

The Medical College of Georgia

House Staff Policies and Procedures

Policy

HS 10.0 House Officer Duty Hours & Work Environment

Source

Graduate Medical Education Office

1.0 Purpose

To provide an Institutional statement regarding House Officers duty hours and work environment as mandated by the ACGME and the Joint Commission by the Accreditation of Health Care Organizations

2.0 Procedure

2.1 Definitions

- 2.1.1 **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. Duty hours do not include reading and preparation time spent away from the work site.
- 2.1.2 **In-house call:** those duty hours beyond the normal workday when House Officers are required to be immediately available in the assigned Institution.
- 2.1.3 **Internal Moonlighting:** Clinical and administrative activities performed within the Residency Program and/or the sponsoring Institution or the non-hospital sponsor's primary clinical site(s) which are voluntary and NOT required, and for which additional compensation is given. This time must be counted toward the 80-hour weekly limit on duty hours.
- 2.1.4 **Home call (pager call):** Call taken from outside the assigned Institution. This call is not subject to the every third night limitation. If the House Officer is called into the hospital from home, those duty hours are counted toward the 80-hour limit.
- 2.1.5 **New patient:** any patient for whom the House Officer has not previously provided care.

2.2 Background

Providing House Officers with sound academic and clinical education must be carefully planned with concerns for patient safety and House Officers well being. Each Program Director must ensure that the learning objectives of the Program are not compromised by excessive reliance on House Officers to fulfill service obligations. Didactic and clinical education must have priority in the allotment of House Officers time and energies. Duty hour assignments must recognize that faculty and House Officers collectively have responsibility for the safety and welfare of patients. The Program Director must establish an environment that is optimal for House Officers' education and for patient care, while ensuring undue stress and fatigue among House Officers are avoided.

- 2.3 The educational goals of the Program and learning objective of House Officers must not be compromised by excessive reliance on House Officers to fulfill Institutional service obligation. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. Programs must ensure that House Officers are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.
- 2.4 House Officer duty hours and on-call time periods must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the House Officer. Duty hours must be consistent with the Institutional and Program requirements that apply to each Program as outlined by the Accreditation Council for Graduate Medical Education.

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- 2.5 Off Service House Officer call schedules and duty assignments will be constructed in a manner for the Off Service House Officer to ensure that there is strict adherence to ACGME guidelines. The Off Service House Officer **MUST** report his/her duty hours to both their primary Program Coordinator and their host Program Coordinator's office on a weekly basis. Non-compliance with duty hour requirements **MUST** expeditiously be reported to both the primary Training Program Director and to the host Program Director to permit corrective actions to be taken.

- 2.6 The Medical College of Georgia fully supports the Residents Work Hours policy established by the Accreditation Council for Graduate Medical Education (ACGME), which sets forth in the following requirements.

- 2.7 Duty Hours:
 - 2.7.1 A maximum of 80 hours per week averaged over four weeks, inclusive of all in-house call activities.
 - 2.7.2 Ten hour time period for rest and personal activities must be provided between all daily duty periods and after in house call.
 - 2.7.3 House Officers must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call. One day is defined as an on continuous 24 -hour period free from all clinical, educational and administrative activities.
 - 2.7.4 Twenty-four hours maximum continuous on-site duty with up to six additional hours permitted for patient transfer and other activities.
 - 2.7.5 No new patients after 24 hours of continuous duty
 - 2.7.6 House Officers time spent in the hospital during at-home call to be counted toward the 80-hour maximum
 - 2.7.7 In-house moonlighting to be counted toward the 80 maximum hours
 - 2.7.8 In-house call must occur not more than every 3rd night, averaged over 4 weeks.

- 2.8 At-Home Call (Pager Call):
 - 2.8.1 The frequency of the 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 House Officer.
 - 2.8.2 House Officers taking at-home call must be provided with one day in 7 completely free from all educational and clinical activities, averaged over a 4-week period.
 - 2.8.3 When House Officers are called into the hospital from home, the hours House Officers spend in-house are counted toward the 80-hour limit.
 - 2.8.4 The Program Director and the teaching faculty must monitor the demands of at-home call in their Program and make scheduling adjustments as necessary to mitigate service demands and/or fatigue.

