

# R&D IN THE HOSPITAL

## CENTRE OF CENTRAL LISBON

### OUR EXPERIENCE

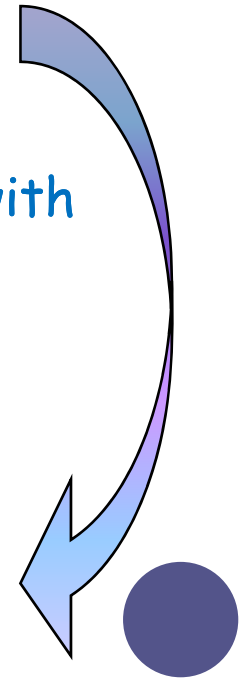
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## STEP BY STEP

- Oct 2008 – first official step to create a Research Centre within the CHLC (Hospital Centre of Central Lisbon)
- Several objectives:
  - To help researchers (tools for research)
    - To know what kind of projects/research we have
    - To understand who is doing research, how, where, with whom ...
    - To know how much it costs (in time, in euros, in resources)
  - To understand how to improve the existent structures



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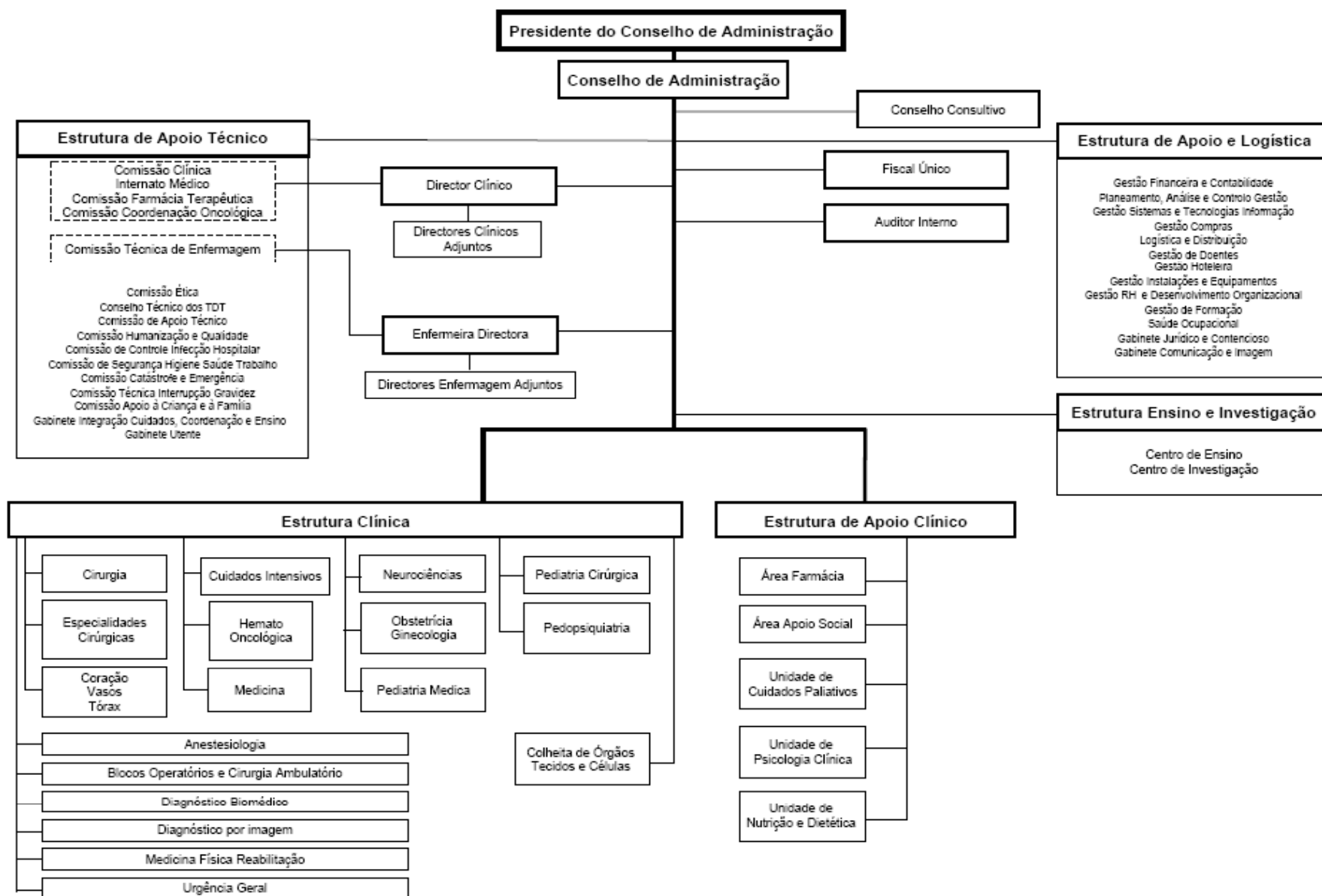
Registry of R&D ●

