Duty Hours & Evaluations

Spring 2020



Duty Hours Overview

The Duty Hours module is used to collect and report on your residents' work hours. You can take advantage of several reports to keep track of who is logging their hours and where any problems might be. You can also set up notifications to alert you when violations occur and to remind residents to log their hours.



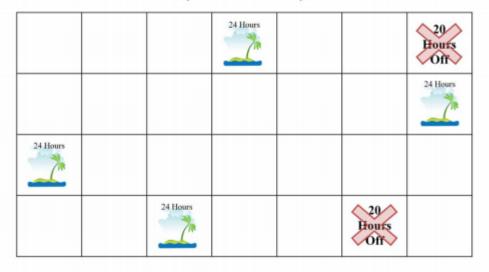
Duty Hour Rules

- ➤ 80 Hours a Week inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting (when averaged over 4 weeks).
- ➤ 24 + 4 (Maximum Work Period Length) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. An additional 4 hours may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.
- ➤ Short Break (Mandatory Free Time) Must have a minimum of 8 hours off between shifts/duty periods. Must have 14 hours off after 24 hours of in-house call.
- ➤ Day Off (Mandatory Free Time) Must have 1 day in seven free from all clinical activities (when averaged over 4 weeks).

Duty Hours in New Innovations

- You must log duty hours in New Innovations or your program is charged a fee.
- All hours must be logged by the 5th day of the month for the previous month's work.
- Trainees can use their mobile device to log hours.
- Ensure entries in NI are for a continuous period of time leave no gaps in work time such as lunch.

Mandatory Time Free of Duty (CPR VI.G.3)

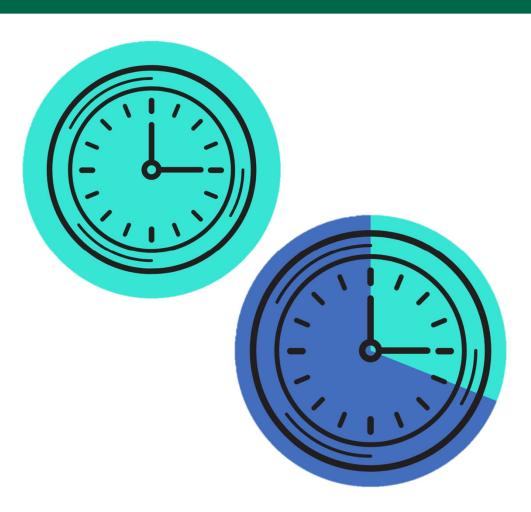


1-in-7 Off

One Day= 24 Hours

<u>Common Reasons for Reported Violations</u>:

- Resident entered "vacation" for duty free day – NI looks for 24 hours of no logs
- Program counted vacation as part of the duty free periods – vacation must be subtracted from calculations before averaging.



Residents may be scheduled to a maximum of 24 hours of continuous duty in the hospital.

• 4 additional hours may be allowed for effective transition in care

Common Reasons for Reported Violations:

Resident logs 28 hours of continuous duty as 1 log entry – Ni cannot determine how to break down this calculation. Program may be able to justify the entry, if sufficient rational is provided by trainee in the log notes.

*As of 2017, Residents are no longer limited to working just 4 hours after working a 24 hour shift. According to the 2017 Rules: after 24 hours of continuous in-house duty seeing patients, a resident may work as many hours as necessary for exceptional circumstances, but may not see new patients.

Examples:

- · Humanistic reasons
- Caring for a severely ill or unstable patient and the family
- · Unique educational experience.

In the Duty Types, there is now a checkbox for work after 24 or 28 hours. If you use the OK after 28 hours option, the log will also be OK after 24 hours.



Minimum Time Off Between Scheduled Duty Periods (CPR VI.F.2)

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

Common Reasons for Reported Violations:

Resident ends one log on the hour (i.e. 1:00pm) and starts the next log one minute later (1:01pm).

Resident has 30 minute gap between entries for travel from one facility to another

Breaks between work hours that do not afford sufficient time for rest must be counted toward the 80-hour, 24+, and short break rule checking

**No new clinical activities must be assigned or performed after 24 hours of continuous duty

In-House On-Call

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

- 'On-Call Duty" defined "as a continuous duty period between the evening hours of the prior day to the next morning, generally schedule in conjunction with a day of patient care duty prior to the call period.
- Only one week per month, residents can be assigned to a maximum of four in-house call nights in any seven-day period.
- Residents must not take in-house night call for two consecutive nights.

