

Black cardiac arrest patients more likely to be admitted to hospitals with lowest survival rates

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Black cardiac arrest victims are more likely to die when they're treated in hospitals that care for a large black population than when they're brought to hospitals with a greater proportion of white patients, according to new research from the University of Pennsylvania School of Medicine. The study is published in the April issue of the *American Heart Journal*.

The Penn team found that, among 68,115 cardiac arrest admissions analyzed through Medicare records, only 31 percent of black patients treated in hospitals that care for a higher proportion of black patients survived to be discharged from the hospital, compared to 46 of those cared for in predominantly white hospitals. Results showed that even white patients were less likely to survive when treated at these hospitals which provide care for higher proportions of black patients.

"Our results also found that black patients were much more likely to be admitted to hospitals with low survival rates," says lead author Raina M. Merchant, MD, MS, an assistant professor of [Emergency Medicine](#). "Since cardiac arrest patients need help immediately and are brought to the nearest hospital, these findings appear to show geographic disparities in which minority patients have limited access to hospitals that have better arrest outcomes. For example, these hospitals may not utilize best practices in post-arrest care, such as therapeutic [hypothermia](#) and coronary artery stenting procedures. These findings have implications

for patients of all races, since these same hospitals had poor [survival rates](#) across the board."

Among factors that may influence the disparities, several include: differences in staff quality and training, patient/family preferences regarding end-of-life care and withdrawal of life support during the post-arrest period where prognosis is often uncertain, and variation in ancillary supports such as laboratory, cardiac testing or pharmacy services. Merchant and her colleagues suggest that further research into how the use of advanced postresuscitation therapies influence survival is necessary to improve outcomes for all patients, perhaps leading to the development of a regionalized care model for [cardiac arrest](#), similar to the system that funnels trauma patients to hospitals that meet strict national standards.

Provided by University of Pennsylvania School of Medicine

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