VP84 A Synthetic Index To Assess The Quality Of Care Of Acute Hospitals

AUTHORS:

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INTRODUCTION:

One of the initiatives promoted by the Department of Health of Catalonia to promote the policies of clinical safety and quality of care was the construction of a synthetic indicator to obtain a global ranking that assess the quality of care and recognizes the best acute hospitals in Catalonia.

METHODS:

For the selection of dimensions and individual indicators, focus groups with experts, focus groups with patient representatives and a wide consensus process with health professionals were carried out. Weights of dimensions and indicators have been obtained from this consensus with experts. We identified fourty-seven individual indicators grouped into four dimensions, fourty-nine hospitals grouped into five categories were included. Goal programming methodology was used to construct synthetic dimensional indicators and then aggregate to obtain the global ranking based on the global synthetic indicator.

RESULTS:

The best situation regarding quality of care of general acute hospitals is achieved in hospitals with better indicators of both the clinical effectiveness and adequacy dimension and patient safety, specifically the synthetic indicator places the hospitals with lowest percentage of patients with postoperative complications or with lowest percentage of infections of organ-space surgical localization in elective colonic or rectal surgery in a better position. Both in the synthetic global indicator and in the synthetic dimensional indicators, position the county hospitals as the best in the ranking, followed by reference hospitals.

CONCLUSIONS:

We have presented a new methodology to assess the quality of care of hospitals which offers several advantages over existing ones. It is designed to be practical and to facilitate obtaining synthetic indicators that can be easily interpreted, based on information provided by the reference value corresponding to each indicator and adjusted by the clinical criterion supported by the consensus of more than 300 experts in the field of the evaluation of hospital care quality.

VP87 Extrapolation From Progression Free Survival To Overall Survival In Oncology

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INTRODUCTION:

The outcomes from clinical and other healthcare trials of most interest to patients and health systems are usually increases in the quality and length of life (overall survival (OS)). This poses a problem, because complete knowledge on the true increase in OS is not available until the last person in the trial dies. However, if OS is sufficiently correlated with a surrogate endpoint that is observable within the trial period or soon after the treatment has finished, this can be used to estimate OS, without much error. The most widely-used surrogate endpoint in oncology is progression-free survival (PFS). We aim at (i) analyzing the methods used to extrapolate from PFS to OS in the field of oncology; (ii) identifying whether a clear guidance exists in the literature about what is considered to be 'best practice' in extrapolation from PFS to OS; (iii) determining the key limitations, weaknesses and gaps in the current literature and method used to test PFS surrogacy.

METHODS:

We extend the literature review carried out previously (1), we interview experts from regulatory and

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reimbursement bodies, and we explore academic research into the methodology of surrogacy and the need for better reporting of surrogacy papers.

RESULTS:

A number of factors affect the relationship between PFS and OS. Therefore, there is no unique correct answer for the question of whether PFS is an appropriate surrogate for OS in oncology. Many of these factors are related to the length and characteristics of post-progression survival (PPS).

CONCLUSIONS:

Any consideration of evidence relating to PFS should consider both tumour type and other factors, particularly those related to PPS. Protocols of future follow-up of clinical trial patients should specify procedures for gathering information about the effect of post-progression management of the disease. This should allow stronger conclusions to be extracted from statistical analyses. Improved reporting standards will aid in achieving this goal. In addition, it is very likely that increasing the use of IPD will result in greater precision in estimating the benefits of worthwhile drugs.

REFERENCES:

1. Davis S, Tappenden P, Cantrell A. 2012. A review of studies examining the relationship between progression-free survival and overall survival in advanced or metastatic cancer. Sheffield: Decision Support Unit, ScHARR, University of Sheffield, https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0092942/

VP88 Transient Ischaemic Attack Referral (TIER) Intervention Development

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INTRODUCTION:

Transient Ischaemic Attack (TIA) is a neurologic event with symptom resolution within 24 hours. Early specialist assessment of TIA reduces risk of stroke and death. National United Kingdom (UK) guidelines recommend patients with TIA are seen in specialist clinics within 24 hours (high risk) or seven days (low risk).

We aimed to develop a complex intervention for patients with low risk TIA presenting to the emergency ambulance service. The intervention is being tested in the TIER feasibility trial, in line with Medical Research Council (MRC) guidance on staged development and evaluation of complex interventions.

METHODS:

We conducted three interrelated activities to produce the TIER intervention:

- Survey of UK Ambulance Services (n = 13) to gather information about TIA pathways already in use
- Scoping review of literature describing prehospital care of patients with TIA
- Synthesis of data and definition of intervention by specialist panel of: paramedics; Emergency Department (ED) and stroke consultants; service users; ambulance service managers.

RESULTS:

The panel used results to define the TIER intervention, to include:

1. Protocol for paramedics to assess patients presenting with TIA and identify and refer low risk patients for prompt (< 7day) specialist review at TIA clinic
2. Patient Group Directive and information pack to allow paramedic administration of aspirin to patients left at home with referral to TIA clinic
3. Referral process via ambulance control room
4. Training package for paramedics

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