

ICU fatalities linked to after-hours discharge

August 19 2014, by Kate Howard

Patients who are discharged from intensive care units (ICUs) after-hours have a higher chance of death than those discharged during the day, a new study has found.

Findings published today in *Intensive Care Medicine*, show that one in seven ICU [patients](#) continue to be discharged to general wards after-hours, and this has not changed for the past eight years.

Lead researcher Dr Dashiell Gantner, from the Monash University Faculty of Medicine, Nursing and Health Science, said it remains unclear why practices have not changed.

"Nearly twenty thousand patients are discharged after-hours from ICU every year and they are more likely to die than those discharged during the day," he said.

"Demand for ICU services across Australia and New Zealand puts pressure on hospitals to operate ICUs at or beyond the limits of capacity. This means that if one patient unexpectedly needs ICU-level care during the night, another patient must be transferred out of ICU."

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

Dr Gantner, who is also an Intensive Care Fellow at the Alfred, said maintaining the capacity to admit new patients to ICU quickly without

having to discharge others is essential.

"Providing resources so that the ICU is not constantly full would be best. A few beds might be unoccupied from time to time, but when there are busy times new admissions could be quickly accommodated and appropriately cared for without disadvantaging other patients."

While previous studies had suggested a link between timing of ICU discharge and hospital outcomes, the Australian Council on Healthcare Standards had attempted to improve practice by establishing time of discharge as a national indicator of quality care.

Despite this, the current findings show that across Australia and New Zealand there has been virtually no change in discharge timing to help reduce the risk of death since 2005.

Provided by Monash University

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