

Hospitals' ability to treat heart-attack patients diminishes on weekends. USA Today (3/15, Sternberg) reports that, according to a study published in the New England Journal of Medicine, "People who have weekend heart attacks are more likely to die than those admitted to hospitals during the week, largely because they're less likely to get care that meets scientific guidelines for saving lives." Lead author William Kostis of the Robert Wood Johnson Medical School in New Jersey, says, "One of every hundred heart patients over a weekend will die unnecessarily." USA Today reports that the "shortage of hospitals capable of providing lifesaving angioplasty has prompted the American College of Cardiology to launch a campaign to encourage more hospitals to make the procedure routine for treating heart attacks."

The Wall Street Journal (3/15, D9, Zimmerman) reports that "those admitted on the weekend were...less likely to be treated with the invasive cardiac procedure known as angioplasty that is recommended by heart specialists." Researchers "concluded the disparity accounts for nine to 10 additional deaths per 1,000 admissions annually." Dr. Donald Redelmeier, a professor of medicine at the University of Toronto, who wrote an editorial accompanying the study, says that "the problem comes down to staffing. 'All you have to do is take an aerial photo of a hospital parking lot on a Sunday morning and a Monday morning to see the difference,' he says. On the weekends, he says the staff is often smaller, spread thinner, with less oversight and fewer senior doctors working."

The AP (3/15, Johnson) reports that, despite the findings, "doctors say you shouldn't avoid a weekend hospital visit if you think you are having a heart attack or stroke. A delay of even an hour or two raises chances of death or serious heart or brain damage." Also, "Dr. Harlan Krumholz, a Yale University School of Medicine cardiologist, "said differences in staffing levels and communication may play a role in the different death rates. His research team in 2005 found that heart attack sufferers waited 20 to 30 minutes longer for angioplasty on weekends or after hours." Krumholz said, "'This may be a quality challenge, for our health system to ensure no matter what time you come to the hospital you're going to get outstanding care' after a heart attack."

The New York Times (3/15, Kolata) reports that, "Although some investigators said the findings gave them pause, not everyone was convinced that there was a cause-and-effect relationship between lower angioplasty rates and higher death rates." Dr. Eric D. Peterson, a cardiologist at Duke University "who led a similar study with a national sample of patients, found that although there was less angioplasty on weekends, there was no difference in mortality rates." Also, "Dr. Mark A. Hlatky, a cardiologist and professor of health research and policy at Stanford University, doubted that the sole reason for extra weekend deaths was less aggressive care."

HealthDay (3/15, Mundell) quotes Dr. Kostis as saying, "If you go to many hospitals, it is understood that the availability of personnel, the availability of equipment, and the associated administrative mechanisms are not the same on the weekends." Some experts, however, "noted that the data in the study is at least five years old, and that a recent nationwide push by the American College of Cardiology (ACC) and the American Heart Association (AHA) to improve heart-attack care may have already eased the problem."

The Philadelphia Inquirer (3/15, Goldstein) notes that New Jersey is "considering a protocol that would encourage emergency personnel to take heart-attack patients to hospitals that have advanced cardiac-care

capabilities, much as accident victims and other seriously injured people are transported to designated trauma centers."

From the AHLA