PCI registry, despite higher total healthcare costs, the use of DES was cost-effective in patients who underwent 2- and 3- vessel PCI than in single vessel PCI.

PMD33 COST-EFFECTIVENESS OF MOLECULAR IGE IN VITRO DIAGNOSTICS (IVD) IN CHILDREN SUSPECTED WITH PEANUT ALLERGY COMPARED TO DOUBBLE BLIND PLACEBO CONTROLLED FOOD CHALLENGE (DBPCFC) IN EU, US AND JAPAN

OBJECTIVES: To compare the cost-effectiveness in Mexican pesos (MxP) of ANDCK and TST for the determination of blood erythrocyte variants in Mexico and should be considered by clinicians and decision makers as a favorable option for the determination of blood group typing in order to avoid life threatening transfusion-related reactions.

PMD36 THE USE OF CHLORHEXIDINE GLUCONATE IMPREGNATED SPONGE DRESSINGS TO PREVENT CENTRAL-LINE ASSOCIATED BLOODSTREAM INFECTIONS AND LOCAL SITE INFECTIONS IN CANADIAN HOSPITALS: AN ECONOMIC ANALYSIS

OBJECTIVES: The objective of the study was to evaluate the economic impact of adding the use of chlorhexidine gluconate (CHG) impregnated sponge dressings to Canadian hospitals’ standard infection prevention routine. The current standard of care for catheter insertion in Canada involves hand hygiene, skin preparation and transparent film dressings. The aim of this study was to determine whether the addition of CHG impregnated sponge dressings to catheter insertion procedure was cost-effective.

METHODS: The economic model was populated with clinical and economic data obtained from peer-reviewed literature along with case-costing data from the large Canadian hospital network. One-way sensitivity analyses were conducted on economic and clinical parameters to ensure robustness.

RESULTS: Based on model calculations using a hypothetical hospital with 400 in-patient beds and 20 intensive care unit beds, the use of CHG dressings would reduce the number of CLABSIs from 430 to 25 annually, and would reduce the number of local site infections from 430 to 258 annually. The model demonstrates cost savings through the reduction of CLABSI and local site infections as well as through decreased nursing costs. The model establishes that the use of CHG dressings has the potential to provide $566, 867, 496 of net cost savings to hospital per year.

CONCLUSIONS: The use of chlorhexidine gluconate impregnated sponge dressings for central venous and arterial catheter insertion sites proves to be a cost-effective intervention in Canadian hospitals.

PMD37 THE COST-EFFECTIVENESS ANALYSIS OF CT CORONARY ANGIOGRAPHY VERSUS MYOCARDIAL SPECT FOR THE DIAGNOSIS OF ISCHEMIC HEART DISEASE IN PATIENTS WITH CHEST PAIN

OBJECTIVES: The aim of this study is to evaluate the cost-effectiveness of CT coronary angiography (CTCA) and myocardial SPECT for ischemic heart disease in patients with chest pain. We assessed cost-effectiveness of myocardial SPECT for patients with intermediate risk with pre-test likelihood of 10-90.

RESULTS: In the model using diagnosis accuracy, CTCA appeared to be more effective (224.41 correct diagnosis) and even less expensive ($38,656 in additional medical charges, and postoperative dehiscence can add as much as 9.42 extra days, resulting in $40,323 in additional charges. A health economic model was developed to demonstrate potential cost savings associated with using closed incision management (CIM) to apply negative pressure wound therapy (NPWT) over closed surgical incisions in patients treated for an open fracture of the tibia and fibula. METHODS: The hypothetical economic model applied national cost dollars to clinical outcomes of the Stannard et al randomized controlled trial (RCT) using NPWT over closed incisions. National cost data (Thomson Reuter) and resource use were selected using diagnosis codes recorded for the population of patients within the Stannard et al RCT, which were open fracture of the tibia and fibula with complications such as infection and dehiscence (ICD9 79.36). The infection rates (10%, 14,141 patients NPWT and 19%, 23,122 patients control) of dehiscence rates (8.6%, 12/141 NPWT and 79.36). The infection rates (10%, 14,141 patients NPWT and 19%, 23,122 patients control) were calculated from the Stannard et al RCT and applied to a hypothetical 100 patient population (50 CIM and 50 Control).

RESULTS: Reduced infection and dehiscence rates in this patient population resulted in potential per patient cost savings of $538 for infection and $516 for dehiscence. The incremental cost-effectiveness of CIM over closed incisions of high-risk fractures. "Preven™" Incision Management System and "V.A.C. Therapy; KCI USA, Inc., San Antonio, TX, USA

PMD35 COST-EFFECTIVENESS ANALYSIS OF DEOXYRIBONUCLEIC ACID CHIP KIT (ANDCK) FOR THE DETERMINATION OF BLOOD ERYTHROCYTE VARIANTS

OBJECTIVES: To evaluate the cost-effectiveness of ANDCK versus TST for the determination of blood erythrocyte variants in Mexico.

METHODS: A two branch decision tree model was developed to evaluate and compare the cost-effectiveness in Mexican pesos (MxP) of ANDCK and TST for the determination of blood erythrocyte variants. The effectiveness measure was blood group typing errors rate obtained from published clinical trials. Resource use and cost were obtained from expert interviews and IMS published data respectively.