



New York State Department of Health
Hospital Compliance Review
Working Hours & Conditions of
Post-Graduate Trainees

Triennial-3 Year 1 Report

April 1, 2016 – March 31, 2017

June 08, 2017



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1.0 PROGRAM SUMMARY

New York State continues to be a leader in work hour requirements and monitoring of compliance with those requirements (NYCRR 405) for approximately 15,000 of the nation's 100,000 Post-Graduate Trainees (PGT). In conjunction with the New York State Department of Health (DOH), IPRO has successfully conducted compliance assessments for the past fifteen years.

This report reflects program operations for the period April 1, 2016 to March 31, 2017, the first year of the third triennial monitoring cycle, which includes:

- triennial unannounced onsite surveys for teaching hospitals with more than 10 residents, to monitor compliance with requirements for work hour limitations and adequate supervision;
- annual off-site written compliance assessments for facilities not subject to a triennial onsite compliance review that year and for teaching hospitals with ten or less trainees, to audit facility compliance with resident working hours and supervision requirements;
- onsite complaint investigations;
- onsite revisits as required to monitor corrective action;
- provider training;
- compilation and analysis of findings;
- preparation of findings for DOH review; and
- ongoing quality review monitoring, including timeliness of conducting reviews, timeliness of submitting surveillance findings to the DOH for approval, credibility of findings and provider feedback.

The findings in this report are presented with the stipulation that the data applies only to those facilities reviewed during these 12 months, as the triennial review cycle does not permit extrapolation of the findings to the universe of all facilities for any given 12-month period. After all facilities are reviewed over the course of the triennial cycle, cumulative results will be reported.



2.0 REVIEWS AND INVESTIGATIONS

2.1. Compliance Assessments

A total of 127 compliance assessments were conducted in the first year of the third triennial review period from April 1, 2016 to March 31, 2017, specifically:

- 27 triennial onsite compliance assessment visits,
- 11 onsite revisits,
- 3 complaint investigations, and
- 86 written (off-site) assessments.

This total reflects unannounced triennial onsite visits for teaching hospitals with more than ten post-graduate trainees, a focus on the working hours and conditions of post-graduate trainee (PGT) levels 1-3, and overall assessment of PGT access to and the quality of supervision provided by supervising physicians. Facilities with ten or less post-graduate trainees and those facilities not scheduled for an onsite visit are surveyed through a written compliance assessment.

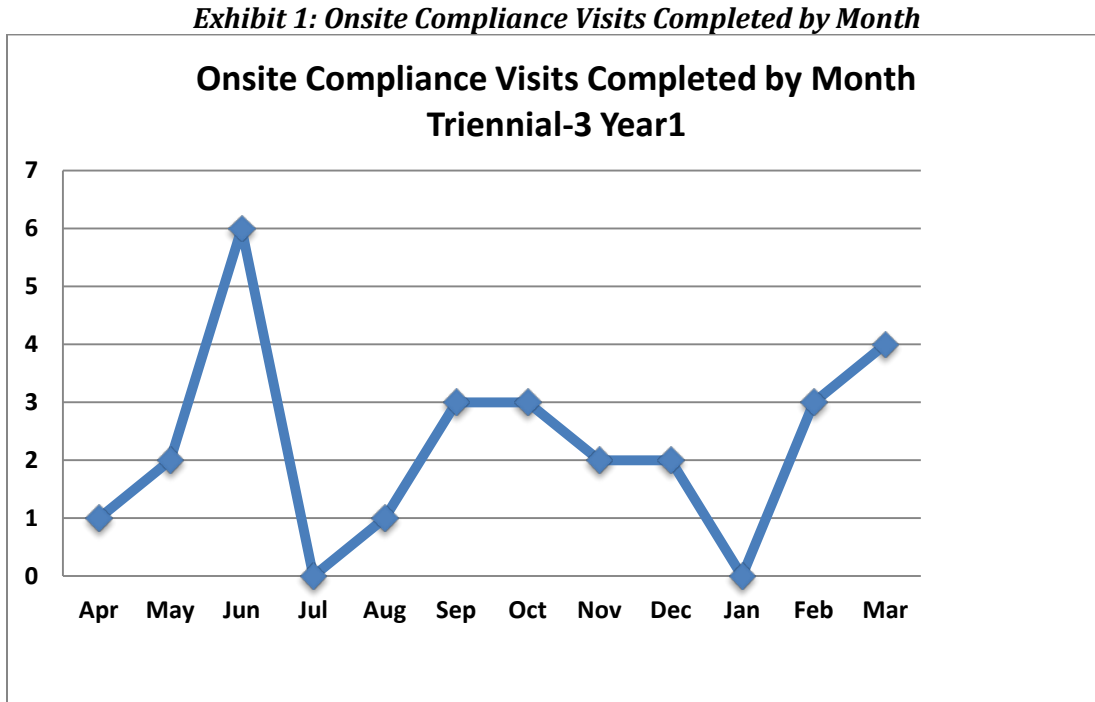
In total, 1,839 PGTs in the State were interviewed during this timeframe to assess compliance with working hour requirements. Upon completion of each facility survey, a letter of findings was issued with a compliance determination. Non-compliance with current requirements was reported to facilities in a statement of deficiencies (SOD) by the DOH. All facilities with documented deficiencies were required to submit a plan for implementing corrective action. All facilities that submit a plan of correction (POC) are assessed for implementation and compliance with their submitted POC at their next visit.

