

INSTITUTIONAL POLICY ON RESIDENT/FELLOW DUTY HOURS

The following policy is consistent with those outlined by the New York State (NYSDOH) and the Accreditation Council on Graduate Medical Education (ACGME).

The University of Rochester is committed to providing residents with a sound academic and clinical education, which must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
 - a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
 - b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
 - c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract its potential negative effects.
2. Duty Hours
 - a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, 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, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
 - b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities (NYSDOH has placed an additional limit of 84 hours for any one week.)
 - c. Residents/fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, inclusive of in-house and pager call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
 - d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period and must consist of at least an 8 hour time period between all daily duty periods and after in-house call.
 - e. The NYSDOH requires strict adherence of institutions to its duty hour standards. Because state law supercedes accreditation requirements, all University of Rochester programs will comply with the 80 hour per week maximum. The GMCEC will not consider approving a 10% increase in hours as described in ACGME duty hour requirements.
3. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those

duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
 - b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 3 additional hours to participate in didactic activities and transfer care of patients.
 - c. No new patients may be accepted after 24 hours of continuous duty.
 - d. At-home call (pager call) is defined as call taken from outside the assigned institution.
 1. 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 trainee. Residents/fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities.
 2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 3. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
4. Moonlighting
- a. No resident will be required to engage in moonlighting. Each program may determine if moonlighting activities will be allowed.
 - b. Because residency education is a full-time endeavor, the program director must monitor moonlighting hours to ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
 - c. Each resident/fellow must obtain written permission from his/her program director prior to engaging in any moonlighting activities. The written permission form and record of hours worked will become part of the resident's departmental file.
 - d. Hours devoted to moonlighting must be added to training program work hours and reported on all work hour surveys. At no time should a trainee exceed work hour regulations through a combination of training program plus moonlighting activities.
 - e. The program director is responsible for monitoring the effect of these activities upon performance and withdrawing permission to moonlight if necessary.
 - f. See moonlighting section of this GME manual for additional information.
5. Oversight
- a. Each program must have written policies and procedures consistent with the institution's requirements for resident duty hours. These policies must be distributed to the residents/fellows and faculty. Monitoring of duty hours is required with frequency sufficient to ensure appropriate compliance.
 - b. Faculty and residents must be educated to recognize the signs of fatigue and to apply proactive and operational counter measures. The program director and faculty must monitor residents/fellows for the effects of sleep

loss and fatigue and respond in instances when fatigue may be detrimental to resident performance and well being.

- c. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

REPORTING ON DUTY HOUR VIOLATIONS

As a trainee, if you are concerned about a possible duty hour violation, you are encouraged to first speak with your program director. Should you feel that you have exhausted that route or don't feel comfortable in approaching your program director, then use the Medical Director's Safety/Quality Hotline as described below.

If there is a duty hour violation that a trainee would like to report, this can be done through the Medical Director's Safety/Quality Hotline. This hotline has a routing method to ensure that the call gets to a person, not phone mail, during normal business hours. After hours, it does go to phone mail. The system is confidential as the people who staff the hotline handle highly confidential safety and quality issues. The system can and will also handle anonymous calls but the institution's ability to respond to that type of call may be difficult because of the possible non-specific nature of the comment. All issues get screened and then go to the Medical Director's office for follow up. The Associate Dean for Graduate Medical Education will be notified regarding all work hour issues. The number to call is 273-2273.

DUTY HOUR SCENARIOS

1. **Required** research within a program counts as work
2. Using the library for research/presentation work does not count as work if done after the work day has been completed
3. Official conference attendance, irrespective of the department/origin of the conference, counts as a structured learning experience, or work.
4. Taking a course **required** for the completion of a training program does count as work. Taking a course **not** required for the completion of a training program does not count as work.
5. Research **required** by a program that must be done on site counts as work.
6. Reading/computer work, etc. done at home does **not** count as work.

INSTITUTIONAL OVERSIGHT/MONITORING OF RESIDENT/FELLOW DUTY HOURS

- I. Educational Process
 - A. All new trainees are instructed regarding the institution's duty hour policies at general and program-specific orientation sessions.
 - B. Full descriptions of institutional policies regarding duty hours, monitoring activities and moonlighting are available to all trainees and faculty via the GME website (see Resident/Fellow Manual for Medical and Dental Programs).

