

Clinical Outcomes With and Without Direct Discharge Home



ICUs are an important part of an acute care system and provide life-sustaining treatment to critically ill patients. The level and complexity of care delivered in ICUs can vary. For example, some ICUs provide support for multiple organ failure, while others may focus on single-system support or might be a point of transition between the ward and the highest level of care. Patient care pathways, in general, function on providing the right level of care to the right patient at the right time. This may involve patients moving between different levels of care as needed. However, patient transitions can cause delays based on the availability of beds and risks associated with poor information transfer. Transfers from the ICU to the ward prior to discharge are considered a common practice, but patient discharge directly home (DDH) is also a frequent practice.

A study compared health service use and clinical outcomes for patients with and without direct discharge home from the ICU. The study included patients who were discharged home from the hospital either directly or within 48 hours of care in the ICU. The primary outcome of the study was the odds of hospital readmission or emergency department visit within 30 days.

Of the total 76,737 patients included in the study, 61% were directly discharged home from the ICU. The primary outcome was not significantly different for patients directly discharged compared to those who were not. In addition, no significant difference was observed in mortality at 90 days, and the effect on hospital readmission or emergency department visit was also similar in both groups.

Overall, these findings show no difference in outcomes for patients directly discharged home compared to patients who were transferred to a ward prior to discharge. These findings suggest that direct discharge home from the ICU can be routinely incorporated into patient care plans and that there is a need for careful patient selection to ensure more efficient use of healthcare resources. Standardising this practice could improve the efficiency of healthcare systems and could eliminate one extra level of transition in care. This strategy could also reduce the duration of stay in the ICU and hospital for some patients. Hence, if a patient no longer requires intensive and inpatient care, there should be a system in place that would facilitate direct discharge home for the patient.

Source: [Critical Care Medicine](#)

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