Eighty-six written off-site compliance assessments were conducted for facilities not subject to a triennial visit and facilities with ten or less post-graduate trainees. Letters of closure are sent to the facility upon acceptance of the submitted documentation.

2.1.1. Implementation

Under the triennial review requirements, onsite surveys are planned throughout each year of the triennial cycle by region, with a mix of small (<80 residents), medium (81-200 residents) and large (>200 residents) facilities. An average of three triennial onsite surveys and seven off-site compliance assessments were planned each month. Adjustments are made as needed to allow for facility and/or program closures, expansions, or mergers/acquisitions.

Exhibit 1: Onsite Compliance Visits Completed by Month, shows the distribution of the triennial onsite reviews that were completed (conducted and analyzed) by month for the first year of the triennial cycle.



Data is collected and reported by region, bed size and program size. The five regions include the counties/boroughs where teaching hospitals are located, as shown in Exhibit 2: Distribution of Facilities by Region. The distribution of facilities by bed size and by program size are shown in Exhibit 3: Distribution of Facilities by Bed Size and Exhibit 4: Distribution of Facilities by Program (# of PGTs) Size respectively. To account for those facilities that may have changed category during the triennial period (e.g., closed, reduced or increased program or bed size), data in this report reflect the numbers at the end of the first year of the third triennial period based on the facilities that were subject to onsite review during the timeframe.



Exhibit 2: Distribution of Facilities by Region

Region	Counties/Boroughs with Teaching Hospitals	# of Facilities
Central	Broome, Jefferson, Oneida, Onondaga	7
Lower Hudson Valley & Long Island (LHVLI)	Nassau, Rockland, Suffolk, Ulster, Westchester	23
Northeast (NE)	Albany, Clinton, Otsego, Schenectady	5
New York City (NYC)	Bronx, Kings, New York, Richmond, Queens	46
Western	Cattaraugus, Erie, Monroe, Niagara, Steuben	14
TOTAL		95

Exhibit 3: Distribution of Facilities by Bed Size

Bed Size Categories	# of Facilities
0-200	13
201-400	39
401-600	28
600+	15
TOTAL	95

Exhibit 4: Distribution of Facilities by Program (# of PGTs) Size

Program Size Categories	# of Facilities
11-80	43
81-200	19
201+	33
TOTAL	95

The distribution of the onsite assessments completed in the first year of the triennial cycle relative to the universe of 95 facilities eligible for a triennial onsite survey is shown in Exhibit 5: Onsite Visits as % of Total Facilities Subject to Onsite Visit by Region; Exhibit 6: Onsite Visits as % of Total Facilities Subject to Onsite Visit by Bed Size, and Exhibit 7: Onsite Visits as % of Total Facilities Subject to Onsite Visit by Program Size.

Exhibit 5: Onsite Visits as % of Total Facilities Subject to Onsite Visit by Region

