satisfaction level of university students towards the program. CONCLUSIONS: The results showed the satisfaction assessment model was suitable to this study. Based on the order of path coefficients, several reform proposals for improving university students’ medical insurance are proposed, including establishing a multi-level medical insurance system with corresponding regulatory and monitoring mechanism of its performance; as well as enhancing awareness and education of students about health insurance.

PHP88
WORKPLACE-BASED SMOKING CESSATION PROGRAMMES – IDENTIFYING THE GAPS BETWEEN EVIDENCE AND PRACTICE
Gan HF, Wee HL
National University of Singapore, Singapore, Singapore
OBJECTIVES: Previous research has shown that workplace-based smoking cessation programme (WPSCP) is cost beneficial to employers due to improved productivity of employees. Yet, the number of companies in Singapore that support or provide smoking cessation talks is still low. This study aimed to identify the gaps between evidence and practice.

RESULTS: One to one semi-structured face-to-face interviews with employers in Singapore were conducted from August till November 2011. Employers were asked to give their views on what they could do to help their employees quit smoking. Reasons options for feasibility and willingness to implement were yes/no: don’t know or unsure. Employers also rated the effectiveness of various intervention strategies within the workplace as not at all effective/ quite effective/ moderately effective/ very effective/ don’t know or unsure. RESULTS: Representatives from 40 companies were recruited. Most of the employers rated smoking cessation talk as moderately effective (n=20, 50%), followed by smoking cessation aids (n=16, 40%), and smoking cessation posters with the most effective rated smoking aids. The feasibility of smoking cessation posters (n=30, 75%), smoking cessation talks (n=29, 72.5%), and contests to help smokers quit (n=28, 70%). Majority of the employers are willing to disseminate posters within the workplace (n=32, 80%) or offer smoking cessation talks (n=31, 77.5%). In contrast, employers did not support group counseling and pharmacological treatment although they were shown in a Cochrane review to have strong evidence of efficacy within the workplace.

CONCLUSIONS: Interestingly, interventions shown to be effective in experimental settings were not supported by employers and they were unwilling to implement these strategies. This gap between evidence and practice needs to be addressed possibly through employer education.

PHP89
PERCEPTION ANALYSIS OF PHARMACEUTICAL CARE PRACTICES AMONG GENERAL PHYSICIANS FROM PART OF SOUTH INDIA
Udupa ID,
Manipal College of Pharmaceutical Sciences, Manipal, Karnataka, India
OBJECTIVES: To analyse perception of Pharmaceutical Care Practices among General Physicians from Part of South India. METHODS: Study was conducted in Selected Part of South India including Udupi District. Sample size was calculated by using market research statistical software. Sample size was calculated to achieve confidence level of research up to 93%. A questionnaire was designed including closed and open ended questions. Questionnaire was administered to General Physicians. Data was collected and analyzed. RESULTS: Information collected was processed to derive results and conclusion. RESULTS: Results derived from above study shows that, General Physicians from selected Part of South India are aware about the concept of Pharmaceutical Care. Majority of respondents are of opinion that Concept of Pharmacotherapy process.

OBJECTIVES: The main objective of this study was to assess the risk of withdrawal from labor force after adjusting for covariates of 2.10 (p=0.0001), revealing a 110% higher hazard than controls. At one year of time observation programme (WPSCP) is cost beneficial to employers due to improved productivity of employees. Yet, the number of companies in Singapore that support or provide smoking cessation talks is still low. This study aimed to identify the gaps between evidence and practice.

RESULTS: One to one semi-structured face-to-face interviews with employers in Singapore were conducted from August till November 2011. Employers were asked to give their views on what they could do to help their employees quit smoking. Reasons options for feasibility and willingness to implement were yes/no: don’t know or unsure. Employers also rated the effectiveness of various intervention strategies within the workplace as not at all effective/ quite effective/ moderately effective/ very effective/ don’t know or unsure. RESULTS: Representative from 40 companies were recruited. Most of the employers rated smoking cessation talk as moderately effective (n=20, 50%), followed by smoking cessation aids (n=16, 40%), and smoking cessation posters with the most effective rated smoking aids. The feasibility of smoking cessation posters (n=30, 75%), smoking cessation talks (n=29, 72.5%), and contests to help smokers quit (n=28, 70%). Majority of the employers are willing to disseminate posters within the workplace (n=32, 80%) or offer smoking cessation talks (n=31, 77.5%). In contrast, employers did not support group counseling and pharmacological treatment although they were shown in a Cochrane review to have strong evidence of efficacy within the workplace.

CONCLUSIONS: Interestingly, interventions shown to be effective in experimental settings were not supported by employers and they were unwilling to implement these strategies. This gap between evidence and practice needs to be addressed possibly through employer education.

PHP90
THE IMPACT OF THE SURVEILLANCE IN PHARMACOTHERAPY BY HOSPITAL HEALTH CARE RISKS MANAGEMENT (HHRM)
Juang HJ1, Diamante LM2
1Taipei Municipal, Sao Paulo, Brazil, 2Hospital Municipal, Sao Paulo, Brazil
OBJECTIVES: Pharmacology is considered as the main basis of medical science and so the pharmacotherapy is a valuable therapeutic tool, however adverse drug events (ADE) are harmful just it may increase the morbidity and mortality, so the importance of surveillance in all this therapy process. The present study performed by the HHRM aims to point out what are the most common faults that can lead to ADE and plan improvements to provide greater security and quality in pharmacotherapy process.

