POLICY #:		
SUBJECT:	**Resident Duty Hours**	**EFFECTIVE DATE: 8.20.15**
SPONSOR:	*John E Delzell, Jr, MD, MSPH* *Vice President and DIO*	**REVISED:**
APPROVED:	*Graduate Medical Education*	**APPROVED FOR USE: 8.20.15**

PURPOSE:

The Broward Health policy is that resident physician duty hours will be in compliance with the guidelines established by the Accreditation Council for Graduate Medical Education (ACGME). Individual specialty Review Committee's may impose stricter duty hour restrictions in their program requirements. Each program's leadership should be familiar and fully comply with these requirements.

This policy addresses the ***ACGME Institutional Requirement III.B.5 Duty Hours, Fatigue Management, and Mitigation:*** The Sponsoring Institution must oversee: a) resident/fellow duty hours consistent with the Common and specialty/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner.

DEFINITIONS

Duty hours: are defined as all clinical and academic activities related to the program i.e. patient care, administrative duties relative to patient care (both inpatient and outpatient), the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the residency program.

Fatigue management: recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

Supervising Physician: is a physician, either faculty member or more senior resident, designated by the program director as the supervisor of a junior resident. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

Strategic napping: short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

BACKGROUND

It is recognized that excessive numbers of hours worked by intern, resident and fellow physicians can lead to errors in judgment and clinical decision-making. This can have an impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness related complications. There will be a high degree of sensitivity to the physical and mental well-being of interns/residents/fellows and every attempt will be made to avoid scheduling excessive work hours leading to sleep deprivation. The following work hours apply to all interns/residents/fellows in all specialties.

POLICY

80-Hour Maximum Weekly Limit

The intern/resident/fellow shall not be assigned to work physically on duty in excess of ***eighty hours*** (80) per week averaged over a four (4) week period, inclusive of all in-house call activities and all moonlighting.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives outlined by the educational program. Time spent by residents in Internal and External Moonlighting must be counted towards the 80-Hour Maximum Weekly Limit. (Refer to Policy on Resident Moonlighting).

PGY-1 residents are not permitted to moonlight.

Mandatory Time Free of Duty

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.

Maximum Duty Period Length:

a) Duty periods of a PGY-1 resident must not exceed ***sixteen (16) hours*** in duration.

b) Duty periods of PGY-2 residents and above may be scheduled to a ***maximum of twenty-four (24) hours*** of continuous duty in the hospital.

Residents shall not assume responsibility for a new patient or any new clinical activity after working twenty-four (24) hours of continuous in-house duty.

On rare circumstances, residents, of their own initiative, will be allowed to remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extension 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.

Under these circumstances, the resident must:

Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director and the office of GME.

The Program Director will review the submission of each additional service and track both individual and program-wide episodes of additional duty and report this to the GMEC.

Minimum Time Off between Scheduled Duty Periods

a) PGY-1 Residents ***should have ten (10) hours***, and must have eight (8) hours, free of duty between scheduled duty periods.

b) PGY-2 and above residents ***should have ten (10) hours free of duty***, and must have eight (8) hours between scheduled duty periods.

c) PGY-2 and above residents ***must have fourteen (14) hours off*** after twenty-four (24) hours of in-house scheduled duty.

As a preparation for practice, residents in the final years of education must be prepared to enter unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day off-in-seven standards.

While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director and reported to the GME committee.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float

Maximum In-House On-Call Frequency

PGY-2 Residents and above must be scheduled for in-house call no more frequently than every-fourth night. In-house call must not be averaged over a 4 week period. Under certain circumstances, residents/fellows may be assigned in-house call every third night with prior approval of the program director and DME. If this occurs, it must be reported by the resident/fellow in writing and reviewed by the GMEC for monitoring individual residents and program.

At-Home Call

Time spent in the hospital by residents on at-home call will be counted towards the 80-hour maximum weekly hour limit.

Call frequency will be scheduled in a manner to ensure one-day-in-seven free of duty, when averaged over four weeks. At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.

