



Working Hours and
Conditions Post-Graduate
Trainees
Annual Compliance
Assessment
Contract Year 6
10/1/06-9/30/07

Executive Summary

With approximately 15,000 of the nation's 100,000 post-graduate trainees working within New York State, considerable attention has focused on monitoring for compliance with the State's work hour requirements. In conjunction with a renewed five-year contract with the New York State Department of Health (DOH), IPRO conducted compliance assessments at all teaching hospitals. A total of 155 compliance visits were conducted in the sixth year of the contract from October 1, 2006 to September 30, 2007, which included annual compliance visits at all 124 teaching facilities in New York State, 6 complaint investigations, and 25 revisits. In total, the working hours of 9,068 residents in the State were reviewed to assess compliance with working hour requirements.

Upon completion of each onsite survey, a letter of findings was issued to each facility with a compliance determination. Non-compliance with current requirements was reported to facilities in a statement of deficiencies (SOD). 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.

Compliance findings for year six of the Post-Graduate Trainees Working Hour Compliance Assessment Program, include the following:

- Annual compliance reviews were conducted at all 124 teaching facilities, with 104 hospitals found in substantial compliance with requirements and 20 hospitals cited for non-compliance in at least one program area
 - In thirteen (13) of the facilities cited, only one (1) program area within the facility evidenced non-compliance
 - In five (5) of the facilities cited, two (2) program areas within the facility evidenced non-compliance
 - In one (1) of the facilities cited, three (3) program areas within the facility evidenced non-compliance
 - In one (1) of the facilities cited, the Graduate Medical Education department within the facility evidenced non-compliance
- 6 onsite complaint investigations were conducted with a 50% substantiation rate
 - Four (4) of the 6 complaints related to surgical programs with three (3) complaints substantiated
 - One (1) of the 6 complaints related to the internal medicine program with the complaint not substantiated
 - One (1) of the 6 complaints related to the OB/GYN program with the complaint not substantiated

- In follow-up to identified non-compliance, 25 revisits were conducted to monitor the facility's plan of correction (POC) implementation
 - 80% of revisits evidenced substantial compliance
 - 20% of revisits evidenced at least one element of continued non-compliance
 - 16 revisits focused on surgical compliance issues with 25% continued non-compliance, and 9 revisits focused on internal medicine compliance issues with 22% continued non-compliance
- Eighteen (18) of the 155 (12%) compliance reviews conducted evidenced residents working more than 24 consecutive hours
 - Programs in surgery (55%) and internal medicine (36%) were most frequently cited in this area
- Sixteen (16) of the 155 (10%) compliance reviews conducted evidenced residents not receiving one full 24-hour off period each week
 - Programs in surgery (55%), internal medicine (20%), and pediatrics (15%) were most frequently cited in this area
- Two (2) of the 155 (1%) compliance reviews conducted evidenced improper separation between working assignments
 - Program cited was surgery (100%)
- One (1) of the 155 (1%) compliance reviews conducted evidenced non-compliance with medical record documentation and authentication regulations
 - Program cited was medicine (100%)
- Nine (9) of the 155 (6%) compliance reviews conducted evidenced repeat violations and were cited for QA
 - Programs in surgery (67%) and internal medicine (33%) were cited in this area.

Annual Compliance Assessment

Exhibits 1 – 2 / Implementation

Exhibit 1 illustrates the 124 annual reviews for the sixth year of the contract conducted between October 2006 and September 2007.

Exhibit 1

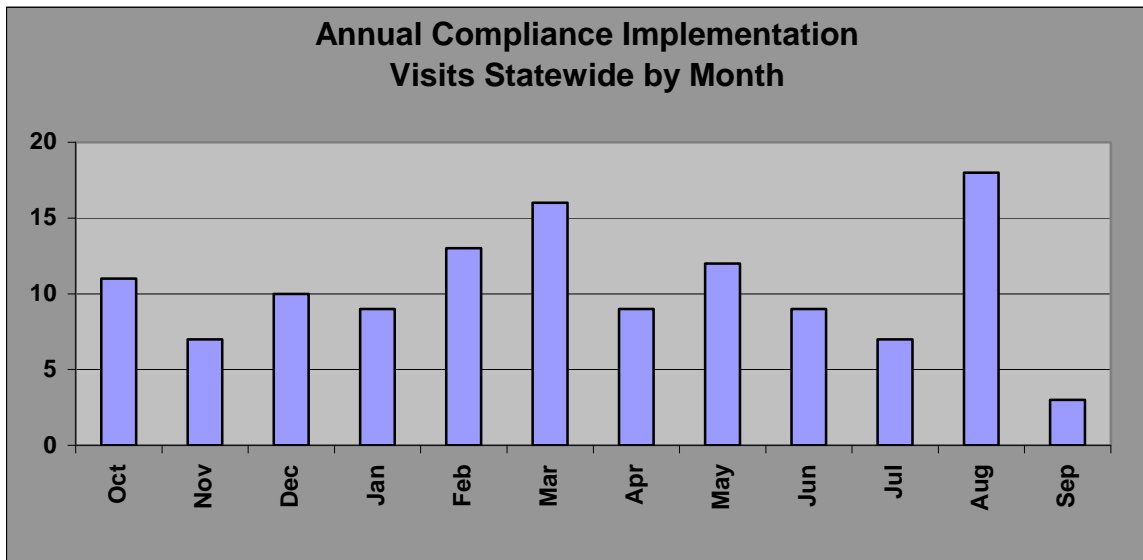
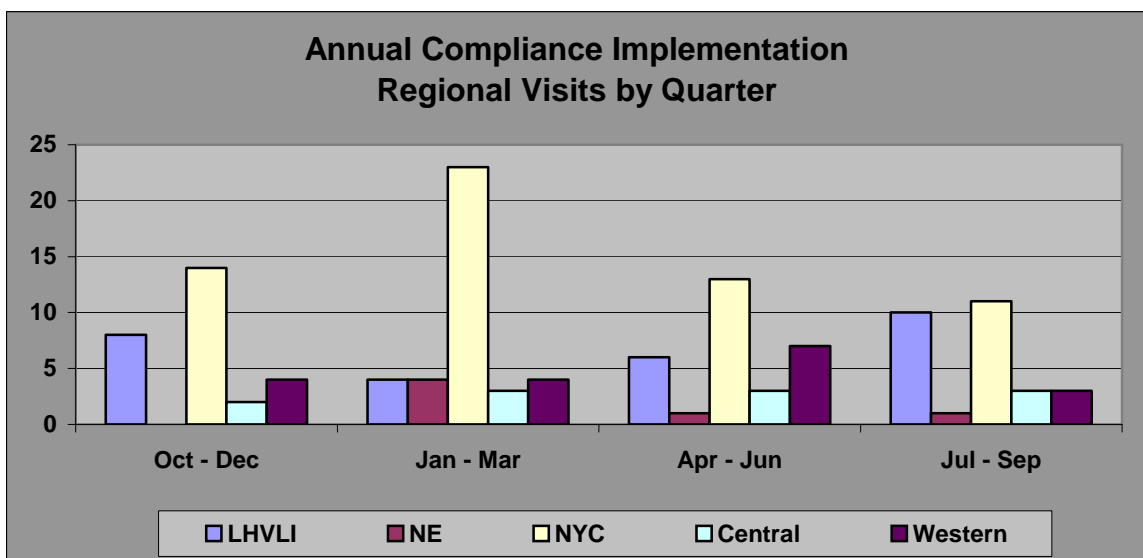


Exhibit 2 illustrates by quarter the distribution of the 124 annual visits by region across the state.

Exhibit 2



Exhibits 3 – 4 / Compliance Assessment – Statewide and Regional

Based on 124 annual compliance visits, 20 (16%) of the facilities evidenced some level of non-compliance at the time of the annual onsite review.

Exhibits 3 and 4 illustrate 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.

Of the 20 facilities cited for non-compliance, thirteen (13) evidenced non-compliance in only one program area, five (5) of the facilities cited evidenced non-compliance in two program areas, one (1) of the facilities cited evidenced non-compliance in three program areas, and one (1) facility evidenced non-compliance in their GME program area.

