



CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

In the context of Bangladesh there are five levels of hospital facilities. The lowest level is Thana health complex, which is very near to the rural people, but they prefer to utilize District hospital and creates overutilization, on the other hand the Thana health complex remains underutilized. Though the Thana health complexes are underutilized the government has to pay the salary of staff, drugs, administrative cost, repair and maintenance cost of equipments and buildings in full, which is a wastage to the government. In the District hospitals due to the overutilization patients have to wait for admission and the patients who are admitted in the hospital do not get drugs as they require. The overutilized patient i.e., the patients outside the bed capacity remain on the floor, consequently gets secondary infection and stay longer.

The size of the hospital depends on its bed capacity, when the bed capacity is 100% the hospital is to be utilized. The bed capacity of <100% is said to be underutilized while occupancy rate of >100% is said to be overutilized.

The impacts of utilization could be broadly identified as a) quality of care b) allocation of resources and satisfaction level of patients. For measurement of quality of care six indexes has been identified, such as i) average waiting time of the patient for admission ii) average length of stay in the hospital iii) doctor spending time per patient iv) nurses spending time per patient v) discharge rate of patient and vi) cost of treatment per bed.

The most desirable level of quality of care index could be indicated by the most desirable utilization rate i.e, 100%. The difference between the index at more or less than 100% utilization and 100% utilization could be the impact of overutilization or underutilization. The same methodology can be applied in the case of resource allocation and satisfaction level. It can also be applied for different types of illness.

The hospital bed utilization follows the law of demand and supply. Generally the demand for hospital service is inelastic and the supply is perfectly inelastic in the short run. The quantity demanded for hospital services can be determined by some important factors, such as, the price of hospital services, price of other commodities, expected waiting time of the patients and their attendants, income of the patient, distance of hospital, and the satisfaction level of patients. The demand of hospital services can be estimated by bed occupancy rate. The supply of hospital beds mainly depends upon the price of hospital services, technology of service, number of health

care provider. The number of beds in the hospital is fixed and thus the supply is inelastic in the short run.

With a view to decrease overutilization of hospital beds at the District hospital and increase utilization level of the underutilized Thana health complex, two alternatives are suggested. First, to impose fee at the District hospitals which will help decrease in demand and shift to the Thana health complex. Secondly, to introduce health insurance which will increase the demand at the underutilized Thana health complexes and consequently decrease the demand at the District hospital. Either of these two which one is feasible can be determined by an empirical study. Once the feasible alternative is chosen, an improve in the impact of utilization could be expected.

5.2 Recommendations

Since it was studied about the different factors responsible for underutilization of beds at the Thana health complex and overutilization of beds at the District hospitals of Bangladesh and its impact, it was attempted to develop a methodology for assessment of impacts and economic solution of the problem. Recommendation of this study are:

a) The methodology which has been developed will be useful for determination of impacts of under and overutilized hospital services, what are the wastage by the provider as well as by the consumer and how to divert the patients from the overutilized District hospital to the underutilized Thana health complex.

b) The policy maker shall be able to realize about the wastage by the provider and choose alternatives, to improve the hospital services.

c) The two alternatives are suggested, firstly to impose some fee in the overutilized District hospital in the form of registration fee or higher fee for drugs. Secondly the introduction of health insurance at the Thana level, which will share the risk of people and the people will consume more, which will increase utilization.

d) Data may be collected from different hospitals to compare the impacts between 100% utilized hospitals with the under and overutilized hospitals.