

Potential CIEHF White paper on fatigue management in healthcare

Fatigue Task Group

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In the
beginning...

Fatigue absent from healthcare investigations

MISSING IN ACTION

Changing the culture



Health Services Safety
Investigations Body

Fatigue National Survey

The effects of fatigue on trainees in the UK

Fatigue and sleep deprivation lead to deterioration of cognitive and psychomotor skills impacting

Physical health 73.8% Psychological wellbeing 71.2% Personal relationships 67.9%

Survey results: 87% of respondents reported fatigue, 82% reported sleep deprivation, 73% reported cognitive impairment, 67% reported psychomotor impairment.

Most do not get uninterrupted breaks on nightshift
Most do not sleep well between nights
Most do not "sleep off" before driving home

Insights: 34.3% don't have access to adequate overnight facilities, 31.3% don't have access to adequate overnight facilities, 31.3% don't have access to adequate overnight facilities.

No need to check regularly: Only 18.8% use red facilities "just want to get home". There is no official measure available for the provision of red facilities in hospital.

2018 Junior Doctor Contract states...: Employers must where possible provide appropriate rest facilities for doctors who feel unable to travel home due to tiredness. If this is not possible, employers must make sure alternative travel arrangements are in place.

The consequences of fatigue on the safety of doctors, patients and the general public can no longer be ignored.

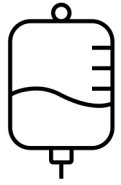
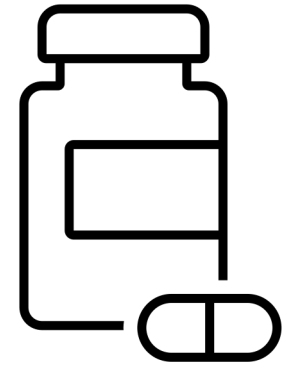
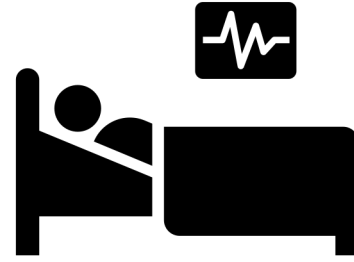
RECOGNITION: self-assessment and regular peer observation. EDUCATION: for individuals, teams and employers. PREVENTION: give the priority, appropriate staffing levels and defining the standards for adequate rest facilities.

A national survey of the effects of fatigue on trainees in general practice in the United Kingdom. Published in the British Medical Journal, 2017. Research funded by the NHS.

www.aagbi.org/fatigue



@DrMikeFarquhar



Impact on healthcare



White paper objectives

1. To describe the impacts of fatigue on clinical performance, patient safety and staff safety.
2. To benchmark fatigue risk management systems in other safety-critical industries.
3. To propose ways to develop, implement and sustain fatigue risk management systems (FRMS) in the healthcare environment.

Vision

- ❑ Increased awareness and transparency of the risk currently held by healthcare organisations relative to staff fatigue.
- ❑ Guidance on what to consider in the management of fatigue.
- ❑ Reporting mechanisms that can capture the impact of fatigue on organisational performance and safety, staff wellbeing and retention.
- ❑ Evidence-based Fatigue Risk Management Systems (FRMS) embedded as part of a wider integrated safety management systems.



Individual

Have awareness of signs of fatigue in themselves and colleagues.

Feel empowered to identify fatigue and to speak up.

Learn about personal risks relevant to fatigue.

Expresses kindness, empathy, and shared experiences to increase understanding.





Organisation

- Capture data/evidence to inform about impacts of fatigue on patient safety, staff absence and attrition of staff.
- Create safe space for fatigue reporting – avoid blame and encourage respectful collaborative enquiry.
- Acknowledge fatigue as an organisational risk and legal responsibilities.
- Place fatigue on organisation's risk register and factor fatigue into risk management.
- Acknowledge management of fatigue risk needs to consider staff resources, employment arrangements and social demand.

Organisation

- Organisational cultures that increase value of staff wellbeing and increase psychological safety to identify/report fatigue.
- Develop policy on responsibilities for management of fatigue at Board level, with clarity around lines of accountability.
- Develop approaches to development of fatigue risk management systems that work in different contexts.
- Implement and monitor evidence based rostering systems and fatigue-informed allocation of work.
- Provided with a clear pathway to escalate concerns and get support when there are signs of staff fatigue.





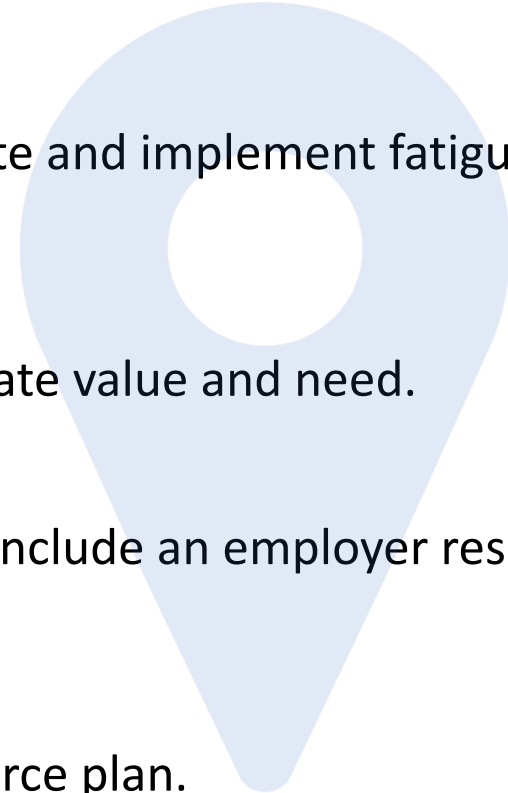
National

- Data collection to understand the scale of the risk relevant to fatigue.
- Establish health economic analysis around the cost of fatigue on patient care and delivery of services.
- Represent value of staff safety and impact upon patient safety.
- Acknowledge national responsibility and validate reporting on fatigue.
- Guidance on Fatigue Risk Management System policies/expectations.
- Clarity on the role of regulators in this space.



National

- National healthcare investigations to include fatigue.
- National structure and framework to identify, evaluate and implement fatigue management.
- National leadership and role modelling to communicate value and need.
- Review of working regulations and accountability to include an employer responsibility for employees' fatigue level driving to and from work.
- Acknowledge and address need for long term workforce plan.



Roadmap

0 - 1 year

Fatigue data collection to understand link to patient safety, scale of risk and economic impact

Add to all health and social care risk registers

National leadership around fatigue risk management and awareness

Increase knowledge of FRMS from healthcare research and other industries

Recognise through NHS workforce plan

1 - 5 years

Embed evidence based fatigue knowledge within local and national policies and guidelines

Increase maturity of fatigue data reporting and culture to investigate or raise fatigue as an issue

Extend current healthcare research and implementation of FRMS

Clarify lines of accountability and responsibilities for risk

Fund small seed projects to manage fatigue and communicate impact on staff to wider community

5 - 10 years

Clear national oversight and co-ordination of the management of the risk of fatigue

Fatigue education within NHS organisations, undergraduate/postgraduate curriculum

Evidence and evaluation of FRMS implementation across healthcare domains

Evidence base of impact and scale of fatigue on patient safety

Embedded national workforce plan



Chartered Institute of Ergonomics & Human Factors