

Weekend hospital stays worse for kidney patients

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Patients with end-stage renal disease (ESRD) who are admitted to the hospital during the weekend are at increased risk of death, according to a study presented at the American Society of Nephrology's 43rd Annual Meeting and Scientific Exposition.

"Our study highlights poor outcomes for patients with ESRD admitted over the weekend," comments Ankit Sakhuja, MD, a third year resident in internal medicine at The Medical College of Wisconsin, Milwaukee. "Further research is needed to identify the reasons for this 'weekend effect' and to institute appropriate interventions."

Using a national <u>hospital</u> database, researchers compared <u>mortality rates</u> and other hospital outcomes for ESRD patients hospitalized on weekends versus weekdays. There were more than 800,000 ESRD admissions during 2007, with nearly one fifth admitted over the weekend.

The mortality rate for ESRD patients admitted on weekends was significantly higher than those admitted on weekdays. With adjustment for other factors—including other medical conditions and hospital characteristics—patients admitted on weekends were 17% more likely to die in the hospital compared to patients admitted during the week.

Patients admitted on weekends also experienced delays to the start of dialysis treatment: nearly one-third of a day longer than for patients admitted on weekdays.



Reduced hospital staffing and limited resources on weekends may affect the quality of care. "Weekend effects have been shown in many diseases, including acute myocardial infarction and acute renal failure," according to Dr. Sakhuja.

The results show a similar weekend effect for ESRD patients, including delays to the start of dialysis treatment. "The restricted dialysis services on weekends may result in delayed care of the fluid and electrolyte imbalances, which can result in higher mortality," says Dr. Sakhuja. "Our study stresses the need to redesign hospital staffing models to assure improved staff and dialysis availability for patients dependent on dialysis over the weekends."

The authors note that their study was based on an administrative database prone to coding errors. Because of the nature of the data, it was not possible to ascertain the reasons for poorer outcomes of dialysis-dependent patients admitted over the weekends.

Provided by American Society of Nephrology

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