## "Does the Quality of Hospital Treatment Vary by Days of the Week?"

Boris Augurzky, RWI Essen, IZA Bonn Christoph Schwierz, RWI Essen



1

Rheinisch-Westfälisches Institut für Wirtschaftsforschung

#### Introduction

## Objectives

- Show the effect of the time of admission on the quality of treatment
- Investigate the existence of premature discharge

### Rationale

- Introduction of the DRG system
- Reductions of length of stay



# **Previous literature**

## **Empirical findings**

- Worse health outcomes for admissions/discharges during the weekend/ at night (Kaiser et al. 2006, Bell and Redelmeier 2001, Goldfrad and Rowan 2000, Arias et al. 2004)
- Staffing capacity related to health outcomes (Lang et al. 2004, Lankshear et al. 2005)
- Outcomes depend on LOS
  - Hospitals with shorter LOS have higher emergency readmission rates (Heggestad 2002)
  - In-hospital mortality risk decreases with higher average LOS (Heggestad 2002)



#### **Methodological Issues**

- Measures of quality of treatment
  - in-hospital mortality
  - emergency readmissions
- Risk adjustment
- Endogeneity of day of admission
  - elective vs. emergency admissions

#### **Emergency Admission**

- Definition: Patients in **imminent danger of life**, or where danger of life is to be expected, if the **fastest possible medical treatment** is not provided (Law of emergency medical services)
  - No self-selection of patients
- Hospitals must admit all emergency cases, given their capacity and medical qualification
  - No selection of patients by admitting hospitals
- If admission of emergency patients is exogenous by days of the week and time of the day, we can single out the effect of quality of treatment by time of admission

### The Data

- **Source**: Administrative patient-level data from twelve German hospitals for the years 2004 and 2005
- Health outcomes: In-hospital mortality up to 30 days after admission, emergency readmissions up to 15 days after hospitalization
- Sample size:
  - 263 823 observations
  - 168 705 elective and 95 118 emergency admissions
- **Patient characteristics**: Age, sex, insurance status, distance to hospital
- Characteristics of illness severity: Relative diagnosis weight, PCCL, operative diagnosis, number of secondary diagnoses, dummies for MDC, hospital and department of admission

#### **Descriptive Analysis Admission and Discharge Policy** 4000 of patients 3500 3000 2500 Number 2000 1500 1000 Jartes War by Way In In In the Beb Oct Hoy Dec Day of the year Typical pattern of rising and falling numbers of patients throughout the year

RWI essen Rheinisch-Westfälisches Institut für Wirtschaftsforschung









By day of discharge



#### Unadjusted in-hospital mortality rates (in %)

	By day of admission <sup>&amp;</sup>		Death-to-patients ratio*		
	Elective patients	Emergency patients	Elective patients	Emergency patients	
Mo-Su	1.36	3.81	0.125	0.187	
Mo-Fr	1.28	3.74	0.122	0.184	
Mo	1.08	3.48	0.113	0.176	
Tue	1.12	4.01	0.116	0.180	
We	1.13	3.63	0.122	0.192	
Thu	1.35	3.63	0.126	0.176	
Fr	1.96	3.97	0.134	0.198	
Sa	2.91	3.95	0.131	0.198	
Su	1.62	4.08	0.137	0.191	

Notes:

& In-hospital mortality within 30 days after admission

\* Number of deaths relative to patients

#### Relatively high mortality rates before/during the weekend



#### **Unadjusted emergency readmission rates (in %)**

	By day of admission		By day -	of discharge
	Elective patients	Emergency patients	Elective patients	Emergency patients
Mo-Su	0.67	1.02	0.67	1.02
Mo-Fr	0.66	1.01	0.67	0.99
Mo	0.59	1.06	0.63	1.02
Tue	0.65	0.92	0.54	0.76
We	0.69	1.10	0.66	1.30
Thu	0.75	0.98	0.73	0.96
Fr	0.73	1.03	0.75	0.97
Sa	0.91	1.22	0.69	1.17
Su	0.63	0.87	0.64	1.14

