

Resident Times

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Impact of Revised Duty-Hour Standards on Resident Scheduling

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On July 1, 2011 the Accreditation Council for Graduate Medical Education (ACGME) implemented revised duty hour and supervision standards, impacting residency programs across the country. In response to the Institute of Medicine's recommendations, one of the revised requirements restricts interns from working more than 16 consecutive hours, as compared to upper-level post-graduate trainees who are restricted to 24 consecutive hours.

Changes in work hour standards have prompted schedule modifications. When developing/ revising schedules to be compliant with any one standard, caution should be taken to ensure that other work hour standards are not inadvertently violated. A schedule that is compliant on paper doesn't guarantee there won't be work hour issues. Consistent and adequate monitoring of the hours residents are actually working can help avoid some of the pitfalls described below:

- **Complying with the 80-hour a week standard.** While it is apparent that a schedule of 14–16-hour shifts, six days a week amounts to more than 80 hours a week, even a schedule of 12-hour shifts, six days a week could pose a problem if residents routinely work longer than their scheduled hours. This can easily happen if residents come in earlier and/or stay later than scheduled for sign-out/rounds.
- **Ensuring proper separation between shifts.** If interns are scheduled for a 16-hour shift there is a risk that there will be less than eight hours between shifts. For example, if a resident scheduled for a 16-hour shift from 7:00AM to 11:00PM stays until midnight or later to complete an admission or sign-out, and returns to work the next day at 7:00AM, he/she has had less than the suggested ten—and the required eight—hours off between scheduled duty periods.
- **Ensuring a 24-hour off period.** If all time off is scheduled at just 24 hours between assignments, there is a risk that the program will not be compliant if the resident comes in earlier and/or stays later for sign-out/rounds.

Effective monitoring strategies based on data collected on actual hours worked in addition to schedule reviews, can help facilities determine compliance with work hour standards. Thought should be given to the type of monitoring system used to ensure the collection of accurate work hour data. An article in the November 2010 issue of the *Journal of Surgical Education* reports on the perspective of surgical residents regarding the ACGME process, which uses an anonymous survey to collect work hour information.

The article reports that, of the 961 residents responding to all questions, 19% indicated they had difficulty understanding questions on the survey and 37% reported that the ACGME anonymous survey did not provide an accurate evaluation of their work hours in residency training. The full article, "Is the Accreditation Council for Graduate Medical Education (ACGME) Resident/Fellow Survey a Valid Tool to Assess General Surgery Residency Programs Compliance With Work Hours Regulations?" *Journal of Surgical Education*, Volume 67, Issue 6 November 2010 pages 406-411, can be accessed at: www.jsurged.org.



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Ask the Expert

Work Hours and Monitoring—
Frequently Asked Questions

Q: We are in the process of developing a monitoring system for resident work hours. How do we determine the appropriate number of residents we should include in our sample to ensure that we collect adequate data?

A: In looking at sample size, while there isn't always an exact number, consider having a sample from each rotation within the specialty (ICU, CCU, floors, electives, etc.) and across PGY levels. For example, if you have three medicine teams on the floor, be sure to obtain a sample from each team to ensure there isn't a problem with any one team, or with any one PGY level.

If in conducting your review you see an issue or potential issue, you may want to increase the sample for that particular rotation. On the other hand, you may consider decreasing the sample if there are no apparent issues.

Q: Residents in our program take home call. How is home call viewed and counted when determining compliance with work hour standards?

A: Any time a resident spends in the hospital when called back in from home call counts toward the 80-hour maximum. In addition, a day on home call does not count as a day off, even if the resident is not called in to the hospital.

The intent of home call is to provide flexibility and scheduling options in programs where residents are not frequently called and/or required to return to the hospital. While it is generally recognized that there may be times when a resident is required to return to the hospital when on home call, the program should monitor the frequency and intensity of the returns to ensure that the home call isn't so busy that it interferes with the resident's ability to obtain rest. If this is the case, home call may not be a viable option for the program and may result in work hour violations.

Questions are addressed to our experts from residency program representatives seeking practical ideas for work-hour regulation compliance. Responses are currently specific to New York State regulations; however, suggested approaches can be customized to address global work-hour mandates. Contact Lois Piper, Director of IPRO's Hospital Compliance Program, at (800) 233-0360, ext. 109 or lpiper@ipro.org to find out how IPRO can assist in effectively addressing your program's compliance challenges.

With over ten years of experience auditing and evaluating residency programs for duty-hour compliance, IPRO offers:

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Impact of Revised Duty-Hour Standards
on Resident Scheduling (continued)

An alternative approach to monitoring is to conduct face-to-face interviews with a sample of residents from each program and ask them direct questions about their schedules and hours worked in a two to four week period. (See Ask the Expert for information on sampling) This approach allows for on-the-spot clarification of questions, and information collected can be validated with schedules and medical record entries.

Maintaining compliance with work hour standards requires a combination of developing compliant schedules, allowing leeway to accommodate pre-rounds and transitions in care, and implementing an effective process to monitor work hours and patterns.

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IPRO is a national organization providing a full spectrum of healthcare assessment and improvement services that foster more efficient use of resources and enhance healthcare quality to achieve better patient outcomes. Founded in 1984, IPRO is highly regarded for the independence of its approach, the depth of its knowledge and experience, and the integrity of its programs. IPRO holds contracts with federal, state and local government agencies, as well as private-sector clients, operating best-of-class programs in more than 33 states and the District of Columbia. A national not-for-profit organization, IPRO is headquartered in Lake Success, New York and is a 501(c)(3) corporation.



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