

1-2020

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

Preeyal M. Patel

*Thomas Jefferson University, preeyal.patel@jefferson.edu*

Michele Fiorella, MS

*Thomas Jefferson University, michele.fiorella@jefferson.edu*

Ann Zheng

*Thomas Jefferson University, ann.zheng@jefferson.edu*

Erika J. Yoo, MD

*Thomas Jefferson University, erika.yoo@jefferson.edu*

Follow this and additional works at: [https://jdc.jefferson.edu/si\\_ctr\\_2022\\_phase1](https://jdc.jefferson.edu/si_ctr_2022_phase1)

 Part of the [Translational Medical Research Commons](#)

[Let us know how access to this document benefits you](#)

### Recommended Citation

Patel, Preeyal M.; Fiorella, MS, Michele; Zheng, Ann; and Yoo, MD, Erika J., "Characteristics and Outcomes of Patients Discharged Directly Home from a Medical Intensive Care Unit" (2020). *Phase 1*. Paper 25.  
[https://jdc.jefferson.edu/si\\_ctr\\_2022\\_phase1/25](https://jdc.jefferson.edu/si_ctr_2022_phase1/25)

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).

## SI/CTR Abstract

Word count: 234 words

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

Preeyal M. Patel, Michele A. Fiorella\*\*, Ann Zheng\*\*, Erika J. Yoo\*

**Introduction:** Discharging patients directly home from the ICU is becoming increasingly common, largely driven by decreased ward bed availability. We evaluated readmission patterns of ICU patients discharged directly home.

**Methods:** Retrospective review was conducted of direct discharges from the ICU to home between June 2017 and June 2019. The primary outcome of interest was 30-day hospital readmission. Patients were dichotomized by “wait-time” between transfer order and hospital discharge (<24 hours or ≥24 hours). Outcomes were compared using t-test, Fisher exact, and chi-squared. Risk-adjustment was performed using the Mortality Probability Model (MPM<sub>0</sub>-III). ICU workload was estimated using the nine equivalents of nursing manpower use score (NEMS).

**Results:** 331 patients were identified, with a mean time of 0.72 [0 - 5.84] days between ICU transfer order and discharge to home. 68.3% (226/331) of patients waited <24 hours for discharge. There was no difference in severity-of-illness or admission NEMS between the groups. 10.3% (45/331) of patients presented for evaluation within 30 days of discharge. 10.3% (34/331) of patients were readmitted. 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).

**Discussion:** Patients returning directly home from the ICU without discharge delay were not readmitted more frequently within 30 days than those discharged after a delay exceeding 24 hours. Further investigation into identifying patients eligible for safe, early discharge may reduce unnecessary critical care resource utilization.