physician. Over 1.7 million inpatient records are used in the analysis. RESULTS: Our risk-adjusted results show that medical litigation against physicians increases the average ADR of inpatient hospital visits about 11%. We find that hospital inpatient costs registered to surgeons with no medical litigation history is higher (about 28%) at hospitals where there is at least one surgeon facing medical litigations when compared to the hospitals where there is no surgeon associated with medical litigation history. The magnitudes of spillover effects are in between 2 percent and 28% for other physician specialties except for obstetricians and/or gynecologists for whom we found no spillover effects.

CONCLUSIONS: Medical litigation against a surgeon increases the hospital inpatient costs. There is significant variation in spillover effects of medical litigations across major board certified physician groups.

PHP80
IMPACT OF MULTIPLE CHRONIC DISEASES AND FINANCIAL STATUS ON LIFE SATISFACTION
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OBJECTIVES: The influence of financial status on life satisfaction is well discussed among economists. In contrast, population surveys indicate that general health is viewed by most subjects as key contributor to life satisfaction. We therefore aimed at analyzing the reciprocal impacts of morbidity and economic status on life satisfaction as a health outcome variable. METHODS: In 2007, two representative adult samples of the Cuban Health Economic Panel in Germany and UK were surveyed (n=72,605) and self-reports on 22 chronic diseases (12-month-prevalences summed up to a multimorbidity score) and household income (net household income in GBP) were collected. In 2012, for example of 4,008 individuals was re-contacted and participants completed a health status and a validated life satisfaction questionnaire (IWA LSQ) with five domains: Life as a whole, work, social contacts, income and health (Kaplan et al. 2007). Multimorbidity and income on life satisfaction was estimated using a stepwise multiple linear regression model, considering age and gender as confounders. RESULTS: Multimorbidity and income were moderately but significantly correlated with general life satisfaction (linear regression beta-coefficients: beta=0.26 resp. 0.35; p<0.01). Correlations with the outcome categories satisfaction with work, social contacts, income and health were also positive (beta coefficients between 0.15 and 0.40, all p<0.01). All effects were independent of age and gender. As expected, disease status had the greatest influence on satisfaction with health (beta=0.40) but also on satisfaction with work and functional capacity (beta=0.25). CONCLUSIONS: The results demonstrate specific, independent but complementary impacts of health status and financial status on life satisfaction and its domains. The impact on societal resource allocation decisions is being discussed. Optimal population based life satisfaction might require combining health care and economic improvements.

PHP81
VARIABILITY IN LOCAL UPTAKE AND PATIENT ACCESS TO MEDICINES - IMPLEMENTATION OF SCOTTISH MEDICINE CONSEQUENCE GUIDELINES
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OBJECTIVES: To evaluate the consistency of information given in drug brochures by pharmaceutical companies METHODS: Total of 500 drug brochures were collected from the doctors’ clinics in Pakistan and 473 brochures were collected from the general practitioners’ clinics in Malaysia. After comprehensive scrutiny, 458 brochures were selected and evaluated for the study. An evaluation form was developed based on the criteria given by WHO, FIPMA, DCOMOH(Pakistan) and PhAMA. The data was analyzed using SPSS. To summarize the data, descriptive statistics (frequencies, percentiles), validity of Chi-Square test and Fisher’s exact test and descriptive statistics were applied. RESULTS: The Cronbach’s coefficient Alpha value was 0.729 (p<0.05). A P-value of less than 0.05 was considered as statistical significance for all the tests. RESULTS: The results demonstrate specific, independent but complementary impacts of health status and financial status on life satisfaction and its domains. The impact on societal resource allocation decisions is being discussed. Optimal population based life satisfaction might require combining health care and economic improvements.

PHP82
COMPLETE DRUG INFORMATION, A KEY FOR SAFE THERAPY: A COMPARATIVE EVALUATION OF DRUG BROCHURES USED FOR DISSEMINATING DRUG INFORMATION TO PHARMACISTS IN MALAYSIA AND PAKISTAN
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PHP83
THE IMPACT OF PRE-EXISTING COMORBIDITIES ON FAILURE TO RESCUE OUTCOMES IN TRAUMA PATIENTS
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OBJECTIVES: Pre-existing comorbidities contribute significantly to risk of death after complication in the trauma population. Identifying processes of care that lead to better management of complications in those with comorbidities would improve trauma centers’ overall mortality outcomes.

PHP84
NATIONWIDE SURVEY FOR PHARMACISTS ON PATIENT SAFETY CULTURE IN JAPAN
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OBJECTIVES: This study aims to explore safety culture dimensions among health care professionals using AHRQ (Agency for Healthcare Research and Quality)’s survey questionnaire(Hospital Survey of Patient Safety Culture HSOPSC). METHODS: We surveyed nationwide the situation of patient safety culture in 13 hospitals allowed for additional costs on patient safety measures under the social insurance medical fee schedule. The questionnaire consists of seven unit-level aspects of safety culture including 24 items, three hospital-level including 12 dimensions, the overall average positive response rate (RR) for the 12 patient safety dimensions of the HSOPSC was 49.2%, extremely lower than the average positive RR in the AHRQ data. In the terms of health care, the overall average positive RR for pharmacists (46.2%) was lower than that for physicians and nurses (49.6% and 49.4%). With regard to pharmacists, the average positive RR for pharmacists was highest among three professionals, and three average positive RR's were the highest, Frequency of event reporting (pharmacists: nurses=73.6%:53.3%:67.9%), Non-punitive response to error (48.8%:42.6%:40.4%), Frequency of event reporting (pharmacists: physicians: nurses=73.6%:53.3%:67.9%) and Non-punitive response to error (48.8%:42.6%:40.4%) were applied as inferential analysis to differences in risk-adjusted mortality rates among trauma centers and is considered an indicator of quality of care. The objective of our study was to assess the effect of specific comorbidities on FTR outcomes in trauma patients. METHODS: We performed a retrospective cohort study that analyzed patient records included in the National Trauma Data Bank (NTDB) from years 2007-2010. The dataset was limited to patients with an injury severity score greater than 9 and who were between the ages of 18 and 64. Only patients treated at hospitals with adequate complication reporting were included in the analysis. Cox regression modeling was used to determine the influence of pre-existing comorbidities to FTR outcomes while controlling for injury severity, head injury, mechanism of injury, hypotension, age, gender, race, and insurance type results: Diabetes, congestive heart failure, history of myocardial infarction, and dialysis were associated with greater hazard ratios for FTR [HR 1.18 (CI 1.05, 1.32), 1.45 (1.16, 1.81), 1.30 (1.01, 1.67), 2.02 (1.50, 2.72), respectively]. Obesity and hypertension were not with associated with increased risk of FTR. CONCLUSIONS: Pre-existing comorbidities contributed significantly to risk of death after complication in the trauma population. Identifying processes of care that lead to better management of complications in those with comorbidities would improve trauma centers’ overall mortality outcomes.

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