At-Home Call

Time spent in the hospital by residents must count towards the 80-hour maximum, and must satisfy the 1-in-7 duty free rule, but 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.

How New Innovations helps with Duty Hours

Rules Logging Duty Hours Notifications Reports

Rule Configuration in New Innovations



Choose a rule to configure

Notifications

Signoff Configuration

Edit enforced rules

Enforced Rules

ACGME 80 Hour

80 hours per week averaged over 4 weeks.

ACCIME 24

24 consecutive hours. 4 hours for transitional activities.

ACGME Call

Call once every 3 nights averaged over 4

ACGME Short Break

Should have 8 hours off between shifts. 14 hours after 24hr duty.

ACGME Day Off

1 (24) hour period off per week averaged over 4 weeks.

ACGME 80 Hour (2011)

80 hours per week averaged over 4 weeks.

ACGME 24+4 (2011)

24 consecutive hours, 16 for PGY-1, 4 hours for transitional activities.

ACGME Call (2011)

Call once every 3 nights averaged over 4 weeks.

ACGME Short Break (2011)

Must have 8 hours off between shifts.

ACGME Day Off (2011)

1 (24) hour period off per week averaged over 4 weeks.

ACGME Night Float (2011)

6 consecutive Night Float duties.

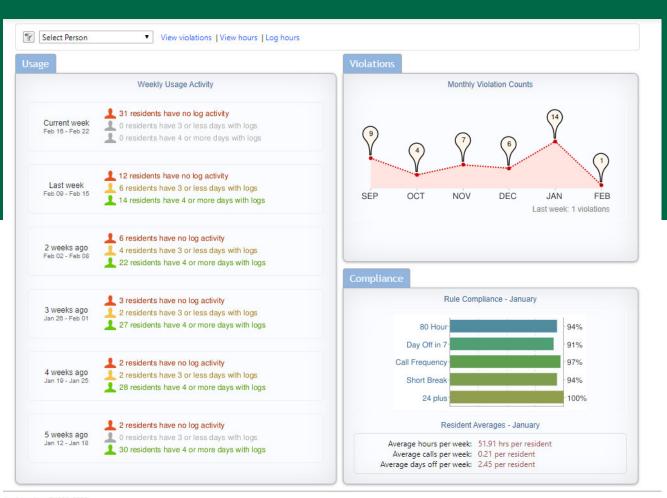
Rules Enforced by Duty Type

How Rule Checking Works

- The ACGME has clarified in their FAQ's that all averaging rules must be checked within
 the confines of a rotation's start date and end dates. Specifically, they say that
 "Averaging must occur by rotation. This is done over one of the following: a four-week
 period; a one-month period; or the period of the rotation if it is shorter than four weeks."
- Based on this statement, New Innovations has established the following requirements in their software:
 - Rules will only be checked when residents are on a rotation. This means that all residents must have a primary block schedule entered into New Innovations.
 - All duty hour reports will return data grouped by rule-checking periods, i.e. in fourweek increments, one- month increments, or for the rotation period (if shorter than four weeks)
 - Long rotations will be broken down into contiguous four-week check periods. So a 12-week rotation would be broken down into three four-week check periods. A 15week rotation would be broken down into four four-week check periods, the last check period being the last four weeks in the rotation.

Duty Hour Dashboard: Duty Hours>Dashboard

- 1) Usage Panel
- 2) Violations Panel
- 3) Compliance Panel



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Usage Panel

This panel is divided into 6 smaller panels, representing this week and the past five weeks. Each week has three lines of information.

- 1- (red) how many of your residents have no log activity. It is represented by red, alerting you that this may be a problem area. The first line is residents who have not logged their duty hours this week.
- 2- (yellow) shows residents have logged their duty hours for three days or less.
- 3- (green) tells us how many residents have four or more days with logs.

Click one of the weeks to go to the Weekly Usage Monitor. This report lets you see the number of hours each for person has logged for each day of a week, and also clearly see who hasn't recorded any duty hours for specific days.

