

**LEHIGH VALLEY HEALTH NETWORK
System Manual**

**GME – GRADUATE TRAINEE CLINICAL WORK & EDUCATION HOURS & FATIGUE MANAGEMENT & MITIGATION –
DEPARTMENT OF EDUCATION (DOE)**

SCOPE:

Lehigh Valley Health Network (LVHN) adopts this policy for the following selected licensed entities:

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| <input checked="" type="checkbox"/> Lehigh Valley Hospital | <input type="checkbox"/> LVHN Surgery Center – VNA Road |
| <input type="checkbox"/> Lehigh Valley Hospital – Dickson City | <input type="checkbox"/> Lehigh Valley Home Care |
| <input type="checkbox"/> Lehigh Valley Hospital – Hazleton | <input type="checkbox"/> Lehigh Valley Hospice |
| <input type="checkbox"/> Lehigh Valley Hospital – Pocono | <input type="checkbox"/> Pocono VNA / Hospice |
| <input type="checkbox"/> Lehigh Valley Hospital – Schuylkill | <input type="checkbox"/> Lehigh Valley Home Care – Schuylkill |
| <input type="checkbox"/> LVHN Children’s Surgery Center | <input type="checkbox"/> Lehigh Valley Home Care – Hazleton |
| <input type="checkbox"/> LVHN Surgery Center – Tilghman | <input type="checkbox"/> Transitional Skilled Unit |

Medical and Dental Resident and Fellows Physicians

All ACGME, AOA and CODA approved postgraduate training programs at Lehigh Valley Health Network.

LINKS TO ATTACHMENTS: N/A

LIST OF ASSOCIATED FORMS: N/A

DISCLAIMER:

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the Departments of Risk Management and/or Legal Services, as appropriate.

REVIEW:

Origination: mm / yyyy
Review / Revision: mm / yyyy, mm / yyyy

Approved by: Joseph Patruno (Physician)	Approval Date: 08/18/2022
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I. POLICY:

This policy provides graduate trainees with a sound academic and clinical education that is carefully planned and balanced with concerns for patient safety and graduate trainee well-being. Appropriate limits are placed on clinical and educational work hours to foster high-quality education and to promote institutional oversight. Each residency program must ensure that the learning objectives of

the program are not compromised by excessive reliance on graduate trainees to fulfill service obligations. Didactic and clinical education must have priority in the allotment of graduate trainees' time and energies. Duty hour assignments must recognize that faculty and graduate trainees collectively have responsibility for the safety and welfare of patients.

II. DEFINITIONS:

ACGME	Accreditation Council for Graduate Medical Education
CODA	Committee on Dental Accreditation
AOA	American Osteopathic Association
GMEC	Graduate Medical Education Committee
In-house Call	Clinical and educational work hours beyond the normal workday when graduate trainees are required to be immediately available in the hospital
Sponsoring Institution	The institution that assumes the ultimate responsibility for a program of GME

III. PROCEDURE:

Clinical Work and Education Hours Governance, Documentation, Reporting and Regulations

A. Governance

1. GMEC will work with individual programs to ensure compliance with the clinical and educational work hours regulations specific to those programs' accreditation bodies.

B. Documentation and Reporting

1. Each residency program must use the on-line graduate trainee management system to document graduate trainees' hours.
2. Each - program must define and implement a procedure for documentation of graduate trainee clinical and educational work hours to include at a minimum how the data will be collected, identify the person(s) responsible for data entry, and the frequency of data collection/input.
3. Graduate trainees must verify their clinical and educational work hours in the graduate trainee management system honestly and on time.
4. GMEC will present a summary of program clinical and educational work hours data and trends for discussion on a quarterly basis.

C. Graduate trainee clinical and educational work hours

1. Maximum Hours of Work per Week - clinical and educational work hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.
2. Moonlighting (see Moonlighting Policy for details)
Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.
Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.
PGY-1 residents are not permitted to moonlight.
3. Mandatory Time Free of Clinical Work and Education

The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

Residents should have eight hours off between scheduled clinical work and education periods

There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

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

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.

4. Maximum Clinical Work and Education Period Length

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments

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 must not be assigned to a resident during this time

Clinical and Educational Work Hour Exceptions

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

to continue to provide care to a single severely ill or unstable patient;
humanistic attention to the needs of a patient or family; or,
to attend unique educational events.

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

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.

Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution's GMEC and DIO.

5. Minimum Time Off between Scheduled Duty Periods

- a. PGY-1 graduate trainees should have 10 hours, and must have eight hours, free of duty between scheduled duty periods
- b. Intermediate-level graduate trainees [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
- c. Graduate trainees 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.
 - i. 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 graduate trainees 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 graduate trainees must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by graduate trainees in their final years of education must be monitored by the program director.

6. In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

7. Maximum In-House On-Call Frequency

Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

At-Home Call

Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly 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 clinical work and education, when averaged over four weeks.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

Graduate Trainee Clinical Work and Education Hours in the Learning and Working Environment - Professionalism, Personal Responsibility, and Patient Safety

- A. Programs and sponsoring institutions must educate graduate trainees and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.
- B. The program must be committed to and responsible for promoting patient safety and graduate trainee well-being in a supportive educational environment.
- C. The program director must ensure that graduate trainees are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
- D. The learning objectives of the program must:
 - 1. Be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,
 - 2. Not be compromised by excessive reliance on graduate trainees to fulfill non-physician service obligations.
- E. The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Graduate trainees and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
 - 1. assurance of the safety and welfare of patients entrusted to their care;
 - 2. provision of patient- and family-centered care;
 - 3. assurance of their fitness for duty;
 - 4. management of their time before, during, and after clinical assignments;
 - 5. recognition of impairment, including illness and fatigue, in themselves and in their peers;
 - 6. attention to lifelong learning;

7. the monitoring of their patient care performance improvement indicators; and,
 8. honest and accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.
- F. All graduate trainees and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by

Alertness Management/Fatigue Mitigation

- A. The program must:
1. educate all faculty members and graduate trainees to recognize the signs of fatigue and sleep deprivation;
 2. educate all faculty members and graduate trainees in alertness management and fatigue mitigation processes; and,
 3. adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.
- B. Each program must have a process to ensure continuity of patient care in the event that a graduate trainee may be unable to perform his/her patient care duties.
- C. The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for graduate trainees who may be too fatigued to safely return home.

Transitions of Care

- A. Programs must design clinical assignments to minimize the number of transitions in patient care.
- B. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- C. Programs must ensure that graduate trainees are competent in communicating with team members in the hand-over process.
- D. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and graduate trainees currently responsible for each patient's care.

Other Institutional Oversight Protocols

- A. The Lehigh Valley Health Network will promote patient safety and education through clinical and educational work hours assignments and faculty availability.
- B. Each residency program must establish written policies governing graduate trainee clinical and educational work hours that foster education and the safe care of patients clinical and educational work hours must be consistent with the ACGME and AOA requirements, as well as all applicable RRC Program Requirements, and must apply to all institutions to which graduate trainees rotate.
- C. A report will be presented annually to the Board of Directors on program and institutional compliance with the duty hour standards.
- D. Policies on patient care activities outside the educational program (moonlighting) will be provided to graduate trainees. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the graduate trainee to achieve the goals and objectives of the educational program.

- E. Programs must have procedures and policies in place to monitor and support the physical and emotional well-being of graduate trainees to promote an educational environment and safe patient care.
- F. Demands of home call must be monitored in the programs, and scheduling adjustments made as necessary to address excessive service demands and/or fatigue.

IV. REFERENCES: N/A