The day to day burden of disease, and demand on health services, is presumably consistent. However, patients admitted to hospital on the weekend sometimes have worse outcomes than patients admitted on a weekday; a phenomenon known as the ‘weekend effect’.1

This study2 examined whether there was a ‘weekend effect’ on 30 day in-hospital mortality for patients admitted to a Queensland public hospital through an emergency department with a principal diagnosis of chronic obstructive pulmonary disease (COPD), myocardial infarction (MI), intracerebral haemorrhage (ICH) or acute hip fracture (AHF). Adjustment was made for several socio-demographic variables and comorbidities.

For ICH or COPD patients there was no evidence of a weekend effect but for MI patients the risk of death was increased by 15% for patients admitted on weekends compared with patients admitted on a weekday. Patients admitted on a weekend for AHF were 22% less likely to die within 30 days compared with their weekday counterparts, although this difference did not achieve statistical significance due to the small number of weekend patients with this outcome (56 over 5 years).

Overseas studies suggest that the observed ‘weekend effect’ for MI may be due to reduced invasive procedures on the weekend, whereas AHF patients may have improved outcomes because less elective surgery is performed on weekends, resulting in greater availability of operating theatres1,3-4.

References