You can also email someone directly from this report which is sent immediately instead of the next morning. If you don't see an email icon for a person that means they do not have a primary email address in personnel data.

o 2/15/2020	○ Current week ● Last week ○ 2 weeks ago	<u>3</u> v	veeks ag	0 0	4 weeks	ago	○ 5 v	veeks a	igo		
	Rotation	Sun	Mon	Tue	Wed	Thu	Fri	Sat	80hr Total	Total Hours	
	NEURO:NEURO:GEN-EEG-TGH		7	7	8	8			30	30	Details
	NEURO:NEURO:ELECTIVE-JAHVA		11	8	10	5			34	34	Details
	NEURO:NEURO:CONSULTS-TGH		13	12	7	15	2		49	49	Details 🔲
	NEURO:NEURO:ELECTIVE-TGH		16	7					19	23	Details
	DM:IM:HOUSEOFFICER-JAHVA	7	13	13	8				41	41	Details 🔲
	NEURO:NEURO:MS/POLYTRAUMA/PAIN/HA-JAHVA	22	9	9	14	10	6	11	81	81	Details
	NEURO:NEURO:PSYCHIATRY-BPVA								0	0	Details
	NEURO:NEURO:CONSULTS-BPVA								0	0	Details
	NEURO:NEURO:ELECTIVE-TGH								0	0	Details
	NEURO:NEURO:CONSULTS-TGH	17	16	14	12	10	13	8	90	90	Details 🔲
	NEURO:NEURO:STROKE-TGH		12	12	12	12	12		60	60	Details
	NEURO:NEURO:PEDS-ACH	17	8	10	10	10	7	8	70	70	Details
	DM:PULM:MICU-JAHVA	12	12	12	10	9			55	55	Details 🔲
	NEURO:NEURO:CONSULTS-BPVA	13	9	8	9				39	39	Details 🔲
	DM:IM:IHM WARD-MCC	12	10	11					33	33	Details 🖾
	NEURO:NEURO:PEDS-TGH		12	12	12	12	12		60	60	Details 🔲
	DM:IM:IHM CONSULTS-MCC	4.83	7	7	13		13		44.83	44.83	Details
	NEURO:NEURO:EEG/EMG-JAHVA			10	12				22	22	Details 🔲
	NEURO:NEURO:ER-TGH								0	0	Details
	NEURO:NEURO:GEN-TGH								0	0	Details
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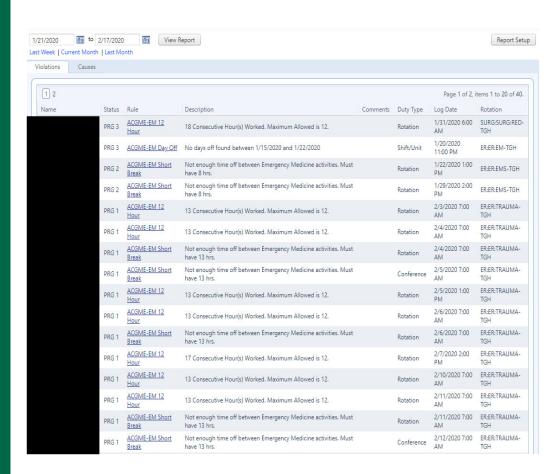
Violations Panel

This panel gives you trending information about violations in your department for the past six months and a count of violations that occurred in the last week. Below the chart is a list of information about Justifications. This panel lets you know if there is any action to take.

Violations are listed for the date range at the top. You can change the date range to see violations from last week, this month and last month.

On the report, you can see the person's name, status, and rotation as well as violation information including the rule that was broken, a description of what happened, comments made and the duty type and log date of the violation. You can click the rule to drill down to see the actual logs that are associated with the violation.

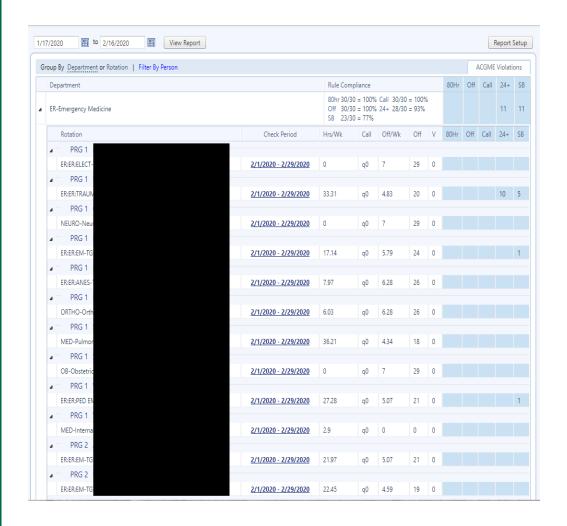
This report can be customized by clicking Report Setup in the top right. You can filter by rule, department, status, and location and show rotators and log details.



