RESIDENT TIMES

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DEDICATED TO ENSURING THE HIGHEST QUALITY PATIENT CARE AND RESIDENT EDUCATION

About This Newsletter:

Resident Times *is published twice a year and highlights developing news, insight and information essential to Graduate Medical Education programs and residents.*

Near Miss Project: APDIM NYS SIG

Putting Patient Safety First: Near Miss Project Update

Dr. Ethan Fried

Despite appreciable efforts, since the 2001 reporting of the Institute of Medicine's (IOM) "To Err is Human," health care has yet to claim significant improvements in patient safety. A prerequisite to safe health care is understanding the conditions that could lead to medical error. One way to study the origins of error is to evaluate adverse events. Although these investigations are informative, they depend on voluntary physician reporting and could be skewed because some physicians may find it difficult to admit error.

Another way of studying medical errors is by analyzing "near misses"—events that could have happened but did not actually occur. Near misses represent a vast pool of erroneous actions that were detected and ultimately corrected by systems already in place. Studying near misses is a large part of how the airline, chemical manufacturing, and nuclear power industries attained their commendable safety records.

Near misses would ordinarily not be reported because their outcomes are non-events; however, studying near misses may help us achieve new levels of reliability, performance and safety in health care.

continued on page 3

IN THIS ISSUE:

National Update

IOM/ACGME Developments

Veronica Wilbur, RN, MBA, CHC, CLNC

The following are excerpts from the IOM's December 2008 report:

Resident Duty Hours: Enhancing Sleep, Supervision, and Safety **http://www.nap.edu/catalog/12508.html**

"New York State limited resident duty hours in 1989 to 80 hours a week (averaged over 4 weeks), affecting medical facilities statewide where approximately 15 percent of all residents in the country trained (IPRO, 2007). The duty hour limits set in New York later became the basis for national reform.

"Attempts to limit resident duty hours through regulatory or legislative bodies separate from the medical establishment have repeatedly been stopped both in the U.S. Congress and in state legislatures other than New York and Puerto Rico (IPRO, 2007a). The ACGME acknowledges that its initiative to institute common minimum standards for duty hours unfolded against a political backdrop in which groups pursued federal intervention to regulate resident hours (ACGME, 2003; Steinbrook, 2002).

"Despite progress in reducing overall hours, residents and their residency programs do not always adhere to every aspect of the 2003 ACGME limits (ACGME, 2004; IPRO, 2007b; Landrigan et al., 2006). Certain elements of the rules are more problematic than others, and certain specialties have more problems with adherence than others."

On the heels of the IOM report recommendation release, the ACGME held a pre-conference entitled, "Promoting Good Learning and Safe, Effective Care: A Five-Year Review of the ACGME's Common Duty Hour Standards" in Grapevine, Texas, March 4-5, 2009.

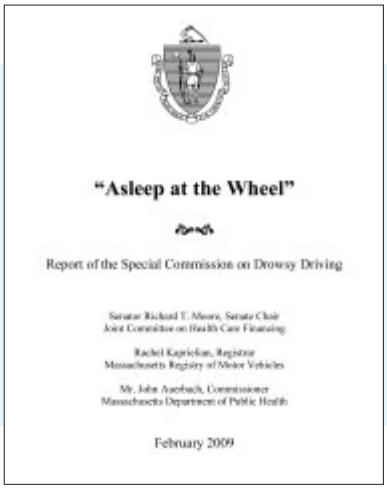
There were several recurring topics of discussion: professionalism, handoffs, fatigue and public awareness. One of the Institute of Medicine's (IOM) recommendations focuses on fatigue and the 30-hour extended duty-hour shift with the mandatory five-hour nap between 10PM and 8AM. When taking into consideration the research on sleep and circadian cycles, this may seem like a good solution, but New York has had mixed results with similar regulations over its eight years of duty-hour monitoring.

As part of its 405 regulations, New York has a surgical exemption which gives on-call surgical residents who sleep/rest for four to five uninterrupted hours, the ability to work an additional eight hours. Of the 104 facilities with surgical programs in New York, 30 have opted to exercise the exemption during 2002-2003, which was IPRO's second year of monitoring. To date, only nine facilities with surgical programs continue to employ the surgical exemption. The reasons reported for discontinuing its use are: difficulty in implementing and ensuring the uninterrupted sleep, the cost of additional personnel to cover the sleep, and/or not meeting the needs of the program.

As the ACGME looks to implement the recommendations of the IOM, New York's practical experience, combined with results gathered from many sleep studies, show that the costs associated with the five-hour nap may not be beneficial to all programs.

Breaking News

Through its Special Commission on Drowsy Driving, the Commonwealth of Massachusetts is recommending the immediate implementation of some of the IOM recommendations. The full report can be found at **http://www.boston.com/news/local/breaking_news/Drowsy%20Driving%20Commission%20Report.pdf**



"Asleep at the Wheel"

Report of the Special Commission on Drowsy Driving

February 2009

Putting Patient Safety First: Near Miss Project Update *(continued from cover)*

In 2004, a group of internal medicine residency program directors proposed collecting the near misses of residents in New York. With the help of Linda Lambert, Executive Director of the New York Chapter of the American College of Physicians (NYACP), five programs (St. Luke's-Roosevelt Hospital Center, Lenox Hill Hospital, Staten Island University Hospital, New York University Downtown Hospital, and St. John's Episcopal Hospital-South Shore) executed a pilot study of an online survey tool, which collected one incident for every 10 beds in a six-month period. Residents agreed to participate because their entries were kept anonymous.

