



GME Policy – Duty Hour Guidelines

PURPOSE

It is the policy of the Graduate Medical Education Committee to follow duty hour guidelines established by the ACGME.

Definition

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

PROCEDURE

General Guidelines

Residents are responsible for using Medtrics to report accurately their duty hours, including all time spent Moonlighting when approved by the Program Director(s).

Program Director(s) must monitor and enforce compliance with duty hour guidelines.

Maximum Hours of Work per Week

Duty hours must be limited to 80 hours, averaged over a four-week period per rotation or a four-week period within a rotation excluding vacation or approved leave. Requests for exceptions to the maximum weekly limit on duty hours must be presented by a Program Director to the GMEC for review and approval prior to submission of any requests for exceptions to the ACGME.

Time spent in Moonlighting will be counted toward the eighty-hour maximum weekly hour limit.

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every seven days averaged over four weeks. “Duty” includes all clinical and academic activities related to the program as described above. At-home call cannot be assigned on these free days.

Maximum Duty Period Length

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

PGY-2/3 residents may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Residents may be allowed to remain on site for an additional 4 hours to ensure effective transitions in care; however, they may not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

St. Joseph Medical Center encourages residents to use alertness management strategies, including strategic napping, in the context of patient care responsibilities, especially after 16 hours of continuous duty and between the hours of 10pm and 8am.

On their own initiative, PGY-2/3 residents may on occasion remain beyond their scheduled period of duty to continue to provide continuity care for a single obstetric patient, to provide continuity care for a single severely ill or unstable patient, or to attend a transpiring event of unusual academic importance. The resident must appropriately turn over care for all other patients to oncoming residents responsible for continuing management. The resident must provide documentation to the Program Director explaining reasons for remaining to care for the patient in question. The Program Director is responsible for tracking 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.

PGY-2 residents should have 10 hours free of duty, must have 8 hours between scheduled duty periods, and must have at least 14 hours free of duty after 24 hours of in-house duty.

“Should” is understood to mean residents never will be scheduled in a fashion which results in less than 10 hours off between duty periods.

Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular and extended periods. 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 when senior residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. In all instances, such circumstances must be monitored by the Program Director.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than 6 consecutive nights of night float.

Maximum In-House On-Call Frequency

In-house call will occur no more frequently than every third night, averaged over a four-week period.

At-Home Call

At-home call, or “pager call,” is defined as call taken from outside the assigned site. When residents are called into the hospital from home, they may care for new or established patients and the hours spent in-house, exclusive of travel time, are counted toward the eighty-hour limit. Such episodes will not initiate a new “off-duty period.” At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. At-home call may not be scheduled on the resident’s one free day per week (averaged over four weeks).

All programs must have policies for duty hours that at a minimum meet the ACGME’s institutional and program requirements. Programs must monitor in-house and from-home duty hours on an ongoing basis in a way that provides accurate data. The Duty Hour Subcommittee has established reporting requirements. Each monitoring period must be 4 weeks in length, not a moving average or extrapolated from a shorter length of time. With GMEC oversight, the DIO and the Chair of the GMEC Duty Hour Subcommittee will review program data resulting from internal reviews, annual administrative processing sessions, random audits and other times as determined by the DIO, the GMEC or by the Duty Hour Sub-committee of the GMEC. If a program has received approval from the ACGME to extend the 80-hour rule, if the program received a duty hour citation or if an internal review reveals a duty hour issue, then these training programs must send reports to the sub-committee at a minimum of every other month.

Monitoring

The Program Director(s) must monitor call-from-home duty hours in terms of frequency and characteristics to assure that residents are following basic guidelines established by the ACGME.

Residents are expected to log duty hours at least weekly into Medtrics.

Exceptions to duty hour limitations should be reported to the Program Director at the time of occurrence, but must be reported to the Program Director within 24 hours.

The Program Director(s) must provide aggregate duty hour reports as well as individual instances of exceptions to the duty hour limitations to the GMEC at quarterly meetings. Plans for limiting recurrences of duty hour infractions should be presented for each occurrence when possible.

Education

Annual presentation by program faculty and by St. Joseph Health Partners Sleep Medicine specialists will be provided to residents and faculty members regarding effects of loss of sleep and chronic fatigue.

Reporting Concerns for Circumstances Not Outlined Within This Document

Any concerns regarding compliance with duty hour guidelines should be reported to the Chief Resident(s). If a Chief Resident does not respond to the concern, the resident should report directly to the Program Director. If the Program Director does not respond to the concern, the resident may report directly to the Designated Institutional Official. The resident may notify the GMEC at any time by contacting one of the resident representatives on the GMEC