Results. There were twenty-one (20 percent), thirty-three (32 percent), three (3 percent), forty (39 percent) and six (6 percent) procedures at IDEAL stages 1, 2, 2a, 3 and 4, respectively. Of those at stage 1 (idea), 48 percent were given research only arrangements, 43 percent special arrangements, and 10 percent standard. Many of the procedures at stages 2 (development) and 2a (exploration) were given standard arrangements (39 percent and 67 percent respectively). Forty-three percent of stage 3 (assessment) and 67 percent of stage 4 (learning) guidance were identified standard. At stage 4 none were given a 'research only' recommendation.

Conclusions. Procedures given 'standard' arrangements guidance are more likely have a mature and robust evidence base as determined by IDEAL. Those with limited evidence are more likely to be given a more cautious 'research only' guidance. Routine use of this framework could help inform future guidance production however cannot replace the decision-making function of the NICE committee which also involves patient experiences, population characteristics, risk of serious safety events, and equity issues.

VP23 Assessing The Effectiveness Of A Medical Device With Limited Evidence

Thomas Macmillan (thomas.macmillan@kcl.ac.uk), Anastasia Chalkidou and Kate Goddard

Introduction. SecurAcath (Interrad Medical), a catheter securement device designed for central venous catheters, was assessed by the National Institute for Health and Care Excellence (NICE) in 2017 resulting in Medical Technology Guidance 34 (MTG34). Due to the limited number and quality of published evidence, novel methods were used to deliver a report that allowed a recommendation on adoption to be made.

Methods. KiTEC, an external assessment centre for NICE, independently evaluated the manufacturers submission of clinical and economic evidence. The submission was characterised by a lack of strong clinical evidence, comprising just one randomized clinical trial (RCT) and a small number of non-comparative observational studies, some of which were available as conference abstracts or poster presentations. KiTEC ran a meta-analysis of these studies along with data on the comparators, securement with sutures and securement with StatLock (Bard Access Systems). Due to the lack of comparative studies, KiTEC pooled data on five outcomes (migration, dislodgement, catheter-related infection, CRBSI, unplanned removals/reinsertions) and calculated relative risks for each. KiTEC revised the manufacturer's cost model, changing a number of parameters and assumptions. The decision to recommend SecurAcath for use in the National Health Service (NHS) was also supported by qualitative evidence from expert clinicians who had used the SecurAcath in practice.

Results. KiTEC's meta-analysis showed non-inferiority for SecurAcath over the comparators. The limited information in the studies made it impossible to ascertain study heterogeneity in the meta-analysis. KiTEC's economic analyses showed that SecurAcath could be cost saving in some scenarios, but not for short indwell times (≤5 days). However, clinical expert opinion was overwhelmingly positive and this qualitative evidence was viewed alongside the less conclusive clinical and cost-effectiveness evidence. SecurAcath was recommended to be used in the NHS, with annual savings estimated to be a minimum of GBP 4.2m.

Conclusions. In cases where there is a lack of published evidence, unpublished material and expert clinical opinion can be used to bolster the case for the adoption of medical devices.

VP25 HTA Enables Nurses To Discontinue Continuous ECG Monitoring

Matthew Mitchell (mdmitchell@uphs.upenn.edu), Julia Lavenberg, Sara Holland, Nikhil Mull and Kendal Williams

Introduction. Providers frequently issue orders for telemetry (continuous ECG monitoring) of hospital inpatients, but they rarely issue orders to discontinue telemetry. This can cause telemetry beds to be unavailable for patients who need them.

Methods. Our hospital health technology assessment (HTA) center conducted a rapid systematic review of evidence on algorithms, guidelines, and other tools for nurses to identify patients who no longer need telemetry. Databases searched included Medline, CINAHL, the Cochrane Library, National Guideline Clearinghouse, and Joanna Briggs Institute.

Results. We found no guidelines or existing systematic reviews of nurse-driven protocols for discontinuing telemetry. There were three published articles describing projects where protocols for discontinuing telemetry were tested. All three of these studies were of low methodologic quality. They all found that use of the protocol reduced the number of hours of telemetry monitoring that were used in the hospital. Two studies published in letter form reported adaptations of computerized order entry systems where nurses assess the patient's readiness for discontinuing telemetry and either discontinue telemetry or report to the ordering physician when the stated discontinuation criteria are met.

Conclusions. Our hospitals are now implementing the HTA findings in our electronic ordering system.

VP26 HTA In Nursing: Scoping Trends With An ICF Component Analysis

Markus Wübbeler and Sebastian Geis (markus.wuebbeler@hs-gesundheit.de)

Introduction. Nursing is a worldwide growing but still underdeveloped health technology assessment (HTA) field. A systematic overview about the current trends in HTA and nursing would shed some light on the issues of (i) the HTA base in this sector, and (ii) outcomes addressed with the interventions and technologies.

Methods. We conducted a scoping review using the National Health Service (NHS) Centre for Reviews and Dissemination HTA database, including all abstracts of HTA reports related to nursing. To systemize the interventions and technologies assessed in the HTA reports, we designed an International Classification of Functioning, Disability and Health (ICF) Map connecting the

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