When a resident returns to the hospital while on at-home call to care for new or established patients, this time is included in the 80-hour weekly maximum

PROCEDURE

Fatigue Mitigation:

Residents are strongly encouraged 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 PM and 8:00 AM, is strongly suggested.

The Residency Program must:

a) educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;
b) educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
c) adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.
d) Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.
e) The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

Transitions of Care

Critical to patient safety and resident education are effective transitions in care.

Residents may remain on-site four (4) additional hours in order to accomplish these tasks. This must be reported by the resident physician in writing with rationale to the Program Director and reviewed by the GMEC for monitoring individual residents and program.

Programs must design clinical assignments to minimize the number of transitions in patient care. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that residents are competent in communicating with team members in the hand-over process. The sponsoring institution must ensure the availability of schedules that inform all members of the

health care team of attending physicians and residents currently responsible for each patient's care.

Related Policies: **Fatigue Mitigation**
Moonlighting

Authors:	*John E Delzell Jr MD MSPH Vice President and DIO*	**Date:**	*8.3.15*
Revised:			
DIO Review	*John E Delzell Jr MD MSPH*		*8.17.15*
Legal Review			
Compliance Review			
GMEC Approval	*Reviewed and approved*		*8.20.15*

POLICY #:			
SUBJECT:	**Resident moonlighting**	**EFFECTIVE DATE:**	*8.20.15*
SPONSOR:	*John E Delzell, Jr, MD, MSPH* *Vice President and DIO*	**REVISED:**	
APPROVED:	*Graduate Medical Education*	**APPROVED FOR USE:**	*8.20.15*

PURPOSE:

The purpose of this policy is to define the process of moonlighting for resident physicians.

This policy addresses **ACGME Institutional Requirement IV.J.1. Moonlighting:** The Sponsoring Institution must maintain a policy on moonlighting that includes the following: IV.J.1.a) residents/fellows must not be required to engage in moonlighting; IV.J.1.b) residents/fellows must have written permission from their program director to moonlight; IV.J.1.c) an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight; and, IV.J.1.d) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows.

DEFINITIONS

Moonlighting: is defined as any extracurricular provision of medical services outside the requirements of the residency/fellowship program, in which an individual performs duties as a fully-licensed physician and receives direct financial remuneration.

Good Standing: is defined as maintaining consistent attendance at academic conferences, demonstrating proficiency on the In-training Examination by obtaining a score above the national mean, and meeting acceptable standards during the monthly faculty evaluation process.

Duty hours: are defined as all clinical and academic activities related to the program i.e. patient care, administrative duties relative to patient care (both inpatient and outpatient), the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the residency program.

Fatigue management: recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

Supervising Physician: is a physician, either faculty member or more senior resident, designated by the program director as the supervisor of a junior resident. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

BACKGROUND

The ACGME defines **External Moonlighting** as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites. **Internal Moonlighting** is defined as voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites. The ACGME common program requirements states that "moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the education program".

POLICY

1. Eligibility

1.1 Limited Moonlighting may be allowed for residents in the PGY-2 year or beyond, solely at the discretion of the Program Director and must be approved by the Office of GME.

1.2 The resident must be in **GOOD STANDING**, in order to be approved for moonlighting.

Residents on remediation, personalized improvement plans, or suspension for clinical or academic reasons are not eligible for moonlighting.

1.3 Interns (PGY-1) are not eligible to moonlight

1.4 A program may prohibit moonlighting activities by all of its residents as a matter of policy.

2. Licensure

2.1 All residents/fellows engaged in moonlighting outside the Broward Health system must be licensed for unsupervised medical practice in the state where the moonlighting occurs. The resident must also have a valid individual DEA registration and any local or state registrations required.

2.2 A copy of this license must be provided to the Program Director and the office of GME prior to the initiation of any moonlighting activity.

3. Supervision

3.1 Broward Health and program teaching faculty have no direct role in the supervision of the professional activities of residents engaged in moonlighting.