Compliance Panel

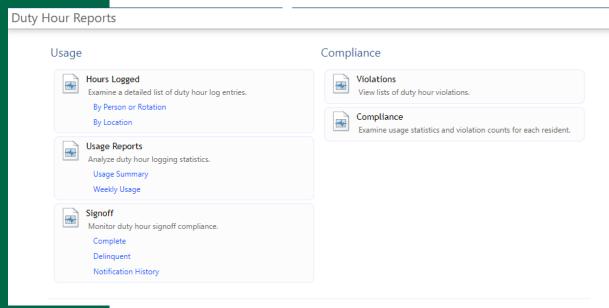
There are two pieces of information on this panel:

- A breakdown of resident compliance for each duty hour rule for the last completed rotation. The previous month is displayed. Click this section to go to the Compliance Report which shows today and the last 27 days (28 days total).
- The Program Information summary, which includes the average hours per week per resident, the average calls per week and the average days off per week for the past four weeks.

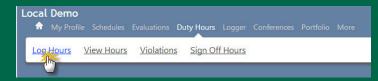


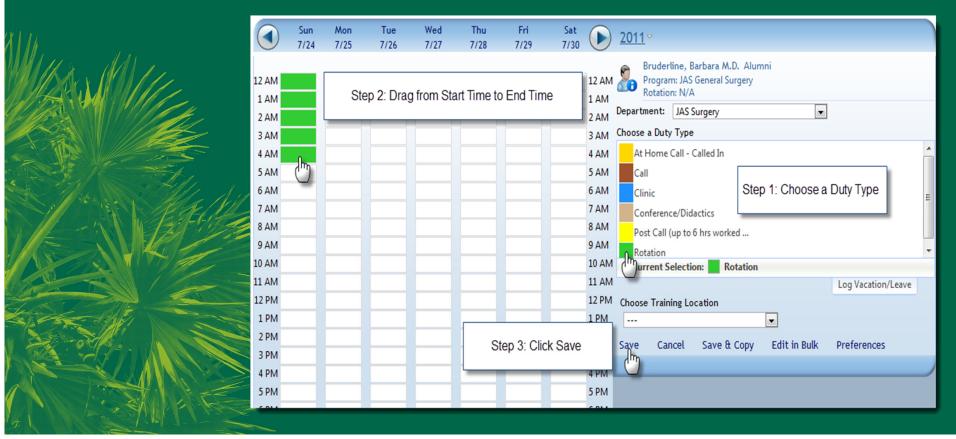
Duty Hour Reports

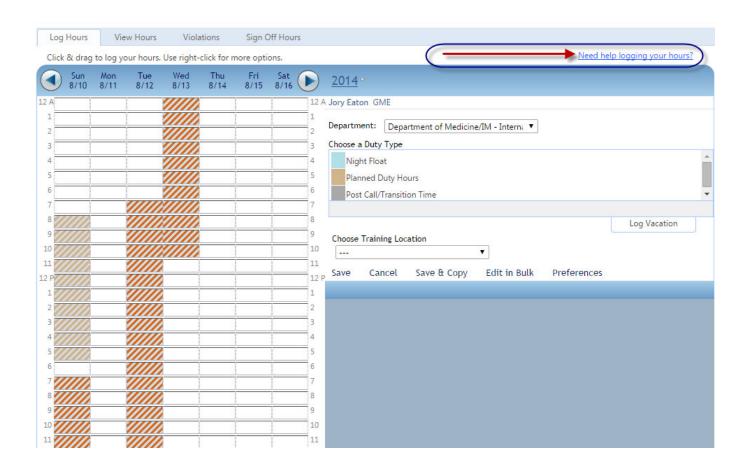
- Violations
- Usage
- Compliance

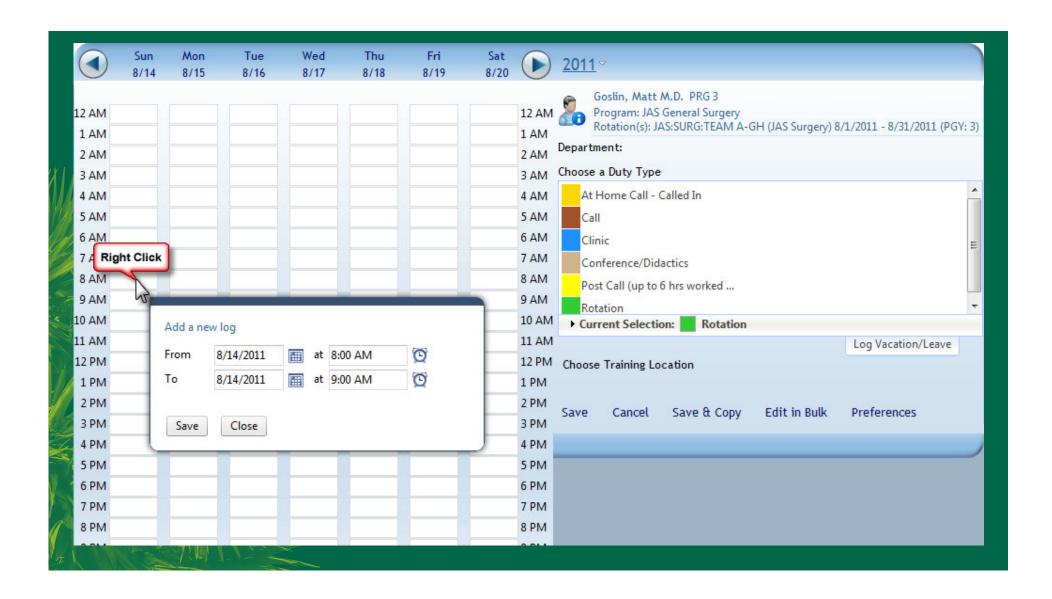


Resident Logging of Duty Hours

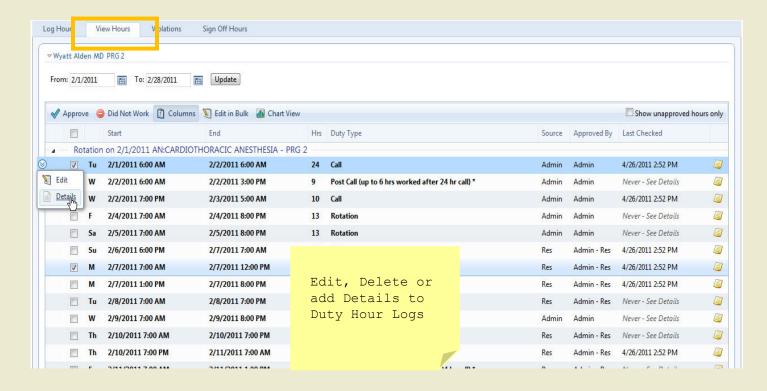








View Duty Hours Logs



Justifications & Causes

- What is a justification?
 - Residents in the final years of their program can use a Justification to explain why
 they violated the 24+4 rule or the Short Break rule. The justification is submitted in
 writing to the Program Director for review. The PD can remove the violation or let it
 stand.
 - You are required to enter a justification all 24 + 4 rule violations as well as short breaks.
- What is a cause?
 - A cause is an explanation of the cause of any violation. Providing a cause helps your Program Director and GME identify situations where residents are exceeding duty hour rules to see if changes can be made to eliminate these violations in the future.
 - Your program may require you to enter a reason any time you have a violation.





Resident Required Evaluation: End of Rotation (Formative)

