Duty Hours

ACGME Duty Hour Rules Overview
Common Entry Errors

EVMS
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The Accreditation Council for Graduate Medical Education (ACGME) is charged with setting and enforcing standards for supervision and resident duty hours for graduate medical education.

September 2010, ACGME approved the 2011 duty hour standards that we follow today. All ACGME accredited programs must comply with the ACGME Common Program Requirements (which include the resident duty hour rules), and their Specialty Specific Duty Hours Definitions.

I recommend you take a moment in the near future to read the ACGME Duty Hours Requirements, the Duty Hours Frequently Asked Questions, and your specialty specific duty hours definitions to ensure that you have the specific rules that govern your program.

The ACGME Duty Hours Standards can be found on the ACGME public website (www.acgme.org). For ease of locating them, I have provided the links to the specific documents referenced in the presentation below. You will need to copy and paste the following links to a web browser.

Common Program Requirements (CPR):
http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/Common_Program_Requirements_07012011%5B1%5D.pdf

Duty Hour Requirements FAQ's:
http://www.acgme.org/acgmeweb/Portals/0/PDFs/dh-faqs2011.pdf

Specialty Specific Duty Hour Definitions:
http://www.acgme.org/acgmeweb/Portals/0/PDFs/DH_Definitions.pdf

Maximum Hours of Work per Week
(CPR VI.G.1)

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Limited to 80 hours

80-hour Limit

Common Program Requirements (Page 16):
- Duty Hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and moonlighting. (VI.G.1)
- PGY-1 residents are not permitted to moonlight. (VI.G.2.c) See Moonlighting slide for more details on the Moonlighting rules.

FAQ's (Pages 4-6):
- Duty Hours are defined as all clinical and academic activities related to the residency program.
- Duty Hours do not include reading, studying, and academic preparation time, such as time spent away from the patient care unit preparing for presentations or journal club.
- Away Conferences should be recorded just as they would be for an on-site conference hosted by the program or sponsoring institution. Travel time and non-conference hours while away do not meet the definition of "duty hours" in the ACGME requirements.
- Any tasks related to performance of duties (completion of medical records, submitting orders, reviewing lab tests, time spent on research, etc.), even if performed at home, count toward the 80-hour limit.
- If attendance is "strongly encouraged", the hours should be included because duty hours apply to all required hours in the program, and it is difficult to distinguish between "strongly encouraged" and required.

Common Program Requirements (Page 16):
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. (VI.G.3)

FAQ's (Pages 6-7):
- "One Day" = 24 hours

Common Reasons for Reported Violations:
- Resident entered "vacation" for duty free day – Ni looks for 24 hours of no logs
- Program counted vacation as part of the duty free periods – vacation must be subtracted from calculations before averaging.

