

ACGME (Accreditation Council
for Graduate Medical Education)
Duty Hour Changes

Maximum Hours of Work per Week

- Limited to 80 hours
- Averaged over a 4 week period
- *Moonlighting counts toward the 80 hours*
 - In House or Outside Hospital

Mandatory Time Off

- Minimum of 1 day off every week
 - Averaged over 4 weeks

- Fill out your time sheets with your team each month

Maximum Duty Period Length

- PGY-1: must not exceed 16 Hours
- PGY-2/3: must not exceed 28 Hours
 - “use alertness management strategies”
 - “strategic napping, especially after 16 hours of continuous duty and between 10pm and 8am, is strongly suggested”

Maximum Duty Period Length: 1 Exception

- Can stay >16 or 28 hrs:
 - Care of a single patient
 - Severely ill
 - Unstable
 - “Humanistic” attention to the patient or family
 - If you do this, you must DOCUMENT your reasons
 - Submit it to us
 - We must “track it”

Minimum Time off between Duties

- Should have 10 hours, must have 8 hours between scheduled duty periods
- PGY-2/3: Must have 14 hours free of duty after 24 hours of in-house duty
- “Residents in final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular and extended periods.”

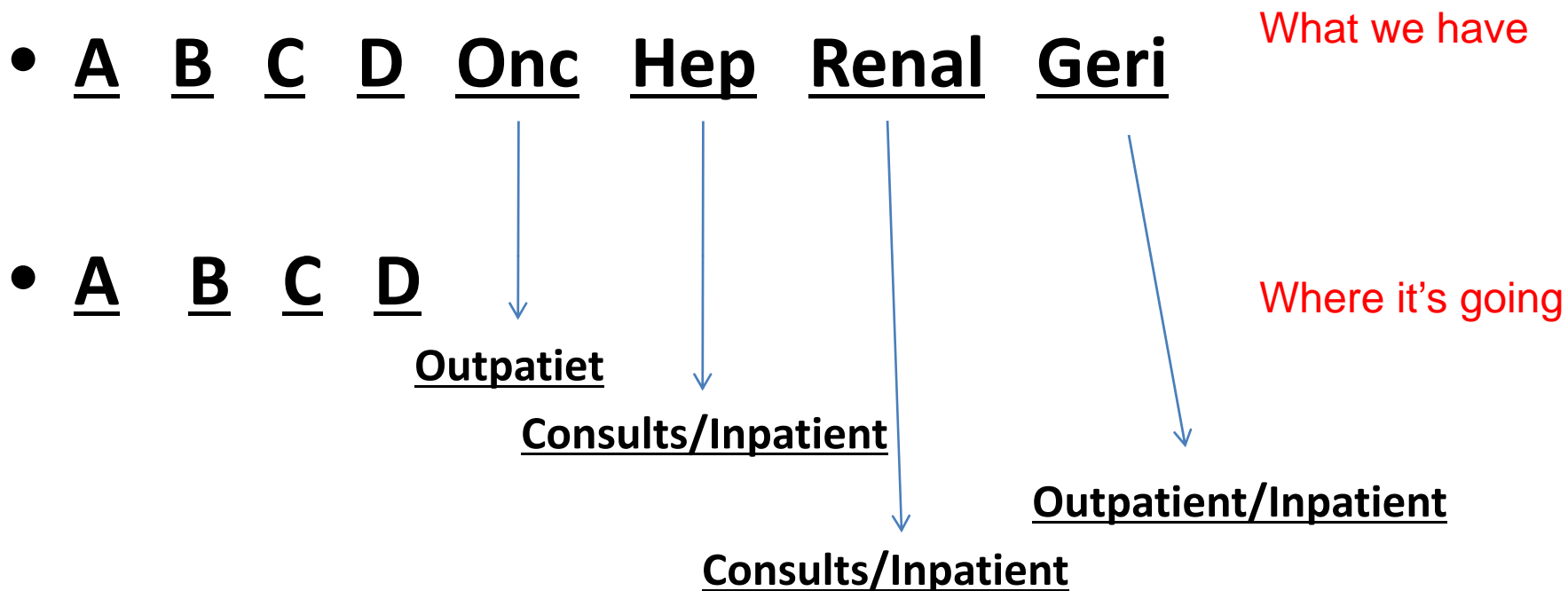
At Home Call

- We don't do it
- Please remember this in Spring ACGME Survey
- 30% answered "Extremely Often" on questions about At-Home call interfering with personal time and violating duty hours on Spring, 2010 ACGME Survey

Which Rotations will this Affect?