- ☐ Must be done at least every 3 months
- ☐ Should be confidential
- ☐ Evaluated in 6 core competencies
- ☐ Evaluated on specialty-specific milestones
- ☐ Evaluation can made AVAILABLE the first Friday AFTER the START of a rotation
- □ Evaluation should be DUE no more than 14 days AFTER the rotation ENDS



Resident Required Evaluation: 360 Evaluations

Other types of evaluators:

- Self
- Peer
- Patient
- Other professional staff members



Resident Required: Milestone Evaluation

- ☐ Twice per year
- ☐ Assisted by the CCC



Resident Required: Summative Evaluations



- The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program.
- The program director must provide a summative evaluation for each resident upon completion of the program.
 - PD verifies that the resident has demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice

Resident Evaluation Final Evaluation



- This is the old Summative evaluation
- Completed at the end of the training program
- Milestones and Case Logs (when applicable) must be used as tools
 - Becomes part of the resident's permanent record
 - Shared with residents at completion of the program

Faculty Evaluation

- At least annually, the program must evaluate faculty performance as it relates to the educational program.
- Include a review of the faculty's
- Clinical teaching abilities
- Program engagement
- Faculty Development participation
- Clinical performance
- Professionalism
- Scholarly Activities
- *This evaluation must include written, anonymous, and confidential evaluations by the residents.*

Program Evaluation

Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually.