Averaging Notes to Consider:
- "Averaging must occur by rotation. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks." (FAQ-Page 10)
- See the "How Ni Handles Averaging" slide at the end for more details on averaging.
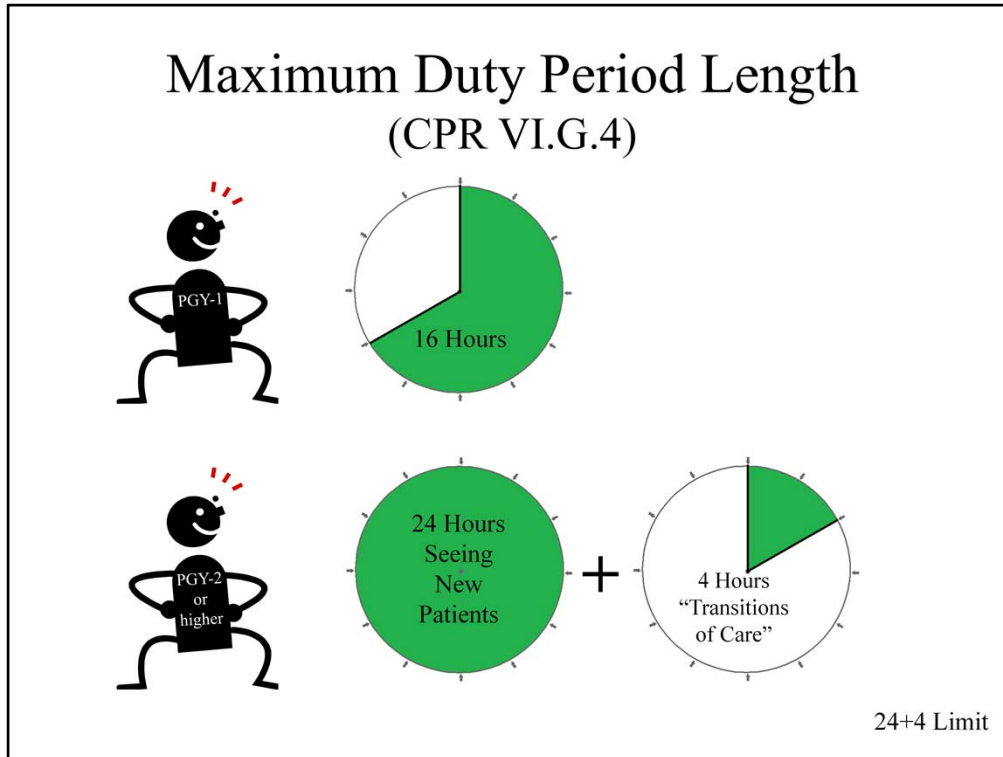
Common Program Requirements (Page 17):
PGY-1 – Duty periods of PGY-1 residents must not exceed 16 hours in duration. (CPR VI.G.4.a)

PGY-2 and above
- Duty periods of PGY-2 residents and above many be scheduled to a maximum of 24 hours of continuous duty in the hospital. Strategic napping after 16 hours of continuous duty and between the hours of 10pm and 8am, is strongly suggested. (CPR VI.G.4.b)
- 4 additional hours may be allowed for effective transition in care (CPR VI.G.4.b.1)

Common Reasons for Reported Violations:
- Resident logs 28 hours of continuous duty as 1 log entry – Ni cannot determine how to break down this calculation. Program may be able to justify the entry, if sufficient rational is provided by trainee in the log notes.

FAQ's (Pages 8):
- Residents may attend an educational conference during the four-hour period, at their own discretion.
- No new clinical activities must be assigned or performed after 24 hours of continuous duty.

Minimum Time Off Between Scheduled Duty Periods (CPR VI.G.5)