## JUST TO PUT IN THE CONTEXT ...

- Hospital Centre of Central Lisbon is constituted by four central, old, big hospitals of Lisbon
  - Hospital de S. José
  - Hospital de S. António dos Capuchos
  - Hospital de Sta Marta
  - Hospital D. Estefânia
- In 2008 there were around 1200 doctors, 1700 nurses, 620 technicians
- The structure of the Hospital Centre has changed the relationship and articulation between services.



# JUST TO PUT IN THE CONTEXT ...



# FIRST STEP

- Where, what, who, how, ... is the R&D activity
- Tools to answer these questions
  - Annual Report / Plan of Action from each clinical area
  - The registry of clinical trials
  - The registry found on the iHealthbank database



# FIRST STEP RESULTS

- Annual Report /Plan of Action
  - **Most of** the reports have reference to the scientific activity together with educational/formation activity, confounding the concepts.
  - There are **low reference** to the researchers' names, the project titles, the congress presentation and/or participation,
  - **Occasionally** there is reference to the publishing activity,
  - **Never** is referred the time dedicated to research and the resources involved.





# FIRST STEP RESULTS

- Annual Reports /Plans of Action
  - It is impossible to quantify the research activity and also difficult to qualify it.
- Concerning the Clinical Trials registry
  - The data was centralized in the Administration secretariat of one of the Hospitals
  - The data were **not complete**, there is no way to know how many projects have been begun, closed, interrupted, still ongoing in that year, etc.
  - There is **no information about the researchers** (only the name of the head of the trial), their involvement, the costs, the time dedicated, etc.





# FIRST STEP RESULTS

Even considering these limitations, it was possible to draw the following table about clinical trials in 2008/2009.

Speciality	Submitted in 2008	Submitted in 2009	Authorized in 2008/09	Authorized in 2009/10	Not authorized or cancelled	Still waiting for permission
Gastroenterology	2	3	2	3		
Dermatology	1	3		1	1	2
Neurology	15	2	4	2		9
Internal Medicine	7	7	6	4		4
Haematology	3		3			
Pneumology	3	1	3			1
Oncology	1	1	1	1		
Immunoalergology	1	1	1	1		
Pathology	3		2			1
Cardiology	2	14	2	9		5
Ophthalmology	3		3			
Surgery	1	1	1	1		
Gynecology	1		1			
Metabolic consult.	1		1			
Otorhinolaryngology	1		1			
Urgency	1		1			
Pediatrics		1				1
Infectiology		1		1		
Ped. intensive care		2		2		
UVC		2				2
Ext. consultation		1			1	
Ped. endocrinology		1				1
Pain unit		2		2		
<b>Total</b>	<b>46</b>	<b>43</b>	<b>32</b>	<b>27</b>	<b>2</b>	<b>26</b>

# FIRST STEP RESULTS

- The registry found on the iHealthbank database - an international database for projects on health - [www.ihealthbank.eu](http://www.ihealthbank.eu)
  - 19 projects found
  - Incomplete data about the projects, the researchers, the time dedicated and the costs and resources involved.
- First conclusion
  - we don't have a registration about the research activity in the CHLC.
  - There are several health professionals involved in R&D not registered
  - The R&D has **no visibility** in the CHLC



## SECOND STEP ...SAME QUESTION

- Where, what, who, how, ... is the R&D activity
- Tools to answer these questions
  - Directly to the source!



Direct contact with the clinical specialities' directors, through individual meetings

All tools were valid ... Phone calls, e-mails, inquiries, waiting at the door's office, ... Big Smile ...

