OUT OF POCKET EXPENDITURE IN INTENSIVE CARE UNIT

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INTRODUCTION:

Despite ICU occupies relatively small proportion of hospital beds, it accounts for 8% to 3 % of hospital expenditures. Intensive care unit costs are high during the first 2 days of admission , stabilizing at a lower thereafter. Direct ICU costs per day are six times higher than those for non-ICU care . Higher Expenditure in ICU is of **global concern.** Hence it has been observed that patients getting admitted in ICU are highly exposed to fall under out of pocket

OBJECTIVES:

⇒ To Study the Reasons and Impact on Patient and their attendants admitted in ICU of getting into Out of pocket expenditure .

⇒ To Observe the outcomes on different class of people admitted in ICU Socio-Economically .

⇒ To Study the difference in the Estimates issued to the patient attendants at the time of admission and Final estimates issued at the time of discharge .

METHODOLOGY:-

Study Design :-Descriptive Cross Sectional study

Study Area :-Shree Mata Vaishno Devi Narayana Superspeciality hospital , katra Jammu

Sample Criteria :- A total sample of 100 random critically ill patients had been observed from the day of admission to the day of their discharge admitted in Intensive critical care unit .

Tools :-Patients: Semi-structured Questionnaire

Sample Area :-Departments: Intensive Care Unit

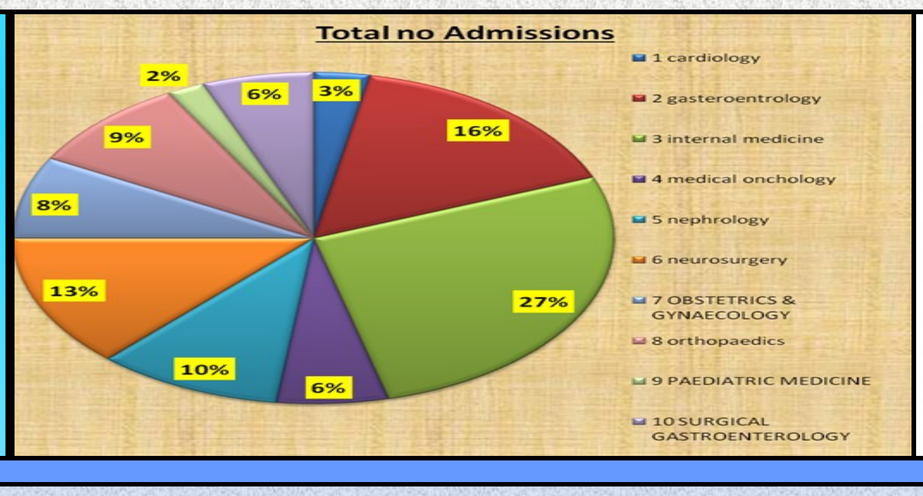
Sample Size :- 100

Sample Method :-Simple Random Sampling

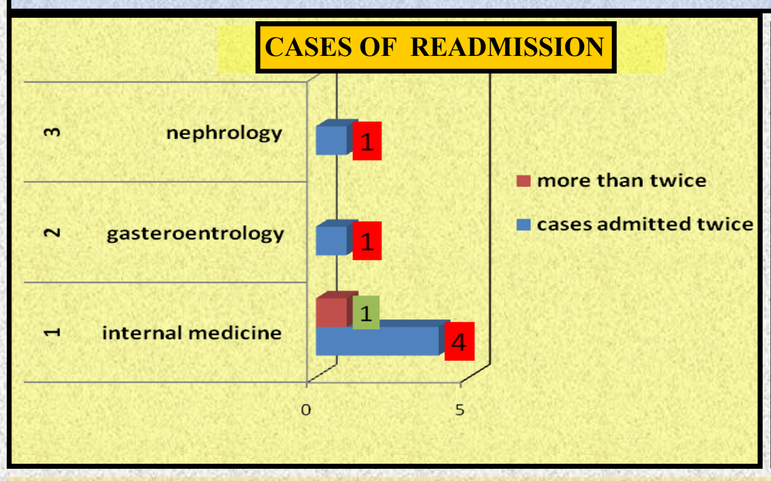
Technique :-Face to face interaction and Telephonic interview

OBSERVATIONS:

1. Of the total sample of 100% patients who were admitted in ICU under different specialities of the hospital were properly analysed to find out that how many of them were falling under Out Of Pocket Expenditure?



