

**SUNY Downstate Medical Center
Graduate Medical Education**

POLICY ON RESIDENT WORK HOURS MONITORING

Purpose:

To comply with New York Section Health Code Section 405 Regulations, ACGME Common Program and Institutional Requirements and to establish a work environment with physicians fit for duty and conducive to resident/fellow education and the provision of safe and effective patient care. The following GME Committee policy is established to describe the procedure for monitoring for compliance with duty hours limitations and mandated time off for all GME programs sponsored by SUNY Downstate. Duty hours compliance conforms to NYSDOH Section 405 regulations and ACGME Common Program Requirements revisions which are effective July 1, 2011.

Scope:

This policy applies to all programs, house officers (residents and fellows) and faculty (attending physicians) of graduate medical education programs sponsored by SUNY Downstate Medical Center and at all affiliated participating sites.

Definitions:

Attending Physician: an appropriately credentialed and privileged member of the medical staff who accepts full responsibility for a specific patient's medical/surgical care.

Call: any in-hospital duty period during which a resident/fellow is assigned in addition to the regularly scheduled duty activities. Duration of calls may be short (3-6 hours), overnight, long (24 hours on weekend days) or just for a limited duration as needed to care for a patient when called in from home

Continuity clinic: setting for a longitudinal experience in which residents develop a continuous, long-term therapeutic relationship with a panel of patients.

Duty Hours: time spent in 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.

Faculty: any individuals who have received a formal assignment to teach resident/fellow physicians. At some sites appointment to the medical staff of the hospital constitutes appointment to the faculty.

Fatigue management: recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

Fitness for duty: mentally and physically able to effectively perform required duties and promote patient safety.

Home Call: a duty assignment in which a resident or fellow is assigned to be available by phone or pager at home (and available to come in if necessary). When called in to the hospital, the duty hours designation must switch to the Call duty type for the hours that are in the hospital. Time spent in hospital when called back from home call is counted toward the 80 hour/week maximum. When the hospital is left, the duty type switches back to Home Call.

Moonlighting: voluntary, compensated, medically-related work performed either inside or outside the institution where the resident is in training or at any of its related participating sites which is not related to activities considered part of the resident's training program. This only applies to residents or fellows who are permitted by their program to moonlight

and have received explicit written permission from their Chairperson or Program Director to do so which has also been submitted to the GME Office.

Night shift or night float: a duty assignment which takes place during night time hours and is distinct from on-call assignment.

Non-patient care time: time spent in training related activities such as conferences, research, records completion, administrative or other educational activities but do not involve any responsibility for direct patient care. This can include time spent in transitions of patient care.

Residency Management System: computer-based application for management of functions of residency training programs including logging of cases, procedures and resident duty hours.

Residents or Fellows: physicians engaged in a program of graduate medical education under the tutelage and supervision of appropriately qualified faculty and attending staff. The term 'resident' can also be construed to include fellows also recognized to be subspecialty residents.

Routine Shift: any regularly scheduled duty periods with assigned patient care responsibilities encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both. This can occur on an inpatient unit, in a clinic/practice office (including regularly occurring continuity clinic), acute/emergency care units, ICUs or night shift/float.

Transitions of care: the relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting.

Vacation/Leave: this designation is used to indicate a vacation or other leave of absence during which the resident/fellow has no clinical or training program assignments.

Policy:

All residents and fellows in all programs are required to honestly and accurately complete periodic surveys of duty hours. Surveys will be conducted using the web-based New Innovations Residency Management System. Programs and residents/fellows will be notified one week in advance of a survey period that a required duty hours survey period is forthcoming. During the survey period, residents/fellows will receive several reminders from New Innovations to enter duty hours into New Innovations. Duty hours can be logged by accessing New Innovations through the website or uploading duty hours data through smartphone apps provided by New Innovations. Paper surveys or other approved survey tools may be substituted if New Innovations is not available.

Duty hours surveys will routinely be conducted on approximately a quarterly basis.

Duty hours surveys will be conducted for 7 consecutive 24 hour periods of time, generally beginning on Sunday and concluding on the following Saturday. While residents are free to log duty hours for a longer period, only the time period requested will be reviewed. In general, duty hours surveys will be conducted during the second week of a survey month. Program Directors and/or Coordinators are expected to check, monitor and assure that their residents/fellows are complying with duty hours logging.

Residents/fellows are required to report all work or profession related activity for all hours during the monitoring period. Reporting categories include Routine Shift, On-call, Home-call, Non-patient Care Time, Vacation/Leave, Moonlighting.

In order for duty hours monitoring using New Innovations to occur, programs must assure that the New Innovations Duty Hours Module is correctly configured. All programs must also maintain current block schedules for all residents and fellows using New Innovations. Rotation

definitions identifying appropriate rotation training sites must also be configured. The RMS Manager can assist programs with configuration and training needs.

To complete the duty hours survey submission, each resident/fellow must certify the accuracy and validity of their duty hours reported. Failure of any party to comply with requirements for the honest and accurate reporting of duty hours can result in adverse action as described in the GME Misconduct Due Process Policy. Completion of the survey is a professional duty obligation of each trainee which supports the institution in assuring a safe and effective patient care environment. It is also an important function demonstrating competence in safe and effective patient care, systems-based practice and practice based learning and improvement, and professionalism. As determined by the GME Committee, the required minimum duty hours survey completion compliance rate for programs is 80%.

Program survey compliance will be reported at GMEC meetings. Duty hours survey completion and results are monitored by the GME Committee through the Resident Affairs Subcommittee and, as needed, by the Executive Subcommittee. Duty hours survey results will also be assessed during the Program Internal Review and Annual Report process.

Duty hours survey results will be shared with affiliated participating institutions. This is to support affiliates in complying with NYSDOH Section 405 Duty Hours monitoring requirements. Individual participating institutions may request additional information or actions based on duty hours survey results.

Programs found to be noncompliant with meeting the 80% duty hours survey completion threshold will be determined to be deficient. This will be reported to GMEC, included in GMEC minutes and reported to institutional leadership. Programs found to have violations of duty hours rules will be asked to respond to citations for violations and provide an action plan for addressing violations. Programs that are deficient or that have violations may be asked to have their residents complete duty hours surveys more frequently or for longer periods of time. This is done to assure compliance and effective resolution of any problems identified.

Under no circumstances may anyone retaliate against, interfere with or discourage any party from participating in the good faith, accurate and honest reporting of duty hours. A house staff physician who believes he/she may have been intimidated or retaliated against in violation of this policy should immediately report it to his/her supervisor, the GME Office, resident ombudsman or any other supervisor including the Program Director, Department Chairperson or institutional leadership.

Programs must closely monitor resident/fellows duty hours on their own. As required by section 405.4(b) (6) (v), of the NYS DOH Hospital Code, each Program Director shall take appropriate action to ensure that trainees who have worked the maximum number of hours permitted are prohibited from working additional hours as physicians providing professional patient care services. In addition, as stipulated by ACGME Common Program Requirements, programs must assure that residents are fit for duty and have adequate time off between shifts, after calls and during each 7 day period for rest and to attend to personal needs.

Original policy.

Reviewed and approved by GMEC 5/18/11

Effective immediately upon approval.