



American Academy of Sleep Medicine

MEMORANDUM

DATE: April 10, 2009
TO: Bruce Blehart
CC: Jerry Barrett
FROM: Ted Thurn
RE: Massachusetts Senate Bill 845 – Establishes Advisory Council on Physician Work Hours; Establishes limits on working hours for resident-physicians; Advisory Committee would also develop penalties if standards are violated

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- Information Received _____
 Please see me _____

1. Massachusetts Senate Bill 845

Position: For Further Discussion

Synopsis

SB 845 would establish an advisory council to study the work hours for resident-physicians. The advisory council would be comprised of 13 individuals; two of the thirteen members would be from the Sleep Research Society. The committee would be appointed by the commissioner of public health. The executive director of the Betsy Lehman Center for Patient Safety and Medical Error Reduction would serve as the chair of the council.

The advisory council would be responsible for studying the duty hours and working conditions of resident-physicians. The bill defines the term 'resident-physician' as a medical intern, resident or fellow enrolled in an ACGME or ADA accredited graduate medical or dental education program.

Based on the study, the Massachusetts Department of Public Health would adopt the recommendations from the study into the Departments rules and regulations. The study would consider implementing resident-physicians duty hour recommendations from the Sleep Research Society (2005) and the Institute of Medicine Report (Resident Duty

Hours: Enhancing Sleep, Supervision and Safety, 12/2/08). If passed, the department would implement the following requirements pertaining to resident-physician work hours:

- Limiting the work hours of resident physicians and other trainees (trainees not defined) in clinical training programs to an optimal limit of 60 hours per week, but not more than a maximum limit of 80 hours per week.
- Limiting the consecutive work hours of to an optimal limit of 12 hours per shift, but not more than a maximum of 16 scheduled hours per shift.
- Limiting the work hours of residents who are assigned to patient care responsibilities in an emergency department to not more than 12 consecutive hours.
- Limiting the number of consecutive night shifts worked to no more than 4, with a minimum of 48 hours off duty after 3 or 4 consecutive night shifts.
- Requiring a nonworking period of not less than 16 consecutive hours following a 16 hour shift; requiring a nonworking period of optimally 12 or more hours, but not less than 10 hours, between other scheduled shifts.
- Requiring that resident physicians and other trainees in clinical training programs optimally have 48 consecutive hours free of work once every seven days, but at a minimum, 36 consecutive hours free of work including two consecutive nights once every seven days.
- Requiring optimally 60 consecutive hours free of work once every two weeks, but at a minimum, 60 consecutive hours free of work once every four weeks.

The legislation would also develop mechanisms for enforcement and the appropriate penalties if any of the standards established by the committee are violated.

Analysis

Further discussion on this issue is needed since work hours for resident-physicians have been a controversial issue in the house of medicine for the last few years. However, the AASM did issue a press release commending the IOM report when it was released back in December of 2008. The full statement, which can be read by clicking [here](#), states that “the AASM commends the IOM for its independent analysis of current duty-hour regulations for medical residents. The AASM will conduct a thorough review of the recommendations made.”

The release also mentions how “To help educate medical residents about the dangers associated with fatigue, the AASM developed “[SAFER](#)” (Sleep, Alertness and Fatigue

Education in Residency), a resource that can be presented in a classroom setting or used for individual study. SAFER provides residents with the most current, scientific information on topics such as “Alertness Management Strategies” and “Practical Solutions for Coping with Residency.”

In 2004, the Sleep Research Society assembled the SRS Presidential Task Force on Sleep and Public Policy to develop model legislation regarding physician-in-training work hours. The central provisions of the Task Force’s recommendations are:

- Weekly work hours of physicians-in-training should be limited to an optimal maximum of 60 hours of work per week, and a fixed maximum limit of 80 hours of work in any week;
- Consecutive work should be limited to an optimal limit of 12 hours of consecutive work, with a maximum limit of 18 consecutive hours of work in any setting, including time for the transition of patient care information.
- Physicians-in-training should have 16 hours free of all duties following a shift of >18 consecutive hours, and at least 10 hours free of all duties after work shifts of shorter than 18 consecutive hours.
- Physicians-in-training should have at least 36 consecutive hours free of work including two consecutive nocturnal periods once every seven days, and a 60-hour consecutive period free of work once every four weeks.
- Physicians-in-training who are assigned to patient care responsibilities in an emergency department or other high-intensity setting where the probability and/or potential consequence of a medical error is high should work no more than 12 continuous hours in that setting.
- Physicians-in-training should not be scheduled to work an 18-hour shift more often than every third night.

The IOM issued their recommendations (attached) regarding this issue at the request of Congress.