

**TYPES OF ADMISSION PATTERN,
PATIENT OUTCOMES AND
CHALLENGES OF INTENSIVE CARE UNITS
AMONG THREE DIFFERENT TERTIARY
HOSPITALS IN YANGON REGION**

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M.B.,B.S

Master of Hospital Administration (MHA)

University of Public Health, Yangon

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ABSTRACT

In recent years, the burden of critical illness in low-income countries has been profound. All tertiary hospitals have intensive care services, with many levels of medical equipment, qualified staff and different local policies providing different patient outcomes in Myanmar. This study was aimed to describe admission patterns, patient outcomes and challenges of Intensive Care Units (ICUs) among three different tertiary hospitals in Yangon Region. Hospital based cross sectional descriptive study was conducted in ICUs of Yangon General Hospital (YGH), New Yangon General Hospital (NYGH) and (500) Bedded Specialty Hospital, Yangon (YSH) from September to December 2020 using mixed methods. For quantitative study, medical records of patients admitted to ICUs from 1st October to 31st December, 2019 were reviewed. For qualitative study, one in-charge doctor, one sister and one Medical Superintendent from each hospital were interviewed through Key Informant Interviews. Percentage of all ICUs' bed was within the standard range i.e., 2-4% of total hospital beds. Each unit was led by professor or senior consultant anaesthetist who had jointly taken the responsibilities for Operation Theatre but there was one definite professor assigned only for general ICU in YGH. There was no unique sanction for other ranks of healthcare providers except in-charge doctor in all hospitals and no specific critical care committee organizing with the multidisciplinary approach especially nutritionist, clinical pharmacist, biomedical engineer and counsellor to ascertain quality of care. Ratio of Nurses to Patients in ICU of YGH was 1:4 and 1:2 in NYGH and YSH respectively. The sufficient numbers of ventilators were present. The most common admission diagnosis for each ICU was different and respiratory diseases were the most in YGH (20%), poisoning cases in NYGH (33.3%) and post-op cases in YSH (50.9%). In three hospitals, recovery rate of ICU patients were about the same (65%). In qualitative data for medical equipment, period preventive maintenance of equipment could not be established due to scarcity of skilled technician and biomedical engineers in all ICUs. Moreover there was no nurse with Master of Nursing Science (ICU) in all hospitals regardless of being graduated of those candidates. Regarding to the evaluation, regular clinical audit, guideline revise and governance were required to promote all ICUs. The admission policy developed by multi-professionals is necessary to improve patient outcomes and rational use of financial and human resources in ICUs.