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- 2.9 Supervision of House Officers
 - 2.9.1 All patient care must be supervised by qualified faculty. The Program Director must ensure, direct and document adequate supervision of House Officers at all times. House Officers must be provided with rapid, reliable systems for communicating with supervising faculty.
 - 2.9.2 Faculty schedules must be structured to provide House Officers with continuous supervision and consultation.
 - 2.9.3 Faculty and House Officers must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
- 2.10 Work Environment:
 - 2.10.1 **Food services:** House Officers on duty must have access to adequate and appropriate food services. Food is provided to House Officers who take-in-house call.
 - 2.10.2 **Call rooms:** Call rooms are provided for House Officers who take in-house call.
 - 2.10.3 **Support services:** Adequate ancillary support for patient care shall be provided for House Officers at all times.
 - 2.10.4 **Laboratory/pathology/radiology services:** these services and the associated information systems must be available and adequate to support timely and quality patient care.
 - 2.10.5 **Medical Records:** Medical records system that document the course of each patients illness and care must be available at all times and must be adequate to support quality patient care, the education of the House Officer, quality assurance and provide a resource for scholarly activity.
 - 2.10.6 **Security/safety:** Appropriate security and personal safety measures must be provided to House Officers at all training locations.
- 2.11 Oversight:
 - 2.11.1 Each ACGME- Accredited Residency and Fellowship Training Program must establish formal written policies governing Resident duty hours that are consistent with the Institutional and Program Requirements. This policy will be communicated to the House Officer and faculty annually.
 - 2.11.2 The GME Office must be provided with a copy of the policy on a yearly basis. These formal policies will apply to all participating Institutions where House Officers are trained.
 - 2.11.3 Program directors and faculty must adopt policies to prevent and counteract effects of fatigue. Back-up 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.
 - 2.11.4 Duty hours must be monitored by each Program and a copy forwarded to the Graduate Medical Education Office who will monitor duty hours at monthly, quarterly and/or random intervals. Each Program Director should review each House Officers' rotation schedule to assure compliance with this Institutional policy and the Common Program Requirements.
 - 2.11.5 Each Program Director should regularly monitor House Officers duty hours for compliance with this Institutional policy and the Common Program Requirements. Monitoring of duty hours is

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required with frequency sufficient to ensure an appropriate balance between education and service.

- 2.11.6 The GMEC shall monitor compliance with this policy through the:
- a Internal Residency Review process for each program
 - b Annual GME reports of each program
 - c Periodic monitoring of individual programs
- 2.11.7 Falsification of duty hours data or pressure to cause the falsification of such data is considered egregious behavior for House Officers and can result in disciplinary action to include dismissal. Faculty members are governed by the rules of the Faculty Senate and policies and procedures of the Medical College of Georgia.
- 2.11.8 House Officers must notify their Program Director of requests or pressure to work in excess of duty hours authorized by this policy.
- 2.12 Duty Hours Exceptions
- 2.13 An RRC may grant exceptions for up to 10 % of the 80-hour limit, to individual Programs based on a sound educational rationale. **The GMEC must review and formally endorse the exemption prior to submission to the RRC** according to the following procedures:
- 2.14 The Program Director must submit a written request for an exemption to the GMEC Chair. The request must clearly document the following:
- 2.14.1 **Patient Safety:** Information must be submitted that describes how the Program and Institution will monitor, evaluate, and ensure patient safety with extended House Officer work hours. This process will include formal reviews with Program Directors, Program Coordinators, and House Officers through email surveys and verbal queries.
 - 2.14.2 **Educational Rationale:** The request must be based on a sound educational rationale which should be training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
 - 2.14.3 **Moonlighting Policy:** Specific information regarding the program's moonlighting policies for the periods in question must be included.
 - 2.14.4 **Call Schedules:** Specific information regarding the House Officers' call schedule during the times specified for the exception must be provided.
 - 2.14.5 **Faculty Monitoring:** Evidence of faculty development activities regarding the effects of House Officer fatigue and sleep deprivation must be appended.
- 2.15 The Program Director will present the request in person to the GMEC for discussion.
- 2.16 If approved by the GMEC, the Designated Institutional Official (DIO) or the GMEC Chair will provide a documented written statement of Institutional endorsement of the proposal.
- 2.17 The Program Director must submit the request to the RRC according the ACGME's RRC Procedures for Granting Duty Hours Exceptions. The paperwork submitted to the RRC must include a copy of this policy and the current accreditation status of the program and the status of the sponsoring institution.

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