Must have 8 Hours Duty Free

Should have 10 Hours Duty Free

Short Break
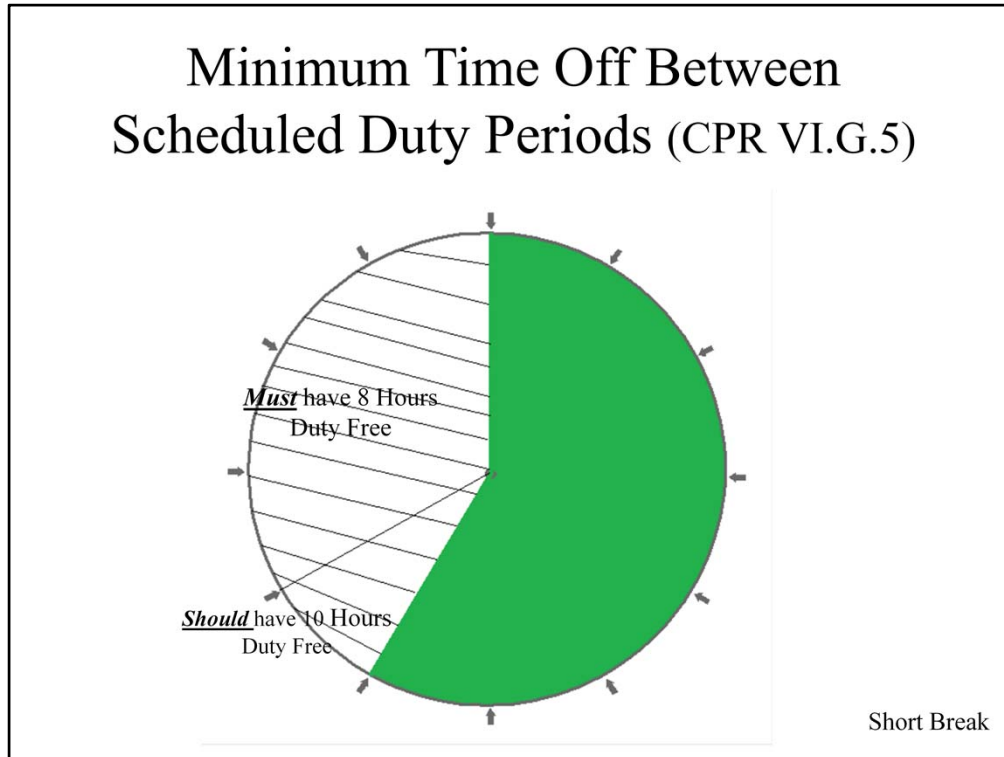
Common Program Requirements (Page 17-18):
PGY-1 – Should have 10 hours between scheduled duty periods, must have 8 hours. (CPR VI.G.5.a)

Intermediate-level residents (CPR VI.G.5.b)
- As defined by the Review Committees
- Should have 10 hours between scheduled duty periods, must have 8 hours.
- Must have 14 hours duty free after 24 hours of in-house duty.

Residents in the final years of education (CPR VI.G.5.c)
- As defined by the Review Committees
- Must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
- Time must comply with all other duty hour rules
- Periods with less than 8 hours duty free *must* be monitored by the program director.

Common Reasons for Reported Violations:
- Resident ends one log on the hour (i.e. 1:00pm) and starts the next log one minute later (1:01pm).
- Resident has 30 minute gap between entries for travel from one facility to another – check with your Program for details on how they want you to log hours to prevent this type of violation from being reported.
- Breaks between work hours that do not afford sufficient time for rest must be counted toward the 80-hour, 24+, and short break rule checking (Excerpt from Ni).

FAQ's (Pages 8-9):
- Should versus Must – provide an *appropriate educational justification* for not having 10 hours duty free.
- No new clinical activities must be assigned or performed after 24 hours of continuous duty.

Specialty Specific Duty Hour Definitions:
http://www.acgme.org/acgmeweb/Portals/0/PDFs/DH_Definitions.pdf

Maximum In-House On-Call Frequency (CPR VI.G.7)

In-House Call Frequency

<u>Common Program Requirements</u> (Page 18):
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). (VI.G.7)

<u>FAQ's</u> (Pages 9):
- 'On-Call Duty" defined - "as a continuous duty period between the evening hours of the prior day to the next morning, generally schedule in conjunction with a day of patient care duty prior to the call period.
- Only one week per month, residents can be assigned to a maximum of four in-house call nights in any seven-day period.
- Residents must not take in-house night call for two consecutive nights.

<u>Averaging Notes to Consider:</u>
- "Averaging must occur by rotation. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks." (FAQ-Page 10)
- See the "How Ni Handles Averaging" slide at the end for more details on averaging.

Maximum At-Home Call Frequency (CPR VI.G.8)

