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An Evaluation of Outcome from Intensive Care in Major Medical Centers

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We prospectively studied treatment and outcome in 5030 patients in intensive care units at 13 tertiary care hospitals. We stratified each hospital's patients by individual risk of death using diagnosis, indication for treatment, and Acute Physiology and Chronic Health Evaluation (APACHE) II score. We then compared actual and predicted death rates using group results as the standard. One hospital had significantly better results with 69 predicted but 41 observed deaths ($p < 0.0001$). Another hospital had significantly inferior results with 58% more deaths than expected ($p < 0.0001$). These differences occurred within specific diagnostic categories, for medical patients alone and for medical and surgical patients combined, and were related more to the interaction and coordination of each

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hospital's **intensive care unit staff** than to the unit's administrative structure, amount of specialized treatment used, or the hospital's teaching status. Our findings support the hypothesis that the **degree of coordination of intensive care significantly influences its effectiveness.**

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