

METHODS:

A comparative and retrospective study was conducted during the first 2017 semester, at Hospital de Transplantes de São Paulo, São Paulo city, Brazil. Consecutive eligible patients were matched by age, disease stage and profile and Gleason score 6 or 7. Resources used were assessed through medical records review and in- and out-patient visit interviews.

RESULTS:

A total of 152 patients were followed: 50 underwent open surgery prostatectomy, 50 underwent video prostatectomy and 52 underwent HIFU. Mean age did not differ between groups (66.6, 64.1 and 65.6 years, respectively). All patients were followed for at least three months. The average operating room time was 4.7, 4.1 and 2.3 hours, and the average anesthetic recovery time was 2.0, 1.9 and 2.0 hours, respectively. Average inpatient length of stay was 2.5, 2.7 and 1.5 days, respectively. Postoperatively, nine (18 percent) open surgery patients, and 14 (28 percent) video-prostatectomy patients required an average of one full day of intensive care, compared to only one (2 percent) HIFU patient. During follow-up, the same effectiveness was observed between the groups, none required re-intervention. Thus, considering the 50 percent economy in hours of operating room and of days of hospital stay, as well as 10 times less use of intensive care unit days when the HIFU technique was compared to conventional surgeries, it is estimated the HIFU program allowed 30 percent cost savings.

CONCLUSIONS:

The HIFU program presented effectiveness and savings. The hospital can increase access to care for prostate neoplasia patients.

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PP152 Options To Approach Health Litigation In Brazil: A Policy Brief

AUTHORS:

Carla Biella (carla.biella@saude.gov.br), Fabiana Raynal, Viviane Pereira, Laura Boeira, Marcel Carvalho, Vania Canuto Santos, Clarice Petramale, Artur Felipe de Brito, Jorge Barreto

INTRODUCTION:

In Brazil, health is a constitutional right and the government is responsible for its guarantee. The

Brazilian health system is characterized by universality, equality, and integrality, but citizens still strive to guarantee their rights through litigation. This work aimed to develop an evidence brief to support the decision-making process of judges with respect to health technologies, based on scientific evidence.

METHODS:

Support tools from the Evidence-Informed Policy Network (EVIPNet) were used to develop the evidence brief. After defining and describing the problem, a comprehensive search was conducted in PubMed, Health Systems Evidence, The Campbell Library, The Cochrane Library, Rx for Change, and PDQ-Evidence for systematic reviews published from 2010 to 2016. Nine systematic reviews were found. Review selection and quality appraisal were conducted independently by two reviewers. Three strategies for addressing the health litigation were defined. Evidence was summarized on benefits, harms, resource use, cost-effectiveness, uncertainties, and implementation. Implementation barriers and facilitators were also described.

RESULTS:

Three strategies were found: (i) Rapid response services to support evidence-informed decision making in health technology decisions—educational activities and materials were described as an effective way to involve different stakeholders and inform decision making, even when financial reallocation is needed; (ii) Continuing education programs focused on developing health technology assessment knowledge among law workers—continued education and educational outreach may be effective in knowledge and ability acquisition and retention, changing professional practices. Eventual lack of interest from or availability of the professionals can be addressed by involving leaders and opinion makers, as well as offering multimedia educational materials and activities adapted for the public; and (iii) Restorative justice conferencing (RJC) focused on the litigation of health technologies—the use of RJC through face-to-face meetings or social councils involves citizens in the decision-making process, including resource management. There are multiple barriers to this option (e.g. a lack of understanding among the public, conflicts of interest, a lack of professionals capable of conducting RJs, and the need for legal reformulation) because of its unprecedented use in the healthcare setting. Opinion leaders should be invited to facilitate communication and the decision-making process among citizens, government, and the law.

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.

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PP155 Telemedicine Enhance Universal Coverage Of Diagnostic Services

AUTHORS:

Pedro Galvan (ibiomedica@iics.una.py), Miguel Velazquez, Ronald Rivas, Gualberto Benitez, Jose Ortellado, Antonio Barrios, Enrique Hilario

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.

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PP156 Risk Assessment Of Equipment Used In Intensive Care Units

AUTHORS:

Juang Horng Jyh (juanghorng@gmail.com), Loraine Martins Diamente, César Tadeu Spadella

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