Regional Disparities in Neurocritical Care Outcomes

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ABSTRACT

While population health is often viewed as a primary care concern, specialty fields are heavily affected by inequalities in health outcomes and access to critical care services. This study sought to map out regional differences in the scope of care provided by neurointensivists as well as to assess the extent to which a critical care capacity varies between academic and community-based medical centers.

STUDY DESIGN

The Jefferson Department of Neurology elected to participate in a multicenter cross-sectional observational study in neurocritical care. The study was designed to ensure that patient data was collected simultaneously at all participating hospital sites over a weeklong period from July 21st to July 27th, 2014.

METHODS

Investigators collected daily data on neurocritically ill subjects in all Jefferson Intensive Care Units during the weeklong study as well as at the time of hospital discharge for each patient.

Data was collected for subjects who had been admitted to the ICU prior to or on the study start date (July 21st). Data collection for subjects was stopped if they were transferred from the ICU before the study end date (July 27th), although discharge information was still obtained.

Following the week of data collection the information obtained was de-identified, coded and entered into an online databank where it was compared to information collected simultaneously at other participating hospital sites.

Patient data was collected in the following categories:

1. Baseline Characteristics
2. Medications
3. Imaging Studies
4. Procedures
5. Mechanical Ventilation
6. Family Meetings
7. Hospital Discharge Information

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