- MHH General Medicine Wards ✓
- LBJ General Medicine Wards ✓
- Geriatrics ACE/Palliative ✓
- Oncology Inpatient Wards ✓
- Renal Wards ✓
- Hepatology Wards ✓
- CCU ✓
- MICU ✓
- Hematology consults ✓

MHH Inpatient Wards Structure



No more Night Float

MHH General Medicine Wards

- **A, B, and C General Medicine Attending**
 - 2 Residents, 2 Interns

- **D Sound Hospitalist Attending**
 - 3 Interns

MHH: Team A On Call

- R1** 6:30am – 10:30 am post call (28 total hours) Cross-cover for Team B
- I1** 7:00am - 7:00pm (12 total hours on-call day)
- 6:00am – 5:00pm (11 total hours post-call) Post-call cover
- R2** 2:00pm – 5:00pm post call (28 total hours) Cross-cover for Team C and Geri
-presents at Post-Call Morning Report
- I2** 6:30pm – 10:30am post call (16 total hours)

MHH: Team B On Call

- R1** 6:30am – 10:30 am post call (28 total hours) Cross-cover for Team A
- I1** 7:00am - 7:00pm (12 total hours on-call day)
- 6:00am – 5:00pm (11 total hours post-call) Post-call cover
- R2** 2:00pm – 5:00pm post call (28 total hours) Cross-cover for Team C and Geri
-presents at Post-Call Morning Report
- I2** 6:30pm – 10:30am post call (16 total hours)

MHH: Team C On Call

- R1** 6:30am – 10:30 am post call (28 total hours) Cross-cover for Team B
- I1** 7:00am - 7:00pm (12 total hours on-call day)
- 6:00am – 5:00pm (11 total hours post-call) Post-call cover
- R2** 2:00pm – 5:00pm post call (28 total hours) Cross-cover for Team A and Geri
-presents at Post-Call Morning Report
- I2** 6:30pm – 10:30am post call (16 total hours)

MHH: Team D On Call

- D1: 6:30am – 9:00pm (16 total hours)
 - Day admits
 - 5 admissions, last admit @ 6:30pm
- D2: 2:30pm – 6:30am (16 total hours)
 - Cross-Cover teams A, B, C, and Geri
 - 3 admissions , last admit @ 3:00am
- D3: 6:30pm – 10:30am (16 total hours)
 - Night admits
 - 5 admissions, last admit @ 3:00am

MHH Wards spreadsheet [Compatibility Mode] - Microsoft Excel

Home Insert Page Layout Formulas Data Review View

Clipboard Font Alignment Number Styles Cells Editing

AS10 Intern B1

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC											
1			MONDAY									TUESDAY										WEDNESDAY																		
2	TEAM A		6:00am	6:30am	7:00am	10:30am	12:00pm	2:00pm	6:00pm	6:30pm	7:00pm	12:00am	6:00am	6:30am	7:00am	10:30am	12:00pm	2:00pm	6:00pm	6:30pm	7:00pm	12:00am	6:00am	6:30am	7:00am	10:30am	12:00pm	2:00pm	6:00pm	6:30am										
3		R1		Resident A1: 28 hour shift								Intern A1: 12 Hour shift																												
4		I1		Intern A1: 12 Hour shift								Intern A1: 12 Hour shift																												
5		R2		Resident A2: 24 to 28 hour shift								Intern A2: 16 Hour shift																												
6		I2		Intern A2: 16 Hour shift								Intern A2: 16 Hour shift																												
7																																								
8	TEAM B																																							
9		R1		Resident B1								Resident B1: 28 hour shift																												
10		I1		Intern B1								Intern B1: 12 Hour shift								Intern B1: 12 hour shift																				
11		R2		Resident B2								Resident B2: 24 to 28 Hour shift								Intern B2: 16 Hour shift																				
12		I2		Intern B2								Intern B2: 16 Hour shift								Intern B2: 16 Hour shift																				
13																																								
14	TEAM C																																							
15		R1		Resident C1								Resident C1								Resident C1: 28 Hour shift																				
16		I1		Intern C1								Intern C1								Intern C1: 12 Hour shift																				
17		R2		Resident C2								Resident C2								Resident C2: 24 to 28 hour shift																				
18		I2		Intern C2								Intern C2								Intern C2: 12 Hour shift																				
19																																								
20	Team D																																							
21		I1		Intern D1								Intern D1								Intern D1																				
22		I2		Intern D2: 12 Hour shift								Intern D2								Intern D2																				
23		I3		Intern D3: 12 Hour shift								Intern D3								Intern D3																				
24																																								
25																																								
26																																								
27																																								
28																																								
29																																								
30																																								
31																																								
32																																								
33																																								
34																																								
35																																								
36																																								
37																																								
38																																								
39																																								
40																																								
41																																								