At-Home Call
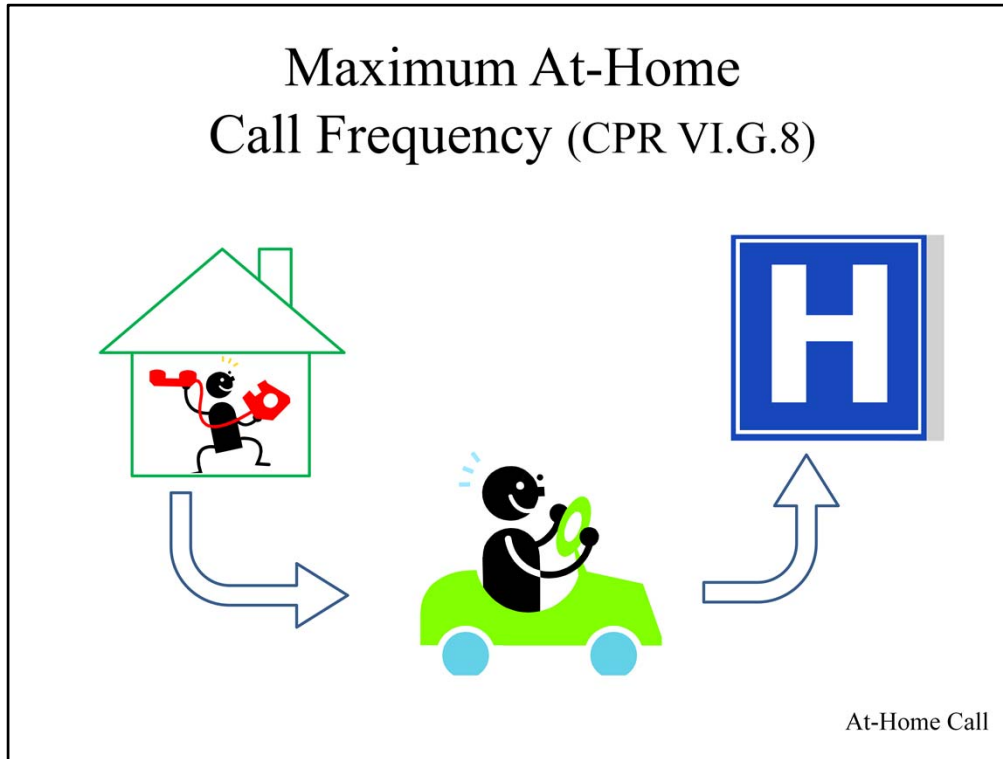
Common Program Requirements (Page 18-19):
- Time spent in the hospital by residents must count towards the 80-hour maximum, and must satisfy the 1-in-7 duty free rule, but is not subject to the every-third-night limitation. (VI.G.8.a)
- Each time the resident returns to the hospital, will not initiate a new "off-duty" period. (VI.G.8.b)

FAQ's (Pages 9-10):
- PGY-1 residents are not allowed to take at-home call. Program Directors should review the specialty specific FAQ related to PGY-1 call restrictions for further clarification.
- Program Directors must monitor the intensity and workload resulting from at-home call.

Way to enter to prevent "Short Break" duty hour violations:
- Enter time after last duty period, using notes to indicate times and duration of duty in the hospital.
    - Clinic ended at 5pm; Called back to the hospital from 11p-11:30p and 3a-4a should be logged as Call duty from 5p-6:30p, with a note stating "Called back 2x from 11p-11:30p and 3a-4a"

Averaging Notes to Consider:
- "Averaging must occur by rotation. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks." (FAQ-Page 10)
- See the "How Ni Handles Averaging" slide at the end for more details on averaging.

Maximum Frequency of
In-House Night Float (CPR VI.G.6)

Not all Review Committees allow Night Float. Must review specific Review Committee restrictions/rules for details.

Night Float

Common Program Requirements (Page 18):
Residents must not be scheduled for more than six consecutive nights of night float. (CPR VI.G.6)

The maximum number of consecutive weeks of night float, and the maximum number of months of night float per year may be further specified by the Review Committee.

