

24-hour ICU in-house staff intensivist improves mortality and decreases length of stay

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The implementation of a 24-h ICU in-house staff intensivist coverage was associated with improved mortality rates and reduced length of stay, along with quicker decision-making and a positive trend in quality of end-of-life care.

In two separate studies, researchers analyzed outcomes data prior to and after the implementation of the 24-h intensivist staffing model. Both studies showed significant improvements after the staffing change, including reduced [mortality rates](#), decreased length of stay by nearly a half day, as well as improved decision-making and improved quality of care at the end-of-life.

The studies were presented during CHEST 2012, the annual meeting of the [American College of Chest Physicians](#), held October 20 – 25, in Atlanta, Georgia.

Provided by American College of Chest Physicians

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