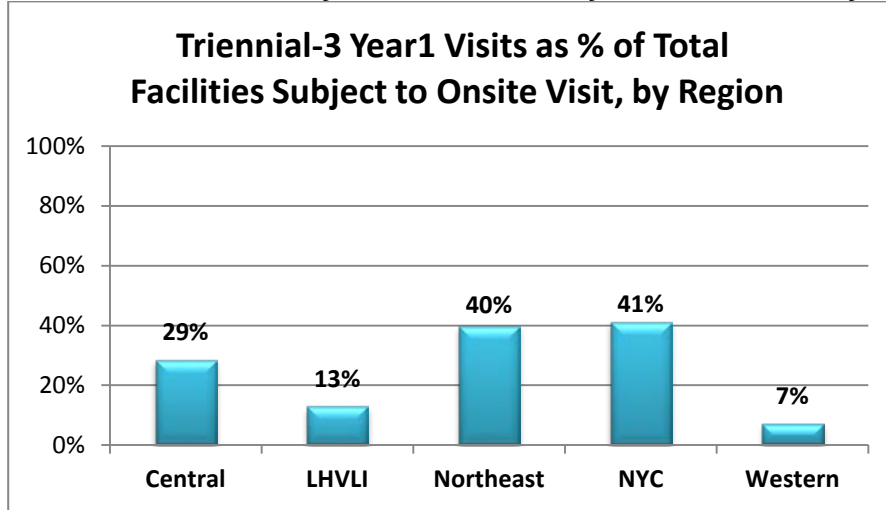


Exhibit 6: Onsite Visits as % of Total Facilities Subject to Onsite Visit by Bed Size

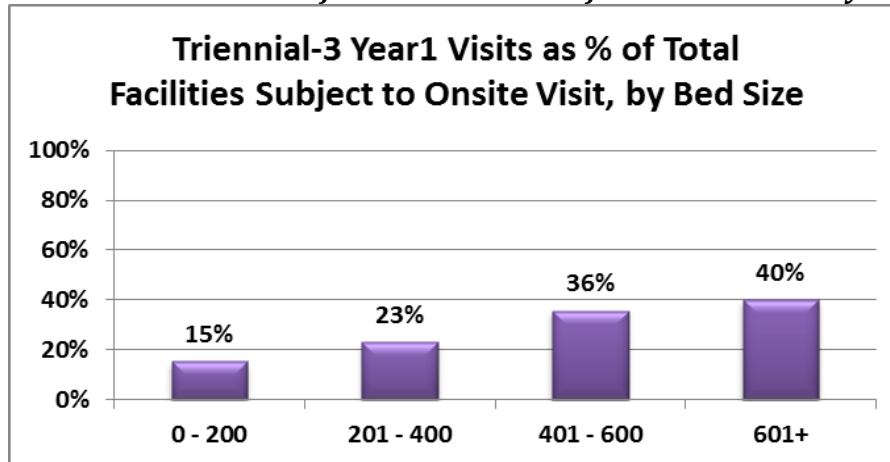
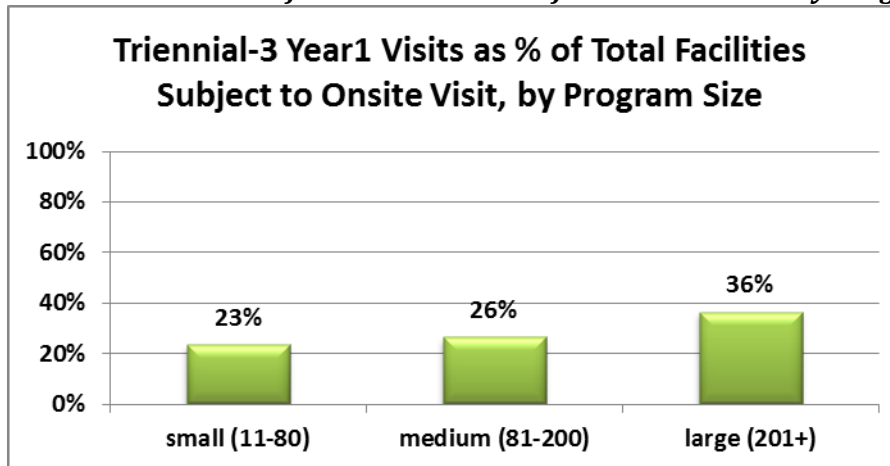


Exhibit 7: Onsite Visits as % of Total Facilities Subject to Onsite Visit by Program Size



2.1.2. Distribution of Findings

Twenty-seven triennial compliance visits were conducted under the terms of the contract, where each teaching facility with more than ten residents receives an onsite compliance visit once in three years. Of these, 4 evidenced some level of non-compliance at the time of the onsite review resulting in a citation.

Exhibit 8: Compliance Assessment—Statewide Results, and Exhibit 9: Compliance Assessment—Results by Region, shows the distribution of the 27 triennial reviews, by compliance and non-compliance on a statewide and regional basis respectively. For reporting purposes, non-compliance means that one or more deficiency/finding was identified during the onsite review. Each deficiency/finding cited could result from an issue associated within one or more programs within the facility.

