

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Policy on Duty Hours/Work Environment for House Staff

I. Purpose

To establish a policy for all training programs at Inova Fairfax Medical Campus to monitor and schedule appropriate work/duty hours and working conditions for house staff in accordance with ACGME requirements. To establish an environment that is optimal for education and for patient care, while avoiding undue stress and fatigue among house staff, and assuring that educational objectives are not compromised by reliance on house officers to fulfill institutional service obligations.

II. Scope

This policy will apply to all house officers participating in post-graduate training programs, whether accredited or unaccredited, at Inova Fairfax Medical Campus. It sets forth minimum criteria for duty hours. More detailed written duty hour policies shall be established by each training program. Departmental policies must be approved by the GME Committee.

III. Definitions

“House staff” or “House Officer” refers to interns, residents, and fellows enrolled in a post-graduate training program.

Post-Graduate Training Program – refers to a structured residency or fellowship education program, accredited by the ACGME, Council on Podiatric Medical Education, or other recognized accrediting body, or a non-accredited program recognized by its specialty board, or seeking accreditation by an accrediting body, for purposes of clinical education.

Duty Hours – defined as work time scheduled for all clinical and academic activities related to the training program, including but not limited to, patient care, transfer of patient care, time spent in-house during call activities, scheduled academic conferences, research activities, moonlighting and clinical work from home. Work from home that is NOT included in the Duty Hours weekly calculation is as follows: reading done in preparation for the following day’s cases, studying, and research done from home.

IV. Responsibilities /Requirements

A. The Program Director is responsible for the duty schedules in his/her respective department. The Program Director is also responsible for making the ultimate

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- decisions regarding scheduling for all duty hours for house staff within their scope of supervision
- B. On-call rooms must be provided for house staff with night-time duty hours.
 - C. House staff schedules will be tailored to be consistent with the requirements set forth by the ACGME in the Institutional Requirements, Common Program Requirements and Program Requirements.
 - 1. The Institution supports an electronic tracking system (E*Value) and requires all programs and house officers to electronically enter and track duty hours in a timely manner, in order to ensure compliance with the ACGME Common Program Requirements and this policy.
 - 2. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. *(Please refer to the moonlighting policy for details.)*
 - 3. Programs and house staff have shared responsibility to ensure that the 80 hour maximum weekly limit is not exceeded. While house officers may remain on duty beyond their scheduled work period to care for a patient or participate in an educational activity, these additional hours **MUST** be accounted for in the allocated 80 hours when averaged over four weeks.
 - 4. Programs should adjust their schedules so that house officers are scheduled to work fewer than 80 hours per week, which would allow them to remain beyond their scheduled work period when needed, without violating the 80-hour requirement.
 - 5. Programs may wish to consider using night float and/or make adjustments to the frequency of in-house call to ensure compliance with the 80-hour requirement. Night float must occur within the context of the 80-hour and one day off on seven requirements. Program Directors must refer to their individual review committees for the maximum number of weeks/months and consecutive shifts for night float.
 - 6. Clinical work from home must be counted towards the 80-hour requirement. The expectation remains that the scheduling be structured so that house staff are able to complete most or all of their work on-site during their scheduled clinical work hours without requiring them to take work home. Types of work from home that must be counted include: using the electronic health record and taking patient related calls from home. Reading done in preparation for cases, studying and research done from home **DO NOT** count towards the 80 hours.
 - 7. House staff are to track the time they spend on clinical work from home and to report that time to the program. Decisions regarding whether to report infrequent phone calls of very short duration will be left to the individual house officer. Programs are expected to monitor clinical work from home through E*Value.
 - 8. House staff must be scheduled for in-house call no more frequently than every third night (when averaged over a four week period).
 - 9. Clinical and educational work periods for house staff must not exceed 24 hours of continuous scheduled clinical assignments.

