

Optimizing the Working Conditions of On-Call Residents: National Standards for Resident Call Rooms

Resident Doctors of Canada (RDoC) recognizes the importance of appropriately appointed resting facilities for resident physicians while working on call duties. As front-line providers, residents work long hours in hospital on call. The importance of a safe, clean and comfortable place when opportunities for rest and quiet work arise cannot be understated. Basic amenities such as a locking door, bed, linen service, and computer access should be standard amenities in a call room to optimize residents' work performance.

While many Provincial Housestaff Organizations (PHOs) have negotiated contractual agreements regarding call rooms with regional health authorities, the provisions differ from province to province, and the actual state of call rooms is highly variable between hospital sites and even between subspecialty services. Certainly, any contractual obligations negotiated by a PHO and the employer must be respected as a minimum standard in that province. This national perspective is intended to explicitly identify for stakeholders (including PHOs, residents, postgraduate medical education offices, departments, hospitals, etc.) the fundamental amenities of a resident call room that are crucial to optimizing the working conditions of on-call residents to mitigate the risk of fatigue and associated medical error.

The Harvard Work Hours Health and Safety Group identified in 2007 that on call residents log twice as many attention failures as residents not on call, committing 36% more serious medical errors and 300% more fatigue-related errors leading to patient deaths. In 2018, the RDoC National Resident Survey demonstrated that residents felt fatigue was directly related to medical errors. Residents' physical safety is also at risk as they are more likely to experience a sharps injury or motor vehicle accident driving home. Call rooms play an integral role in mitigating fatigue-related risk both during on call shifts and following on call shifts before residents leave the hospital in personal vehicles.

To this end, RDoC undertook an environmental scan of PHO call room requirements across the country. We also surveyed other professions where employees are expected to work and sleep in-house, including the long haul trucking industry and oil and gas industries.

WE BELIEVE THAT RESIDENT CALL ROOMS SHOULD ADHERE TO THE FOLLOWING FUNDAMENTAL STANDARDS.

UNIFORM PURPOSE

A call room should be for residents who are working overnight call and providing patient care. It should have two purposes:

1. a private working space; and
2. sleeping quarters.

SAFETY AND ACCESSIBILITY

A call room should be an enclosed, private room that is:

- located in a secure and accessible area of the hospital, away from patient rooms;
- connected with indoor access from patient care areas of the hospital and not a separate building requiring outdoor travel;

- lockable from the inside or with a key and lockable safety deposit for valuables;
- equipped with overhead lighting; and
- equipped with a smoke detector.

COMFORT AND REST

A call room is a private resting and sleeping quarters that should provide the following minimum amenities:

- a bed that is cleaned and disinfected regularly by housekeeping;
- a mattress at least 10 cm thick with adequate sheets, pillows, pillow cases, blankets, and bed covers for restful sleep;
- black-out curtains if there is a window;
- heating and ventilation to maintain an ambient room temperature; and
- clothing hangers and/or hooks.

BATHROOMS

A call room should contain a bathroom that is adjoining or adjacent to the sleeping quarters, to be used solely by residents occupying the call room and not by patients or the public. The bathroom should:

- be cleaned on a regular basis;
- provide hot running water to both shower and sink;
- include a mirror and hairdryer; and
- provide for adequate basic toiletries, such as hand soap, hand sanitizer, shampoo, and body wash that are restocked regularly.

PRODUCTIVITY AND WORK FACILITATION

A call room should provide for the following equipment to ensure residents are able to communicate with colleagues and respond accordingly to deliver patient care:

- wired telephone;
- desk and chair;
- desktop computer or wireless Internet connection with access to Electronic Medical Records;
- task lamp: low lighting vs bright lighting (ceiling light); and
- power outlet.

HYGIENE AND CLEANLINESS

A call room should be serviced on a daily interval to ensure that:

- bed linens are clean;
- clean towels are available;
- floors are cleaned of any stains, spills, or residue;
- heating, ventilation, and sewage system are in order; and
- the bathroom is clean and amenities restocked.