Exhibit 8: Compliance Assessment—Statewide Results

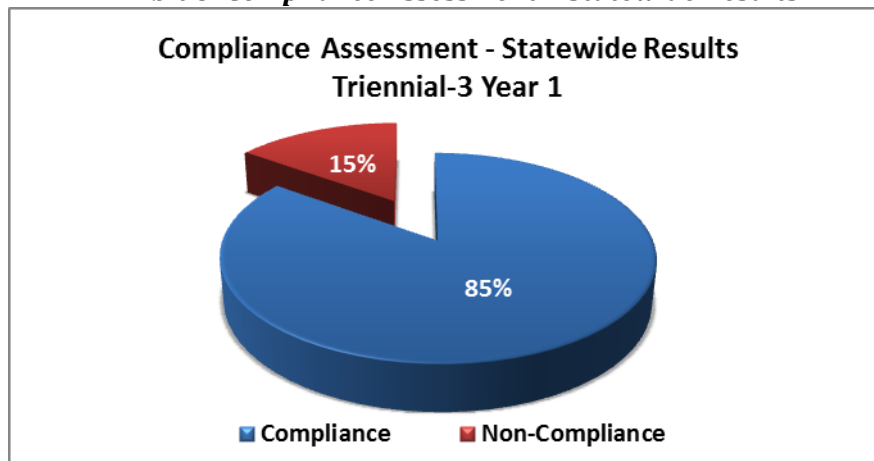


Exhibit 9: Compliance Assessment—Results by Region

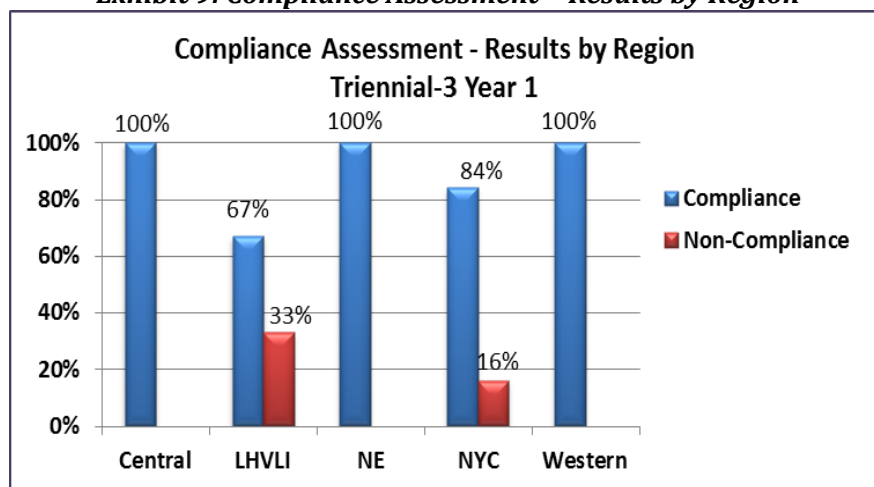


Exhibit 10: Compliance Visits - % of Facilities Cited by Bed Size, and Exhibit 11: Compliance Visits - % of Facilities Cited by Program Size, show a comparison of those facilities surveyed in each category, those that were cited

