
Study: Overnight Care Quality Findings



A study on the implementation of an onsite attending-level physician supervising the overnight medical residents, shows that the programme had no significant impact on important clinical outcomes. The study, published in the *Journal of General Internal Medicine*, is the first to look at the impact of an overnight academic hospitalist programme.

Academic hospitals traditionally have utilised hospitalists — doctors who primarily see patients in the hospital — during the day. However, in recent years, many teaching hospitals have implemented an overnight academic hospitalist (OAH) programme in response to concerns for patient safety and quality of care.

The new study covered an OAH programme implemented by the Penn State Hershey Medical Center in September 2012. Jed Gonzalo, MD, MSc, associate dean for health systems education, Penn State College of Medicine, and colleagues evaluated the effect of the programme on five key outcomes: in-hospital mortality rates, 30-day readmission rates, lengths of stay and transfers to the intensive care unit both on the night of admission and later during the hospital stay.

In order to compare outcomes before and after implementation of the OAH programme, the research team reviewed the medical records of all patients admitted to the internal medicine department at the medical centre between 1 April 2011 and 31 May 2014.

A total of 6,484 patients were admitted during the overnight shift — from 7:00 pm to 6:59 am — over the course of the study period. A little less than half of the patients (42 percent) were admitted prior to the intervention, while 58 percent of patients were admitted afterwards.

The researchers found no significant differences between any of the clinical outcomes when comparing patients admitted before and after the OAH programme was implemented:

- In-hospital mortality rate: 1.1 percent prior to intervention vs. 0.9 after intervention;
- 3.5 percent of patients were upgraded to the intensive care unit during their hospital stay before the programme implementation, compared to 4.2 percent afterwards.

In addition, the researchers did not find any significant differences in age, gender or race of patients admitted to the hospital before and after implementation of the programme.

"For years, residents were on their own at night — they had to make decisions on their feet, because the buck stopped with them. Newer models of care at night have the potential to strip away residency autonomy because they can lean on the attending now," explains Dr. Gonzalo, also an assistant professor of medicine and public health sciences at the Penn State College of Medicine. "However, the other view is 'the more eyes, the better.' So it's a challenge we need to think more about to balance education and ideal patient outcomes."

The study was limited to one model of an OAH programme at one hospital. More studies should be done in other locations, with other models to get a more complete picture of the pros and cons of OAH programmes, the researchers say.

Source: [Penn State](#)

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