to each patient using the Marketscan National Weights for 2011. Estimates of the ESI were calculated by summing the weights across the study population.

The same approach was used for patients with a condition or measure of interest.

A modified "precision rounding" approach was applied to subpopulation estimates to ensure that the sum of each sub-category estimate would add up to the total population. This is to ensure that 100% can be accurately estimated from the data. The model was tested using the ESI for comparing results with other institutions of the region and world.

PRIM46 OVERVIEW OF PATIENT-CENTERED OUTCOME MEASURES AVAILABLE IN THE PATIENT-REPORTED OUTCOME AND QUALITY OF LIFE INSTRUMENTS DATA PLATFORM IN QUEBEC

Objective:
Created in 2002, the Patient-Reported Outcome and Quality of Life Instruments database (PROQOLID) provides a detailed description of 737 generic disease-, and population-specific Patient-Centered Outcome measures on the internet (www.proqolid.org). The objective of this study was to find out if PROQOLID could be used to identify available questionnaires on cardiovascular diseases in French Canada.

Methods:
The PROQOLID database was explored on November 10, 2013 using the search engine and selecting in the language field the keywords "French for the screening". Results:
Two hundred and twelve questionnaires were identified representing 27.4% of the instruments available in PROQOLID (in comparison, 383 questionnaires (49.9%) were available in French F. Garouste & B. Fournier). Not a single French cardiovascular questionnaire was identified. Most of them were disease-specific (e.g., Paediatric Asthma Quality of Life Questionnaire (PAQ-Q)), asthma and diabetes mellitus (the most frequent indications (16 questionnaires available for each indication), followed by dementia (including Alzheimer’s disease) and dyspepsia (eight questionnaires for each indication), pain (seven questionnaires), and sleep disorders (six questionnaires).

Conclusions:
While the therapeutic area of neoplasms, five different neoplasms were identified (brain, breast, lung, myeloma and ovary), and severe questionnaires for generic use (e.g., EORTC Quality of Life Questionnaire – Core Questionnaire (EORTC QLQ-C30), Functional Living Index – Cancer (FLIC)). Not a single questionnaire was identified in therapeutic areas such as bacterial infections and mycoses; congenital, hereditary diseases; stomatognathic diseases; and surgical procedures.

PRIM47 MANAGING CONGENITAL AND PEDIATRIC CARDIAC SURGERY DATA BASE: THE IMPACT ON CLINICAL PRACTICE AND QUALITY OF CARE

AstaZeneca, Macclesfield, UK

Objectives:
The aim of this study was to understand the impact of the database on clinical practice and quality of care.

Methods:
The Cardiothoracic surgery division at the Aga Khan University Hospital has employed a computerized database of all the patients undergoing cardiac surgery since July 2006. For this study, data of 1236 patients operated between July 2006 and Sep 2013 was analyzed. Major measures of outcomes included in-hospital and 30 day mortality and morbidity outcomes like reoperation, sepsis, renal failure, arrhythmias and myocardial infarction syndrome. Results: A total of 1236 heart surgeries, the most common open heart surgeries were VSD 27%, TOF 24% were, and 13% were AS. In closed heart 51% were Modified BT shunts, 17% were FDA. The overall 30-day mortality in open heart was 7.0%, and in closed heart it was 7.3%. Post surgery more common complication in open heart surgery was prolonged ventilation, which was 39%, arrhythmias 14%, reoperation 11% and sepsis 5% total morbidity was 29% while in closed heart most common complication was prolonged ventilation which was 31%, total morbidity was 21%. Readmissions in first 30-Day of Discharge were 8.4% mainly for respiratory infection. Followed with 85% patients were alive, 0.6% were died at 30 days follow up Changes TOF: early extubation and improving survival. VSD: on table extubation or extubation with 4 hours – minimal morbidity and early discharges. ASD: on table extubation and improving survival. VSD: on table extubation or extubation with 4 hours – minimal morbidity and early discharges. ASD: on table extubation and improving survival.

Conclusions:
Updated and stringently maintained database helped to identify deficiencies, strength and trends at our hospital and also to design strategies for continuing improvement in patient care. Also provides significant evidence for comparing results with other institutions of the region and world.