METHODS: Active searches from May to August of 2011 by key multidisciplinary team in the pharmacotherapeutic process routinely applied in the ICU and in two clinical and one surgical wards of a public metropolitan teaching hospital with about 300 beds, by checking dosages, routes of administration, correct medical orders, correct patients, correct devices and possible drug interactions. RESULTS: There were about 5 big events of pharmacotherapy risks in a week, with non-compliance in the medical prescriptions of medicine by not recommended route (15%), wrong solutions for drugs administrations (25%), using wrong medical devices for drugs administration (10%) and electrolyte abnormalities were in about one fifth of patients. The method of copy and paste in the medical prescription is a dangerous process and deserves a big attention.

CONCLUSIONS: Pharmacotherapy process is very complex which errors should occurs at various stages, in any different manners and situations, so it needs the support and involvement of every health care professional and their training in order to ensure greater security and quality in health care, specially in pharmacotherapy knowledge. So avoiding ADE may reduce the time of hospitalization, the cost of treatment, the morbidity and even mortality. Active searches by HHRM and acting in preventing ADE risks or even correcting the possible risks is paramount for every health care service.

PHP91
HEALTH CARE RISKS MANAGEMENT (HHRM)
Huang HJ1,2, Diamante LM2
1Taipei Municipal, Sao Paulo, Brazil, 2Hospital Municipal, Sao Paulo, Brazil
OBJECTIVES: Pharmacology is considered as the main basis of medical science and so the pharmacotherapy is a valuable therapeutic tool, however adverse drug events (ADE) are harmful just it may increase the morbidity and mortality, so the importance of surveillance in all this therapy process. The present study performed by the HHRM aims to point out what are the most common faults that can lead to ADE and plan improvements to provide greater security and quality in pharmacotherapy process.

METHODS: Active searches from May to August of 2011 by key multidisciplinary team in the pharmacotherapeutic process routinely applied in the ICU and in two clinical and one surgical wards of a public metropolitan teaching hospital with about 300 beds, by checking dosages, routes of administration, correct medical orders, correct patients, correct devices and possible drug interactions. RESULTS: There were about 5 big events of pharmacotherapy risks in a week, with non-compliance in the medical prescriptions of medicine by not recommended route (15%), wrong solutions for drugs administrations (25%), using wrong medical devices for drugs administration (10%) and electrolyte abnormalities were in about one fifth of patients. The method of copy and paste in the medical prescription is a dangerous process and deserves a big attention.

CONCLUSIONS: Pharmacotherapy process is very complex which errors should occurs at various stages, in any different manners and situations, so it needs the support and involvement of every health care professional and their training in order to ensure greater security and quality in health care, specially in pharmacotherapy knowledge. So avoiding ADE may reduce the time of hospitalization, the cost of treatment, the morbidity and even mortality. Active searches by HHRM and acting in preventing ADE risks or even correcting the possible risks is paramount for every health care service.

PHP92
THE IMPACT OF THE SURVEILLANCE IN PHARMACOTHERAPY BY HOSPITAL HEALTH CARE RISKS MANAGEMENT (HHRM)
Juang HJ1, Diamante LM2
1Taipei Municipal, Sao Paulo, Brazil, 2Hospital Municipal, Sao Paulo, Brazil
OBJECTIVES: Pharmacology is considered as the main basis of medical science and so the pharmacotherapy is a valuable therapeutic tool, however adverse drug events (ADE) are harmful just it may increase the morbidity and mortality, so the importance of surveillance in all this therapy process. The present study performed by the HHRM aims to point out what are the most common faults that can lead to ADE and plan improvements to provide greater security and quality in pharmacotherapy process.

METHODS: Active searches from May to August of 2011 by key multidisciplinary team in the pharmacotherapeutic process routinely applied in the ICU and in two clinical and one surgical wards of a public metropolitan teaching hospital with about 300 beds, by checking dosages, routes of administration, correct medical orders, correct patients, correct devices and possible drug interactions. RESULTS: There were about 5 big events of pharmacotherapy risks in a week, with non-compliance in the medical prescriptions of medicine by not recommended route (15%), wrong solutions for drugs administrations (25%), using wrong medical devices for drugs administration (10%) and electrolyte abnormalities were in about one fifth of patients. The method of copy and paste in the medical prescription is a dangerous process and deserves a big attention.

CONCLUSIONS: Pharmacotherapy process is very complex which errors should occurs at various stages, in any different manners and situations, so it needs the support and involvement of every health care professional and their training in order to ensure greater security and quality in health care, specially in pharmacotherapy knowledge. So avoiding ADE may reduce the time of hospitalization, the cost of treatment, the morbidity and even mortality. Active searches by HHRM and acting in preventing ADE risks or even correcting the possible risks is paramount for every health care service.

PHP93
DOES PUBLIC HEALTH SPENDING MATTER? EVIDENCE FROM CHINA PROVINCIAL PANEL DATA
Liao J, Shao Z2
1University of Macau, Macau, Macau, 2China Research Institute for Fiscal Science, Beijing, China
OBJECTIVES: The prevailing view in the literature is that additional government health input has little effect on mortality and/or morbidity. In China, however, this is not an accepted consensus. Researchers and policy makers are still debating whether increased public health spending should take more responsibilities in the health care area. In this paper, we aim to investigate the efficiency of China public health spending. METHODS: We obtain unique China provincial level panel data and use fixed effect model to test the relationship between public health spending and morbidity of thirteen infectious diseases. RESULTS: We find that budgetary allocation to epidemic prevention and control expenses has little impact on reducing the morbidity rate of the sample infectious diseases in China. CONCLUSIONS: Understanding the efficiency of public health spending is crucial in designing public health policy in China, especially when the health care system reform meets the deep water. The above finding suggests that the policy maker should seriously consider the role of government in the future health care reform.