Managing Fatigue: a new ACORN guideline

Presenter: Sue Ireland
2nd August 2014
Is This A Sign?
Warnings?
The Scale of the Problem

• If fatigue can crash a car, run aground an oil tanker, melt down a nuclear power plant and blow up a space shuttle...

• ...imagine what it is doing to our patients.
The Scale of the Problem

- In Australia, landmark Quality in Australian Healthcare Study (1995) found that
  - 16% of hospitalised patients suffered an adverse event
  - 50% were preventable
  - 10% of these resulted in death or permanent disability\textsuperscript{13}
Overview

• Fatigue: a definition
• Process of ACORN review
• Guideline statements
• ACORN recommendation
• Where to from here
The Definition:

*Fatigue is ‘the state of tiredness that is associated with long hours of work, prolonged periods without sleep, or requirements to work at times that are “out of synch” with the body’s biological or circadian rhythm’*¹
The Research:

- Dawson and Reid\(^2\):
  - 17 hours of wakefulness equates to a performance equivalent of a blood alcohol reading of 0.05g/dL

- Rogers et al\(^3\):
  - Longer than 12.5 hours of work increases the probability of error by 200-300%

- Other research: low level
Other Seminal Documents:

- To Err is Human (1999)\textsuperscript{4}
- Crossing the Quality Chasm (2001)\textsuperscript{5}
- Workplace Health & Safety Act (2011)\textsuperscript{6}
- AORN Standards (2013)\textsuperscript{7}
- Canadian Nurses Association & Registered Nurses' Association of Ontario Nurse Fatigue & Patient Safety: research report (2010)\textsuperscript{8}
Who Else is Doing This?

- Entire Transport Industry
  - Trucks, trains, planes, ships & automobiles
- The Military
- Aerospace Industry
- Mining & Energy
- Nuclear Industry
Who Else is Doing This?

- **Existing Guidelines:**
  - Safework Australia (2013)$^9$
  - ANMF (2010)$^{10}$
  - AMA (2008)$^{11}$
  - Emergency Services SA (2012)$^{12}$
  - RACS (2007)$^{13}$
  - ANZCA (2007)$^{14}$
Process of ACORN Review

• Our team
• Searching for the evidence
• Guideline statements
  ➢ The healthcare organisation
  ➢ The unit
  ➢ The individual nurse
Key Recommendations

The Healthcare Organisation:
Guideline Statement 1

Health care facilities shall promote a culture of safety by having written policies, procedures and guidelines relating to fatigue management for the delivery of safe and effective nursing care.
Rationale

• Promote change in cultural attitudes
• The organisation has safety obligations
What can be done?

• Rostering
• Budgets
• Reviewing overtime/ call backs
• Education on fatigue
• Sleep facilities and alternate transport arrangements
• Guidelines for hospital coordinators
Key Recommendations

The Unit:

Guidance Statement 2

To enable clinicians to function safely and efficiently within their work roles, the manager at the unit level should recognise the potential of fatigue when considering staffing allocations, rostering and work load utilisation.
Rationale

• Nurse leaders at a unit level are responsible for the effective management for the perioperative nursing team and their work environment.

• They are responsible for ensuring that clinicians perform competently, safely and free from fatigue thereby providing a safe work culture and encompassing staff and patient well-being.
What can be done?

• Rosters
• Breaks
• Skill mix
• Allocation
• Education
• Foster culture change
The perioperative nurse shall be aware of the patient and individual safety risks in relation to fatigue
Rationale

• Perioperative nurses in all roles have a professional responsibility to manage their own fatigue to provide safe patient care.
What can be done?

- Arrive at work in a fit state
- Communicate
- Recognise signs and symptoms of fatigue in self and others
- Collaborative rostering
- Support cultural change
- Complete training
ACORN Recommendation

• Develop a fatigue management program including:
  • Identification: fatigue risks
  • Management: risk assessment
  • Prevention: controlling the risks

within the perioperative setting.
Where to From Here?

Meeting requirements of:

• ACORN Standards
  • Environment management
  • Positioning patient for surgery
  • Risk management
  • Staffing requirements
  • Budget preparation and monitoring
  • Planning and design of the perioperative environment
  • Emotional support for personnel
  • Surgical safety
  • Safe patient and manual handling
Where to From Here?

Meeting requirements of:

- National Standards
- Accreditation Standards
- Work Health and Safety Act 2011
- State and Territory Regulations
Where to From Here?

• Development / modification of existing tools for:
  • Monitoring and audit
  • Fatigue prevention
The Review Team

- Sue Ireland (Team leader)
- Tracey Nicholls
- Scott Mitchell
- Peter Smith
- Rachel Short

- Thank you to Dr Sonya Osborne, Dr Zaneta Smith, Joy Jensen and the ACORN Board
Fatigue is **Everyone’s** responsibility
NEW Beginnings
Time to Change
visit our new website

www.acorn.org.au

TO ORDER YOUR COPY OF THE ACORN STANDARDS
References


5. Institute of Medicine, CROSSING THE QUALITY CHASM: A New Health System for the 21st Century 2001 INSTITUTE OF MEDICINE, NATIONAL ACADEMY PRESS Washington, D.C.


