

Policy: Duty Hours	Effective Date: 12/2018
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Authorized by: Graduate Medical Education Committee	Replaces: V2
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PURPOSE

To establish standards for duty hours in the learning and working environment for residents. It is the expectation of the consortium that all residents have enough time without clinical responsibilities to stay well-rested and will not be fatigued when on duty.

SCOPE

1. Department of Medical Education
2. Baptist Health Medical Center - North Little Rock
3. Baptist Health Medical Center - Little Rock
4. Baptist Health Medical Center - Conway

POLICY

1. Duty hours for residents shall be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities, and all moonlighting.
2. Each Program Director must establish, distribute and implement policies and procedures governing duty hours and work environment for residents, which comply with this policy and the specialty program requirements from the ACGME.
 - a. The Sponsoring Institution will monitor duty hours annually and programs will monitor duty hours with a frequency to ensure compliance with ACGME requirements.
 - b. Programs will adjust as necessary to mitigate excessive service demands and/or fatigue.
3. Residents shall be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. At home call cannot be assigned on these free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
4. 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).
5. Maximum Duty periods
 - a. PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital, and may spend up to an additional four hours to ensure an appropriate, effective, and safe transition of care.

- i. During this four-hour period, residents shall not be permitted to participate in the care of new patients in any patient setting, be assigned to participate in a new procedure, or be assigned to outpatient clinics, including continuity clinics.
 - ii. Residents who have satisfactorily completed the transition of care may, at their discretion, attend an educational conference that occurs during the four hours.
6. Minimum time off between scheduled duty periods
 - a. PGY-1 residents must have eight hours, free of duty between scheduled duty periods.
 - b. Intermediate-level residents 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.
 - c. Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. 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 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.
7. 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”.
8. The GMEC shall monitor compliance with this policy through:
 - a. Regular audits
 - b. Annual ACGME Survey of residents,
 - c. Special Review Process for underperforming programs, and
 - d. Requests for duty hour exceptions.
9. The Program Director and Sponsoring Institution must ensure a culture of professionalism that supports patient safety and personal responsibility.

- a. Falsification of duty hour data is considered poor behavior for residents and can result in disciplinary action to include dismissal. Residents must notify the Program Director of requests or pressure to work in excess of duty hours authorized by this policy.
10. The Sponsoring Institution ensures access to food while on duty at participating sites, sleep/rest facilities available for residents, and security and safety measures appropriate to the participating site.
11. The Sponsoring Institution must facilitate professional development for faculty and residents regarding duty hours, fatigue management, and effective transitions of care.
12. Programs will educate faculty and residents in fatigue mitigation processes, in recognition of the signs of fatigue and sleep deprivation, and have a fatigue mitigation plan.
 - a. The program director will monitor individual as well as aggregate program use of the fatigue mitigation process.
 - b. While it is the Program's responsibility to ensure compliance with Duty Hours requirements and provide adequate time away from program responsibilities, it is each individual resident's responsibility to take advantage of time away to get enough exercise and sleep. If a resident appears to be too fatigued to work, he/she will be asked to go home. If/when this occurs, it will be reported to the Program Director who will conduct a review to determine why this occurred and how to prevent it from recurring.
 - c. If, in the normal course of a rotation, any resident feels that he/she is getting too fatigued to safely care for patients or actively engage in learning, he/she should contact the Program Director. The plan will be to determine why this is occurring and collaboratively develop a remedial plan of correction, not to administer disciplinary action.
13. An ACGME Residency Review Committee (RRC) may grant duty hour exceptions for up to 10 % or a maximum of 88 hours to individual programs based on a sound educational rationale. The GMEC must review and formally endorse the exemption prior to submission to the RRC.
 - a. 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.

- i. Under those circumstances, the resident must: (i) appropriately hand over the care of all other patients to the team responsible for their continuing care; and, (ii) 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.

DEFINITIONS

1. Duty hours: 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, and scheduled academic activities such as conferences, didactic sessions. Duty hours do not include reading and preparation time spent away from the duty site.
2. In-house call: those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.
3. At-home call (pager call): is call taken from outside the assigned site. Time in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident's one free day per week (averaged over four weeks).
4. Fatigue management: Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of appropriate countermeasures to mitigate the fatigue.

RELATED POLICIES

Created 10/2016

Reviewed

Revised 10/2017

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