

CHRISTIANA CARE HEALTH SERVICES

POLICY:	Duty Hour Protocol
DEPARTMENT:	Academic Affairs
DATE OF ORIGIN:	January 2007
LAST REVISION DATE:	July 1, 2014
REGULATORY REFERENCE:	ACGME

INTRODUCTION

Definition

Duty hours are defined as all clinical and academic activities related to the residency program. This includes clinical cases (both inpatient and outpatient care), administrative duties related to clinical cases, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences, journal club, and grand rounds. Also included in duty hours are all hours spent on activities required by the accreditation standards such as memberships on hospital committees, or any activities that are an accepted practice in residency programs, such as participating in interviewing residency candidates. Duty hours do not include reading, studying, and preparation time spent away from the hospital or ambulatory site. For call from home, only the hours spent in the hospital after being called in count toward duty hours.

RATIONALE

Historical Perspective

The name Libby Zion may not be familiar to many residents today, most of whom do not realize how the events related to this 18-year-old woman changed their own medical education. When Miss Zion died in the early hours one day in 1984, she was under the care of interns and residents who were showing fatigue after many hours of work. A New York grand jury that was convened for this case did not file criminal charges against the young doctors who committed some medical errors, but it did put into motion a series of regulations that, in July 1989, resulted in an overhaul of hospital rules and the New York State duty-hour legislation. Fourteen years passed before these laws were adopted by the Accreditation Council for Graduate Medical Education (ACGME) to preclude federal regulation and legislation.

Since July 2011, all residents are restricted to work 80 hours per week, averaged over a 4-week period. Residents should have a 10-hour, must have a 8-hour duty-free period between shifts, and a maximum of 24 hours per work shift, with an additional 4 hours allowed for non-direct patient care. Residents must have 14-hours after 24-hours on duty. In addition, 1 day in 7, averaged over 4 weeks, must be free of all duties.

PASSIVE / ACTIVE

Oversight

- a. Each program will have written policies and procedures consistent with the ACGME Institutional and Program Requirements for resident duty hours and the working environment. These policies will be distributed to the residents and the faculty.
 - 1.) Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service. Programs will be monitored routinely each year. Programs found to be out of compliance will be monitored with a greater frequency to be determined by the GMEC Sub Committee for Resident Duty Hours.
 - 2.) Each program director will be responsible for obtaining data on compliance with the Resident Duty Hours Policy for their programs. Each resident will be responsible for providing accurate and timely data on compliance with the Resident Duty Hours Policy to her/his program director, the GME Office, and the ACGME when this information is requested.
 - 3.) Directors of programs that are out of compliance with the Resident Duty Hours Policy will determine a plan and timeline to come into compliance and submit this plan and timeline to the GMEC Sub Committee for Resident Duty Hours / designated DIO upon request.
- b. Back-up support systems will be provided by each program when patient care responsibilities are unusually difficult or prolonged.

EXPECTATIONS

Duty hour compliance is a collective responsibility of the Institution, GME leadership, faculty, and residents. ACGME programs are required to use the New Innovations duty hour module to monitor compliance with ACGME institutional, common, and specialty/subspecialty-specific program requirements. Program directors must adjust resident schedules when needed to prevent negative effects of duty hours on learning and patient care.

As part of professionalism Institutional and Program policies are established to ensure an appropriate work environment for all residents of CCHS. CCHS, through the Graduate Medical Education Committee requires a commitment to the continuity of patient care. As such, residents will participate in all aspects of the Duty Hour mandate

Residents Responsibility

Residents gain entrance to the building and most required and desired locations via the institutions swipe card. Card readers may be situated within Wilmington Hospital and CCHS at:

Elevator Lobby	Consultation Room Entrance
OR Entrance	Warehouse
Nursery	Stairwells / Fire Exits
CICU	Library
SICU	Vest Lab
NICU	MRI
Conference Room Entrances	Radiology
HVIS entrance	Clean Room entrances
Academic Affairs	Gate controlled parking lots
Anesthesia entrance	Clinics
All stair towers, all floors	Ambulance entrance
Delivery rooms	On call rooms
Laboratories	

Institution Oversight

A) CCHS Public Safety Program

Card swipe data is imputed daily into a card reader text file (Microsoft note pad). The data captured includes: name, credential, SS#, time, and date, Cards may not be swiped at any one time by multiple users. A Resident Activity Report is submitted monthly to and reviewed by the Academic Affairs Office. This report includes activity for all rotating fellows and residents.

