effectividad para establecer la comparación entre las alternativas: profesionales de enfermería con experiencia laboral en UCI (PCE) y profesionales de enfermería sin experiencia (PSEE), las probabilidades del modelo se determinaron mediante una revisión sistemática de la literatura biomédica, la efectividad es cada evento adverso evitado (EAE), los costos de los procedimientos fueron calculados en pesos chilenos (CLP) por cada caso y el punto de vista de una institución de salud, mediante un método de microcosto. Los datos fueron integrados en el modelo y analizados mediante el programa DATA 4.0. TreeAge, con los cuales se calculó la razón de costo-efectividad de cada una de las alternativas de tratamiento. Se realizó un análisis de sensibilidad y se calculó la razón de Costo-Efectividad Incremental (CEI) generada por una alternativa respecto de la otra. El horizonte de tiempo del análisis fue de un año, debido a esto no se utilizaron tasas de descuento. RESULTADOS: Los PCE son la alternativa dominante del análisis. La efectividad de los PCE fue de 85 EAE, en cambio en los PSEE fue de 70 EAE. El ICER fue de $17.647 por cada EAE. El análisis de sensibilidad mostró que los resultados obtenidos son robustos: CONCLUSIONES: Es importante realizar trabajo para la atención al paciente con fallas de UCI a PCE, aun cuando el sueldo de estos profesionales sea un 20% superior al de los PSEE, ya que por cada EAE se produce un ahorro de $17.647 al sistema de salud.

PHP35

TREATMENT AND OUTCOME ANALYSIS OF RODENTICIDE POISONING IN TERTIARY CARE HOSPITAL IN SOUTH INDIA
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OBJECTIVES: To analyze the treatment pattern and outcome of rodenticide poisoning in tertiary care hospital. METHODS: A retrospective observational study was carried out in a tertiary care teaching hospital in South India, between 2011 and 2016. Rodenticide poisoning cases were identified. All the records of patients were collected. The treatment plan, outcome and mortality were obtained and analyzed. RESULTS: Total of 137 patients were enrolled in the study. Among these patients, 48 cases (35.1%) received gastric lavage(3/5%) hours. Among them majority of them consumed zinc phosphide poisoning (5.75) hours. Most common symptoms were insidious weakness (29.2%). Treatment pattern analysis showed that majority of them received gastric lavage(48.2%), charcoal(27.7%), vitamin k (74.5%). Fresh frozen plasma (37.2%) and N-acetyl cystine (40.1%) as a major course of treatment. Outcome analysis showed that gastric lavage and oral administration was found to be beneficial as an initial course of therapy. Among the other treatment modalities N-acetyl cystine was found to be comparatively beneficial. CONCLUSIONS: Gastric lavage and charcoal administration was found to increase the survival rate in the initial stages of management. N-acetyl cystine was found to be more effective as a main course of therapy.

PHP36

MONITORING HEALTH PROCESSES IN THE REAL WORLD: AN ITALIAN POPULATION DATABASE EXPERIENCE
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OBJECTIVES: To evaluate the real-world monitoring approach of a population database for monitoring health economic outcomes, patient’s outcomes and impact of new drugs. The need to use real-world data to support clinical research was the main driver for the Italian National Health Service (INAIL) to launch (2006) the Italian Population-based Rodenticide database (ARNO Observatory). METHODS: The Italian National Health Service (INAIL) is a Public Health System, providing health care assistance to all the population of Italy. Every year, laboratory collects and integrates about 10 million laboratory test results, clinical data for each single patient with high quality and complete information of patient demographics, NHS reimbursed drugs dispensed, hospital discharge, lab tests prescriptions. RESULTS: ARNO, with its patient centric approach, provides comprehensive real world data from population of over 1 million patients of a network of 32 Italian Local Health Units. Integration of administrative and clinical data is important to study patient care pathways, to evaluate appropriateness of medical prescriotions, to evaluate real world outcome and to reduce health expenditure. This patient centric approach led to the creation of disease-specific observatories such as diabetes, cardiovascular disease, osteoporosis, etc., with access to data tailored on specific user profiles at national or local level. The aim is to examine the safety and/or effectiveness of health care products and services in the real-world by measuring performance indicators and impact of new drugs. CONCLUSIONS: ARNO Observatory is an important source of information able to show both economical indicators and the good practice of treatment. In particular ARNO helps Health Units and Professionals to conduct research projects on disease management, and benchmarking and it is a valid instrument for epidemiological and economic planning for decision making in Italy.