4. Professional Liability Insurance:

4.1 Broward Health and program teaching faculty have no direct role in the supervision of the professional activities of residents engaged in moonlighting; therefore, the malpractice protection provided for the professional duties of the residency program does not cover moonlighting activities.

4.2 All residents/fellows engaged in moonlighting must provide their Program Director and the Office of GME a copy of their independent malpractice coverage.

4.3 It is the responsibility of the entity hiring the resident/fellow to moonlight to determine whether their licensure is in place, adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties.

5. Duty Hours

5.1 Because moonlighting assignments generally run concurrently with the routine obligations and responsibilities of the resident to the program, the Program may limit the number of hours that can be spent moonlighting in a given month. Limits will be documented on the Moonlighting Request form (see Attachment A)

5.2 Moonlighting hours must be counted toward the 80-hour weekly limit on duty hours.

6. Fatigue Mitigation

6.1 Moonlighting residents are expected to be present, appropriately rested and prepared to carry out their obligations to their educational programs.

7. Monitoring

7.1 Moonlighting must never interfere with a resident's primary responsibilities to his/her program. It should not interfere with the resident's/fellow's ability to participate in the

educational opportunities of the training program and with the ability of the resident to achieve the goals and objectives of the educational program.

7.2 Moonlighting must not interfere with the resident's/fellow's ability to provide patient care

PROCEDURE

1. Approval

1.1 Moonlighting permission must be specifically requested in writing from the Program Director and the DIO using the Moonlighting Request form (see Attachment A).

1.2 Requests must be submitted and approved before the commencement of the services.

1.3 The resident/fellow's Moonlighting Request form must be included as part of the institution's resident file.

1.4 The request for moonlighting must indicate the number of hours the resident/fellow will be working in the moonlighting job.

2. Loss of Moonlighting Privileges

2.1 Moonlighting may be disallowed if any adverse effects are documented. If a resident/fellow experiences educational difficulty or excessive fatigue, the Program Director at his/her discretion may suspend moonlighting privileges.

2.2 A letter will be submitted by the Program Director to the resident and the Office of GME stating that the resident is no longer permitted to moonlight.

3. Duty Hours Monitoring

3.1 Duty Hour compliance must be documented in New Innovations and reviewed by the resident/fellow with the Program Director on a monthly basis.

3.2 Failure to accurately document moonlighting hours will result in the suspension of moonlighting privileges.

Duty Hours
Fatigue Mitigation

Related Policies:

Authors:	*John E Delzell Jr MD MSPH Vice President and DIO*	**Date:**	*8.5.15*
Revised:	*Krystal Rajkumar, Director of GME*		*8.17.15*
DIO Review	*John E Delzell Jr MD MSPH*		*8.17.15*
Legal Review			
Compliance Review			
GMEC Approval	*Reviewed and approved*		*8.20.15*

Attachment A

RESIDENT DISCLOSURE and MOONLIGHTING REQUEST

Name: _____ Date submitted: _____
(All requests must be submitted 30-days in advance of planned dates)

Date(s) and Hours of Moonlighting:

	Hours		
Date	From:	To:	Number of Hours

☐ APPROVED

☐ DENIED - REASON FOR DENIAL: _____

_____ _____
Signature — Program Director Date

_____ _____
Signature — GME Office Date

For Internal Use:

☐ Copy of unrestricted medical license

☐ Copy of malpractice insurance

☐ Copy of DEA license (if applicable)

☐ Copy of Signed Resident Request for Approval

RESIDENT REQUEST FOR APPROVAL

By signing this Request for Approval, I certify that the foregoing description of my requested moonlighting activities is accurate and true. I understand that any approval of the requested moonlighting activities is conditioned on my ongoing compliance with the following assurances, and will terminate upon failure to comply with any of the following:

