

Development & Implementation Fatigue Risk Management System Redcliffe Hospital

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Focusing on  **Fatigue**

Work in Progress.....

Background

- Redcliffe Hospital is 200 bed outer urban general hospital
 - General surgery/orthopaedics/urology
 - General medicine/rehabilitation/oncology/palliative care
 - Obstetrics & Gynaecology/paediatrics
 - Anaesthetics/Intensive Care
 - Emergency Medicine

Redcliffe Hospital Activity January – December 2007

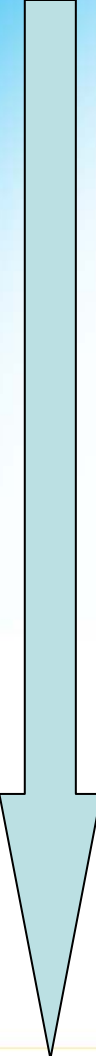
- 29, 681 discharges
- 47,569 ED attendances
- 6,498 operations (elective & emergency)
- 96,025 Outpatient Occasions of Services
(excl Dental, Med Image, Path, ED)
- Approx 1200 births
- 2.78 Average Length of Inpatient Stay
- 90% Occupancy

Background

- “Volunteered” as a Case Study site for the QH Alert Doctor’s Strategy
- QH collaboration with UniSA Centre for Sleep Research
- Aims of the project
 - highlight areas of fatigue risk
 - develop Fatigue Risk Management System
 - Overarching policy for the hospital
 - Specific procedures for the particular clinical units
 - implement Fatigue Risk Management System

Case Study Site Timeline

April 2007- April 2008

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- Local Working Group formed
 - Fatigue Education in Case study units
 - Data Collection CFSSR-UniSA
 - Environmental scan,
 - Actigraphy monitoring
 - sleep & work diaries
 - PVT
 - Feedback of Data
 - Drafting FRMS
 - Implementation FRMS (February 2008 & ongoing)

1 FTE Consultant
4 VMOs
4 Registrars
2 Residents

General Surgery

- Registrar On-call Roster – weekend and nights
- Consultant On-call Roster – VMOs and 1FTE Consultant

FRMS

- Registrar 7 night roster (NEW)
- Consultant On-call roster

- Registrar ICU 12 hour Night roster
- Registrar Anaesthetic Night roster
- SMO On-call roster

Obstetrics and Gynaecology

3 FTE Consultants
1 VMO
6 Registrars
2 Residents

Anaesthetics/ICU

6 Consultants/SMOs
11 Registrars
2 Registrars

FRMS Development

Key Step

Local Working Group Formation

- Representatives of Key Stakeholders
- Processes for
 - risk definition
 - FRMS drafting, education processes & audit
 - FRMS maintenance.
- Stakeholder involvement crucial

Building the Momentum

Focusing on **Fatigue**

FATIGUE EDUCATION

DATA COLLECTION

**LOCAL
WORKING GROUP**

FRMS IMPLEMENTATION

DATA FEEDBACK

FRMS DRAFTING

**FRMS DEVELOPMENT
- PROJECT FLOW**

DATA COLLECTION

Highlighting Areas of Fatigue Risk

- Local knowledge:
 - word of mouth
 - roster review - FAID
 - fatigue & overtime reports
 - `timecard' review
 - fatigue reporting (MOFR – implementation, education and follow-up)
 - survey data
- CFSR data in case study areas.....

Data Feedback

- Feedback provided as Ownership of FRMS critical
 - To Local Working Group
 - To Case Study Areas ie Clinical Units

FRMS Development

INITIATION

BUILDING OF MOMENTUM.....

- Management aware & supportive
- Initially focused on Case Study Units
- Fatigue / Project (FRMS) Process Education
- Participation of Units in Fatigue Scanning

HIGHLIGHTING AREAS OF FATIGUE RISK

Environmental Scan and Data Collection

FRMS Development

INITIATION

BUILDING OF MOMENTUM.....