Sheet1 Sheet2 Sheet3

Ready

start Residency Duty Hour... Microsoft PowerPoint... Inbox - Microsoft Out... Unlitled - Message (H... LB3 Wards spreadhe... MHH Wards spreadsh... 100% 6:48 AM

MHH General Medicine and Continuity Clinic

- Responsible for notifying Shari Janowski and Donna McKee by the third of each month
 - RE: post-call clinic days

LBJ General Medicine Wards

Admit 14
Team Cap 20

Admit 10
Team Cap 20

A 1 and 2

Cross-cover for post-call

R1 6:30am – 10:30 am post call
(28 total hours)

I1 7:00am - 7:00pm
(12 total hours on-call day)

6:00am – 5:00pm
(11 total hours post-call)

R2 2:00pm – 5:00pm post call
(28 total hours)

Cross-cover for pre-call

-Presents at Post-Call Morning Report

I2 6:30pm – 10:30am post call
(16 total hours)

A3

R3 8:00am – 12:00noon
(28 total hours)

- Presents at Post-Call Morning Report

I3a 7:00am – 7:00pm
(12 total hours on-call day)

6:00am – 5:00pm
(11 total hours post-call)

I3b 6:30pm- 10:30am
(16 total hours)

Cross-cover for post-post call

Admission Flow Sheet

Admission	Admitting Resident
1	R1
2	R1
3	R1
4	R1
5	R1
6	R3
7	R1
8	R3
9	R1
10	R3
11	R3
12	R3
13	R3

Admission Cont	Admitting Resident
14	R3
15	R2
16	R3
17	R2
18	R3
19	R2
20	R3
21	R2
22	R2
23	R2
24	R2

Note: Admissions after 5 am are to be seen briefly by the resident, cover orders are to be written and the patient will be passed on to the on-call team at 6:30 am.

LBJ Gen Medicine: Admit sheet

- Needs to be turned into the Chief's office post-call each day
- Team admits until 5:00am, document patients that were triaged after 5:00am and passed on to post-call team

