

**LONG ISLAND COLLEGE HOSPITAL
ADMINISTRATIVE POLICY AND PROCEDURE MANUAL**

	MANUAL CODE: MS-112
SUBJECT: Postgraduate Trainee Work Hours and Supervision	
EFFECTIVE: 1/30/2006	REVIEWED: 12/2006

GENERAL STATEMENT OF PURPOSE:

The Long Island College Hospital, its Governing Body, Medical Staff and Administration adheres to New York State 10NYCRR section 405.4 and the Accreditation Council for Graduate Medical Education (ACGME) policies related to postgraduate trainees' work duty hours and supervision. A postgraduate trainee is defined as any resident or fellow enrolled in an accredited Accreditation Council for Graduate Medical Education (ACGME) program. The duty hours and supervision policy encompasses the following activities in the postgraduate trainee's educational program:

1. Patient care activities that meet educational objectives, including time spent on inpatient call;
2. Patient care activities that are necessary to acquire and maintain skills and to meet patient care demands;
3. Didactic activities, such as conferences, grand rounds, one-on-one and group learning in clinical settings.

PROCEDURE:

Part I – Postgraduate Trainee-Resident Work Hours

1. Postgraduate trainees with inpatient care responsibilities will be scheduled for patient care education and on call activities in accordance with certain work hour limitations.
 - a) **The scheduled work week shall not exceed an average of 80 hours/week over a 4-week period, inclusive of all in-house activities, clinic assignments, and moonlighting activities.**
 - b) **The trainee shall not be scheduled to work (continuous on-site duty, including in-house call) for more than 24 consecutive hours.**

- c) **Postgraduate trainees will have at least one continuous twenty-four (24) hour period of scheduled non-working time per week free from all clinical, educational and administrative activities.**
2. For departments other than Anesthesiology, Medicine, Obstetrics/Gynecology, Pediatrics, Surgery, and any department with a high volume of acutely ill patients, where night calls are infrequent and physician rest time is adequate, the medical staff may develop and document scheduling arrangements other than those set forth in a) and b) above.
 3. **Permissible exceptions** to the 80/24 hour scheduling pattern include:
 - a) **Transition time**: a period of time not to exceed 3 hours is permitted during which residents who have completed duty on-call for 24 hours can participate in the exchange of information concerning patients, rounds, and teaching conferences. This period of transition time is not to be a scheduled period of resident activity post on-call. Transition time is not designed for direct patient care and must be included in the 80-hour week of work. The resident must leave the facility after the transition period.
 - b) **Surgical Exemption (on-call at rest)**: a period of time not less than 4-5 hours. When scheduling surgical house staff, "on-call" duty in the hospital during the "night shift hours" (**on-call at rest**) shall not be included in the work week limits of 80 hours per week and 24 consecutive hours if:
 - 1) **Night call assignments are not scheduled more than every third night averaged over 4 weeks**
 - 2) **Residents must document 4-5 hours of legitimate, uninterrupted sleep (rest) time during the night shift**
 - 3) **If the resident is interrupted during the on-call at rest time or must return to active participation in inpatient care, the resident's on-call assignment will end at 24 hours**
 - 4) **The trainee has a 16 hour off period where he/she leaves the hospital to separate assignments following night call**
 - 5) **The resident must leave the facility within 30 hours from start to end of the on-call shift and transition time**
 - 6) **Residents will be relieved from duty if fatigue is observed**

In order to comply with the hospital policy all surgical and surgical subspecialty departments will adhere to the following items when the surgical exemption is applied to resident work hours. All surgical training period on-call hours are a 24-hour period from 7 AM to 7AM.

