

YALE-NEW HAVEN MEDICAL CENTER
(YNHMC)

POLICIES AND PROCEDURES

Subject: Resident Duty Hours

Policy #: II.003

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Effective Date: July 16, 2003

Revision Date: May 20, 2011;

Distribution: All Accredited and GMEC Approved Programs

July 1, 2013

Introduction:

YNHMC recognizes that providing residents with a sound academic and clinical education 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. The following policy will define the parameters that are to be used in constructing and monitoring duty hours.

Policy:

1. 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, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Each program director is responsible for establishing a written policy that addresses duty hours policies within the Program. These policies of the training program must be consistent with ACGME requirements.
3. 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.
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. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. Strategic napping, especially after 16 hours of continuous duty between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

- Residents may be allowed to remain on-site in order to accomplish effective transitions in patient care and attend resident education. This must be no longer than 4 additional hours.
 - In unusual circumstances, residents, on their own initiative may remain beyond their scheduled duty period to provide care to a single severely ill or unstable patient. The resident must 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 the documentation to the program director.
 - The program director must track individual resident and program-wide episodes of additional duty.
5. Residents must be scheduled for a minimum 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-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.
6. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call and must have eight hours off. Residents must have 14 hours free of duty after 24 hours of in-house duty.
- 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 are for patients over irregular or extended periods.
 - This preparation must occur within the context of the 80-hour, maximum duty period length, and on-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.
 - Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by resident in their final years of education must be monitored by the program director.
7. Residents must not be scheduled for more than six consecutive nights of night float.
8. Trainees, program directors and attending physicians must be informed of the duty hours policies and must complete an attestation statement to that effect on a yearly basis.

9. Failure of adherence to this policy by the program will result in citation by the Graduate Medical Education Committee and the need for an immediate development of a corrective action plan with monitoring by the Office of Graduate Medical Education (OGME).
10. 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 four additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
 - c. No new patients, as defined in the ACGME Specialty and Subspecialty Program Requirements, 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 resident. 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.
 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.
 - e. All moonlighting must be considered within the 80-hour work week. The resident must request permission from the program director to participate in any moonlighting activities.
11. 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.

12. The OGME will be responsible for instructing residents and faculty via various seminars in the recognition and awareness of fatigue and sleepiness, and the interventions possible when it is recognized.
13. Oversight:
 - a. Each program is responsible for establishing monitoring procedures for compliance with the duty hours policies. All residents will be expected to document their weekly duty hours and these will be monitored by the program as well as the OGME.
 - b. The OGME will conduct regular surveillance of adherence to the work hours policy through:
 - 1.) Review of electronic recording of duty hours
 - 2.) Resident meetings with DIO
 - 3.) Resident surveys conducted by DIO
 - 4.) Voicemail "hotline" for monitoring complaints and compliance issues
 - 5.) Annual resident questionnaires
 - 6.) Nursing surveys
14. Duty Hours Exception: Applications to the GMEC for exceptions up to 10% of the 80-hour limit for PGY-2 and higher levels of trainees may be submitted according to established policy of the GMEC.