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10. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions in care, and/or educational activities. Additional patient care responsibilities must not be assigned to a resident during this time.
 11. House staff SHOULD have 8 hours off between scheduled clinical and educational periods.
 12. House staff MUST have at least 14 hours free of clinical work and education after 24 hours of in-house call.
 13. House staff must be scheduled for a minimum of one day in seven free of clinical work and required education when averaged over four weeks. At home call CANNOT be assigned on these free days. NOTE: a day off is defined in the ACGME Glossary as “one (1) continuous 24-hour period free from all administrative, clinical and educational activities.”
 14. In rare instances, after handing off all other responsibilities a house officer may choose to remain on site or return to the clinical site to: continue to provide care to a single severely ill or unstable patient, provide humanistic attention to the needs of a patient or family or to attend unique educational events. These additional hours must be counted toward the 80 hour weekly limit (averaged over four weeks).
 15. At home call must not be so frequent or taxing as to preclude rest or reasonable personal time. The frequency of at home call is NOT subject to the every third night limitation but must satisfy the requirement for one-day-in-seven free of clinical and education (when averaged over four weeks).
 16. At home call activities that must be counted towards the 80 hour weekly limit include: responding to phone calls and other forms of communication, and documenting in the electronic medical record. Activities such as reading for the next day’s cases, studying and research activities do not count towards the 80 hour weekly limit.
 17. House officers are permitted to return to the hospital while on at home call to provide direct patient care for new or established patients. These hours of inpatient patient care must be included in the 80 hour weekly limit as well.
 18. Time spent by house officers in internal or external moonlighting must be counted toward the 80-hour maximum weekly limit. PGY-1 House Officers are not permitted to moonlight. (*see Moonlighting Policy*).
- D. During the Annual Program Evaluation, Program Directors will be asked to review their duty hour schedules and process for ensuring compliance with the Common Program Requirements and this policy.
- E. Any house officer working in excess of the hours set forth above should, and is strongly encouraged to, report the situation to their Chief Resident, Program Director, Departmental Chair, or Director of Graduate Medical Education/DIO. Back-up support will be provided by the respective departments.
- F. Each program must educate all faculty members and house staff on the signs of fatigue and sleep deprivation, alertness management and fatigue mitigation. In

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- addition, each program must adopt back-up call schedules and processes in the event a house officer is too fatigued to work.
- G. Faculty members are expected to encourage residents to utilize fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.
 - H. Each program must have a process to ensure continuity of care in the event that a house officer may be unable to perform his/her duties due to fatigue.
 - I. If a house officer is too fatigued to drive home, the institution provides safe and secure call rooms. In addition, the house office may utilize the cab voucher process which provides the house officer with transportation home. If needed, house staff may use a cab to return to the hospital and will be reimbursed for the cost.

V. Work Environment

- A. The Institution must provide services and develop and maintain systems that minimize work of house staff that is extraneous to their educational programs.
- B. The Institution and its programs will provide an educational and work environment in which house staff may raise and resolve issues without fear of intimidation or retaliation (*i.e. Residency Advisory Committee*). In addition, other communication forums must be available for house staff to exchange information and address concerns in a confidential and protected manner (*refer to Institutional Policy on Grievance Procedures*).
- C. The Institution must provide an appropriate work environment for house staff, including secure on-call rooms and 24-hour access to adequate lounge, food, toilet and shower facilities.
- D. The Institution provides clean and private rooms for the purpose of lactation throughout the campus. Refrigeration is available in departmental resident lounges as well the institutional resident lounge in the Original building.
- E. Support services such as phlebotomy, transport and IV services must be provided in a manner appropriate to and consistent with the house staff educational objectives and the provision of quality patient care.
- F. Timely and effective laboratory, pathology and radiology services must be in place to provide for educational and patient care needs.
- G. The Institution must provide 24-hour access to a medical records system that documents the course of each patient's illness and adequately supports quality patient care, house staff education, quality assurance activities and provides a resource for scholarly activity.
- H. The Institution provides specialty-specific reference material in print and/or electronic format through the on-site library which is accessible 24/7 or through the Inova Health System library website.
- I. Appropriate security and personal safety measures must be provided to all house staff in all locations in the hospital and on hospital grounds.