

ABSTRACT

In this area, patients who require tertiary critical care at community hospitals have an equal chance of survival when they are in the same hospital's rural intensive-care unit as those who need ICU services.

INTRODUCTION

Introduction The concept of 'survival of patients transferred to tertiary intensive care' has been used by researchers to describe the effect of transfer on survival in patients with primary or secondary diseases: for example, the effect of transfer on the survival of patients with acute myeloid leukemia (AML) and leukaemia.

In this article, we will examine the results of a randomised controlled trial (RCT) of a novel approach to address the issue of 'survival of patients transferred to tertiary intensive care from rural community hospitals'.

Although the concept of 'survival of patients transferred to tertiary intensive care' has been used by researchers to describe the effect of transfer on survival in patients with primary or secondary diseases, there is no known clinical application for this concept. The aim of this study was to investigate the effect. In order for an individual to understand the role of regionalization in rural critical care, we must first determine whether accessibility plays a role in outcome and whether it is related to either being more or less accessible to the patient.

CONCLUSION

In the rural area where the study was conducted, differences in access to tertiary critical care did not have a significant impact on survival or duration of stay after admission to the TERTS ICU. The study found that there is no significant decrease in survival due to interfacility transfer in this hospital-service region.