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شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



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**COSTING OUT NURSING SERVICES OF
MYOCARDIAL INFARCTION PATIENTS IN
THE CRITICAL CARE DEPARTMENT AT EL
MANIAL UNIVERSITY HOSPITAL**

Thesis

Submitted in Partial Fulfillment of the
Doctorate in Nursing Science

By

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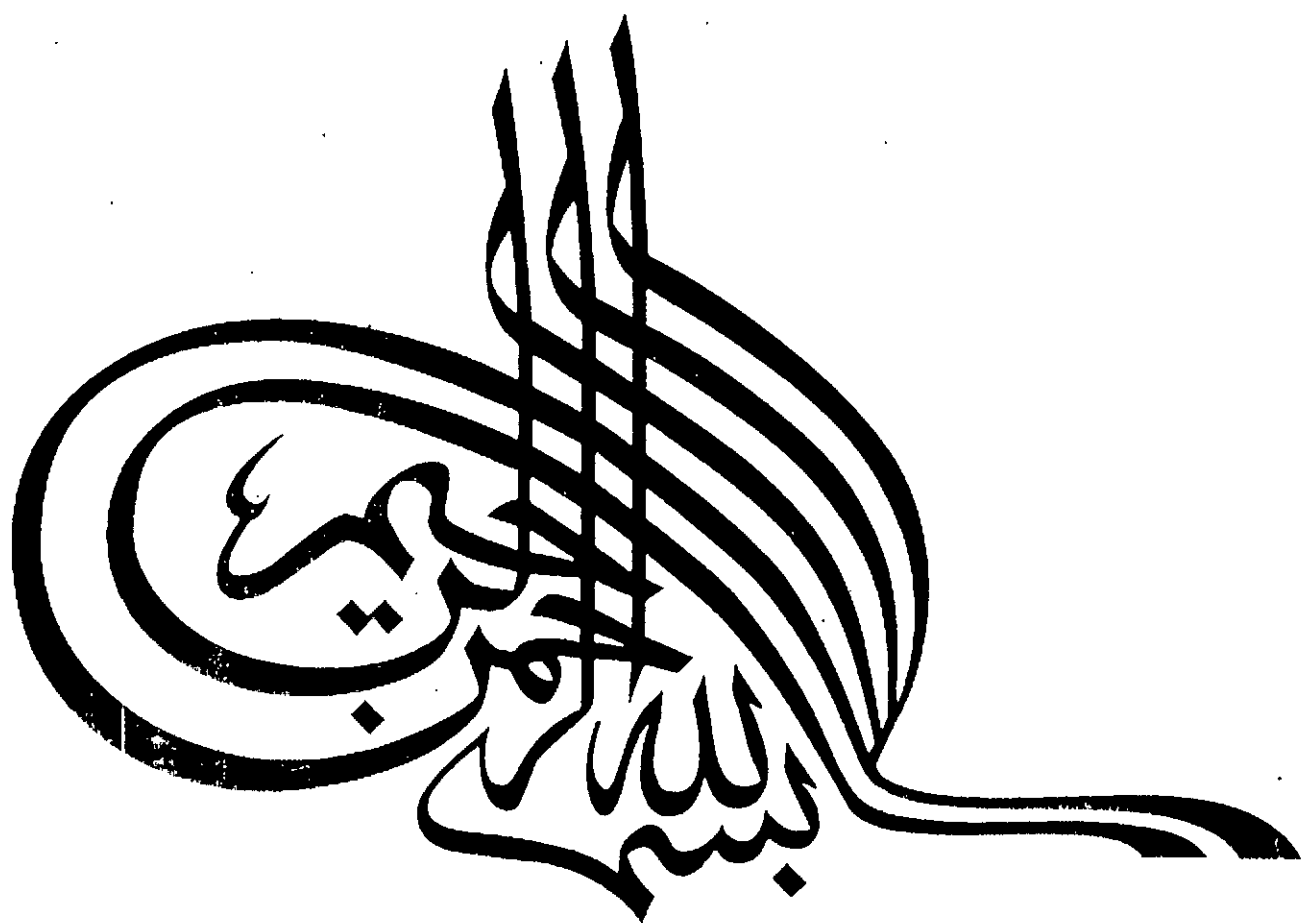
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Dedicated
to My Husband
&
My sons



