METHODS:

Using an interpretive description design, this cross-sectional study used semi-structured interviews of INAHTA members to gain insight into attitudes, social support, self-efficacy, barriers, and intentions towards HTA impact assessment. Transcriptions were analyzed using a social cognitions lens by two researchers using a constant comparative method to identify themes.

RESULTS:

Twenty-six of forty-seven INAHTA members participated. Preliminary results showed that interviewees most often perceived support for assessing impact from their ministry of health or from agency staff. Most interviewees noted challenges to measuring impact at the right time and a lack of human resources, methods, and tools as internal barriers. A lack of transparency and a limited impact assessment culture were perceived as the main external barriers. Interviewees reported feeling fairly confident in overcoming internal barriers, but were less confident in overcoming external barriers. Providing feedback for improvement to HTA processes and making achievements visible were the most frequently reported advantages of assessing impact, whereas its time consuming nature was the biggest disadvantage.

CONCLUSIONS:

This is the first study to use a social cognitions model to understand HTA impact assessment. Although the results of this convenience sample need to be interpreted with caution, they contribute knowledge on factors that facilitate and hinder agencies in the assessment of impact and illuminate opportunities for developing effective strategies to support HTA agencies in this area.

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OP39 Evaluation Of Discharge Planning And Transitional Care For The Elderly

AUTHORS:

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INTRODUCTION:

According to our local data, elderly patients accounted for 14 percent of the population yet, represent 58 percent of hospitalization and, they are more likely to return after discharge. These patients are more likely to return to the hospital following discharge. In order to meet ministerial target for length of stay of patient on a stretcher, the UETMIS-SS was requested to evaluate interventions aiming to improve the fluidity of patient trajectories in the acute care services. The objective of this health technology assessment is to evaluate the effectiveness of discharge planning and transitional care interventions aiming at reducing the readmission rate of the elderly.

METHODS:

An umbrella review was conducted following the PRISMA statement to summarize the scientific evidence. The search was conducted in five databases along with the grey literature search. Two reviewers independently performed the study selection, the quality assessment and the data extraction. To better illustrate the activities and the healthcare professionals (HCP) involved in the interventions, an analytical framework was developed. Results were summarized in a narrative synthesis. The contextual and experiential data were collected through interviews with HCP and directorates from different settings. The level of evidence was and a committee was then held to elaborate the recommendations.

RESULTS:

In the nine systematic reviews included in the narrative synthesis, three models were identified: Post-discharge planning and follow-up by the same HCP was established to be effective in reducing the readmission rate. Discharge planning interventions with follow-up by non-specific HCP have been shown to be promising, while discharge planning without follow-up after the hospital discharge has shown to be ineffective in reducing the readmission rate.

CONCLUSIONS:

An individualized discharge plan, coordination of services and follow-up performed by the same HCP is established to be effective in reducing readmission rate.

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OP40 Effect Of Advanced Nursing Practice On Hospital Use For The Elderly

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INTRODUCTION:

Within the local context in Montréal, the elderly population makes up more than 50% of patient hours in emergency department. To meet ministerial targets for length of stay, our health technology assessment unit was requested to conduct an umbrella review to evaluate interventions aimed at reducing health care services use for this population. Within that context, our unit was asked to further evaluate the efficacy of advance practice nurse (APN)-led interventions. The objective of this rapid response was to summarize the scientific literature for APN-led interventions on hospital services use.

METHODS:

An umbrella review using the PRISMA statement was conducted to review the scientific literature. Systematic searches were conducted in five databases, along with a grey literature search. Two reviewers performed the study selection, quality assessment using the ROBIS, and data extraction. The primary studies within the selected systematic reviews were extracted by two reviewers and a meta-analysis was conducted to analyze the efficacy of APN-involved in discharge planning and transitional care.

RESULTS:

From the twenty-seven systematic reviews identified in the literature search, four reported data on APN-led interventions. In all, sixteen primary studies were included in the four systematic reviews. While most studies focused on transitional care, there was heterogeneity in the components of the interventions implemented. At six months post-discharge, a reduction of forty-one percent in relative risk of readmission was observed with APN-led discharge planning and transitional care with patient education, follow-up and services coordination. Studies with fewer components reported less significant results than studies with comprehensive discharge planning and transitional care. The few APN-led primary care studies identified in the systematic reviews reported inconsistent results.

CONCLUSIONS:

APN-led comprehensive discharge planning and transitional care can reduce hospital readmission rate. Several components were identified and should be considered in the discharge planning and transitional care.

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OP43 Robotic Or Conventional Gait Training Rehabilitation? A Health Technology Assessment Study

AUTHORS:

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INTRODUCTION:

The purpose of this study is to gather evidence on safety and overall effectiveness of three alternative technologies for gait rehabilitation in diplegic children with Cerebral Palsy: robotic, conventional and joint conventional and robotic gait training.

METHODS:

A new methodology, decision-oriented health technology assessment (DoHTA), was applied to assess the technology on clinical, technical, organizational, economic, social and ethical, legal and safety domains. This method, conceived as a hospital-based HTA tool for supporting the introduction of innovative technologies, has been implemented merging the EUnetHTA Core Model® with the Multi-Criteria Decision Analysis. In particular, the general items of the EUnetHTA Core Model® are re-formulated as performance indicators and re-placed along a decision tree structure that, from the one hand, respects the original top-down design of the EUnetHTA model (growing level of detail from domains to issues) and, from the other hand, allows obtaining a quantitative evaluation of each identified performance indicator.

RESULTS:

The multiple indicators, which have been identified for the seven domains, play important and different roles in the alternative technologies evaluation. DoHTA results showed that robotic system offers the possibility to control more accurately the exerted forces and movement trajectories than the traditional therapy. It gives the possibility to measure the task performances parameters and to receive the patient feedback simultaneously. To carry out robotic gait rehabilitation fewer therapists are required compared with the conventional therapy, resulting in lower therapists' physical workload.