Specialty Specific Duty Hour Definitions:
http://www.acgme.org/acgmeweb/Portals/0/PDFs/DH_Definitions.pdf

Moonlighting (CPR VI.G.2)

Moonlighting

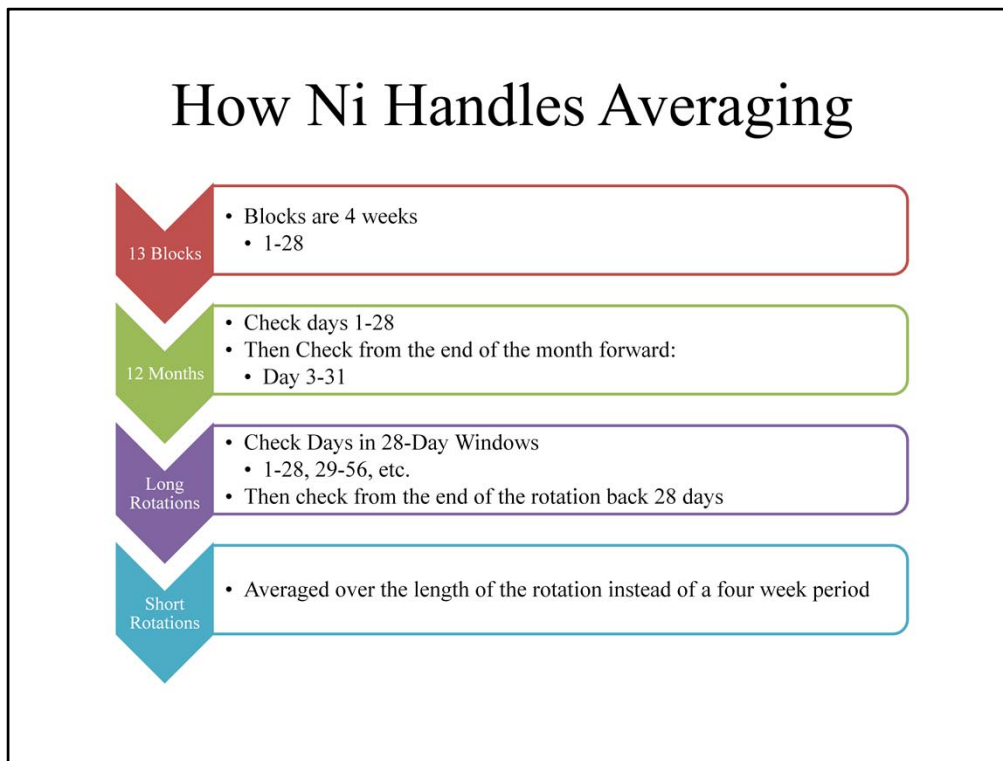Common Program Requirements (Page 16):
- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. (VI.G.2.a)
- Time moonlighting must be counted toward the 80-hour limit. (VI.G.2.b)
- PGY-1 residents are not permitted to moonlight. (VI.G.2.c)

Residents interested in Internal and/or External Moonlighting must be in possession of a permanent, unrestricted license from the Commonwealth of Virginia, and must register this time with the Office of Graduate Medical Education.

FAQ's (Page 6):
- The hours spent moonlighting are counted towards the total hours worked for the week. No other duty hour requirements apply; however, there are additional requirements that apply. See Page 6 for more details.

How Ni Handles Averaging

- **13 Blocks**
  - Blocks are 4 weeks
    - 1-28
- **12 Months**
  - Check days 1-28
  - Then Check from the end of the month forward:
    - Day 3-31
- **Long Rotations**
  - Check Days in 28-Day Windows
    - 1-28, 29-56, etc.
  - Then check from the end of the rotation back 28 days
- **Short Rotations**
  - Averaged over the length of the rotation instead of a four week period

ACGME Rules that use "averaging" of duty hours: 80-hour weekly limit, 1-in-7 free, and Call Frequency.

Averaging Notes to Keep in Mind:
- "Averaging must occur by rotation. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks." [FAQ - Page 10]

- "If a resident takes vacation or other leave, the ACGME requires that vacation or leave days be omitted from the numerator and the denominator for calculating duty hours, call frequency or days off (i.e., if a resident is on vacation for one week, the hours for that rotation should be averaged over the remaining three weeks)." [FAQ – Page 11]