In 2007, the New York State Department of Health Patient Safety Center, under the direction of John Morley, MD and Mr. Robert Barnett, agreed to support and fund a three-year research project. Mary Donnelly, a quality improvement expert at the NYACP office in Albany, was hired to coordinate the Near Miss Project. In addition, Shadi S. Saleh, PhD, a biostatistician, from the Albany School of Public Health, and Steve E. Szebenyi, MD, from the Foundation for Healthy Living, were invited to provide data analysis and evaluation.

An advisory group was formed and led by Dr. Ethan Fried, Vice Chair for Internal Medicine Education at the St. Luke's-Roosevelt Hospital in New York City, along with representation from two large hospital associations (Healthcare Association of New York State and the Greater New York Hospital Association); the nation's largest house staff union (Committee for Interns and Residents); other members of the original pilot group; and new physicians, residents and other concerned individuals.

The New York State Near Miss Registry went live on August 1, 2007 at **www.nearmiss.org**. Of the 65 teaching hospitals in New York State, more than 40 have trained, or have agreed to train, their residents in the recognition of latent errors, and how to access the Web site and enter an event. To date, more than 191 events have been recorded.

It is important to note that every entry on the registry provides at least two pieces of information: First, the entry reveals systemic weaknesses and errors that could have occurred; second, it illuminates the barrier(s) that detected and neutralized those errors. The analysis of these events may show the most important pitfalls to avoid as well as the strongest barriers to errors, which will give us solid information about how to improve patient safety.

The registry has already taught us a number of lessons. For instance, computerized physician order entry has promulgated a new family of "wrong patient" medical errors, particularly in busy hospitals where the computers are located at chaotic nurses' stations. Further, that medication reconciliation at multiple levels, (e.g., among the nursing staff, at the pharmacy, and the discussions that occur when teams pass their patients off between shifts), truly saves lives.

The Near Miss Project has advantages for all involved: Program directors are provided with a guided tour of medical errors, human factors, and systems-based practices in the form of a slide presentation with lecture notes for use in training residents; hospital chief medical officers and safety officers receive the quarterly *Near Miss Project Newsletter*, which summarizes the registry entries and offers tips for making hospitals and clinics safer; project developers use the data as source material for scholarly papers; and residents get a certificate attesting to their "systems-based" competence, which they can include in their academic portfolio.

The Near Miss Registry is the first statewide attempt to apply anonymous, risk-free reporting of latent errors in a medical setting. Ideally, the registry will soon be opened up to those involved in patient care in all settings across New York State.

IPRO Hospital Compliance Mailbox

Share your:

- ***Questions and comments***
- ***Practical solutions and ideas***
- ***Resident Education concerns and needs***
- ***Ideas on the publications, training, and conferences that would be helpful to you***

Can IPRO assist with addressing your goals for improvement? Let us know. Contact IPRO Hospital Compliance staff at 800-233-0360, ext. 114 or sruhland@ipro.org

ASK THE EXPERT

Veronica Wilbur, RN, MBA, CHC, CLNC

Responses to questions from the Graduate Medical Education Community

QUESTION:

Residents in my program usually are on-call Q4–5 and have at least one full weekend day off. However, during the past three weeks there were unforeseen circumstances resulting in several absences and increased calls and hours for residents. During this time, several residents did work more than 80 hours and had less than 24 hours off during the week. This situation occurred during the IPRO Work Hour Survey and has since been resolved. Will this program be penalized? Residents are very concerned that the program may be closed because of this infraction.

VERONICA'S RESPONSE:

No. Programs are cited (penalized) for systemic issues and the situation you described was an unexpected occurrence. IPRO meets with program directors to discuss their program's nuances; therefore, these types of situations would be taken into consideration during the analysis. The intent of the regulations is patient and resident safety—not to penalize or close programs.

Questions are addressed to our experts from residency program representatives seeking practical ideas for work-hour regulation compliance. Responses are currently specific to New York State regulations; however, suggested approaches can be customized to address global work-hour mandates. Contact Veronica Wilbur, RN, MBA, CHC, CLNC, Senior Director of IPRO's Hospital Compliance Program, at 800-233-0360, ext. 103 or ***vwilbur@ipro.org*** to find out how IPRO can assist in effectively addressing your program's compliance challenges.

Go Green Initiative

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Editors:
Patricia Wade, Downstate Team Leader
IPRO Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042
800-852-3685, ext. 430
pwade@ipro.org

Sheryl Ruhland, Administrative Coordinator
IPRO Regional Office
20 Corporate Woods Boulevard
Albany, NY 12211
800-233-0360, ext. 114
sruhland@ipro.org

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