

CO-ORGANIZED EVENT

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The cost of managing severe acute pancreatitis in critical care

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Introduction & Objectives: Acute severe pancreatitis (ASP) leads to organ failure lasting more than 48 hours. ASP patients have prolonged admissions requiring extensive multi-disciplinary input and critical care. This study aims to assess the cost of managing this group of patients in an NHS tertiary referral center. It compares cost per patient vs. payment received, and asks the question of whether transferred patients are more expensive to manage.

Methods: Retrospective study comprising all patients with ASP requiring critical care at a tertiary center between Jan 2014-Aug 2015. Diagnosis coding, length of stay in critical care vs. ward, costs of investigations/interventions, and payments received were obtained using trust coding/finance departments. Radiology investigations/interventions found via local radiology 'PACS' system. Blood tests were estimated at £15 and this cost was added to every day of critical care stay, and every other day of a general surgery bed stay.

Results: Out of 30 admissions 29 patients were with ASP. Direct admissions comprised 18 patients admitted via A&E and 1 from clinic. 11 patients were transferred from other trusts. Total payments received were £715,958. Average payment per patient was £23,865 (standard deviation £30,584). Total cost of care was £696,152. Average age of direct admissions was 55 years, and 47 years for transfers. Mean overall length of stay (LOS) for direct admissions was 30 days, and 47 days for transfers. Mean critical care LOS was 10 days for direct admissions, and 18 days for transfers. Critical care bed days were majority of expenditure at £529,695. Average cost of care for direct admissions was £16,760, and £34,413 for transfers.

Conclusions: Critical care bed days account for the majority of care costs for this group of patients. Care costs are higher for transferred patients but this is offset by a higher rate of payment for receiving trusts. Current payments do seem appropriate. A prospective database is essential for accurate future assessment.

Biography

Michael Jones have served on the Editorial Board for the Elsevier journal Travel Medicine and Infectious Diseases 2007 to the present, the International Medicine Committee, Royal College of Physicians of Edinburgh 1996-9, the Scottish Medicines Commission as an Expert Advisor on anti-infectives from 2008 to 2014, the NHS Scotland National Plasma Products Expert Advisory Group 2009-14 and the Scottish Malaria Advisory Group (Health Protection Scotland) 2012-14.

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