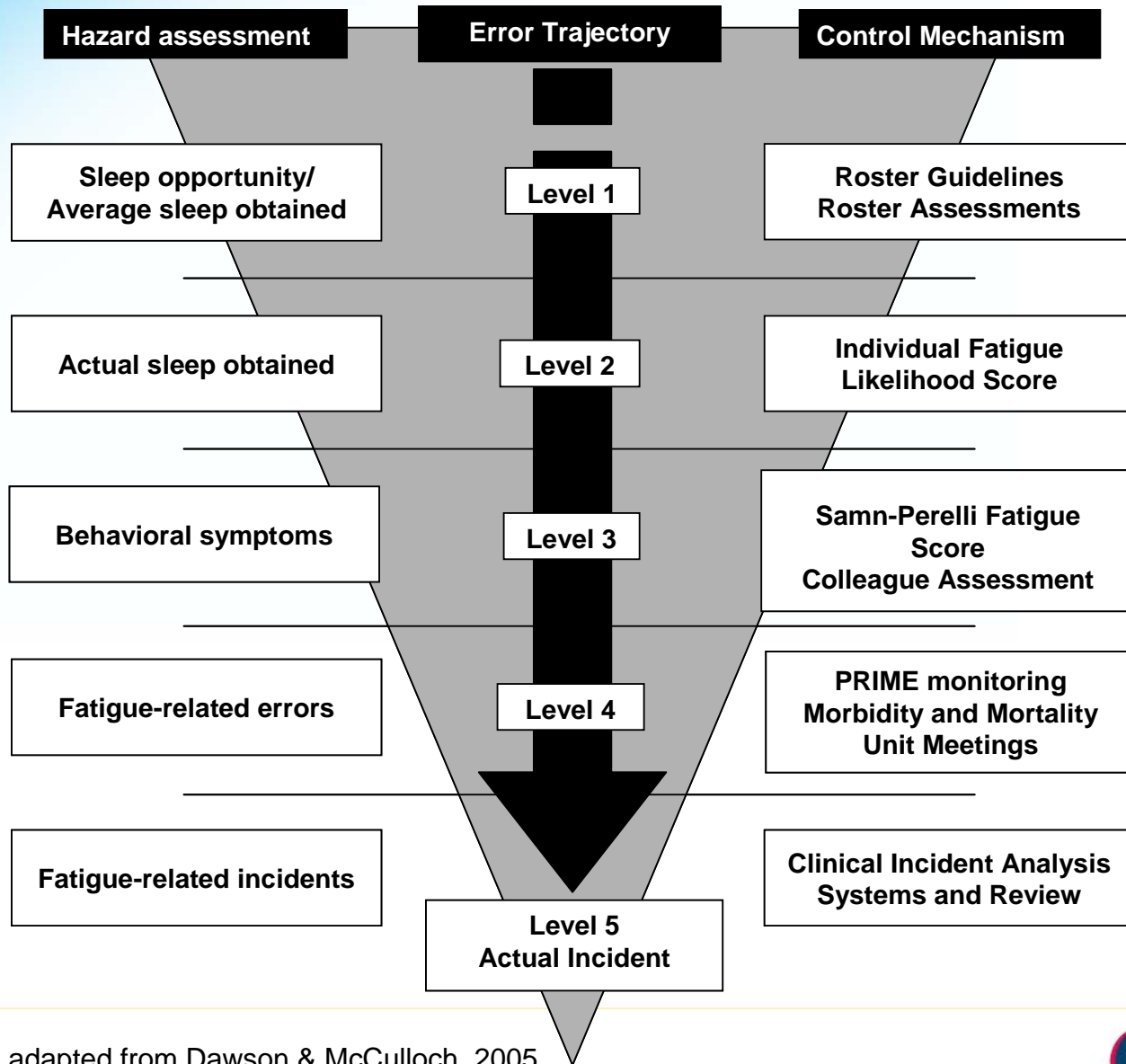
- *Involvement of Key Stakeholders*
 - *MANAGEMENT*
 - *CLINICAL DIRECTORS*
 - *MEDICAL OFFICERS*
 - *ADMINISTRATION STAFF*

- Day-to-day recognition of Fatigue as important SAFETY & STAFF issue
 - Fatigue at
 - meetings
 - via email
 - in the mail
 - on posters
 - in work