## SECOND STEP RESULTS

- From the direct contact with the services' directors, it was possible to
  - Understand their **attitude**, their **potential** and their **expectations**.
  - Most of the services have young doctors doing their "residence specialization", learning and doing some research,
  - Several directors invest in the new technologies, participating in congresses, organizing meetings, sending their young doctors to workshops,
  - Many of them have posters presentations and some oral communications.
  - They try to participate in projects together with other groups, in particular through the University



## SECOND STEP RESULTS

### ○ But ...

- They claim for more time to publish, to study, to do research,
- They claim to reduce the clinical activity weight in their working schedule
- They claim for better conditions (like computers, databases, help in the data analysis)

### ○ And they don't register their scientific activity, because

- they have no time, they have no tools, it could have a bad interpretation, it could diminish the freedom to have partners outside the hospital.

**R&D data is not quantified, just qualified** 

## THIRD STEP

- The inquiry on the 2008 scientific potential (IPCTN08) in the CHLC
  - It is of "obligatory answer"
  - It's directed to the directors of the services
  - The answer is online
- Tools to answer these questions

Directly to the sources >>> the services' Directors



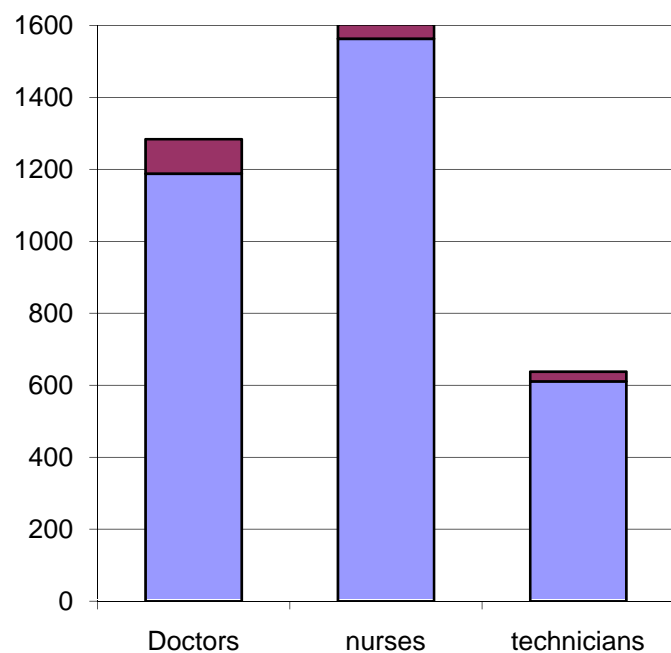
All tools were valid ...  
Phone calls, e-mails,  
inquiries, waiting at  
the door's office, ...  
... Big Big Smile ...





# THIRD STEP RESULTS

- The answer of the IPCTN08 allows us to quantify the Clinical research in the Hospital Centre



	total CHLC	R&D	%
Doctors	1188	96	8,1%
nurses	1563	40	2,6%
technicians	611	27	4,4%
<b>TOTAL</b>	<b>3362</b>	<b>163</b>	<b>4,8%</b>

