Post-Cardiac Arrest Care Variations in Michigan Hospitals and Their Impact on Survival

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Introduction

- Most cardiac arrest patients who survive to hospital admission die in the hospital
- Most non survivors have care withdrawn
- Some hypothesize that early withdrawal of life sustaining therapy (WLST) adversely impacts survival.
- AHA Guidelines 2020:
- " Accurate neurological prognostication in brain-injured cardiac arrest survivors is critically important to ensure that patients with significant potential for recovery are not destined for certain poor outcomes due to care withdrawal."

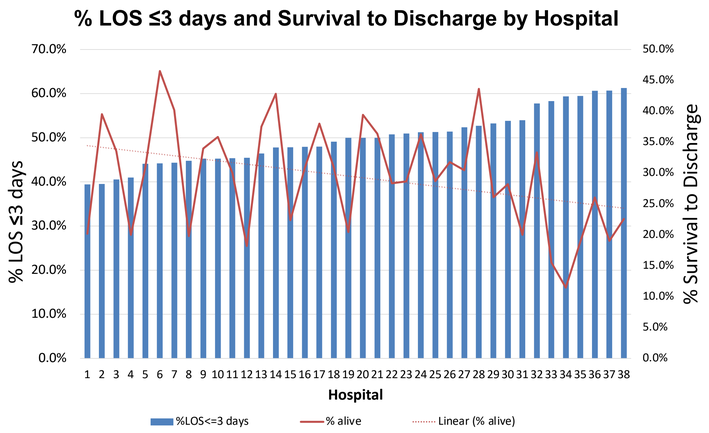
Aims and Objectives

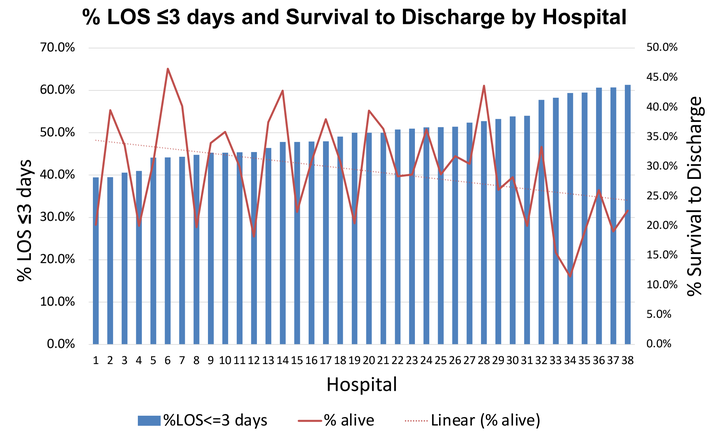
- Characterize hospital length of stay (LOS) as a surrogate for early WLST of post arrest patients, its relationship to survival and variation by hospitals using a statewide registry called Cardiac Arrest Registry to Enhance Survival (CARES).

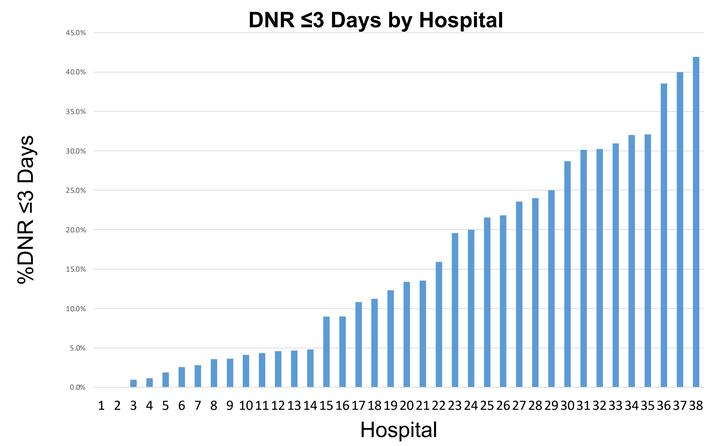
Methods

- Probabilistic linkage of out of hospital cardiac arrest records from 2014-2017 from the CARES registry and the Michigan Inpatient Database (MIDB)
- To assess variation in LOS (arrival to death/discharge), those with >30 subjects/hospital were included
- A "short LOS" was defined as ≤3 days.

Results







Conclusion

- Negative relationship between LOS and patient outcome in Michigan hospitals
- Significant variation in proportion of short LOS and early DNR orders in Michigan hospitals
- Potential that deaths may be prevented by increasing the time to WLST of post arrest patients

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