In a new alert, the Joint Commission adds its voice to calls to curb fatigue from extended work days and work hours. The alert highlights evidence linking fatigue to adverse events and outlines actions organizations can take to mitigate fatigue, especially among nurses and physicians.

The commission says the alert is purely educational, and there will be no change in the survey process.

Despite the evidence of risks posed by fatigue, health care has been slow to adopt changes, particularly for nursing, the commission says.

Numerous studies have linked nurse fatigue to patient safety, the alert notes. The first, a groundbreaking 2004 study, showed nurses working shifts of 12.5 hours or longer are 3 times more likely to make an error. Other studies have linked long shifts to the risk of errors, close calls, and decreased vigilance, as well as higher rates of nurse injuries.

“An overwhelming number of studies keeps saying the same thing—once you pass a certain point, the risk of mistakes increases significantly,” according to Ann Rogers, PhD, RN, FAAN, a sleep medicine expert at Emory University, quoted in the alert.

Residents’ duty hours have also been a focus of studies, and standards have been set by the Accreditation Council for Graduate Medical Education.

**Steps to address fatigue**

The commission suggests 8 steps to help address effects of fatigue from extended work hours. Here is a summary:

- Assess your organization’s fatigue-related risks, including assessment of off-shift hours, consecutive shifts, and other staffing practices.
- Assess handoff processes because they are a high-risk time, especially for fatigued staff.
- Invite staff input into scheduling to minimize potential for fatigue.
- Create and adopt a fatigue management plan that includes scientific strategies to fight fatigue, such as actively conversing with others, engaging in physical activity, using caffeine judiciously, and taking short naps.
- Educate the staff about sleep hygiene and fatigue’s effects on patient safety. Sleep hygiene includes getting enough sleep and practicing good sleep habits.
- Provide opportunities for staff to express concerns about fatigue, supporting their concerns and taking action.
- Encourage teamwork to support staff who work extended hours to protect patients from harm, such as second checks for critical tasks or complex patients.
- Consider fatigue as a potential contributing factor when reviewing all adverse events.
- For organizations with a policy for sleep breaks, assess the environment provided for sleep breaks.
12-hour shifts in the OR

Perioperative managers and directors gave extended shifts mixed reviews in a survey by OR Manager (September 2010 issue).

In all, two-thirds of participants used 12-hour shifts for nursing staff. Of those, the largest group said 25% or less of their staff worked these longer hours.

The top 3 reasons for 12-hour shifts in the OR were:

• matching operating schedules of some surgeons or specialties
• covering off-shifts
• aiding recruitment and retention.

Many said the extended shifts are popular with nurses, and doing away with them would be unpopular in a specialty where recruitment and retention are an issue.

AORN has a guidance statement on safe call practices plus a position statement suggesting that periop RNs not be required to work in direct patient care for more than 12 consecutive hours in a 24-hour period and not more than 60 hours in a 7-day period, consistent with an Institute of Medicine report. Exceptions, such as disasters, should be outlined in organizational policy.