

Map the gap: The geography of critical care medicine training programs and sepsis mortality

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A study from Advocate Christ Medical Center in Oak Lawn, Illinois, studied the relation of death from sepsis by geographic region with the location of critical care fellowship training programs. The results give a visual illustration of the need for increased critical care training programs in underserved areas where sepsis mortality rates are high.

Using mortality data from the National Center for Health Statistic' Compressed Mortality File, researchers were able to determine causes of all deaths in the U.S. as well as demographic data on each patient and looked specifically at those deaths caused by sepsis. They then determined the locations of [critical care](#) fellowships through the National Residency Matching Program public data. By mapping these variables with Google fusion tables, the authors illustrate that areas of the U.S. with relatively high sepsis mortality rates had lower density of [training programs](#). The gap was most pronounced in the southeastern and mid-Atlantic regions of the U.S. The authors suggest outcomes from sepsis may be improved by increasing critical care training programs in regions with relatively few trained intensivists.

"Mapping allowed us to assess the need for increased [critical care medicine](#) provider presence in specific geographic areas," says Dr. Aditya Shah, lead researcher. "Assuming that well-trained providers are instrumental in treating patients with sepsis, these data suggest that we may be able to improve outcomes by promoting critical care training

programs in specific regions of the U.S. and enhancing incentives to practice there."

Further study results will be shared at CHEST Annual Meeting 2016 in Los Angeles on Sunday, October 23, from 1:30 pm to 2:30 pm at the Los Angeles Convention Center, Room 410. The study abstract can be viewed on the website of the journal *CHEST*.

More information: Aditya Shah et al, Map the Gap: A Novel Approach Using Regional Mapping to Determine the State of the Critical Care Physician Workforce With Regards to Sepsis Mortality, *Chest* (2016). [DOI: 10.1016/j.chest.2016.08.357](https://doi.org/10.1016/j.chest.2016.08.357)

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