SESSION TITLE:	Worker Fatigue: It's Impact on Patient Safety, Productivity, and the Health of Caregiver and Patient
SPEAKER NAME:	Sheryl A. Michelson, MS, RN-BC
SESSION NUMBER:	9036 & 9117R
DATE/TIME:	Monday, March 4, 2013, 1:15-2:15pm & Tuesday, March 5, 2013, 3:30-4:30pm
CONTACT HOURS:	1.0 CH

OVERVIEW:

Challenges in staffing the OR have lead to long hours, mandatory overtime, and on-call. Long hours can lead to worker fatigue, impacting both patient and worker safety. While the risk of worker fatigue has been identified for years, little has been done to mitigate the risks to the staff and patient. This presentation will educate participants about worker fatigue and its impact on their health and safety, as well as that of their patients. Discussion will include evidenced-based research on the effects of long hours on safety, productivity, and employee health, as well as its impact on staff morale, teamwork, and communication.

OBJECTIVES

1. List three methods of decreasing worker fatigue.

- 2. Describe the impact of worker fatigue on patient and caregiver safety.
- 3. Discuss the research on worker fatigue.

CONTACT INFORMATION:

Sheryl A. Michelson, MS, RN-BC Periop Education Manager Stanford University Hospital Cupertino, California E-mail: SMichelson@stanfordmed.org

FACULTY DISCLOSURE:

Sheryl Michelson

7. No conflict.

COMMERCIAL SUPPORT:

Sheryl Michelson

Stanford University Hospital (travel and expenses)

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Worker Fatigue: Its' Impact on Patient Safety, Productivity, and The Health of the Caregiver and Patient

- I. Fiscal/Disaster Costs of Fatigue
 - A. 18 billion dollars/year
 - B. Auto Crashes
 - 1. 1500 fatalities
 - 2. 100,000 accidents
 - 3. 76,000 injuries
 - C. International Disasters
 - 1. Three Mile Island
 - 2. Chernobyl
 - 3. Exxon Valdez
 - 4. Challenger
- II. Definitions
 - A. Sleepiness-
 - B. Fatigue-
- III. Key Concepts
 - A. Night/rotating shifts and sleep
 - B. Sleep loss is cumulative
 - C. Effects of sleep loss
 - D. Scary Facts Related to Falling Asleep While Working

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- IV. Impact of Insufficient Sleep
 - A. Mood Alterations
 - B. Cognitive Problems
 - C. Reduced Job Performance
 - D. Motivational Issues
 - E. Safety Issues

	F.	Physiological Changes	
	G.	Decreased Memory	
	Н.	Increased Medical Errors	
	I.		
	J.		
	K.		
V.	Ph	ysiological Impact on the Caregiver	
	A.	Metabolism and Appetite	
	В.	Glucose Tolerance Issues	
	C.	Diabetes	
	D.	Hypertension	
	E.	Musculoskeletal Injuries	
	F.	Cardiovascular Symptoms	
	G.	Symptoms of Well Being	
VI.	Ris	sk of Auto Accidents	
	A.	Accidents increase after 9 hours of working	
	В.	Double after 12 hours	
	C.	Triple after 16 consecutive hours	
	D.	Increases with number of days worked	
VII.	Fat	tigue Management Programs	
	Α.	Sleep Hygiene Measures	
	В.	Use of Caffeine	
		1.	
		2	
		3	
	C.	Napping	

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1.

- 2.
- 3.
- D. Bright Lighting
- E. Exercise
 - 1.
 - 2
- F. Scheduling According to Circadian Rhythms
- G. Rest/Meal Breaks
- VIII. Sleep
 - A. How Much Required
 - B. Age Related Issues
 - C. Risk Factors

IX. Recommendations

- A. Limit shifts 12 hours/24 hour
- B. Limit Work Week to no more than 48-60 hours
- C. 10-12 hours off between shifts
- D. No more than 3 consecutive 12 hour shifts
- E. No caffeine outside of work
- F. Naps
- G.
- X. Summary

"Nurses should realize that most people are not accurate judges of how impaired they are by fatigue or sleep loss. Few adults can perform at high levels for more than 12 hours or function with less than 6 hours of sleep (Rogers, 2008)

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XI. Concluding Remarks.

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