

## 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 assesses 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 forty-seven individual indicators grouped into four dimensions, forty-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.

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## 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 surrogate.

### METHODS:

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