



**Rachel Hadler, MD**

Emory University; Atlanta, Georgia

*Addressing Treatment Intensity in Critical Illness through Assessment of Early Mortality after Interhospital Transfer*

**Abstract**

Inter-hospital transfer (IHT) is associated with multiple negative outcomes: transferred patients are less likely to survive their hospitalization and to be discharged home. Rates of transfer for critically ill patients range from 4.5-8% nationally; however, regionalization of care in medically underserved areas has incentivized transfer of complex patients with limited attention to prognosis, cost, or caregiver/ patient burden. The overall goal of our proposal is to understand the patient, clinician, and system-level factors leading to poor outcomes after inter-hospital transfer and identify opportunities for intervention. To do so, we plan to study the epidemiology, drivers and impacts of IHT in patients experiencing early mortality, i.e., death within 72 hours of transfer. These patients are unlikely to benefit clinically from the IHT process, but may experience associated social, financial and care-related distress. The processes driving end-of-life transfer are underdefined but may represent gaps in prognostication, communication, and resources preventing local delivery of goal-concordant care.