Exhibit 10: Compliance Visits - % of Facilities Cited by Bed Size

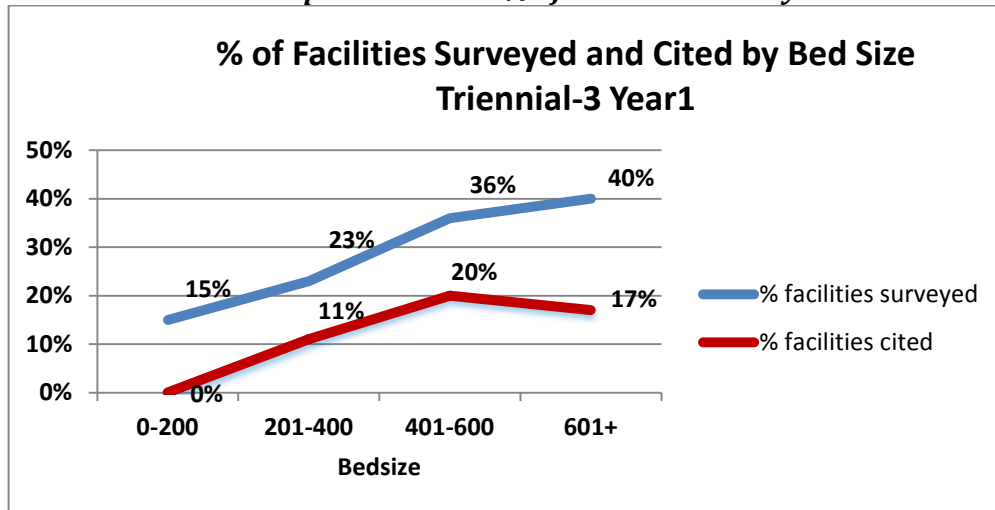


Exhibit 11: Compliance Visits - % of Facilities Cited by Program Size

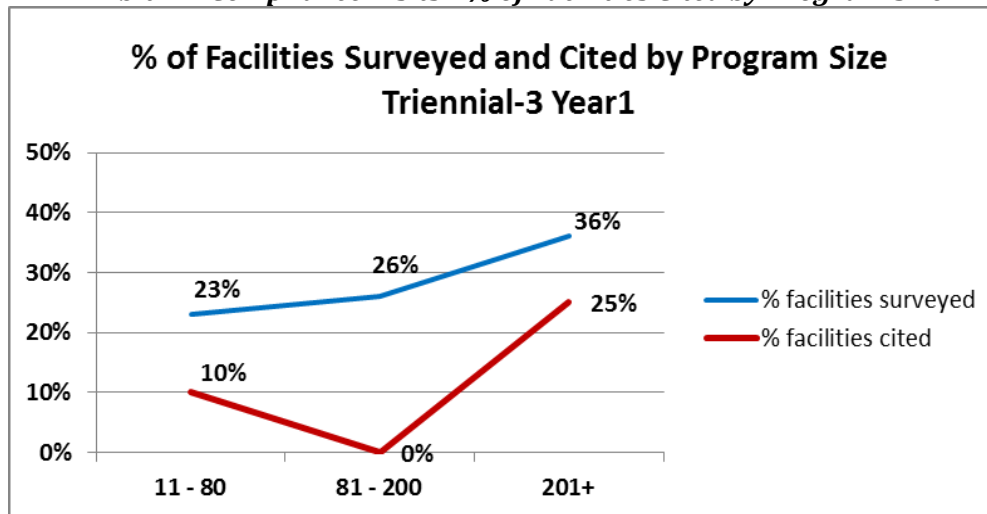
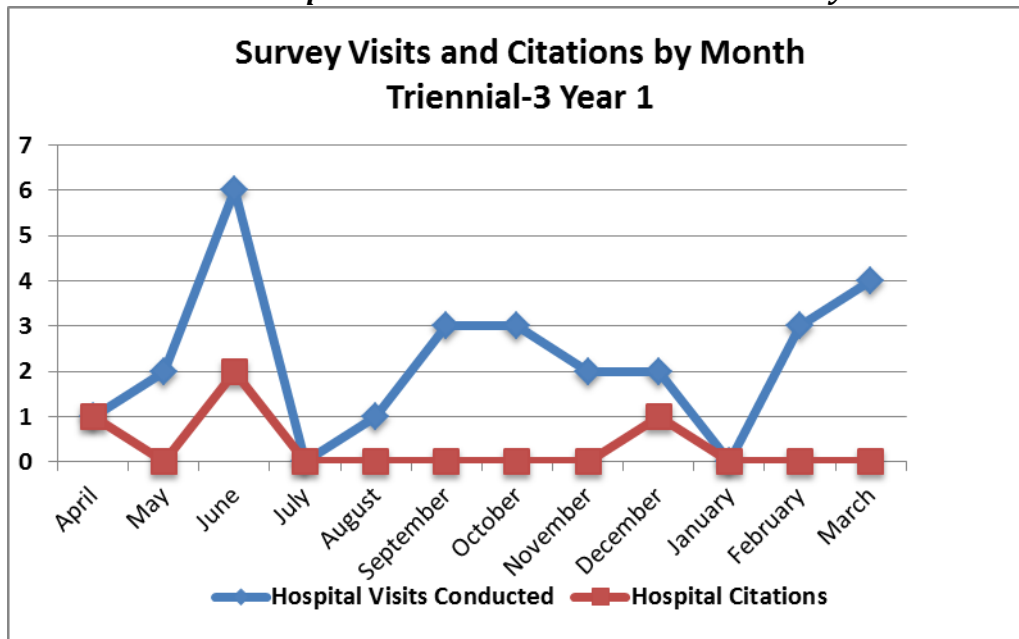


Exhibit 12: Compliance Visits Conducted and Citations by Month, illustrates the distribution of the 27 triennial visits compared to the findings of non-compliance for visits completed each month.

Exhibit 12: Compliance Visits Conducted and Citations by Month



Consistent with previous years' findings, it does not appear that survey outcome was significantly influenced by survey scheduling. While it is recognized that throughout the year there are dates and periods of time where routine scheduling for hospitals may be more difficult, compliance surveys continue to be scheduled throughout the full contract cycle.