- Moonlighting outside my approved training program will not interfere in any way with my educational experience, performance or regular training program responsibilities as a resident.
- I will not engage in moonlighting activities during my scheduled training program hours, including times when I am scheduled to be on-call or available for consultations as part of my approved training program.
- I must remain in good standing in my approved training program, as documented by satisfactory evaluations, in order to continue moonlighting activities.
- I must promptly update this Request Form to reflect any changes in my moonlighting activities.
- I may not engage in moonlighting activities in which there may be a conflict of interest with my appointment at Broward Health.
- My moonlighting activities outside the approved training program must comply with applicable federal and State law and regulations.
- I agree to be bound by the following work hour limits: My total aggregate work hours, including both my activities as part of an approved training program and my moonlighting activities shall not exceed 80 hours per week when averaged over four weeks. Further, I will not be on duty more than 24 consecutive hours, and I will have at least 10 hours off after moonlighting and before the start of my training program activities.
- I must provide my own malpractice insurance coverage during periods in which I am engaged in moonlighting activities. I understand that the malpractice insurance provided by Broward Health is for my authorized training program duties and does not cover any moonlighting activities.
- I will not be visually identifiable as a Broward Health resident, and will not hold myself out as a resident, in a Broward Health residency/fellowship program when I am engaged in moonlighting.
- I understand that failure to comply with any of the foregoing conditions may result in withdrawal of permission to engage in moonlighting or other disciplinary actions.

I certify that I will comply with all of these conditions while engaging in moonlighting activities

_____ _____

Signature — Resident Date

POLICY #:			
SUBJECT:	**Resident Fatigue Mitigation**	**EFFECTIVE DATE:**	*8.20.15*
SPONSOR:	*John E Delzell, Jr, MD, MSPH* *Vice President and DIO*	**REVISED:**	
APPROVED:	*Graduate Medical Education Committee*	**APPROVED FOR USE:**	*8.20.15*

PURPOSE:

It is important that the symptoms of fatigue and stress be recognized by both residents and faculty to assure patient safety, as well as the personal safety and well-being of residents. Broward Health has adopted the following policy to address resident fatigue and stress.

This policy addresses ***ACGME Institutional Requirement III.B.5. Duty Hours, Fatigue Management, and Mitigation***: The Sponsoring Institution must oversee: b) systems of care and learning and working environments that facilitate fatigue management and mitigation for residents/fellows; and, c) an educational program for residents/fellows and core faculty members in fatigue management and mitigation.

DEFINITIONS

Fatigue management: recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

Duty hours: are defined as all clinical and academic activities related to the program i.e. patient care, administrative duties relative to patient care (both inpatient and outpatient), the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the residency program.

Supervising Physician: is a physician, either faculty member or more senior resident, designated by the program director as the supervisor of a junior resident. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

BACKGROUND

Symptoms of fatigue and/or stress are normal and expected to occur periodically with resident physicians, just as it would in other professional settings. Residents may on occasion, experience some effects of inadequate sleep and/or stress.

The demonstration of resident excess fatigue or stress may occur in patient care settings or in non-patient care settings (such as lectures and conferences). In patient care settings, patient safety, as well as the personal safety and well-being of the resident, mandates implementation of an immediate and a proper response sequence. In non-patient care settings, responses may vary depending on the severity of and the demeanor of the resident's appearance and perceived condition.

Signs and symptoms of resident fatigue/burnout and/or stress may include but are not limited to the following:

- Memory problems
- Inattentiveness to detail
- Irritability
- Mood swings
- Increased conflict with others
- Difficulty with multitasking
- Self-doubt
- Emotional manifestations such as crying
- Change in physical appearance
- Sleep deprivation

POLICY

1.1. All residents are expected to be present, appropriately rested and fit to provide the services required by their patients and prepared to carry out their obligations to their educational programs. Programs and sponsoring institutions must educate residents and faculty (***Common Program Requirement VI.A. Professionalism, Personal Responsibility, and Patient Safety***)

1.2 All Faculty and residents must be educated to recognize the signs and symptoms of fatigue, burnout, and stress.

1.3 The recognition that a resident is demonstrating evidence of excess fatigue, burnout, or stress requires the attending or supervising resident to consider immediate release of the resident from any further patient care responsibilities at the time of recognition.

