

GRADUATE MEDICAL EDUCATION

POLICY: RESIDENT DUTY HOURS

GME Policy and Procedure Manual

Department Responsible Graduate Medical Education	Updated 3/2/2016	Effective Date July 1, 2016	Next Review/Revision Date April 2021
Title of Person Responsible Designated Institutional Official	Approved Council: Graduate Medical Education Committee		Date Approved by Council June 1, 2016

POLICY

The Sponsoring Institution must maintain a duty hour policy that ensures effective oversight of institutional and program-level compliance with ACGME duty hour standards. It shall be the policy of LBM/MCWH that resident duty hours and on-call schedules shall not be excessive and shall be structured to focus on the needs of the patient, continuity of care, and educational needs of the resident physician to comply with the Accreditation Council for Graduate Medical Education (ACGME) duty hour’s standards.

Graduate medical education requires a commitment to continuity of patient care. Patients have a right to expect a healthy, alert, responsible, and responsive physician dedicated to delivering effective and appropriate care. Safe, effective patient care, a good learning environment, and the physician’s well-being require that resident has adequate periods of rest.

PURPOSE

The Sponsoring Institution must oversee resident/fellow duty hours consistent with the Common and specialty/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner; systems of care and learning and working environments that facilitate fatigue management and mitigation for residents/fellows; and, an educational program for residents/fellows and core faculty members in fatigue management and mitigation.

Each training program must have a program-specific policy addressing duty hours and a duty hour tracking system that are in compliance with both ACGME requirements and LBM/MCWH GME policies. It is the responsibility of each resident, fellow, and faculty attending to ensure that he/she is in compliance with his/her program’s policy.

DEFINITION

Duty hours are defined as time spent in all clinical and academic activities related to residency and clinical fellowship training. Duty hours do not include reading and preparation time spent away from the duty site. While on call from home, only the hours spent in the hospital after being called in to provide care count toward the 80-hour limit. Specifically, duty hours include all clinical and academic activities related to residency or fellowship training:

- Patient care, both inpatient and outpatient;
- Administrative duties related to patient care;

- The provision for transfer of patient care;
- In-house call (including time spent sleeping);
- Scheduled academic activities such as conferences and research activities required by the respective RRC; and
- Time spent doing research if research is required by the respective RRC.

RESPONSIBILITY

- A. The Program Director of each accredited residency program shall be responsible for structuring the duty hours and on-call schedules for the residents assigned to their program. The task of scheduling may be delegated; however the Program Director is ultimately responsible for duty hour compliance.
- B. Residents are responsible for accurately and honestly reporting duty hours, including all time spent moonlighting, per ACGME program requirements.
- C. Concerns regarding duty hours may be reported to the Program Director. If concerns are not adequately addressed or one would like additional clarification, residents may contact the Designated Institutional Official (DIO).

GUIDELINES

The following ACGME duty hour rules shall be employed by all Program Directors and residents, unless this conflicts with the requirements of an individual Residency Review Committee.

1. 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.

2. Duty Hour Exceptions

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

- a) In preparing request for exception, the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.
- b) Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.

3. Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time spent by the 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. See GME Moonlighting Policy.

3. 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). At-home call cannot be assigned on these free days.

4. 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. 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 pm and 8:00 am is strongly suggested.

- a) 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.
- b) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- c) 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 severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
 - I. 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.
 - II. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

5. Minimum Time Off between Scheduled Duty Periods

Pgy-1 residents should have 10 hours, and must have eight 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 eight 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.

- I. 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.

6. 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.]

7. 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).

8. At-Home Call

Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

- a) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- b) Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period.”

Time Reporting and Monitoring

LBM/MCWH shall provide a system (New Innovations) to electronically monitor duty hours of each resident. Each Program Director shall be responsible for utilizing the system in monitoring the resident’s compliance of the ACGME duty hour standards on a regular basis. Residents are responsible for reporting their duty hours in New Innovations.