3.0 SUMMARY OF FINDINGS

During the first year of the triennial review cycle, 27 triennial visits, 11 revisits, and 3 complaint investigations were conducted. Of these, four facilities evidenced some level of non-compliance with requirements for resident working hours and conditions.

3.1. Triennial Reviews

Compliance findings for the 27 triennial visits include the following:

- Twenty-three hospitals were found in substantial compliance with requirements, with no citations issued.
- Four hospitals were cited for non-compliance in at least one program area.
 - ✓ In three of the facilities cited, one program area within the facility evidenced non-compliance with at least one review criteria.
 - ✓ In one of the facilities cited, one program area evidenced non-compliance in more than one review criteria.
 - ✓ In one of the facilities cited, one program area evidenced non-compliance in more than one review criteria for both the triennial and revisit surveys (done concurrently).
- Of the four facilities that were cited for non-compliance, four total programs were cited with a total of seven individual citations.

Specific findings based on current program requirements include:

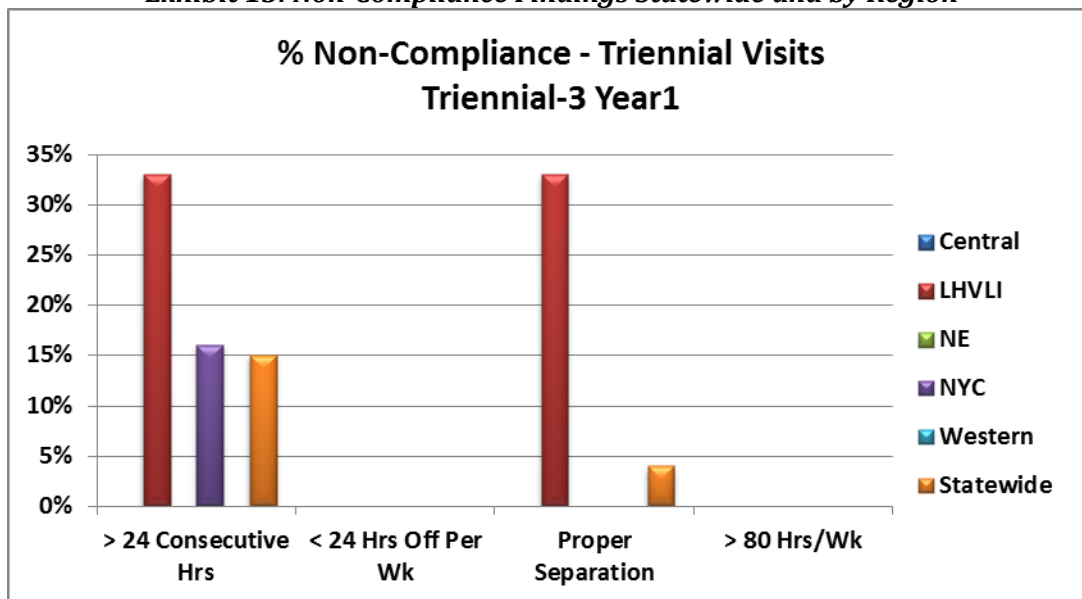
- 80 Hours Per Week. On average, over a four-week period, the work week is limited to 80 hours per week. ***No facility was cited for residents working hours in excess of 80 hours each week.***
- 24 Consecutive Hours. Regulations limit scheduled assignments to no more than 24 consecutive hours. ***Four facilities were cited for residents working more than 24 consecutive hours; one facility was cited for both the triennial and revisit surveys.***
- 24 Hours Off Period. Scheduling must include one full 24-hour off period each week. ***No facility was cited for residents not receiving a full 24-hour off period during each week.***
- Proper Separation. Assigned work periods must be separated by not less than eight non-working hours. ***One facility was cited for resident working assignments not separated by required non-working time, for both the triennial and revisit surveys.***

