

Survival of patients transferred to tertiary intensive care from rural community hospitals

ABSTRACT

Patients at community hospitals in this area who develop need for tertiary critical care are just as likely to survive as patients who develop ICU needs on the wards of this rural tertiary-care hospital, despite different accessibility to tertiary intensive-care services.

INTRODUCTION

Introduction Some hospitalized medical and surgical patients develop the need for critical-care resources that are available only at tertiary hospitals. Differences in accessibility to tertiary intensive care exist among hospitals within a rural region. For example, some patients are admitted from rural community hospitals that do not provide the same access to critical-care resources as is available to patients in the wards of tertiary hospitals. Therefore, the location of care (rural community hospital versus tertiary care center) before admission to a tertiary intensive care unit (ICU) may affect outcome. Determining whether accessibility is associated with outcome is important for understanding the role of regionalization when providing critical care to a rural population. Currently there is little direct evidence to support regionalization of adult medical and surgical critical-care services. If accessibility proves to be a determinant of outcome, then development of a regional critical-care program might be beneficial. If, however, accessibility does not affect the outcome of tertiary critical care, then efforts to create a regional critical-care service may be unnecessary or even detrimental. Using the location of care (rural community hospital versus tertiary care center) before admission to a tertiary ICU to describe differences in accessibility, we examined the relationship of accessibility to mortality and length of stay.

CONCLUSION

Differences in access to tertiary critical care in the rural region studied did not significantly affect survival or length of stay after admission to the tertiary ICU in the region. Interfacility transfer is important to regional critical-care systems, and this study does not show any negative impact on survival as a result of current interfacility transfer practice in this hospital-service region.