 9 percent of total drug expenditures (2).

INASanté has launched a Health Technology Assessment (HTA) study to compare the intensification of statin monotherapy versus a combination therapy for the CHD prevention in patients with moderate to high cardiovascular risk. The aim of this contextualized HTA report is to diminish prescription variability and not justified therapies.

METHODS:

Research was carried out in the following databases: CRD, NICE search evidence, Cochrane, *Belgian Health Care Knowledge Centre (KCE)*, *Canadian Agency for Drugs and Technologies in Health (CADTH)*, *Adelaide Health Technology Assessment (AHTA)*, *Institut National d'excellence En Santé et en Services Sociaux (INESS)*,