

Mortality among patients in VA hospitals in the first 2 years following ACGME resident duty hour reform.

February 3, 2011

Volpp KG, Rosen AK, Rosenbaum PR, et al. Mortality among patients in VA hospitals in the first 2 years following ACGME resident duty hour reform. JAMA. 2007;298(9):984-92.

<https://psnet.ahrq.gov/issue/mortality-among-patients-va-hospitals-first-2-years-following-acgme-resident-duty-hour-reform>

The 2003 [regulations](#) limiting housestaff work hours were implemented in part with the hope that patient outcomes might improve if clinicians were less fatigued. Earlier studies (evaluating medical inpatients at a [single hospital](#), and medical and surgical inpatients at [591 community hospitals](#)) found no evidence of harm to patients, but inconsistent benefits, in the first year after the regulations were implemented. This study examined outcomes after duty hour limitations at Veterans Affairs hospitals for six common medical and surgical diagnoses. Mortality decreased significantly for four common medical diagnoses (but not surgical diagnoses) by the second year after regulations were implemented, and hospitals with larger residency programs saw greater reductions in mortality. However, the authors' [companion study](#) of Medicare patients cared for at teaching hospitals did not find any mortality benefit over the same time period. A related editorial discusses the need for more research on the effect of work hour limitations on patient outcomes before additional restrictions are considered.