

**Jeffrey Chi, MD**

Stanford School of Medicine

Department of Internal Medicine

Division of General Medical Disciplines

300 Pasteur Drive, MC5209

Stanford, CA 94305

Email: jeffrey.chi@stanford.edu

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Howard Bauchner, MD

Editor-in-Chief, JAMA

515 N. State St.

Chicago, IL 60610

Dear Dr. Bauncher,

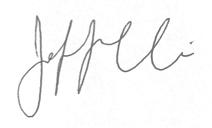
Please find attached our manuscript entitled “Patient Outcomes When Housestaff Exceed Eighty Hours per Week”. We appreciate this opportunity to have the editorial staff at *The Journal of the American Medical Association* review and consider for publication this manuscript, and we would like to thank you for your time.

# At the end of last year, our research group reported that internal medicine resident’s activity on electronic medical record (EMR) system can be used to characterize the volume of patient care and the time residents spend on patient care (JAMA Internal Medicine, 12/7/2015). In this manuscript, we expand upon our initial research to assess the impact of different resident behaviors on metrics of patient quality and safety including mortality, hospital length of stay, and frequency of ICU transfers. Specifically, we conclude that patients admitted by residents who work more than eighty hours that week have increased hospital length of stay and an increased rate of transfer to the ICU. As the national debate on resident work hours continues, we believe this is a timely analysis how resident duty hours affect patient care that can help inform and guide national policy initiatives and resident education.

# We believe our manuscript is of particular importance as currently there is very limited evidence on how different residency programs should structure trainee schedules to both maximize patient safety as well as promote resident well-being. With two national trials of resident scheduling paradigms currently being undertaken for both medicine and surgery residents, our analysis is an early exclusive look on how resident schedules can affect patient outcomes. Particularly as we analyze objective data from the EMR system, we avoid the challenges of subjective self-reported data and directly correlate hard clinical outcomes to objective metrics of resident activity. Additionally, with the relatively recent widespread adoption of EMR systems, this type of analysis is the first of what likely to be many future “big data” analyses that utilize more granular clinical metrics to help guide practice structure and clinical management.

Thank you for your consideration. This manuscript represents original work and is not currently under review for publication elsewhere. All authors listed have met the criteria for authorship and will sign a statement to attest authorship, disclose any potential conflicts of interest, and release copyright should the manuscript be accepted for publication.

Sincerely,



Jeffrey Chi, MD

Stanford School of Medicine

Division of General Medical Disciplines

300 Pasteur Drive, MC 5209

Stanford, CA 94305

T: (203) 451-6521 / F: (650) 498-4649