VCU Health System

Graduate Medical Education Policy

Housestaff Duty Hours

Policy
The Office of Graduate Medical Education shall require all ACGME and non-ACGME residency and fellowship programs to participate in the documentation of duty hours in New Innovations, to ensure graduate medical trainees are not being placed at risk for fatigue, and to document compliance with each program's individual Residency Review Committee (RRC) and the Accreditation Council for Graduate Medical Education (ACGME) regulations.

Definition
Duty hours are defined as all clinical and academic activities required for the residency program; i.e., patient care (direct 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 required conferences. Duty hours do *not* include reading and preparation time spent away from the duty site. Duty hours restrictions are based upon the ACGME Duty Hour rules as found in the Common Program Requirements on the ACGME website: http://www.acgme.org/acWebsite/home/home.asp

Procedure

1. Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

2. The Institution mandates that all graduate medical programs comply with their individual RRC regulations regarding duty hours restrictions.

3. The Institution mandates that all non-ACGME accredited programs comply with the ACGME Duty Hour rules as found in the Common Program Requirements on the ACGME website: http://www.acgme.org/acWebsite/home/home.asp and the Specialty-specific Duty Hours Definitions (4/29/2011) located: http://www.acgme-2010standards.org/pdf/Specialty-specific_DH_Definitions.pdf

4. The Institution does not allow exceptions to the 80 hour weekly limit on duty hours.

5. The GMEC has established a Subcommittee on Resident Work Life. The Subcommittee will consist of program directors, administrators, and graduate medical trainees. It will be the responsibility of this Subcommittee to review the tracking reports and determine sufficient programmatic compliance. The Subcommittee, with assistance from the Graduate Medical Education Office, will compile and track additional information related to duty hours for each program (including RRC surveys, internal reviews, routine New Innovations (NI) logging audits, and off-service trainees' violations, etc.) in order to

establish an initial baseline of duty hours violations for each program from which to gauge individual progress toward eliminating violations.

6. Duty Hour Logging and Monitoring

   a. Per RRC Common Program Requirements, the program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:

      i. implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must **monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements**;

      ii. adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,

      iii. if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.

   b. Because of the intricacies of New Innovations (NI) and individual RRC mandates regarding duty hours, it will be the responsibility of the Program Directors and his/her staff to determine which exceptions reported in New Innovations represent true violations and to follow up on those accordingly. It is the expectation that programs will monitor duty hours, and collect data on trends and systems-based causes on a schedule sufficient to ensure compliance.

   c. Program Directors will complete and submit a duty hours tracking report to the GMEC Subcommittee on Duty Hours Compliance on the following schedule:

      i. Programs at **high risk** for violations will complete one survey for each of the months in the 2nd and 4th academic quarters. (October 1 – December 31 and April 1 – June 30). The forms for October – December will be due to the GMEO by the second Friday in January. The forms for April – June will be due to the GMEO the second Friday in July. High risk is defined as having any risk for duty hour violations, or the presence of any of the following: true duty hour violations recorded in New Innovations, including those of off-service residents, an RRC citation or concern, an Internal Review concern, or any ACGME/RRC Anonymous Survey generating non-compliance responses on duty hour related questions, GME Office exit survey, or call to the 827 -LIFE.

      ii. Programs at **low risk** for violations will complete one survey for the one month period of their choosing and will submit to the GMEC the second Friday after the end of that rotation. Low risk is having no risk of true duty hour violations and absence of any of the additional measures noted above to designate high risk.

   d. While Programs may initially select their own reporting status per above, determinations about a program's classification into either high or low risk status will ultimately rest with the GMEC Subcommittee on Resident Work Life. Any of the

aforementioned qualifying events (RRC citation, Internal Review concern, anonymous incident tip reporting line, ACGME survey results, etc.) will result in Subcommittee review and possible change in reporting status.

e. The Resident Work Life SubCommittee will report any recommended action or follow up to the full GME Committee. A Program Director may be asked to provide additional information and/or clarification. If programs cannot achieve compliance easily by schedule alteration, a more detailed compliance plan may be requested.

f. In the event of failure to comply with either tracking, monitoring or proposing solutions to violations, the Program Director and/or Department Chair may be asked to present to either the Subcommittee or full GME Committee.

g. Additionally, programs must ensure the following:

   i. Graduate Medical Trainees must be responsible for recording their own hours in New Innovations or Kronos.

   ii. Any graduate medical trainee who rotates to another service (host program) must be in compliance with the host program's RRC duty hours requirements. Programs must be responsible for providing sufficient orientation on any program-specific duty hours requirements to all off-service residents. Both the home program and the host program must monitor that trainee's duty hours for compliance.

   iii. Any trainee participating in any rotations at the Richmond VA or any other affiliated institution must log all duty hours for those rotations.

   iv. Trainees engaged in any moonlighting activities must log ALL duty hours for the primary rotation they are on during that time period in addition to logging the hours they spend moonlighting (See also Policy on Moonlighting). Time spent by trainees in any form of moonlighting must be counted towards the 80 hr maximum weekly duty hour limit. There is a 24 hour limit to moonlighting per pay period. Any program that wishes to have a resident exceed this must obtain approval from the GMEC.

   v. Any graduate medical trainee wishing to discuss a duty hour concern may do so confidentially with their program director, chief resident, GME office or the DIO. Trainees are encouraged to utilize the anonymous incident reporting line at (804) 827-LIFE.

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