

 <p>All HFHS Includes: Behavioral Health Services Community Care Services Corporate Services Henry Ford Hospital Henry Ford Medical Group Kingswood Hospital Macomb Hospitals West Bloomfield Hospital Wyandotte Hospital</p>	Policy Name/Subject: Clinical and Educational Work Hours and Fatigue (MEP 229)		Policy No: MEP 229
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	Applies to: Tier 3: Department Business Unit: All HFHS Site: [Site] Department: Graduate Medical Education		
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	Related Policy/Procedure: <i>Include title and number</i>		
	Author: Graduate Medical Education		
	External Regulatory Requirement: ACGME		
	Audience: Interns, Residents, & Fellows (House Officers)		
	Key Words: Learning environment; on-call; duty hour requirements; duty hours; fatigue mitigation; patient safety		

Purpose

To ensure an appropriate learning and working environment and compliance with clinical and educational work hour (“work hour”) requirements.

Policy

Henry Ford Health System (HFHS) is committed to providing a supportive learning environment where sound academic and clinical education is carefully planned and balanced with concerns for patient safety and house officer well-being. HFHS fosters a culture of professionalism that supports patient safety and personal responsibility. HFHS is committed to providing an educational and work environment which encourages residents to raise and resolve concerns in a confidential and protected manner without fear of intimidation or retaliation.

The clinical responsibilities for each house officer is based on PGY-level, patient safety, education, severity and complexity of patient illness/condition and available support services. House Officers care for patients in an environment that maximizes effective communication, utilizes inter-professional teams and ensures effective hand-over processes. House officers are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

House Officers and faculty are educated concerning the professional responsibilities of physicians to appear for clinical and educational work hours appropriately rested and fit to provide the services required by their patients. Physicians 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.

Each program must ensure that the learning objectives of the program are accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching and didactic educational events; and are not compromised by excessive reliance on house officers to fulfill non-physician service obligations. Didactic and clinical education must have priority in the allotment of house officers’ time and energies. Clinical and educational work hour assignments must recognize that faculty and house officers, collectively, have responsibility for the safety and welfare of patients. All programs must comply

with [ACGME Common Program Requirements, VI. F. Clinical Experience and Education](#). Programs may adopt more restrictive clinical and educational work hour requirements which also apply to house officers rotating in that program.

Alertness Management & Fatigue Mitigation

Faculty and house officers are educated to recognize the signs of fatigue and sleep deprivation and to employ procedures to prevent and counteract its potential negative effects on patient care and learning. Mandatory educational requirements on fatigue are assigned to faculty bi-annually; house officers are assigned the on-line course prior to/at the start of their first, third, fifth and seventh years.

Each program adopts fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, including naps and back-up call schedules. In addition, each program must have a process to ensure continuity of patient care in the event that a house officer may be unable to perform his/her patient care duties.

HFHS provides access to call rooms and/or safe transportation options for residents who may be too fatigued to return home safely.

Clinical and Educational Work Hours

Clinical and educational work hours are defined as all clinical and academic activities related to the graduate medical education program, including all patient care (both inpatient and outpatient), administrative duties, the provision for transfer of patient care, time spent in-house during call activities, clinical work done from home, scheduled academic activities (i.e., conferences) and all moonlighting. Clinical and educational work hours do not include reading and preparation time spent away from the clinical and educational site. All programs must comply with [ACGME Common Program Requirements, VI.F: Clinical Experience and Education](#). Prior to submitting a request to a Review Committee for a clinical and educational workhours exception, the program director must obtain the approval of the GMEC and DIO, according to ACGME Common Program Requirements, VI.F.4.

High Risk and Low Risk Designation. The GMECs have established criteria for reporting and monitoring clinical and educational work hour compliance. Programs have been designated High Risk or Low Risk for work hour violations. A program is considered High Risk if it fulfills any of the following criteria:

1. If trainees in the program are scheduled in house for 24-hour periods
 - a. on any rotation within the specialty OR
 - b. on six (6) or more rotations outside the specialty
2. If the schedule is such that residents are working within 90 percent of the ACGME clinical and educational work hour maximums (i.e., working 72 or more hours weekly on average).
3. If the Clinical and Educational Work Hour Subcommittee (at HFH) or the program director feels the program should be designated High Risk.
4. If there are substantive noncompliant responses on any clinical and educational work hour category questions of the annual ACGME Survey or reoccurring violations on internal monitoring reports.