1.4 Residents who perceive that they are manifesting excess fatigue, burnout, or stress have the professional responsibility to immediately notify the Supervising Physician, Chief or Supervising Resident, and Program Director without fear of reprisal.

1.5 If a resident feels they are unsafe to drive home, residents are allowed to sleep in the on-call suite as often as needed post call. They are also permitted to request transportation from the GME office to get safely home and back to work safely.

PROCEDURE

The Graduate Medical Education office will provide all faculty and residents' information and instruction on recognizing the signs of fatigue, sleep deprivation, alertness management, fatigue mitigation process and how to adopt this process to avoid potential negative effects on patient care and learning.

1. Patient Care Setting

1.1 In the interest of patient and resident safety, the recognition that a resident is demonstrating evidence for excess fatigue and/or stress requires the attending faculty or supervising resident to consider immediate release of the resident from any further patient care responsibilities at the time of recognition.

1.2 Residents recognizing resident fatigue and/or stress in themselves or fellow residents should report their observations and concerns immediately to the Supervising physician, the Chief or Supervising resident, and the Program Director.

1.3 The Supervising physician or supervising resident should discuss the situation with the resident in order to help identify the reason and determine what may be required to alleviate the situation.

1.4 The Supervising physician must attempt, in all circumstances without exception, to notify the chief/supervising resident on-call, program director and/or DIO, respectively, depending on the ability to contact these individuals, of the decision to release the resident from further patient care responsibilities at that time.

1.5 If excess fatigue is the issue, the attending faculty must advise the resident to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the resident should first go to the on-call room for a sleep interval lasting no less than 30 minutes. The resident may also be advised to consider calling someone to provide transportation home.

1.6 If stress is the issue, the Supervising Physician upon privately discussing with the resident, may opt to take immediate action to alleviate the stress. If, in the opinion of the Supervising physician, the resident's stress has the potential to negatively affect patient safety, the Supervising physician must immediately release the resident from further patient care responsibilities.

1.7 A resident who has been released from further immediate patient care because of excess fatigue and/or stress cannot appeal the decision of the Supervising physician.

1.8 A resident who has been released from patient care cannot resume patient care duties without permission of the program director.

2. Program Director

2.1 Upon receiving a report of a resident demonstrating evidence of excess fatigue/burnout and/or stress, the program director will meet with the resident. The residents call schedule, duty hours, extent of patient care responsibilities, moonlighting, known personal problems, and other contributing stressors will be reviewed.

2.2 If additional counseling is warranted, the program director will refer the resident to the Employee Assistance Program for further evaluation and counseling.

2.3 The program director may choose to release the resident from some or all duty assignments. An extended period of release that exceeds 4 weeks, or as determined by the Program Director, may require extension of the resident's training.

2.4 The program director will release the resident to resume patient care duties only after the resident has demonstrated no further impairment with fatigue or stress issues.

3. GME Office

3.1 Sleeping quarters are provided by the Graduate Medical Education Office for overnight call assignments as well as napping. These rooms can also be used for strategic napping and post-call naps.

3.2 When a resident physician is post-call or at the end of the work day and does not feel safe to drive home, they can request a taxi voucher to get a round trip ride home.

3.2.a) Broward Health has an institutional account with Yellow Cab (954-777-7777). Any resident who requires transportation home will be provided this and the cost will be billed to the Office of Graduate Medical Education.

Related Policies: **Duty Hours**

Authors:	*John E Delzell Jr MD MSPH Vice President and DIO*	**Date:**	*8.5.15*
Revised:	*Krystal Rajkumar, Director of GME*		*8.17.15*
DIO Review	*John E Delzell Jr MD MSPH*		*8.17.15*
Legal Review			
Compliance Review			
GMEC Approval	*Reviewed and approved*		*8.20.15*