

Nearly 50 percent increase in ICU admissions, new study says

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A study released today by George Washington University School of Public Health and Health Services (SPHHS) researchers offers an in-depth look at hospitals nationwide and admissions to intensive care units (ICU). The study, published in the journal *Academic Emergency Medicine*, finds a sharp increase—nearly 50 percent—in ICU admissions coming from U.S. emergency departments.

"These findings suggest that emergency physicians are sending more patients on to the ICU," said SPHHS researcher and lead author Peter Mullins. "The increase might be the result of an older, sicker population that needs more care." The larger question, one that this study couldn't answer, is whether there will be enough ICU capacity in the future to accommodate the growing number of patients, particularly the oldest of the old, the authors said.

Mullins and his colleagues conducted the study by using data from the National Hospital [Ambulatory Care](#) Survey, a sample of U.S. hospital-based emergency departments during a seven-year period. They found that ICU admissions jumped from 2.79 million in 2002-2003 to 4.14 million in 2008-2009. The study also shows that during the same time frame overall [emergency department](#) admissions grew by only 5.8 percent.

Other key findings of the study:

- ICU admissions grew the most among patients aged 85 and older—increasing 25 percent every two years.
- Utilization of tests and services provided to emergency department patients on their way to the ICU also jumped during the study period, with the largest rise occurring in [computerized tomography](#) (CT) or [magnetic resonance imaging](#) (MRI) tests. In fact, CT and MRI tests provided while still in the emergency department increased from 16.8 percent to 37.4 percent.
- The most common reasons for ICU admissions were symptoms such as chest pain or shortness of breath that can signal life-threatening conditions like heart attacks.
- On average, patients had to wait five hours in the emergency department before getting into the ICU.

Additional research must be done to find ways to keep critically ill patients from facing long waits in crowded emergency departments, said co-author Jesse Pines, MD, MBA, MSCE, a practicing emergency physician and an associate professor of emergency medicine and health policy at SPHHS.

"Studies have shown that the longer ICU patients stay in the emergency department, the more likely they are to die in the hospital," Pines said. "Better coordination between the emergency department and ICU staff might help speed transfers and prevent complications caused by long emergency department waits," he said.

Provided by George Washington University

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