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negative outcome of IVF (RR = 1.41; 95% CI 1.2 - 1.67; p < 0.001) (Balanda et al, 2019). Two studies did not evaluate the relationship between the TD test parameter and the hematologic system with at least one final outcome. Conclusions: The results of this systematic review can be used to estimate the cost-effectiveness of TD for predicting VTEC in the postoperative period or the success of IVF.

PMD20

EVALUATION OF HEMATOLOGICAL ASPECTS USING AUTOMATED BLOOD PROCESSING SYSTEM (ABPS)

Ferrario LB, Bank centers to perform additional research to quantify it. Evidence on this technical hematologic aspect, we encourage healthcare and blood

PMD32

Rapid Medtech Innovation Briefings for COVID-19

Estimating Societal Costs Associated with Vision Loss and Delayed Cataract Surgery: The Potential Impact of the COVID-19 Pandemic

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Objectives: Cataract surgery is the most commonly performed surgical procedure in the EU (approx 4 million annually). The suspension of interventions due to the COVID-19 pandemic, has had a devastating impact on patients’ access to care. For many countries, complete cessation of elective cataract surgery during the crisis has been an unfortunate reality. Patients on prolonged waiting lists may experience negative outcomes during the wait period, including vision loss, increased risk of falls, and ultimately, poorer health-related quality of life (HRQoL). The objective of this research was to estimate the potential societal costs associated with vision loss related to expected prolonged waiting times for cataract surgery, as a consequence of COVID-19.

Methods: In this analysis, we present estimates relating to 3 cohorts: a hypothetical cohort of 1,000 cataract surgeries; quarterly estimates of cataract surgeries in the UK; quarterly estimates for the EU. Quarterly estimates were chosen to reflect a suspension of cataract surgeries for 3 months, during the COVID-19 crisis. UK and EU cataract surgery numbers were obtained from EUROSTAT. Estimates for 1,000 cataract surgeries for the UK were obtained from the literature, as were the cost-estimates associated with cataract-related sight loss. 5 scenarios (at 20% intervals) were simulated for the cost-estimates, assuming from 20% to 100% clearing of waiting lists. Results: For cohort 1 (1,000 patients), the societal costs associated with waiting list ranged between £263,831 (20% of patients remaining untreated) to £1.63m (100% remain untreated). For cohorts 2 (UK) & 3 (EU), cost estimates are £39.46m to £197.31m and €328.30m to €1.53 billion, respectively. Estimates consist of direct (13.35%), indirect (39.9%) and intangible costs (46.7%). Conclusions: Cataract surgery is a sight-saving procedure and its impact on HRQoL is overwhelmingly positive. The reduced access to care for cataract patients due to COVID-19 is likely to be associated with significant societal costs.

PMD31

EFFICIENCY, SAFETY AND EFFICIENCY INDICATORS IN THE PERIPHERAL VENOUS ACCESS MANAGEMENT

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Objectives: To analyse the outcome measures related to the Peripheral Venous Catheter (PVCs) management, in the clinical practice, and to define economic resources absorption, with regard to presence or absence of PVC implant standard process, and the hemostatic system with at least one final outcome. Conclusions: ABPS provides the flexibility to comply with quality standards from international guidelines and regulatory entities. ABPS has the capability to increase blood bank operations, procedure efficiency and productivity, and reduce the operational processing time. Higher hemoglobin content can be obtained using ABPS compared to Top-to-Bottom methods. However, due to the limited evidence on this technical hematomatological aspect, we encourage healthcare and blood bank centers to perform additional research to quantify it.

PMD32

COMBINING HEALTHCARE SOLUTIONS FOR CATARACT SURGERY: AN INTEGRATED BENEFIT ANALYSIS FROM THE PERSPECTIVE OF THE DANISH HEALTHCARE SYSTEM

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Objective: Medicare innovation briefings (MIBs) are advice produced by the National Institute for Health and Care Excellence, Manchester, UK. The aim of MIBs is to provide evidence-based, rapid advice on new healthcare technology to inform clinical decision-making. MIBs provide a new approach to the evaluation of technology and clinical decision support systems. The National Institute for Health and Care Excellence publishes MIBs to ensure that they are readily available to healthcare professionals and researchers. MIBs are written primarily for healthcare professionals and researchers and are intended to provide a summary of the current evidence for a particular technology and to help inform decisions about its implementation. The objective of this analysis was to evaluate the impact of MIBs on the adoption and use of technology in the United States. Methods: A retrospective analysis of the time taken to publish rapid MIBs compared to the standard timeline and process for MIB development. Results: Rapid MIBs took 4 to 13 days to complete, standard MIB development takes approximately 78 days. The first rapid MIB draft took 2 to 3 days to write compared with 15 days for standard MIBs. Five rapid experts were recruited to comment on rapid MIB drafts, exceeding the minimum of 3 required for a standard