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Title: Full-time ICU staff in the intensive care unit: Does it improve the outcome?

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Body: Aim: We aimed to assess whether there is any difference in intubated ICU patient management when undertaken by a 24-hour intensivist versus periodic experienced specialist in the ICU? Methods: A retrospective, cross-sectional, observational study was done in a tertiary teaching hospital ICU. Patients receiving invasive mechanical ventilation (IMV) were classified into, group I: managed by an ICU experienced pulmonary specialist during night shifts in 2006-2007, and group II: managed by an intensivist around the clock in 2011. Patient demographics and ICU data (IMV duration, sedation, weekend extubation, ICU severity score, length of ICU stay, and mortality) were recorded and groups were compared. Results: In group one, 131 patients, and in group two 294 patients were included. Sedation infusion rate, duration of IMV, self-extubation rate, LOS of ICU were significantly increased in group one compared with group two (72.5% vs. 40.8%, $p < 0.0001$, 152 vs. 68 hour, $p < 0.001$, 24.4% vs. 13.9%, $p < 0.006$, 13 vs. 8 days, $p < 0.0001$, respectively). The weekend extubation rate and APACHE II scores were significantly lower in group one compared with group two (7.1% vs. 25.3%, $p < 0.0001$; 22 vs. 25, $p < 0.017$, respectively). Mortality rates were similar in two groups (35.9% vs. 37.4%, $p = 0.76$). Conclusion: A 24-hour intensivist appears to be better for decreasing IMV duration, and LOS in the ICU. These results may be useful to address decreasing morbidity and as a result cost of ICU by 24-hour intensivist coverage especially for patients with IMV.