

monitoring/supervision) as major investments for the health system.

CONCLUSIONS:

Our investigation of care-seeking practices revealed financial implications for families of pregnant women, and program implementation costs for the health system. The societal perspective provided comprehensive knowledge of cost drivers to guide an economic appraisal of the CLIP trial in Sindh, Pakistan.

REFERENCES:

1. Lee SH, Nurmatov UB, Nwaru BI, et al. Effectiveness of mHealth interventions for maternal, newborn and child health in low- and middle-income countries: Systematic review and meta-analysis. *J Glob Health*. 2016;6(1):010401. doi: 10.7189/jogh.06.010401
2. Hanney SR, Gonzalez-Block MA, Buxton MJ, Kogan M. The utilisation of health research in policy-making: concepts, examples and methods of assessment. *Health Res Policy Syst*. 2003;1(1):2.

OP24 A Framework For Improved Systems Of Care In Myocardial Infarction

AUTHORS:

Laurie Lambert, Leila Azzi, Lucy Boothroyd, Anabèle Brière, François Désy, Maria Vutcovici, Peter Bogaty, Michèle de Guise (michele.de.guise@inesss.qc.ca)

INTRODUCTION:

In the past decade numerous efforts have been made to enhance quality of care in the province of Québec for patients with ST-elevation myocardial infarction (STEMI). Despite two prior field evaluations and diffusion of a systematic review as well as recommendations, a third audit revealed persistent gaps in care, specifically excessive treatment delays. Our cardiovascular

evaluation unit thus aimed to develop a more comprehensive quality improvement framework that further engaged healthcare professionals.

METHODS:

A literature update identified best practices and ways to reduce treatment delays and improve outcomes. This review, combined with the latest evaluation results, was used to establish structural and process quality standards adapted to the Québec context, via a consensus process with a panel of clinical experts. The standards identified quality-of-care targets and key elements of a governance structure to guide the improvement process. Quality indicators to monitor change were also developed. An implementation plan was then created, likewise based on literature and evaluation results.

RESULTS:

For the first time, the unit publicly disseminated the results of the third evaluation according to region, in addition to standard individual hospital "report cards". A summit conference was held during which the standards and indicators were presented to clinicians and other stakeholders, in collaboration with the health ministry and a panel of cardiovascular experts. Site visits are planned to facilitate change and establishment of local improvement plans and committees. A "tool kit" was developed containing a treatment algorithm, a drug protocol, five quality indicators each for processes and care networks, and measurement tools for indicators. A 75 percent minimal achievement target was set for treatment times.

CONCLUSIONS:

A comprehensive framework aimed at improving quality of care for STEMI patients and monitoring change was created by combining evidence from the literature and "real world" data and mobilizing key stakeholders.
