Capsule Commentary on Blecker et al., Impact of an Intervention to Improve Weekend Hospital Care at an Academic Medical Center: An Observational Study

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This observational trial by Blecker et al. evaluated the effect of an intervention, called the 7-Day Hospital Initiative, on the primary outcome of length of stay in a large tertiary-care academic hospital¹. The intervention consisted of five components, including expanded access to diagnostic procedures on weekends, expanded hospitalist coverage and improved handoffs on weekends, increased weekend care management, improved discharge processes, and increased scheduling of elective surgeries on weekends. The study showed a 13 % decrease in average length of stay (LOS)—the study's primary outcome—immediately after the intervention as well as a persistent 1 % decrease in LOS each month thereafter, and a 12 % increase in weekend discharges immediately after the intervention, with a 2 % monthly increase thereafter. There was no impact on readmissions or mortality.

The care that patients receive on weekends in the hospital varies among facilities, and is often suboptimal compared to that on weekdays, leading to worse patient² and health system outcomes³. The author's intent to measure the impact of the 7-Day Hospital Initiative on patient (mortality) and system (LOS and readmissions) was hampered by two significant confounders that limited internal validity as well as generalizability. First, Hurricane Sandy led to a nearly 2-month evacuation of the study hospital that was followed by a 20 % decrease in average hospital census, which may have itself led to increased throughput due to less crowding and "crisis mode"

operation.⁴ There were 2 months during the closure that were appropriately excluded from the analysis. Second, a new electronic health record (EHR) was implemented during the study period. The effect of this change alone, while unlikely to solely account for the measured increase in weekend discharges and decrease in LOS, was likely to have an impact on the processes affecting these measures that was not possible to separate from the study initiative.

The results of the study are promising, and the conduct of the work during a time of duress is admirable. Further study is necessary to determine whether the results of the initiative are durable and generalizable to other health systems.

Conflict of Interest: The author has no conflicts with regard to this article.

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