

## 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.

*Dedicated to insuring the highest quality patient care and resident education.*

## IN THIS ISSUE:

- **Maintaining Duty-Hour Regulation Through Improved Patient Handoff**
- **Compliance with Resident Work Hour Regulations: Noted Program Changes and Process Improvements in New York**
- **Ask the Expert: Veronica Wilbur responds to work-hour compliance concerns**



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## **Maintaining Duty-Hour Regulation Through Improved Patient Handoff**

**By Damion Douglas, BS, MPH, Hospital Compliance Reviewer, IPRO**

The Institute of Medicine released *Resident Duty Hours: Enhancing Sleep, Supervision and Safety* on December 2, 2008. The report's recommendations are generating much discussion, particularly those regarding resident duty hours.

Limiting continuous work shifts to 16 hours plus a mandatory five-hour nap within a 30-hour on-call shift, causes concern for continuity of care due to increased handoffs. There is a current lack of data that assess the degree to which fatigued residents contribute to patient harm; however, the science on sleep and human performance is clear: fatigue makes error more likely to occur.<sup>1</sup> Consequently, nothing in the body of literature reviewed suggests elimination of limits on duty hours. Current research is focused on post-duty-hour regulation activities, such as improving communication during handoffs, and the effect of the current regulations on resident education and training<sup>2</sup> and patient outcomes.<sup>3</sup>

In anticipation of further duty-hour limits, we need to turn our attention to enhancing education and patient care. If the recommendations are successful, well-supervised, less fatigued, residents, who are treated professionally by superiors, will have adequate provisions for enhanced learning, and expectantly fewer patient care errors.

As of 2006, communication breakdowns, including those occurring in patient handoffs, were the single largest source of medical error.<sup>4</sup> Handoffs occur whenever a patient is moved to another unit, or turned over to a new provider—be it a round-trip down the hall for an x-ray,<sup>5</sup> or to a new nurse or physician.<sup>4</sup> This very complex process is frequently interrupted; not adequately communicated; could compromise quality, based upon the individuals involved; lacks standardization;<sup>6</sup> and is also used as a time for providing training and socialization.<sup>7</sup> All of these conditions can cause distractions and critical information to be missed. Further impairing the process is a lack of handoff-trained residents;<sup>8</sup> a reluctance to learning new methods; and the lack of extra time required to learn new handoff tools.<sup>9</sup>

The Joint Commission's 2006 and 2007 National Patient Safety Goals recommended standardization of the handoff process.<sup>10</sup> Low-cost paper-based tools have been developed but have only improved residents' perceptions of accuracy and completeness of the handoff.<sup>8</sup> More recently, computerized handoff tools have

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## **Compliance with Resident Work-Hour Regulations:**

### **Noted Program Changes and Process Improvements in New York**

IPRO has held the New York State Department of Health Resident Duty Hour Regulations monitoring contract since 2001. Over the years we have seen many improvements made to programs to ensure duty-hour compliance and the maintenance of educational requirements for residents.

### **Scheduling: Night Float**

Used in internal medicine programs for years, and more recently in surgical and other programs throughout New York State, the night float system is a scheduling option that includes day-shift residents working in rotating long- and short-call teams. There are many ways to configure a night float schedule, e.g., one team works the day shift (7AM-7PM) and signs out to the night float team, which then works an overnight shift (7PM-7AM).

The night float system helps to protect residency work-hour restrictions, ensures sufficient periods of rest for both day- and night-shift residents, provides continuous coverage for hospitalized patients, and allows for the night float team to attend morning report/rounds and grand rounds.

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## **Maintaining Duty-Hour Regulation Through Improved Patient Handoff (continued)**

been developed which extract key information from a patient's electronic medical record and populate a form which is given to the cross-covering physician. According to this study, the most favored items at handoff include: a patient assessment and plan from the most current physician notes, code status, relevant laboratory data, short-term concerns, medication list, anticipated problems and recommendations for treatment. All of these tools are valuable, but adding face-to-face communication is a necessary, but generally missing link in the handoff process.<sup>10</sup>

Continuous regulation of working hours and conditions, standardization, automation, education, and adequate buy-in from everyone involved in a handoff can make an otherwise error-prone process much safer.

<sup>1</sup>Kaisernetwork.org, accessed 7/10/09

<sup>2</sup>Froelich J, et al., 2009

<sup>3</sup>Howard, DL, et al., 2004; Horowitz, LI, et al., 2007

<sup>4</sup>post-gazette.com, accessed 7/13/2006

<sup>5</sup>AHC Media, LLC, 2006

<sup>6</sup>Fenton W, et al., 2006

<sup>7</sup>Lawrence R, et al., 2008

<sup>8</sup>Wayne JD, et al., 2008

<sup>9</sup>Little JH, et al., 2009

<sup>10</sup>Flanagan M, et al., 2009

## **Compliance with Resident Work Hour Regulations (continued)**

### **Innovations in Education**

Seeing patients and being involved in hands-on care is vital to any resident's training; however, attendance at practical educational sessions is also essential. The problem is having the time to do it all. Recognizing this issue, many programs now include "protected time" for educational purposes, allowing residents to focus some of their time strictly on educational opportunities without disturbance from competing responsibilities.

The web is also being used to help those residents who are unable to attend events in person by posting videos of grand rounds and other mandatory academic sessions and conferences to a facility's intranet. This allows post-call residents and those residents scheduled to be off to view the videos as their time allows.

### **Physician Extenders and Hospitalists**

While using physician extenders could be an expensive option, nurse practitioners and/or physician assistants can help to provide on-site coverage while senior residents are on at-home call. Most frequently employed in surgery programs, this option also provides junior residents with more hands-on opportunities and surgical time throughout the day. Another option is the use of hospitalists, who provide care during the night and free up residents to work day and evening hours.

While there is no "one-size-fits-all" solution, by being creative many programs in New York State are able to meet the needs of the residents, facilities and patients, while adhering to residency work-hour regulations.

## **ASK THE EXPERT**

### **Responses to questions from the Graduate Medical Education Community By Veronica Wilbur, RN, MBA, CHC, CLNC**

**QUESTION:** Residents are on-call at home. If they return to the facility during this time do they need the eight-hour break before returning for their regularly scheduled shift the next day?

**VERONICA'S RESPONSE:** Considerable flexibility is given to facilities when scheduling residents for at-home call. It must be determined that at-home call is an appropriate and suitable means to meet hospital and patient needs. If residents scheduled for at-home call are frequently phoned or required to report to the facility, this scheduling option is not a viable choice. When appropriately used, at-home call provides a legitimate scheduling option for facilities where adequate on-site coverage is available and those on at-home call are available as a last resort. It should be noted that only time spent in the facility is counted toward working hours. Time spent at home, taking occasional phone calls, is not; therefore, an eight-hour break is not required. Residents are however, required to have a full 24-hour period off each week, during which time they are not on sick/back-up/jeopardy or any other type of call.



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