2. *To Study the Reasons which has been observed for the patients falling under Out of Pocket Expenditure admitted in ICU.*

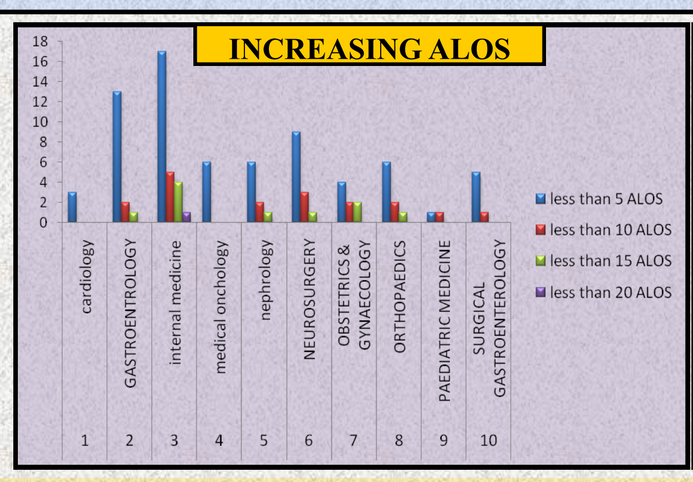


Reasons for Readmission:-

⇒ Non Recovered medical condition.

⇒ Non proper following of advised medical treatment.

⇒ Early discharges on patients requests.



Reasons for increasing ALOS:-

⇒ Non availibity of Diagnostic or lab investigations reports which were outsourced.

⇒ Often delay in any surgical procedure.

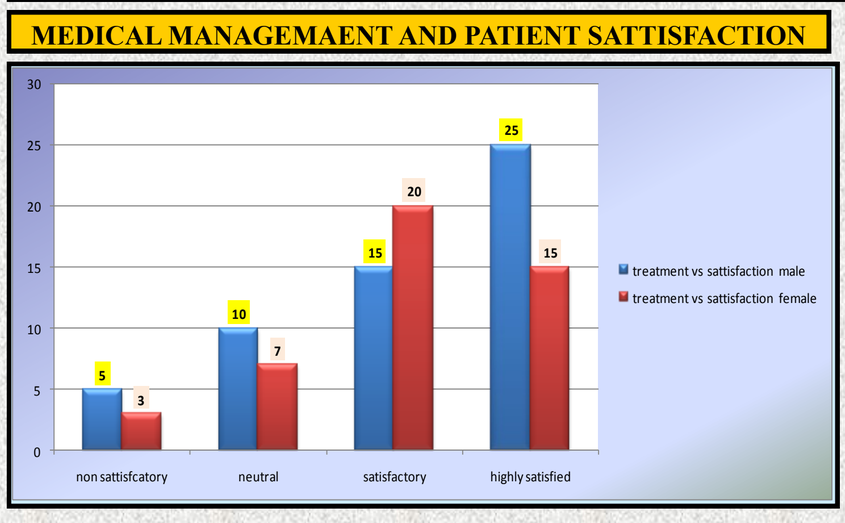
⇒ Non Recovered medical condition of patients.

⇒ Non availability of important drugs for ICU patients delays the treatment as well as discharge.

