efficacy to establish the comparison among the alternatives: professionals of emergency with experience laboral in UCIE (PESE) and professionals of enfermería without experience (PESE), the probabilities of the model were determined after a revision sistematica of the literatura biomédica, the effectiveness is cada event adverse evitado (EAE), the costs of the procedimientos were calculated in pesos chilenos and at the punto de vista of a institution of salud, mediante a método of microcosteo. Los datos were integrados in the modelo and analizados mediante the programa DATA. 4.0 TreeAge, with los cuales se calculó the razón of costo-efectividad of cada una of the alternatives of treatment. Se realizó una sensibilidad and se calculó la razón of Costo-Efectividad Incremental (ICE) generated por a alternativa respecto of the otra. El horizonte of tiempo of the análisis fue de a año, debido to esto no se utilizaron tasas of discount. RESULTADOS: Los PESE are the alternativa dominante of the análisis. The efectividad of los PESE fue de 85 EAE, in cambio in los PESE fue de 70 EAE. El ICE fue de $17.647 for cada PESE. El análisis of sensibilidad mostró that los resultados obtenidos were robustos: CONCLUSIONES: Es importante cada one to identify the treatment to be benefíc over a PESE. Los PESE superiority to the PESE, y el horizonte of tiempo of the efectividad of the PESE is 85% superior al of PESE, ya que por cada PESE se produce a ahorro of $17.647 a sistema of 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 to determine the treatment pattern and outcomes of rodenticide poisoning during the period of 2004 to 2012. All the patients who diagnosed with rodenticide poisoning were enrolled in the study. **RESULTS:** Patient data like demography, social, behavioral and co-morbidities, pre-hospitalization period, type of exposure, type of compound consumed, type of treatment given and outcome were collected in case record form and analyzed. **RESULTS:** Total of 137 patients were enrolled in the study. Among these patients, 112 (81.99%) patients were males and 25 (18.01%) patients were females. The median age of the study population was found to be 24 (11) years. Majority of the poisoning were intentional (96%). The median pre-hospitalization period was found to be 3 (5.7) hours. Among them majority of them consumed zinc phosphide poisoning (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 cysteine (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 cysteine was found to be comparatively beneficial. **CONCLUSIONS:** Gastric lavage and charcoal administration were found to increase the survival rate in the initial stages of management. N-acetyl cysteine was found to be more effective as a main course of therapy.

**PHP36**

**MONITORING HEALTH PROPERTIES IN THE REAL WORLD: AN ITALIAN POPULATION DATABASE EXPERIENCE**

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**OBJECTIVES:** To explore the pathophysiological approach of a population database for monitoring health economics, 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 Interregional Coordinating Committee for the Use of Medicines (CINECA) to develop a population database (ARNO Observatory). **METHODS:** The Italian National Health Service (NHS) is a Public Health System, providing health care assistance to all the population. The ARNO Observatory collects and integrates administrative and clinical data for each single patient with high quality and complete information of patient demographics, NHS reimbursed drugs dispensed, hospital discharges, lab tests prescriptions. **RESULTS:** ARNO, with its patient centric approach, provides comprehensive data from population of over 11 million of 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 prescriptions, 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 for these signals that warrants regulatory follow up and possible actions. **CONCLUSIONS:** ARNO Observatory is an important source of information able to show both economical and clinical data for each single patient with high quality and complete information of patient demographics, NHS reimbursed drugs dispensed, hospital discharges, lab tests prescriptions. ARNO is a valuable tool to inform the decision making in Italy.

**PHP37**

**RELATIONSHIP BETWEEN FALLS AND CNS DRUGS AT A ACUTE CARE TEACHING HOSPITAL IN JAPAN**

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**OBJECTIVES:** Central nervous system drugs are commonly used at acute care settings. However, the relationship between falls and CNSDs 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 CNSDs including traditional anxiolytic agent, antipsychotics, barbiturate 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-hospital being administered. CNSDs administration is defined as follows: Fall rate for CNSDs = number of falls / prescription days x 100. **RESULTS:** There were 344 falls including 142 cases (41.3%) with CNSDs administration. The proportion of CNSDs use reached 62.65% 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 indicated that long-acting CNSDs were strongly related to falls. To prevent falls, 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, liner-cutters and harmonic scalpels) 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 expert opinion. An economic model was built to estimate the cost difference between a surgical procedure performed with SUDs or with a reused sterilized SUD. Costs were expressed in USD of 2012 and were grouped in three categories: device-related adverse events, 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 0.10 per surgery if SUDs were used. SUDs were not 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 scalpels USD 1041 and USD 292. Results were robust in the sensitivity and scenario analyses. **CONCLUSIONS:** In all scenarios and sensitivity analyses, reutilization of SUD resulted less costly than 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 savings that range from 2.5% to 14.8%. 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 (SARES)**

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**OBJECTIVES:** Immunosuppression by biologic response modifiers is essential for successful organ transplantation. These medications have safety concerns that complicate their use. This study aims to understand the nature of serious adverse events associated with exposure to BRM among organ transplant patients. **METHODS:** Empirica Signal (version 7.3) was used to apply pharmacovigilance analysis to the FDA Adverse Event Reporting System to identify serious adverse events. Associations between drugs and events were measured by Empirical Bayes Geometric mean (EBGM) and corresponding 95% Confidence Intervals (CIs). Significant signals were identified as signals that warrants regulatory follow up and possible actions. **RESULTS:** From Q4 1997 to Q2 2012, a total of 12,151 serious adverse event reports for biologic response modifiers were reported and 15% of them met our threshold. About 12% of these signals were significant. Sirolimus and Mycophenolate accounted for the majority of serious signals. The following significant signals were identified: Sirolimus and Mycophenolate (reduced therapeutic response, pulmonary edema, hypertension, serum sickness, infusion related reaction, and anaphylactic reaction); for Azathioprine (alleviation reaction, fungal skin infection, and lymphoproliferative disorder); for Cyclosporine (neurotoxicity, graft versus host disease, and thyroid cancer); for Cyclophosphamide (disease progression); for Daclizumab (cytomegalovirus infection); and for Tacrolimus (coma and tremor). Approximately 34% of these events contributed to patient death. 7% were life-threatening. 5% led in index in patients to prolonged hospitalization; and 28% contributed to other serious outcomes. **CONCLUSIONS:** Exposure to biologic response modifiers for the prophylaxis against transplant rejection is associated with serious adverse events that could be fatal or life-threatening. Pharmacovigilance studies are required to evaluate the identified signals to help understand the benefit-risk profile of these medications.

**PHP40**

**ASSESSMENT OF ADVERSE EVENTS BY USING TRIGGER TOOLS IN SURGERY DEPARTMENT OF AN INDIAN TERTIARY CARE TEACHING 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 provider to identify missing parameters. An economic model was used 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 lists were developed and used to review cases (n = 323). The severity of harm was categorized as per National Coordinating Council for Medication Error Reporting.