- a) Residents will be afforded a call room that allows for privacy and the ability to have uninterrupted sleep (rest).
- b) All residents will document on the on-call at rest log located in his/her department's administrative office that adequate uninterrupted rest was achieved. Documentation will be made one-day post call and will be supervised by the Chief Resident and/or the Program Director or his designee. If the resident's rest period was interrupted and less than 4 hours, the resident's on-call will end at 24 hours. The maximal transition time is 3 hours and the resident will leave the hospital by 10 AM.

c) Residents who attest to 4-5 hours of uninterrupted sleep (rest), are permitted up to 3 hours of transition time and 3 hours of surgical exemption time for a maximum of 6 hours duty beyond 7 AM. This allows for compliance with NYS 405 and ACGME policies, permitting 16 hours off before returning to duty and a maximum of thirty (30) hours start to end of on-call shift with transition time. **In order to ensure compliance:**

- 1) Post-call Residents will not attend afternoon clinic assignments
- 2) Residents who have gone to the operating room to continue care for patients evaluated during their on-call period will be relieved and excused from the operating room by **1 PM**
- 3) Post-call residents will not attend educational sessions after **1 PM**
- 4) Post-call residents will transfer care of their patients and leave the institution by **1 PM**

All of the surgical departments participate in integrated programs with the SUNY Downstate Medical Center. When residents are assigned to the hospital by their respective departments, each trainee will be in-serviced to the hospital policy and procedure for trainee work hours and supervision. All attending surgical staff will participate in resident oversight. Each surgical department will monitor resident compliance with the policy in their department quality improvement meeting and submit the on-call at rest logs on a monthly basis to the Graduate Medical Education office.

4. These policies do not apply to training programs for which the norm is infrequent night calls and adequate, physician rest time (e.g. Dermatology, Rehabilitation Medicine, Radiation Oncology.) These programs must:
 - a) Monitor and document patient workload and criterion used by the Chair to assure that exemption from the 80/24hour limitations continue to apply;
 - b) Develop/implement a system to promptly convert resident schedule to conform to the 80/24-hour limitation at any time that there is a high volume of acutely ill patients and frequent night calls on that service.
5. The medical staff will require on-duty assignments for postgraduate trainees in the Emergency Department and for all training programs with inpatient care responsibilities shall be separated by not less than ten (10) non-working hours.
6. Postgraduate trainees will have at least one continuous twenty-four (24) hour period of scheduled non-working time per week free from all clinical, educational and administrative activities.
7. All residents assigned to the Emergency Department will be limited to no more than twelve (12) consecutive hours per on duty assignment in the Emergency Department, which will be followed, by twelve (12) hours off duty.

8. When a resident is on-call at home, and called into the hospital, the hours of time the resident is on premises in the hospital will count toward overall working hours. Travel time to and from the hospital is not included.

Part II. Moonlighting

Moonlighting is defined as employment outside of the resident's assigned department and requires the permission of the resident's departmental chairman. In the case of fellowship programs, the fellow will require the approval of the fellowship program director before obtaining permission from the department chairman. Moonlighting is not permitted in all departments.

1. Each postgraduate trainee is required to notify his/her program director of any employment he participates in as physician outside the hospital and the hours devoted to such employment.
2. Postgraduate trainees who have worked the maximum number of hours permitted under the 405.4 regulations are prohibited from working additional hours in the capacity of a moonlighting physician.

Part III. Attending Supervision

1. The medical staff will monitor and supervise postgraduate trainees assigned patient care responsibilities as part of an approved graduate medical education training program.
2. The supervising physician will meet the following criteria:
 - a) Board certification or eligible in the respective specialty OR
 - b) Completion of at least four postgraduate years of training (PGY 4 or greater) in the respective specialty.
3. **For the supervision of routine hospital care and procedures only, *** the supervising physician may be**
 - a) Postgraduate trainee who is in his/her final year of postgraduate training OR
 - b) Postgraduate trainee who has completed at least three (3) years of postgraduate training.