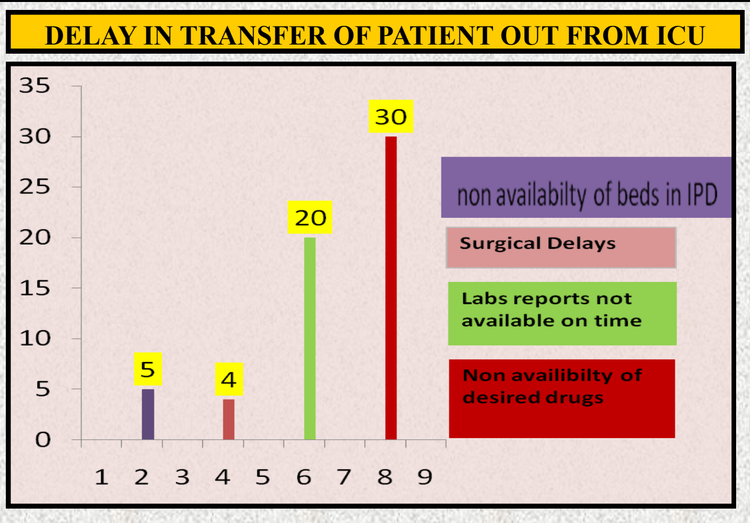
Within two months of this study the organization was in its initial phase of start up and not fully operational or functional therefore these issues used to occur on an often basis and creates a huge difference in the estimated bill and the final bill issued to the patients attendants at the time of discharge.

3. *To Study the reasons which has been observed that due to which the patients often takes discharge on there on request or in the form of lama.*

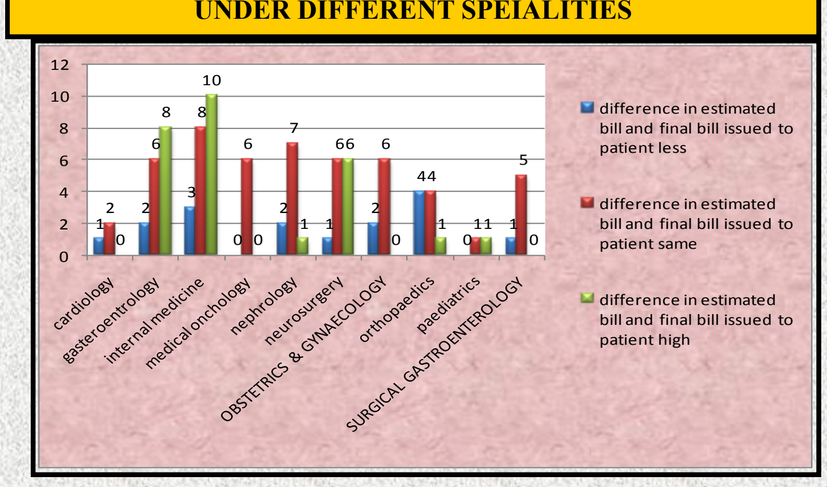
MEDICAL MANAGEMAENT AND PATIENT SATTISFACTION



