

European Respiratory Society Annual Congress 2012

Abstract Number: 691

Publication Number: P1304

Abstract Group: 12.2. Ethic and Economics

Keyword 1: Intensive care **Keyword 2:** No keyword **Keyword 3:** No keyword

Title: Economic analysis of costs associated with a respiratory intensive care unit (RICU) in a tertiary care teaching hospital in northern India

Dr. Kumari 5197 Shweta drkumarishweta@gmail.com MD ¹, Dr. Sachin 5198 Kumar sachin.drk@gmail.com MD ², Dr. Anil Kumar 5199 Gupta anil1031@hotmail.com MD ³, Dr. Surinder Kumar 5200 Jindal skjindal@indiachest.org MD ⁴ and Dr. Ashok 5201 Kumar drashokkumar09@gmail.com MD ³. ¹ Hospital Administration, All India Institute of Medical Sciences, New Delhi, Delhi, India, 110029 ; ² Pulmonary Medicine, Institute of Liver & Biliary Sciences, New Delhi, Delhi, India, 110070 ; ³ Hospital Administration, Post Graduate Institute of Medical Education & Research, Chandigarh, India, 160012 and ⁴ Pulmonary Medicine, Post Graduate Institute of Medical Education & Research, Chandigarh, India, 160012 .

Body: Background: There is paucity of cost analytical studies from resource constrained developing countries defining the costs of intensive care. Objective: Economic analysis of costs associated with RICU. Methods: Prospective cost analysis study conducted in 74 patients admitted in the RICU from Dec 2008 to Feb2009. Costs segregated into fixed and variable cost. Correlation of these costs to the length of stay, mechanical ventilation and therapeutic intervention scoring system-28 (TISS-28) also done. Results: The total cost per day was U.S. \$ 222.

Cost of RICU care (per patient per day)

Total cost	INR 10364 (U.S. \$ 222)
Total fixed cost	INR 4878(U.S. \$ 104.43)
Total variable cost	INR 5,486(U.S. \$ 117.44)
Total Drug cost	INR 3, 824(U.S. \$ 81.87)
Total cost for non ventilated patient	INR 6,585(U.S. \$ 140.98)
Total cost for ventilated patient	INR 12,429(U.S. \$ 266.09)

53.6% of the total cost was borne by the patients. The mean daily drug cost represented 69.8% of the variable and personnel salary constituted 86% of fixed cost. The TISS -28 score per nurse was significantly higher in non-survivors (69.2) than in survivors(30.6) and strongly correlated with the total cost. (r = 0.91) Conclusions: Great disparity exists in economic terms in the intensive care in the western and developing world. Although, considerably less expensive, intensive care is expensive relative to the cost of living in

India. The cost block methodology provides a framework for estimation of costs; is useful in future planning of resource allocation within the financial constraints and allows comparisons between ICUs internationally in an economical model of evidence based care.