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 programing 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.

## 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.

## 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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## INTRODUCTION:

In order to improve research planning it is critical to understand how decision makers have used previous health technology assessment (HTA) results, and what expectations policy makers and health professionals have in HTA programs. In this study, we aimed to examine how HTA results have been used by decision makers, and explore complex relationships between the National Evidence-based Healthcare Collaborating Agency (NECA) and various decision-making bodies in Korea.

## METHODS:

Three areas of healthcare decision in which NECA has been extensively involved were selected: prevention programs, single technology reimbursement, and clinical guidelines. We conducted in-depth interviews with two or three key informants from decision making bodies in each selected area. The interview participants included clinicians and government officials. We also conducted interviews with the researchers who participated in the related research to better capture the context. The interviews were analyzed using qualitative content analysis.

## RESULTS:

Eight interviews with decision makers and five interviews with researchers were conducted and analyzed. Three main themes were revealed in the data. Firstly, it was revealed that NECA was primarily expected to be an intermediary between clinicians and government. Both government and clinicians had referred to NECA's HTA results, which are expected to be scientific and impartial, when they need to reach one another on controversial topics. Secondly, there was a high need for deliberative process to resolve the conflicting interests regarding HTA results. Lastly, they wanted the HTA process to be more responsive to fast changing healthcare environments by introducing a form of rapid review.

## CONCLUSIONS:

Lack of effective communication channels between government and healthcare providers in Korea has made a room for HTA to be a common language for both sides. It is time to give up the 'one-size-fits-all' approach to conducting HTA research and tailor the research process to various needs of decision makers.

# PP162 Bridging Brazil's Know-Do Gap On Social Engagement In Health Technology Assessment


## AUTHORS:

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## INTRODUCTION:

Social engagement in health encompasses the idea of involving (parts of) society as full partners in the decision-making regarding both development and implementation of health technologies. Evidence shows that patient engagement is linked with fewer adverse events, better patient self-management, fewer diagnostic tests, decreased use of healthcare services and shorter lengths of stay in hospitals. Matching the escalating healthcare requirements to face the ongoing societal and economic challenges regarding access and coverage to (new) health technologies is not an easy task for health providers.

## METHODS:

We conducted a systematic review (CRD42017068714) designed to address the institutional implementation of social engagement by the Brazilian Ministry of Health. All systematic reviews were evaluated using the new version of AMSTAR and, once all findings are synthesized, we will use the GRADE-CERQual approach to assess for confidence.

## RESULTS:

From 399 publications that met the inclusion criteria, 80 described the implementation of social engagement during the development and implementation of (new) health technologies at various levels (local, regional, national, supranational), countries and for different health technologies and social actors. The remaining 319 publications constitute case studies describing barriers and enablers to implementing social engagement in HTA and coverage decision-making processes. By mapping barriers and facilitators, we explored effectiveness and sustainability, further observing how citizen science-based strategies can ultimately reform health service delivery by innovating the social engagement in health technology development and implementation.



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