*****SPECIAL NOTE: This may only be practiced if it can be documented that the patient's attending physicians are immediately available by telephone AND readily available in person when needed. Readily available is defined as the ability to be present in the hospital within 30 minutes.**

4. In addition to the requirements listed above, **special requirements for the supervision of surgical and obstetrics postgraduate trainees** include:

- a) The supervising physician must perform a pre-operative examination and assessment of the patient;
- b) Personal supervision of all surgical procedures requiring general anesthesia or an operating/labor & delivery room procedure.
 - 1) The supervising physician must be present in the OR, in a scrub suit and prepared to intervene during the critical and key portions of the procedure.
 - 2) The supervising physician must remain on hospital premises and be immediately available to return to the OR for the entire duration of the procedure.
 - 3) In the case of procedures performed through an endoscope, the supervising physician must be present in the OR during the entire viewing.
- c) The supervising physician must perform a post-operative examination and assessment of the patient no less frequently than daily during the acute phase.

Part IV. Credentialing and Privileging

The medical staff provides monitoring and supervision of postgraduate trainees assigned patient care responsibilities including:

- a) Written documentation of privileges granted to such individuals distributed to appropriate medical and other hospital patient care staff;
- b) Continuous monitoring of patient care services provided by such individuals to assure the provision of quality patient care services within the scope of privileges granted.

Part V. Disciplinary Action

The medical staff will take disciplinary action and other corrective measures against a postgraduate trainee and/or the attending/supervising physician when:

- a) Services provided exceed the scope of privileges granted;
- b) Physician working hour limits as established by this policy are violated.

Part VI. Responsibilities of the Department Chair

Each Chair is responsible, with respect to postgraduate training programs, to:

1. Assure that scheduling/limitations on emergency service assignments are adhered to;

2. Implement scheduling procedures which assure compliance with the 80/24 hour work hour limitations and/or allowable exceptions to those limitations;
3. Monitor ongoing adherence to assure that actual hours worked conform to scheduled hours;
4. Maintain written documentation of compliance for audit by the Hospital and authorized agencies;
5. If alternate schedules are used in accordance with section 405.4 (b)(6) ii (c), establish and document the criteria by which these alternate scheduling arrangements are made;
6. Assure that each post-graduate trainee is scheduled for a minimum of one (1) continuous twenty-four (24) hour period of non-working time per week as defined in Part I of this policy;
7. Develop and implement departmental procedures to **promptly** relieve a postgraduate trainee from a continuing assignment when fatigue due to an unusually active on-call or extended on-duty assignment period is observed;
8. Develop and implement departmental policies in accordance with the Accreditation Council of Graduate Medical Education (ACGME) and the Residency Review Committee (RRC) requirements which establish service specific limits on the assigned responsibilities of postgraduate trainees (including but not limited to, assignment to care of new patients as the duration of the daily on-duty shift progresses);
9. Assure the necessary qualifications, assignment, continuous availability, and effectiveness of supervising physicians as specified by these regulations;
10. Develop, implement, and monitor a department-specific program to:
 - a) Grant specific patient care privileges to all postgraduate trainees;
 - b) Monitor patient care services provided by postgraduate trainees to assure provision of quality patient care within the scope of privileges granted;
 - c) Take disciplinary action and/or corrective measures against involved postgraduate trainees and/or supervisory physicians who exceed the scope of privileges granted or who violate resident work hour limits;
 - d) Integrate resident work hours and supervisions into the departmental QI program, and submit an analysis of the resident work hour survey to the Graduate Medical Education Office.

Part VI. Responsibilities of the Postgraduate Trainee

Each postgraduate trainee is responsible for:

1. Understanding and complying with the policy and procedure on work hours and supervision in accordance with 405.4 and the ACGME;

2. Ensuring any changes to the trainee's monthly scheduled work hours be approved by the Chairman or Program Director and be in compliance with 405.4 and the ACGME;
3. In Departments where moonlighting is permitted, following the procedure outlined in Part II;
4. Notifying the Department Chairman, Program Director, or if he/she prefers Chairman of the Graduate Medical Education Committee or the Senior Vice President for Medical Affairs if the trainee feels there is a lack of compliance with work hour compliance.
5. Notify the Chairman, Program Director, or Chief Resident if they are concerned that fatigue is limiting their ability or if observed in a fellow trainee.