



W O R K F O R C E TRENDING NOW

From the office of William J. Grubbs, President & CEO of Cross Country Healthcare

April 1, 2016

JOB MARKET REMAINS STRONG, ADDING 215,000 JOBS IN MARCH; UNEMPLOYMENT UNCHANGED AT 5%

The U.S. Bureau of Labor Statistics Employment Report announced 215,000 jobs were added to payrolls in March. The number of jobs added in January was revised down from 172,000 to 168,000, while the number of jobs added in February was revised upward from 242,000 to 245,000, for a combined total of 1,000 jobs less than previously reported. The unemployment rate held steady at approximately 5% for the eight consecutive month. Healthcare added 37,000 new jobs in March, and has added an average of 42,000 jobs per month over the past twelve months. Ambulatory care continued to lead healthcare job growth, adding 27,000 jobs, while hospitals added 10,000 jobs. Nursing and residential did not account for a measurable amount of new jobs in March.

FEBRUARY JOBS ADDED BY SEGMENT

ALL U.S. JOBS



HEALTHCARE JOBS +37,000

HOSPITALS +10,000

AMBULATORY CARE +27,000

NURSING & RESIDENTIAL CARE +0

LONGER INTERN HOURS, LESS SLEEP KEY TO IMPROVED PATIENT SAFETY?

According to statistics compiled by The Hospital Safety Score, more than 1,000 people die every day because of a preventable hospital error. In light of statistics such as these, the Accreditation Council for Graduate Medical Education (ACGME) recently indicated that it is considering removing caps on physician intern workloads that were implemented in 2003 and tightened in 2011. Those restrictions came about as both the ACGME and education programs were under increasing pressure to resolve issues that were identified as contributing to medical errors, including lengthy intern shift hours. Limits put into place at that time included 16-hour max shifts for first-year residents, 28 consecutive hour shifts for all other interns and a minimum eight hours off between shifts required for all residents.

The Affordable Care Act (ACA), Medicare reform and their respective mandates regarding patient care quality have only increased pressure on hospitals and healthcare facilities to reduce medical errors, leading some to question the ACGME's recent decision. Conversely, many industry experts don't believe the caps have actually helped to reduce medical errors as intended. Still others, including The Joint Commission, say the caps have inadvertently increased the number of errors they were meant to reduce, citing recent studies which point to patients being "handed off" between providers more frequently as a leading cause of errors. Many residents have reported needing to leave patients at critical times in order to remain in compliance with shift length caps, including during surgery. [Continued on pg. 2]

65 MILLION AMERICANS LIVING IN "PRIMARY CARE DESERT" THANKS TO LOOMING MILLION-DOCTOR SHORTAGE

According to MarketWatch, an acute primary care gap has developed in approximately one third of United States. Lower pay for primary care physicians, geography, and the rapidly growing demand for healthcare are among the issues being blamed. See the surprising statistics... [read more here.](#)

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Longer Intern Hours, Less Sleep Key To Improved Patient Safety? (Continued)

The Intern Sleep and Patient Safety Study, published by the New England Journal of Medicine Study in 2004, aimed to measure the impact of resident sleep deprivation on medical errors. The study's results influenced the ACGME's previous decision to enact stricter resident work hour policies when it was revealed that serious medical errors increased 35.9 percent when residents worked a traditional schedule, as opposed to an intervention schedule which limited shifts to a maximum of 16 consecutive hours.