■ R&D

■ total CHLC



## THIRD STEP RESULTS

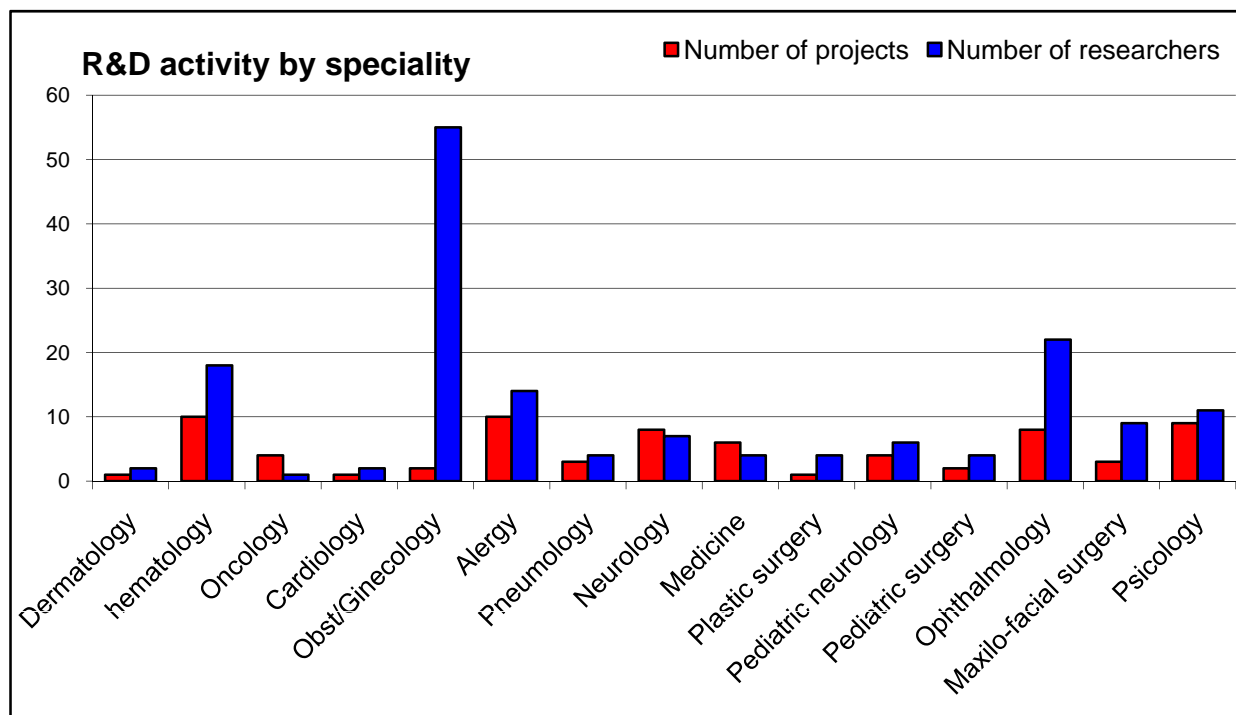
- The inquiry, IPCTN08, was presented to 34 functional units (areas, specialities, services, ...)
- All of them has completed the inquiry: 15 has register their R&D activity and 19 has no activity to register concerning to 2008
- The 15 units have developed 72 projects, where at least 26 are clinical trials,
- 2008 was a year of functional restructuring and all the services have been reorganized >>> R&D activity was not a priority
- Several projects were not continued



## THIRD STEP RESULTS

	R&D	R&D hours	hours/year	R&D costs(€)
Doctors	96	16441	171	229196,9
nurses	40	3988	100	31150,72
technicians	27	2061	76	21115,78
<b>TOTAL</b>	<b>163</b>	<b>22490</b>	<b>138</b>	<b>281463,4</b>

The R&D activity in 2008 has involved **163 researchers**, in a total of **72 projects**, which has spent a total of **22490 hours**, which could be converted (virtually) in an investment of **281463,4 Euros** from the Hospital Centre



# R&D ACTIVITY REGISTRY

- The inquiry, IPCTN08, was a powerful tool to perform the R&D registration
- Even with limitations, the IPCTN08 was the most powerful tool to quantify the R&D activity

But it is not adapted to what we do in the hospitals.

- It could be improved and must continue



# PUTTING ALL DATA TOGETHER

- Contribution from Annual Reports/Plans of Action:
  - The availability to involve each service in the clinical research
  - The need to have a better registry of the professionals involvement - in education, formation, scientific meeting participation and time dedicated to research
- Contribution from iHealthbank and other databases
  - The R&D projects must be more visible; the registry can be improved and become available for consultation



# PUTTING ALL DATA TOGETHER

Contribution from the direct contact with the Services 'Directors and researchers

- New concepts for clinical research

**"on working" research** - research performed at the same time of patient care - it implies the consultation planning and the study of the patient files and examines

**Research to better treat** - investment on the knowledge and **training in new technologies** in order to implement new equipments in their services and **to improve the health care**

**Multidisciplinary research** - Participation on translational research and medical technology development, more than just "give the patients data" or "test some drug or equipment or diagnosis testing"

- Identification of several units with potential for research and specialization, with projects and ideas that need help to be prepared for financial support



# PUTTING ALL DATA TOGETHER

- Contribution from the clinical trials registry and the Inquiry of the Scientific Potential (IPCTN)
  - It is possible to do better - integrated databases
  - The data collection could be improved
  - The items of the inquiry should be adapted to the R&D activity in the hospitals
  - The R&D activity registry should be constant and regular
  - The R&D registry could include the publishing activity, the scientific meetings participation and the training for new technologies/technical approaches



# PUTTING ALL DATA TOGETHER

- Personal contact with Directors and researchers is better than mails and informative notes
- Big smiles are always a good strategy ...  
... and usually of great help







# THANK YOU

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