

## **Academic Emergency Medicine Editor-in-Chief Pick of the Month**

### **Night Time Is Not Always the Right Time**

“I say there is no darkness but ignorance.” - William Shakespeare

The billboards made me pick [this one](#). You know which billboards...The ones see on any freeway as you Uber from the airport into any mid- to large- sized city, where the mid- to large- sized hospitals are photobombing you with images of perfect parents with their perfect children, telling you to take your child to this city’s most awesome hospital. Because they provide the best service. The mostest in compassion and caring. Unparalleled. Uncompromising everything. First in technology, [Insert other thesaurus-derived superlative]. Something special. Just for you.

Well, except at night.

At night at some hospitals, your child gets...meh, OK care. Why? Maybe because of the high cost to provide 24/7 staffing for optimal services, such as ultrasonography technicians and qualified radiologists. At least that is one interpretation of Figures 2 and 3 in the [EIC POTM for April 2017](#), by Fullerton et al. These figures show that hospitals’ administrations who maintain a banker’s-hours ultrasound availability policy, cause children to be far more likely to receive a CT scan for suspected appendicitis at night.

Try to undo your shocked face. I know that may seem obvious, but until this (or any) “likely hypothesis” is rigorously tested and documented, it is only speculation. Here’s what is *not* speculation: At some hospitals, kids get worse care at night than daytime for suspected appendicitis. The importance of this is underscored by more than “come on, do the right thing” sentiment. One does not need to be a lawyer to recognize the relevance of the landmark 1965 Darling vs. Charleston Community Memorial Hospital Illinois Supreme Court case to this EIC POTM. The Darling verdict held hospital administration responsible for the care of patients, and if violated, results in “direct liability” to the hospital as an entity. This is not a doctor problem. It is an administration problem. Only

thing is, nobody is going to be suing for too many CT scans. At least not yet.

Fullerton et al., point out an opportunity to improve the emergency care of approximately 1 in 200 children who visit an emergency department each year.<sup>1</sup> Darling vs. Charleston points out who is responsible.

Best wishes,  
Jeffrey A. Kline, MD  
Editor-in-Chief, Academic Emergency Medicine

1. Hryhorczuk et al. Radiology 2012, 263, 778-785

## **Narrative Summary**

**Zachary F. Meisel, MD, Associate Professor of Emergency Medicine at the Perelman School of Medicine at the University of Pennsylvania, places the EIC Pick into perspective in the emergency setting:**

Have you ever had to explain to a patient why they got something (a test or a procedure) done one way but now it will be different for no reason other than the time of day or availability of a test/drug/bed/consultant? It's hard to justify, right? In a health policy class a student recently asked why we worry so much about variations in medical care? My reply had something to do with implications for cost, and quality, and disparities, and outcomes. Of course there are many reasons why our public's health suffers when medical care is delivered differently in different communities, or at different hospitals, or for different patients. But what I forgot to mention is that variations can tell a story that many people, regardless of their training and experience, can understand. When care varies for reasons that aren't grounded in medicine – such as emergency diagnostic tests that differ based on the time of day or hospital resources – the caveats and explanations and “unmeasured confounders” melt away. Fullerton and colleagues shine a light on a system flaw that has no reasonable justification. This story may have complex underpinnings but in the end, it's pretty simple: some kids are getting the less safe, more

expensive tests because of hospital resource allocation. It's a story that nicely (or unfortunately) illuminates the problem of care variation.