

Subject Work Hour Policy	 UNIVERSITY of MARYLAND MEDICAL CENTER MIDTOWN CAMPUS	Policy Number GME 011	Effective Date July 1, 2018
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WORK HOUR POLICY GME 011

1. **Purpose**
 University of Maryland Medical Center Midtown Campus (UMMC Midtown) as the Sponsoring Institution is responsible for promoting patient safety and education through carefully constructed clinical work hour and educational assignments and faculty availability. This institutional policy governs resident work hours that support the physical and emotional well-being of the resident, promote an educational environment, and facilitate patient care.

2. **Scope**
 This policy applies to all residency training programs that UMMC Midtown sponsors.

3. **Responsibility**
 It is the responsibility of all residency program directors, residents, UMMC Midtown management and other institutional training sites and their officials to comply with this policy.

4. **Procedure**
 UMMC Midtown and its program directors assure a culture of professionalism that supports patient safety and personal responsibility by assuring that residents and faculty members demonstrate an understanding and acceptance of their personal role in:
 - Assuring the safety and welfare of patients entrusted to their care;
 - Providing patient and family-centered care;
 - Assuring they are fit for duty;
 - Managing their time before, during and after clinical assignments;
 - Recognizing impairment, including illness and fatigue, in themselves and others;
 - Assuring lifelong learning;
 - Monitoring their patient care performance improvement indicators;
 - Assuring honest and accurate reporting of work hours, patient outcomes, and clinical experience data.

Work hour assignments recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. All residents and faculty members

are required to demonstrate a responsiveness to patient needs that supersedes self-interest, and must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. Therefore, programs will

- 4.1 Programs will design clinical assignments to optimize transitions in patient care, including their safety, frequency and structure.
- 4.2 Programs, in partnership with UMMC Midtown, ensure and monitor effective structured hand-over processes to facilitate both continuity of care and patient safety.
- 4.3 Programs will ensure that residents are competent in communicating with team members in the hand-over process;
- 4.4 Programs and clinical sites will maintain and communicate schedules of attending physicians and residents currently responsible for each patient's care
- 4.5 Programs will ensure continuity of patient care in the event that residents are unable to attend work due to fatigue, illness, or family emergencies. Programs ensure that there is no fear of negative consequences and/or stigma for using fatigue mitigation strategies. Faculty members and residents are educated to recognize the signs of fatigue and sleep deprivation, to understand and apply alertness management and fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning (e.g., naps, back up call schedules).
- 4.6 Programs will ensure facilities and/or safe transportation (e.g. reimburse for taxi) is provided by UMMC for residents who may be too fatigued to safely return home.

Each ACGME-accredited training program director is required to establish a formal written policy governing resident work hours related to clinical experiences and education consistent with the Institutional and Program Requirements. The policy at a minimum document that all participating institutions used by residents assure the following requirements are met:

Educational goals of the program and learning objectives of residents are not compromised by excessive reliance on residents to fulfill institutional service obligations. Work hours and call schedules are monitored by both UMMC Midtown and the program directors, and corrective actions are taken as necessary to prevent excessive service demands and resident fatigue. Work hours reflect the fact that patient care responsibilities are not automatically discharged at specific times. Residents are provided with appropriate backup support when patient care responsibilities are especially difficult or prolonged.

5. **Mandatory Time Free of Clinical Work and Education**

- 5.1 UMMC Midtown, as the Sponsoring Institution, in partnership with its programs assure an effective program structure exists to provide residents with educational and clinical opportunities, as well as reasonable opportunities for rest and personal activities to assure personal well-being.
- 5.2 Residents should have eight hours off between scheduled clinical work and education periods. It is understood that there may be circumstances where

this eight hour minimum may not be met to stay and care for a patient, or to return to the hospital with fewer than eight hours free; however, these circumstances must not prevent compliance with the one day in seven free described in section 5.3 of this policy or the 80-hour limit described in section 6.1 of this policy.

