



Healthcare Experts Seek Reforms to Prevent Medical Errors Stemming From Fatigue, Lack of Supervision

By Jaimie Oh | June 24, 2011

A group of healthcare and patient safety experts have called for reforms in the design, supervision and financing of U.S. hospital residency programs to protect patients from serious, preventable medical errors, according to a news release.

Besides resident physician fatigue, the recommendations cover six other areas: workload and supervision; moonlighting; resident physician safety; hand-over practices and training in quality improvement; monitoring and oversight of the Accreditation Council for Graduate Medical Education, the body that oversees residency programs; and funding for reform implementation.

Key recommendations include:

- Limiting all resident physician work hours to shifts of 12-16 hours. As of July 1, 2011, the ACGME has agreed to limit the shifts of first-year residents to no more than 16 hours without sleep. However, it will continue to permit shifts of 28 consecutive hours for more senior residents, including surgical residents.
- Making ACGME work-hour compliance a condition of participation for Medicare graduate medical education support.
- Identifying in real time when a resident physician's workload is excessive and additional staff should be activated.
- Requiring attending physicians to supervise all hospital admissions.
- Mandating in-house supervision for all critical care services, including emergency, intensive care and trauma services.
- Making comprehensive fatigue management a Joint Commission National Patient Safety Goal.

Read the news release about reforms to address physician fatigue.
http://www.eurekalert.org/pub_releases/2011-06/bc-esr062311.php