
High ICU Usage Increases Invasive Procedures, Costs



Researchers at LA BioMed and UCLA examined ICU usage and found that patients admitted in ICUs underwent more costly and invasive procedures but did not have better mortality rates as compared to patients who were hospitalised with the same medical conditions but were not admitted to the ICU. The study is published in *JAMA Internal Medicine*.

During the study, the researchers examined records from 156,842 hospitalisations at 94 acute care hospitals. They specifically looked at four medical conditions where ICU care is typically provided but may not be necessary. These include diabetic ketoacidosis, pulmonary embolism, upper gastrointestinal hemorrhage and congestive heart failure.

Results showed that hospitals that utilised ICUs more frequently were more likely to perform invasive procedures and incur high costs. However, they did not show any improvement in mortality among these ICU patients as compared to those who were hospitalised for these same conditions.

"The study findings suggest that optimising the value of ICU care will require assessments of systematic institutional factors that may lead clinicians to over-utilise ICU care," said Dong W. Chang, MD, an LA BioMed researcher and corresponding author of the study. "In addition, overuse of ICUs among patients who can likely be treated in non-ICU settings may lead to inappropriately aggressive care and misallocation of resources away from patients who may truly need critical care services."

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The findings also showed that smaller hospitals and teaching hospitals had higher ICU usage rates for patients with these four conditions as compared to larger hospitals.

The study thus suggests that inappropriate use of ICUs may be harmful for both patients and for the healthcare system overall. However, more information may be needed to understand why some hospitals are driven to use ICUs more readily. There is also a need to examine hospital policies and institutional protocols that lead to the overutilisation of ICUs so that measures could be taken to reduce the number of invasive procedures and lower costs while providing optimum care.

Source: [JAMA Internal Medicine](#)

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