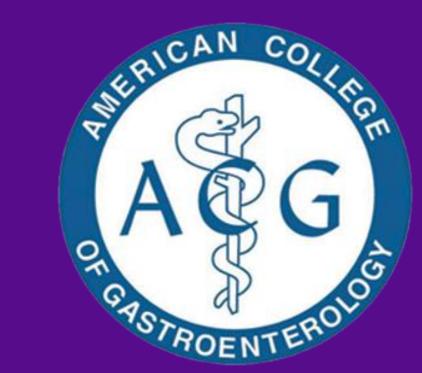


Impact of Hospital Teaching Status on Mortality and Procedural Complications of Percutaneous Paracentesis in the United States



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Background

Numerous previous studies investigated the impact of medical training settings on outcomes of hospitalized patients. Percutaneous paracentesis is frequently a bed-side procedure that is commonly performed by healthcare providers in training. However, impact of teaching hospital status on outcomes of percutaneous paracentesis to the best of our knowledge have never been studied before.

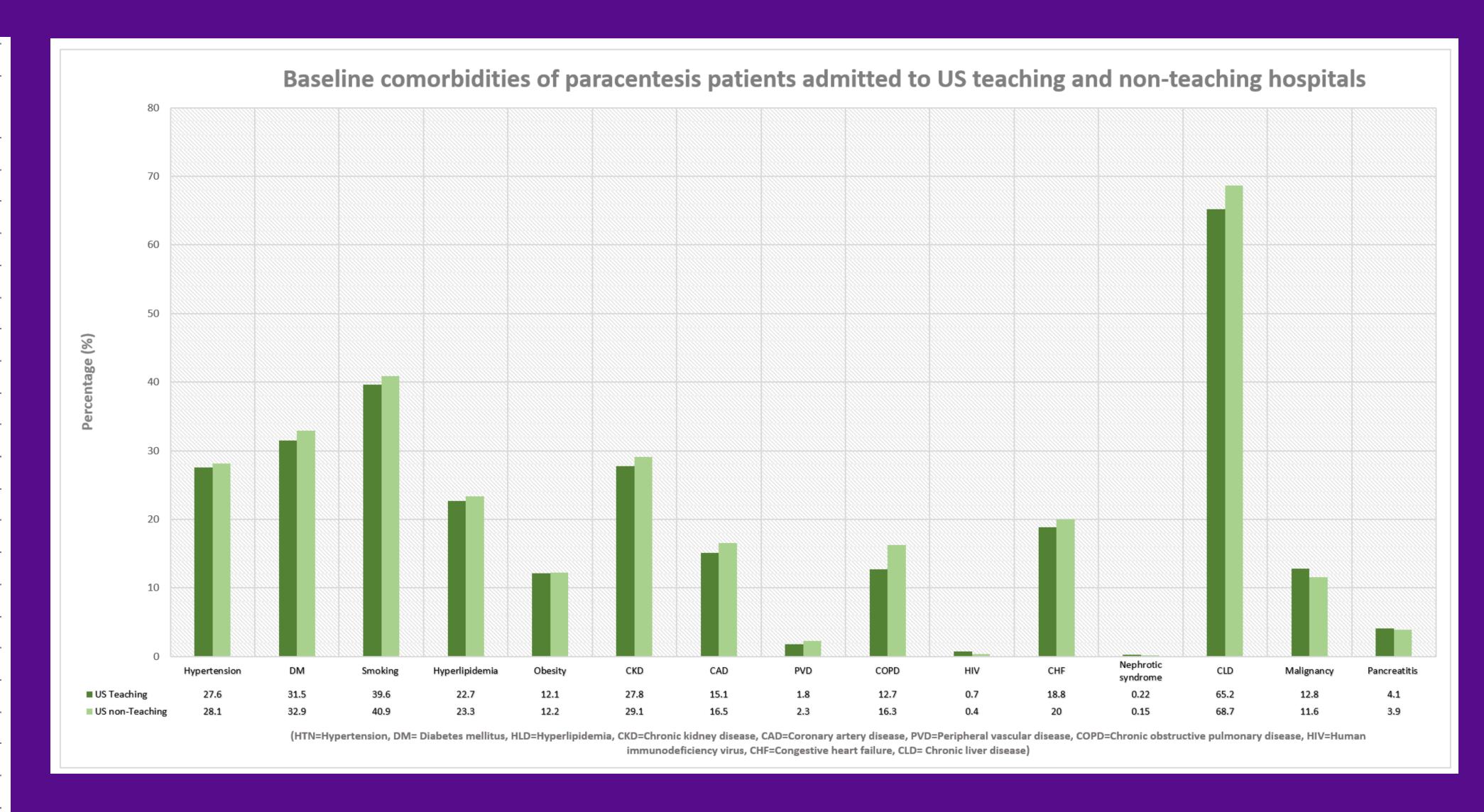
Methods and Materials

Hospitalized patients who underwent percutaneous paracentesis were identified from the National Inpatient Sample database 2016 to 2019 across United States teaching and non-teaching hospitals. Univariate and Multivariate logistic regression analysis was performed to determine the risk difference in mortality, postprocedural outcomes and healthcare resources utilization in the studied groups. Multivariate logistic analysis was performed using STATA software and results were adjusted for patient and hospital characteristics and comorbidities.

