OBJECTIVES: To identify and analyze the sensitivity pattern of microorganisms isolated and to study the antibiotic utilization pattern in complicated urinary tract infection (cUTI) and the outcome of the therapy. **METHODS:** Retrospective, observational study conducted in the medicine units of a tertiary care teaching hospital from January 2011 to December 2011. Patients who met the inclusion criteria were include in the study and patient details like demography, clinical diagnosis, microbiological data, antibiotic regimen used and patient outcome were recorded from the medical records. Data were analyzed using SPSS 20.0 **RESULTS:** Out of 297 patients included in the study, majority of them were in the age group of 48-59 years. ESBL E. coli (61.4%) was the most common causative microorganism isolated, followed by *E.coli* (23.9%). The antibiotic sensitivity profile of microorganisms causing cUTI showed that E coli was sensitive to majority of the antibiotics and ESBL producing *E. coli* was most sensitive to cefoperazone-sulbactum followed by amikacin and carbapenems. Dual drug regimen was the most preferred choice for the treatment of cUTI compared to single or triple or more drug regimens. Among the different category of antibiotics used, cephalosporins was the most commonly prescribed while macrolides were the least preferred antibiotics. **CONCLUSIONS:** The treatment of ESBL E. coli with dual drug regimen showed maximum improvement in outcome (97.2%) followed by single drug regimen (89.7%). The organisms isolated were found to be more sensitive to cephalosporins, amikacin and carbapenems. Cephalosporins were the most effective antibiotic for the treatment of cUTI. The broader outcome of this study would be the potential utility of this data in designing strategies both at the level of physicians and the administrators for rational prescribing and policy decisions respectively.

PUK34

DIFFERENCE IN INTERDIALYTIC INTERVALS LEADING TO HOSPITAL ADMISSION AND MORTALITY IN HEMODIALYSIS PATIENTS

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OBJECTIVES: To determine the importance of long and short interdialytic interval leading to hospital readmission and mortality in hemodialysis patients. **METHODS:** Reviewed data of 240 patients with 182 male and 58 female patients receiving maintenance hemodialysis (HD) twice weekly on a Mon/Thu, Tue/Fri, Wed/Sat schedule with prevalent adult's HD patients on period from 2010 through2012. Eligible patients were actively recruited who were on chronic HD fulfilling the inclusion criteria. Analyzed the patients getting frequent hospitalized for Infectious and cardiovascular (CV) admissions were determined by principal ICD-9-CM diagnosis codes. **RESULTS:** A total of 240 patients with End-stage renal disease (ESRD) on long term hemodialysis were included the study cohort. The mean age was 50.4±13.6 years; 24.2% were women with a mean year of patients on hemodialysis of 4.2±2.6. Hypertension was the leading cause of end-stage renal disease in 28.8% of the patients, 27.1% of patients with hypertension and diabetes, 12% with diabetes and rest were due to Glomerulonephritis, *Interstitial nephritis*, Cystic kidney disease. Over the study period, mortality was 39.6% (95) , Cardiac cause 19.2 (46) were high on the day after 3 day interdialytic interval (31 death vs. 15), Vascular cause 2.5% (6), Infection 7.5% (18), other cause 10.4% (25) and readmission was more both on the day after long interdialytic interval and day after short interdialytic interval for IHD, stroke, infection. **CONCLUSIONS:** Interdialytic interval does not influence mortality and readmission rates for all cause cardiovascular and infectious causes.

PUK35

TIME SAVINGS WITH ONCE-MONTHLY C.E.R.A.: A TIME AND MOTION STUDY CONDUCTED IN 13 HEMODIALYSIS CENTRES IN ITALY

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OBJECTIVES: A major challenge for haemodialysis (HD) centres is to maximise efficiency in care provision while maintaining high standards of care. Our objective was to document health care professional (HCP) time for renal anaemia management for both shorter-acting erythropoiesis-stimulating agents (ESA) and Mircera, a continuous erythropoiesis receptor activator (C.E.R.A.) once monthly (Q4W), and model time savings with the use of Q4W C.E.R.A. **METHODS:** This descriptive multi-centre Time and Motion (T&M) study was conducted in 13 centres in Italy. The time spent on frequent anaemia management-related tasks (preparation, distribution, and injection) was recorded for both ESA and C.E.R.A. groups in each centre by trained observers. Time/patient/session was used to calculate time/patient/year, time/centre/year and modelling of potential time savings of a 100% uptake of C.E.R.A. A Random intercept generalized linear mixed effect model assuming gamma distribution with log link function to account for the centre clustering effect was fitted for each task separately. **RESULTS:** In all centres, more than 80% of an average 86 ESRD patients received ESA treatment. The average number of ESA injections/patient/year, weighted by type of ESA, frequency and route of administration, was 89 (range: 33-150). The average uptake of C.E.R.A. was 26% (range 11-41%). The mean annual reduction in the number of ESA administrations following conversion to C.E.R.A. was 77 (21-138). Average time per patient HD session was 1.54 minutes for ESA (95% CI: 1.17-1.90) vs. 1.64 minutes for C.E.R.A. (95% CI: 1.57-2.02). Estimated time/patient/year was 137 min (range: 65-277) for ESA and 20 min for C.E.R.A. (range: 5-51). Assuming a 100% uptake of Q4W C.E.R.A. maintenance therapy, annual time savings/centre for frequent anaemia management tasks would be 86% (range: 62-95%). **CONCLUSIONS:** Substantial annual time savings on frequent anaemia management-related tasks were found in HD centres in Italy with 100% uptake of Q4W C.E.R.A. maintenance therapy.