DELAY IN TRANSFER OF PATIENT OUT FROM ICU

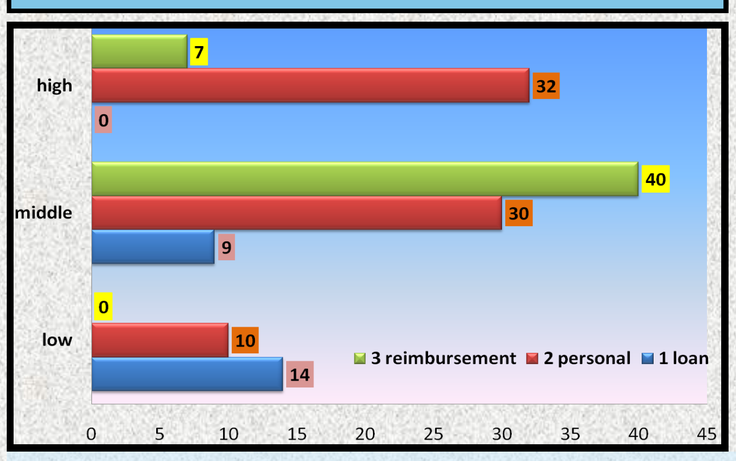


DIFFERENCE IN ESTIMATED BILL AND THE FINAL BILL UNDER DIFFERENT SPEIALITIES

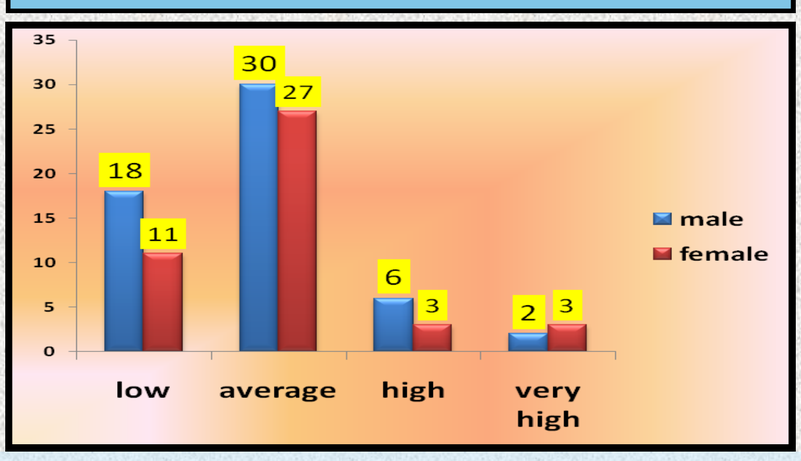


4. *To Study the impact of expenditure on the treatment they have for there patients admitted in ICU over there Mode of payment, Gender and Religion.*

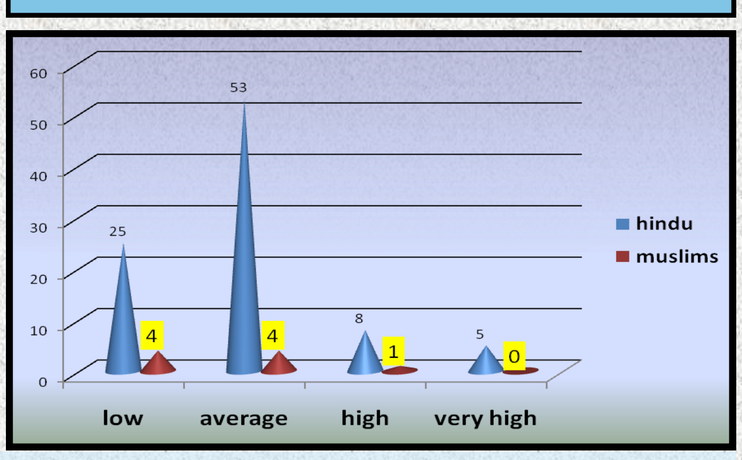
MODE OF PAYMENT & INCOME



EXPENDITURE AND GENDER



EXPENDITURE AND RELIGION



DISCUSSION/RECOMMENDATIONS: -

1. Our organization needs to develop some more tie-ups with the government health schemes so as to provide Financial relief to the patient and reduce their early discharges so that they can get their proper and complete treatment.
2. The use of costly medicines must be proved as justified to the patient.
3. Counsellors should spend time in explaining details such as regarding their day to day bills , different charges being charged and provisional bills must be issued to the patients on an day to day basis and must be counselled properly.
4. Feedbacks from relatives should be taken and there must be a proper protocol for the redressal of the grievances being shared by the patients and there attendants on an regular and urgent basis .

CONCLUSION:-My study simply concludes that there was an immediate need to built the financial stability among patients and there attendants who were admitted in ICU through proper & efficient counseling on an day to day basis, to built patient satisfaction specially among lower and middle class people. It has been observed that overall patient flow in ICU needs to be improved so that issues like delay in transfer out of patient ,medical management and discharges could be resolved. More specifically we need to built an expert patient counselling team so as to deal with all disputes and problems . If we truly want to create a healthy health care system than we must create an environment where the practitioner has the time, relationship and patient's trust to assess and identify the real barriers to healing (those early steps in the process that must be addressed). Then together they must take the opportunity to co-create a healing journey that will best position the patient to achieve specific health goals. To meet the patient where he is at and begins the co -created plan at that point.

Presented by: PUJA SINHA