

## **Briefing Sheet**

### **Quality and safety of in-hospital care for acute medical patients at weekends: A qualitative study**

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Link to publication: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3833-z>

#### **Background**

The weekend effect - increased mortality risk associated with weekend admission to hospital - has been widely reported across the world and recent research has looked into likely causes and contributing factors. Variations in the organisation and delivery of in-hospital care between weekends and weekdays have been identified, but this is not always to the detriment of weekend admissions, and the impact on mortality is uncertain.

The paper states: "The focus on mortality has to some extent obscured the real question: do patients receive the same high standard of care every day of the week?... It would seem sensible to seek the views of those most directly involved: the patients and front-line clinical staff who have experienced hospital care at weekends and on weekdays".

#### **Key findings:**

- Clinicians and patients alike described weaknesses in the systems and resources for delivery of care over weekend, including:
  - lower levels of staffing and differences in expertise and skill mix;
  - breaks in continuity of care at the weekend;
  - lack of availability of diagnostic, therapeutic and allied services;
  - and a reduced availability of community services to support discharge.
- These differences in service organisation and delivery between weekends and weekdays could impact on a number of areas including the rescue and stabilisation of sick patients, and monitoring and responding to deterioration.
- Both clinicians and patients felt that patients who were very sick were prioritised at the weekend and, on the whole, received a similar level of care at the weekend as during the week. But they did suggest in order to achieve this focus staff resources were allocated away from less sick or stable patients, potentially resulting in reduced quality of care and increased risks of delays and deterioration for these patients.
- These findings suggest that a focus on explaining the reasons for increased mortality for weekend admissions risks obscuring important questions about the quality and safety of care for all patients in hospital at weekends.
- The authors conclude: "Wholesale restructuring of hospitals, and increased weekend staffing, to provide full seven-day services may not be feasible, effective, or cost effective. Instead, we should look at care processes and systems resilience over the weekends, and how these can be better supported, even in the limited resource environment that exists in many hospitals at weekends".

## **Methods in Brief**

The authors conducted four focus groups and completed six in-depth interviews, with 19 clinicians and 12 patients, recruited from three UK hospital trusts. The discussions were then analysed to explore quality and safety of care at weekends.

## **What is HiSLAC?**

These findings are from the final phase of a five-year study. HiSLAC ('High-intensity Specialist Led Acute Care') is an independent research collaboration funded by the National Institute of Health Research Health Service and Delivery Research Programme (NIHR HS&DR) and based at the University of Birmingham. HiSLAC is supported or endorsed by NHS England, NHS Confederation, Academy of Medical Royal Colleges, College of Emergency Medicine, Society of Acute Medicine, Royal College of Physicians, Faculty of Intensive Care Medicine, Royal College of Anaesthetists, University Hospitals Birmingham NHS Foundation Trust, the Universities of Birmingham, Leicester and Warwick and by the leadership of 127 NHS Trusts in England.

## **Additional Information**

- For the full findings and methodology, please read the paper in full by following the link at the head of this document.
- For more information and updates on HiSLAC visit the website [www.hislac.org](http://www.hislac.org) or follow us on Twitter @HiSLACProject.