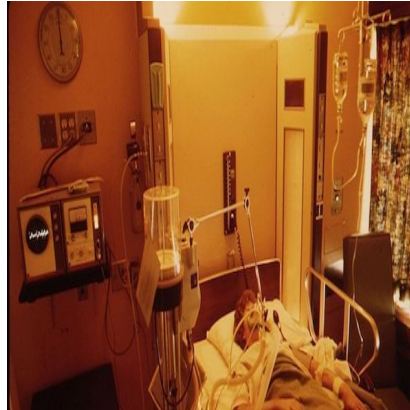




ICU Overnight Discharge Risk



While moving intensive care unit (ICU) patients after-hours is linked to increased risk of death, the rate of such discharges has remained unchanged over the past eight years, according to a recent study published in *Intensive Care Medicine*.

Researchers from Monash University (Melbourne, Australia) observed that despite efforts to reduce the number of overnight discharges, one in seven (i.e., 20,000 ICU patients) are transferred to general wards after hours each year.

Data from previous research have indicated that patients moved from ICUs outside of regular working hours have a greater chance of dying than patients discharged in-hours. Still, the rate of overnight discharges has stayed unchanged for the past eight years, said lead author Dashiell Gantner of Monash University's faculty of medicine, nursing and health science.

"We don't know exactly why things haven't changed," stressed Gantner. "Resources are one piece of the puzzle; it would be ideal if going into the night we had an extra bed to admit the unexpected patient without having to discharge another."

Having a bed available, Gantner explained, was a joint responsibility of clinicians managing the ICU, hospital administrators coordinating ward beds, and policy-makers managing the resources.

Previous studies have suggested a relationship between timing of ICU discharge and hospital outcomes.

Three Possibilities

Gantner offered several possible explanations for the ICU overnight discharge problem. First, patients moved out of the ICU after-hours may be more sick than those discharged in-hours, he said. "Our study showed that this may account for some of this increased risk, but not all of it."

Another possible reason was that the degree of nursing and medical monitoring available in the ICU could not be provided in normal hospital wards overnight. Thus, if a patient becomes unstable after ICU discharge this might not be picked up until it is too late, Gantner said.

A third possible explanation was that patients who were expected to die despite ICU-level care may be discharged after-hours to receive palliative care on the ward, added Gantner, also an intensive care fellow at The Alfred Hospital in Melbourne.

Further research was necessary to explore these possibilities, the lead author emphasised. The

Monash University study was done in collaboration with the Australian and New Zealand Intensive Care Society and involved data from 700,000 patient admissions between 2005 and 2012.

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