Essay on BMI Hospital, London

(Hazard Risks)

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Module code:

Referencing style: APA

Word Count: 1200

Author's Note:

Introduction

The safety of the patients has become the most significant matter of concern for the healthcare professionals, governmental and non-governmental bodies. A worldwide change in the healthcare prevalence and severity has been seen since last one decade. This study is conducted to focus on the adverse events and effectiveness of such hazard risks in BMI hospital, London. The effectiveness of the evidence is dealt with predefined strategies of data collection. Various modes of hazard risks such as ***premature death, job related accidents, catastrophic medical incidents, and damage to the property from fire*** may lead the company to incur ***dramatic loss*** or ***no loss***. However, the primary relevance of the study is that without proper healthcare hazards risk management, the positive impact on the company has never been possible.

Premature death

The approximate premature death rate in the BMI hospital of London was noted to increase to 24% from 17% in 2014. The leading cause of this avoidable death rate was noted due to the increasing rate of cancerous tissue and neoplasm in the bodies of the mothers. In cases of surrogacies as well, the premature death rate was observed to be 8% more in euplastic mothers as compared to standard deliveries (Deeny & Steventon, 2015). In contrast to BMI, if this rate continues to increase, by 2030, the premature death rate is being assumed to get increased by 50%. In that factor, the hospital must include biopsy test of the mothers before the delivery along with other necessary medical tests. By detecting the cancerous tissues in the body, separate care can be provided to both mother as well as to the child.

Job-related accidents

In developed countries like the UK, the net economic loss is noted to get reduced to 4-6% due to the work-related healthcare issues of workers. In contrast to BMI hospital, health care insurance to the workers are provided only after the age of 30. The occupational work-related diseases that are mostly non-avoidable and non-communicable, are not borne by the company itself; rather, the employees need to intervene the expenses (Devaux, 2015). The company, in any way, does not improvise occupational injuries and diseases that are faced by the employees.

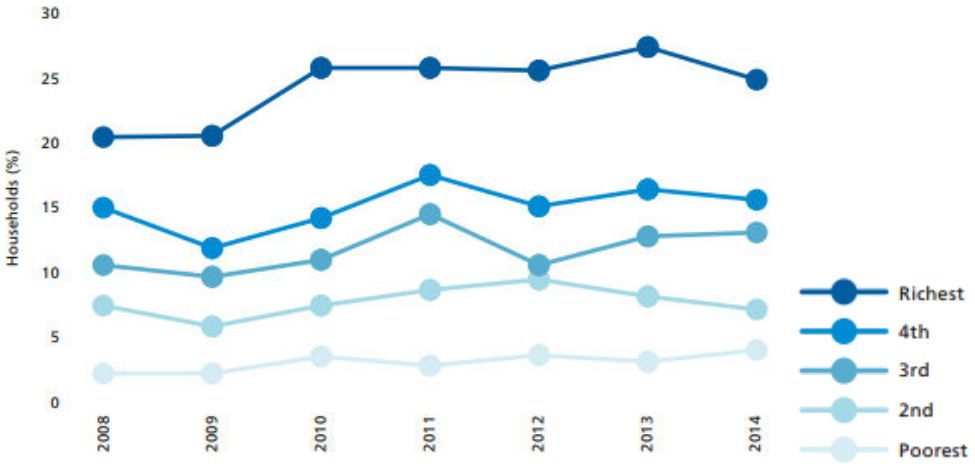

Figure 1: Catastrophic medical expense rate

(Source: Osborn et al., 2015)

According to a survey conducted on employees of BMI, it was reported that social campaigns and regulatory enforcement are conducted by BMI very often and in many remote areas across the globe. By collaborating with the principles of WHO, the company is able to encourage a large number of people against several health-related conditions (Papanicolas et al., 2018). However, healthcare protection to the employees is not yet developed. Only 2% of the employees, who were below 30 years old, were reported to die for Leukemia and lung cancer. Lack of regular checkups was regarded as the ultimate cause of this record. If regular checkups were done to each group of the employees, the employees could have suffered from chronic diseases.

