our sample, a total of 176,891 patients had AF. By reference to the total membership of the two medical insurance funds, the prevalence of AF was 2.132% (men: 2.369%; women: 1.895%). The average age of these AF patients was 73.1 years, and 55.5% (98,190 patients) were male. The incidence of AF in our sample was 364 cases per 100,000 persons in each sex. Although the overall death rate decreased from 2003-2009, the rate of decline was greater for both children’s hospitals and children’s units in general hospitals. Whereas the rate declined from 66% to 57% for non-children’s hospitals from 2003-2009, the rate declined from 64% to 51% for children’s hospitals.

CONCLUSIONS: The pediatric death rate is high in an inpatient setting. Between the years 2003-2009, however, the death rate has declined, especially in pediatric hospitals.

PCV28

USING RISK-ADJUSTED EXPECTED EVENT RATE TO EVALUATE INDIVIDUAL HOSPITAL QUALITY PERFORMANCE IN PERCUTANEOUS CORONARY INTerventions (PCI)

Wang Y1, Meilili L1, Magee G2, Rauner D3

1 The Medicines Company, Parsippany, NJ, USA, 2 Premier, Charlotte, NC, USA, 3 Premier, Healthcare Alliance, Charlotte, NC, USA

OBJECTIVES: Recent US healthcare legislation highlights the need to assess institutional performance relative to regional or national norms. The study described below used the risk set method as a simple approach to risk adjusted outcome rates in the hospital level using observational data.

The number of PCI patients for hospitals 1 through 4 were 1,747, 966, 990, and 309 respectively. Observed CAB rates (%) were 4.4, 8.0, 3.8, and 8.7, compared to an overall rate of 5.4% for all Premier hospitals. The AB IM ERs were 1.09, 1.75, 98, and 1.04. Unadjusted IM rates (%) for hospitals 1 through 4 were 1.2, 1.6, 0.3, and 1.6. IM ORs were 0.86, 0.95, 4.0, and 1.02. Overall Premier IM was 1%. Observed CAB for hospitals 2 and 4 were at least 24% higher than overall Premier. Post, however, risk adjustment, hospital mortality was significantly decreased to 1.94. Among these, the OER represents a simple, methodology sound approach to review outcomes. It allows subpopulations to have adjusted outcomes that can be compared to appropriate peer groups.

PCV29

MISSED AND DELAYED DIAGNOSIS OF STROKE IN EMERGENCY DEPARTMENT PATIENTS WITH HEADACHE OR DIZZINESS

Moyle E1, Newman-Dez3, Valente E2, Coffey R, Hines AL4

1 Agency for Healthcare Research and Quality (AHRQ), Rockville, MD, USA, 2 The Johns Hopkins Hospital, Baltimore, MD, USA, 3 Blue Cross Blue Shield of Minnesota, Minneapolis, MN, USA, 4 Thomson Reuters, Washington, DC, USA

OBJECTIVES: We aimed to estimate the prevalence of missed or delayed diagnosis of stroke among patients presenting to the emergency department of a large metropolitan hospital with headache or dizziness.

The overall age-adjusted HTN rate in Waukegan was 279.2 ± 19.11 cases per 100,000, which is significantly greater than the average calculated rate for either males or females in the lake county [OR: females = 1.42 (4.4-83); P = <0.001; OR: males = 1.39 (4.3-90); P = <0.001]. This data suggest a significantly higher rate of age adjusted discharge rate for HTN in parts of lake county, IL, USA that have a high % of Hispanic and black population.

PCV27

SURVIVAL TO DISCHARGE AFTER CARDIAC ARREST IN A PEDIATRIC POPULATION: RESULTS FROM THE KIDS’ INPATIENT DATABASE, 2003-2009 IN THE UNITED STATES

Forde TW1, Heaton PC2, Czosek R, Kelton OM3

1 University of Cincinnati, Cincinnati, OH, USA, 2 Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, USA, 3 University of Cincinnati College of Business, Cincinnati, OH, USA

OBJECTIVES: To describe the inpatient CA pediatric population; 2.) determine the primary cause of hospital admission for those patients and 3.) determine the hospital in which the patient was treated impacted survival post CA. Methods: Discharges for children aged 0-20 were collected from the Kids’ Inpatient Database (KID) for the years 2003, 2006, and 2009 if a primary or secondary diagnosis was identified as ICD-9 code 427.5 (CA). Frequencies of discharges with CA were calculated and stratified by various patient and hospital characteristics, including Major Diagnostic Code (MDC) to determine the primary cause for the hospital admission and hospital type. Hospital type was classified by the National Association of Children’s Hospitals and Related Institutions (NACHRI) to be a children’s hospital, a children’s unit in a general hospital, or a non-children’s hospital. Results: The rate of death in pediatric hospitalizations declined from 66.46% in 2003 to 52.73% in 2009. The most common admission diagnoses involved the circulatory system (about 27% each year), injuries from poison and toxic effects of drugs (about 10% each year), and the respiratory system (16%, 18%, and 19% for 2003, 2006, and 2009 respectively). Although the overall death rate decreased from 2003-2009, the rate of decline was greater for both children’s hospitals and children’s units in general hospitals. Whereas the rate declined from 66% to 57% for non-children’s hospitals from 2003-2009, the rate declined from 64% to 51% for children’s hospitals.

CONCLUSIONS: The pediatric death rate is high in an inpatient setting. Between the years 2003-2009, however, the death rate has declined, especially in pediatric hospitals.

PCV26

PREVALENCE OF HYPERTENSION IN AMASSOMA, SOUTHERN NIGERIA, BAYELSIA STATE

Suleman IA, Amegu EO

Niger Delta University, Eleme, Nigeria, Nigeria

OBJECTIVES: Hypertension is a public health problem worldwide, but the prevalence in Amassoma, which hosts the Niger Delta University, is not known. The objective of the study was to investigate the prevalence of hypertension in the locality and the extent of control in diagnosed cases.

METHODS: Four hundred adults selected through stratified sampling across the various communities called “AMA” and aged 20 years and above were included. It took place in between February and May 2011. It involves interviewer administrator questionnaires on demographics, predisposing factors and relevant medication history and measurement of resting blood pressure (BP) on two separate occasions in the morning and afternoon. The Body Mass Index (BMI) calculated and the data were appropriately analysed.

RESULTS: Majority of respondents were female. Almost half of respondents (46.5%) had their BMI above normal, 13.5% (61) of which falls within the obese region (> 30). The overall prevalence rate of hypertension of 25.9% (n = 171) per 100,000 which is significantly greater than the average calculated rate for residents of Lake County OR=1.38 (1.30-1.47), P <0.001.

CONCLUSIONS: Lake County data suggest a higher rate of age-adjusted discharge rate for CHF in parts of Lake county, IL, USA with a high % of Hispanic and black population.