Combination,” “Usually Avoid Combination,” “Take Precautions,” “No Special Precautions.” An additional option of “Not Sure” was offered to prevent guessing. The second outcome of interest was “DDI Recognition,” where students were given credit for an item if they identified a DDI. An answer of any interaction indication for a non-DDI was considered incorrect for both outcomes. The POISON regression model was used to adjust event rates for each DDI. The adjusted event rates were estimated using the Poisson regression model. RESULTS: The prevalence of PDs was significant for both DDI Knowledge assessment and DDIs. The main findings were that patients with any DDI in their chart were more likely to have a shorter LOS (<4 days). Odds Ratio: 2.40, p < 0.01. A shorter LOS (<4 days) was also associated with fewer years in practice (2 to 15 years, p < 0.05) and working in a practice that is equally hospital and office/clinic based (p < 0.01). CONCLUSIONS: This analysis provides evidence that, after controlling for numerous surgeon and hospital characteristics, the presence of care pathways at the hospital level is associated with a shorter LOS for laparoscopic BR patients. While self-reported, these data provide a good first step at defining additional research to determine the role of care pathways on patient outcomes after BR.

**REFERENCE:**

**METHODS:** A retrospective study (January 1, 2005 to December 31, 2007) was conducted using a subset of the MarketScan Hospital Drug Database and its linked outpatient files from the Market Scan Commercial and Medicare Supplemental database. Patients’ demographic, clinical and provider characteristics were compared using Chi-square testing and standardized differences. Risk-adjusted event rates were estimated using the Poisson regression model. RESULTS: The linked database is comprised of 2280 enrollees, of whom 1759 met the eligibility criteria: 490 underwent lap replacement surgery and 1279 underwent knee replacement surgery. Fifteen percent of these patients received combination therapy, including 75 patients in the hip replacement surgery group and 18 in the knee replacement surgery group. Each day with overlap decreased the risk-adjusted incidence rate of venous thromboembolism (VTE) 0.857 times (CI: 0.728–0.957) for patients who underwent major orthopedic surgery. The rates were 0.975 times (CI:0.904–0.987) lower for major hip surgery and 0.895 times (CI:0.757–0.967) lower for major knee surgery, respectively. Pre- and post-guideline monitoring compared as: “For Any”; BP (92%, 75%), BMI (75%, 27%), glucose (63%, 27%), and lipids (40%). In “Full” scenario the results were 74%, 27%, 26% and 20% respectively. Pre- and post-guideline monitoring compared as: “For Any”; BP (92%, 94%), BMI (66%, 77%), Glucose (60%, 65%), Lipids (36%, 41%) “For Full”; BP (72%, 75%), BMI (23%, 27%), Glucose (23%, 27%), Lipids (17%, 20%). Segmented regression analysis suggests increases in monitoring were statistically significant: “Any”; Glucose (1.4%, p = 0.003), Lipids (1.0%, 0.008), BP (0.6%, p = 0.006) and “Full”; Glucose (1.0%, p = 0.002) and BP (1.3%, p = 0.004) per quarter in the post-guideline period. CONCLUSIONS: Monitoring was infrequent in the full monitoring scenario and improved only modestly from pre- to post-guideline period. Measures should be undertaken to increase awareness amongst patients and clinicians with regards to metabolic side-effects associated with SGAs.

**REFERENCE:**

**HEALTH CARE USE & POLICY STUDIES – Quality of Care**