

**LANCASTER GENERAL HOSPITAL
ACGME POLICIES**

In Reference to ACGME Institutional Requirements – Effective July 1, 2022

IV.K. Institutional GME Policies and Procedures: Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements.

Process Name:	GME Clinical and Educational Work Hours (Duty Hours)
Effective Date:	09/25/2023
Who is the policy's expert(s):	Designated Institutional Official
Who is responsible for compliance:	LGH Designated Institutional Official, Lancaster General Hospital Graduate Medical Education Committee & GME Program Directors
To Whom does the policy apply:	Residents/Fellows of all Lancaster General Hospital ACME accredited Graduate Medical Education programs
Process:	All residents/fellows employed by a Lancaster General Hospital ACGME accredited program are subject to the clinical and educational guidelines set forth at the program level. As Lancaster General Hospital is Sponsoring Intuition of a single ACGME residency and its affiliate fellowship, institutional GME clinical and educational work hour guidelines mirror those of the Family Medicine Residency program. As stated in the policy below, institutional oversight of compliance is accomplished through GMEC reporting, annual ACGME Resident Survey reviews, and ongoing collaboration between the Designated Institutional Official and the Program Directors(s).
Related Policies and documents:	

Clinical and Educational Work
(Duty Hours)

Policy:

All residency or fellowship training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must develop and maintain a policy on resident/fellow Clinical and Educational Work (née Duty Hours). This policy must be consistent with the ACGME Clinical and Educational Work standard and must meet the educational objectives and patient care responsibilities of the training program.

Clinical and Educational Work are defined as all clinical, educational and administrative 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, scheduled didactic activities such as conferences and journal club, scheduled research activities, and other program activities such as participating in committees

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and in interviewing residency candidates. Clinical and Educational Work does not include reading and preparation time spent away from the duty site.

In-house call is defined as Clinical and Educational Work beyond the normal workday when residents are required to be immediately available in the assigned institution.

When residents/fellows are assigned to a rotation outside their program, the Specialty or Subspecialty Program Requirements regarding Clinical and Educational Work, as well as the Clinical and Educational Work policy, of that program apply.

Clinical and Educational Work Standard:

Consistent with the ACGME Clinical and Educational Work standard, graduate medical education programs must meet the following requirements:

1. Clinical and Educational Work must not exceed 80 hours per week, averaged over a four-week period, including all in-house call activities and moonlighting.

NOTE: The ACGME does not allow compliance with the Clinical and Educational Work standard to be based on a rolling average. Averaging must be by rotation, aggregated over a four-week period for rotations of one calendar month or longer, or calculated within the duration of the rotation for rotations of less than four weeks in length. Compliance with all aspects of the Clinical and Educational Work standard must be achieved within a given rotation, regardless of duration (i.e., a two-week rotation of heavy duty and a two-week rotation of light duty may not be combined to achieve compliance). Further, vacation or leave days must be taken out of the numerator and the denominator for calculating Clinical and Educational Work time, call frequency or days off (i.e., if a resident is on vacation for one week, the hours for that rotation should be averaged over the remaining three weeks).

2. Residents/fellows must receive one day in seven, averaged over a four-week period, free from all educational and clinical responsibilities, including at-home call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
3. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours for all residents. Residents and fellows may remain on duty for up to four additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for

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such extensions of duty are limited to reasons of required continuity for severely ill or unstable patients, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Additional hours must be counted toward the 80 hour weekly limit.

4. Adequate time for rest and personal activities must be provided. Residents/fellows must receive 8 hours off between duty periods and after in-house call. They must have at least 14 hours free of duty after 24 hours of in-house duty.
5. Maximum Frequency of in-house Night Float must not exceed more than six consecutive nights.
6. At-home call (second call) is defined as call taken from outside the assigned institution.
 - a. At-home call (second call) must not be so frequent as to preclude rest and reasonable personal time for each resident/fellow. Residents/fellows taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
 - b. When residents/fellows are called into the hospital from home, hours spent in-house count toward the 80-hour workweek.
 - c. The program director and 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.

Moonlighting

All moonlighting must be pre-approved by the Program Director, to ensure that such activities do not interfere with the ability of residents/fellows to achieve the goals and objectives of the educational program. Residents and fellows must comply with the LGH FCM Moonlighting Policy. PGY-1 residents are not permitted to moonlight.

All hours spent engaging in moonlighting activities (including both internal and external moonlighting) count towards and must comply with the Clinical and Educational Work standard described above. Noncompliance with the Clinical and Educational Work policy may result in revocation of approval to engage in moonlighting activities.

Compliance

Clinical and Educational Work are monitored in compliance with the ACGME Clinical and Educational Work standard by the mechanisms listed below. Follow-up and resolution of identified problems are the responsibility of the Program Director and Department committees.

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1. Program Policies: Each program shall maintain a Clinical and Educational Work policy that is in keeping with the educational objectives and patient care responsibilities of the training program. The policy shall also outline how the program meets and monitors the Specialty or Subspecialty Program Requirements regarding Clinical and Educational Work.
 - a. Each program is required to track Clinical and Educational Work. Residents and fellows are responsible for reviewing, correcting and approving their daily Clinical and Educational Work in New Innovations. Each block's Clinical and Educational Work must be approved within 30 days of the end of the block.
 - b. Compliance with the standard will be monitored by each program and by GMEC on a regular basis.
 - c. Programs in substantial but not total compliance with the Clinical and Educational Work standard (less than 15% of residents/fellows reporting violations) will be required to submit a corrective action plan to GMEC within 30 days of the reported violations.

3. Internal Reviews: The GMEC is responsible for conducting internal rotation reviews. This includes meeting with trainees to obtain their confidential assessment of program compliance with the Clinical and Educational Work standard. The GMEC also reviews the ACGME annual survey results, and information entered in the ACGME Accreditation Data System by the program.

4. ACGME Resident/Fellow Survey: All ACGME accredited residency/fellowship programs are surveyed by the ACGME every year between January and May. The survey is done anonymously and aggregate reports are available to the program. A 70% response rate is required to avoid a program citation; the program requires a 100% response rate unless excused due to formal leave during the survey period. You will be notified when the yearly survey is open.