

Canadian Patient and Physician Safety and Wellbeing: Resident Duty Hours



Dr. Vishal Bhella
Chair, Education and Professionalism Committee
Canadian Association of Internes and Residents
April 15, 2012

Objectives



- To describe changes in resident duty hours nationally and internationally
- To outline the evidence and implications of excessive continuous duty hours on well-being, care and learning
- To propose specific recommendations for the Canadian context that take these changes into account

Canadian Practices



- At present, Canada has no national unified standards for duty hours
- Duty hours are negotiated individually within each province
- Manitoba and the Maritime provinces do have a weekly duty hour limit of 89 hours per week and 90 hours per week (averaged over four weeks), respectively

Canadian Practices



The debate concerning consecutive hours of call duty was initiated by a resident at McGill who filed a grievance in May 2007.

The grievance stated that it was contrary to the Quebec *Charter of Human Rights and Freedoms* and the *Canadian Charter of Rights and Freedoms* to force a medical resident to perform 24-hour call duty in an establishment, and asked for the maximum number of consecutive hours of call duty in an establishment to be 16 hours.

The 2011 ruling in Québec has mandated that call be restricted to a maximum of 16 consecutive hours. The provisions of Article 12 have to be in effect no later than July 1, 2012.

Main principles and goals of the Quebec model



- ✓ For residents to maintain the same exposure
- ✓ For residents' sleep deprivation to be reduced
- ✓ For the number of hours worked in a week to remain unchanged
- ✓ For the risk of medical errors to be reduced

It is the similar number of hours distributed differently in the week.

One of the myths about reducing consecutive hours of call duty in an establishment to 16 hours is the perception that medical residents' total number of work hours would be reduced and that this change would mean training had to be extended.

In the Quebec case, the different models of 16-hour call duty in an establishment is shown to involve much the similar number of hours per week on average as 24-hour call duty in an establishment, within an hour or two.

International Practices

Duty hours for resident physicians is an issue of high relevance. Several developments have brought this issue to the fore. These include:

- New restrictions brought into place by the ACGME in the United States in 2003 and New common program requirements in 2011
- Europe (EU Work Time Directive)
- An in-depth report by the Institute of Medicine (2009) which highlights the evidence on resident fatigue and safety, and calls for enforcing new regulations such as dedicated sleep time after 16 hours on call.



Evidence

Excessive duty hours impact:

- Patient care and safety
 - ✓ Rx errors
 - ✓ Technical errors such as reading ECGs, surgical tasks etc.

- Healthcare provider safety
 - ✓ Workplace injuries such as percutaneous injuries.
 - ✓ Motor vehicle accidents
 - ✓ Mental health/wellbeing issues

- Resident learning & cognition
 - ✓ Excessive hours of work reduces effective learning by interfering with residents' cognition
 - ✓ Memory consolidation requires sleep after initial training and affects how quickly learning is consolidated

CAIR national resident survey results



- Over 80% of those surveyed, reported having experienced instances where the quality of their care had been compromised due to the number of consecutive hours they have been working.
- 60% of residents surveyed felt they could consistently provide safe, high quality patient care for 16 consecutive hours or less.
- 20% of residents surveyed indicated that their program offers training in duty hours and safety issues.
- Only half of residents reported receiving any sort of training in patient handover.

Overview of CAIR's focused analysis of Duty Hours in Canada



Decreasing consecutive hours on duty is just one way that the issue of physician and patient safety and wellbeing can be addressed.

CAIR's focus has been to impart a comprehensive understanding of how the current model of training and the educational experience can be refined and optimized to ensure

1. The primacy of patient and resident safety and well-being
2. The continued efficiency and effectiveness of training during residency
3. Appropriate training in transfer of patient care
4. That there is flexibility to accommodate the specific context of the resident physician's role and service on particular rotations.

Recommendations



1. Resident physicians' duty hours must be managed such that they do not in any way endanger their health or the health of patients. In particular, limits are required on the number of continuous uninterrupted hours that residents are on duty.

In keeping with current evidence, CAIR urges that all provinces and regions in Canada work towards a system that limits continuous uninterrupted duty hours to *16 hours or less* at a time; while the greatest current evidence base is most compelling for limiting duty hours to less than 24 hours, there is a growing body of evidence for limiting duty hours to no more than 16 hours.

Additionally, the scheduling of duty hours must allow for adequate time in-between work periods to eliminate the effects of sleep deprivation. This limitation will enhance residents' ability to provide safe, high quality patient care, while protecting their own personal health and safety.

Recommendations



2. Resident duty hours must be such as to allow for an optimal educational experience. Specifically, trainees' duty hours must not impair their ability to learn or to train others.
3. Residents must be formally trained in handover skills; the ability to transfer care appropriately when going off duty.
4. Resident duty hours should be flexible enough to accommodate the specific context of the resident's role and the service needs on particular rotations.

Recommendations



5. The management of duty hours should parallel a change in the culture of medicine that addresses the effects and consequences of uninterrupted consecutive duty hours for the medical profession as a whole, including staff physicians and non-resident learners.
6. Where a violation of Federal or Provincial ethical, legislative, or legal standards has occurred, including but not limited to those related to the Canadian Charter of Rights and Freedoms, CAIR calls upon all stakeholders to address and remedy the situation as swiftly as possible.

*Although there are studies suggesting 16 continuous duty hours is the maximum safe limit, research is ongoing in this field.

Now What?



While there is a substantial body of evidence on the adverse impact of excessive work hours on safety, wellbeing, and quality education, there are various implementation issues that must be taken into account if national standards are implemented

- Optimizing handoffs to provide continuity
- Adapting the resident educational and work environment to new duty hour limits – ‘Culture Shift’
- Canadian standards for maximum consecutive hours per shift and minimum hours of rest between shifts varies by province and are tied to provincial collective agreements
- Impact on Faculty
- Not a ‘one size fits all’ approach
- Enforcement
- We are actively working on ways to address these issues.

Thank you!

Any Questions?

Dr. Vishal Bhella
Canadian Association of Internes and Residents
cair@cair.ca