

Palliative care in hospitals linked to decrease in use of ICU; treatment intensity

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A new study at Columbia University Mailman School of Public Health found that implementing hospital-based palliative care services in New York State reduces treatment intensity at the end of life for hospitalized

patients. Findings are online in *JAMA Network Open*.

Using a large sample of hospitals with varying characteristics, the researchers analyzed data from 51 hospitals in New York State that either did or did not implement a [palliative care](#) program between 2008 and 2014. They examined how the outcomes associated with implementing such a program may differ across different types of hospitals.

Within New York State from 2008 to 2014, 24 hospitals implemented a palliative care program—many of which were teaching and large hospitals—and 27 hospitals reported never having had such a program. Excluded from the analysis were 83 hospitals that consistently offered palliative care for all years and as were rural hospitals and those with less than 100 beds.

During the study period, 73,370 patients who were 18 years or older died during hospitalization, of whom slightly more than half received care in hospitals that implemented palliative care.

Implementation of palliative care was associated with a 10 percent reduction in utilization of an intensive care unit for patients who died during their hospitalization. As ICU use at the end of life has been considered a negative indicator of the quality of care, "implementing palliative care programs may be a way to improve the quality of end-of-life care for some patients who die in the [hospital](#)," said May Hua, MD, assistant professor of anesthesiology in epidemiology, and lead author.

Also, an absolute decrease in end-of-life ICU use of just 4 percent would translate to a difference in cost of approximately \$265 million per year in the U.S., according to the researchers.

While these findings support the idea that [palliative care services](#) can

lessen intensity of medical care at the end of life, the authors also caution against equating quality care at the [end of life](#) with less intense care. "It may be that the ICU does provide value to patients and families in a manner that is incompletely understood," noted Hua.

Provided by Columbia University's Mailman School of Public Health

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