Exhibit 3

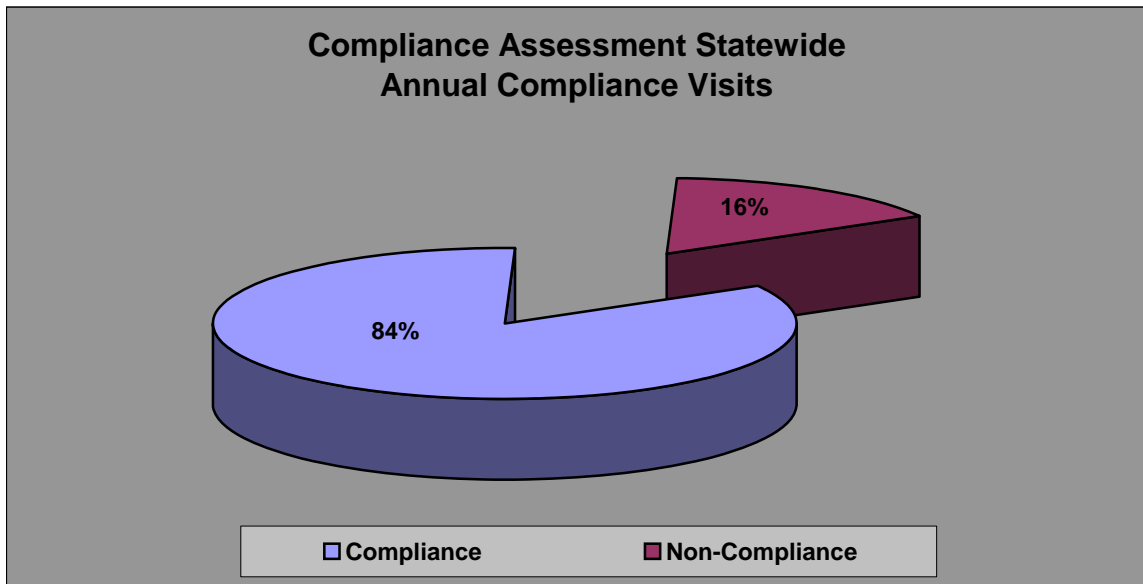
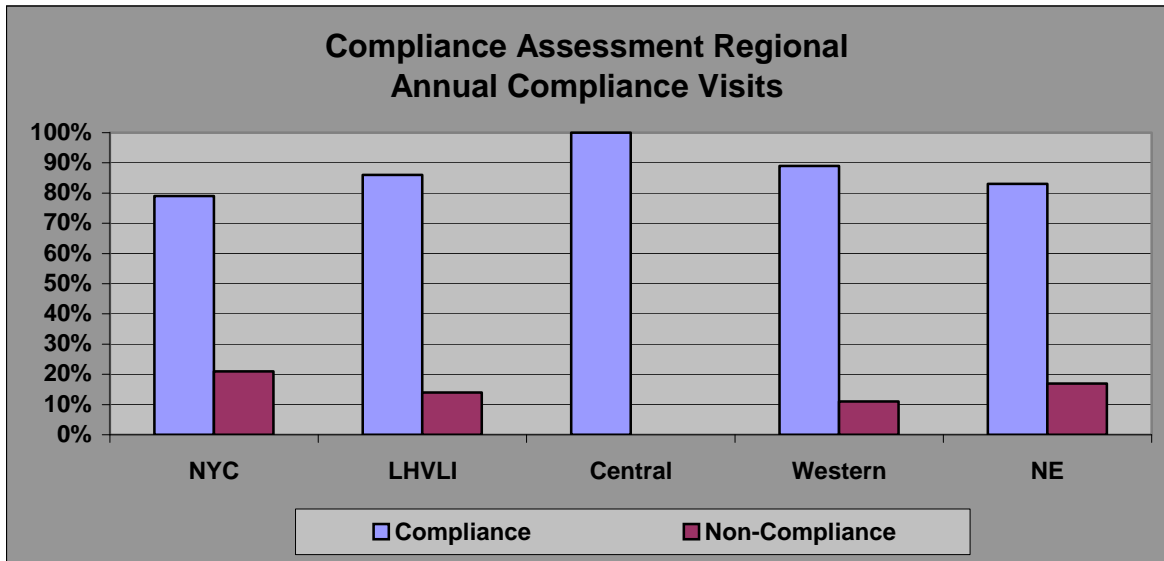


Exhibit 4



Exhibits 5 – 6 / Statewide Compliance – Distribution of Non-Compliance

Concerns continue to be raised regarding the scheduling of onsite visits in July and during the holiday seasons. While it is recognized that throughout the year there are dates and periods of time where routine scheduling for hospitals may be more difficult, due to the large number of surveys to be conducted, compliance surveys were carried out throughout the contract year. All 124 annual compliance surveys were completed between October 2006 and September 2007.

Exhibit 5 illustrates the distribution of the 124 annual visits to the distribution of non-compliance documented for visits completed each month. The information provided reflects a fairly consistent correlation throughout the year between visits conducted and facilities found to be out of compliance with current requirements. Upon review, the data does not appear to indicate that survey outcome was significantly influenced by survey scheduling.

Exhibit 5

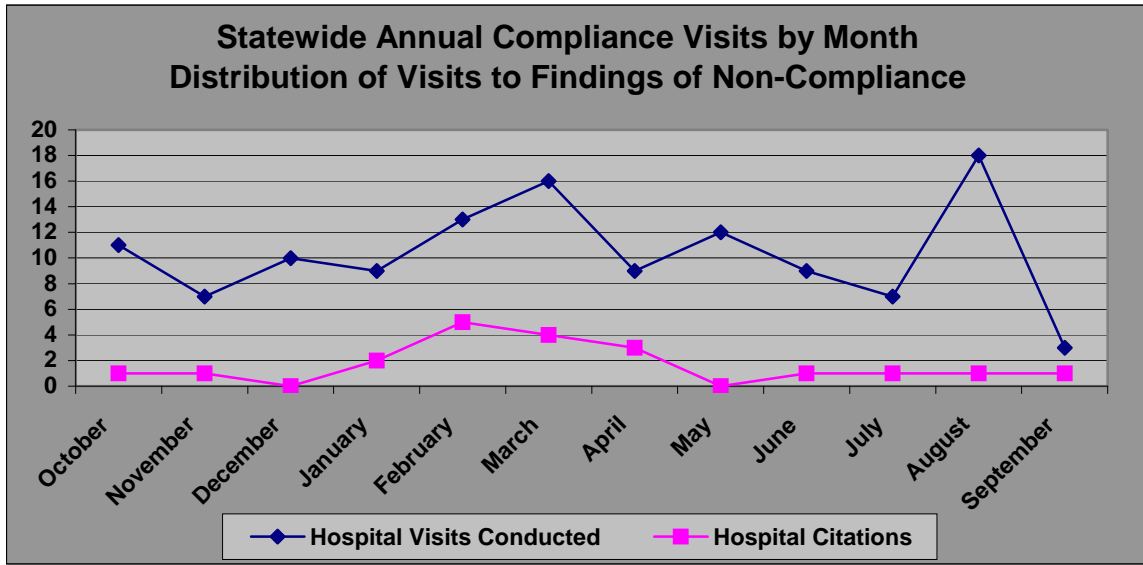


Exhibit 5a illustrates the comparison for contract years 1 - 6 for annual non-compliance for visits completed each month. With the exception of Year 1, which reflects program implementation, the information provided reflects a fairly consistent correlation throughout the years for facilities found to be out of compliance for visits conducted each month of the contract year.

Exhibit 5a

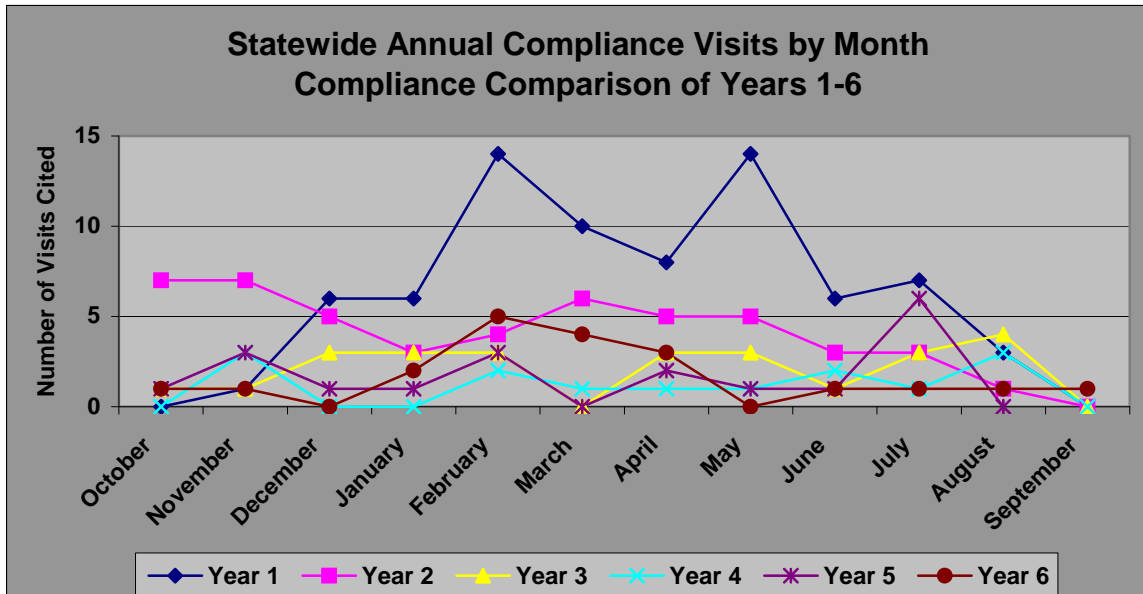
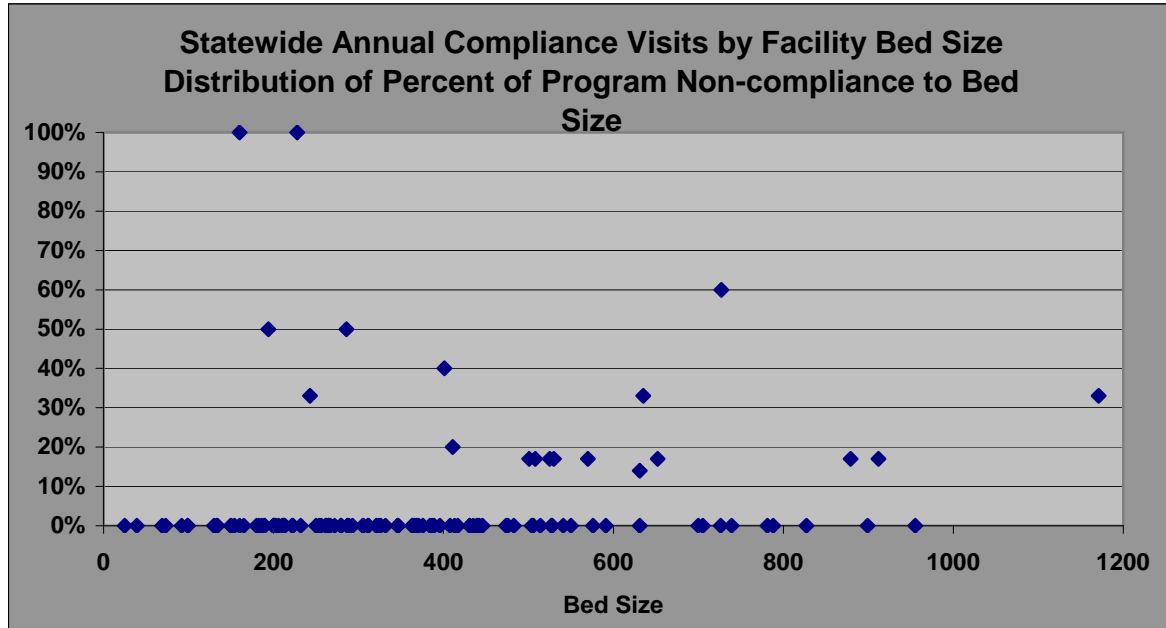


Exhibit 6 presents a detailed assessment of compliance by bed size for the 124 annual visits. Each facility is identified by its bed size, and is evaluated by the percent of non-compliance, as evidenced by the percentage of facility programs that were cited for non-compliance. For example, a facility review that included four teaching programs, surgery, internal medicine, OB/GYN, and pediatrics, and was found out of compliance in only one program, would be out of compliance for 25% of the programs reviewed. For analysis purposes, all sub-specialties were included under the primary program category.

