

**Harlem Hospital Center
Department of Pediatrics
Definitions of Resident Duty Hours (JULY 2011)**
Sections in **bold** represent the Department of Pediatrics duty hours policy

	ACGME	NYS Bell 405.4 regulation
Duty Hours ¹	<p>Residents must demonstrate an understanding and acceptance of their personal role in the HONEST and ACCURATE reporting of duty hours.</p> <p>Limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities</p>	The scheduled work week shall not exceed an average of eighty hours per week over a four week period
Duty Free Time	1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call ² . At-home call cannot be assigned on these free days	1 day in 7 per week free from all educational and clinical responsibilities, inclusive of in-house and at-home pager call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities
Minimum Time Off between Scheduled Duty Periods	<p>PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.</p> <p>PGY-2 and above residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty</p>	Scheduled on-duty assignments must be separated by at least an 8 hour time period between all daily duty periods and after in-house call. Note this 8 hour rest period requires residents to be free of in-house duties but is not inclusive of at home pager call ⁵
Maximum Duty Period Length	<p>PGY-1 residents must not exceed 16 hours in duty period duration</p> <p>PGY-2 and above residents may be scheduled to a maximum of 24 hours of continuous duty in the hospital, including in-house call. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.</p>	Trainees shall not be scheduled to work for more than twenty-four consecutive hours.

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<p>Maximum Duty Period Length (cont'd)</p>	<p>Residents may remain on duty for up to 4 (24+4) additional hours to participate in transitions in care.</p> <p>In <u>unusual</u> circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a <u>single</u> patient. Justifications for such extensions of duty are <u>limited</u> to reasons of required continuity for:</p> <ol style="list-style-type: none"> 1. a severely ill or unstable patient 2. academic importance of the events transpiring 3. humanistic attention to the needs of a patient or family <p>Under those circumstances, the resident must:</p> <ol style="list-style-type: none"> 1. Hand over the care of all other patients to the team responsible for their continuing care; and 2. document the reasons for remaining to care for the patient in question and SUBMIT that documentation in every circumstance to the Program Director. <p>Residents MUST use alertness management strategies, such as strategic napping, after 16 hours of continuous duty and between the hours of 10 PM-8 AM. Residents have a professional responsibility to appear for duty appropriately rested and fit to provide services and accept their responsibility for the management of their time before, during and after clinical assignments. They are responsible for recognizing impairment (including illness and fatigue) in themselves and in their peers.</p>	<p>Residents may remain on duty for up to 3 (24+3) additional hours to participate in didactic activities, transfer care of patients, etc</p>
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Maximum Frequency of In-House <u>Night Float</u>	<p>Residents must not be scheduled for more than 6 consecutive nights of <u>night float</u>. Residents should not have more than one consecutive week of night float, and not more than 4 total weeks of night float per year.</p> <p><u>Night Float</u> involves the <u>episodic</u> coverage of patients ONLY at night</p> <p><u>Night Shift</u> is a scheduled series of nights to provide consistent care at night that mirrors the day shift</p> <p><u>Night Call</u> is for those working in the day who also stay at night to provide coverage, such as every fourth or fifth night of a rotation</p>	
On Call Time ³	<p>PGY-2 and above residents must be scheduled for in-house call no more frequently than every third night, averaged over a four-week period (PGY-1 residents may not be scheduled for in-house call)</p>	
At-home call (pager call) ⁴	<p>The frequency of at-home call is not subject to the every third night limitation. At-home call, however, must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident</p>	
	<p>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</p>	<p>Residents taking at-home call must be provided with 1 day in 7 per week free from all educational and clinical responsibilities, inclusive of at-home pager call.</p>
At-home call (pager call) ⁵ (con't)	<p>When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. Each episode of this type of care will NOT initiate a new “off-duty period”</p>	<p>When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit</p>

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Emergency Room	none	In hospitals with over 15,000 unscheduled visits to an emergency service per year, assignment of post-graduate trainees and attending physicians shall be limited to no more than twelve consecutive hours per on-duty assignment in the emergency service.
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¹Duty 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.

²*One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative activities.

³The 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.

⁴*At-home call (pager call)* is defined as call taken from outside the assigned institution.