OUTCOMES ASSOCIATED WITH SAME-DAY DISCHARGE AFTER ELECTIVE PLACEMENT OF A PRIMARY PREVENTION IMPLANTABLE CARDEOVERTER-DEFIBRILLATOR AMONG OLDER PATIENTS

Oral Contributions
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Background: Patients electively receiving a primary prevention implantable cardioverter-defibrillator (ICD) are commonly observed overnight in the hospital; the prevalence, implementation, and associated outcomes of same-day discharge have not been characterized.

Methods: Using data from the National Cardiovascular Data Registry's ICD registry linked to Medicare claims, we examined the prevalence of same-day discharge after elective ICD placement, practice patterns over time, and the association between same-day discharge and death, all-cause readmission, and device-specific readmission.

Results: Between April 1, 2006, and December 31, 2009, 58,195 patients underwent ICD placement and 5.30% (n=3,083) were discharged the same day. The rate of same-day discharges varied by hospital (25th, 75th range: 0.0%, 3.0%; min, max range: 0.0%, 100%), and only increased modestly between 2006 and 2009 (4.1% to 6.6%, p<.001). Compared with patients observed overnight, patients who underwent same-day discharge were more commonly non-white; were less likely to have advanced heart failure symptoms, sinus node dysfunction and chronic lung disease; less frequently received a biventricular device; and more commonly received their ICD in private practice and suburban hospitals. After adjustment for baseline differences in patient, physician, and hospital factors, same-day discharge was not associated with 90-day all-cause death (adjusted odds ratio (OR) 0.86; 95% confidence interval (CI) 0.54-1.37; P = 0.41), all-cause readmission (adjusted OR 1.02; 95% CI 0.90-1.15; P=0.73), or device-related readmission (adjusted OR 0.85; 95% CI 0.58-1.24; P=0.26).

Conclusions: Among select older patients undergoing elective primary prevention ICD placement, same-day discharge was not associated with early death, all-cause readmission, or readmission for device-related complications.