ONE HUNDRED TENTH CONGRESS

U.S. House of Representatives
Committee on Energy and Commerce
Washington, DC 20515–6115

JOHN D. DINGELL, MICHIGAN
CHAIRMAN

March 29, 2007

William Munier, M.D.
Acting Director
Department of Health and Human Services
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

Dear Dr. Munier:

Pursuant to Rules X and XI of the U.S. House of Representatives, the Committee on Energy and Commerce and its Subcommittee on Oversight and Investigations are conducting an investigation into preventable medical errors. As part of this investigation, and in light of the Agency for Healthcare Research and Quality (AHRQ) mission to improve the quality, safety, efficiency, and effectiveness of health care for all Americans, we write to request that AHRQ consider pursuing through the Institute of Medicine (IOM) the continued study of medical errors associated with physician and resident work schedules.

Our interest in this issue was recently heightened by a study published in December 2006 by the Public Library of Science and funded by AHRQ entitled the *Impact of Extended-Duration Shifts on Medical Errors, Adverse Events, and Attention Failures*. The study found medical errors resulting in adverse events, including death, due to sleep-deprived and over-extended medical residents and interns, substantiating previously held concerns about physician work schedules. We note that this study implemented the first "intern controlled study" where interns acted as their own controls. The number of reported fatigue-related medical errors increased as the number of extended duration shifts per month increased regardless of gender or age.

This study reaffirmed previous findings that medical errors and adverse events are a direct result of overworked and sleep-deprived doctors. For example, *To Err is Human: Building a Safer Health System,* published in 1999 by the Institute of Medicine, focused

on numerous repairable human errors common in America's healthcare system. The report suggested that the healthcare delivery system design jobs with attention to human factors, including: attending to the effect of work hours, workloads, staffing ratios, sources of distraction, and an inversion in assigned shifts (which affects worker's circadian rhythms) and their relationship to fatigue, alertness, and sleep deprivation. The report also claimed that there is a need to have the right equipment, which is well maintained and reliable; a skilled and knowledgeable workforce; reasonable work schedules; well-designed jobs; and clear guidance on desired and undesired performance. In sum, the IOM reported that factors such as these are the precursors or preconditions for safe production processes.

More recently, the Institute of Medicine released a study in 2004 entitled *Keeping Patients Safe: Transforming the Work Environment of Nurses*. This study was funded and directed by AHRQ's Center for Quality Improvement and Patient Safety. The study concluded long work hours was one of most serious threats to patient safety and that this issue needed to be addressed by Congress. The study also recommended that healthcare organizations need to create organizational cultures of safety that promote the reporting, analysis, and prevention of errors.

The Committee requests that AHRQ assist us in ascertaining if the long work hours of physicians and residents also are among the most serious threats to patient safety. Perhaps the most efficient way to achieve a scientifically sound answer is for AHRQ to fund an IOM study similar in design to the 2004 work hours of nurses study involving the extended work schedules of physicians and residents.

We appreciate your prompt attention to this request. If you have any questions about this matter, please contact us or have your staff contact Kristine Blackwood of the Majority Committee staff at (202) 225-2927 or Krista Lynn Carpenter of the Minority Committee staff at (202) 225-3641.

Sincerely,

John D. Dingell
Chairman

Joe Barton
Ranking Member

Bart Stupak
Chairman
Subcommittee on Oversight
and Investigations

Ed Whitfield
Ranking Member
Subcommittee on Oversight
and Investigations