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# Resident Times

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DEDICATED TO ENSURING THE HIGHEST QUALITY PATIENT CARE AND RESIDENT EDUCATION

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## ACGME Proposed Duty-Hour Standards

by Beth Gorke

The Accreditation Council for Graduate Medical Education (ACGME) formally reviewed resident duty-hour standards and released proposed standards for public review and comment. The goals of the new graduated requirements are to improve the safety and quality of patient care today and in the future, and to provide a safe and humanistic educational environment for resident physicians.[1]

The Institute of Medicine (IOM) released the report *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety* in 2008, with duty-hour recommendations. This sparked the ACGME task force to make revisions to the existing standards. Members from The Joint Commission, IOM, Safety Net Hospitals, sleep researchers, patient advocacy groups, and others involved in graduate medical education participated in symposiums, literature reviews, and other activities. Data was collected on current duty-hour standards, their impact on education and patient care, and the IOM's recommendations as a basis for the revised standards. [2]

The table below briefly compares the current standards with ACGME's proposal.[3,4,5]

| | 2003 ACGME Standards | 2010 ACGME Proposal |
|---|---|---|
| Maximum hours per week | 80 hours (averaged over 4 weeks) | 80 hours (averaged over 4 weeks) |
| Maximum shift | 30 hours (24 hours + 6 hours transition and education) | 16 hours for PGY-1; 28 hours for other residents (24 hours + 4 hours transition and education, with a nap strongly suggested) |
| Minimum time off between shifts | 10 hours | Should have 10 hours, but must have 8 hours; 14 hours after a 24-hour shift |
| Mandatory off-duty time | 24 hours per week (averaged over 4 weeks) | 24 hours per week (averaged over 4 weeks); no homecall on free days |
| Supervision | Programs ensure supervision by qualified faculty | Progressive responsibilities with three levels of supervision; PGY-1 must have direct supervision |

Sections on professionalism, personal responsibility, patient safety, transitions of care, alertness management, clinical responsibilities, and teamwork were added. Programs must include education for faculty on recognizing the signs of fatigue and sleep deprivation, and must adopt processes, such as naps and back-up schedules, to accommodate for potential fatigue-related issues. Direct and indirect supervision are defined, and specific levels of supervision are outlined to ensure that residents have graded authority and responsibility.[6]

The standards were up for review and comment from June through August 2010. The task force submitted a final draft to the ACGME Board of Directors for evaluation and approval in September, and the new standards will take effect July 2011.[7]

[1] http://acgme-2010standards.org/pdf/Nasca_Letter_to_the_Community_June_23_2010.pdf, Accessed 9/7/10

[2] http://acgme-2010standards.org/proposed-standards.html, Accessed 9/7/10

[3] http://www.ama-assn.org/amednews/2010/07/05/prl10705.htm, Accessed 9/7/10

[4] http://acgme-2010standards.org/proposed-standards.html, Accessed 9/7/10

[5] http://www.acgme.org/acWebsite/newsRoom/ACGMEdutyHoursfactsheet.pdf, Accessed 9/7/10

[6] http://acgme-2010standards.org/proposed-standards.html, Accessed 9/7/10

[7] http://www.medpagetoday.com/PracticeManagement/StaffingScheduling/20902, Accessed 9/7/10

### CURRENT GME RESOURCES AND INFORMATION AT-A-GLANCE

### IPRO HOSPITAL COMPLIANCE MAILBOX

Share your:

- Questions and comments
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- Can IPRO assist with addressing your goals for improvement? Let us know.

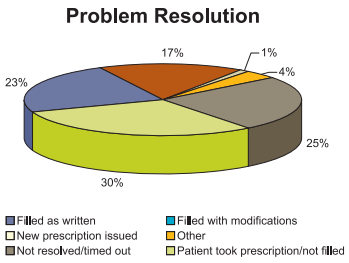
Contact IPRO's Hospital Compliance staff at: (800) 233-0360, ext. 119 or egorke@ipro.org

# Safety and Quality of Prescribing by Residents by Beth Gorke

Medication-related problems are major contributors to avoidable morbidity and mortality, and electronic prescribing technology has the potential to address some of these issues. IPRO conducted a yearlong study to collect data on problems encountered with prescriptions issued by residents at New York's largest academic institutions to determine if e-prescribing has the ability to eliminate issues specific to residents.

Fifteen pharmacies in close proximity to 11 of the largest academic medical facilities in New York State participated in the study. Any instance in which a pharmacist, when presented with a newly issued prescription, could not continue the dispensing process without rectifying some component of the prescription was deemed a problem and was tracked for 24 hours. Some of the problems found include: inappropriate drug for the disease or condition; inappropriate dose, quantity, or frequency of the prescribed drug; drug-drug interaction; missing information; the medication was not covered by insurance or the patient could not afford it. All such instances inherently contributed to delays in medication procurement by the patient, which could result in adverse health outcomes.

The data was collected and analyzed by survey staff and a technical expert panel with representatives from residency programs, local pharmacies, professional organizations, and regional health organizations. Fifteen percent of the prescriptions issued by residents were found to have a problem, while three percent of attendings' prescriptions encountered a problem. The chart on the right outlines how each problem was resolved. More than half of the issues were not resolved within 24 hours (timed out), or the patient took the prescription but did not have it filled. Prescriptions for antibiotics and narcotics were found to have the most issues, followed by antidepressants/antipsychotics, proton-pump inhibitors, and steroids.




The technical expert panel examined the clinical impact of prescriptions that timed out as well as the potential severity to the patient. Sixty percent of the prescriptions that timed out were considered likely to cause a worsening or prolongation of symptoms; twenty percent were likely to cause a worsening or progression in disease state. Eleven out of 27 clinical problems were examined and their potential severity to the patient was ranked, assuming the prescriptions were filled and taken as originally written. Twenty seven percent of these cases were ranked as potentially fatal or severe by the technical expert panel because of a drug-drug interaction, an inappropriate dose, or a severe overdose.

To ascertain the potential ability to diminish or avoid problems with prescriptions using exiting e-prescribing technology, the technical expert panel reviewed each problem sub-type with the capabilities of the technology. It was determined that e-prescribing has the potential to reduce 69% of the problems with prescriptions encountered by pharmacists.

The study suggests that prescriptions issued by residents are prone to problems that can affect patient care, and that educational interventions may improve the quality of resident prescriptions. As a result, a guide to writing safe and complete prescriptions was created and distributed to all residents in New York State. (An electronic copy can be found at http://jeny.ipro.org/showthread.php?t=3511.) Continued resident education and the use of e-prescribing technology have the potential to reduce or eliminate many types of problems; both should be considered for implementation in academic medical centers as a means of improving quality and safety.

*Funding for the project was provided by HRI through the New York State Department of Health Patient Safety Center as a result of a settlement by the NYS Attorney General and Cardinal Health.

# In the News

OSHA is reviewing a petition to enact and enforce stricter resident work-hour regulations.

# Ask the Expert

Veronica Wilbur, RN, MBA, CHC, CLNC

**Question:** If the ACGME Board of Directors approves the proposed changes to the duty-hour standards, what will that mean for New York State's 405 regulations?

**Veronica's Response:** The New York State Department of Health (DOH) will review the changes and determine if it is necessary to revise their regulations. This could be a lengthy process because it requires approval of the legislature, or the DOH could choose not to implement any of the proposed changes. IPRO will continue to work with the DOH and the state's hospital associations and share updates as we learn more.

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.

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

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