Recap & Frequency

Required Evaluations	Frequency						
*Resident evaluation by faculty	At the end of a rotation (or every 3 months for rotations greater than 3 months or every 3 months for longitudinal experiences and at the completion						
*Semiannual evaluation	2 times per year						
Milestones	2 times per year (through ACGME Webads)						
*Summative evaluation	1 time at end of the year						
*Final Evaluation	1 time at program end						
Program Evaluation	At least 1 time per year (GME Internal house-staff Evaluation)						
*Faculty Evaluation by Residents	At least 1 time per year						

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EVALUATION FORMS CAN BE ENTERED INTO NEW INNOVATIONS ASSESSMENT DOC. OR PDF.

FACT

Evaluation forms must be set up using NI's Evaluation Form builder.



<u>Fact</u>

Not so easy

- A new form has to be built
- The form has to be swapped out in all future sessions
- Skewed or misleading reports



Fact

Education coordinators need to regularly monitor evaluations

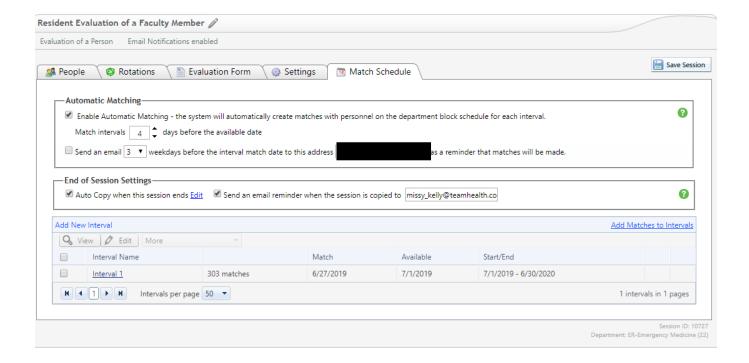
- Verify evaluator/subject matches made
- Ensure evaluations are being completed
- Create reports (e.g, CCC)

Evaluations in New Innovations

There are 2 ways to create and complete evaluations in New Innovations:

- 1. Automatically
- 2. On-demand

Schedule Driven

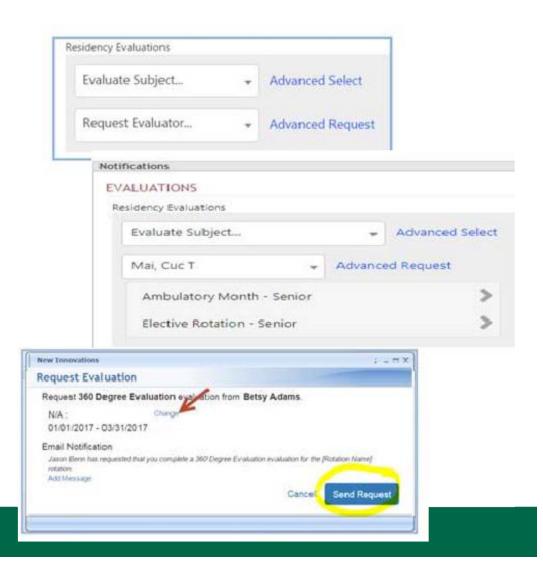


On-Demand

The simple steps to REQUEST an evaluator:

(currently being used by Internal Medicine residents on Elective Rotations)

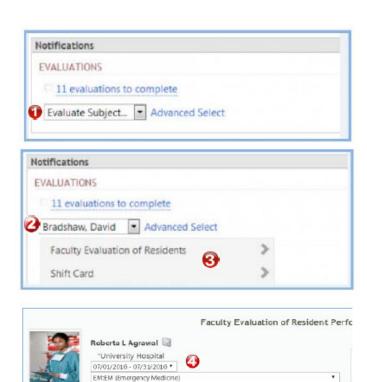
- 1. In the notifications section under Residency Evaluations you can "request evaluator"
- 2. Choose the evaluator from the drop down menu
- 3. Choose which FORM you'd like the evaluator to complete
- 4. Add a message and/or send request



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When RESIDENTs or FACULTY want to complete an evaluation on someone that wasn't matched with them ...

- In the notifications section under Residency Evaluations you can "evaluate subject"
- 2. Choose the subject from the drop down menu
- Choose which FORM you'd like to complete
- Choose the rotation and interval dates from the drop down menu



Evaluations Dashboard

