

LETTER TO THE EDITOR

In Reference to “Front-Line Ordering Clinicians: Matching Workforce to Workload”

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I applaud the authors of “Front-Line Ordering Clinicians: Matching Workforce to Workload”¹ for opening up a dialogue addressing an escalating workforce-workload mismatch.

Indirectly pertaining to workforce and workload, Elliot et al. and Wachter published data supporting 15 patients a day, improving length of stay and lowering costs.^{2,3} Although unproven, many believe a cap may produce care of higher quality and safety.

Some regional factors impeding an optimal patient workload are: (1) flexibility limitations (as touted in the matrix care model), (2) recruitment difficulties, (3) realistic usefulness of support infrastructure (eg, variation in electronic health record ease of use, midlevel/resident availability, transitions of care support infrastructure), (4) payer mix dictating inadequate workforce, and (5) failure of hospital administrators in recognizing differences and adapting operations management to the work of physicians (high hospitalist turnover might suggest such an ailment).

Physicians in denial over the adverse effects of excessive load, or simply concerned over financial losses, may obstruct necessary safety changes. Astonishingly, and shamefully, agents for safety change can be labeled as counter- or unproductive!

Mandating a more manageable workload, somewhat akin to the Federal Aviation Administration’s “rest rules” for pilots, already soundly validated by established fatigue science, may be on the horizon. Further studies into the elusive world of physician workflow might guide this.

References

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