- Working Conditions. This category includes, for example, consideration for sleep/rest accommodations, and the availability of ancillary and support services. ***No facility was cited for failing to meet expected working conditions for residents.***
- Supervision. This category reflects 24/7 access to and availability of the attending physician to provide supervision of all trainees with documented evidence in the medical record. Trainees in their final year or who have completed at least three years of training may perform supervision if it can be demonstrated that the attending is immediately available by phone and readily available in person. For surgical programs, the requirements are personal supervision of all surgical procedures requiring general anesthesia or an operating room, preoperative examination and assessment by the attending physician, and postoperative examination and assessment no less frequently than daily by the attending physician. ***No facility was cited for improper post-graduate trainee supervision.***
- Working Limits. This category reflects documented inconsistencies in working hour information collected during interviews and through observation when compared to a review of documentation. To validate interview data, review staff screen facility documentation not limited to medical records, operative reports, delivery logs, and/or consult logs, to document the date and/or time certain services are provided and recorded. ***None of the visits conducted evidenced violations in this area.***
- QA/QI. Each hospital is required to conduct and document ongoing quality assurance/quality improvement (QA/QI) activities for the identification of actual or potential problems in accordance with requirements set forth in statute. ***No facility reviewed during this timeframe was cited for deficiencies in their QA/QI performance.*** It should be noted that QA/QI would automatically be cited for any facility that had a repeat deficiency from the prior year or in the case of a same year revisit, a repeat of findings in that year.
- Governing Body. The responsibility for the conduct and obligations of the hospital including compliance with all Federal, State and local laws, rests with the hospital Governing Body. ***During this timeframe, Governing Body was not cited as an area of non-compliance.***
- Moonlighting. Regulations place responsibility with each hospital to limit and monitor the working hours associated with moonlighting or dual employment situations. Trainees who have worked the maximum number of hours permitted in regulation are prohibited from moonlighting as physicians providing professional patient care services. ***No violations pertaining to moonlighting or dual employment requirements were identified.***
- Emergency Department (ED). For hospitals with more than 15,000 unscheduled emergency department visits, the ED assignments of trainees must be limited to no more than 12 consecutive hours. ***No violations were identified for this program area for facilities reviewed during this reporting period.***

- Medical Records. Medical record documentation and authentication regulations require that all medical record entries be signed, dated, and timed. **No facility was cited for noncompliance with medical record entry requirements.**

The most notable area of non-compliance cited was post-graduate trainees working more than 24 consecutive hours. These findings are illustrated in Exhibit 13: Non-Compliance Findings Statewide and by Region for triennial surveys conducted.

Exhibit 13: Non-Compliance Findings Statewide and by Region



3.1.1. 24 Consecutive Hours

New York State regulations limit scheduled assignments to no more than 24 consecutive hours. In applying this standard and for determining compliance, an additional unscheduled transition period of up to three hours may be used by facilities to provide for the appropriate transfer of patient information.

Hospitals have some flexibility in using the three-hour transition period to carry out rounds, grand rounds, and/or the transfer of patient information. New patient care responsibilities may not be assigned during the transition period, and the three-hour period, if used, is counted toward the weekly work-hour limit of 80 hours.

For all triennial surveys conducted, this area was most frequently cited. Statewide, non-compliance was evidenced in 15% of the triennial surveys conducted.

3.1.2. Proper Separation

New York State regulations require that scheduled on-duty assignments be separated by not less than eight non-working hours. For all surveys conducted in the triennial review cycle, non-compliance was cited in one facility for the triennial and revisit surveys conducted.

3.2. Revisits and Monitoring of Corrective Action Plans Results

Eleven facility revisits involving 11 resident programs were conducted to monitor the facility's plan of correction (POC) implementation for previously identified non-compliance. Findings for the revisits include:

- Revisits involved seven surgery programs, three OB/GYN programs, and one family medicine program;
- 91% of onsite revisits evidenced substantial compliance with the POC;
- 9% of revisits evidenced continued non-compliance with work hour regulations.

3.3. Complaint Investigation Results

The three complaints investigated were not substantiated. One complaint is pending review.

3.4. Off-Site Compliance Assessments

Four of the 86 off-site compliance assessments completed were re-educated on NY State regulations for:

- one 24-hour off period per week no averaging, and
- a 3-hour transition period post-24 hours on-call.

3.5. Program Strengths / Changes / Best Practices

IPRO continues to track and trend best practices and changes facilities have made in response to duty hours based on discussions with program representatives.

Changes/strengths continue to trend around schedule, staffing, and education/procedural changes as programs continue to evaluate and implement processes and systems to best meet their needs. The following list provides a representative summary of ongoing trends:

- Program Changes
 - ✓ Adjusted hours of morning report and/or post-call residents present cases first.
 - ✓ Changed time of morning and/or afternoon sign-outs.
 - ✓ Changed/revised time and/or days of on-call shifts, night float, etc., to be in compliance with work hour regulations.
 - ✓ Revised rotation changes, such as added, deleted, length of, etc.
 - ✓ Use of Hospitalist, Nurse Practitioners, and Physician Assistants for coverage.
 - ✓ Added more faculty/attending physician coverage.
 - ✓ Re-allocated resources to cover busier times/services.
 - ✓ Implemented protected education time.