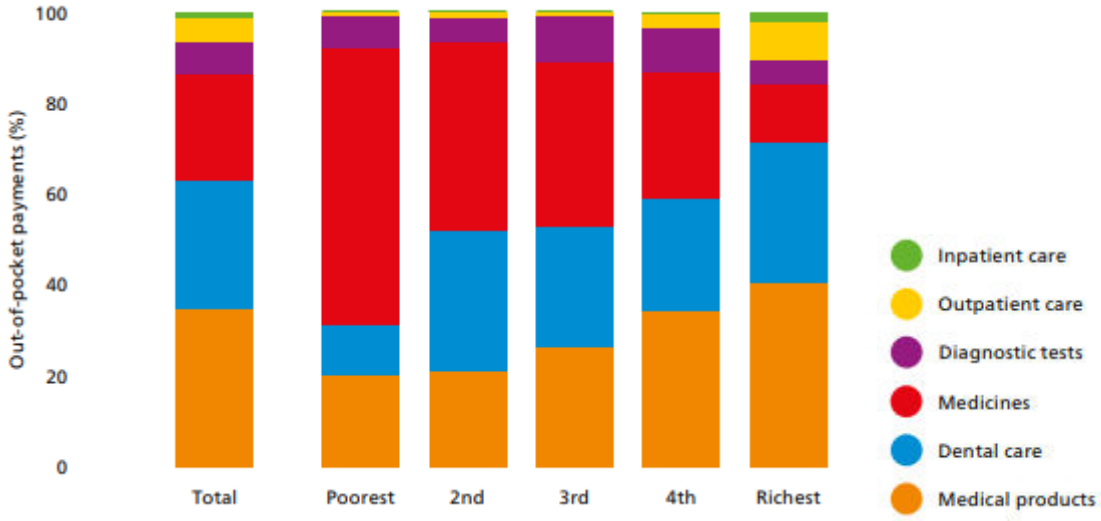

Figure 2: Medical expenses

(Source: Rutter et al., 2017)

Catastrophic medical expenses

BMI has always been a standard maintaining and a healthcare institution for sophisticated and high standard people of the community. Although the advertisements and promotional strategies of the company include promises like free checkups for children and cancer patients, yet the actual scenario is far different from the organizational advertisements. Since 2004 to 2014, around 87% of the patients in the company were reported to belong from high standard society (Slade et al., 2015). Only 5% of patients managed to bear the expenses. Only 3% of people were reported to belong to the line below poverty level. The household budget of the rich people in 2012 was recorded highest in paying for medical products and medicines.

However, this record had been observed to get reduced in 2014 by 2%. Out of that, pocket payment was observed mainly for the middle-class families. The death rate and the rate of diagnostic cares are spotted to increase day by day. It has now started to pitch the expenses of the wealthiest classes of the community as well in order to reduce this public, and private healthcare insurance is the best way. Promoting insurance to the needful people by the governmental and nongovernmental organization can bring positive changes and make the medical expenses pocket-friendly. Although the UK government for expensive health care expenditure,

implements several schemes, the lacuna in these schemes is that these are not approachable to people belonging to all community. Some of the schemes need huge money in the primary stage, which becomes difficult for the middle class and lower-middle-class people (Staa et al., 2016). Moreover, it can also be observed from the schematic approach of the governmental schemes is that the insurances are applicable for a limited period of time. If certain amount crosses above the limit rate, it patient needs to bear the extra expenses.

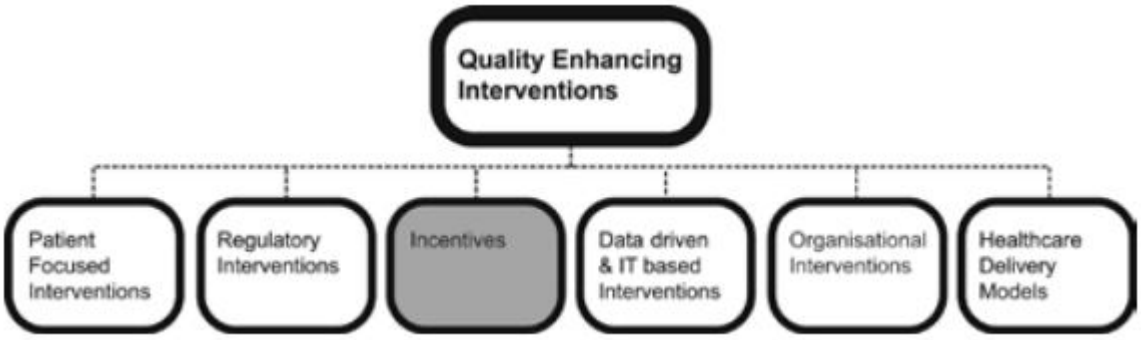

Figure 3: Quality-enhancing interventions

(Source: Zeanah 2018)

Damage to property from fire

The sprinkler is regarded as the only safety measures that are used to detect fire, reduce the high flames and alert the people living in congested residence who could find escaping difficult. In most of the healthcare institutions, sprinklers were reported to be implemented.