Exhibit 6



Two of the annual visits conducted evidenced non-compliance in every teaching program reviewed at that site. In contrast, 98% of the annual visits conducted evidenced substantial compliance in at least half of the teaching programs reviewed. The distribution of survey results for the survey period continues to support that non-compliance is not solely related to certified bed size.

Exhibits 7 – 12 / Compliance Assessment – Statewide and Regional Distribution of Findings

New York State requirements limit working hours to an average over four weeks of 80 hours each week. In addition, working assignments are limited to no more than 24 consecutive hours, required non-working periods must follow scheduled assignments and each resident must have one 24-hour off period each week. For hospitals surveyed during year six of the contract, 16% of facilities evidenced some level of non-compliance with requirements.

Exhibits 7-12 demonstrate statewide and regional distribution of findings for the 155 total visits based upon current program requirements. Findings include:

- > 80 Hours Per Week – on average over a four week period, the workweek is limited to 80 hours per week. In year six of the contract, none of the visits completed evidenced working hours in excess of 80 hours each week.

- > 24 Consecutive Hours – regulations limit scheduled assignments to no more than 24 consecutive hours. In twelve percent (12%) of visits conducted, residents were found to be working more than 24 consecutive hours.
- < 24-Hour Off Period – scheduling must include one full 24-hour off period each week. Ten percent (10%) of visits conducted evidenced residents not receiving a full 24-hour off period during each week.
- Proper Separation – assigned work periods must be separated by non-working time. One percent (1%) of visits evidenced working assignments not separated by required non-working time.
- Working Limitations – this category reflects documented inconsistencies in working hour information collected during interview and through observation when compared to a review of documentation. To validate interview data, review staff screen facility documentation not limited to medical records, operating room logs or 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 – 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. Six percent (6%) of facilities reviewed during year six were cited for deficiencies in their QA/QI performance. It should be noted that QA/QI would automatically be cited in year six for any facility that had a repeat deficiency from year five or in the case of a year six re-visit, a repeat of findings in year six.
- 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 year six of the contract, Governing Body was not cited as an area of non-compliance.
- Working Conditions – working conditions include consideration for sleep/rest accommodations, the availability of ancillary and support services, and the access to and availability of supervising physicians to promote quality supervision. In year six, no facilities were cited for failing to meet expected working conditions for residents.
- 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 working outside the facility as physicians providing professional patient care services. No violations pertaining to moonlighting or dual employment requirements were identified in year six.
- Emergency Department (ED) – for hospitals with more than 15,000 unscheduled emergency department visits, the ED assignments of trainees shall be limited to no more than 12 consecutive hours. For the period of review, no violations were identified for this program area.
- Medical Records – medical record documentation and authentication regulations require that all medical record entries be signed, dated, and timed. One percent (1%) of visits evidenced non-compliance with medical record entry requirements.

The most notable area of non-compliance statewide and on a regional basis continues to be working hours in excess of 24 consecutive hours (>24).

Exhibit 7

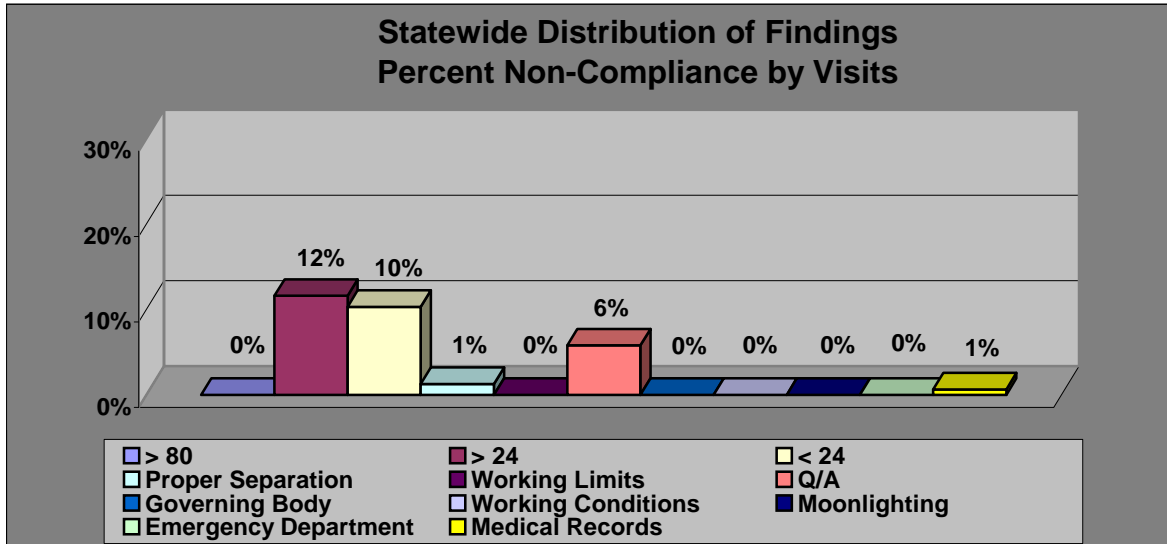


Exhibit 8

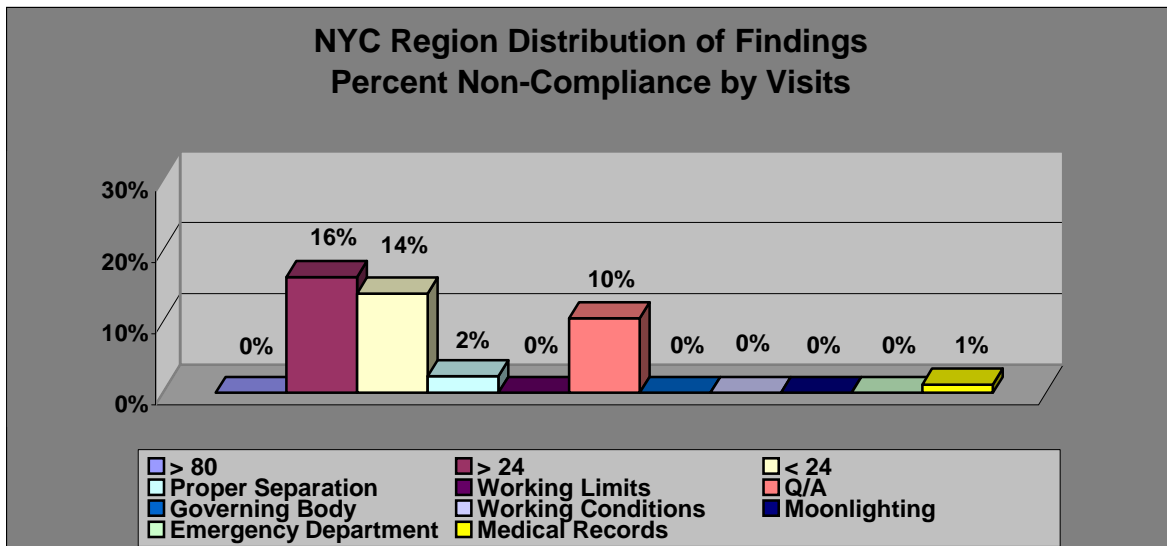


Exhibit 9

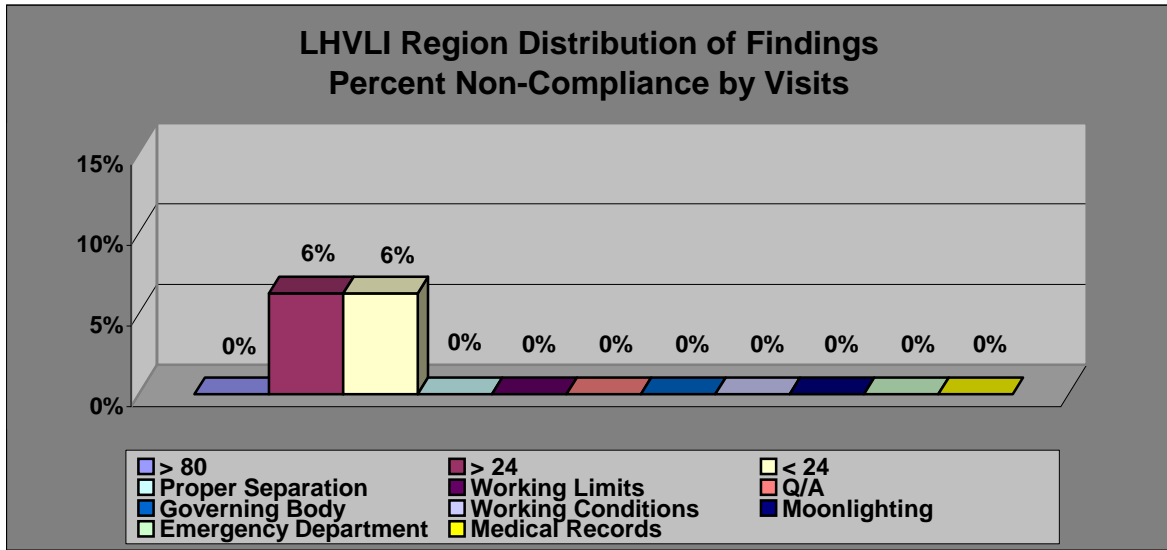


Exhibit 10

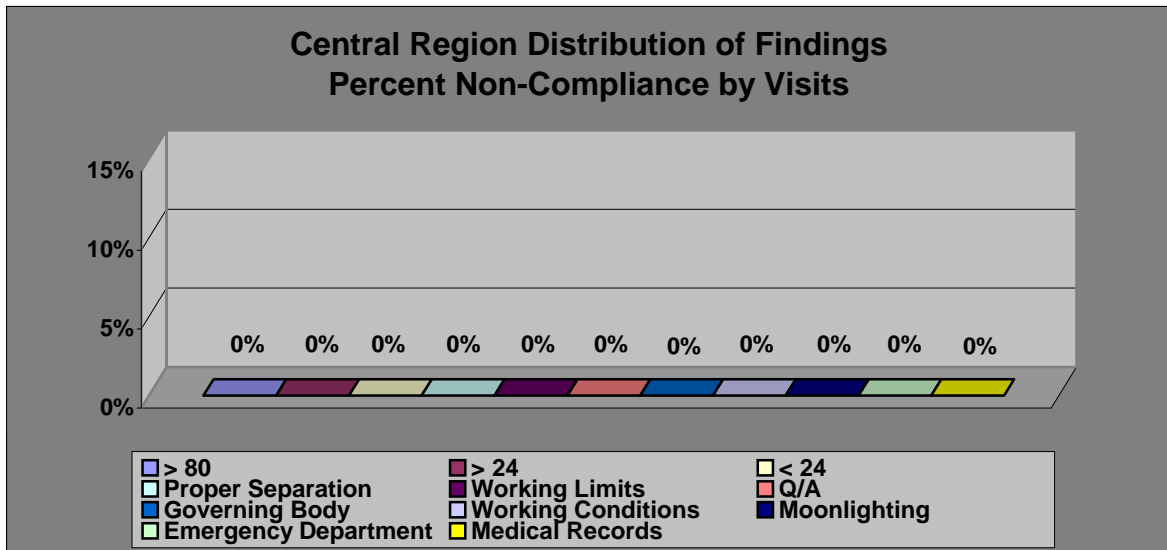


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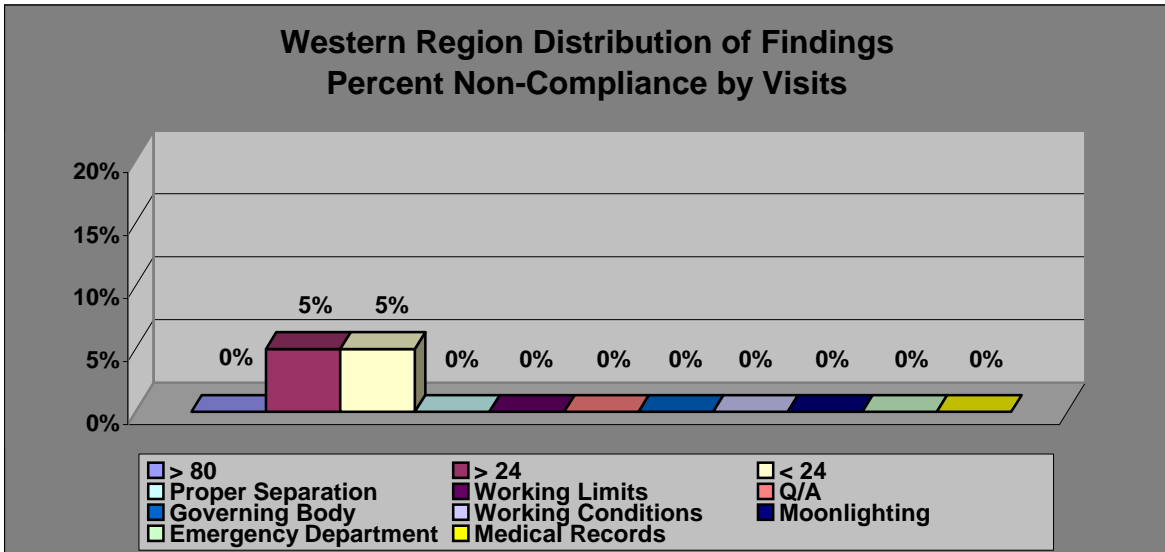
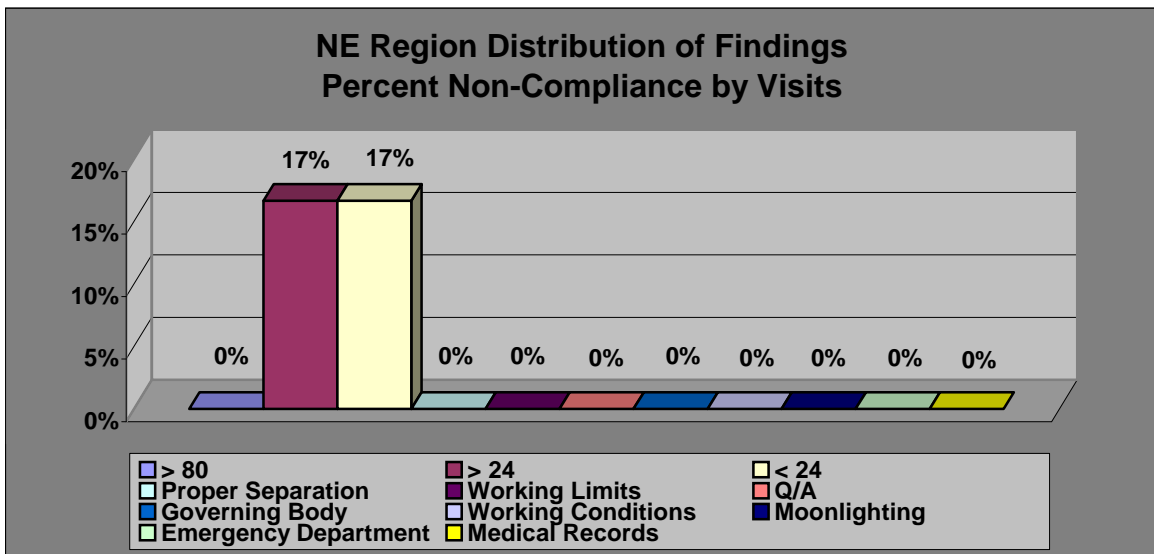


Exhibit 12



Exhibits 13 – 16 / Compliance Assessment – Working Hours > 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 utilized by facilities to provide for the appropriate transfer of patient information.

Hospitals have some flexibility in utilizing 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 surveys conducted in year six of the contract, this area was the most frequently cited. Statewide, non-compliance was evidenced in 12% of the surveys conducted. Exhibits 13 – 16 further illustrate this finding by region, facility bed size, program size, and specialty.

Exhibit 13 – This exhibit is based on the 155 total visits conducted. The non-compliance rate for all surveys conducted at each regions facilities (noted below) are consistent with the annual visit findings: Northeast at 17%, New York City at 16%, LHVLI at 6%, Western at 5%, and Central at 0%.

Exhibit 13

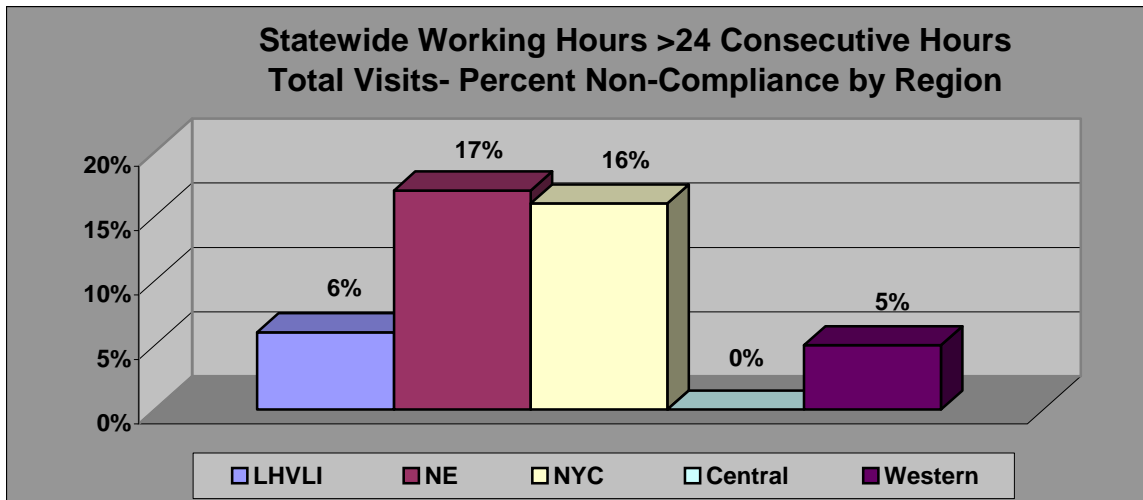
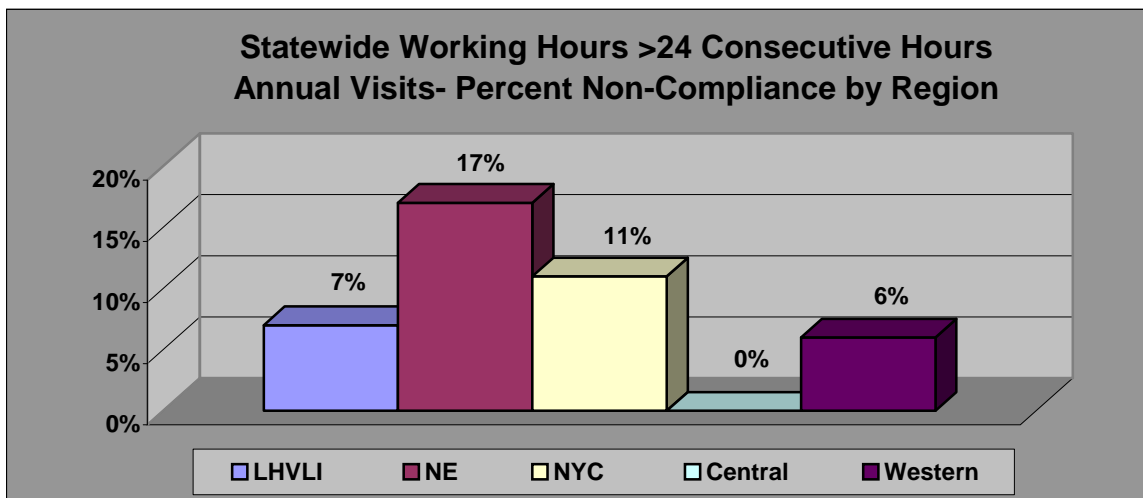


Exhibit 13a – Based on the 124 annual visits conducted, 17% of the 6 facilities in the Northeast region were out of compliance with this regulation. The findings for the remaining regions are: 11% of the 61 facilities in the New York City region, 7% of the 28 facilities in the LHVLI region, 6% of the 18 facilities in the Western region, and 0% of the 11 facilities in the Central region.

