

**NewYork-Presbyterian/Queens
Flushing, NY 11355**

Department/Unit: GRADUATE MEDICAL EDUCATION

POLICY/PROCEDURE

Effective Date: July 1, 2011

TITLE

Number: 9200-206

**Reviewed/Revised: 5/20/11,
5/18/12, 7/1/14, 9/1/15, 3/23/16, 10/5/16**

Resident Work Hours

Next Review Date: Biennially

Page 1 of 3

Purpose

Establish a resident duty hour policy in compliance with NYS DOH 405 regulations and ACGME requirements.

Establish a procedure for monitoring compliance with the duty hour regulations and requirements.

Policy

The duty hour restrictions apply to **all** post-graduate trainees at NYP/Q.

Maximum Duty Hours per Work Week

Scheduled duty hours shall not exceed 80 hours per week averaged over a four week period, inclusive of all in-house activities, clinic assignments and moonlighting activities.

Mandatory Weekly Time Off Duty

Residents must be scheduled for a minimum of (1) 24 hour continuous period free of all duties per week.

Mandatory Rest/Time Off Between Duty Periods

All residents must have 8 hours and should have 10 hours (ACGME) between scheduled duty periods. PGY-2 and above must have at least 14 hours free of duty after 24 hours of in-house activity.

Exception to 10-hour rule must be approved by the GMEC, the DIO and a program's RRC.

Maximum Duty Period Length

PGY-1 scheduled duty periods must not exceed 16 hours in duration.

PGY-2 and above scheduled continuous on-site duty, including in-house call must not exceed 24 consecutive hours. Residents may remain on duty for up to 3 additional hours of transition time to be used for transfer of patient care. No new patient care may be assigned to a resident during the 3-hour transition time for a total of 27 hours.

Maximum On Call Frequency

Residents may not be scheduled for call more frequently than every third night.

Night Float Maximum Frequency

Residents must not be scheduled for more than 6 consecutive nights of night float.

Home Call

When called into the hospital from home, the hours the resident spends in-house must be counted toward the 80 hours limit.

Maximum “High Intensity” Shift (Emergency Department)

Residents may be scheduled for 12 consecutive hours “on”, followed by 12 consecutive hours “off”. A resident should not work more than 60 scheduled hours per week seeing patients in the emergency department, and no more than 72 duty hours per week. The transition of care time should not exceed one hour. The EM resident must have one day (24- hour period) free per each seven-day period. This cannot be averaged over a four-week period.

Moonlighting

Time spent in Internal and External moonlighting will be counted toward the 80 hours weekly maximum.

See Moonlighting Policy and Procedure.

Monitoring Compliance

Each resident must contemporaneously log his/her work hours into a computerized tracking system (MedHub), NYP system (Pediatrics and Obstetrics/Gynecology).

All residents will be issued a user ID and password and instructions on how to use the tracking system.

The Program Directors and the residents are responsible for compliance with this policy. Program Directors must review the monthly schedules to ensure conformity with the work hour restrictions.

Each Program Director will receive and must review monthly tracking data generated by the computerized work hour tracking system.

The tracking system will be programmed to electronically alert Program Directors to violations of the work hour policy.

A block summary of the logs for each assignment period shall be signed off by the Program Director(s) and submitted to the GMEC for its review at each of its monthly meetings.

Program Directors must present a plan of correction to the GMEC when the summary logs show substantial non-compliance with the duty hour policy.

Alertness Management/Fatigue Mitigation

All faculty members and residents shall be educated to recognize the signs of fatigue and sleep deprivation; they shall also be educated in alertness management and fatigue mitigation.

On-call schedules will include a back-up call schedule.

Each program shall have a written procedure for relieving residents who show signs of excessive fatigue, sending them for naps or sending them home, and, in such eventuality, for handing off care.

Each program shall have a written procedure for providing transportation vouchers to residents for transportation home in the event that they are too fatigued to safely return home.

The GME office will provide each program with transportation vouchers; Program Directors will be responsible for overseeing the appropriate use of the vouchers.

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Designated Institutional Official