Drafting an FRMS

Background

Defences in Depth
Framework

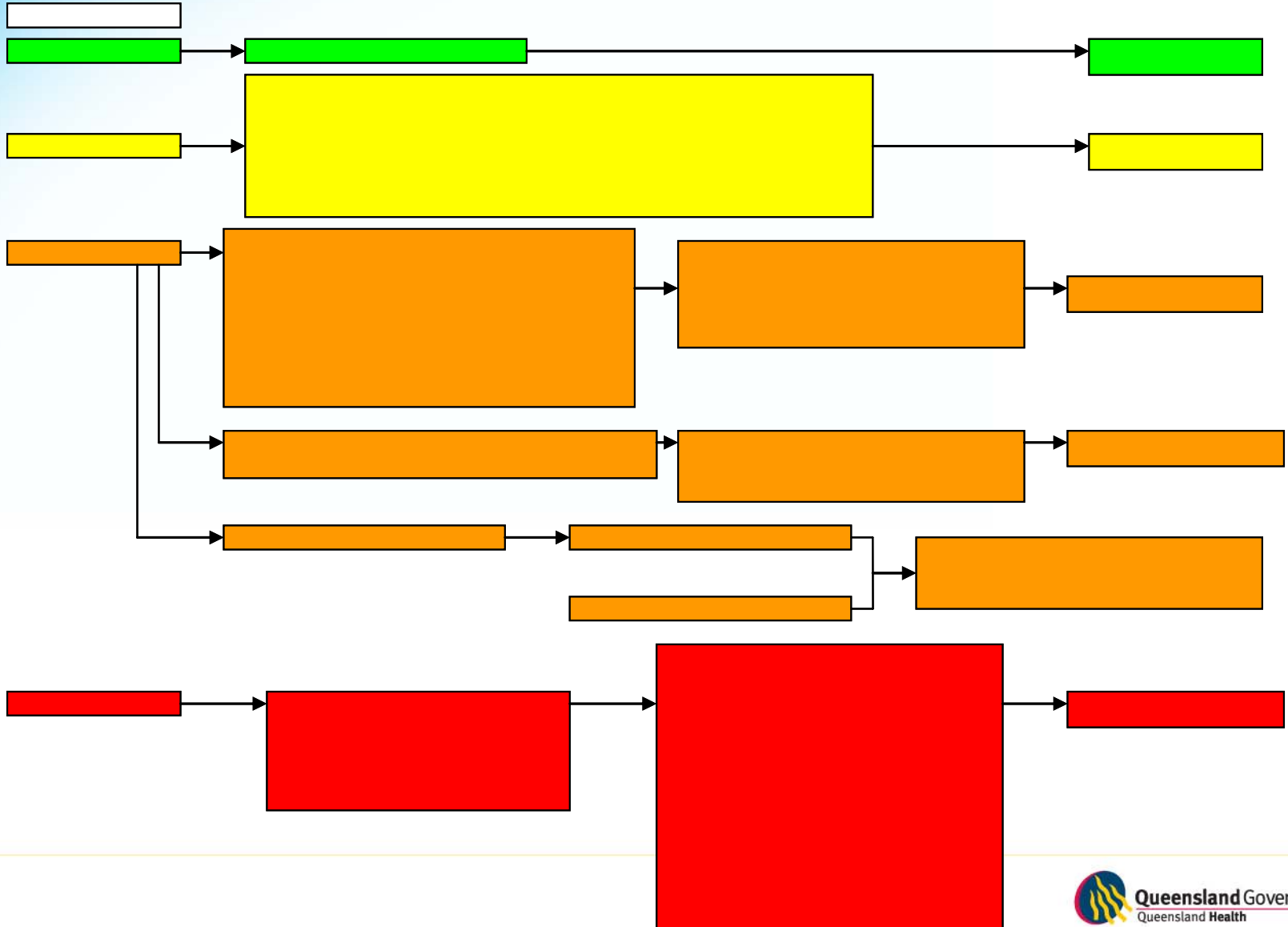


Level One Controls

- Hours of Service Rules
- Industrial Awards additional
- On-call v Normal Hours v Nights
- Key Thresholds important –
 - Science
 - Local Knowledge
 - Data collection

Focusing on Fatigue

Core Rostering Principles - Level One Actions:



Risk Mitigation Strategies

- `Individual Control Mechanisms`
- `Local Unit Specific Control Mechanisms`
- Safe Home Policy
 - taxi vouchers
 - sleep within facility
- Fatigue Reporting
 - Medical Officer Fatigue Reporting Form
 - Fatigue Assessment Form
- Decision to Stop Work **RED** zone
 - decision assistance (Level 2 and 3 controls)

Individual Control Mechanisms Example

- **Symptom monitoring** (Level 2&3 Assessments)
- **Nap where possible & appropriate**
- **Look at oral intake & hydration**
- **Strategic use of Caffeine**
- **Consider Task reallocation**
- **Consider Supervision**
 - increased level of personal & co-worker monitoring

Local Unit Specific Controls Examples Night Shifts: Registrar level

- Sleep permitted during shifts (where possible)
- Ensure remain contactable at all times
- Provision of a Sleep Room
 - in appropriate area within the hospital
 - to maximise sleep opportunity
- Monitoring of sleep obtained during overnight shifts
 - must continue to ensure current overnight rostering remains consistent with acceptable levels of fatigue
 - Evidence of monitoring to be provided to the Fatigue Local Working Group at least six monthly.

