CRITICAL CARE CONGRESS
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2025 Critical Care Congress - Abstract and Case Report Submission Confirmation

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Submission Format
Abstract Submission

Submission Category:
Epidemiology - Outcomes

Submission Status:
Complete

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1893396

Submission Title:
Variation in ICU nursing documentation across race-ethnicity groups and correlation with outcomes

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Abstract Content

INTRODUCTION

Documentation in electronic health record (EHR) is used to facilitate communication between healthcare professionals. Previous studies have described the relationship between frequency of EHR documentation and ICU outcomes. In this study, we sought to explore the disparities in frequency of nursing documentation of Physical Exam (PE count)

between race-ethnicity groups in the ICUs and their relation to mortality. We leveraged the support from SCCM Datathon 2024 to perform this study.

METHODS

Patients in the eICU Collaborative Research Database ≥18 years of age were eligible. Due to significant variations in documentation practices in other regions, only patients from the Midwest region were included. PE count was used as a surrogate measure for documentation frequency. Study data included patient-level data (age, gender, race-ethnicity, predicted ICU mortality, actual ICU mortality) and ICU & hospital characteristics. We used multivariable logistic regression to analyze the relationship between PE count and ICU mortality. Model was adjusted for patient and ICU factors. We performed data munging in Google BigQuery and used GPT-4 for code and writing assistance.

RESULTS

A total of 53,111 distinct ICU stays were analyzed. Mean (±SD) age of the cohort was 63 (±17) years, with male (54%) and Caucasian (83%) preponderance and an ICU mortality of 4.6%. African Americans, Hispanics and Other groups accounted for 9%, 1% and 7%, respectively. In the multivariable model, older age groups (adjusted OR 2.03, $p< 0.001$), and African American and Hispanic patients (adjusted ORs 0.70 and 0.33 respectively, $p< 0.001$) showed significant association with ICU mortality. PE count was associated with mortality (adjusted OR 1.02, $p< 0.001$). Significant interactions were noted between different racial groups and PE count ($p< 0.001$). Similarly, significant variability in PE count was noted based on hospital and ICU characteristics.

CONCLUSIONS

In this large multi-center cohort study, disparities in frequency of documentation were noted among different race-ethnicity groups and were associated with differences in ICU mortality. This underscores the need for targeted interventions to standardize documentation practices and better understand its impact on ICU outcomes.

Categories

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1. **General Classification**

   Clinical

2. **Patient Type**

   Adult

3. **Category**

   Epidemiology - Outcomes

4. **Category Alternate 1**
5. **Category Alternate 2**
6. **Keywords**

epidemiology/ outcomes
healthcare delivery

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