



David Geffen
School of Medicine



OLIVE VIEW-UCLA MEDICAL CENTER

**GRADUATE MEDICAL EDUCATION COMMITTEE POLICY FOR
RESIDENT DUTY HOURS**

POLICY ON DUTY HOURS

- A. 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 include all hours spent in moonlighting activities. Duty hours do not include reading and preparation time spent away from the duty site. Please see attached table to clarify when duty hours apply when providing patient care from home, either when on home call or when not on call.
- B. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities.
- C. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- D. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.
- E. It is everyone's responsibility to abide and work within the duty hours policy. Programs must develop realistic schedules and mechanisms for off time coverage and transfer of patient responsibilities to others. Faculty must remain vigilant of the trainees under their supervision and frequently monitor the residents' activities. Residents must stay within the duty hours and notify chief/senior residents, faculty, and / or the program director if they are having difficulties in meeting daily or weekly hour requirements.



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- F. The GMEC requires that all program directors monitor and assess compliance for their program and residents. The GME Office distributes a yearly questionnaire on duty hours to house staff each spring, which is one part of assessing compliance. Additionally, the UCLA GMEC requires an annual Program Director certification of compliance with duty hours.
- G. Concerns of duty hour violations should be reported to the Designated Institutional Official (DIO) for GME and or the institutional Compliance Hotline at 800-296-7188.
- H. Continuous on-site duty, (admitting, inpatient call, etc.), must not exceed 24 consecutive hours. It is essential for patient safety and resident education that effective transitions in care occur. Residents (PGY 2+) may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. Therefore, the total day may be up to 28 hours. All residents must understand that PGY 1 residents have a limitation of 16 hours per day with no additional hours.

MONITORING RESIDENT DUTY HOURS

To strengthen institutional compliance practices with duty hour requirements, the following procedures have been implemented.

- A. All training programs are required to monitor their residents' duty hours on each rotation. If a mechanism is not already in place to do this, the programs will be able to utilize the feature available on MedHub.
- B. The Program Director shall review the residents' hours no less than quarterly. It is the responsibility of the Program Director to ensure compliance with duty hour requirements.
- C. The Program Director shall provide a written report annually to the GMEC with the following components:

The institution shall collate this information and make it available to Program Directors on an as-needed basis to facilitate remediation on any areas of non-compliance.



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- D. The GME Office will review the Program Director's annual report and the results of the ACGME annual survey for duty hours. Written Program Director response on any noncompliant items will be required. The survey and the Program Director response will be reviewed at GMEC meetings and action will be mandated as appropriate.

ON CALL ACTIVITIES

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- A. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- B. Continuous on-site duty, (admitting, inpatient call, etc.), must not exceed 24 consecutive hours. It is essential for patient safety and resident education that effective transitions in care occur. Residents (PGY 2+) may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. All residents must understand that PGY 1 residents have a limitation of 16 hours per day with no additional hours. Therefore, the total day may be up to 28 hours.
- C. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous in-house duty.
- D. At-home call (pager call) is defined as call taken from outside the assigned institution.
- The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - Direct patient care in which the home call resident is interacting with the electronic medical record counts towards duty hours.
 - When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit, averaged over 4 weeks.



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- The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

REVISION HISTORY

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