FACULTY DEVELOPMENT: NEW ACGME DUTY HOUR STANDARDS TAKE EFFECT JULY 2011

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- To assure the safety and quality of care rendered to patients in our teaching hospitals, the ACGME has revised the duty hour regulations as listed below.
- In preparation for these new rules, our program has instituted many changes over the last few years e.g. night float coverage; therefore you may not notice much difference in the coverage provided by the residents.
- The major areas that will be affected with these new rules are the PICU and NICU rotations where upper level residents will now be limited to **28 hours of continuous duty***. Ex: if resident arrives for work at 7 am and in on call that day, they must leave by 11 am the next day.
- Comparison of Current ACGME Duty Hour Standards to New Regulations

	Current	2011
Maximum hours of work per week	80 hours, averaged over 4 wks	No change
Maximum Duty Period Length*	30 hours (admitting patients up to 24 hours then 6 additional hours for transitional and educational activities)	 PGY-2 and above: 28 hrs (admitting patients for up to 24 hrs, plus 4-hr remaining hrs for transition and educational activities) PGY-1: 16 hrs
Maximum in-hospital on-call frequency	Every third night, on average	Every third night, no averaging
Minimum time off between scheduled duty periods	10 hours after shift length	 PGY-1, 2, 3 should have 10 hrs; must have 8 hrs Must have 14 hrs after 24 hrs on in-house duty
Maximum frequency of in- hospital night float	Not addressed	6 consecutive nights; 4 weeks/year
Mandatory time off duty	4 days off per month1 day (24 hours) off per week, averaged over 4 weeks	Same
Moonlighting	Internal moonlighting is counted against 80-hour weekly limit	 Internal and external moonlighting is counted against 80-hour weekly limit All other duty hour limits apply to moonlighting in combination with scheduled work
At Home Call	Time spent in hospital must count towards 80-hour rule; the frequency is not subject to the q 3 rd night rule, but must satisfy the 1 day 7 free rule	Same