AN EXAMINATION OF THE COST OF NURSING CARE

IN A SELECT DIAGNOSTIC RELATED GROUPING

AN ABSTRACT OF

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This study examined whether differences existed in nursing care needs among patients admitted to a southwestern Connecticut hospital, who were assigned to one diagnostic related grouping (DRG), DRG 127, Shock and Heart Failure.

The questions asked were (1) Is there a variation in the cost of individualized nursing care (indirect, direct, and total costs) as measured by nursing intensity factors and identified via a hospital specific patient classification system? (2) If so, is this variation identified in the current prospective payment formulas used for hospital reimbursement? A nonprobability convenience sample of all patients admitted to and discharged from the study hospital and assigned to DRG 127 during a 6 month period was identified. Forty-five subjects were followed yielding a final sample of 32 subjects.

Results of this study demonstrated there was a distinct variation in the cost of nursing care for each individual subject. The contention of the DRG system that each individual within a particular DRG consumes "like resources" was not supported.

Implications for nursing are discussed. Nursing managers need to be able to readily identify nursing care costs associated with care for particular groups of patients. Nursing educators must integrate topics in health care reimbursement and cost containment into curriculum. Practitioners must tailor care to maximize resource use within the constraints of the prospective payment system.

The replication of this study in different types of
hospitals is suggested to determine if practice pattern
variations have an effect on the variations in nursing care
costs and to provide substantive data in support of the
findings of this and previous studies.