UNC SCHOOL OF MEDICINE

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

DEPARTMENT OF PATHOLOGY
AND LABORATORY MEDICINE
BRINKHOUS-BULLITT BUILDING
CAMPUS BOX 7525
CHAPEL HILL, NC 27599-7525

T 919.966.4676
F 919.966.6718
www.pathology.unc.edu

Fellowship Program in Transfusion Medicine at UNC Hospitals

POLICY AND PROCEDURE

POLICY ON DUTY HOURS

A) Background

UNC Hospitals Policy on Duty Hours must be consistent with the ACGME Common Program Requirements and Specialty Specific Duty Hour Requirements. Although the responsibilities for patient care are not necessarily over a specific time, duty hours must be regulated in order to promote excellent patient care and safety, resident education and physician well being. The Program's Duty Hour Policy must be in compliance with the relevant Program requirements and UNC Hospitals Policy on Duty Hours.

B) Maximum Duty Period Length and Mandatory Time Free of Duty

1. UNC Hospitals Policy on Duty Hours and the ACGME requirements take precedence over all other policy statements and **apply to all** sites to which residents are assigned.
2. Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities and all moonlighting and special duty projects. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours **DO NOT** include reading and preparation time spent away from the duty site.
3. Residents must be scheduled for one day free of duty every week when averaged over four weeks. At home call cannot be assigned on these free days.
4. PGY1 and intermediate residents **should** have 10 hours off between scheduled duty periods. Per the ACGME, "should" is a term used to designate requirements so important that their absence must be justified, and a program or institution may be cited for failing to comply with a requirement that includes the term "should". There are however appropriate educational justifications, and inevitable, unpredictable circumstances which result in a respite period of less than 10 hours. In these instances, residents **must** have a minimum of 8 hours free of duty before the next scheduled duty period. Per the ACGME, "must" is a term used to identify a requirement which is mandatory or done without fail, and therefore constitutes an absolute requirement.
    - All residents who have duty hour reports indicating a respite period of between 8 and 10 hours will be required to document the activities that prohibited 10 hours of respite. They will be asked to provide written educational justification or explain in writing the unpredictable circumstance that resulted in the reporting of between 8 and 10 hours respite between scheduled duty periods.
    - All reports of less than 8 hour respite periods will be treated as an absolute violation of the duty hour regulations.
5. Duty periods of PGY1 residents must not exceed 16 hours in duration.
   Duty periods of PGY2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. After 16 hours of continuous duty, residents are encouraged to engage in strategic napping, especially when the 16 hour mark occurs between 10:00pm and 8:00am.

- After 24 hours of continuous duty, the resident may remain on-site for transitions of care and/or to attend an educational conference when that transition is completed, but this period of time must be no longer than an additional four hours. No new patients may be assigned or additional clinical duties assigned (including continuity clinics) during those additional four hours.
- After 24 hours of in-house duty, residents must have 14 hours free of duty before the next scheduled duty period.

6. **Individual exceptions to maximum duty hour periods.** In unusual circumstances, a resident may remain beyond their scheduled period of duty to continue to provide care to a single patient with the following additional policies:

- The extension of duty hour period must be initiated voluntarily by the resident – never assigned, or suggested, by the faculty member or senior resident.
- PGY1 residents are not permitted to remain beyond their scheduled duty hour period.
- Possible justifications for this extension of the duty hour period include those established by each program's respective RRC.
- The resident must transfer the care of all other patients to the resident team responsible for their continuing care.
- The resident will complete such reporting processes as established by the program to record the extended duty hour period.
- The program director will review each submission of additional service.

7. Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the 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 [as defined by the Review Committee] 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. Such instances must be reported to, and monitored by, the Program Director.

C) On-call activities:

PGY 2 residents and above must be scheduled for in-house call no more frequently than every 3rd night when averaged over a four week period, unless there are different provisions specified by the program's respective RRC.

4. **D) At-Home Call (pager call is defined as call taken from outside the assigned Institution):**
    1. Time spent in the hospital by residents on at-home call must count toward the 80-hour maximum weekly hour limit. 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 duty, when averaged over four weeks.
    2. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
    3. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period."
5. **E) In-House Night Float:**

Residents must not be scheduled for more than six consecutive nights of night float, unless there are other provisions specified by the program's respective RRC.

F) Oversight:

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to residents and faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

Each program must monitor duty hours within the education committee by regularly reviewing the duty hours within their program and at all Institutions at which the residents rotate. The GMEC Subcommittee on Duty Hours must receive semiannually a report regarding program residents' compliance with duty hours. Each program must have an educational program to recognize the signs of fatigue for the residents and faculty.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
    1. The program must adopt and apply policies to prevent and counteract the potential negative effects of fatigue and sleep deprivation.
    2. Residents must be provided with on-call rooms that permit rest and privacy when on duty in the hospital.

