
Poor Outcomes for Chronically Critically Ill Patients Leaving Hospitals on Ventilators, Researchers Report

"Survival alone is not the only important outcome for patients," says Barbara Daly, the lead researcher on the National Institutes of Health-funded study, "Composite Outcomes of Chronically Critically Ill Patients 4 Months after Hospital Discharge."

She adds that having a better quality of life by living at home, breathing free from the ventilator and having normal cognitive function are also important factors constituting a positive outcome in the aftermath of a hospital stay.

The researchers studied chronically critically ill (CCI) patients, who are those who have survived a life-threatening illness but remain dependent on the high-technology services of a critical care unit. These patients had stays of longer than one week in the intensive care unit and spent more than three days on ventilator support.

Following 257 patients at two and four months after their hospital stays, researchers found that 112 (43.6%) had what they categorized as "better" outcomes (living at home, able to breathe independently, with normal cognitive functioning). The 159 patients who were functioning without any cognitive impairment at the time of hospital discharge had better outcomes, with 111 (69.8%) breathing without the ventilator at home by 4 months.

But the results for the 39 patients who required ventilator support at discharge were less encouraging; only one patient had achieved a "better" outcome. Of the study's 98 patients who had cognitive impairments at discharge, 29 (30%) recovered for a better outcome. A worse outcome is considered losing cognitive functioning, breathing on ventilator and living in a care facility.

Little has been known about what happens after CCI patients leave the hospital, says Daly, the nursing school's Gertrude Perkins Olivia Professor of Oncology Nursing and clinical ethics director at University Hospitals Case Medical Center.

"We believe that knowledge of exactly how rare 'better' outcomes are for those patients who are cognitively impaired and ventilator dependent at discharge is important information for ICU clinicians who are counseling families about treatment decisions," write the researchers.

In a past survey about ICU communications, family members raised concerns about not being informed about the long-term consequences of their family member's illness.

Helping doctors and nurses with information about the quality of life following the discharge, can help the medical professionals in care planning and informing family members about outcomes in the months to come.

Other contributors to the study are Associate Professors Sara Douglas and Patricia Higgins and Assistant Professor Carol Kelly and Professors Nahida H. Gordon, Elizabeth O'Toole and Hugo Montenegro from Case Western Reserve University.

Adapted from materials provided by Case Western Reserve University, via EurekAlert!, a service of AAAS.

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Published on : Mon, 7 Dec 2009