

settings. The main objective was to determine the appropriateness/inappropriateness of use, safety issues, and quality of care associated with oxygen prescription, administration, and monitoring. The results from this review were used to inform an upcoming provincial oxygen summit.

METHODS:

The Health Technology Assessment review (1) used a standardized rapid review approach: a comprehensive search of literature (published in English from 2005 to 2016), study selection using *a priori* developed criteria, and a qualitative synthesis of the results. Iterative interactions with the requester were necessary to clarify and refine the research questions, scope, and inclusion criteria.

RESULTS:

Twenty-four audit studies were reviewed, the majority published after 2011, in the United Kingdom, and also in single institutions. Twelve studies reported effects after implementing interventions for improvement of oxygen prescription. Many studies had caveats on design, data reporting, and outcomes, or they lacked an explanation of the methods of analysis. Studies conducted in rural settings, and on infants and children were unavailable. The reported issues with oxygen therapy included: a lack or an inconsistency of compliance with guidelines, local policies, and standards; inappropriate prescription and administration; variability in practice among healthcare providers; and suboptimal monitoring, including poor standards of medical chart documentation for patients receiving oxygen therapy, such as incomplete details on flow rate and oxygen concentration.

CONCLUSIONS:

Possibly due to the general tendency to publish research findings that have statistically significant results, relatively few publications were found in the literature search. The universal use of oxygen therapy and the enrolment of consecutive patients in some of the studies increase the applicability of the findings to other institutions. The rapid review provided a timely synthesis of the available, credible research for use by local stakeholders for further discussions and planning.

REFERENCES:

1. Moga C, Chojecki D. *Oxygen therapy in acute care settings*. Edmonton (AB): Institute of Health Economics; 2016. (Available at www.ihe.ca/publications/oxygen-therapy-in-acute-care-settings).

VP200 Untangling What Information Specialists Should Document and Report

AUTHORS:

Lisa Tjosvold (ltjosvold@ihe.ca), Dagmara Chojecki

INTRODUCTION:

Thorough documentation and clear reporting are essential when conducting a comprehensive literature search for a health technology assessment (HTA) or systematic review. The ultimate goal of this process is transparency and reproducibility with the added benefit of increasing the reader's confidence in the research. Thorough documentation of the search also allows for critical appraisal of the methodology used and facilitates future updating of a review (1,2).

It has been found that large numbers of systematic review searches are inadequately documented and there is little consensus on best practices for reporting standards (3).

As part of the SuRe Info Project, we conducted a review of all current reporting standards relevant to HTAs and systematic reviews in addition to looking at the published literature on this topic in order to synthesize the evidence in this area and create a standard set of agreed upon recommendations.

METHODS:

We conducted a comprehensive search of Medline, Embase, and LISA (Library & Info Studies Abstracts) databases. We also examined the Equator Network (<http://www.equator-network.org/>) website. Reference lists of included studies and reporting guidelines were also consulted. Eleven reporting guidelines and eight

studies were included in the review by two independent reviewers. Anything published before 2006, that was not a research article (other than the guidelines), and/or that did not provide new recommendations (that is, a review of another set of recommendations) was excluded.

RESULTS:

After collecting data on the suggested reporting elements described in the literature, we pooled our results to create an overarching list of the most commonly recommended elements to describe and the most commonly recommended methods to use when documenting a comprehensive search. Not only did these elements pertain to documenting the search strategy for the final report, but they also pertained to the protocol and the abstract of a review.

CONCLUSIONS:

It is hoped that this overview of the literature and compilation of the evidence will clarify some of the confusion that seems to exist when documenting and reporting searches and perhaps it will even help to reduce the existence of poorly described strategies in the research literature.

REFERENCES:

1. Sampson M, McGowan J, Tetzlaff J, Cogo E, Moher D. No consensus exists on search reporting methods for systematic reviews. *J Clin Epidemiol* 2008;61(8):748-54.
2. Rader T, Mann M, Stansfield C, Cooper C, Sampson M. Methods for documenting systematic review searches: a discussion of common issues. *Res Synth Method*. 2014;5(2):98-115.
3. Yoshii A, Plaut DA, McGraw KA, Anderson MJ, Wellik KE. Analysis of the reporting of search strategies in Cochrane systematic reviews. *J Med Libr Assoc*. 2009;97(1):21-9.

.....

.....

VP201 From A Systematic Review To Addressing Evidence Gaps

AUTHORS:

Marie Österberg (marie.osterberg@sbu.se), Christel Hellberg, Lena Wallgren

INTRODUCTION:

In both health care and social services it is important to continuously summarize and analyze existing research in the form of systematic reviews. At the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) (www.SBU.se) we collect the evidence gaps identified by systematic reviews in a database. These evidence gaps are methods used in health care/social services for which there is not enough good quality research available. By analyzing this database we can highlight populations or methods where evidence gaps are more frequent. This knowledge can be used to find areas that might need assistance in developing research structure and also when arranging research prioritization processes involving patients, consumers and clinicians.

METHODS:

Systematic reviews and evidence maps (methodical collections of systematic reviews) are used by SBU to identify evidence gaps. SBU has adapted the James Lindh alliance approach to give patients, consumers, relatives and clinicians the opportunity to give their view of what research they find most important to execute. SBU also collaborates with governmental research funders to communicate the content of the SBU database.

RESULTS:

A prioritizing process regarding evidence gaps within Attention Deficit Hyperactivity Disorder (ADHD)-treatment has been finalized (1). This was accomplished by people with ADHD and caretakers, as well as clinicians and staff. Another prioritization process on the topic of treatments for injuries after vaginal birth is ongoing. In November 2016 the Swedish