3. All duty hour concerns by residents should first be directed to the Program Director. Alternately, the resident may go directly to the Office of Graduate Medical Education to request investigation.

G) Reporting and Compliance requirements:

1. All residents and subspecialty residents appointed through the Office of Graduate Medical Education are required to record all duty hours in E*Value in a timely manner.
2. Residents will receive reminders from E*Value to record their hours every seven (7) days.
3. Residents who have not recorded their hours for a period of fourteen (14) days will be contacted by their Program Director.
4. Residents who have not recorded their hours for a period of twenty-one (21) days will be removed from clinical duties and will forfeit their pro rata stipend payments until they record their hours. In addition, noncompliance with the institutional duty hour policy shall be included in the resident's evaluation under the ACGME core competencies of Professionalism and Systems-Based Practice.

H) Moonlighting:

1. Education of a resident is a full-time academic pursuit. Moonlighting is to be discouraged. However, the time spent moonlighting must count toward the weekly 80-hour duty limit, averaged over a 4-week period.
2. If a program allows moonlighting, the Program Director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and the Program Director and resident must comply with UNC Hospitals Graduate Medical Education Policy on Moonlighting.
3. If a program allows moonlighting and a resident chooses to moonlight, it is the responsibility of that resident to assure that all moonlighting activity occurs within the duty hour restrictions, including total hours per week, days off per week, ***and a mandatory 10 hour respite*** between all moonlighting and duty periods (see the moonlighting policy for more details).

I) Duty Hour Exception:

1. An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. The GMEC must approve the proposal prior to the program requesting an exception on the RRC level.
2. The program must follow the attached procedure for requesting a 10% exception for the 80-hour limit.

Reviewed and Approved by GMEC: Reviewed and Approved by GMEC: Reviewed and Approved by GMEC: Revised and Approved by GMEC: Approved by MSEC:
Revised and Approved by GMEC: Revised and Approved by GMEC: Revised and Approved by GMEC: Revised and Approved by GMEC:
December 17, 2003 September 21, 2005 October 18, 2006 December 17, 2008 January 12, 2009 September 16, 2009 March 16, 2011 June 23, 2011 September 21, 2011
Approved by MSEC: October 12, 2009 Approved by MSEC: April 11, 2011 Approved by MSEC: August 8, 2011 Approved by MSEC: October 10, 2011

PROCEDURE

UNIVERSITY OF NORTH CAROLINA HOSPITALS GRADUATE MEDICAL EDUCATION REQUEST FOR 80-HOUR DUTY LIMIT EXCEPTION

1. An ACGME-accredited training program may request an exception for up to 10% of the 80-hour duty limit averaged over a four-week period.
2. The request must be submitted to the GMEC Chair of the Subcommittee on Duty Hours. The GMEC Subcommittee on Duty Hours will make a recommendation to the GMEC.
3. When requesting an exception to the 80-hour duty limit, the Education Committee of the program must include the following:
    1. The program's ACGME accreditation status;
    2. The educational rationale for the exception as it applies to a particular assignment, rotation(s), and level(s) of training; a blanket exception for the entire educational program should rarely be requested;
    3. Resident rotation(s) changes and call schedules must be provided;
    4. There must be an attestation of continuous faculty supervision during the extended hours;
    5. Effect of extended hours on rotations outside of UNC Hospitals;
    6. Plans for monitoring the duty hours in total and in particular the hours above 80 hours;
    7. The program's moonlighting policy must be noted for the period in question.
4. If approved by the GMEC, the Program Director may send the request to the respective RRC. The DIO of UNC Hospitals must sign this letter. If the 10% increase is granted to the program, all residents must be notified in writing that the GMEC and ACGME have approved the increase in duty hours. The duration of the exception will be limited to no longer than the date of the next program review.
5. The Education Committee of the program must assess and document semiannually the impact of the increase on the physical well being of the residents and whether the program's educational goals have been enhanced by the increase in duty hours and that patient safety has not been compromised.
6. The program's Education Committee's semiannual reports must be sent to the GMEC Chair of the Subcommittee on Duty Hours. These reports will be presented to the GMEC.

DUTY HOURS POLICIES SPECIFIC TO TRANSFUSION MEDICINE FELLOWSHIP

1. The fellow will choose 14 days to be on service/call each month. The fellow must do at least one weekend period (Friday-Sunday)/month. The fellow cannot do more than 2 weekends in a row. The program director will approve the chosen call days prior to the schedule being finalized.
2. The program director will review the fellow's duty hours in E*Value every two weeks to monitor for any potential violations.