

# Promising Practices In Research Use

Organizations investing in people, processes, and structures to increase their capacity to use research

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## Making better choices:

### How a hospital is using evidence to implement new technologies and clinical practices more effectively

Even though they hold great potential, new technologies and clinical processes can be challenging for healthcare organizations to adopt and implement. Hospital decision makers need to understand the new technologies and consider whether they will maximize health benefits, minimize risks, and contain costs for their organizations. Health Technology Assessment (HTA) bodies can provide evidence-based information to guide those decisions.

Many HTA bodies operate at the national or international level. However, since 1992, the province of Quebec has mandated that all teaching hospitals have their own HTA unit. One of these units is UETMIS: the Health Technology and Intervention Methods Evaluation Unit at the Quebec City University Hospital Centre (CHUQ). Modelled after the unit at the McGill University Health Centre – one of the province's original hospital-based HTA units – CHUQ is now acclaimed as one of the most integrated units in the province. (The McGill HTA Unit was featured in issue # 1 of *Promising Practices in Research Use*, [www.chsrf.ca/promising](http://www.chsrf.ca/promising).)

Beyond this distinction, UETMIS has been involved in two other key initiatives. The first was the creation of a “table sectorielle” (sectoral table), at which key leaders from various health districts and healthcare organizations in the Quebec City area, as well as deans from the faculties of medicine, pharmacy and nursing at the Laval University, come together and share

## Key Messages

- Hospital decision makers strive to make choices on new technologies and clinical processes that maximize health benefits, minimize risks, and contain costs.
- National and international health technology assessment (HTA) bodies can offer broad, evidence-based guidance on these kinds of decisions.
- Quebec has mandated the creation of local, hospital-based HTA units that tailor their work to the organization's specific needs and situation; as a result, recommendations can often be more readily implemented.

knowledge. The second initiative was becoming an active member of the Institut national d'excellence en santé et services sociaux (INESSS), which advises the provincial ministry on health technologies, social determinants of health, service delivery models, and best practices in healthcare.

UETMIS operates by following rigorous prioritization processes. The first step is to invite three stakeholder groups – managers, professionals and clinicians – to submit assessment questions, which might include the potential pros and cons of the new proposed practice or technology, the needs of groups of patients and personnel affected by it, and

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potential costs or savings. Questions from the three groups are then considered by a committee representing all levels of the organization. Using published criteria – whether the issue fits with organizational priorities, and the technology’s potential impact on the health of individuals and the population – the committee selects and addresses one question from each of the stakeholder groups.

UETMIS strives to ensure that the process is collaborative and that relationships between the different stakeholder groups are built and maintained. “Stakeholders don’t just wait for us to get back to them with answers; they are actively involved through the entire assessment process,” says Chantal Simard, clinical and administrative co-ordinator for UETMIS.

A recent question addressed by UETMIS was whether the hospital’s procedures to administer intravenous contrast medium (CM) in computerized axial tomography held any substantial risks for nosocomial infection. The Unit collected evidence, conducted a literature search, and established a multidisciplinary working group that included experts in the subject. It also considered information gathered from questionnaires sent to seven teaching hospitals in Quebec. In the end, the Unit recommended that the existing procedures be continued, but with some changes to minimize risks of infection. It also recommended that the revised procedure be formalized and taught to staff.

“This project is a great example of how UETMIS is helping our hospital make difficult decisions easier by assessing not only the clinical evidence, but also the other factors that are real-life decision-making,” says Simard. “It’s increasing our ability to allocate spending to maximize health benefits – or as in the case of CM administration, to minimize risks.”

The HTA process has had a positive impact not only on those directly involved, but also on CHUQ as a whole. Dr. Isabelle Germain, head of the radio-oncology department explains that UETMIS – by aiding in the assessment, adaptation and implementation of new technologies – has enabled her department to be at the cutting edge of practice. This, in turn, has helped the hospital gain the prestige of having some of the highest standards of care in North America.

Since its inception in 2006, UETMIS has completed two full assessments. It has also produced several complementary products that support the full HTA process on a smaller scale, including Preliminary Opinions, which is based on a narrower literature review. Information Notes, another innovative project, summarizes evaluation reports produced by other organizations. Topics include the optimal number of beds per hospital unit, ideas to maximize the use of a certain type of equipment, and the cost impact of buying multiple-use versus single-use equipment. Currently, the Unit is looking at wait times for paediatric surgery in Canada, a project that includes the development of interprovincial benchmarks and incorporates data analysis from several different sources.

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