OBJECTIVES: To evaluate the impact of pharmacists led intervention programme in order to evaluate knowledge, attitude and practice among Hepatitis B patients in Pakistan. A non clinical randomized control trial was conducted, whereby Hepatitis-B patients received an educational intervention through trained hospital pharmacists who provided them with information about Hepatitis-B. Knowledge, attitude and practice were measured by means of self-administered test. Descriptive statistics were used to describe the demographic characteristics of the patients. Inferential statistics (Chi square test, and Mann-Whitney U test) were used for comparison between the groups. SPSS 17 was used for data analysis. RESULTS: Three hundred and ninety Hepatitis-B patients were randomly assigned to the study (195 patients in the control group and in the intervention group). No significant differences were observed in either group for mean age, gender, education, occupation, income and living area (p>0.01) before the intervention. Significant improvement in knowledge, attitude and practice scores of Hepatitis-B patients which will be helpful in the better disease intervention caused a significant improvement in knowledge, attitude and control group and in the intervention group. Significant difference (p<0.001) was observed after the completion of the intervention programme between the control group and in the intervention group. CONCLUSIONS: The pharmacist-led intervention caused a significant improvement in knowledge, attitude and practice scores of Hepatitis-B patients which will be helpful in the better disease management and control. It is recommended that the role of pharmacists in patient education must be acknowledged as an integral part of the health care system.

PIN91
DEVELOPMENT OF A MULTI-DIMENSIONAL HEALTH RELATED QUALITY OF LIFE MEASURE SPECIFIC FOR PULMONARY TUBERCULOSIS PATIENTS IN IRAQ

METHODS: The core, general HRQL questionnaire is composed of the Functional Assessment of Chronic Therapy-General (FACT-G) items and the FACT-G was used because of established psychometrics and history in measuring HRQL symptoms in patients with a variety of chronic illnesses. A modular approach was followed for the development of Functional Assessment of Chronic Illness Therapy-Tuberculosis (FACT-TB) questionnaire in which a set of items assessing QoL issues not sufficiently covered by the core FACT-G items, but considered to be relevant to the target population, were added. The development process of an additional concerns subscale of the FACT-TB instrument consisted of several stages, including: 1) Concept clarification; 2) Item pool generation; 3) Item reduction; 4) Refinement. RESULTS: In addition to the 27 items of the core questionnaire, a set of 20 items referring to disease symptoms related to the site of infection (Pulmonary TB); side effects and other issues related to treatment; and additional QoL dimensions such as fatigue, fear of disease transmission, and an economic burden of the illness were included in the additional subscale of FACT-TB. CONCLUSIONS: A rigorous method was applied in the development of FACT-TB to fully understand the impact of the illness on QoL of TB patients. However, further linguistic validation and cultural tailoring should be performed in order to achieve conceptual equivalence, validity and reliability of the instrument and its relevance among Arabic-speaking patients in Iraq.

PIN92
ANTIBIOTIC PRESCRIBING PATTERNS FOR COMMUNITY ACQUIRED PNEUMONIA IN HOSPITALIZED PATIENTS: A RETROSPECTIVE PILOT STUDY FROM DELHI, INDIA

OBJECTIVES: The study investigated the local retail drug market to determine the antibiotic prescribing patterns for community acquired pneumonia in patients attending hospital pharmacies in India. It was conducted in retail outlets in Enugu urban SE Nigeria in 2011, based on voluntary reporting of hospital health care personnel (HCP) antibiotic use in the 2011 season. In the first two seasons, there were 11 hospitals reporting with an average end of season rate of 76% (2009–2010) and 81% (2010–2011). In the 2011–2012 season, there were 22 hospitals reporting, 9 of which had a new universal policy for HCP influenza vaccination. The average 2011–2012 end of season rate was 72% for hospitals with a voluntary program and 95% for hospitals with a universal policy. HCP were also vaccinated earlier in the 2011–2012 season when a universal policy was in place, providing greater benefit over time. We found that there was a statistically significant difference in vaccination rate by type of policy at both the beginning of the influenza season and at the end of the influenza season. In the 2012–2013 season, there are 34 hospitals participating which reflects a huge increase in terms of public reporting of HCP influenza vaccinations; updated results will be presented. CONCLUSIONS: A variety of factors may contribute to the rate of hospital HCP influenza vaccination. Public reporting of HCP influenza vaccination rates may contribute to implementation of universal employee vaccination policies. Hospitals with universal policies have higher vaccination rates than those with voluntary vaccination programs. Our study has demonstrated that implementation of a universal policy contributes to a dramatic increase in performance.

PIN93
SURVEY OF ANTIMALARIOAL DRUGS PRICES AND AVAILABILITY IN RETAIL OUTLETS IN ENUGU URBAN SOUTH EAST NIGERIA

OBJECTIVES: The study investigated the local retail drug market to determine the antibiotic prescribing patterns for community acquired pneumonia in patients attending hospital pharmacies in India. It was conducted in retail outlets in Enugu urban SE Nigeria in 2011, based on voluntary reporting of hospital health care personnel (HCP) antibiotic use in the 2011 season. In the first two seasons, there were 11 hospitals reporting with an average end of season rate of 76% (2009–2010) and 81% (2010–2011). In the 2011–2012 season, there were 22 hospitals reporting, 9 of which had a new universal policy for HCP influenza vaccination. The average 2011–2012 end of season rate was 72% for hospitals with a voluntary program and 95% for hospitals with a universal policy. HCP were also vaccinated earlier in the 2011–2012 season when a universal policy was in place, providing greater benefit over time. We found that there was a statistically significant difference in vaccination rate by type of policy at both the beginning of the influenza season and at the end of the influenza season. In the 2012–2013 season, there are 34 hospitals participating which reflects a huge increase in terms of public reporting of HCP influenza vaccinations; updated results will be presented. CONCLUSIONS: A variety of factors may contribute to the rate of hospital HCP influenza vaccination. Public reporting of HCP influenza vaccination rates may contribute to implementation of universal employee vaccination policies. Hospitals with universal policies have higher vaccination rates than those with voluntary vaccination programs. Our study has demonstrated that implementation of a universal policy contributes to a dramatic increase in performance.

INFECTION – Health Care Use & Policy Studies

PIN94
LENSONS FROM VOLUNTARY REPORTING OF ILLINOIS HOSPITAL EMPLOYEE SEASONAL INFuenZA VACCINATION RATES (2009–2013)

OBJECTIVES: In 2009, voluntary public reporting of hospital health care personnel (HCP) vaccination rates began in Illinois. We describe our experience over 4 influenza seasons (2009–2013) and examine the impact universal policies had on hospital employee vaccination rates. METHODS: A secure website was used to report monthly HCP vaccination rates by each participating hospital. Overall and individual hospital performance was publicly reported each month. Statistical analysis was performed to compare the HCP vaccination rate before and after adoption of a universal policy. RESULTS: The average end of season rate was 51% (2009–2010) and 71% (2010–2011). In the 2011–2012 season, there were 34 hospitals participating which reflects a huge increase in terms of public reporting of HCP influenza vaccinations; updated results will be presented. CONCLUSIONS: A variety of factors may contribute to the rate of hospital HCP influenza vaccination. Public reporting of HCP influenza vaccination rates may contribute to implementation of universal employee vaccination policies. Hospitals with universal policies have higher vaccination rates than those with voluntary vaccination programs. Our study has demonstrated that implementation of a universal policy contributes to a dramatic increase in performance.

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