

ICU Capacity Transfers and Mortality



Transfers from one ICU to another ICU are associated with an increased length of stay in the ICU and the hospital. Inter-hospital ICU transfers occur for three main reasons: clinical transfers, capacity transfers and repatriations.

A study was conducted to show that different ICU transfers differ in risk-adjusted mortality rate. The primary endpoint of the study was survival to 30 days. The secondary endpoint included survival at 180 days after discharge from the first ICU. 75 ICUs in the Swedish Intensive Care Register were used for the analysis and included adult patients admitted to the ICU and subsequently discharged by transfer to another ICU.

Transfers were grouped into three categories: clinical transfer, capacity transfer and repatriation. Fifteen thousand five hundred eighty-eight transfers were identified among 112,860 admissions. The majority of transfers were clinical (62.7%), followed by repatriations (21.5%) and capacity transfers (15.8%).

Findings show that unadjusted 30-day mortality was 25% among capacity transfers compared to 14.5% and 16.2% for clinical transfers and repatriations. 30-day mortality was 1.25 for capacity transfers and 1.17 for clinical transfers among using repatriation as a reference.

Overall, study findings show a large proportion of ICU-to-ICU transfers and an increased loss of dying for those transferred due to other reasons than repatriation.

Source: [Annals of Intensive Care](#)

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