- C. Program directors must distribute departmental policies regarding duty hours to residents and faculty. The program directors will communicate with program faculty/trainees regarding changes in duty hour policies or changes in trainee/faculty work hours to accommodate duty hour requirements.

II. Monitoring Process

A. Internal Measures

1. Twice yearly, the GME office will conduct an internal audit of all trainees in ACGME/ABMS sponsored programs within the university.
 - a. Surveys are distributed via program coordinators to all trainees. The survey includes instructions for completing the survey and states that the survey is mandatory and anonymous.
 - b. Trainees are instructed to record their activities over a consecutive 2-week period of time (out of 6 possible weeks) while on one rotation, exclusive of vacation.
 - c. Surveys are returned to the GME office for evaluation.
 - d. Returned surveys are sent to a data service provider for data entry and download of the file to the Office of Clinical Practice Evaluation. They run two reports:
 - i) One report has the following headings and provides data for each of the rotations in a training program:
 - Number of respondents
 - Mean hours per week for all residents
 - Hours per week for maximum resident
 - Percent of weeks over 85 hours on
 - Percent of resident/fellows who worked over 170 hours in a 2-week period
 - Percent of residents/fellows with 28 hours on
 - Percent of residents without two 24-hour periods off in 2 weeks
 - ii) Summary of threshold values by program: This report summarizes the totals in each of the categories listed above for each program. It is used by administration to evaluate the program's overall compliance. The report also shows the totals for all programs, which helps to monitor institutional compliance.
 - e. Data from the reports are evaluated and distributed as described in reporting process.
2. As part of each program's Internal Review process, work hours are evaluated by the survey team.
 - a. The program is required to provide a copy of its work hours policy and general guidelines regarding trainee work hours, such as typical start and end times for daily work, method and amount of in-house and pager call, etc.
 - b. Recent data from internal audits and external (NYS) audits regarding the program are provided by the GME office to the review committee.
 - c. Trainees in core programs with more than 5 individuals are asked to fill out a web-based survey with questions pertaining to work hours prior to the internal review.

- d. Faculty and trainees are questioned during the review regarding the program's compliance with work hour regulations and promotion of safe patient care practices.

B. External Measures

1. NYSDOH has informed all training programs within NYS that unannounced visits will occur on at least an annual basis for all training institutions. The University of Rochester and its trainees will participate fully in this NYS monitoring process.
2. The ACGME will evaluate a program's compliance with duty hour regulations as part of regularly conducted site visits. This may include surveying trainees prior to a site visit and discussing duty hour compliance with trainees and faculty during the visit. The University of Rochester and its trainees will participate fully in this accreditation-based monitoring process.

III. Reporting Process

- A. Data from internal GME office surveys are discussed at meetings of the GME Committee (GMEC). Aggregate results are distributed to program directors, department chairs, program coordinators, university administrators and the Office of Counsel
- B. Programs out of compliance are asked to evaluate their data. If compliance cannot be obtained easily by alteration of trainee schedules, the program director and department chair are asked to meet with the Associate Dean for Graduate Medical Education (ADGME), Chief Operating Officer (COO) of the hospital, and a representative from the Office of Counsel to develop a plan to facilitate compliance.
- C. Concerns regarding work hours discussed at program internal reviews are documented in the internal review report and discussed by the GMEC.
- D. Concerns regarding work hours found as part of ACGME external reviews are reviewed when accreditation status letters are discussed at GMEC.
- E. Findings from NYS work hour audits are shared with GMEC, program directors, chairs, trainees, the Office of Counsel, and hospital/university administrators. If the institution is found to be out of compliance by NYS, the ADGME, COO, and Office of Counsel will draft a correction/monitoring plan that meets state requirements.
- F. At least two times a year the ADGME presents a report regarding work hours compliance to the organized medical staff of the institution (Clinical Chiefs and Chairs and the Medical Center Executive Committee) as well as to the Joint Committee on the Quality of Care which consists of the University of Rochester Medical Center Board Subcommittee on the Quality of Care and the Strong Memorial Hospital Quality Assurance Committee. This report includes information from all internal and external monitoring events. Each of these committees may assist the ADGME in assuring institutional compliance with duty hour requirements.