



WASHINGTON ADVOCATES FOR PATIENT SAFETY

*Promoting Accountability, Quality, Safety,
and Responsibility in Patient Care*

September 30, 2016

Thomas J. Nasca, M.D., M.A.C.P.
Chief Executive Officer
Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60654

Re: The Accreditation Council for Graduate Medical Education's (ACGME's) Common Program Requirements for Resident Duty Hours in the Learning and Working Environment

Dear Dr. Nasca:

Washington Advocates for Patient Safety, a consumer advocacy group based in Washington State, strongly urges you to maintain the current duty-hour limits established by the Accreditation Council for Graduate Medical Education (ACGME) and reject calls to do away with the cap of 16 consecutive hours on the shifts of first-year residents.

In 2009, the Institute of Medicine (IOM) called for a significant reduction in the hours that interns and residents were required to work. The IOM determined that the evidence linking sleep deprivation with preventable medical errors and illness and injury to residents were sufficient to warrant a reduction in work hours. As such, the IOM recommended that no residents be allowed to work shifts of longer than 16 consecutive hours.

In response to the IOM's findings and considerable public pressure, the ACGME tightened work-hour restrictions in 2011. Unfortunately, the ACGME implemented the 16-hour shift limit only for interns, allowing other residents to work 28-hour shifts.

As documented by Public Citizen in its report, the public's common sense is supported by the strong evidence. Long work shifts without sleep can risk residents themselves and further exposes their patients to an increased risk of medical errors. These harmful events can lead to patient injury and death.

Studies have shown that up to 440,000 people die each year due to medical errors and harm. So, now is the time to strengthen policies to improve medical resident safety and patient safety, not the time to weaken them by backtracking and forcing residents to work longer hours. As revealed in the Public Citizen/Lake Research Partners poll, 80 percent of Americans support such action.

Further, to address concerns about problems related to patient handoffs, the ACGME should mandate new standards for ensuring that residents are trained on how to implement handoffs in a consistent, standardized, and effective fashion, and require that attending physicians supervise and confirm the adequacy of such handoffs. In its report, Public Citizen summarizes studies published since 2011 that demonstrate the benefits already achieved by standardized handoffs.

We sincerely hope that the ACGME will listen to the American public and reject any calls to remove the 16-consecutive-hour limit for interns. We further urge the ACGME to move to apply this 16-hour cap to all residents, consistent with the IOM's 2009 recommendations and with the opinion of the vast majority of Americans.

Thank you for your consideration for this important matter to patient safety.

Sincerely,

Yanling Yu, PhD
President
Washington Advocates for Patient Safety