

**April 2017**  
**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.

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

Best wishes,  
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