

# General Principles and Guidelines for CDU<sup>1</sup> “Holds”

Emory Healthcare

## **Guidelines for “holds” or “boarders” in the CDU**

**General principle** - A “Hold” applies to a patient who is awaiting a prearranged action such as traditional inpatient admission, transfer to another facility, surgery, discharge home, etc. This is in contrast to a patient whose status is “observation” – where a patient is actively managed to determine the need for inpatient admission. “Holds” are often a manifestation of hospital overcrowding, or inefficiencies of patient care (i.e. prolonged waits to go to the O.R. or a bed). They have no limit on length of stay, acuity, or clinical condition. The CDU helps to address the problem of “holds” by avoiding admission and keeping inpatient beds open. Alternatively, filling the CDU with holds will exacerbate a bed shortage and enables inefficiencies of care to continue.

**Guidelines for “holds” in the CDU** - A patient who is awaiting admission to an inpatient bed or transfer may be held in the CDU provided that:

1. All efforts have been made to expedite inpatient admission or transfer (i.e. charge nurse has spoken with pre-op waiting, etc). All other options have been explored.
2. It is estimated that the bed or procedure will not be available for 3 hours or more. It is otherwise not worth the work of transferring twice in less than 3 hours.
3. “Holds” may not constitute more than half of the CDU bed capacity. The last available CDU bed may not be used for a hold.