PUK36

EVALUATION OF A PROCESS OF CARE MODEL FOR OPEN INTRAVESICAL URETERAL REIMPLANTATION FROM A CONTEMPORARY HEALTH CARE PERSPECTIVE

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OBJECTIVES: The surgical management of vesicoureteral reflux consists of open and minimally invasive approaches. Open approaches are associated with post-operative hospitalization rates of stay typically 2 to 3 days, varying with the type of procedure. We evaluated the impact of a "one night cost-saving stay process of care" model for open surgical correction of vesicoureteral reflux on quality of care, as defined by return to emergency room or office and/or readmission to the hospital within 2 days of discharge. **METHODS:** An IRB-approved chart review of all open uncomplicated ureteral reimplantations for vesicoureteral reflux from the January 2009 through January 2013 was performed. Length of postoperative stay, emergency room records, hospitalizations and office records were reviewed to assess for presentation to the emergency room/office and/or readmission to the hospital within 2 days of discharge from the ureteral reimplantation. **RESULTS:** Ninety-five children (17 males, 78 females) underwent open ureteral reimplantation. Eighty-four (88.4%) were discharged POD #1 , 8 (8.4%) on POD #2 and 3 (3.2%) on the POD #3. Two patients presented to the ER within 2 days of discharge, one in the one night stay group and one in the three night stay group. No child required readmission within 2 days of discharge. Transient ureteral obstruction requiring stent placement occurred in 1 patient (1.05%) 3 days after discharge. Presentation to the ER > 2 days post-discharge was more frequent in those discharged from home POD #1. **CONCLUSIONS:** A process of care model decreased the length of stay to one night in 84 of the 95 patients (88.4%) and did not appear to increase the risk of early (within 2 days of discharge) presentation to the ER/office or readmission. ER/office presentations > 2 days after discharge were increased in the POD #1 group.

RESEARCH POSTER PRESENTATIONS – SESSION I
DISEASE-SPECIFIC STUDIES (contd.)

Individual's Health – Cost Studies

PIH16

COSTS OF MANAGEMENT OF PREGNANCY IN OBESE WOMEN ACROSS EUROPE: THE DALI EXPERIENCE

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OBJECTIVES: To assess resource use and costs in the usual clinical management of pregnant obese women, considered at high risk for developing GDM. **METHODS:** Information was collected in the framework of the DALI project by means of a structured survey about usual clinical practice in the management of obese women from week 12 of pregnancy until delivery and a second survey about unit costs of related tests and interventions including analytics, imaging tests, follow-up visits and delivery. 9 centers in 8 EU countries were included (Austria, Belgium, Denmark, Ireland, Italy, The Netherlands, Spain, UK) Unit costs were inflated, using consumer price index when needed to 2012 prices and exchanged to US$ using power purchase parities. **RESULTS:** According to the reported data, resource utilization according to usual practice in management of obese women differed across countries: number of ultrasound scans ranged 2-6, OGTT 0-3, obstetrician visits 2-10, GP visits 0-6, nurse/midwife visits 0-12. Follow-up involved different professionals depending on the country (GPs, obstetricians, nurses, midwives, diabetes educators and endocrinologists). Mean costs were 4,624 US$ (SD 2,034), ranging from 2,571 US$ in Belgium to 7,682 US$ in Denmark. The main drivers for costs were delivery, health care professionals' follow-up visits and ultrasound scans. When delivery costs were excluded mean costs dropped to 722 US$ (SD 226), ranging from 340 US$ in the UK to 1052 US$ in Spain. **CONCLUSIONS:** A high heterogeneity in the management of obese women during pregnancy and in the unitary costs reported, are observed among the centers included in the study, associated with a threefold difference in costs across hospitals.