



RESIDENT DUTY HOURS & WORKING ENVIRONMENT

Nationwide Children's Hospital (NCH) and its Graduate Medical Education (GME) programs will provide a learning and working environment that balances the educational needs of the residents and the service needs of the patients based on the following principles:

1. Commitment to, and responsibility for, patient safety and resident well-being
2. Sufficient staffing so education is not compromised by excessive reliance on residents to fulfill service obligations

All GME programs must comply with the ACGME and NCH requirements for duty hours. Duty hours are defined as 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. Individual RRC's may have additional duty hour requirements – see program-specific requirements.

Programs must encourage residents to continuously monitor their alertness and to utilize appropriate strategies such as napping, food/cafeine ingestion, and other appropriate tactics to overcome transitory declines. Any resident who feels unfit to safely perform his/her duties for any reason should notify the attending or Program Director as soon as possible.

Duty Hours Requirements

Maximum Hours of Work per Week

- Duty hours must be limited to a maximum of 80 hours per week, average over a four-week period, inclusive of all in-house call and all moonlighting activities (see On-call requirements below)

Mandatory Time Free of Duty

- Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length

- PGY-1 residents - Duty periods of PGY-1 residents must not exceed 16 hours in duration.
- PGY-2 residents and above - 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.

- It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

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.

Under those circumstances, the resident must:

- appropriately 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 that documentation in every circumstance to the program director.

The program director (PD) must review each submission of additional service, and track 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 eight hours, free of duty between scheduled duty periods.
- 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 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 [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 residents in their final years of education must be monitored by the program director.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float. Night float is defined as a rotation or educational experience designed to either eliminate in-house call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. The rotation must have an educational focus. [The maximum number of consecutive weeks of night float, and

maximum number of months of night float per year may be further specified by the Review Committee.]

Maximum In-House On-Call Frequency

- 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).

At-Home Call

- Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. 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.
- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident

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”.

Moonlighting – see Moonlighting policy

Oversight

- Each program must have written policies and procedures consistent with the Institutional and Program requirements for resident duty hours and the working environment. These policies must be distributed to the residents and faculty.
- Monitoring of duty hours is a shared responsibility of the residents, attendings, and PD. Residents must immediately report any violations or concerns. PDs should report repetitive or serious violations to the Designated Institutional Official (DIO) who will work with the PD to resolve the problem(s).
- Attendings must allow residents who have reached their duty hours’ maximum and/or who are experiencing excessive fatigue/stress to leave without negative consequences.
- Residents will be informed of their rights and responsibilities to comply with the regulations. During orientation they will be instructed to contact the DIO, GME Office, the Corporate Compliance Office, and/or the Corporate Compliance Hotline.
- 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.
- The GMEC will monitor the duty hours of the residency programs and investigate violations in any or all of the following ways:
 - E*Value tracking
 - Complaints filed with the GME Office or other NCH representatives
 - Annual anonymous survey of residents by the GME Office
 - Internal review under the direction of the GMEC
 - Tracking and follow-up by the DIO of complaints received by the GME Office, the Corporate Compliance Office, and/or the Corporate Compliance Hotline.

- The DIO will present an annual report to the Organized Medical Staff and the NCH Board of Trustees that will include compliance with the duty-hour standards. .
- The DIO, working with the President/Chief Operating Officer, Chief Medical Officer, and the Chief Nursing Officer, will identify additional NCH resources which may be needed to assure that the quality of patient care is maintained.

Education of Residents and Faculty – The PD is responsible for educating residents about the duty hours requirements and signs of excessive fatigue and stress. The GME Office will develop educational programs for faculty and residents. NCH also provides independent counseling resources available to all faculty and residents as specified in the benefits packages.

Duty Hours Exception Request

- A program may request a maximum of 10% (8 hours) increase in the 80 hour limit. Any request must be reviewed and approved by the GMEC before it is submitted to ACGME.
- Programs are expected to fully comply with the duty hours. Exceptions will only be considered if the following criteria are met:
 - ACGME Accreditation Status –program must be in good standing with ACGME
 - Patient Safety – how the program will monitor, evaluate, and ensure that patient safety is maintained.
 - Educational Rationale – how the exception will improve residents' education in ways which cannot be achieved any other way.
 - Changes Made to Reduce Duty Hours – steps taken to comply with the duty hours requirements, e.g., elimination of non-essential tasks, hiring of additional personnel, schedule changes.
 - Moonlighting Policy – elimination of moonlighting.
 - Call Schedules – current call schedules must be submitted to the GMEC as part of the Duty Hours Exception request. The GMEC will review the call schedules to identify additional opportunities which would not involve an increase in hours.
 - Faculty Monitoring – description of how the faculty has been educated about, and is monitoring, the effects of fatigue and stress
- If the request is approved at a GMEC meeting (no mail vote permitted), the DIO will submit written documentation of institutional endorsement. This endorsement will include this policy.
- If the Residency Review Committee (RRC) approves the request, the exception can be granted for only one year. The PD is responsible for submitting a new request, following these procedures each year.

Resident Concerns;

- Resident concerns regarding duty hours or the work environment should be addressed with the PD, the DIO or Chair -GMEC. Residents who feel that their concerns have not been addressed through these channels may forward their grievances to the NCH Employee Problem Review and Resolution program.

Approved by GMEC: 6/25/03; 12/10/03; 6/22/04, 04/18/2007; 9/24/2009, 6/15/2011