

Hospitals with aggressive treatment styles had lower failure-to-rescue rates

1 October 2014

Provided by The JAMA Network Journals

Hospitals with aggressive treatment styles, also known as high hospital care intensity (HCI), had lower rates of patients dying from a major complication (failure to rescue) but longer hospitalizations, writes Kyle H. Sheetz, M.D., M.S., of the Center for Healthcare Outcomes and Policy, Ann Arbor, Mich., and colleagues.

The intensity of medical care varies around the country. Intensity is synonymous with an [aggressive treatment](#) style and it has been implicated in rising [health care costs](#), especially during the end-of-life period. Inpatient surgery also is a cost burden. The authors analyzed national Medicare data to examine increased HCI and outcomes after major surgery.

The data identified 706,520 [patients](#) at 2,544 hospitals who underwent 1 of 7 major cardiovascular, orthopedic or general surgical operations. The Dartmouth Atlas provides metrics of health care intensity for Medicare beneficiaries in their last two years of life.

Patients who had surgery at high HCI vs. low HCI hospitals had increased major complication rates. However, patients who had surgery at high HCI hospitals were 5 percent less likely to die of a major complication (failure to rescue) than at a low HCI facility. However, patients treated at high-HCI hospitals had longer hospitalizations, more inpatient deaths and lower hospice use during the final two years of life.

"Hospital care intensity has an independent influence on established quality metrics for surgical care, although its ability to improve quality through direct augmentation appears limited."

More information: *JAMA Surgery*. Published online October 1, 2014. [DOI: 10.1001/jamasurg.2014.552](#)

APA citation: Hospitals with aggressive treatment styles had lower failure-to-rescue rates (2014, October 1) retrieved 28 April 2021 from <https://medicalxpress.com/news/2014-10-hospitals-aggressive-treatment-styles-failure-to-rescue.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.