- 5.3 Residents 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.
- 5.4 Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

6. **Maximum Clinical Work and Education Period Length**

- 6.1 Work hours are limited to 80 hours per week, averaged over a 4-week period, inclusive of all inhouse call and educational activities, clinical work done from home (e.g., use of EMR or taking calls from home), and all moonlighting (internal and external). Exclusions to the 80-hour limit for clinical work from home include reading done in preparation for the following days' cases studying, and research done from home.
- 6.2 Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
- 6.3 Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or resident education. Additional patient care responsibilities will not be assigned to a resident during this time.

7. **In-House Night Float**

Night float assignments must occur within the context of the 80-hour and one-day-off in seven requirements, and as further specified by the specialty or subspecialty programs' Residency Committee for maximum number of consecutive weeks and maximum number of months.

8. **Maximum In-House On-Call Frequency**

Residents may be scheduled for in-house call, but in-house call must be no more frequently than every 3rd night, when averaged over a 4-week period.

9. **At-Home Call**

- 9.1 Time spent on patient care activities by residents on at-home calls must count towards the 80 hour maximum weekly limit. The frequency of at-home call is not subject to the every 3rd night limitation, but must satisfy the requirements for one day in seven free of clinical work and education, when averaged over 4-weeks
- 9.2 At-home call will not be so frequent or taxing as to preclude rest or reasonable personal time for each resident
- 9.3 Residents are permitted to return to the hospital while on at-home call to provided direct care for new or established patients. These hours of

inpatient patient care must be included in the 80-hour maximum weekly limit.

10. **Moonlighting**

- 10.1 Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the education program and must not interfere with the resident's fitness for work, nor compromise patient safety;
- 10.2 Internal and external moonlighting by residents must be counted towards the Maximum Weekly Work hours
- 10.3 PGY-1 Residents are not permitted to moonlight

11. **Exceptions**

A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.

In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. Before submitting a request for exception to the GMEC, the program director must confirm that the respective review committee and the program requirements will allow exceptions. Prior to submitting the request to the Review Committee, the program director must obtain approval from the UMMC Midtown GMEC and DIO.

In rare circumstances, after handing off all other responsibilities, a resident, voluntarily and on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- 11.1 To continue to provide care to a single severely ill or unstable patient
- 11.2 humanistic attention to the needs of a patient or family; or
- 11.3 to attend unique educational events

These additional hours of care or education will be counted toward the 80-hour weekly limit.

12. **Monitoring of Resident work hours by the Program Director and UMMC Midtown GMEC**

- 12.1 The program director and UMMC Midtown GMEC provide oversight to assure that hand-over processes are effective, structured, and facilitate both continuity of care and patient safety;
- 12.2 The program director reports their work hours at least annually through the ACGME Web Accredited Data System as part of the ACGME Annual Update;

- 12.3 Residents periodically complete a Resident Survey through the ACGME website. Resident survey data, including compliance as identified in the surveys, is presented to the UMMC Midtown GMEC for those programs with less than 100% compliance noted for any questions related to resident work hours and the program director is required to provide the UMMC Midtown GMEC with a corrective action plan when non-compliance is indicated.
- 12.4 The GMEC requires each program director to review its compliance quarterly with resident work hour tracking and monitoring in a web-based system. The program director completes and sign a Work hours Attestation Statement quarterly each academic year. The program director identifies the corrective action plan if any areas of non-compliance or concern are identified on the Attestation Statement. A summary report that documents compliance with completing the Attestation Statement, as well as areas of concern identified on the Statement and the necessary corrective actions taken to address the area of non-compliance are provided to the GMEC quarterly;
- 12.5 All program residents and teaching faculty are required to complete the sleep education training program developed and adapted from the SAFER program of the American Academy of Sleep Medicine.
- 12.6 Special, periodic and focused reviews conducted at the request the DIO and or /Chair of the GMEC and GMEC help to identify program's compliance in providing evidence of formal policies governing resident work hours, appropriate compliance with resident logging, program director oversight activities, including corrective actions, where indicated, and compliance with sleep education training by program residents and teaching faculty. Reports from the special, periodic and focused reviews are presented to the UMMC Midtown GMEC and periodic progress reports from the program director are required when areas of non-compliance, including those related to resident work hours, are identified.