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 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 tertiary care hospital from July 2013 to June 2016. Primary outcomes included hospital length of stay (LOS) and transfer to an intensive care unit within 32 hours of admission. Secondary outcomes were any transfer to an intensive care unit or, in-hospital mortality, discharge to lower versus discharge to a tertiary care facility, and readmission to the health system within 32 days of discharge.

Results

We analyzed 1040 encounters, 520 of which were admitted by a holdover team. Compared with nighttime teams, the patient safety outcomes were not significantly different in holdover encounters at our institution (TABLE). The mean admission times were 12:00 AM and 4:00 AM for nighttime and daytime teams, 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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