Towards a Pan-Canadian Consensus on Resident Duty Hours

Author: Dr. Kevin Imrie
Date: Oct 20, 2012
I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

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Duty hours in the media

24-Hour shifts are a prescription for medical errors
The Globe and Mail, Aug 17, 2011

Doctor’s leader warns 48-hour week will endanger patients
The Guardian, Apr 11, 2009

Junior Doctor’s crushing workloads put patients at risk
National Times, July 26, 2010
Objectives

• Describe key issues pertaining to resident duty hours in Canada, e.g. patient safety, education, human resources, etc.

• Summarize the preliminary data on resident duty hours in Canada and in international jurisdictions

• Explain how these changes could impact medical education, physicians and the medical profession, and the health care system
“When Libby Zion died 25 years ago this week, no one would have guessed that her case would change history. But it did.”
Duty Hour Reports

www.iom.edu
Quebec arbitrator quashes medical residents' 24-hour shifts
Hospitals given six months to adapt schedules to 16-hour shifts for residents

BY KAREN SEIDMAN, GAZETTE UNIVERSITIES REPORTER  JUNE 8, 2011

MORE ON THIS STORY
- Medical residents to stop teaching in protest
- Medical residents vote to use pressure tactics

MONTREAL - Quebec hospitals will have six months to eliminate 24-hour shifts for medical residents after an arbitration ruling on Tuesday said the practice contravenes the Canadian Charter of Rights and Freedoms.

Quebec medical residents end four-hour strike
Most demands met during negotiation blitz, union says

BY CHARLIE FIDELMAN, THE GAZETTE  SEPTEMBER 17, 2011

MORE ON THIS STORY
- Hospitals prepare for possible strike by medical residents

Residents started protests in July when they stopped teaching duties of medical students.

MONTREAL - Hospitals and medical students across the province are breathing a collective sigh of relief now that the residents have called off a general, unlimited strike.

Quebec's 3,000 medical residents were back on the job pronto Saturday afternoon after union leaders got an offer they couldn't refuse.

That means that full coverage in hospitals resumed immediately for
Towards a Pan-Canadian Consensus on Resident Duty Hours

• Health Canada funded project
• Runs from February 2012-March 2013
• Project goals:
  » To assemble the available evidence on the issue of duty hours in Canada and similar international contexts
  » To facilitate a National Consensus building process to come to a single pan-Canadian statement on issues, direction, and best practice
• Three phases culminating in National conference in March 2013
Project phases

Phase 1 (completed)
Preliminary research and report development

Phase 2
(June 2012-January 2013)
Analysis and consultations with Expert Working Groups

Phase 3
(January 2013-May 2013)
Consensus Conference
Project Governance

- National Steering Committee (NSC)
  - Expert Working Group: Patient Safety
  - Expert Working Group: Medical Education
  - Expert Working Group: Professionalism
  - Expert Working Group: Health Systems Performance and Health Economics
  - Expert Working Group: Resident and Faculty Health and Wellness
  - Expert Working Group: Procedural disciplines
Outline

• Environmental scan results (15 min)  Ms. Sarah Taber

• Small group work (20 min):
  » What are the key issues?
  » What are potential solutions?
  » Are there any barriers to change/implementing potential solutions?
  » Recommendations for moving forward

• Report back (20 min)
• Panel response (20 min)
• Conclusion (10 min)
Faculty

• Dr. Kevin Imrie, Royal College of Physicians and Surgeons of Canada

• Ms. Sarah Taber, Royal College of Physicians and Surgeons of Canada

• Dr. Alec Yarascavich, Canadian Association of Internes and Residents

• Dr. Mattieu Rousseau, Fédération des médecins résidents du Québec

• Dr. Kathy Lawrence College of Family Physicians of Canada

• Dr. Joshua Tepper, Association of Canadian Academic Health Organizations
Preliminary Environmental Scan Results
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Author: Ms. Sarah Taber
Date: October 20, 2012
RDH Environmental Scan Methodology

• Research Question #1 – How are RDH regulated in Canada? In other jurisdictions?
  » Jurisdictional review of like jurisdictions – UK, US, Australia, New Zealand
  » Analysis of Canadian Provincial Housestaff Organization (PHO) contracts – 1980-present

• Research Question #2 – What evidence exists in the literature?
  » Literature review of reviews and summary sources

• Research Question #3 – Defining the problem
  » National survey, focus groups, and interviews – four key populations
  » One-on-one interviews with steering committee members
## RDH in International Context

<table>
<thead>
<tr>
<th>Country</th>
<th>Key Points</th>
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<tr>
<td>United States</td>
<td>• Established and enforced by <strong>national, nongovernmental ACGME</strong>;</td>
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<td></td>
<td>• Drivers: <strong>patient safety, threat of legislation</strong>;</td>
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<td></td>
<td>• Originally released 2003, amended 2011.</td>
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<td>European Union</td>
<td>• <strong>European Working Time Directive (EWTD) legislation</strong> applied to trainees in 2009;</td>
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<td>• 48 hour limit to weekly working time on average;</td>
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<td>• <strong>Significant variability</strong> across the EU, low compliance.</td>
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<td>New Zealand</td>
<td>• Regulations since 1985;</td>
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<td></td>
<td>• <strong>Longstanding concern</strong> with duty hours;</td>
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<td>• Governed by Multi-Employer Collective Agreement (MECA).</td>
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<tr>
<td>Australia</td>
<td>• <strong>No regulated limits</strong> on duty hours: are advisory, not binding;</td>
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<td>• Cultural expectation and acceptance of higher hours.</td>
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RDH in Canada – A Unique Landscape

