Operational Costs: Think Beyond Healthcare Providers and Incentives

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require finances to support infrastructure and human resources and financial resources. The studies have observed substantial reduction in operational costs (3%-first year to about 7%-fifth year) after the transition to the more sophisticated cost-measurement approach.¹ It is expected that "Electronic health record (EHR) systems" shall provide the clinical and operational data to allow us to capture cost data.¹ EHR data is tip of the iceberg as the operational costs of the healthcare system involve much more than

clinical care related expenses (e.g., administrative, infrastructure, maintenance costs, etc.). We need to further expand the breakup of operational costs, which operational costs were reduced, were they uniform across the hospitals, their impact on clinical outcomes and patient satisfaction. It will be interesting to know the share of "Incentives for Healthcare Providers" as "Incentives" do not translate into improved values or better outcomes.^{2,3} Inappropriate incentive policies can potentially make the healthcare unaffordable, erode medical ethics and the results may be short lived.⁴

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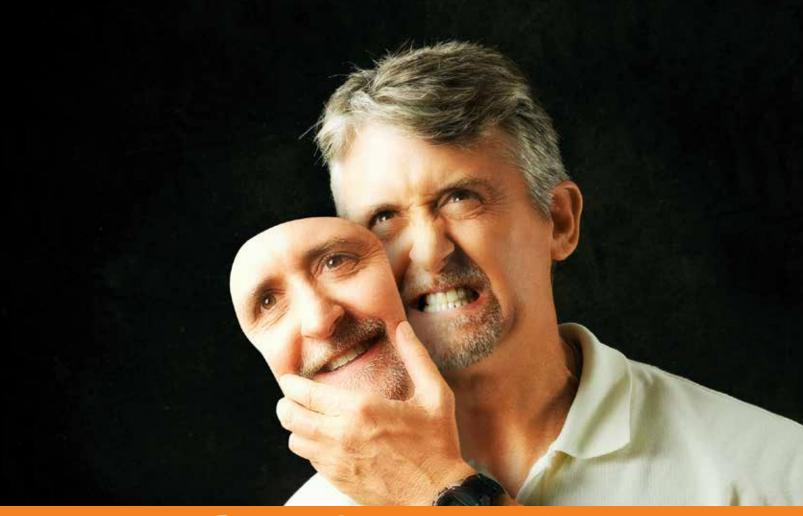
In hospitals, virus can infect up to 3 hours

WHO: No. An experimental study published in the *New England Journal of Medicine* assessed virus persistence of the COVID-19 virus. In this study, aerosols were generated using a three-jet Collison nebulizer and fed into a Goldberg drum under controlled conditions. This high-powered machine does not reflect normal human cough conditions. Further, the finding of COVID-19 virus in aerosol particles up to 3 hours does not mirror a clinical setting in which aerosol-generating procedures are performed. This means that this was an experimentally induced aerosol-generating procedure.

WHO has no final recommendation

WHO continues to emphasize the significance of frequent hand hygiene, respiratory etiquette and environmental cleaning and disinfection, besides the importance of maintaining physical distance and avoidance of close, unprotected contact with people with fever or respiratory symptoms. (WHO)

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