HACKENSACK MERIDIAN *HEALTH*
OCEAN MEDICAL CENTER
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Subject: **MOONLIGHTING**	**Policy Number:** **3.A**
Approved by GMEC: March 7, 2016 **Revised by GMEC: July 9, 2018**	**Approved by MEC: Pending**

1. INTRODUCTION AND PURPOSE

The purpose of this policy is to delineate the conditions under which a Resident or Fellow may engage in moonlighting activities and the procedures by which such activities must be requested, approved, recorded and monitored.

2. APPLICABLE REGULATIONS AND GUIDELINES

ACGME Institutional Requirement IV.J.1. Effective July 1, 2018

ACGME Common Program Requirement V1.F.5, V1.F.5 a) b) & c)
Effective July 1, 2017

Residents and Fellows are not required to engage in professional and patient care activities outside of the scope of their residency program ("moonlighting"). However, Residents and Fellows may engage in moonlighting activities during vacation and at other authorized times when the activity:

(i) does not interfere with the Resident/Fellows' primary duties and responsibilities to the patients whose care they are charged with and with their Graduate Medical Education ("GME") activities (including electives) scheduled by their department;
(ii) provides for sufficient time for rest;
(iii) complies with the Accreditation Council for Graduate Medical Education ("ACGME") requirements for duty hours;
(iv) is in accordance with all institutional and departmental policies and procedures; and,
(v) is properly requested, approved, recorded and monitored.

Each ACGME-accredited residency and fellowship program will maintain a specialty specific moonlighting policy. When the specialty specific moonlighting requirements are stricter, the specialty policy will apply and be followed by all residents and fellows in that specialty.

3. **SCOPE**

This policy applies to all ACGME-accredited training programs at Ocean Medical Center (OMC).

4. **DEFINITIONS**

1. Internal Moonlighting: Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is training or at any of its related participating sites.

2. External Moonlighting: Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

5. **RESPONSIBILITY/REQUIREMENTS**

a. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
b. Time spent by residents in Internal and External Moonlighting must be counted towards the 80-hour weekly duty-hours limit.
c. PGY-1 residents are not permitted to moonlight.
d. Ocean Medical Center does not provide professional Liability insurance for any moonlighting outside OMC or for internal Moonlighting that involves duties that would not ordinarily be performed within the context of their residency training.
e. Although OMC may permit moonlighting, at any time, the sponsoring institution, or it's individual ACGME-accredited training programs, may prohibit moonlighting.

6. **PROCEDURE**

Prior Authorization

If a resident plan to engage in moonlighting, the resident is required to receive prior written approval from the Program Director.

Residents must be in good academic standing with the program in order to be eligible for permission.

Moonlighting permission is kept on file in the department with a copy to the GME office.

The resident's performance in the training program will be monitored for the effect of moonlighting activities upon performance. In the event moonlighting activities have an adverse effect on the performance of the resident in the training program, the program director may withdraw permission to moonlight.
Failure of a resident to comply with this policy shall result in disciplinary action up to and including termination.

HACKENSACK MERIDIAN *HEALTH*
OCEAN MEDICAL CENTER
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Subject: **CLINICAL EXPERIENCE AND EDUCATION (WORK HOURS)**	**Policy Number:** **3.B**
Approved by GMEC: March 7, 2016	**Approved by MEC: Pending**

1. INTRODUCTION AND PURPOSE

This policy supports a work environment which is conducive to learning. It is the policy of Ocean Medical Center that residents and fellows clinical and educational work hours comply with the specified Accreditation Council for Graduate Medical Education (ACGME) institutional and program specialty requirements.

2. SCOPE

This policy will apply to all of the ACGME-accredited training programs at Meridian Hospitals Corporation (MHC) facilities, including Ocean Medical Center.

