



POLICY & ACTION FROM CONSUMER REPORTS

September 14, 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:

Consumers Union, the policy and mobilization arm of Consumer Reports, strongly urges you to maintain current duty-hour limits established by the Accreditation Council for Graduate Medical Education (ACGME) and to reject calls to eliminate the current cap of 16 consecutive hours on the shifts of first-year residents.

We joined many organizations, with considerable public pressure, in pushing for shift limits after the 2009 Institute of Medicine (IOM) report, "*Resident Duty Hours: Enhancing Sleep, Supervision, and Safety*," called for a significant reduction in the hours that interns and residents were required to work. The 2011 changes adopted by the ACGME were extremely modest and we felt did not go far enough to protect patients or create safe work conditions for all medical interns and residents work. Still, it was an improvement over the 30-hour shifts that had been allowed for all residents since 2003.

A national poll commissioned by Public Citizen and recently conducted by Lake Research Partners found that 86 percent of the U.S. public is opposed to lifting this 16-hour cap for interns and 80 percent support applying that 16-hour maximum shift durations to *all* medical residents. The Public Citizen report issued with this poll lays out the substantial body of literature showing that sleep deprivation due to excessively long work shifts increases many risks such as car accidents, depression, needle-sticks and other injuries that can expose residents to bloodborne pathogens. More important, depriving medical residents of sleep puts their patients at risk of medical errors, which can lead to patient injury and death. The public understands this obvious connection.

Those calling on the ACGME to return to 30-hour shifts for all residents claim that shortening the shifts endangers patients due to an increase in patient handoffs. However, Public Citizen's report argues that there is no valid evidence from well-designed studies to support these assertions. On the contrary, the most rigorous trial to date of the effects of different work shift lengths found that reducing first-year residents' shifts to 16 hours or less actually *reduced* the frequency of serious medical errors despite an increase in the frequency of patient handoffs.

Medical errors, including infections, in hospitals cause at least 200,000 deaths and as much as 400,000 *every* year. Half of the country's teaching hospitals were fined by CMS for poor patient safety performance in 2014 (<http://www.npr.org/sections/health-shots/2014/12/19/371862146/teaching-hospitals-hit-hardest-by-medicare-fines-for-patient-safety>). The ACGME should be looking at these disturbing trends and taking every step possible to assist residents and interns in providing high quality, safe care. It is simply unrealistic to expect humans to do that reliably on 30-hour shifts, day after day.

We urge the ACGME to take heed of the concerns of the public as indicated by the Public Citizen poll, to stick to its own conclusions in 2011 that first year interns make more errors when working longer consecutive hours and to reject any efforts to remove these shift limits ([https://www.acgme.org/Portals/0/PDFs/jgme-monograph\[1\].pdf](https://www.acgme.org/Portals/0/PDFs/jgme-monograph[1].pdf)). We also strongly urge the ACGME to take action to apply this 16-hour cap to all residents, as recommended in the IOM's 2009 report and in line with the opinion of the vast majority of Americans.

Sincerely,



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