
Safety Outcomes of Direct Discharge From ICU



Patients discharged from ICUs are traditionally transferred to a hospital ward to facilitate recovery and rehabilitation and to organise discharge planning. However, direct discharge home (DDH) from ICUs is becoming more common due to high hospital ward censuses and transfer delays. This increase is mainly due to strained ward capacity and high costs. Prior research shows an inverse correlation between DDH and ICU census. ICU patients who are directly discharged home are typically younger, with few comorbidities and simple discharge diagnoses.

A review was conducted to evaluate the impact of direct discharge home (DDH) from ICUs compared with ward transfer on safety outcomes of readmissions, emergency department visits, and patient mortality. The review included six studies, of which three studies enrolled 49,376 patients.

Findings of the review show that DDH from ICU compared with ward transfers did not demonstrate any difference in the risk of emergency department visits at 30-day). The same was observed for hospital readmissions at 30 days and mortality at 90 days. Overall, no significant differences were reported between the two groups.

These findings suggest that DDH from ICU may have no difference in safety outcomes compared with ward transfer of selected ICU patients. This is an important conclusion as it demonstrates that direct discharge home from ICUs may be viable for selected low-risk patients. However, it is important to note that the evidence for this is low to moderate, and there is a selection bias for patients considered for DDH. This practice is evolving due to resource-constrained healthcare infrastructure, but it can also leave patients vulnerable to negative consequences following the transition in care. Therefore, it is important to carefully consider the risks and benefits of DDH before making a decision.

Source: [Critical Care Medicine](#)

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