Level 1 Audit Example

- Overtime & fatigue reports
 - Medical Officer Fatigue Reporting Forms
 - Fatigue Assessment Forms
- FAID software
 - checks on roster design
- Example for O&G
 - review of 7 night roster
 - To be completed 6 monthly re sleep obtained

Local Working group

- Responsible for Audit review/oversight
- Built into FRMS for
 - continuing re-development of System
 - management of determined risk
 - data collection

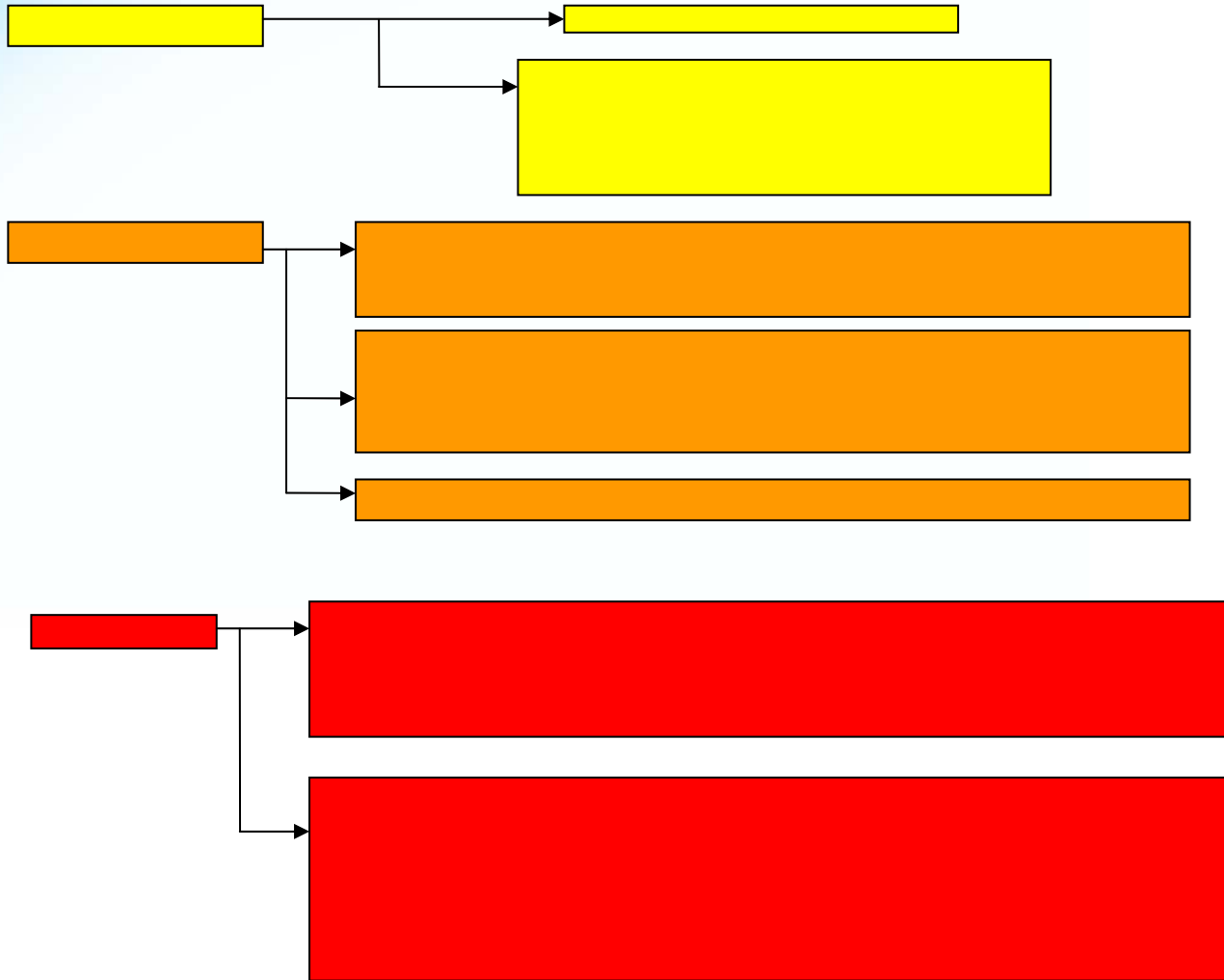
LEVEL 2 TOOLS

Individual Fatigue Likelihood Score – Determination using the Individual Fatigue Likelihood Score Card