PHP37

RELATIONSHIP BETWEEN FALLS AND CNS DRUGS AT A ACUTE CARE TEACHING HOSPITAL IN JAPAN
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OBJECTIVES: Cognitive impairment syndromic drugs are commonly used at acute care settings. However, the relationship between falls and CNSSDs has not been explored. This study aims to try to address the relationship. METHODS: We used data of CNSDs prescribed for over fifteen years old in-patients in 2012. There were CNSSDs comprising 10 classes that were non-barbiturate agents, and five others. With regard to CNSDs, we examined duration of prescription, duration of administration, and number of patients for falls within 24 hours after in-traventrically being administered. CNSSDs administration is defined as follows: Fall rate for CNSD = number of falls / prescription days x 100. RESULTS: There were 344 falls including 142 cases (41.3%) with CNSDs administration. If the duration of prescription was <62 prescription-days. From the viewpoint of length of drug effectiveness, Fall rate for CNSDs were 0.16% in short-acting CNSDs, 0.25% in intermediate-acting CNSDs, and 0.26% in long-acting CNSDs. CONCLUSIONS: This result suggested that long-acting CNSDs were strongly related to falls. To prevent falls, initial, hospital personnel including nursing staff have to be educated about CNSDs.

PHP38

SINGLE USE DEVICES IN ARGENTINA: ECONOMIC EVALUATION OF A “REUSE” VERSUS A “SINGLE USE” POLICY
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OBJECTIVES: Several medical devices are labeled for single-use only. The popularity of several “off-label” processes – re-sterilization, reprocessing and reuse of single use devices (SUDs)–is mainly due to the cost saving and environmental benefits, but also from scarcity of evidence of adverse safety data. This study objective was to compare differential costs of a reuse vs a single use policy of SUDs and estimate its implications considering 4 device types (Trocars, endo-cutters, linew-cutters and harmonic scalps) from a perspective of an Argentinian private health care organization. METHODS: A literature review was performed to identify the clinical outcomes after the use of re-sterilized SUDs, which was supplemented with a Delphi-like tailor made questionnaire. An economic model was built to estimate the cost difference between a surgical procedure performed with SUDs with or a reused sterilized SUD. Costs were expressed in USD of 2012 and were grouped in three categories: adverse events, device, and the incremental surgical time associated to reuse of SUD. Deterministic and probabilistic sensitivity analyses were performed. RESULTS: A private health care payer in Argentina would expect to spend USD 1092 per surgery if new trocars are used and USD 244 if sterilized material are utilized instead. For endo-cutters the equivalent results were USD 1667 and USD 1102, for linear-cutters USD 1228 and USD 1046 and for harmonic scalps USD 1041 and USD 292. Results were robust in the sensitivity and scenario analysis. CONCLUSIONS: In all scenarios the safety, effectiveness and cost saving benefits of using only new material even after considering the additional cost associated with potential adverse events related to reuse. If we consider total surgical costs, these differences represent significant savings that range from 25% to 74%. More research is needed to assess effectiveness and safety of these off-label policies.

PHP39

SERIOUS ADVERSE EVENTS FOR BIOLOGIC RESPONSE MODIFIERS INDICATED FOR THE PROPHYLAXIS AGAINST TRANSPLANT REJECTION. AN INSIGHT FROM SPONTANEOUS ADVERSE EVENT REPORTING SYSTEM
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OBJECTIVES: Immunosuppression by biologic response modifiers is essential for successful organ transplantation. These medications have safety concerns that commonly manifest as adverse events of varying severity. A Trigger Team approach aims to detect and respond to adverse events by using trigger tools in surgery units of the study hospital to identify serious adverse events. Associations between drugs and events were measured by Empirical Bayes Geometric mean (EBGM) and corresponding 95% confidence intervals. Results were robust in the sensitivity and scenario analysis. METHODS: Adverse events by using trigger tools in surgery units of the study hospital to identify serious adverse events. Associations between drugs and events were measured by Empirical Bayes Geometric mean (EBGM) and corresponding 95% confidence intervals. RESULTS: A private health care payer in Argentina would expect to spend USD 1092 per surgery if new trocars are used and USD 244 if sterilized material are utilized instead. For endo-cutters the equivalent results were USD 1667 and USD 1102, for linear-cutters USD 1228 and USD 1046 and for harmonic scalps USD 1041 and USD 292. Results were robust in the sensitivity and scenario analysis. CONCLUSIONS: In all scenarios the safety, effectiveness and cost saving benefits of using only new material even after considering the additional cost associated with potential adverse events related to reuse. If we consider total surgical costs, these differences represent significant savings that range from 25% to 74%. More research is needed to assess effectiveness and safety of these off-label policies.

PHP40

ASSESSMENT OF ADVERSE EVENTS BY USING TRIGGER TOOLS IN SURGERY DEPARTMENT OF AN INDONESIAN TERTIARY CARE HOSPITAL
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OBJECTIVES: An adverse event (AE) is defined as ‘unintended physical injury resulting from or contributed to by medical care. A Trigger is a clue that helps a health care team identify an exceptional event. The objective of this study was to assess adverse events by using trigger tools in surgery units of the study hospital to identify AEs. METHODS: The study was carried in a tertiary care teaching hospital. Trigger list was developed and used to review cases (n=33). The severity of harm was categorized as per National Coordinating Council for Medication Error Reporting