Notes:

RWI ESSEN #Emergency readmissions within 15 days after previous discharge

#### Higher readmission rates for before weekend admissions

Unadjusted In-Hospital Mortality and Readmission Rates by time of the day (In %)

	Electiv	e patients	Emergency patients		
In- Hour Hospital Mortality *		Readmission Rates *	In- Hospital Mortality	Readmission Rates	
0-24	1.36	0.67	3.97	1.02	
7-18	1.31	0.70	3.77	1.04	
18-7	1.73	0.52	4.10	1.00	

Notes:

& In-hospital mortality within 30 days after admission

#Emergency readmissions within 15 days after previous discharge

Higher mortality rates at night, lower readmission rates at night



	Elective	patients	Emergency	patients
Variable	Mo-Fr	Sa-Su	Mo-Fr	Sa-Su
Number of observations	155692	12944	69261	25857
Age	50.38	38.42	52.75	50.60
	(25.33)	(31.24)	(25.74)	(27.11)
Fraction of males	0.52	0.54	0.52	0.52
	(0.50)	(0.50)	(0.50)	(0.50)
Fraction of privately insured patients	80.0	0.09	0.09	0.09
	(0.27)	(0.28)	(0.29)	(0.28)
Distance from patient's home to hospital	23.95	20.93	17.81	17.56
······	(55.94)	(53.79)	(53.65)	(54.25)
Effective case mix index	1.20	1.26	1.24	1.18
	(2.20)	(2.69)	(2.40)	(2.16)
Clinical complexity level (PCCL)	1.48	1.30	1.89	1.82
	(1.61)	(1.63)	(1.65)	(1.65)
Fraction of operative DRGs	0.35	0.27	0.21	0.19
	(0.48)	(0.44)	(0.41)	(0.39)
Number of secondary diagnoses	3.05	2.94	3.16	2.90
·······	(4.34)	(5.19)	(5.63)	(5.32)
Note: Standard deviations in parentheses	š,			

**Descriptive Analysis** Causes of in-hospital mortality and emergency readmissions for

#### weekdays versus weekend admissions (in %)

	Emergency admissions			
	Deat	hs	Readmi	ssions
	Mo-Fr	Sa-Su	Mo-Fr	Sa-Su
Causes	%	%	%	%
MDC 01 Mental disorders	15.99	16.17	12.58	11.02
MDC 03 Diseases of the sense organs	0.86	0.62	4.87	4.90
MDC 04 Diseases of the respiratory system	18.61	18.30	14.15	6.12
MDC 05 Diseases of the circulatory system	17.12	20.43	17.77	17.14
MDC 06 Diseases of the digestive system	9.03	8.70	12.74	29.80
MDC 07 Diseases of the hepatobiliary system an pancreas	5.44	5.60	2.20	2.04
MDC 08 Diseases of the musculoskeletal system	2.66	2.84	4.09	4.90
MDC 09 Diseases of the skin and subcutaneous tissue	1.90	1.51	2.99	2.45
MDC 10 Endocrine, nutritional and metabolic diseases	1.76	1.95	1.58	1.22
MDC 11 Diseases of the urinary system	2.14	2.31	8.49	7.75
MDC 12 Diseases of the male genitourinary system	0.55	0.35	0.94	0.41
MDC 13 Diseases of the female genitourinary system	1.10	0.98	2.67	1.63
MDC 15 Newborn	0.07	0.00	2.04	1.22
MDC 17 Hematological diseases and neoplasms	2.51	2.13	5.34	5.71
MDC 18B Infectious and parasitic diseases	4.00	3.55	2.52	1.23
MDC 21B Injury and poisoning	0.65	0.44	2.67	0.82
MDC 23 Symptoms, signs and ill-defined conditions	0.31	0.35	1.10	1.22
Ungroupable	15.30	13.76	1.26	0.41
Total number	2902	1126	636	245