THE INTERN SLEEP AND PATIENT SAFETY STUDY RESULTS

ERROR TYPE	CAUSED BY INTERNS ON TRADITIONAL SCHEDULE	UNIT-WIDE TOTAL, TRADITIONAL SCHEDULE	CAUSED BY INTERNS ON INTERVENTION SCHEDULE	UNIT-WIDE TOTAL, INTERVENTION SCHEDULE
All Serious Medical	176	250	91	144
Preventable Adverse effects	27	50	15	35
Intercepted Serious	91	123	50	63
Non-intercepted	58	77	26	46

TYPES OF SERIOUS MEDICAL ERRORS

Medication	129	175	75	105
Procedural	11	18	6	11
Diagnostic	24	28	3	10
Other	12	29	7	18

<http://www.hospitalsafetyscore.org/what-is-patient-safety/errors-injuries-accidents-infections> • <http://www.nejm.org/doi/full/10.1056/NEJMoa041406#t=articleResults>

NEW TRIAL CLAIMS PATIENT SAFETY, RESIDENT SATISFACTION IMPROVE WITH LESS RESTRICTIVE POLICIES

Proponents of easing resident workload restrictions point to the Flexibility in Duty Hour Requirements for Surgical Trainees (FIRST) trial, the results of which were presented at the 11th Annual Academic Surgical Congress in Jacksonville, Florida in February of this year. The trial involved 117 U.S. general surgery programs, 151 hospitals and 138,691 patients, with data collected throughout the 2014-2015 academic year. The study participants were randomly divided into two groups: one of which followed the current ACGME guidelines, and another, which allowed for extended duty hours and less time off between shifts. The study compared patient outcomes between the two groups, specifically the rate at which patients experienced death or serious complications within 30 days of an operation. The results were almost identical in both groups at approximately nine percent.

Speaking to the American Board of Surgery, the study's lead investigator, Karl Bilimoria, MD, MS, FACS, a Faculty Scholar at the American College of Surgeons (ACS) and Director of the Surgical Outcomes and Quality Improvement Center at Northwestern University Feinberg School of Medicine in Chicago, said, "Residents in the flexible duty hour group did not work more hours; rather, they worked more effectively by rearranging their hours."

Source: https://www.absurgery.org/default.jsp?news_trial0216

FIRST TRIAL RESULTS REJECTED BY PATIENT ADVOCACY GROUPS

Critics of the FIRST trial, including Michael Carome, MD, Director of the Health Research Group at Public Citizen, a non-profit, consumer rights advocacy group and think tank based in Washington, D.C., disagree with the study's results. Dr. Carome believes that reversing the ACGME's policy will be detrimental to the health of both patients and interns alike.

Citing the Intern Sleep and Patient Safety study, Dr. Carome said, "Any effort to increase the number of consecutive hours resident physicians can work without sleep threatens the health of both residents and their patients, and should be rejected."

Dr. Carome also takes issue with the way the FIRST trials were conducted, calling them "highly unethical, poorly designed and biased by the researchers' desire to create evidence that can be used to support their underlying agenda to lift the ACGME's 2011 protective limits."

Source: <http://www.citizen.org/pressroom/pressroomredirect.cfm?ID=5829>

PATIENT SAFETY VS. PROVIDER CAPACITY: A PERPETUAL STRIVE FOR BALANCE

The ACGME is currently gathering input from dozens of healthcare organizations, specialty societies and concerned individuals, and plans to make its recommendations on any potential policy changes available for public comment later this month. The pressure on hospitals and healthcare facilities to maximize positive patient outcomes while minimizing costs is unprecedented, and has inspired industry-wide evaluation of policies and procedures on a continual basis. As both providers and facilities adjust to our rapidly evolving healthcare landscape, decision's like those facing the ACGME and the controversy they ignite are bound to become commonplace.

CCH IN THE NEWS:

Cross Country Healthcare is proud to announce the appointment of Medical Doctor Associates' Executive VP, Anne Anderson, to the board of directors for The National Association of Locum Tenens Organizations (NALTO). NALTO's mission is to provide a foundation of industry standards and ethical guidelines for companies specializing in physician locum tenens recruitment services. The organization is also committed to continuous educational programming focused on industry standards, ethical treatment of physicians and clients, and changes in the Locum Tenens marketplace, which affect our members.



Under Ms. Anderson's leadership, Medical Doctor Associates has been awarded Inavero's Best of Staffing Client Award, as well as their Best of Staffing Talent Award for six consecutive years, and was recognized with a Best of Staffing Diamond Award for the past two years.

