Economic aspects of running a hospice under conditions of financial instability

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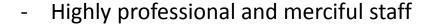


Hospice №1, Moscow

 Free of charge state healthcare institution for oncological patients with advanced cancer living in Moscow; it was established in 1993; serves the territory with the population of 600 000 people



- The leading hospice in Russian Federation;
- Medical, social, psychological, legal and spiritual support for adult patients and their families, including the period of bereavement







Hospice consists of:

- Out-patient unit/Mobile team/Hospice at home
- In-patient unit (30 beds)
- Guidance/educational department
- Subsidiary departments and services (pharmacy, laundry, canteen, etc.)

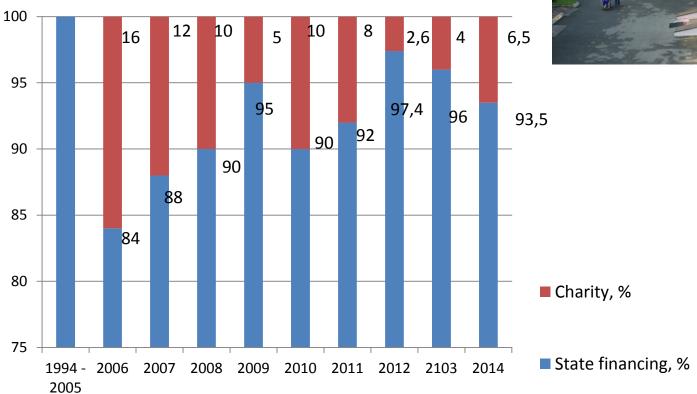






FORM OF FINANCING

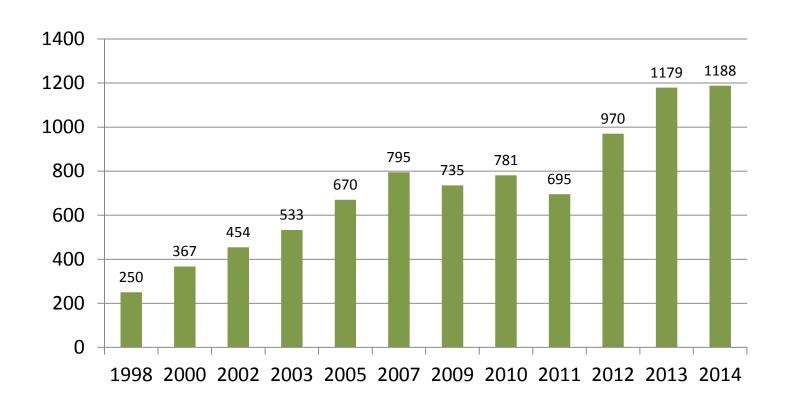




Overall amount of state financing:

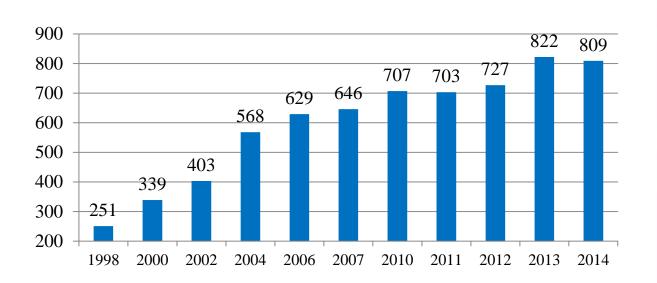
2006 - 546 000 euro 2014 - 1 450 917 euro

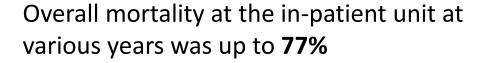
Quantity of the out-patients



Quantity of the in-patients

1998-2014



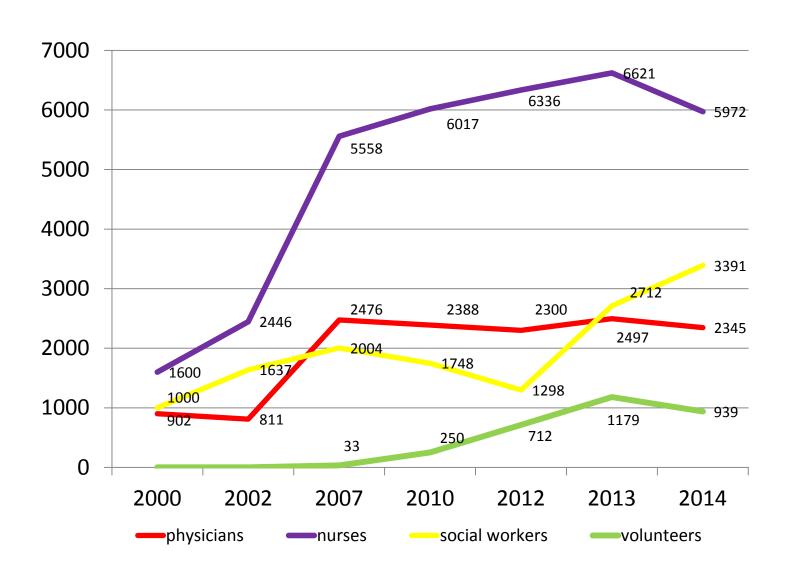




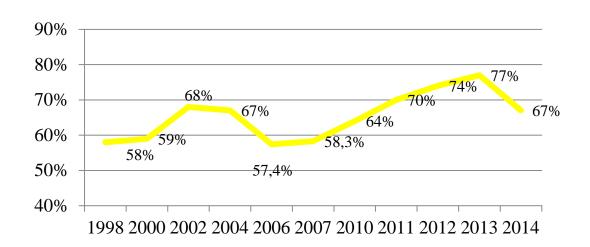




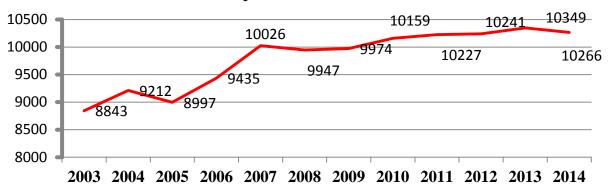
VISITS OF THE MOBILE TEAM



Overall mortality at the in-patient unit



Overall bed days rate

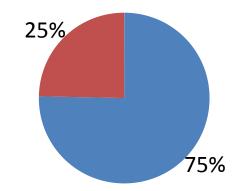




Cost analysis, 2014

In-patient unit:

Cost of 1 bed-day 143 euro
Of which:
Mean length of stay 13 days
727 patients cost 1 475 283 euro
Mean cost of stay for 1 patient 1824 euro



Out-patient unit:

Cost of 1 visit (1 medial professional) **61 euro**Number of visits per year – **11 708**Number of patients visited - **1188**Overall cost of all visits – **709 953 euro Mean cost of 1 patient is 598 euro**

Volunteers:

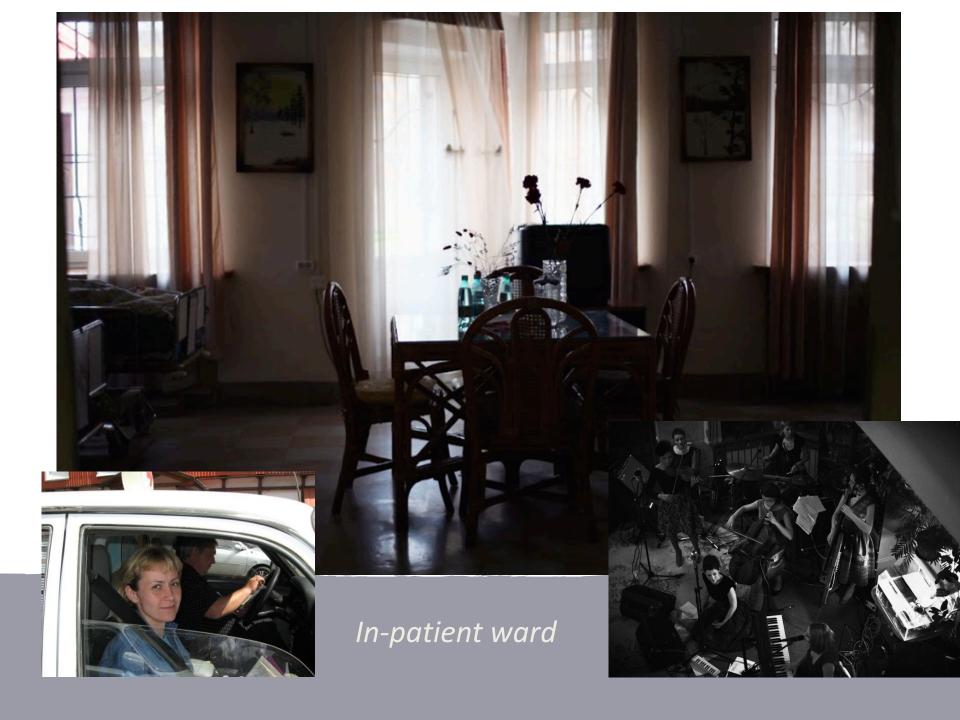
Number of visits per year **939**Overall cost of the visits: **56 939 euro**

Conclusions:

EVERY SUFFERING PATIENT SHOULD RECEIVE TIMELY AND APPROPRIATE SUPPORT AND MEDICAL CARE, INCLUDING PAIN MANAGEMENT, REGARDLES OF THE REGION HE LIVES IN, TIME OF THE DAY, DIAGNOSIS, AGE, FINANCIAL SITUATION ON THE WHOLE TERRITORY OF RUSSIAN FEDERATION

Taking into account the financial instability in our country it's even more important to use the recourses we have wisely:

- attract more charity financing and popularize volunteering (mass media, charity funds)
- use the in-patient unit facilities as much as possible in the current financial situation –
 offer the hospitalization for those who really need it
- enforce the out-patient department with the trained volunteers
- use the out-patient unit's resources wisely (in order to provide support for patients from the all areas of the territory the hospice is serving)
- give the carers the opportunity to work (to support the family as much as possible in terms of every day care)
- respect the national peculiarities
- create a flexible model of care to change it rapidly within the changing financial situation
- despite any financial troubles in our country palliative care should remain free of charge





Library, paintings, menu for every meal



Our garden