B) Information Technology (IT)

All card swipes are captured when the resident utilizes the card to access an entryway into an "employee only" area and can be compared with resident computer log-in to determine actual duty hours. When required, this process is utilized to compare log in times with swipe times. A Citrix Login Activity Report is submitted monthly to and reviewed by the Academic Affairs Office. This report includes activity for all rotating fellows and residents.

Program Oversight

Program Directors are charged with ensuring that ACGME resident duty hour standards are established and maintained within the program. Duty Hour assignments are established at the program level with a monitoring process that incorporates two steps to capture duty hour compliance.

A) New Innovations Auto Login

Residents are expected to login through the CCHS New Innovations daily and no later than day 7. Academic Affairs generate an "**exception report**" to further monitor each 80 hour rotation/block, to ensure compliance.

B) Duty Hour Sign Off

Should there be a need to deter from the Programs Duty Hour schedule, both the resident and program director are required to sign off as a double verification of the end of a block/rotation.

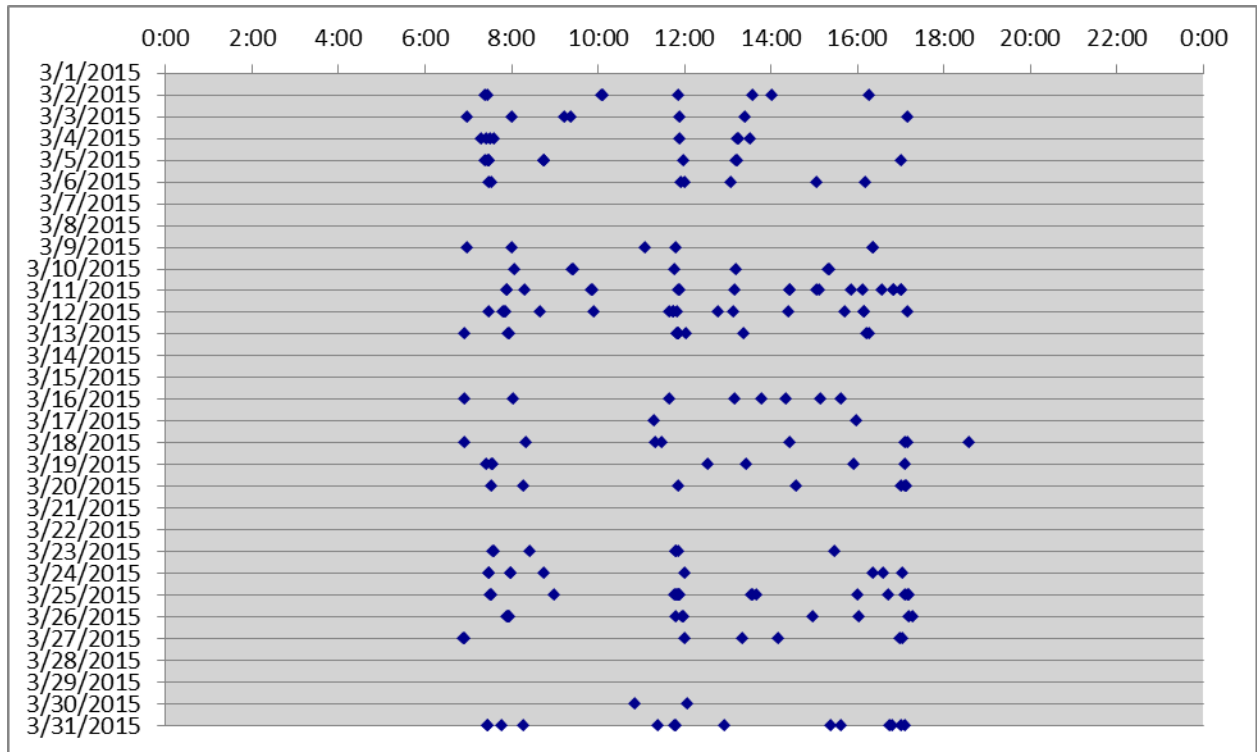
GMEC Oversight

The institution's GMEC Duty Hour Subcommittee meets quarterly and is charged to monitor compliance with duty hour regulations, assist programs with developing plans in instances of noncompliance, and report noncompliance to the GMEC.

Academic Affairs Oversight

The institution's GME Office reviews monthly reports from both Public Safety and New Innovations. A plotted graph process is designed within the department to review and respond to reported discrepancies (see example below). Noted discrepancies are reviewed with the resident and the impacted program director, and immediate corrections to behavior/abuse are imposed.

Plot Example(s):



Example of card swipe with computer log-ins

Color Key:

- Card Swipe

SIGNATURES/APPROVALS:

Dr. Vaughn V. Wright

Reviewed 05/01/2015