Exhibit 13a



Exhibits 14 and 15 correlate findings to facility bed size and program size (number of residents). The highest percentage of findings for >24 hours was found in facilities with 601+ beds, followed by facilities with 401-600 beds and 0-200 beds for all visits and annual visits. The highest percentage of findings for >24 hours was also found in facilities with between 501+ residents in the facility teaching program, followed by facilities with between 101-300 residents at a slightly higher rate than 301-500 residents for all visits and at the same rate of non-compliance for annual visits. Exhibits 14 and 15 are based on findings for the 155 total visits conducted. Exhibits 14a and 15a reflect findings for the 124 annual visits.

Exhibit 14

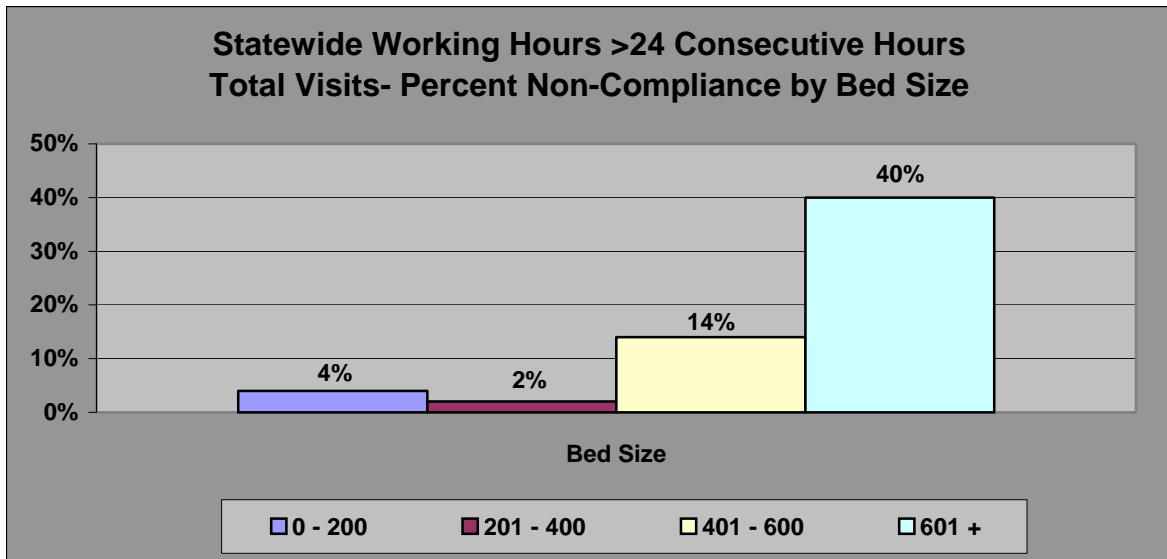


Exhibit 14a

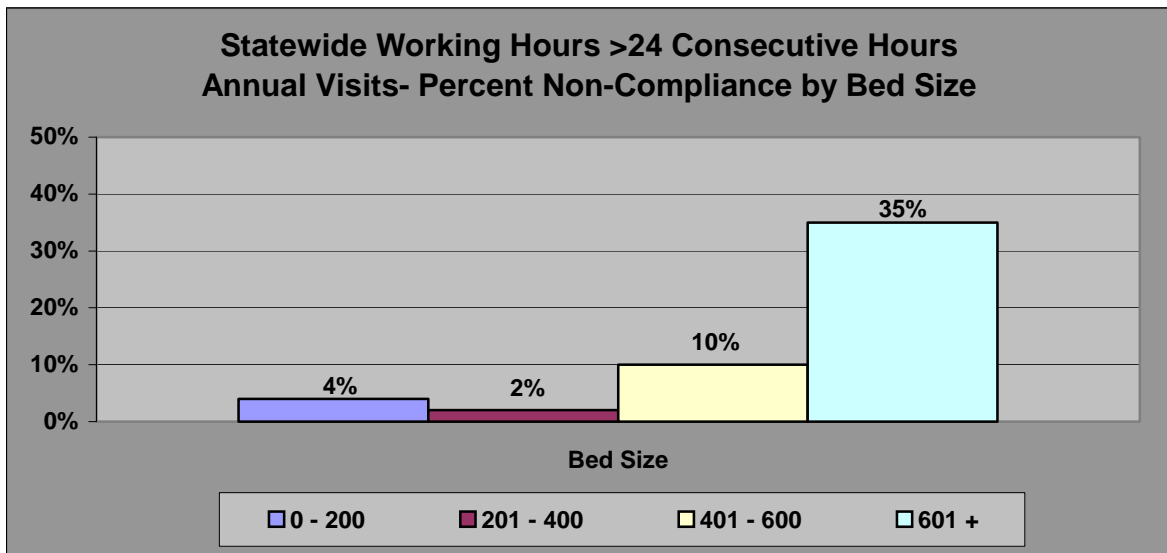


Exhibit 15

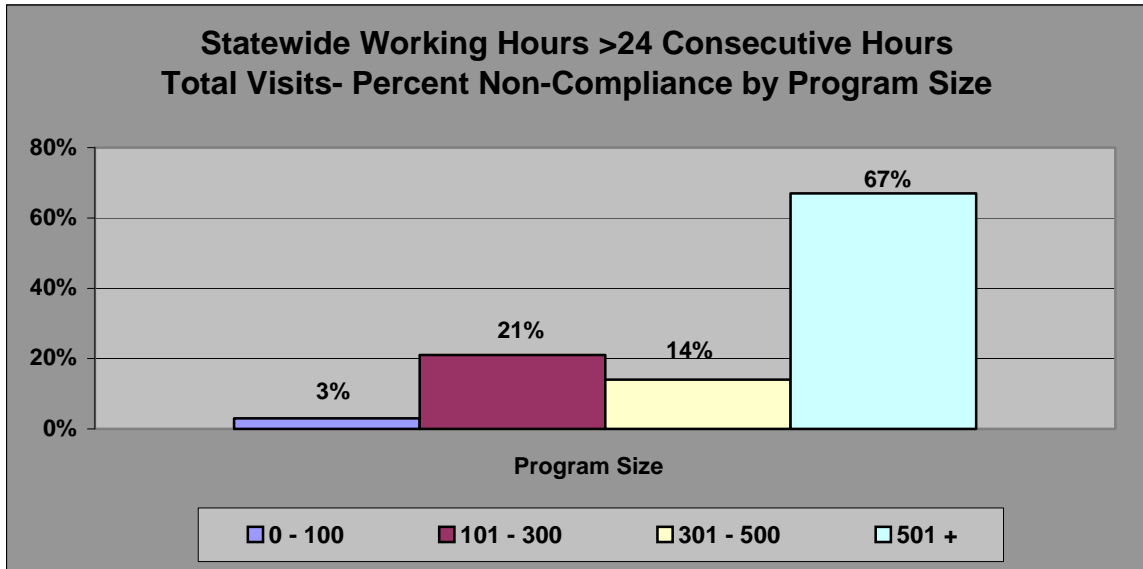
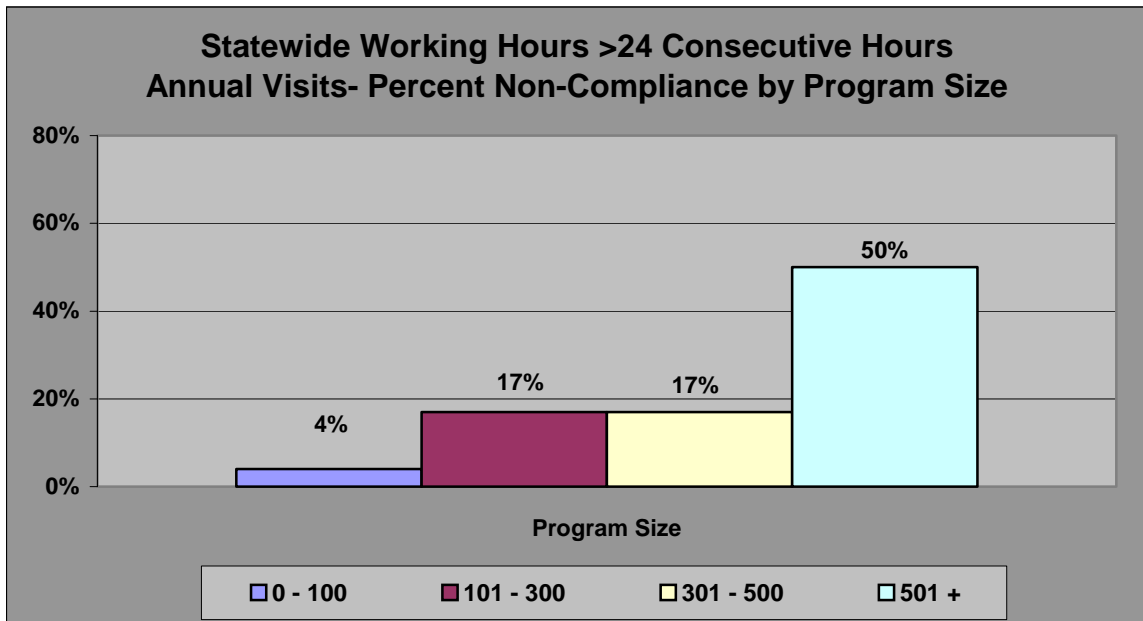
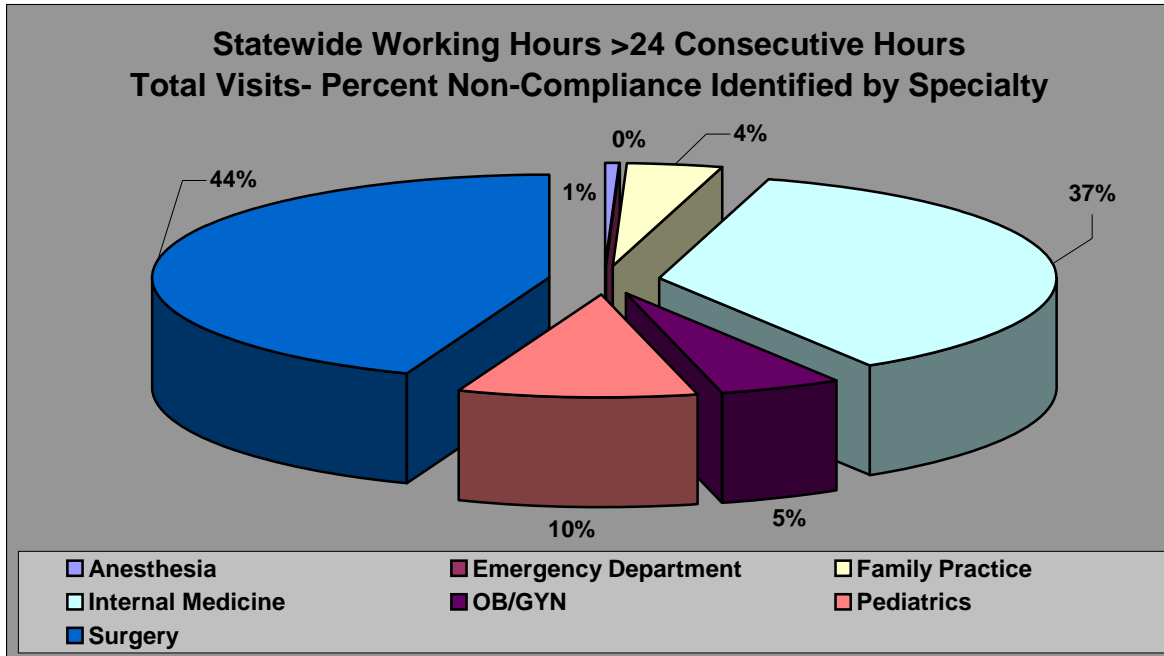


Exhibit 15a



As illustrated in Exhibit 16, based on the 155 total visits conducted, surgery at 44% and internal medicine at 37%, were the most frequently identified specialty areas for > 24 consecutive hours. This can, in part, be attributed to the fact that each category includes findings associated with numerous subspecialties and account for 43% of the programs in teaching hospitals throughout the state.

Exhibit 16



Exhibits 17 – 20 / Compliance Assessment – < 24-Hour Off Period

New York State regulations require that scheduling must include one full 24-hour off period each week free from patient care assignments or responsibilities. Each program determines the schedule week. The majority of programs use a Sunday-to-Saturday schedule; others use a Monday-to-Sunday week. While each may allow for a full weekend off or “Golden Weekend”, programs should be mindful that the regulations require a 24-hour off period each week. One difficulty that can present itself with providing a 24-hour off period each week, is ensuring that there are 24-hours off post-call if this is the only day off for the week.

Sick, backup, and/or jeopardy call, as well as home call systems can also result in non-compliance with the required 24-hour off period per week. Trainees under these call systems need to be available for coverage, and therefore, are not free from all patient care responsibilities even if they are not called back into the facility. If a trainee is scheduled for multiple consecutive days of call (i.e., backup call every day for one month), the trainee would not have the required 24-hour off period per week.

For all surveys conducted in year six of the contract, this area was the second most frequently cited and the most frequently cited for annual surveys. Statewide, non-compliance was evidenced in 10% of the 155 total surveys conducted and 11% in the 124 annual surveys conducted. Exhibits 17 – 20 further illustrate this finding by region, facility bed size, program size, and specialty.

Exhibit 17 – This exhibit is based on the 155 total visits conducted. The non-compliance rate for all surveys conducted at each regions facilities (noted below) are consistent with the annual visit findings: Northeast at 17%, New York City at 14%, LHVLI at 6%, Western at 5%, and Central at 0%.

Exhibit 17

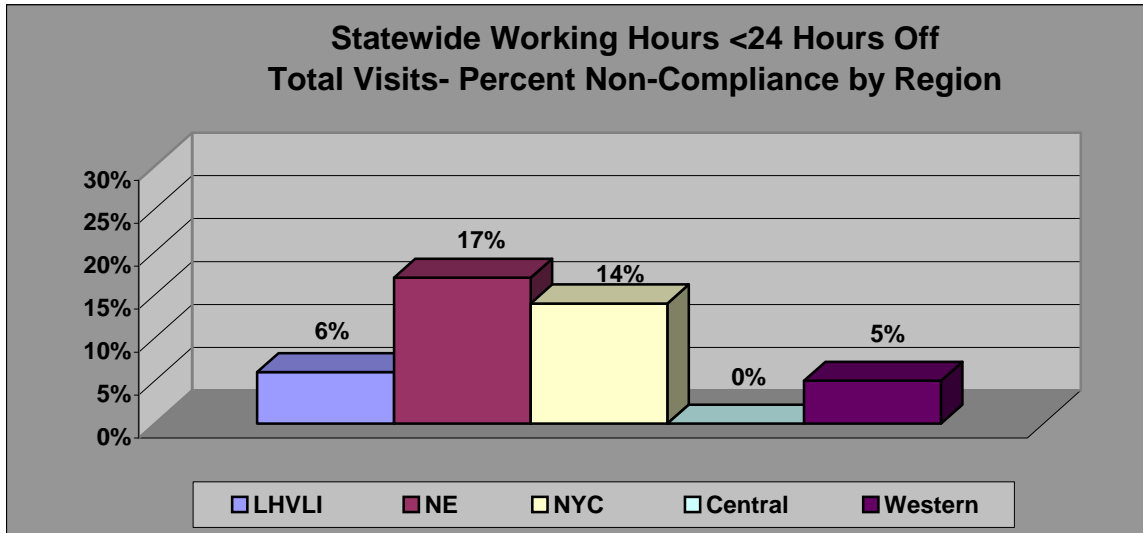
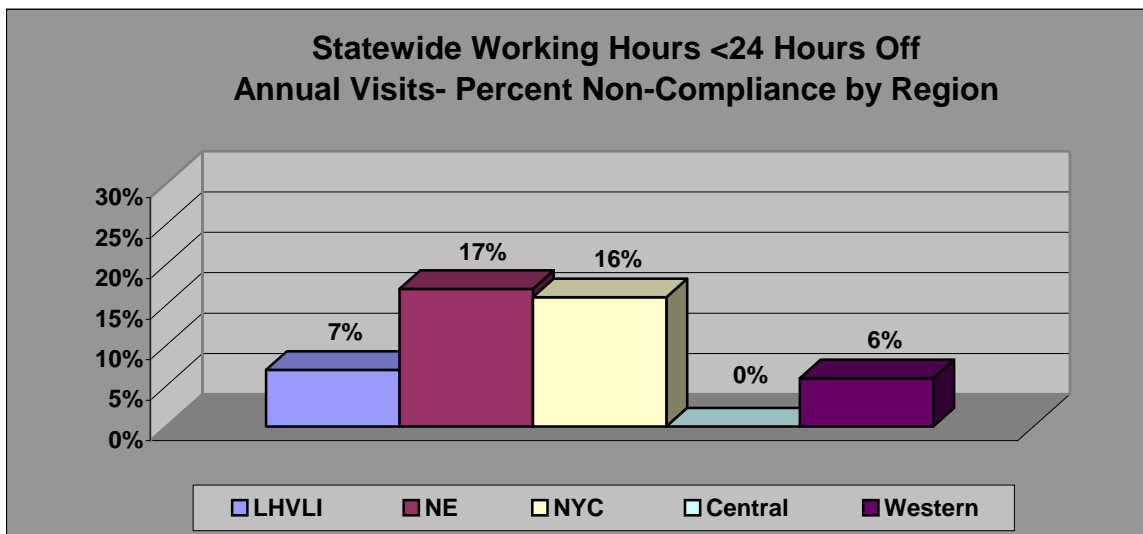


Exhibit 17a – Based on the 124 annual visits conducted, 17% of the 6 facilities in the Northeast region were out of compliance with this regulation. The findings for the remaining regions are: 16% of the 61 facilities in the New York City region, 7% of the 28 facilities in the LHVLI region, 6% of the 18 facilities in the Western region, and 0% of the 11 facilities in the Central region.

Exhibit 17a



Exhibits 18 and 19 correlate findings to facility bed size and program size (number of residents) in a facility program. The highest percentage of findings for <24 hours off was found in facilities with 601+ beds, followed closely by facilities with 401-600 beds for all visits and annual visits. The percentage for 201-400 and 0-200 beds was nearly identical for all visits and at the same rate for annual visits. The highest percentage of findings for <24 hours off was also found in facilities with between 501+ residents in the facility teaching program, followed by facilities with between 101-300 residents at a slightly higher rate than 301-500 residents for all visits and annual visits. Exhibits 18 and 19 are based on findings for the 155 total visits conducted. Exhibits 18a and 19a reflect findings for the 124 annual visits.

Exhibit 18

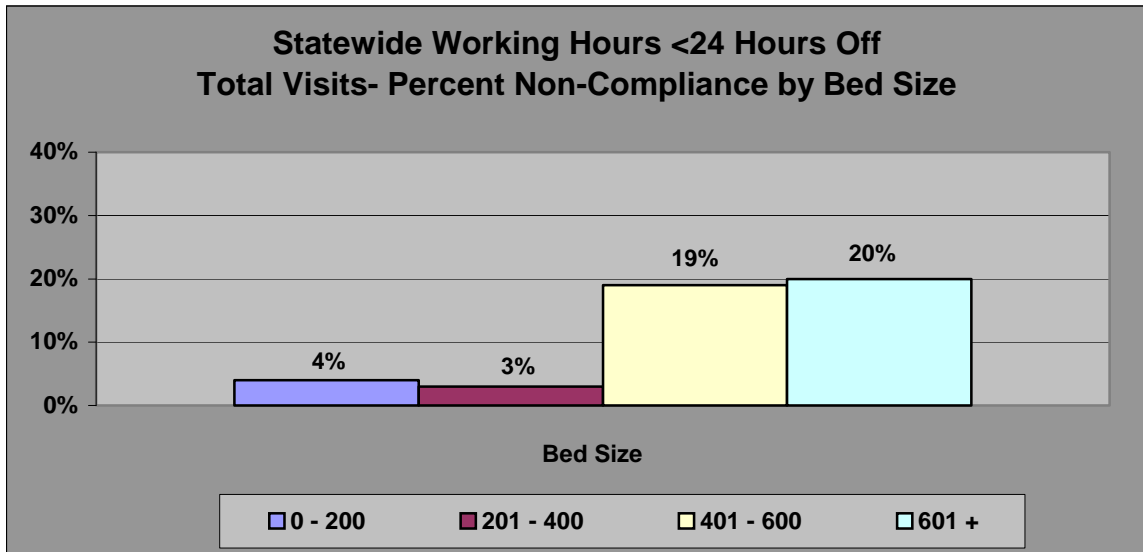


Exhibit 18a

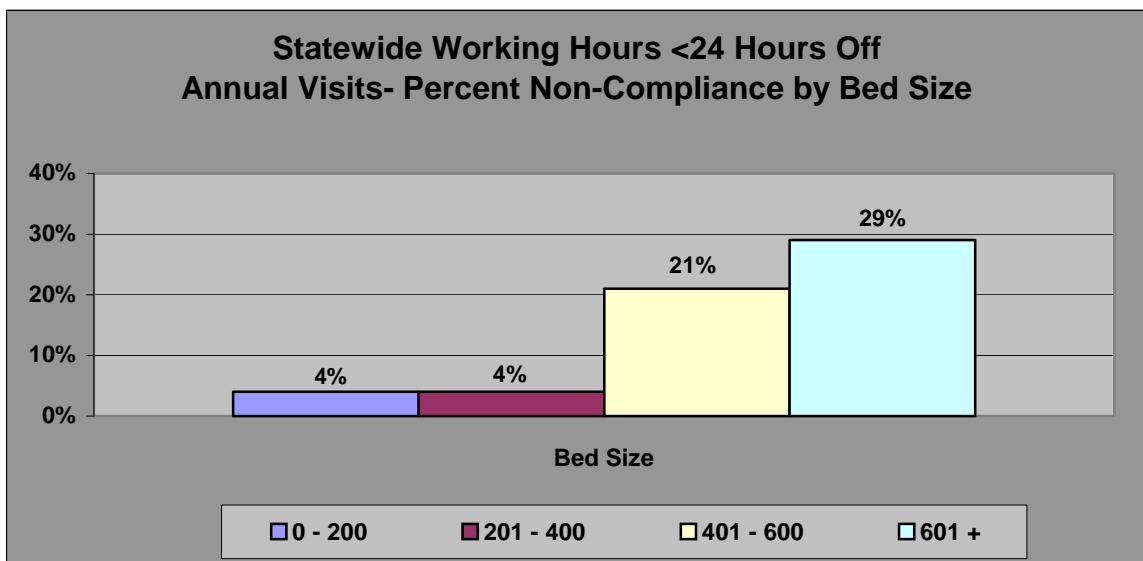


Exhibit 19

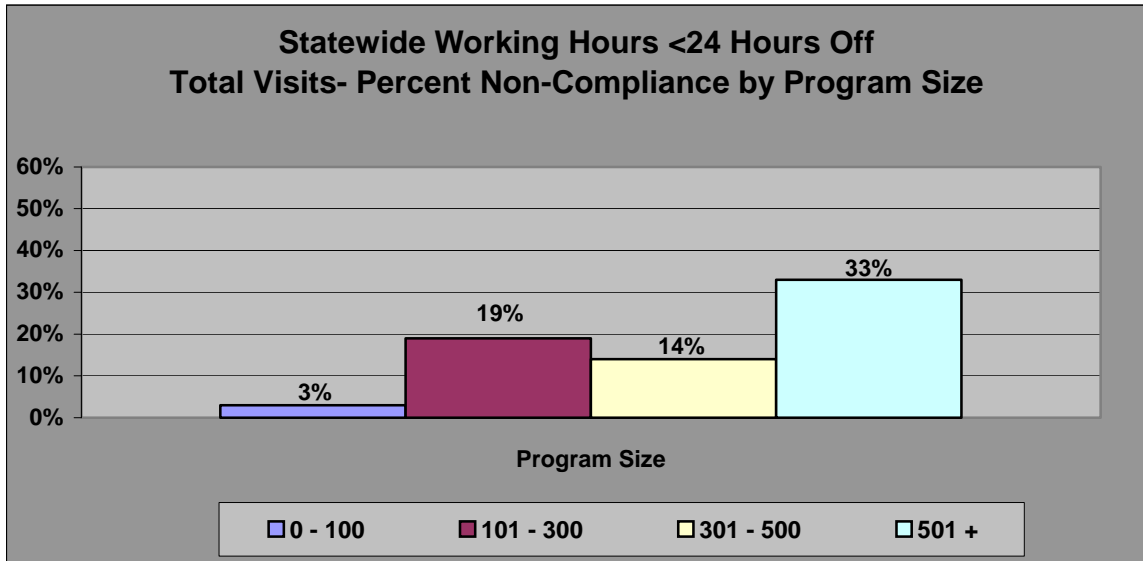
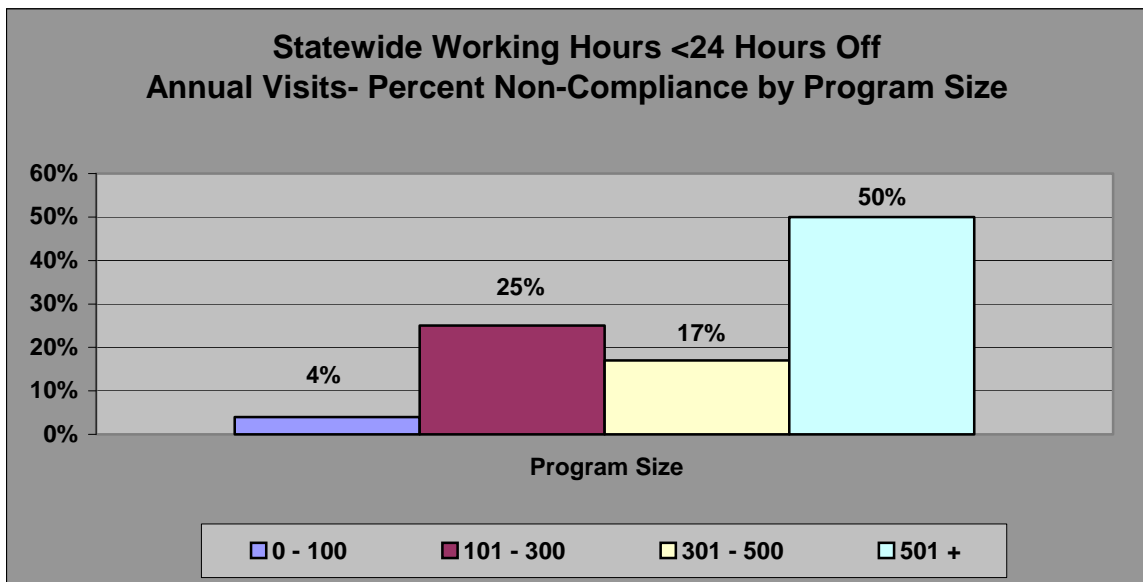
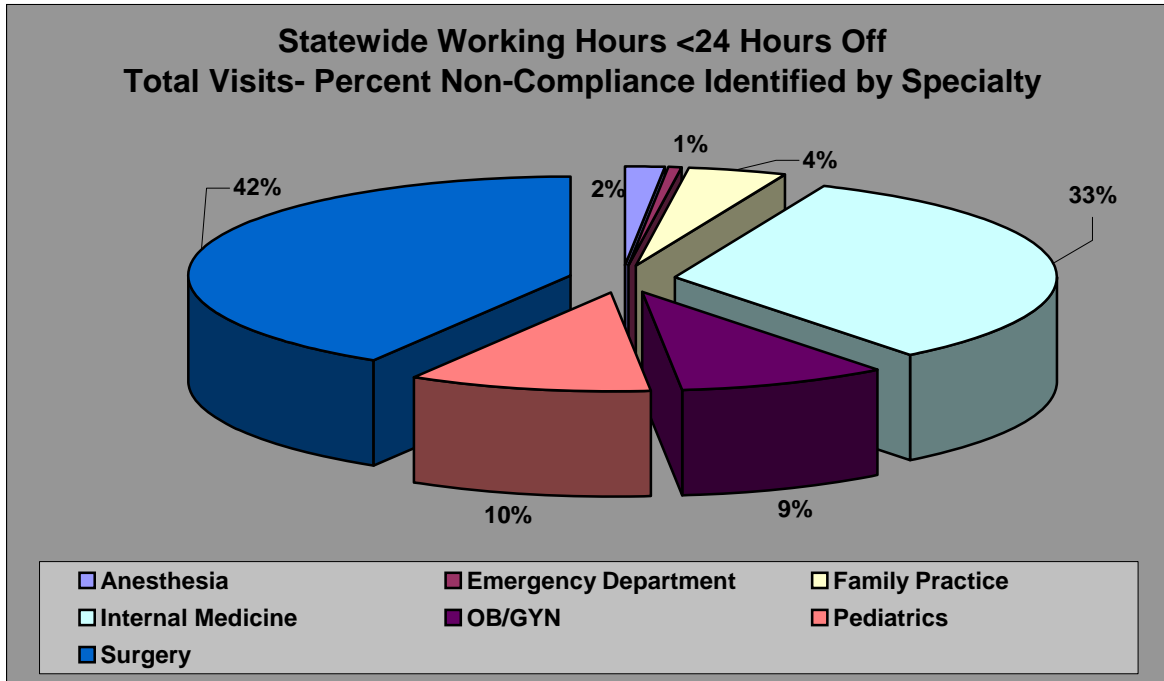


Exhibit 19a



As illustrated in Exhibit 20, based on the 155 total visits conducted, surgery at 42% and internal medicine at 33%, were the most frequently identified specialty areas for <24 hours off. This also can, in part, be attributed to the fact that each category includes findings associated with numerous subspecialties and account for 43% of the programs in teaching hospitals throughout the state.

