physician. Over 1.7 million inpatient records are used in the analysis. **RESULTS:** Our risk-adjusted results show that medical litigation against physicians increase the average cost of inpatient hospital visits about 11%. We find that hospital inpatient costs registered to surgeons with no medical litigation history is higher (about 28%) at hospitals where there is at least one surgeon facing medical litigations when compared to the hospitals where there is no surgeon associated with medical litigation history. The magnitude of spillover effects are in between 2 percent and 28% for other physician specialties except for obstetricians and/or gynecologists for whom we found no spillover effects. **CONCLUSIONS:** Medical litigation against physicians increases the hospital inpatient costs. There is significant variation in spillover effects of medical litigations across major board certified physician groups.

PHP80

IMPACT OF MULTIPLE CHRONIC DISEASES AND FINANCIAL STATUS ON LIFE SATISFACTION

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OBJECTIVES: The influence of financial status on life satisfaction is well discussed among economists. In contrast, population surveys indicate that general health is viewed by most subjects as key contributor to life satisfaction. We therefore aimed at analyzing the reciprocal impacts of morbidity and economic status on life satisfaction as a health outcome variable. **METHODS:** In 2007, two representative adult samples of the Kantar Health European Healthcare Panel in Germany and UK were surveyed (n=72.605) and self-reports on 22 chronic diseases (12-month-prevalences summed up to a multimorbidity score) and household income (net household income in GBP) were collected. In 2012, a subsample of 4.008 individuals was re-contacted and participants completed a health status and a validated life satisfaction questionnaire (IZA LSQ) with five domains: Life as a whole, work, social contacts, income and health (Kapteyn et al. 2008). The five-year impact of multimorbidity and income on life satisfaction was estimated using a stepwise multiple linear regression model, considering age and gender as confounders. **RESULTS:** Multimorbidity and income were moderately but significantly correlated with general life satisfaction (linear regression beta-coefficients: beta=0.26 resp. 0.25; p<0.01). Correlations with the outcome categories satisfaction with work, social contacts, income and health were also positive (beta coefficients between 0.15 and 0.40; all p<0.01). All effects were independent of age and gender. As expected, disease status had the greatest influence on satisfaction with health (beta=0.40) but also on satisfaction with work and functional capacity (beta=0.25). **CONCLUSIONS:** The results demonstrate specific, independent but complementary impacts of health status and income on life satisfaction and its domains. The impact on societal resource allocation decisions is being discussed: Optimal population based life satisfaction might require combining health care and economic improvements.

PHP81

VARIABILITY IN LOCAL UPTAKE AND PATIENT ACCESS TO MEDICINES - IMPLEMENTATION OF SCOTTISH MEDICINES CONSORTIUM GUIDELINES

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OBJECTIVES: One of the key drivers behind the UK's health service reforms has been to reduce regional and local variability of access to care and medicines. However, the devolved countries in the UK also have individual challenges-recently the Scottish Health Secretary, Alex Neil, said a review of the Scottish Medicines Consortium (SMC) was launched in response to "concerns about variable access to medicines" raised by some clinicians, charities and patients. This study interviewed NHS leaders in Scotland to understand the reasons behind this variable uptake of SMC guidance. **METHODS:** Secondary research to understand NHS drivers & local decision-making processes followed by 1:1stakeholder interviews with 12 NHS Senior payers across Scotland. **RESULTS:** Scotland's NHS is renowned as being at the forefront of new technologies and innovation. Uptake of guidance, like that of NICE is mandated, however, Health Boards (HBs) are facing many challenges to balance the national quality agenda with a need to make tough efficiency savings to ensure HBs continue to deliver for the local population. Whilst national groups such as NICE and SMC are seen as leaders within the HTA space, it would appear that a huge challenge within countries adopting these HTA recommendations and guidance will continue to be equitable implementation across the country, however this will now be greatly influenced by local decisions on affordability, similar to the decentralized picture in Italy and Spain. **CONCLUSIONS:** The implementation of SMC guidance was seen as a national driver by Scottish Health Boards (HBs). Implementation decisions are taken at a HB level and a key driver influencing implementation is now local affordability and infrastructure capacity, of interest for many payers is the challenge of medicines optimization

PHP82

COMPLETE DRUG INFORMATION, A KEY FOR SAFE THERAPY: A COMPARATIVE EVALUATION OF DRUG BROCHURES USED FOR DISSEMINATING DRUG INFORMATION BY PHARMACEUTICAL COMPANIES IN PAKISTAN AND MALAYSIA

