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Characteristics and Outcomes of Patients Discharged Directly Home from a Medical Intensive Care Unit

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RATIONALE: Discharging patients directly from ICUs is an increasingly common practice, largely due to decreased availability of ward beds. The purpose of this study was to describe the population and evaluate the outcomes of patients discharged directly from the MICU.

METHODS: We conducted a retrospective chart review of direct discharges to home from June 2018 to June 2019 from two MICUs. Patients were separated into two groups based on wait time (<24 hours or ≥ 24 hours) between ward transfer order and actual discharge. The primary outcome was 30-day hospital readmission. Risk was adjusted using Mortality Probability Model (MPM-III); ICU workload at admission and discharge was estimated using the nine equivalents of nursing manpower use score (NEMS). Patient characteristics were compared using t-test and Fisher exact or X^2.

RESULTS: There was no difference in severity-of-illness or admission NEMS between the two groups. Patients who waited <24 hours for discharge were more likely to be admitted from home. Patients who waited ≥24 hours prior to discharge had significantly longer mean hospital LOS compared to those who waited <24 hours (4.63 days vs. 2.65 days, $p<0.001$). There was no significant difference in 30-day readmission between patients who were discharged after waiting <24 hours vs. waiting ≥24 hours ($p=0.70$).

CONCLUSION: Patients who returned directly home from the MICU without any discharge delay were not readmitted to the hospital more frequently within 30 days than

those discharged to home after a delay exceeding 24 hours. Further investigation into identifying those patients for whom early discharge planning directly to home from the ICU is viable and safe may aid in reducing unnecessary critical care resource utilization.