

PINNACLE HEALTH
Graduate Medical Education

Policy # 3
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Policy: Institutional Policy on Duty Hours for Residents

Purpose:

The structuring of duty hours and on-call schedules must focus on the need for patient safety, continuity of care, and the educational needs of the resident. The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty-hours and call schedules must be monitored by both the Sponsoring Institution and programs and adjustments made as necessary to address excessive service demands and/or resident fatigue. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times, though residency programs must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.

Policy:

Definitions: Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, moonlighting, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

ACGME Duty Hours.

Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. At-home call cannot be assigned on these free days.

Maximum Duty Period Length

Duty periods of PGY-1 residents must not exceed 16 hours in duration.

Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.

- a. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m. is strongly suggested.

- b. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
- c. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- d. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must:
 - > appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
 - > The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Minimum Time Off between Scheduled Duty Periods

PGY-1 residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.

Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have 8 hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

- a. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
- b. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float.

[The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At-Home Call (or pager call)

- a. The frequency of at-home call is not subject to the every-third-night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
- b. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- c. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit. PGY-1 residents are not permitted to moonlight.

AOA Duty Hours

Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

Mandatory Time Free of Duty

The trainee shall have 48-hour periods off on alternate weeks, or at least one 24-hour period off each week. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. At-home call cannot be assigned on these free days.

Maximum Duty Period Length

The trainee shall not work in excess of 24 consecutive hours.

- a. Allowances for already initiated clinical care, transfer of care, educational debriefing and formal didactic activities may occur, but shall not exceed 4 additional hours and must be reported by the resident in writing with rationale to the DME/Program Director and reviewed by the Medical Education Committee (MEC).
These allowances are not permitted for OGME-1 trainees.
- b. Residents shall not assume responsibility for a new patient or any new clinical activity after working 24 hours.
- c. Rotations in which a trainee is assigned to Emergency Department duty shall ensure that trainees work no longer than 12 hour shifts, with no more than 2 additional hours for transfer of care and any educational activities. This must be reported by the resident in writing to the DME/ Program Director and reviewed by the MEC.
- d. In cases where a trainee is engaged in patient responsibility which cannot be interrupted at the duty hour limits, additional coverage shall be provided as soon as possible by the attending staff to relieve the resident involved. Patient care responsibility is not precluded by the duty hours policy.

Minimum Time Off between Scheduled Duty Periods

Upon conclusion of a 20-24 hour duty shift, trainees shall have a minimum of 12 hours off before being required to be on duty or on call again.

- a. Upon completing a duty period of at least 12 but less than 20, a minimum of 10 hours off must be provided. All off-duty time must be totally free from assignment to clinical, on call and educational activity.

Maximum In-House On-Call Frequency

The trainee must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At-Home Call (or pager call)

- d. The frequency of at-home call is not subject to the every-third-night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
- e. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- f. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

Time spent by residents in moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit.

OGME-1 trainees are not permitted to moonlight.

Procedures:

1. Each residency must develop a policy for duty hours of the residents and a procedure for making sure the policy is met. These policies must include provision for back-up support systems to be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care. These policies must meet the requirements of the institutional policy on duty hours and must be approved by the Graduate Medical Education Committee.
2. Each residency must present a report on duty hours at least every other month at the Graduate Medical Education Committee. GMEC will consider appropriate intervention when violations are noted.
3. Audits may be performed by collecting data on work hours logged by the residents in New Innovations, Residency Management System. The audits should be presented using the Analysis: Compliance/Non-Compliance Report.
4. Should the Designated Institutional Officer or other member of the committee express concern that the reported data is not reflective of actual hours worked, other means of collecting data may be required. The Designated Institutional

Officer or a representative of the Committee may conduct spot audits to verify reported data.

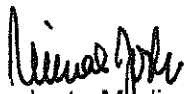
5. An ACGME Residency Review Committee may grant exceptions to the 80 hour work rule for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. This request must be approved by the Graduate Medical Education Committee and DIO before it is submitted to the Residency Review Committee.
 - a. It is the program's responsibility to present clear evidence to the GMEC that the exception is necessary for educational reasons. The proposal from a program must include the following documentation:
 - > Patient Safety
Information must be submitted that describes how the program will monitor, evaluate, and ensure patient safety with extended resident work hours.
 - > Educational Rationale
The request must be based on a sound educational rationale, which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested.
 - > Moonlighting Policy
Specific information regarding the program's moonlighting policies for the periods in question must be included.
 - > Call Schedules
Specific information regarding resident call schedules during the times specified for the exception must be provided.
 - > Faculty Monitoring
Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation must be provided.
 - b. GMEC Monitoring
 - > Graduate Medical Education Committee shall re-evaluate both patient safety and the educational rationale for the exception every 6 months.

Effective: June 4, 2004

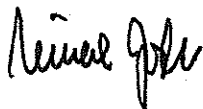
Approved by Graduate Medical Education Committee (date): June 4, 2004; December 2, 2009,

Review: 12/2005; 5/2007; 12/2009; 6/11

Revised and approved for implementation beginning July 1, 2011: 6/1/2011



Chair, Graduate Medical Education Committee



Designated Institutional Official