#### **Estimation method**

- Binary dependent variables
  - Above average length of stay
  - In-hospital mortality
  - Emergency readmission
- Two samples
  - Full sample (elective and emergency admissions)
  - Emergency sample only
- Main variables of interest
  - weekend vs. weekday admission
  - night vs. day admission
- 3 sets of explanatory variables
  - S1 = Raw (Treatment on outcome)
  - S2= S1 + exogenous individual characteristics
  - S3=S2 + mostly endogenous severity of illness indicators and dummies for diagnosis, department and hospital of admission

#### **Determinants of above average LOS**

	Above average LOS							
		By day of a	admission		By day of discharge			
	Full sa	mple	Emergen	Emergency cases		mple	Emergen	cy cases
Explanatory Variables	Coeff.	Coeff. t-value Coeff. t-value		Coeff.	t-value	Coeff.	t-value	
Тие	0.054**	(6.30)	0.061**	(3.81)	-0.036**	(-3.59)	-0.004	(-0.24)
We	0.081**	(9.12)	0.097**	(6.02)	-0.113**	(-11.44)	-0.055**	(-3.48)
Thu	0.137**	(15.23)	0.148**	(9.25)	-0.206**	(-20.61)	-0.096**	(-5.97)
Fr	0.162**	(16.31)	0.146**	(9.13)	-0.268**	(-27.94)	-0.126**	(-8.15)
Sa	0.098**	(8.03)	0.057**	(3.44)	-0.311**	(-27.74)	-0.186**	(-10.00)
Su	0.004	(0.37)	-0.032*	(-1.99)	-0.306**	(-20.21)	-0.254**	(-10.47)
Diedinhospital	-0.466**	(-23.35)	-0.557**	(-21.38)	-0.443**	(-22.03)	-0.530**	(-20.24)
Male	-0.048**	(-7.92)	-0.058**	(-6.14)	-0.049**	(-8.04)	-0.058**	(-6.13)
Age	-0.002*	(-2.47)	0.007**	(6.71)	-0.002*	(-2.42)	0.007**	(6.60)
Age²	0.005**	(7.24)	-0.002*	(-2.34)	0.005**	(7.09)	-0.002*	(-2.28)
Privately insured	-0.098**	(-9.46)	-0.143**	(-8.92)	-0.096**	(-9.19)	-0.140**	(-8.73)
Distance	-0.001**	(-3.85)	0.001	(1.55)	-0.001**	(-3.81)	0.001	(1.38)
Distance <sup>2</sup>	0.001*	(2.54)	0.001	(0.30)	0.001*	(2.49)	0.001	(0.19)
PCCL	0.064**	(29.02)	0.075**	(21.25)	0.064**	(28.62)	0.073**	(20.73)
DRG weight	-0.041**	(-12.40)	-0.064**	(-12.03)	-0.043**	(-12.59)	-0.065**	(-12.25)
Operative DRG	-0.096**	(-10.88)	0.048**	(3.13)	-0.105**	(-11.85)	0.047**	(3.06)
#Side diagnoses	0.095**	(53.97)	0.094**	(36.37)	0.096**	(53.86)	0.094**	(36.26)
Pseudo R2								

Notes:

§ 1 if positive individual deviation from the expected average length of stay from a diagnosis according to the official DRG catalogue, 0 otherwise.

Weekend admission and in-hospital mortality: FULL SAMPLE

	In-h ospital mortality <sup>4</sup>					
	Raw		Adjust	ed <u>ex og</u>	Adjusted endog	
Explanatory Variables	Coeff. t-value		Coeff.	t-value	Coeff.	t-value
Weekend admission	0.217**	(15.91)	0.237**	(16.15)	$0.180^{**}$	(10.44)
Male			0.085**	(7.23)	0.039**	(2.75)
Age			0.001	(0.22)	0.010**	(4.96)
Age <sup>2</sup>			0.017**	(16.56)	0.006**	(3.62)
Privately insured			-0.035	(-1.61)	0.03	(1.15)
Distance			-0.002**	(-3.56)	-0.002**	(4.43)
Distance <sup>2</sup>			3.3 E-04*	(2.29)	3.3 E-04**	(3.58)
PCCL					0.344**	(40.99)
Relative DRG weight					-0.159**	(-13.58)
Operative DRG					0.001	(1.01)
# Side diagnoses					0.015**	(8.89)
Artificially ventilated					0.001**	(4.59)
Pseudo R2	0.0	04	0.0	81	0.30	4

