Patient Safety–Related Incidents and Daylight Saving Time Transitions

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Dear Editor,

We read with interest the recent article by Kolla and colleagues.¹ We agree with their conclusion that spring forward transition into daylight saving time (DST) may be associated with increased safety-related incidents (SRIs) in a healthcare setting and countermeasures should be considered to mitigate this risk. We applaud the authors for their work in this understudied area.

The authors reviewed voluntarily reported SRIs that occurred 7 days prior and following spring and fall time changes at Mayo Clinic, a large healthcare organization including sites at multiple states. Data from all sites located in states that implement DST was included in the study. As such, data from a major hospital, Mayo Clinic, in Arizona was excluded. US statute allows state-level exemption from DST, and this exemption has been claimed by Arizona.²

The current findings, while suggestive, do not exclude effect due to time-of-year. Indeed another study³ from Australia demonstrated an annual cycle with number of SRIs peaking in October (spring in the southern hemisphere).

Comparison of the findings of Kolla et al., with data drawn from Mayo Clinic, Arizona could prove valuable in evaluating the hypothesis that the increased rate of SRIs is associated with the switch between standard time and DST. A review of data from Mayo Clinic, Arizona, should be undertaken, to determine whether rates of SRIs demonstrate a similar uptick during the time of spring and fall switch.

We add that further investigation may support these results and additional work is required to understand which countermeasures would be most effective to mitigate this risk.

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