

Session 2.9
Clinical Track

Abstract Title:

Integrated Economic–Health Care Nursing Information

Presenter:

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Intended Audiences:

Clinicians, Informaticists, Administrators

Areas of Focus:

Informatics, Networking, Use in Practice

Research Format:

For Research Reports

PURPOSE: In order to improve cost management processes, the University Hospital Complex Juan Canalejo (CHUJC) developed a Cost Accounting Application (ELFOS) that allows determining costs according to different groupings, and develop an integrated economic/health care scorecard to negotiate and inform clinical and non clinical services in the Complex. Within this project, there is a need to include the health care activity generated in nursing units. The nursing units are probably the main health care activity engine of a hospital, and are responsible not only for patient care plans, but also for the management of all types of supplies or activities originated in the health care practice. Therefore, they may be considered an essential link in the center's management model, and must have information available in due form and time, that allows evaluating the result of the activity performed, with quality and economic indicators.

METHODS: At CHUJC, the level of computerization is good enough to obtain activity data, such as economic data by nursing unit (there are currently more than 42 computerized units). Based on this fact and using the General Cost Management (Gestión de Costes General) application, the health care activity data is extracted from the nursing care management application (GACELA), by unit or healthcare group. In addition to financial management applications, we obtain relevant information such as: shifts, personnel cost, health consumables, pharmacy, etc.

FINDINGS: The results obtained up to now are materialized in a scorecard that incorporates economical/health care integrated nursing information with different group levels, with the following sections: 1) Nursing activity: Plans by types, Protocols, Diagnoses, Activities, Objectives, Requirements, Records (ulcers, central tubes, peripheral tubes, Braden scale, etc.). 2) Management: shifts by category, personnel cost based on categories, supplies used by the unit, etc. 3) Calculation of costs by indicators: Cost by stay; Cost by level of dependency or time of activities devoted to each patient; and Distribution of costs by Relative Value Units (RVUs). With respect to the calculation of costs related to the activity, the method of cost by indicators, using as such stay or workload or RVUs is used.

CONCLUSIONS: The healthcare information generated in the different Nursing Units using GACELA was made accessible from the Complex Cost Management application. It is now possible to cross-reference healthcare information with the rest of the financial information related to the different services (Accounting, Purchases and Supplies, Personnel, etc.), and such information is accessible from one single point to be managed by all decision-making players.

Citations:

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