- ✓ Dedicated a one or two week block (e.g., “4+1” or “5+2”) solely for clinic scheduling as compared to scattered weekly clinic assignments.
- ✓ Availability of conferences and presentations online.
- ✓ Use of software for duty hour monitoring.
- ✓ Focus on handoff procedures.
- Best practices include:
 - ✓ Well written policies that clearly state the work hour regulations and are consistent throughout the organization.
 - ✓ Not scheduling to the maximum allowable hours to provide enough flexibility in the schedule to allow for sign-out, transition time, academics, a full day off, etc. while meeting work hour requirements.
 - ✓ Periodically checking what hours residents are actually working to ensure the schedule allows for compliance.
 - ✓ Monitoring work hours by rotation to include any rotators in from another program.
 - ✓ Follow-up on the causes of non-compliance so the appropriate issues can be addressed.



4.0 QUALITY REVIEW MONITORING

As part of the quality monitoring system, IPRO continues to monitor all aspects of the contract requirements. Issues and trends are reviewed and improvements are made as needed to ensure program effectiveness and consistency. Monitoring includes but is not limited to:

- survey processes, such as unannounced visits, staggered survey schedule, and site review protocols,
- feedback and other communications from facilities and collaborators,
- tracking and trending of program changes and best practices,
- survey findings and POCs for issues/trends,
- internal program performance including effectiveness of processes, timeliness of all survey activities, and staff performance.

All timeliness standards and goals were met during this timeframe.



5.0 FACILITY TRAINING AND DOH SUPPORT

IPRO continues to provide training and updates as requested by facilities and other collaborators/special interest groups. During this timeframe, IPRO:

- provided one formal training session and several informal training/discussions during onsite survey visits, as well as post-onsite and offsite surveys based on findings;
- responded to inquiries via telephone calls, emails, and in person regarding work hour regulations, processes, and SOD/POC details;
- contacted three new residency programs and provided documents and education on NYS PGT work hour regulations and the NYS survey process;
- distributed over 2,000 Resident Work Hour Brochures upon request and to residents during onsite surveys;
- maintained updated facility and survey tracking lists and databases;
- provided the DOH with quarterly, or more frequently as needed, updates and reports.



APPENDIX A. ANNUAL OFF-SITE COMPLIANCE ASSESSMENT TOOL

The off-site assessment form that follows was developed and revised under the requirements of the contract for facilities that are not subject to a triennial onsite assessment because they have ten or fewer post-graduate trainees or because they are not scheduled for a triennial onsite assessment during that year.



Annual Off-site Compliance Assessment Working Hours & Conditions of Post-Graduate Trainees

Please submit the following documentation:

1. List of all accredited and non-accredited programs that sponsor residents in your hospital.
2. List of contact personnel (Program Director/Program Coordinator) and telephone number/extension for each department (including subspecialties).
3. List of post-graduate trainee (PGT) count by service and level/year (e.g., surgery=10: 5-PGY1, 5-PGY2).
4. Identify the Senior member of hospital administration who has oversight of compliance with work hour rules.
5. Description of system and/or method for monitoring resident work hour compliance.
6. Meeting minutes specific to monitoring and results of PGT work hours and supervision requirements, such as GME, Work-hour Subcommittee, etc. These can be rolled up/summarized or include only sections relevant to working hours.
7. For the past 12 months, please identify any issue, complaint or finding identified to the facility that raises concerns regarding compliance with work hour rules and/or supervision requirements. Indicate which actions were taken by the facility to review/address concerns raised and/or outcome of allegation.
8. Indicate if any changes have been implemented in the past 12 months for education, scheduling/staffing, etc. to meet or maintain compliance with work-hour rules.
9. Describe or submit documentation outlining the process for handling internal complaints or concerns regarding resident work hours and/or supervision requirements.
10. Indicate how you inform residents of an external process/option (such as ACGME, DOH, IPRO, etc.) if they have concerns regarding work-hour and/or supervision requirement issues.
11. Provide evidence (e.g., agendas, dates, sign-in sheets) of any educational/information sessions held for post-graduate trainees regarding work-hour regulations and the impact/effect of sleep deprivation and fatigue on work performance and safety.
12. Policies on PGT work hours and conditions, and supervision.
13. Any other supporting documentation/information that you wish to submit for review.

Note: All information should be submitted in sections that correspond with the number/numbers above. The facility will receive confirmation that information has been received and will be notified if any additional information/documentation is required.