

July Effect one more reason to avoid hospitals

By ACSH Staff — July 13, 2011

Called the July Effect, this phenomenon refers to the medical trainee changeovers that occur in teaching hospitals during the month of July and which have long been associated with an increase in mortality rates and medical errors. However, depending on which publication you read either *The New York Times* or the *Annals of Internal Medicine* you'll receive conflicting information about the validity of this trend.

In *The Times*, Anahad O'Connor's Really? column [cautions](#) [1] that numerous studies have yielded mixed results but emphasizes that most of the research he reviewed does not demonstrate an increase in hospital mortality rates in July. Supporting this stance, O'Connor cites a University of Michigan study published in the *Annals of Surgery* that found no significant monthly or seasonal variation in operative mortality rates among 320,000 surgical patients followed over three years.

But, says ACSH's Dr. Gilbert Ross, surgical services are less susceptible than other specialties to the effects of trainee turnover: First year residents are hardly allowed in operating rooms anyway, so there should really be minimal change in surgical errors as a result of an influx of new residents.

Though O'Connor does reference other studies as well, he fails to note the most recent research published in the *Annals of Internal Medicine*. Led by Dr. John Q. Young of the Department of Psychiatry at the University of California in San Francisco School of Medicine, researchers reviewed 39 studies and [found](#) [2] ample evidence of the July Effect. The study noted increased patient mortality as well as evidence of lower efficiency as measured by duration of hospital stay, surgical times, and hospital charges during the month in question.

These results do not surprise Dr. Ross, who notes that first year residents have less training, confidence, and experience, so this change in hospital personnel will surely result in some disruption in quality of patient care. However, most hospitals take preemptive measures, such as altering rounding practices or staggering start schedules, to mitigate the adverse effects of trainee changeover. These measures must be rigorously implemented, given the findings in the *Annals* study.

But patients should be proactive as well, says Dr. Ross. Make sure you redouble your efforts to avoid hospital errors by asking about medications and ensuring you're provided with the right drugs. He adds, Also, stay out of the hospital unless you absolutely have to, especially in July.

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[1] <http://well.blogs.nytimes.com/2011/07/04/really-the-claim-hospital-mortality-rates-rise-in-july/>

[2] <http://news.consumerreports.org/health/2011/07/going-to-the-hospital-this-month-beware-the-july-effect.html>