MHH: CCU/CIMU

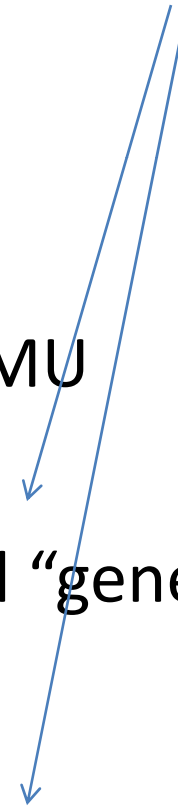
What we have

- 4 Residents/4 Interns cover all CCU and 5th Floor HVI

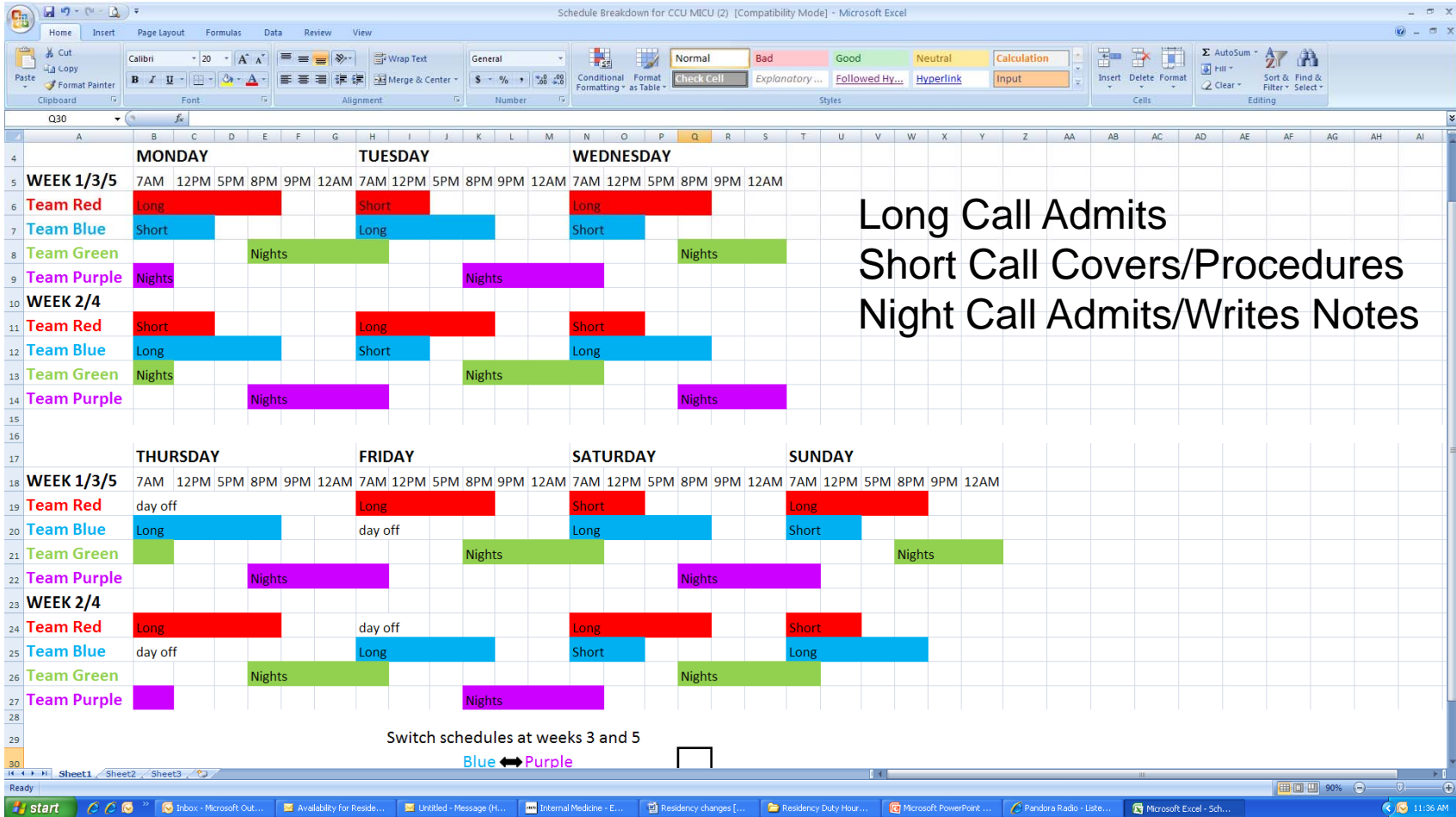


Where it's going

- 4 Residents/4 Interns cover ONLY CCU/CIMU
- Gen Med (Teams A, B, C, and D) admits all “general Cardiology” to 5th Floor HVI
- Sound admits all “rule out MIs” to Chest Pain Unit



MHH and LBJ CCU/MICU



Geriatrics/ACE/Palliative

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>Week 1</u>	ACE	PALL/CHA	LBJ Outpt	LBJ
<u>Week 2</u>	PALL/CHA	ACE	LBJ	LBJ Outpt
<u>Week 3</u>	LBJ Outpt	LBJ	PALL/CHA	LBJ
<u>Week 4</u>	LBJ	LBJ Outpt	ACE	LBJ Outpt