3. APPLICABLE REGULATIONS AND GUIDELINES

ACGME Institutional Requirements III.B.5.
Effective July 1, 2018
Common Program Requirements (Residency) (Fellowship) VI.F. effective July 1, 2017

4. ATTACHMENTS

None

5. RESPONSIBILITY

Program Directors, Designated Institutional Official (DIO)

6. DEFINITIONS

Resident refers to all interns, residents and subspecialty residents (fellows) engaged in post graduate education at Ocean Medical Center (Medical Center). They are also identified by their year of postgraduate training (e.g. PGY 1).

7. PROCESS OVERVIEW

A. Policy

B. Procedure

8. RESPONSIBILITIES/REQUIREMENTS

A. Policy:

a. The Program Director must design an effective program structure that is configured to provide residents with educational opportunities as well as for rest and personal well-being.

b. On-call rooms are provided by the hospital for residents with on-call responsibility.

c. Professionalism, Personal Responsibility, and Patient Safety

i. Programs and sponsoring institutions must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

ii. The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

iii. The Program Director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

iv. The learning objectives of the program must:

1. be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,
2. not be compromised by excessive reliance on residents to fulfill non-physician service obligations.

v. The Program Director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

1. assurance of the safety and welfare of patients entrusted to their care;
2. provision of patient- and family-centered care;
3. assurance of their fitness for duty;
4. management of their time before, during, and after clinical assignments;
5. recognition of impairment, including illness and fatigue, in themselves and in their peers;
6. attention to lifelong learning;
7. the monitoring of their patient care performance improvement indicators; and,
8. honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

vi. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. 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.

d. Transitions of Care

i. Programs must design clinical assignments to minimize the number of transitions in patient care.
ii. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
iii. Programs must ensure that residents are competent in communicating with team members in the hand-over process.
iv. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.

e. **Fatigue**

i. Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counter act its potential negative effects on patient care and learning.

f. **Oversight**

i. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the Faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
ii. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

B. Procedure

1. The on-call schedule will be tailored to meet the residency requirements set by the Accreditation Council on Graduate Medical Education (ACGME) for each training program. It is recognized by the Sponsoring Institution that in-house call is an integral part of the resident education and is to be scheduled so as to maximally enhance that educational pursuit.

2. Clinical and Educational Work Hours

iii. Clinical and educational work 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, clinical work done from home, moonlighting, 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.
iv. Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home and all moonlighting.

3. Mandatory Time Free of Clinical work and Education

i. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. One day

is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

ii. Residents should have eight hours off between scheduled clinical work and education periods.

iii. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

iv. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Maximum Clinical Work and Education Period Length

v. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

vi. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transfers of care, and/or resident education.

1. Additional patient care responsibilities must not be assigned to a resident during this time.

4. Moonlighting

i. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.

ii. Time spent by residents in internal and external moonlighting (as defined by the ACGME Glossary of Terms) must be counted towards the 80-hour maximum weekly limit.

iii. PGY-1 residents are not permitted to moonlight.

5. Maximum Frequency of In-House Night Float

i. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

6. Maximum In-House On-Call Frequency

i. Residents must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

7. At-Home Call

i. Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but

must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over four weeks.

1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
   Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour maximum weekly limit.

8. Clinical and Educational Work Hour Exceptions

i. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
   - **a.** To continue to provide care to a single severely ill or unstable patient;
   - **b.** Humanistic attention to the needs of a patient or family, or;
   - **c.** To attend unique educational events.

ii. These additional hours of care or education will be counted toward the 80-hour weekly limit.

iii. A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.
   - **a.** In preparing a request for an exemption, the program director must follow the clinical and educational work hour exception policy from the *ACGME Manual of Policies and Procedures.*

iv. Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution's GMEC and DIO. Policy 3.C contains specific procedures. .

HACKENSACK MERIDIAN *HEALTH*
OCEAN MEDICAL CENTER
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Subject:	**Policy Number:**
WORK HOUR EXCEPTION	**3.C**
Approved by GMEC: March 7, 2016	**Approved by MEC: June 7, 2018**

1. INTRODUCTION AND PURPOSE

To provide a policy for granting exceptions to the 80 hours per week work hour limit.

2. SCOPE

This policy will apply to all of the postgraduate training programs at Hackensack Meridian Health (HMH) facilities.

3. APPLICABLE REGULATIONS AND GUIDELINES

ACGME Institutional Requirements VI.F.4., VI.F.R.a), VI.F.4.a).(1), VI.F.4.a).(2), VI.F.4.a).(3), VI.F.4.b), VI.F.4.c), VI.F.4.c.(1), VI.F.4.c).(2)
Office of Academic Affairs Resident Manual

4. ATTACHMENTS

None

5. RESPONSIBILITY

Program Directors, Designated Institutional Official (DIO)

6. DEFINITIONS

Resident refers to all interns, residents and subspecialty residents (fellows) engaged in post graduate education at Ocean Medical Center. They are also identified by their year of postgraduate training (e.g. PGY 1).

7. PROCESS OVERVIEW

A. Policy
B. Procedure

8. RESPONSIBILITIES/REQUIREMENTS

A. Policy:

The Program Director is responsible for complying with the 80 hours per week work schedule as defined in Policy 3.b. Clinical Experience and Education (Work Hours), and must comply with the following procedures as outlined below when requesting any expansion beyond the 80 hour maximum.

B. Procedure

a. APPROVAL PROCESS

Program Director must submit in writing a formal request to the GMEC to expand the work hour schedule beyond the 80 hour maximum. This request to increase resident work hours is limited to a maximum of 10 percent. The Program Director must specify the change in duty hour assignment by PGY level while providing a sound educational rationale.

The GMEC must review and formally endorse the request for an exception as noted above.

The DIO must formally endorse via signature the request for exception prior to forwarding to the RRC for review and approval.

b. RRC REVIEW AND APPROVAL

The RRC Review will:

1. formally review such proposals at its regular meetings and will retain documentation of its actions in the program's history;
2. judge whether the request justifies granting approval of the extension of the maximum weekly number of duty hours from 80 up to 88 hours, averaged over four weeks;
3. specify the assignments and level(s) of training to which the proposal applies if the requested exemption is granted; and
4. stipulate the duration of the exception, which will be no longer than the next review.

In the event that the RRC denies a request, the action is not appealable.

HACKENSACK MERIDIAN *HEALTH*
OCEAN MEDICAL CENTER
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Subject: **FATIGUE PREVENTION, IDENTIFICATION AND MANAGEMENT**	**Policy Number:** **3.D**
Approved by GMEC: March 7, 2016	**Approved by MEC: June 7, 2018**

1. INTRODUCTION AND PURPOSE

To provide a policy on fatigue prevention, identification and management for residents and fellows.

2. SCOPE

This policy will apply to all of the postgraduate training programs at Hackensack Meridian Health (HMH) facilities.

3. APPLICABLE REGULATIONS AND GUIDELINES

ACGME Institutional Requirements III.B.5., III.B.5.b), III.B.5.C), VI.D., VI.D.1., VI.D.1.a), VI.D.1.b), VI.D.1.c), VI.D.2., VI.D.3.
Office of Academic Affairs Resident Manual

4. ATTACHMENTS

None

5. RESPONSIBILITY

Program Directors, Designated Institutional Official (DIO)

6. DEFINITIONS

Resident refers to all interns, residents and subspecialty residents (fellows) engaged in post graduate education at Ocean Medical Center . They are also identified by their year of postgraduate training (e.g. PGY 1)

7. PROCESS OVERVIEW

A. Policy

The Accreditation Council on Graduate Medical Education requires all training programs to:

1. educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;
2. educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
3. adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties. The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home. Examples of such policies include, specialty -specific duty hour requirements such as maximum of 80 duty hours per week, in -house call no more frequently than one in three nights, a minimum of one 24- hour period off each week, a minimum of 8 hours and preferably 10 hours free between consecutive duty periods, and duty periods of no more than 24 hours with up to an additional 6 hours for continuity or education imperative. Compliance with duty hours is monitored. Residents are urged to report any concern regarding duty hours, fatigue and other issues to the GME Office.

