February 3, 2016

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
515 North State Street, Suite 200
Chicago, IL 60654

Dear Dr. Nasca,

The Joint Commission (TJC) welcomes this opportunity to provide comments and recommendations as requested in your letter dated December 21, 2015.

These comments and recommendations took into consideration general learnings from safety events that have been analyzed by TJC patient safety analysts, and also input from the TJC physician leadership.

Question One: Your organization’s formal position on the current ACGME resident duty hour requirements, including impact analysis, from your organization’s perspective, costs and impact of implementation.

ACGME resident duty hour rules are intended to protect patients and residents from unsafe conditions which fatigue can potentially impose on the care of patients. The negative impact of fatigue and the potential harm to a patient is indisputable and ACGME should be commended for its attempt to minimize this risk. Despite this stated goal, however, the literature over the last decade fails to demonstrate improved patient safety after the implementation of resident duty hour restrictions.1

Restricting resident duty hours has had the unintended consequence of substantially increasing the number of hand offs or transitions of care for patients. The impact of the increased number of transitions in care remains poorly understood and has not yet been quantified. Just as there is no disagreement on the negative impact of fatigue on performance, it is also indisputable that hand offs are also significant drivers of risk across all healthcare settings.

There have been attempts to quantify the reduction of safety events attributed to the avoidance of fatigue. However, a risk/benefit analysis which weighs the benefit of fatigue avoidance against the increase in number of transitions of care resulting from the restricted resident duty hours remains to be performed. Until this risk/benefit analysis is accurately assessed, the total impact of reduced resident hours to patients’ safety cannot be fully understood.
Despite ACGME’s established guidelines for a standardized approach in transitioning the care of patients between residents, there is still significant variation in actual practice. TJC Sentinel Event Data Base contains over 9,000 events that have been analyzed by TJC patient safety analysts in collaboration with accredited organizations. Communication failure remains one of the leading common/root causes identified, and handoffs are a major contributor to this category.

TJC’s scope of work does not include an assessment of the organization’s finances and therefore, we are not in a position to comment on the financial impact resident duty hour reforms has on organizations.

Question Two: Your organization’s formal recommendations regarding dimension’s of resident duty hour requirements and justification (wherever possible) for these recommendations

For your consideration are the following recommendations:

- TJC encourages ACGME to collaborate with the appropriate stakeholders to engage in a study that assesses the impact of increased handoffs and whether the benefits of fatigue avoidance are truly outweighed.
- ACGME should make a focused effort to encourage organizations to improve the standardization and effectiveness of the communication process during handoffs.
- Encourage/require organizations to conduct failure modes and effect analysis (FMEA) on their transition of care processes and proactively address the risk areas uncovered through this exercise.
- Maintain a moratorium on further duty hour reductions until more information is obtained supporting the positive impact on patient safety.

Question Three: Your organization’s formal recommendations regarding standards governing key aspects of the learning and working environment and justification (wherever possible) for these recommendations with evidence

The following recommendations are for your consideration:

- ACGME should be commended and should continue to increase expectations of the organization’s leadership regarding their oversight functions and accountability for resident education programs. This focus on leadership is a direction that the ACGME should continue to develop. Many TJC leadership standards such as the expectation that leadership’s responsibility to build a safety culture and provide resources for performance improvement are applicable and expanded on in the “Patient Safety Systems” chapter of the Hospital Accreditation Manual.
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- ACGME should continue to increase the integration of the resident learning experience with the organization’s performance improvement activities.
- ACGME should encourage/require resident programs and academic medical centers to develop faculty competencies in performance improvement methodologies beyond “plan do check act”, (PDCA).

Question Four: Your organization’s willingness to participate in a Resident Duty Hours in learning and Working Congress to be held in March 2016 in Chicago Illinois

TJC continues to be willing to collaborate with the ACGME in all activities which lead to our mutual goals in improving safe care.

Please feel free to contact me directly if there are any questions regarding our response.

Sincerely,

Ana Pujols-McKee, MD
Executive Vice President and Chief Medical Officer
The Joint Commission

CC: Chassin, M.
     DuPree, E.
     Baker, D.
     Wyatt, R.

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2Tapia M., Fallon S., Brandt M., Assessment and Standardization of Resident Handoff Practices: PACT Project* Journal of Surgical Research 2013 71-7