FATIGUE ASSESSMENT	SCORE
Step 1: Sleep in prior 24 hours?	
Sleep ≤2h 3h 4h 5h	
Points 12 8 4 0	
Step 2: Sleep in prior 48 hours?	
Sleep ≤8h 9h 10h 11h 12+h	
Points 8 6 4 2 0	
Step 3: At the end of your shift, how many hours will you have been awake?	
For every hour awake greater than sleep obtained in Step 2, add 1 point.	
Total Points to determine your score:	

WHAT ACTION DO I TAKE?	
SCORE	CONTROL LEVEL
1-4	Keep an eye out for yourself
5-8	Look out for each other
9+	Go back to bed
Refer to Redcliffe Hospital's FRMS Procedure for further guidelines.	

Level 2 Controls



Samn-Perelli Assessment

Samn-Perelli Fatigue Scale - Self-assessment tool

Medical Officer subjectively rates level of fatigue:

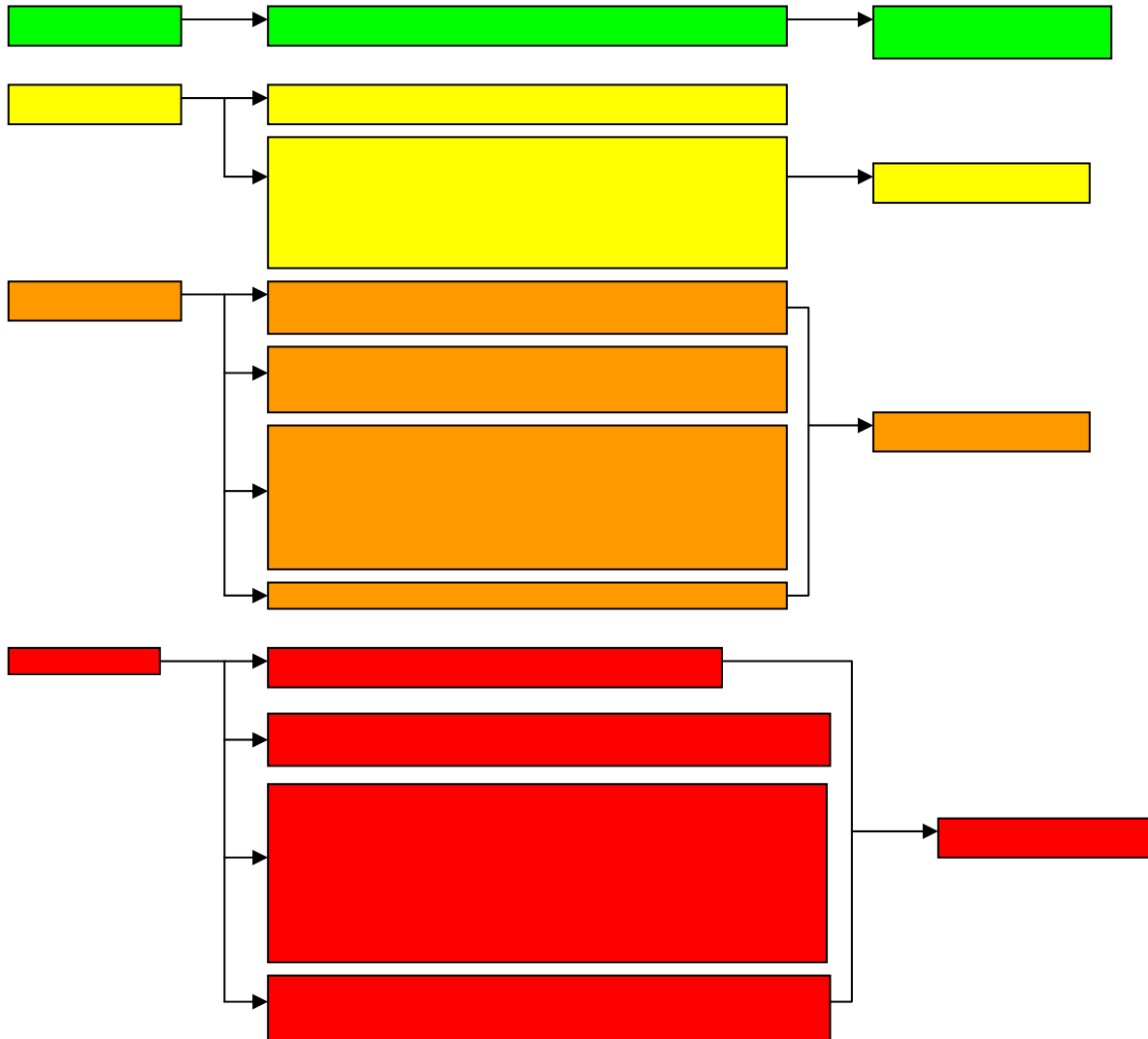
1. Fully alert, wide awake.
2. Very lively, responsive, but not at peak.
3. Okay, somewhat fresh.
4. A little tired, less than fresh.
5. Moderately tired, let down.
6. Extremely tired, very difficult to concentrate.
7. Completely exhausted, unable to function effectively.