Overnight ACE Cross Cover: [Gen Med Resident](#)

Gen Med team admits up to 2 per night

1/3 Ambulatory

“Menu”

MHH Oncology

- All outpatient:
 - Clinics
 - Didactics
- Likely No more call (after January 2011)
- Definitely No more weekends

MD Anderson: work in progress

- Likely Start a team on solid tumor:

R 8:00am – 12:00noon

(28 total hours)

- Presents at Post-Call Morning Report

I 7:00am – 7:00pm

(12 total hours on-call day)

6:00am – 5:00pm

(11 total hours post-call)

I 6:30pm- 10:30am

(16 total hours)

Consult Rounds

- Residents are available until 7pm
- Excused from 11:50am –2:00pm
- Fellows are expected to know pts well enough to continue rounds without the residents*
- Residents will see consults up until 5pm
 - after 5pm the Resident is no longer responsible for seeing new consults
 - The Fellow is not to assign the Resident to “come in early” to see a consult called at/after 5pm
 - The Fellow is to see new consults after 5pm
- --* *The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations **per ACGME.*

MHH Renal

- 2 Residents/1 Intern
- Consults/few inpatient
- M-F 7-7pm, last admit/consult at 5:00pm
- No weekends
- No nights
- Fellow does cross cover and admits

MHH GI/Hepatology

- 3 Residents
- Consults/few inpatient
- M-F 7-7pm, last admit/consult at 5:00pm
- No weekends
- No nights
- Fellow does cross cover and admits

MHH Weekend Consult Resident: on Pulm, ID, and Heme

- Residents are expected to be present until 12noon on Saturdays
- Consults called up until 12noon are expected to be seen by the Resident
- If Attending rounds are late in the afternoon, Resident can “check out” to the Attending at 12noon

Residents' Perspectives on ACGME Regulation of Supervision and Duty Hours — A National Survey

Brian C. Drolet, M.D., Lucy B. Spalluto, M.D., and Staci A. Fischer, M.D.

Table 4. Summary of Aggregate Survey Responses.

Statement	Disagree	Neutral	Agree
	<i>% of respondents (99% CI)</i>		
The proposed changes will:			
Improve patient safety	35.7 (33.2–38.1)	27.4 (25.1–29.7)	36.9 (34.5–39.4)
Improve the quality of care delivered to patients*	41.1 (38.7–43.6)	26.1 (23.9–28.4)	32.8 (30.4–35.2)
Improve my education, experience, and fund of knowledge*	54.0 (51.8–56.5)	22.3 (20.1–24.4)	23.8 (21.6–25.9)
Improve my quality of life and well-being*	28.4 (25.9–30.7)	20.7 (18.6–22.7)	50.9 (48.4–53.5)
Decrease the number of hours that I work	39.7 (37.3–42.2)	25.1 (22.9–27.3)	35.2 (32.7–37.6)
Make me more prepared for my more senior roles*	62.9 (61.2–65.4)	24.2 (22.1–26.4)	12.8 (11.1–14.5)
Increase faculty supervision	39.7 (37.5–42.2)	35.0 (32.6–37.5)	25.3 (23.0–27.5)
Increase the length of residency and fellowship training*	16.6 (14.1–18.5)	33.2 (30.8–35.6)	50.2 (47.6–52.7)
Promote education over service obligations*	41.9 (39.7–44.5)	31.3 (28.9–33.6)	26.8 (24.5–29.0)
Improve public perception of medical training and physicians	35.0 (32.7–37.4)	37.5 (35.1–40.0)	27.5 (25.2–29.8)
Overall the changes will:			
Have a positive effect on patient safety	39.0 (36.6–41.5)	26.7 (24.4–29.0)	34.3 (31.9–36.7)
Have a positive effect on education*	48.0 (45.8–50.5)	26.2 (24.0–28.4)	25.9 (23.7–28.1)

* There was a significant difference (with nonoverlapping 99% confidence intervals) between the proportion of respondents who agreed with this statement and the proportion who disagreed with it. CI denotes confidence interval.

December 2, 2010
 Drolet B.C., Spalluto L.B., Fischer S.A.
 N Engl J Med 2010; 363: