

A Cost Analysis of Acute Burns in Foreign Workers Admitted to a Malaysian Burn Unit

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Introduction

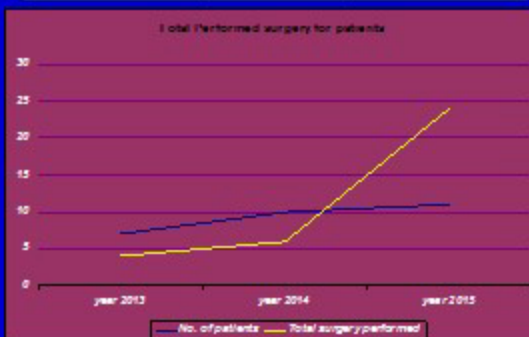
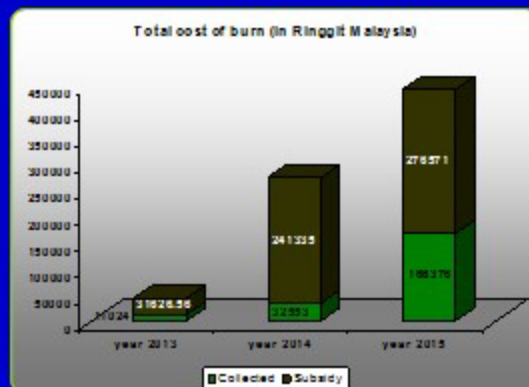
Malaysia employs migrant workers to fill vacancies. This directly correlates with the increasing trend of industrial related burn injuries admitted to Hospital Sungai Buloh. Burn care is costly due to prolong hospitalization stay, intensive care management, multiple operation and frequent change of dressing. The objective of this study is to identify the amount spent on the management of acute burn injury of foreign workers in Hospital Sungai Buloh.

Methodology

We conducted a retrospective study reviewing all foreign workers admitted to Hospital Sungai Buloh for the treatment of acute burn injuries from 2013 to 2015. Patients are identified from the hospital registry. Cases involving foreigners >15% total body surface area of second and third degree burns were included in the study.

Results

Over the three years assessment period, 28 foreign workers met the criteria of the study. The mortality rate of foreign workers was 0.07%. The male to female ratio of 8.3:1 (89% males, 11% female). Mean hospital stay was 28.3 days. Total cost for all patient admissions over 3 years was RM 753 477.56. The mean cost per patient was RM 26 909.91. The total uncollected amount was RM 543 532.56 (72% of total cost)



Discussions

With the increasing amount of migrant workers in Malaysia, and local government hospital is the only affordable health care provider for them. That clearly reflected in the total cost of treatment tabulated in the previous charts. Government has had to subsidize more than half a million ringgit for these patients as treatment of burn is one of the costliest areas of health care. Prolonged hospital stays, intensive care management, multiple operations and regular change of dressing which are not only labour intensive but also expensive dressing materials and medical equipment leads to a very exorbitant bill prior to discharge. Therefore, a better more comprehensive insurance coverage should be introduced and provided by the employers for these workers. Local government hospitals should also enforce a more stringent billing approach. This will then improve our billing collection in years to come and hence reduce the burden of burn treatment cost to our government.

Conclusion

Treatment of burns in foreign workers is costly and the current method of collection of payment is inadequate.

References

1. Sahin, S.Ozturk, D.Alhan, C.Acikel and S.Isik, Cost Analysis of acute burn patients treated in a burn center: the Gulhane experience
2. H.Karimi, S.A.Motevalian, M.Momeni, and M. Ghadarjani, Financial burden of burn injury in Iran: a report from the burn registry program.
3. Hemington-Gorse SJ, Potokar T.S, Drew P, Jet al. Burn care costing: The Welsh experience.
4. B. Karami Matin, R. Karami Matin, T. Ahmadi Joybari, N Ghahvehei, M. Haghi, M. Ahmadi and S. Rezaei, Epidemiological data, outcome and cost of burn patient in Kermanshah.