

Easing ICU admission criteria improves mortality in patients with sepsis, reduces costs

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Researchers from Northwest Hospital and Lifebridge Critical Care in Randallstown, Maryland, conducted a study of patients with sepsis admitted in the ICU and found that a significant decrease in mortality, ICU length of stay, and intermediate care unit-to-ICU transfers occurred when a collaborative culture was created between the ED and ICU.

This [retrospective study](#) focused on 886 [medical records](#) from [patients](#) with [sepsis](#) and compared mortality and length of stay before and after making ICU admission criteria less stringent. Upon implementation, overall mortality decreased by 45.4%, from 14.38% to 7.85%. Though the severity of the illness did not change, ICU length of stay was 25.9% lower in the postimplementation cohort (3.97 days vs 2.94 days). The number of intermediate care unit patients who were transferred also decreased by 67.1%, from 3.89% to 1.28%. Results show that developing a collaborative culture and standardized ICU admission criteria for patients with sepsis not only provides smarter use of ICUs but may also help improve annual cost savings in hospitals, as well.

"Although ICU level of care is costly, earlier inclusion of borderline patients may improve mortality," said Dr. Joseph Carrington, Northwest Hospital and lead researcher. "It may also significantly decrease resource utilization, as our study found."

More information: Further results will be shared 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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