

IMPLEMENTATION OF A NIGHT FLOAT SYSTEM IN THE INTENSIVE CARE UNIT TO COMPLY WITH ACGME WORK DUTY REGULATIONS: DOES IT WORK AND IS IT RATED FAVORABLY?

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Purpose: According to ACGME regulations, residents may not see new patients after 24 hours of continuous duty. For many training programs, adhering to this new regulation is most difficult in the intensive care unit. The purpose of this study was to implement a new intern night float system in our 32-bed intensive care unit (ICU), document compliance with ACGME work duty hours and gauge resident and faculty response to the new system.

Methodology: A night float intern was assigned to admit new patients overnight allowing the day intern to leave after 12 hours of duty. The senior resident had overnight call and remained the allowable six hours (24/6) to insure appropriate and complete transfer of patient care between team interns. Anonymous four-point scale questionnaires were distributed to faculty, senior residents, and day and night interns who were in the ICU from July to October 2003. Means and standard deviations of responses were calculated and paired student t tests were performed to compare key items in the questionnaire between different groups exposed to the new system.

Results: Residents and interns across all groups showed decided support for the new intern night float system, especially in the key areas of improved sleep, alertness during working hours, adequate turnover, continuity of care, and overall learning experience. Responses were not statistically different when compared among the different groups. Faculty responses were few but appeared to show general support for the system. There were no violations of the 24/6 rule.

Conclusions: An ICU intern night float system is a viable option for internal medicine residency-training programs trying to comply with ACGME regulations without compromising patient care, continuity of care or resident learning in an intensive care unit. Our new system was positively rated by faculty, team interns and supervising residents.

