

May 5, 2014

Dear Emergency Room Director:

This is an update to the original correspondence provided to you on March 19, 2009. At that time, we had become aware of an unacceptably high rate of ACGME Resident Duty Hours Restriction violations among residents enrolled in the UCLA Head and Neck Surgery residency program. The specific violation relates to the “10 hour respite” rule, which specifies that all residents must have a 10-hour off period between all daily work periods.

Since then the ACGME has updated the duty hours to the following as taken from The RRC Otolaryngology program requirements pg 24 section IV.G.5 available at www.acgme.org:

Minimum Time Off between Scheduled Duty Periods:

PGY-1 residents should have 10 hours, and must have eight hours free of duty between scheduled duty periods.

Intermediate-level residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

If we fail to follow these rules, this will trigger an immediate RRC site visit and possibly result in decertification of the UCLA Head and Neck Surgery residency program.

The faculty has instructed all Head and Neck Surgery residents that they should only see urgent consults between the hours of 10 p.m. and 6 a.m. Our residents will continue to be available to answer pages during this time period, but we have instructed them not to see non-urgent consults during this time period if coming into the hospital would constitute a violation of the updated “8 hour respite” rule. We have given our residents the authority to decide whether consults are urgent or non-urgent. As a criteria for making this judgment, we have suggested that consults should be considered urgent if delaying the evaluation until 6:00 a.m. is likely to result in patient harm. The on-call residents have also been instructed to contact the on-call head and neck attending if clarification is needed.

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Two options exist for obtaining non-urgent evaluations of patients who present during the above specified hours. Patients who choose to wait in the emergency room will be seen at 6:00 a.m. If patients do not wish to wait to be seen, then a clinic referral should be made and the patient should be instructed to call the Head and Neck clinic to schedule an appointment.

We realize that this policy is less than ideal and is likely to cause inconvenience for Emergency Department patients and staff. Unfortunately, the ACGME Resident Duty Hours Restrictions give us no latitude in this matter, and we cannot risk decertification of the residency program. I would appreciate it if you would distribute a copy of this letter to all attending physicians, resident physicians, and staff in the Emergency Department and post a copy of this letter at the control desk.

Sincerely,

Vishad Nabili, MD
Associate Professor
Residency Program Director
UCLA Head and Neck Surgery