However, until 2013, BMI did not have sprinklers in any of their departments. Before the implementation of the sprinklers, in 2012, two patients were reported to die out of the fire burning while 88 were reported to be several injured to the sudden fire catch in the kitchen stove (Deeny & Steventon, 2015). Till date, any cases of property damage have not been reported in BMI, but the chances are very high. The mental health care department of BMI is located in a barren land near Scotland.

The building is not even ten years old. The lightning is widespread to attack in buildings near open grounds. Therefore, building hazard proof infrastructure and lightning proof building, especially for the mental health department of the company, is highly essential (Devaux, 2015).

Moreover, the old buildings are also shedding off their durability and rebuilding it as hazard proof and lightning free infrastructures highly needed.

Conclusion

From the above discussion, it can be concluded that BMI needs to improve its medical safety measures. The effectiveness of the well-led safety cares is not considerable enough for the growing demand in the healthcare industry. The rate of premature death and diagnosis of the outpatients are becoming difficult for the company to maintain. In order to reduce these hazards, the company must opt for skilled and trained employees and recruiters. Moreover, the discussion also concludes that the risks of physical damage to the firm are also leveled at a high rate. The chances of physical damage to the buildings can be reduced by collaboration with building service providers who can provide guidance and assistance in building hazard proof structure to the company's infrastructure.

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Appendices

Appendix 1: Conceptual framework for the healthcare industry

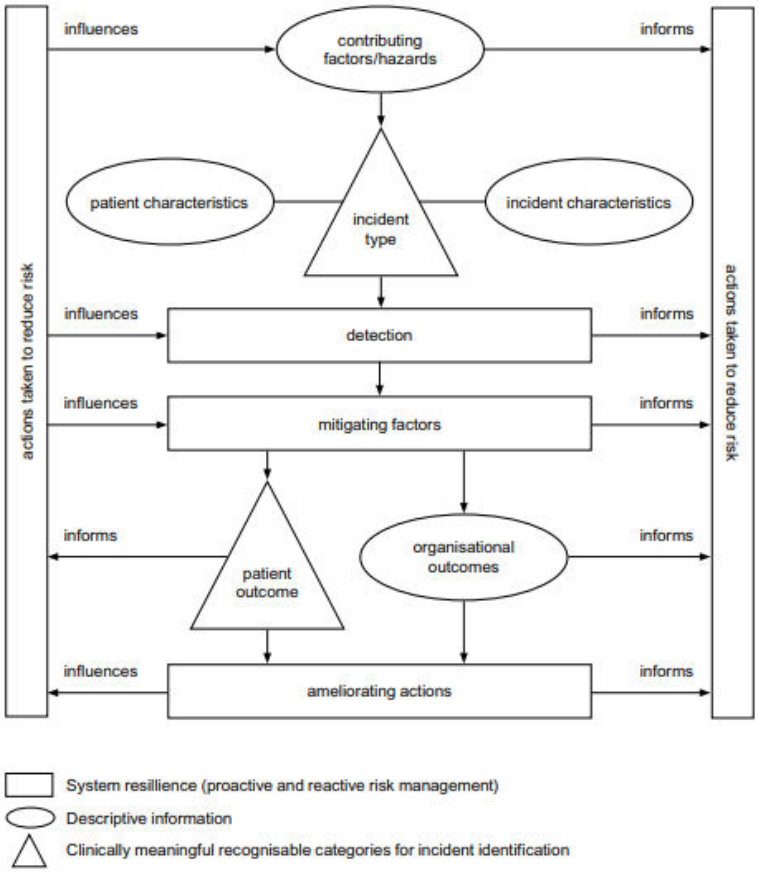

Figure 4: Conceptual framework for the healthcare industry

(Source: Zeanah, 2018)