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POLICY

The program director must establish an environment that is optimal both for house staff education and for patient care, while ensuring that undue stress and fatigue among house staff are avoided. It is the program director’s responsibility to ensure assignment of appropriate duty hours so that house staff are not required to perform excessively difficult or prolonged duties regularly.

As required by the Accreditation Council for Graduate Medical Education (ACGME), the educational goals of the program and learning objectives of house staff must not be compromised by excessive reliance on house staff to fulfill institutional service obligations.

All training programs must have written policies on duty hours for house staff that must meet ACGME Institutional and Residency Review Committee (RRC) requirements.

SCOPE

This policy applies to all ACGME accredited training programs sponsored by The Pennsylvania Hospital of the University of Pennsylvania Health System (PAH).


IMPLEMENTATION AND MONITORING

The implementation of this policy and the monitoring of compliance with this policy is the responsibility of the Designated Institution Official (DIO), Graduate Medical Education Committee (GMEC), the Office of Graduate Medical Education (GME), Departments Chairs and Program Directors.

PROCEDURE

DUTY HOUR RULES

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

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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.

Regardless of activity, the following rules apply:

Workweek:

- Each house staff shall work no more than 80 hours of assigned clinical duties per week, including in house call activities, when averaged over the weekly length of any rotation or assignment. If a rotation is 4 weeks in length, then averaging may occur over 4 weeks. Where rotations are less than 4 weeks in duration, averaging must be done over the shorter assignments.
- Hours worked outside the scope of the training program at PAH facilities (“internal moonlighting”) are to be counted toward the 80-hour limit.
- When house staff are taking call from home and are called into the hospital, the hours in the hospital shall be counted toward the hours worked per week.

10 hour Rule:


- 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.

Shift Based rotations:

- Rotations that are scheduled primarily as shift work such as Emergency Room and night float will be limited to approximately 12 consecutive hours of patient care. Shifts should be separated by approximately 10 hours free from clinical responsibility.

Days Off:

- Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- Vacation time may NOT be included in the calculation of days free from clinical duties.

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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.
- In-house call must occur no more frequently than every third night, averaged over a four-week period.
- Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 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.
- No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
- At-home call (pager call) is defined as call taken from outside the assigned institution.
 - 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.
 - When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80- hour limit.
 - 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.

House staff moonlighting

- shall occur only in compliance with institutional and program policies governing such activities. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

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INSITUATIONAL AND DEPARTMENT RESPONSIBILITIES


Each participating institution shall provide the necessary resources to support the RRC requirements and this institutional policy.

Each department through their program director and the Office of GME shall be responsible for:

- Creating rotation schedules that ensure compliance with the duty hour standards.
- Educating residents on the duty hours policy and the importance of compliance.
- Distribution of this policy to all house staff and faculty on an annual basis.
- Educating residents on the effects of fatigue and sleep deprivation, and mitigating strategies.
- Ensuring compliance with the monthly GME sponsored Duty Hours Survey.
- Monitoring compliance by regular review of the monthly Institutional Duty Hours Survey.
- Monitoring of internal moonlighting hours as per GME Policy #III-F House Staff Moonlighting.
- Ongoing revision of rotations and education of faculty to promote compliance.
- Create an environment of non-retaliation for accurate duty hours reporting by house staff.
- Creation of back-up support systems to be used when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue that jeopardize patient care.
- Each house staff shall record their duty hours accurately if required in New Innovations to enable monthly review by the GMEC.

NON-RETALIATION


Retaliatory action is prohibited against any member of the house staff who accurately reports their hours on duty. Persons, including physicians, found responsible for retaliatory actions of any kind will be subject to disciplinary actions including sanctions pursuant to the Handbook for Faculty & Academic Administrators. House staff that believe that they have been retaliated against for accurately reporting their duty hours should immediately contact the Designated Institution Official (DIO) or they may contact ombudsperson designated by the GMEC who may provide anonymity to the house staff and feedback to the program director.

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EXCEPTIONS

An RRC may grant exceptions for up to 10 % of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required. The GMEC shall provide copies of its procedures to request duty hours exceptions (GME Policy #III-E Request for Duty Hours Exceptions) to all Program Directors.

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