

How Do Outcomes After ICU Care Differ for Veterans Discharged From Veterans Affairs Medical Centers vs Community Hospitals, and What Recovery Trajectories Emerge After Discharge?

STUDY DESIGN

- Retrospective cohort study of 311,224 veterans discharged from medical ICU admission
- Data from 2016 to 2023
- Outcomes included primary care visits, emergency department use, readmissions, mortality, and hospital-free days

RESULTS

Adjusted Postdischarge Outcomes for Patients Who Received ICU Care Stratified by Location of Index Admission

Risk Type	Primary Care	Emergency Department	Readmission	Death
SHR	1.36 (1.34-1.38)	0.76 (0.75-0.78)	1.12 (1.11-1.14)	1.17 (1.14-1.20)
30-d risks				
Absolute risk				
VA	20.18 (19.42-21.07)	16.50 (15.80-17.27)	15.71 (15.01-16.46)	4.02 (3.90-4.15)
CCN	15.29 (14.74-15.95)	21.00 (20.20-21.83)	14.11 (13.50-14.80)	3.47 (3.40-3.54)
Risk difference	4.90 (4.57-5.25)	-4.50 (-4.77 to -4.25)	1.60 (1.36-1.84)	0.55 (0.46-0.65)
Risk ratio	1.32 (1.30-1.34)	0.79 (0.78-0.80)	1.11 (1.10-1.13)	1.16 (1.13-1.19)
90-d risks				
Absolute risk				
VA	28.09 (27.08-29.26)	25.65 (24.63-26.77)	27.00 (25.89-28.18)	8.44 (8.19-8.70)
CCN	21.55 (20.81-22.45)	32.12 (30.97-33.29)	24.44 (23.45-25.55)	7.31 (7.18-7.46)
Risk difference	6.54 (6.12-6.98)	-6.47 (-6.82 to -6.11)	2.56 (2.18-2.93)	1.13 (0.93-1.33)
Risk ratio	1.30 (1.29-1.32)	0.80 (0.79-0.81)	1.10 (1.09-1.12)	1.15 (1.13-1.18)
HR (Cox)	1.30 (1.28-1.32)	0.78 (0.77-0.79)	1.14 (1.13-1.16)	1.17 (1.14-1.20)

HR = hazard ratio; SHR = subdistribution hazard ratio; VA = Veterans Affairs; CCN = community care network

In this study, veterans discharged from Veterans Affairs hospitals received earlier primary care but showed higher readmission and mortality, whereas patients discharged from community hospitals made fewer visits but had more emergency department use, highlighting the need for structured, risk-stratified transitional care.