

Mixed bag: Electronic health records and ICU quality improvement

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Researchers from Mount Sinai School of Medicine found significant reductions in central line-associated bloodstream infections (CLABSI) and surgical intensive care unit (SICU) mortality rates after implementation of electronic health records (EHR). The study found no significant impact on length of stay, Clostridium. difficile colitis rates, or readmission rates after adoption of an EHR system.

The retrospective chart review recorded [quality indicators](#) for patients admitted to ICU care over a period of 2 years. The rate of CLABSI per 1,000 catheter days was 85% lower, and overall SICU mortality was 28% lower. EHR implementation also resulted in a significant increase in the average number of coded diagnoses from 17.8 to 20.8.

"Considering the large investment into EHRs and the high cost associated with ICU care, it's important to develop EHRs that improve ICU quality of care," said Mark J. Rosen, MD, Master FCCP, CHEST Medical Director.

More information: Further results will be shared during CHEST 2015 on Wednesday, October 28, at 1:30 PM at Palais des congrès de Montréal in the Exhibit Hall.

Provided by American College of Chest Physicians

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