

Duty Hours

Effective: July 1, 2016
Reviewed by GMEC: February 9, 2016
Initial Approval by GMEC: August 4, 1993

Statement

The provision of safe, high quality patient care guides all decisions regarding resident duty hours. Learning objectives of the residency program must not be compromised by excessive reliance on residents to fulfill service obligations. Palmetto Health's programs and institution educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

Definition

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 provision for transfer of patient care, time spent in-house during call activities, including short call, home call, night float, day float, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Associated Policy(ies)

None

Responsible Positions (Title)

Residents & Fellows
Program Director
Program Coordinator
GME Office

Equipment Needed

None

Procedure Steps, Guidelines, Rules, or Reference

1. All programs will comply with the Common Program Requirements with regard to duty hours. Areas of non-compliance will be addressed in a timely manner. In addition, residency programs must also comply with their own RRC specialty requirements with regard to duty hours. These will adhere to the following principles:
2. All duty hours must reflect the concept of safe, quality patient care.
3. Duty hours must be limited to 80 hours per week, averaged over a four-week period. All in-house call activities, including time spent in the hospital when taking call from home, are included. All internal and external moonlighting hours are included. PGY-1 residents are not permitted to moonlight.
4. The resident/fellow must be scheduled for a minimum of one day free of duty every week (when averaged over 4 weeks). At home call will not be assigned on these free days.

5. Duty periods of PGY-1 residents must not exceed 16 hours in duration.
6. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
 - 1.6.1. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
 - 1.6.2. Residents may remain onsite for effective transitions in care; however this period of time must be no longer than an additional 4 hours.
 - 1.6.3. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
 - 1.6.4. 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. Documentation of the reason for remaining to care for the patient in question must be submitted to the program director, who must review and track individual resident/fellow and program wide episodes of additional duty.
7. PGY-1 residents should have ten hours, but must have at least 8 hours, free of duty between scheduled duty periods.
8. Intermediate-level residents (as defined by RRCs) should have ten hours, but must have at least 8 hours, free of duty between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
9. Residents in their final years of education (as defined by RRCs) should have 8 hours free of duty between scheduled duty periods. Residents in their final years may stay on duty or return to the hospital with fewer than 8 hours free of duty. Circumstances of return to hospital activities with fewer than 8 hours away must be monitored by the program director.
10. Residents must not be scheduled for more than 6 consecutive nights of night float.
11. PGY-2 residents and above must be scheduled for in-house call no more frequently than every 3rd night, when averaged over a 4 week period.
12. Time spent in the hospital by residents on at home call must count toward the 80 hour weekly maximum limit.
 - 1.12.1. The frequency of at home call is not subject to the every third night limitation, but must satisfy the requirement for 1 day in 7 free of duty, when averaged over 4 weeks.
 - 1.12.2. The duration of each return to the hospital while on at home call must be included in the 80 hour weekly maximum, but will not initiate a new off duty period.
13. These policies and procedures will be submitted to the GMEC for approval and annual review.
14. Each resident/fellow must honestly and accurately log their duty hours online in New Innovations. This can be done on a daily or weekly basis.

15. The program director will investigate any exception to duty hour requirements. Duty hour reports are presented to the GMEC Subcommittee – Clinical Learning Environment for monitoring.
16. GMEC will not entertain requests to extend the weekly duty hours limit beyond 80 hours.

References

ACGME Common Program Requirements VI.A.1; VI.G