A606 - Comparison of home and clinic follow-up visits after hospital discharge for post-ICU patients: a cross-sectional study

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Introduction:
Post-ICU patients may face barriers to access clinic-based rehabilitation programs due to the severity of their disabilities. We aimed to compare the burden of disability between post-ICU survivors who attended to a post-ICU follow-up clinic appointment and those who demanded home visits.

Methods:
A cross-sectional study was conducted between February and November 2017 in a post-ICU follow-up service which is reference for 4 tertiary hospitals in Southern Brazil. Post-ICU patients with a ICU stay >72 h (for medical and emergency surgical ICU admissions) or >120 h (for elective surgical ICU admissions) who were discharged alive from the hospital were invited by telephone to participate in a clinic-based multidisciplinary appointment 4 months after ICU discharge. Home visits were offered to patients who claimed impossibility to attend the clinic appointment due to the severity of their disabilities. Frailty was evaluated through the Modified Frailty Index (MFI), physical functional status through Barthel Index (BI), cognitive function through the Mini-Mental Status Examination (MMSE), and anxiety and depression through the Hospital Anxiety and Depression Scale (HADS).

Results:
In total, 120 patients were invited to attend to the post-ICU follow-up, 65% (n=78) accepted to participate in the study (clinic [n=61], home visit [n=17]). In comparison to clinic patients, home visit patients had higher median MFI scores (4 [IQR, 2-5] vs 1 [IQR, 0-3], p<0.001), higher median decrease in their BI scores in relation to the pre-ICU period (45 [IQR, 20-70] vs 5 [0-15], p<0.001), lower median MMSE scores (21 [16-25] vs 26 [23-29], p=0.02), and more unplanned rehospitalizations (41.2% vs 11.7%, p=0.01). The scores of HADS for anxiety and depression did not differ between the two study groups.

Conclusion:
Post-ICU follow-up policies should incorporate home visits as part of care, given that sicker patients may have difficulties to access clinic-based rehabilitation programs.