

HIGHLIGHTS

How much does it cost to treat teens with anorexia nervosa in hospital?

Hospital admissions for teens with anorexia nervosa can be prolonged and disrupt school, social life and family functioning. Parents describe the illness as emotionally and financially draining. In this economic analysis, the authors used micro-costing methods to calculate hospital and caregiver costs for 73 teens admitted for treatment of anorexia nervosa at a tertiary care centre from 2011 to 2013. The total cost to Canadian society with hospital and caregiver costs combined, was \$54 932 (2013 Canadian dollars) per admission, based on a mean length of stay of 37.9 days. The average hospital cost was \$51 349 (Table 1). Costs were lower among patients with a higher body mass index (BMI) at admission, with a 15.7% decrease in hospital cost for every unit increase in BMI. Recognizing the symptoms of eating disorders early may preclude the need for admission to hospital altogether or result in admissions of patients with higher BMIs, thereby potentially reducing these costs, suggest the authors. *CMAJ Open* 2015;3:E192-7

Table 1: Estimates of total hospital and caregiver costs

Variable	Total cost,* \$	
	Mean ± SD	Median
Hospital cost	51 349 ± 26 598	47 304
Caregiver cost	3 583 ± 1 904	3 146
Lost work productivity	766 ± 389	673
Lost leisure time	2 817 ± 1 588	2 565
Societal cost†	54 932 ± 27 864	49 807

*In 2013 Canadian dollars (US\$1 = Can\$1.03 in 2013).
†Sum of hospital and caregiver costs.

Ebola preparedness in the critical care unit

The current outbreak of Ebola has been declared a public health emergency of international concern. Systems, processes, knowledge and skills need to be in place in hospitals to safely care for patients with Ebola. In this qualitative study, the authors report on a rigorous and rapid needs assessment to identify gaps and desired results in the provision of critical care to patients with suspected or confirmed Ebola in a tertiary care hospital. Data collection included document analysis, focus groups, interviews and walk-throughs of critical care areas with key stakeholders. Fifteen themes and 73 desired results were identified, of which 55 had gaps. These included the areas of personal protective equipment, intrahospital transfer and room setup (Box 1). During the study period, solutions were implemented to fully address 8 gaps and partially address 28 gaps. The authors conclude that all hospitals need to be prepared for contact with a patient with Ebola, and the preparedness plan will need to vary based on local context, resources and site designation. *CMAJ Open* 2015;3:E198-207

Box 1: Desired results for personal protective equipment*

- Hospital team members will perform a risk assessment before donning PPE.
- There will be a clear process of donning and doffing appropriate PPE that will protect hospital team members while caring for patients with potential or confirmed Ebola.
- All equipment used in the process of donning and doffing will be available and easily accessible.
- Hospital team members will be proficient with the donning and doffing of PPE before encountering any patient or entering an Ebola precaution room.
- Hospital team members will recognize when the clinical scenario changes, and they must escalate their level of PPE.

Note: PPE = personal protective equipment
*5 desired results were identified with 5 gaps for this theme; by the end of the study period, 4 solutions were progressing toward implementation to address these gaps.