ы

2

#### **In-hospital Mortality**

	In-Hospital Mortality						
– Explanatory Variables	Full sample observati	(263754 ons)	Emergency sample (95118 observations)				
Weekend admission	0.180**	-	0.061**	-			
Night admission	-	0.139**	-	0.010			
Male	0.039**	0.041**	0.046*	0.046*			
Age	0.010**	0.011**	0.020**	0.020**			
Age <sup>2</sup>	0.006**	0.005**	-0.001	-0.001			
Privately insured	0.03	0.029	0.016	0.016			
Distance	-0.002**	-0.002**	-0.002*	-0.002*			
Distance <sup>2</sup>	3.3 E-04**	3.1 E-04**	0.000~	0.000~			
PCCL	0.344**	0.324**	0.281**	0.281**			
Relative DRG weight	-0.159**	-0.042**	-0.027**	-0.027**			
Operative DRG	0.001	-0.089**	-0.037	-0.037			
# Side diagnoses	0.015**	0.003*	0.002	0.002			
Artificially ventilated	0.001**	-0.001**	-0.001**	-0.001**			
Pseudo R2	0.30	0.31	0.29	0.29			

Notes: \*\* significant at 1%; \* significant at 5%; ~ significant at 10%

19

#### **Emergency Readmission**

	Emergency Readmission					
Explanatory Variables	Full sample (	(263754	Emergency sample (95118			
	observau	uns)	oolo	uns)		
Weekend admission	0.052	-	0.010	-		
Night admission	-	-0.057~-	-	-0.068~-		
Above avg. length of						
stay	-0.302**	-0.301**	-0.274**	-0.276**		
Male	-0.003	-0.002	-0.014	-0.014		
Age	-0.003	-0.003	-0.003	-0.003		
Age <sup>2</sup>	0.001	0.000	0.001	0.001		
Privately insured	0.025	0.025	0.013	0.011		
Distance	-0.003**	-0.003**	-0.001	-0.001		
Distance <sup>2</sup>	0.001**	0.001**	0.000	0.000		
PCCL	0.044**	0.044**	0.021~	0.021~		
Relative DRG weight	-0.139**	-0.139**	-0.252**	-0.252**		
Operative DRG	-0.032	-0.037	0.215*	0.210*		
# Side diagnoses	-0.038**	-0.038**	-0.044**	-0.044**		
Artificially ventilated	-0.001	-0.001	0.000	0.000		
Pseudo R2	0.086	0.091	0.07	0.08		

Notes: \*\* significant at 1%; \* significant at 5%; ~ significant at 10%

Selected partial effects from fully adjusted models

	Full sam	ple	Emergency s	ample			
	In-hospital mortality						
	Partial Effect	t-value	Partial Effect	t-value			
Weekend admission	0.002279**	(10.60)	0.001508**	(3.05)			
Night admission	0.001597**	(8.68)	0.000028	(0.06)			
	Emergency readmissions						
Weekend admission	0.000714*	(2.28)	0.000161	(0.34)			
Above average LOS	-0.003610**	(14.04)	-0.004248**	(8.81)			
Night admission	-0.000201	(0.75)	-0.000249	(0.57)			
Above average LOS	-0.003599**	(13.99)	-0.004246**	(8.81)			

#### **Summary and Conclusion**

- Mixed evidence of significance of time of admission on quality of treatment
  - In-hospital mortality significantly higher for weekend admissions
  - No significance of day of admission when emergency readmission is the outcome
  - No significant effect for day vs. night admissions
- Signs of premature discharge
  - Length of stay depends on day of admission and discharge
  - Above average length of stay is associated with fewer emergency readmissions
- Probably: Lower staffing capacity during the weekend might cause lower quality of outcome, but we do not know

