
Critical-Illness Events: Impact on Patient Outcomes



[University of Chicago](#) researchers have found that one patient's critical illness may play a role in medical setbacks for other patients in the hospital, according to a research letter published in JAMA. The results also show that "critical-illness events" such as cardiac arrests in a hospital unit were also associated with delayed discharge from the hospital for the other patients in the same unit.

The researchers analysed data for a variety of patients from a normal 20-bed hospital unit at the University of Chicago Medicine over a four-year period. Specifically, they wanted to determine whether "critical-illness events" like heart attacks had a significant impact on patient outcomes overall.

Key findings of their investigation include:

- In the six hours after a critical-illness event, the odds that a second patient in the same unit would undergo a comparable crisis increased by about 18 percent.
- If two patients from the same ward had critical-illness events within a six-hour period, the risk of another event went up by about 53 percent.
- In either situation, the risks of a health crisis rose even higher if the events happened at night.

See Also: [Study: Death Rates Rise Under Lower Skilled Staff](#)

Moreover, critical-illness events such as cardiac arrests, urgent ICU transfers and patient deaths also affected other patients' discharge times. Patients from units where a patient experienced one of these events were more likely to have a delayed discharge from the hospital.

One possible reason why these patients may have a greater chance of suffering poor outcomes after one patient's critical event is that they might receive less attention from doctors and nurses as they rush to handle the patient.

"This should serve as a wake-up call for hospital-based physicians," says [study author Matthew Churpek, MD, MPH, PhD](#), assistant professor of medicine at the University of Chicago. "Our data suggests that after caring for a patient who becomes critically ill on the hospital wards, we should routinely check to see how the other patients on the unit are doing."

By reminding clinical staff to be more in tune with their patients on their units – especially if one suffers a heart attack or other critical event – hospitals can avoid a potential "domino effect" where multiple patients experience critical events at once.

Source: Healthcare Business & Technology
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