

DETERMINING THE ECONOMIC IMPACT OF POST-SURGICAL ACQUIRED COAGULOPATHY IN HOSPITALIZED PATIENTS (C1), Troy Drysdale, Henry Kao, Beth Devine, Lingtak Chan. University of Washington, Seattle, WA (drysdale@u.washington.edu) IRB approval received.

In the post-surgical setting patients sometimes develop a coagulopathy that cannot be clearly attributed to common causes such as hepatic dysfunction or disseminated intravascular coagulation. Case reports appear in the literature, but the associated costs have not been estimated. This case-control study will compare the incremental resource use and cost of care for case patients who exhibit post-surgical acquired coagulopathy, to control patients who do not. Data are being collected from an academic medical center and an affiliated county hospital. Acquired coagulopathy is defined as two consecutive PT or aPTT values greater than 20% over the upper limit of normal, with no other evident cause. A surgical patient database was created using procedure-specific ICD-9 codes chosen based on the likelihood of being associated with bleeding complications or coagulopathy, as reported in the literature. Cases were identified and data describing resource use were collected by review of electronic medical records. Selection of matched controls was based on patient demographics and surgical procedures. Costs will be estimated from the local perspective using billing data

from each specific hospitalization, and from the national perspective using data from the Centers for Medicare and Medicaid Services. Appropriate cost-to-charge ratios will be applied. Resource utilization and incremental costs, for cases over controls, will be calculated and reported.