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Community Acquired Pneumonia Patients Followed in a District State Hospital; Their Characteristics and Effects on Cost

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Objectives: Data about community acquired pneumonia (CAP) are insufficient in Turkey. The aim of this study is to determine the clinical, laboratory and radiological characteristics of CAP cases who were admitted to the chest diseases clinics of district hospitals, as well as direct patient costs and affecting factors.

Methods: The approval of the ethics committee of Süleyman Demirel University School of Medicine, was obtained for this study. Furthermore, study approvals were obtained from the public hospitals association of our city and hospital management. The costs of CAP patients who were admitted to the Chest Diseases Clinic of Turgutlu State Hospital between October 2013 and April 2014 were calculated, retrospectively, using their revolving fund records. (PSI), CURB-65 scores, and Turkish Thorax Association CAP Guidelines were used for grouping of patients and cost-calculation. The data of the patients were accessed with computers; furthermore, information regarding comorbidities was obtained from their files and the epicritic system. The costs of the used antibiotics and total costs were calculated from the hospital billing system. The hospitalization durations of the patients were also recorded. In addition, all costs were provided in the euro (ğ) and American Dollar (\$) based on current exchange rates. The website of The Central Bank of the Republic of Turkey, www.tcmb.gov.tr, was taken as reference on 01/10/2015 (1 \$=3.02 TL; 1 ğ=3.36 TL).

Results: The data of 109 CAP cases (female; n: 41 %37.6, male; n: 68 % 62.4) with a mean age of 67.9±15.4, was retrospectively examined mean hospitalization time of CAP patients were 10.15±5.0 days (2–28). The median cost values are listed below. Total costs were 1231.4±673.3 TL, mean total hospitalization costs were 318.8±162.5 TL, general practice costs were 180.4±110TL, total radiology costs were 34.3±32.6 TL, chest radiography costs were 7.9±4.0 TL, thorax CT costs were 20.9±27.7 TL, total laboratory costs were 34.4±26.5 TL, culture costs were 4.7±9.3 TL, drug costs were 631.0±398.7 TL, antibiotic costs were 266.1±176.7 TL, and costs of materials were 8.3±13.1TL.

Conclusion: There were no significant differences found between patients under and over the age of 65 in terms of total costs, hospitalization times, and cost components. In terms of comorbidities, the hospitalization times and total costs were found to be significantly higher in patients with additional neurological diseases.

Keywords: Pneumonia, cost, geriatrics