Results

Among 1,031,485 admitted adults' patients who underwent percutaneous paracentesis, 791,700 (76.8%) subjects were managed at US teaching hospitals, while 239,785 (23.2%) were admitted to non-teaching hospitals (Figure 1). Patients baseline comorbidities are listed in Table 1. Inpatient mortality rates (Figure 1) were significantly higher in individual undergoing paracentesis at US teaching hospitals (aOR 1.29, 95% CI 1.23 - 1.35, p< 0.001) compared to non-teaching hospitals. Similarly, higher risk of procedural complications including hemoperitoneum (aOR 1.90, 95% CI 1.65 - 2.20, p< 0.001), hollow viscus perforation (aOR 1.97, 95% CI 1.54 - 2.51, p< 0.001) and vessel injury/laceration (aOR 15.3, 95% CI 2.12 - 110.2, p=0.007) were noticed in study group when compared to controls. Furthermore, hospital teaching status was associated with prolonged mean length of stay (9.33 days vs 7.42 days, adjusted mean difference (aMD) 1.81, 95% CI 1.68 - 1.94, p< 0.001) and increased charge of care (106,014\$ vs 80,493\$, aMD 24,926\$, 95% CI 21,617\$ - 28,235\$, p < 0.001).

	Overall %	Teaching %	Non-teaching %	P-value
	N = 1,031,485	N = 791,700	N = 239,785 (23.2%)	
		(76.8%)		
Patient's characteristics				
Age, mean years	59.3	59.0	60.6	<0.001
Female	43.8 (451790)	43.9 (347556)	43.3 (103827)	0.028
Racial distribution			=0.4= (4=0.00=)	.0.004
White	66.0 (680780)	64.23 (508509)	72.15 (173005)	<0.001
Black	12.6 (129967)	13.8 (109255)	8.70 (20861)	<0.001
Hispanic	14.4 (148534)	14.7 (116380)	13.3 (31891)	<0.001
Others	2.75 (28366)	2.88 (22801)	2.32 (5563)	<0.001
Insurance type	46.1 (455515)	45.0 (0.550.40)	40.0 (115054)	-0.001
Medicaid	46.1 (475515)	45.2 (357848)	49.2 (117974)	<0.001
Medicare	23.6 (243430)	23.9 (189216)	22.8 (54671)	<0.001
Private	24.9 (256840)	25.7 (203467)	22.3 (53472)	<0.001
Uninsured	5.33 (54978)	5.20 (41168)	5.75 (13788)	<0.001
Charlson comorbidity index score	0.45 (05 (00)	0.00 (=4.0.66)	*****	.0.004
<u>1</u>	9.47 (97682)	9.09 (71966)	10.7 (25657)	<0.001
2	7.89 (81384)	7.71 (61040)	8.47 (20310)	<0.001
<u>≥3</u>	75.2 (775677)	75.6 (598525)	74.0 (177441)	<0.001
Median annual income, us\$	24.2 (24.27.42)	200 (242044)		
1-43,999	31.0 (319760)	30.8 (243844)	31.7 (76012)	<0.001
44,000–55,999	26.0 (268186)	25.1 (198717)	28.9 (69298)	<0.001
56,000–73,999	23.9 (246525)	24.1 (190800)	23.0 (55151)	<0.001
<u>≥74,000</u>	19.1 (197014)	20.0 (158340)	16.3 (39085)	<0.001
Hospital characteristics				
Hospital region	**********	20 = (4.62002)	** 0 (0 (0 **)	.0.004
Northeast	18.5 (190825)	20.7 (163882)	11.2 (26856)	<0.001
Midwest	21.7 (223832)	22.8 (180508)	18.2 (43641)	<0.001
South	38.0 (391964)	36.0 (285012)	44.6 (106944)	<0.001
West	21.8 (224864)	20.5 (162299)	26.0 (62344)	<0.001
Hospital bed size	15.0 (160055)	15.5 (1005.40)	10.2 (2.4600)	
Small	15.8 (162975)	17.5 (138548)	10.3 (24698)	<0.001
Medium	27.4 (282627)	27.0 (213759)	28.5 (68339)	<0.001
Large	56.8 (585883)	55.5 (439394)	61.2 (146748)	<0.001
Comorbidities	25.5 (205521)	25 ((210500)	20.1 (65200)	
Hypertension	27.7 (285721)	27.6 (218509)	28.1 (67380)	0.066
Diabetes mellitus	31.8 (328012)	31.5 (249386)	32.9 (78889)	<0.001
Smoking history	39.9 (411563)	39.6 (313513)	40.9 (98072)	0.001
Hyperlipidemia	22.9 (236210)	22.7 (179716)	23.3 (55870)	0.039
Obesity	12.1 (124810)	12.1 (95796)	12.2 (29254)	0.745
Chronic kidney disease	28.1 (289847)	27.8 (220093)	29.1 (69777)	<0.001
Coronary artery disease	15.4 (158849)	15.1 (119547)	16.5 (39565)	<0.001
Peripheral vascular disease	1.87 (19289)	1.80 (14251)	2.30 (5515)	<0.001
Chronic obstructive lung disease	13.5 (139250)	12.7 (100546)	16.3 (39085)	<0.001
Human immunodeficiency virus	0.60 (6189)	0.70 (5542)	0.40 (959)	<0.001
Congestive heart failure	19.0 (195982)	18.8 (148840)	20.0 (47957)	<0.001
Nephrotic syndrome	0.20 (2063)	0.22 (1742)	0.15 (360)	0.002
Chronic liver disease	66.0 (680780)	65.2 (516188)	68.7 (164732)	<0.001
Malignancy	12.5 (128936)	12.8 (101338)	11.6 (27815)	<0.001
Pancreatitis	4.11 (42394)	4.10 (32460)	3.90 (9352)	0.028



Conclusion

Hospitalized patients undergoing paracentesis in US teaching hospitals have increased risk of mortality, postprocedural complications, prolonged length of stay and increased charge of care when compared to non-teaching hospitals. As the first study to answer this question, further studies are needed to confirm our findings and the relationship impact of new trainees involved in the care of ascites patients on the outcomes of those undergoing paracentesis.

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