

Health Technology Assessment

HSOR undertakes projects within a varied number of fields and disciplines. For this edition, we focus on the work carried out in relation to Health Technology Assessment (HTA), as outlined:

- What is HTA?
- A rapid HTA carried out
- The upcoming Annual Meeting of HTA International (HTAi)

H health technology assessment (HTA) is a set of activities that systematically evaluate scientific information to guide public health decisions and policy. It is conducted by interdisciplinary groups using explicit analytical frameworks, drawing from a variety of methods.

Health Technology covers:

- Medical and surgical procedures, health-care techniques, drugs, instruments, any device used in prevention, screening, diagnosis, treatment, rehabilitative or palliative care
- Health-care delivery and organizational models
- Technical, information and organisational systems and processes supporting healthcare delivery

Decision and policy making include those for the individual or patient, the health care provider or institution, or at the regional, national and international levels. HTA may address the direct and intended consequences of technologies, their indirect and unintended consequences.

HTA is an important and essential tool in healthcare decision-making today.

Effectiveness of bedrails in falls prevention - a rapid HTA

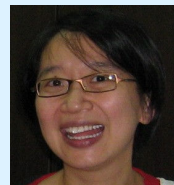
Ng Kok Ping

A recent HTA addressed the effectiveness of bedrails in preventing falls. Bedrail use can be classified as restrictive or non-restrictive. Restrictive bedrail use (RBU) is the use of two full rails or four half-rails, whereas non-restrictive bedrail use (non-RBU) is the use of one to three half-rails, or one full rail.

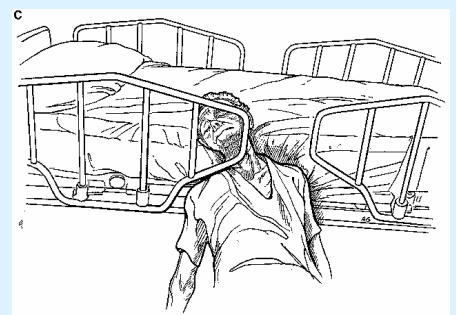
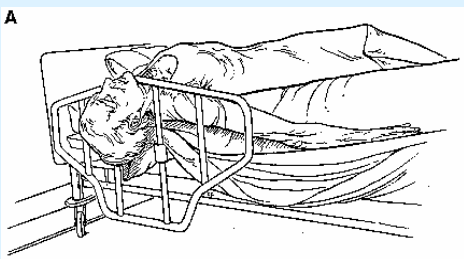
In NHG institutions, restrictive bedrails are routinely used for patients identified to be at risk of falls.

We performed a systematic review to evaluate the effectiveness of RBU in preventing falls. From published literature as well as local data from NHG institutions, there was no evidence to support RBU over non-RBU in preventing falls. In addition, restrictive bedrails pose a risk to entrapment and possibly death (see pictures below).

Since neither approach has an edge over the other in the prevention of falls, it is prudent to follow guidance from the Joint Commission on the Accreditation of Healthcare Organization's (JCAHO) that a patient "has the right to be free from seclusion/restraints of any form that are not medically necessary" and adopt non-RBU as the preferred measure over RBU in preventing falls.



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Death caused by bedrails. Pictures taken from: Parker K, Miles AH. J Am Geriatr Soc, 1997;45:797-802

HTAi 2009 Singapore

Singapore will be hosting the 6th Annual Meeting of HTA International (HTAi) in 2009 after NHG, along with SingHealth and the Ministry of Health, was successful in its bid to host the event.



NHG, SingHealth and MOH teams in solidarity at the V Annual Meeting HTAi 2008 in Montreal, 6-9 Jul

In preparation for HTAi 2009 Conference, and to increase the visibility of NHG's body of research in HTA, four HSOR researchers together with Dr Jason Cheah, Chairman, Local Organising Committee, HTAi 2009 Singapore, travelled to Montreal, 6-9 July 2008, to market the event, network with the international HTA community, and presented the following papers:

1. Diagnosing altered mental state in the emergency department - a review of the evidence
2. Measuring physician performance - a review of the evidence
3. Use of blood cultures in treating community acquired pneumonia - the evidence
4. Impact of an ageing population - elderly patients in the emergency department
5. An evaluation of non-invasive temperature measurement for inpatients
6. The effectiveness of bedrails in preventing falls
7. An evaluation of diagnostic tests for acute appendicitis in adults