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Abstract

Costing out Nursing Services of Myocardial Infarction Patients in the Critical Care department At Elmanial University Hospital

The present study estimated costs of nursing services for myocardial infarction (MI) patient in the critical care department, as well as estimating the nursing staff and its mix to staff the unit caring for MI patients for the three shifts. The study subjects included two groups. The first group included sixty MI patients were admitted to the critical care department during a period of four months and the second group consisted of sixty five nurses, fourteen of them were B.Sc. nurses working as head nurses and fifty one of them were diploma nurses. Three tools were used for data collection. The first tool was Nursing Activities Time Sheet to estimate the amount of time that nurses devote to various activities. The second tool was Nursing Care Plan to identify the direct and indirect nursing activities that meet the needs of the individual patient per 24 hours and the total time per day. The third tool was Financial Report to allocate the salary of nursing hour per category of nursing personnel. The present study concluded that, the costs of nursing services for MI patients averaged 30.59 L.E/day. Also it was concluded that, the needed number of staff nurses caring for MI patients was four staff nurses needed for each morning and afternoon shift for coronary care unit. Staff mix was one B.Sc. nurse to 3 Diploma nurses, while two staff nurses were needed for night shift having Diploma degree only. The results of this study suggest that, nursing consumer price index must develop because accurate pricing of nursing costs increases both hospital revenues and nurses professional self- esteem.

INTRODUCTION



Introduction

In the acute care setting, critical care will be at the center of the move toward greater efficiency and streamlined care, because it is an area of increased resource consumption, with expensive technical equipment, highly trained staff, and high nurse-patient ratios (Brenda, 1996).

In the current health care environment, in attempt to minimize expensive hospitalization costs, clients are not admitted promptly to a hospital once they become ill. They are often treated at home and seen at their physician's office. Therefore, once it has been identified that the individual needs to be hospitalized, he or she often has a higher acuity rating than was traditionally seen. Another way to keep hospital costs low is to discharge clients early and not allow them to recuperate fully in the hospital (Loveridge & Cummings, 1996).

Because Patients have higher acuity ratings while they are hospitalized, the hours of nursing care necessary to meet the clients needs have also increased. As more complex nursing care is required, nursing contact hours must also increase. This results in more money being spent to deliver the client care. Since the diagnosis related group (D.R.G) system has limited financial reimbursement to hospitals, it becomes increasingly

— Introduction —

important for hospitals, to be certain that the client care being provided is cost effective with acceptable levels of quality (Dougan, Lanigan & Szalapski, 1991).

To ensure quality nursing care, hospitals should provide a sufficient number of nurses on each shift to meet the clients' needs and a suitable nurse patient ratio. This ratio, must be based upon the nursing care needs of the clients. A patient classification system (PCS) can be used to determine how much staff is necessary to meet the clients' nursing care needs (Armstrong, et al, 1991).

Nurse executives recognize that, separate accounting for nursing services is necessary for two reasons: (a) to gain managerial control of diminishing money, and (b) to elevate patient care units from the status of nonrevenue-producing to revenue-producing cost centers (Jan & Price, 1991). The American Nurse' Association (ANA) (1983), survey of selected hospitals showed that, 93% were attempting to isolate nursing costs either for patient groups or individual patients, while 18% were itemizing charges for nursing services on the hospital bill (Barrow & Rozell, 1995).

Significance of the study:

Critical care nursing is the most labor intensive service and high-budget department, so critical care department needs to monitor costs in order to decrease expenditure. An effective