Hospitals vary widely in ICU admissions

March 28 2012, By Randy Dotinga

Hospitals vary widely in their admissions to intensive care units, which some experts believe are overused, costly and potentially dangerous. A new study in *Health Services Research* finds that the actions of hospitals - not the kinds of patients they attract - appear to be responsible for part of the difference in ICU use.

After taking into account patient factors, researchers report that nearly 20 percent of the difference in intensive care usage in hospitals in two states was due to the practice patterns of hospitals.

"Our hope is to dive into hospitals at either extreme of intensive care usage to understand how hospital norms and practices and culture may influence how the ICU is used," said study co-author Colin R. Cooke, M.D., a clinical lecturer at the University of Michigan Medical School.

Over the past 20 years, hospitals have reduced their numbers of non-critical-care beds overall by 35 percent while boosting the number of intensive care beds by a similar percentage, Cooke said. It's not clear why the use of intensive care has gone up.

"A lot of people speculate that it's because we've gotten better at taking care of sicker people in the outpatient setting, and the need for hospitalization for things like pneumonia is decreasing," he said. That would leave hospitals as a place to treat a smaller slice of society's sickest people.

He added that an aging population could explain why intensive care units are getting more use.

The increased usage of ICU isn't always a positive development. Intensive care is among the most expensive components of acute hospital care and, particularly among those who may not need it, could increase a patient's risk for complications and death, note the authors.

In the study, the researchers examined data taken in 2006 from 90 short-term acute hospitals in Maryland and Washington State. On average, 12 percent of hospitalized patients were admitted to ICUs, with the proportion of patients admitted to an ICU ranging from 3 to 55 percent.

An initial analysis found that unknown hospital-related differences were responsible for 20 percent of the difference in ICU usage. After adjusting for variables such as differences in the types of patients treated and the services provided, the researchers still found that unknown differences between the hospitals accounted for 15 percent of the variation in ICU usage.

Stephen M. Pastores, M.D., director of critical care research at Memorial Sloan-Kettering Cancer Center, said the study appears to be

sound. "Their analysis seems to suggest that if you tease out the patient factors, about 20 percent of the difference is related to some factor from within the hospital that might be fixable," he said. "It'll hopefully spur folks into looking at the elements that could be modified, like moving to better triaging of patients and finding other ways to take care of them."

More information: Seymour C, et al. (2012). Hospital Level Variation in the Use of Intensive Care. *Health Services Research Journal*, In Press.

Provided by Health Behavior News Service

Citation: Hospitals vary widely in ICU admissions (2012, March 28) retrieved 26 April 2024 from https://medicalxpress.com/news/2012-03-hospitals-vary-widely-icu-admissions.html

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