Note –

Colleague Assessment Tool

to aid decision making or to prompt Level 2 and 3 assessments where Colleague becomes concerned about a Medical Officer's Fatigue

Level 3 Controls



Medical Officer Fatigue Reporting Form

Attachment 1:
MEDICAL OFFICER FATIGUE REPORT FORM

Name: _____ **Payroll Number:** _____
Unit: _____ **Date of Occurrence:** _____
Date Reported: _____

I am fatigued because (please tick):

I have worked for 16 hours or more

I haven't had an 8-hour break from work

I was required to work after frequent phone calls or interruptions to sleep while on call

Of other circumstances but I was still required to work (please specify)

Why did this situation occur?

I have reported this occurrence to my registrar, consultant or relevant director:

Yes

No

Name of Supervisor:

Please note: Direct notification is required where work-related fatigue places doctors and/or patients at risk.

Please forward to Medical Workforce Unit – Margot Cromie - #7717 or Medical Administration

Medical Administration Use Only:

Please collate completed reports monthly and fax to the relevant Area Clinical Governance Unit on:

Central Area Health Service (07) 3131 6890

Please advise of any barriers to the District successfully addressing fatigue at the local level:

Area Clinical Governance Units – Please brief Area General Managers about any barriers.

Optional – Medical officers may also fax fatigue reports to the relevant unions:
Australian Salaried Medical Officers Federation Queensland on (07) 3856 5572
The Queensland Public Sector Union on (07) 3017 6229.

Fatigue Assessment Form

Attachment Three:

Fatigue Assessment Form

Date / Time of occurrence (use 24-hour clock): ____ / ____ / _____ ____:____

Name of MO: _____ Unit: _____

Level 2: Self Assessment – Individual Fatigue Likelihood Score

FATIGUE ASSESSMENT		SCORE		
Step 1: Sleep in prior 24 hours?				
Sleep ≤2h	3h	4h	5h	
Points 12	8	4	0	
Step 2: Sleep in prior 48 hours?				
Sleep ≤8h	9h	10h	11h	12+h
Points 8	6	4	2	0
Step 3: At the end of your shift, how many hours will you have been awake?				
For every hour awake greater than sleep obtained in Step 2, add 1 point.				
Total Points to determine your score:				

Level 3: Self-Assessment – Samn-Perelli Fatigue Scale:

1. Fully alert, wide awake.
2. Very lively, responsive, but not at peak.
3. Okay, somewhat fresh.
4. A little tired, less than fresh.
5. Moderately tired, let down.
6. Extremely tired, very difficult to concentrate.
7. Completely exhausted, unable to function effectively.

Level 3 Colleague Assessment: (if undertaken-see Medical Officer Handbook):

Physical Symptoms

Mental Symptoms

Emotional Symptoms

Score:

Has a Clinical Incident/Near-Miss Occurred (provide details – enter in PRIME)?

Action Plan: (Outcome of discussion with Supervisor if MO is fatigued):

Supervisor's name (on-call SMO or Clinical Director): _____

Current Duties: _____

Plan: _____

Signature (M.O.) _____ Signature (Supervisor) _____

Process Instigator (please circle): M.O. Peer

Level 4 and 5 Controls

- Morbidity & Mortality Reviews –
 - Fatigue must be considered as a possible causal factor
- PRIME (QH incident registry)
 - recordable incidents = any clinical incident
 - fatigue needs to be considered.
- Monitored by Fatigue Local Working Group

Implementation

- Key is **BUILDING THE MOMENTUM**
- Education Process
 - Initial Seminar
 - Updates
 - Resource folder
- Multiple media forms
- Follow-up
 - paperwork difficult
 - IT solutions required
 - IFLS calculator
 - Forms linked to online overtime reporting.