- Autonomous medical schools
- Lack of uniform, nationwide legislation
- Negotiations undertaken at the provincial level
  - Language has evolved similarly but no national standard
- Unique legal landscape
Assessing the Impact of RDH

• “Review of reviews” literature review
• 6 Domains
  » Patient Safety
  » Medical Education
  » Health Systems Performance and Health Economics
  » Professionalism
  » Resident and Faculty Health and Wellness
  » Procedural Disciplines
2008 IOM Report – A Gold Standard

Enhancing Sleep, Supervision, and Safety (2008)

• Landmark report drafted by a committee formed to assess impact of:
  » Resident duty hours on patient safety;
  » Relationship of work hours and sleep to performance

• Well-researched and thorough

• IOM report is a cornerstone of this project’s literature review
**Literature Review: Preliminary Observations**

### Patient Safety
- Unclear; multifactorial outcome with confounding variables
- Correlation between sleep deprivation and performance consistently observed
- Difficulty distinguishing correlation and causation; no evidence RDH restrictions have improved patient outcomes
- **Key themes:** impact of handovers and communication, preventative factors, a need for more research

### Medical Education
- Full effects of ACGME on medical education are unclear (IOM 2008)
- Mixed results found in “review of reviews”
- **Key themes:** adaptation strategies or innovations to mitigate risk

### Health System Performance and Health Economics
- RDH reforms may impact demand for resources (fiscal, human)
- **Key themes:** alternate providers, appropriate balance between education and service provision
### Literature Review: Preliminary Observations

#### Resident and Faculty Health and Wellbeing
- To date, unclear and mixed results for both faculty and resident health and wellbeing indicators
- Many of the studies are of questionable methodological quality
- Resident satisfaction seems to improve and self-reported injuries decrease with restrictions; however, faculty satisfaction seems to decrease
- **Key themes:** injuries, driving incidents, burnout, depression, physical health

#### Professionalism
- Mixed and unclear impacts, a need for further exploration of the link between RDH and professionalism
- **Key themes:** performance, “shift work” mentality, communication, interpersonal relations

#### Procedural Disciplines
- Some evidence is divisive by medical/surgical patients (IOM 2008)
- Strong sentiment that impact is different in surgical disciplines; need to determine attributes that distinguish procedural disciplines
- **Key themes:** changes in operative experience (volume and nature of experience), need for longitudinal follow-up re complications, role of simulation, fatigue mgt strategies
Preliminary Conclusions

- **A complex and multifactorial relationship** between RDH and key outcomes (6 domains)
- **Multitude of perspectives and conclusions** on the impact of RDH
- **Fatigue is one of several factors** that can contribute to errors
- Likewise, **RDH are not the only determinant of fatigue**: working at night, workload, stress, team dynamics also impact
- **Significant variations in the impact of RDH and RDH regulations across disciplines**
- Changes to RDH **cannot be treated as a panacea**
- **A need for additional comprehensive, well-designed research**
Moving Forward: Challenges and Opportunities

• There is no “one-size-fits-all” solution;
• Educational impacts must be strongly considered;
• Procedural disciplines present additional challenges;
• Challenges to the implementation and monitoring of duty hours;
• A complex topic;
• An ongoing task.
Next Steps

• Additional research on key themes
• Define perceptions of the issue (survey)
• Consultations with experts (EWGs)

Phase 1 (completed)
Preliminary research and report development

Phase 2 (June 2012-January 2013)
Analysis and consultations with Expert Working Groups

Phase 3 (January 2013-May 2013)
Consensus Conference
Group Breakouts

• Each table focused on one of six RDH themes:
  » Patient Safety
  » Medical Education
  » Health System Performance and Health Economics
  » Professionalism
  » Resident and Faculty Health and Wellness
  » Procedural Disciplines

• Each table will have some generic questions, plus some theme-specific questions to address in 20 min

• Choose a facilitator and a recorder – each group will be asked to report back
  » Note top three observations/themes at your table
Panel Discussion

• Dr. Alec Yarascavich, Canadian Association of Internes and Residents (CAIR)

• Dr. Mattieu Rousseau, Fédération des médecins résidents du Québec (FMRQ)

• Dr. Kathy Lawrence College of Family Physicians of Canada (CFPC)

• Dr. Joshua Tepper, Association of Canadian Academic Health Organizations (ACAHO)
Conclusions & Next Steps

- Expert Working Groups through February 2013
- Pan-Canadian Consensus Conference in March 2013
- Preliminary recommendations by May 2013
Questions?

• Have questions? Want to contribute to the RDH project?

  rdh-htr@royalcollege.ca
  http://residentdutyhoursblog.com/

• Avez-vous des questions? Aimerez-vous contribuer au projet?

  rdh-htr@collegeroyal.ca
  http://blogueheuresdetravaildesresidents.com/
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