

Do Hospitals With Higher Transfer-In Prevalence Have Worse Risk-Adjusted Outcomes, Including Mortality, Length of Stay, and Charges?

STUDY DESIGN

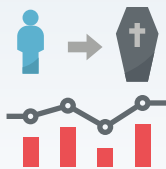
Retrospective review of the **National Inpatient Sample** from 2019 to 2020 to evaluate **whether hospitals with a higher prevalence of patients transferred in** from other acute care hospitals have worse **hospital-level adjusted performance metrics** compared with those with a lower prevalence

RESULTS



Among 4,261 hospitals, there were > 2 million encounters. Annual transfer-in prevalence ranges from 0% to 47.4%.

- Age (median) 67 years
- 52% female
- 68% non-Hispanic White



Transfer-in patients  in-hospital mortality (OR, 1.53; 95% CI, 1.47 to 1.60)

Hospitals with  transfer-in prevalence had  mortality for transfer-in patients (OR, 0.33; 95% CI, 0.23 to 0.47)



In the Spearman correlation,  hospital transfer-in patient prevalence was associated with:

- Small  in mortality
-  mean length of stay
-  hospital charges

In this study, transfer patients admitted to hospitals with a higher transfer-in prevalence had lower risk of mortality, but these hospitals had longer mean risk-adjusted lengths of stay.