Causes of fatigue:
Fatigue, or "excessive daytime sleepiness", may be due to a variety of factors. These may exist singly or in combination and include:

- too little sleep,
- fragmented sleep,
- circadian rhythm disruption (such as occurs with night float work)
- other conditions may masquerade as fatigue,
- primary sleep disorders.

Signs and symptoms of sleep deprivation:
Disruption in sleep leads to a sleep debt. Performance can be impaired with two hours less sleep than "normal" per night. Significant sleep debt may occur if sleep is sub-optimal over as few as 2-3 nights. Adverse health consequences may occur if sleep debt is allowed to accumulate Psychomotor function after 24 hours without sleep is equivalent to a blood alcohol content of 0.08%, a level recognized legally as inebriation. As is true with alcohol, one cannot depend on the individuals to perceive their own degree of impairment

Characteristic symptoms of sleepiness:

- repeatedly yawning and nodding off during conferences,
- "microsleeps"...a few seconds of "Sleep" the "awake" resident may not even recognize
- increased tolerance for risk,
- passivity,
- inattention to details,
- decreased cognitive functions,
- irritability,

- motor vehicle collisions (or near misses),
- increased errors,
- impact on sleep process itself,
- voluntary and involuntary latencies (the time to fall asleep) shorten,
- increased number of "microsleeps".

ADVERSE EFFECTS OF SLEEP DEPRIVATION

Sleep deprivation impairs cognitive processes resulting in diminished attention, vigilance, decision-making, and memory. It increases tolerance for risk and decreases motivation for learning

8. RESPONSIBILITIES/REQUIREMENTS

A. Policy:

PREVENTION/TREATMENT/MANAGEMENT OF FATIGUE

It is probably inevitable there will be some sleep loss and fatigue in the course of medical training. However, it must be managed so it doesn't interfere with patient care and safety, education, and resident well-being. Developing strategies to minimize the effects of sleepiness in physicians is paramount. Learning to recognize and manage fatigue is essential.

B. Procedure

All programs must:

- adhere to Ocean Medical Center duty hour requirements and specialty specific duty hour requirements (whichever is the more stringent),
- minimize prolonged work (> 24 hours of clinical duties),
- protect periods designed to address sleep debt (i.e. the minimum of at least 24 hours off each week free from all clinical responsibilities)
- reduce non–essential tasks and enhance learning during clinical time,
- reduce non-essential interruptions (i.e. added ancillary services, triage of phone calls by charge nurse, etc)
- assist residents to identify co-existent medical issues which impair their sleep (i.e. undiagnosed sleep disorder, depression, stress),
- educate regarding awareness and management of fatigue
- critically appraise the best way to implement shift work.
- provide napping resources
- explore options with residents to return home safely

Program Directors must

- include specific discussions regarding the management of fatigue in their regular discussions with each resident/residency group
- directly ask about issues pertaining to getting adequate sleep, and resident safety such as concerning post-call driving, and address resident concerns about the balance between professionalism and work hour restrictions. Where an individual program has particular issues with fatigue, enlist residents in developing particular program solutions.

- be aware of vulnerability and symptoms in residents

Ocean Medical Center must provide accessible call rooms with an environment conducive to rest. If there are difficulties with on-call rooms contact the GME office.

New Jersey has adopted laws which now make a criminal, not just civil offense, for motor vehicle collisions after 24 hours without sleep.

Moonlighting

Of particular concern is moonlighting. Residents and Program Directors need to carefully evaluate moonlighting opportunities so as not to compromise their limited time to obtain rest potentially missed as a part of residency training.

Resources

If a resident or faculty member is concerned about a resident having a potential sleep disorder, they can obtain help through the sleep disorders specialists at the Ocean Medical Center Sleep Disorders Center.
http://www.oceanmedicalcenter.com/OMC/services/SleepCareCenter.cfm

Sleep loss and sleepiness are pervasive problems during residency training and can account for serious professional errors and personal problems. Symptoms and signs are often difficult to recognize. Whereas there are many ways to deal with the sleepiness and fatigue, the only real treatment is getting adequate sleep. Other management strategies should be individualized, especially if there is an underlying sleep disorder.