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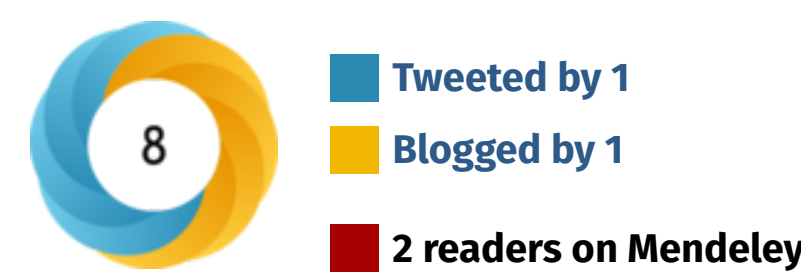
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The Impact of Resident Holdover Admissions on Length of Hospital Stay and Risk of Transfer to an Intensive Care Unit

Ashana, Deepshikha Charan MD, MBA¹; Chan, Vincent K. MD²; Vangala, Sitaram MS³; Bell, Douglas S. MD, PhD⁴

[Author Information](#)

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Abstract

Objective

Implementation of residency duty hour standards has led to adoption of different staffing models, such as the “holdover” model, whereby nighttime teams admit patients and transfer their care to daytime teams who provide ongoing care. In contrast, nonholdover teams at our institution are responsible for both admitting patients and providing ongoing care. We sought to determine whether patients admitted by holdover teams experience worse outcomes than those admitted by nonholdover teams.

Methods

This is a retrospective cohort study of patients admitted to the internal medicine hospital service at a quaternary care hospital from July 2013 to June 2015. Primary outcomes included hospital length of stay (LOS) and transfer to an intensive care unit within 72 hours of admission. Secondary outcomes were any transfer to an intensive care unit, in-hospital mortality, discharge to home (versus discharge to postacute care facility), and readmission to the health system within 30 days of discharge.

Results

We analyzed 5518 encounters, 64% of which were admitted by a holdover team. Outcomes were similar between study groups, except the LOS, which was 5.5 hours longer for holdover encounters in unadjusted analyses (5.18 versus 4.95 days, $P = 0.04$) but not significantly different in adjusted analyses. The mean discharge time was 4:00 P.M. for both groups, whereas the mean admission times were 12:00 A.M. and 4:00 P.M. for holdover and nonholdover encounters, respectively.

Conclusions

Holdover encounters at our institution were not associated with worse patient safety outcomes. A small increase in LOS may have been attributable to holdover patients having earlier admission and identical discharge times.

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