



Public Summary

June 2014

A new report by the Canadian Institute for Health Information (CIHI) takes an in-depth look at whether patients admitted to Canada's acute care hospitals on weekends have a higher risk of dying than those admitted on weekdays—the so-called “weekend effect.”

Information is based on hospital data for all provinces and territories. The report includes a summary of similar studies done around the world and a look at staffing changes over the weekend for 1 Canadian hospital.

Additional Resources

The following companion products are available on **CIHI's website**:

- Report
- Data tables
- Infographic

Talk to Us

For data-specific information:
hsr@cihi.ca

For media inquiries:
media@cihi.ca



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At the heart of data



Canadian Institute
for Health Information
Institut canadien
d'information sur la santé

Patients admitted on the weekend have slightly higher odds of dying

Weekend Admissions and In-Hospital Mortality

Canada's weekend effect: Small but significant for urgent medical and surgical patients

- The odds of dying for Canadians admitted on the weekend for urgent medical or surgical care were 4% higher than for patients admitted on weekdays.
- The 4% increase was determined by comparing weekday urgent care mortality (6.0%) and weekend mortality (6.1%) and then adjusting for differences in patients.

Key findings

- Canada's weekend effect impacted only certain patients:
 - Those who underwent emergency surgery had 7% higher odds of dying if admitted on the weekend.
 - Emergency medical care patients had 3% higher odds.
 - There was no weekend effect for all other acute care patient groups (children and patients admitted for childbirth or mental health services).
- Delays in access to diagnostic testing may be a factor. Both heart attack and stroke patients waited longer for diagnostics on the weekend, yet there was a weekend effect for only heart attack patients (8% higher odds of dying).
- Other possible reasons for Canada's weekend effect: staff reductions over the weekend and patients with less severe conditions possibly delaying treatment until weekdays.