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OBJECTIVES: To evaluate the consistency of information given in drug brochures by pharmaceutical companies **METHODS:** Total of 500 drug brochures were collected from the doctors' clinics in Pakistan and 473 brochures were collected from the general practitioners' clinics in Malaysia. After comprehensive scrutiny, a total of 498 brochures were included and evaluated for the study. An evaluation form was developed based on the criteria given by WHO, FIPMA, DCOMOH(Pakistan) and PhAMA. The data was analyzed using SPSS. To summarize the data, descriptive statistics (frequencies, percentages,) were calculated and Chi-square test and Fisher's exact test were applied as inferential statistics. A Pvalue of less than 0.05 was considered as statistical significance for all the tests. **RESULTS:** The Cronbach's coefficient Alpha value was 0.729 (n=50). The study found that the dosage form was presented significantly (P=0.009) less in national companies' (NCs) brochures as compared to MNCs. MNCs were found significantly adherent to the standard criteria for brochures as compared to NCs for presenting drug interactions (P<0.001), precautions (P<0.001) and expected ADRs (P<0.001). National companies were found significantly (P<0.001) adherent to the standard criteria in terms of presenting contraindications and warnings. MNCs were significantly better (P=0.009) in terms of including contact information in the brochures. A significantly higher number of Malaysian brochures providing information about drug interactions (P<0.001), precautions (P<.001), expected ADRs (P<0.001) and contraindications (P<0.001). On average 3 (median, IQR=5) references were used in the brochures out of which on average 2 (median, IQR=6) references were understandable. The references having enough information to access particular study were considered understandable. **CONCLUSIONS:** The drug information given in the brochures, discrepancies are observed mainly in drug safety related information like side effects, possible ADRs, precautions etc. The references cited in the brochures were also found to be inappropriate and incomplete.

PHP83

THE IMPACT OF PRE-EXISTING COMORBIDITIES ON FAILURE TO RESCUE OUTCOMES IN TRAUMA PATIENTS

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OBJECTIVES: Death after complication, or "Failure to Rescue" (FTR), contributes to differences in risk-adjusted mortality rates among trauma centers and is considered an indicator of quality of care. The objective of our study was to assess the effect of specific comorbidities on FTR outcomes in trauma patients. **METHODS**: We performed a retrospective cohort study that analyzed patient records included in the National Trauma Data Bank (NTDB) from years 2008-2010. The dataset was limited to patients with an injury severity score greater than 9 and who were between the ages of 18 and 64. Only patients treated at hospitals with adequate complication reporting were included in the analysis. Cox regression modeling was used to determine the contribution of individual comorbidities to FTR outcomes while controlling for injury severity, head injury, mechanism of injury, hypotension, age, gender, race, and insurance type. **RESULTS**: Diabetes, congestive heart failure, history of myocardial infarction, and dialysis were associated with greater hazard ratios for FTR [HR 1.18 (CL 1.05, 1.32), 1.45 (1.16, 1.81), 1.30 (1.01, 1.67), 2.02 (1.50, 2.72), respectively]. Obesity and hypertension were not with associated with increased risk of FTR. **CONCLUSIONS**: Pre-existing comorbidities contributed significantly to risk of death after complication in the trauma population. Identifying processes of care that lead to better management of complications in patients with comorbidities would improve trauma centers' overall mortality outcomes.

PHP84

NATIONWIDE SURVEY FOR PHARMACISTS ON PATIENT SAFETY CULTURE IN JAPAN

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OBJECTIVES: This study aims to explore safety culture dimensions among health care professionals using AHRQ (Agency for Healthcare Research and Quality)'s survey questionnaire(Hospital Survey of patient Safety Culture: HSOPSC). **METHODS:** We surveyed nationwide the situation of patient safety culture in 13 hospitals allowed for additional costs on patient safety measures under the social insurance medical fee schedule. The questionnaire consists of seven unit-level aspects of safety culture including 24 items, three hospital-level including 11 items, and four outcome variables including nine items. **RESULTS:** An average number of beds was 360 beds (63 to 1,354 beds). With regard to ownership, 13 hospitals included three municipality and local incorporated agency hospitals, one public hospital, two juridical person with social insurance hospitals, six medical corporation hospitals, and one other hospital. Number of all respondents was 5,118 persons (response rate: 88.9%), and included 295 physicians (90.8%), 2,909 nurses (95.5%), and 146 pharmacists (96.7%). In terms of 12 dimensions, the overall average positive response rate (RR) for the 12 patient safety dimensions of the HSOPS was 49.2%, extremely lower than the average positive RR for the AHRQ data (61%). In terms of health care professionals, the overall average positive RR for pharmacists (46.2%) was lower than that for physicians and nurses (49.6% and 49.4%). With regard to pharmacists, the average positive RRs for eight dimensions of the 12 dimensions were the lowest among three professionals, and three average positive RRs were the highest; Frequency of event reporting (pharmacists: physicians: nurses=73.6%:53.3%:67.9%), Non-punitive response to error (48.8%:42.6%:40.4%), and Staffing (29.1%:27.0%:25.4%). **CONCLUSIONS:** The HSOPSC measurement provides the evidence for assessment of patient safety culture in Japan's hospitals. This result that patient safety culture has been in a state of development, compared with the US hospitals. And, pharmacists have to take a considerable interest patient safety in Japan.