On-Call Activities

The objective of on-call activities is to provide house officers with continuity of patient care experiences. In-house call is defined as those clinical and educational work hours beyond the normal shift when residents are required to be immediately available in the assigned institution. At-home or pager call is not counted as clinical and educational work hours, except for the time spent in-house or on patient care activities. All programs must comply with [ACGME Common Program Requirements, VI.F: Clinical Experience and Education](#).

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.

Work from Home

At times, in consultation with the supervising faculty, a resident may complete a portion of their clinical work from home. The types of work that may be done from home include using the electronic health record and taking calls. The resident must be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality. These hours are to be counted towards the 80-hour maximum. Reading done in preparation for the following day's cases, studying, and research done from home do not count towards the 80 hours. Programs are responsible for ensuring that residents are provided with manageable workloads that can be accomplished during scheduled work hours.

Procedures

House Officers. House officers are required to accurately report clinical experience and educational work hours. Reporting of clinical and educational work hours is an important aspect of professionalism. Trainees in High Risk programs are required to log hours weekly. Trainees in Low Risk programs are required to complete clinical and educational work hour surveys at least quarterly.

Clinical and educational work hour violations can be reported by house officers directly to the program director, the DIO, the GMEC chair or vice chair or any House Staff Forum/Council Officer. House officers who wish to anonymously report a clinical and educational work hours' violation may do so electronically¹.

Program Responsibilities. Monitoring of clinical and educational work hours is required with frequency sufficient to ensure an appropriate balance between education and service by each program.

If a program adopts more restrictive clinical and educational work hour requirements, program-specific written policies must be distributed to house officers and faculty, and be available in the program office for review upon request.

Programs must provide back-up support systems when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create house officer fatigue sufficient to jeopardize patient care.

GMEC. The GMEC monitors clinical and educational work hour reports each month for all High Risk programs sponsored by the institution and quarterly for Low Risk programs. For programs at Henry Ford Hospital (HFH), all work hour reports are vetted by a subcommittee and adverse variances are reported to the full GMEC, and at the recommendation of the Subcommittee, may be accompanied by a response by the responsible program director.

The GMEC also reviews all ACGME surveys to determine discrepancies between independent surveys and HFHS reporting. For programs at HFH, discrepancies and/or response of non-compliance are vetted by the Subcommittee and discussed with the full GMEC with an accompanying response by the responsible program director.

The GMEC may make recommendations and request from the program director a follow-up status report following the implementation of changes designed to mitigate violations.

For programs at HFH, the Clinical and Educational Work Hours Subcommittee annually reviews High Risk/Low Risk designations and supporting data; the subcommittee makes recommendations to the GMEC for changes. The Clinical and Educational Work Hours Subcommittee provides an Annual Report to the GMEC summarizing violations, actions taken to resolve systematic violations, and outstanding issues requiring additional effort.

¹ At HFH: via email (HFH.HSC@gmail.com) or the [HSC Anonymous Complaints website](#)

House Staff Council/Forum. The House Staff Council/Forum also monitors clinical and educational work hours through its anonymous violations reporting system. These sites are monitored by the House Staff Council/Forum, which reviews, investigates and responds to complaints. The complaint must include specifics of the violation, training level, rotation, categorical vs. rotator. A representative of the committee will interview the house officer, if identified, to try to identify systems errors which may contribute to violations. Data collected is reported to the GMEC. House officer identifiers are not reported. The Council/Forum reserves the right to report violations directly and immediately to the DIO or GMEC chair, in extreme instances, such as when an individual may be in danger or their personal safety is threatened. The Council/Forum also investigates discrepancies and/or response of non-compliance on ACGME surveys to inform GMEC discussion.