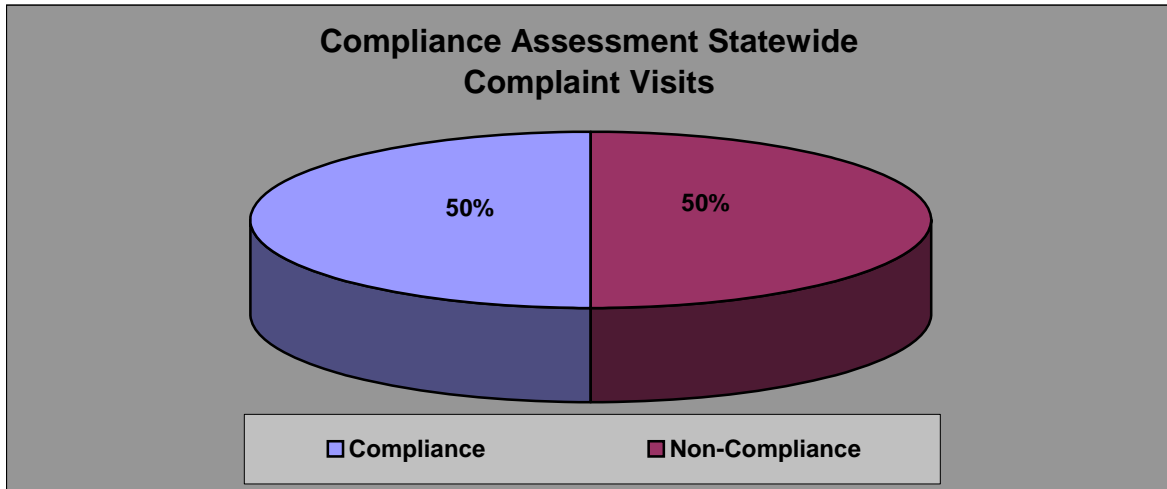
Exhibit 20



Exhibits 21 – 22 / Compliance Assessment – Statewide for Complaint Visits and Revisits

In accordance with program requirements, IPRO also evaluated and investigated complaints received by the DOH specific to resident working hours. In total, for year six of the contract, the DOH received 6 working hour complaints. Exhibit 21 indicates that 50% of complaints were substantiated following investigation. Four (4) of the 6 complaints related to surgical programs with three (3) of these complaints substantiated. One (1) of the 6 complaints were specific to an internal medicine program and was not substantiated. One (1) complaint related to an ob/gyn program and was not substantiated.

Exhibit 21



Revisits, focused reviews of previously identified issues, were conducted for all facilities issued a statement of deficiency to monitor the plan of correction implementation. In comparison to 16% non-compliance findings at annual compliance visits, at revisit 20% of facilities continued to evidence at least one element of non-compliance (Exhibit 22) at the time of the revisit.

Exhibit 22

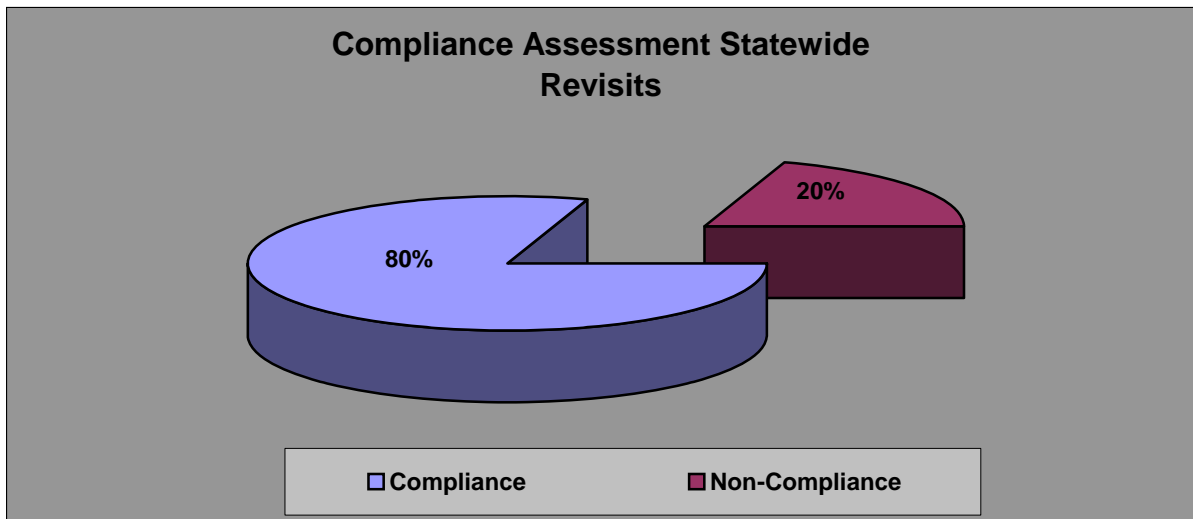


Exhibit 23 / Compliance Assessment – Annual Visit and Program Area Compliance Trend

Throughout the six years of the contract, IPRO has tracked specialty areas by specific citations. Two specialty areas, internal medicine and surgery, were identified as the specialty areas most frequently cited for non-compliance with the regulations.

Exhibit 23 demonstrates that as total annual visit compliance among facilities has improved statewide throughout the six years, compliance in these two specialty areas has improved at nearly the same rate.

Exhibit 23a demonstrates annual visit compliance trends for all program areas statewide for the six years.

Exhibit 23

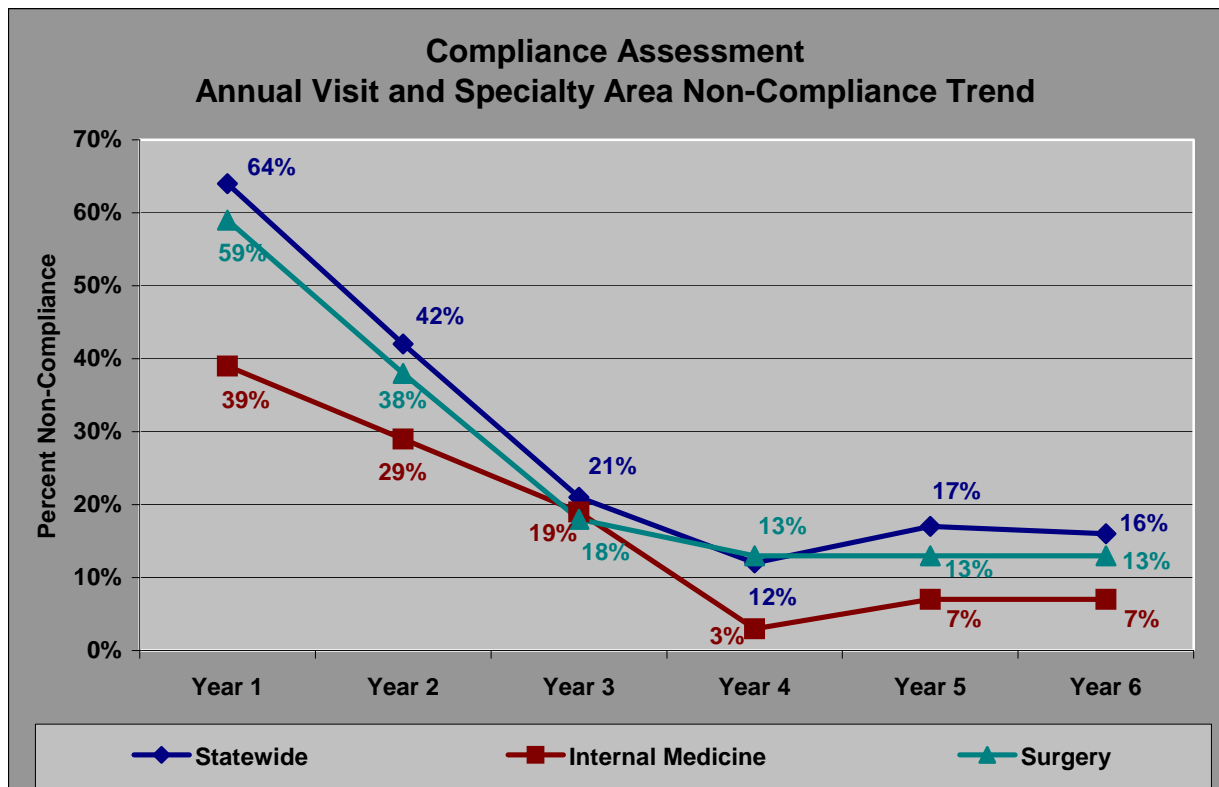
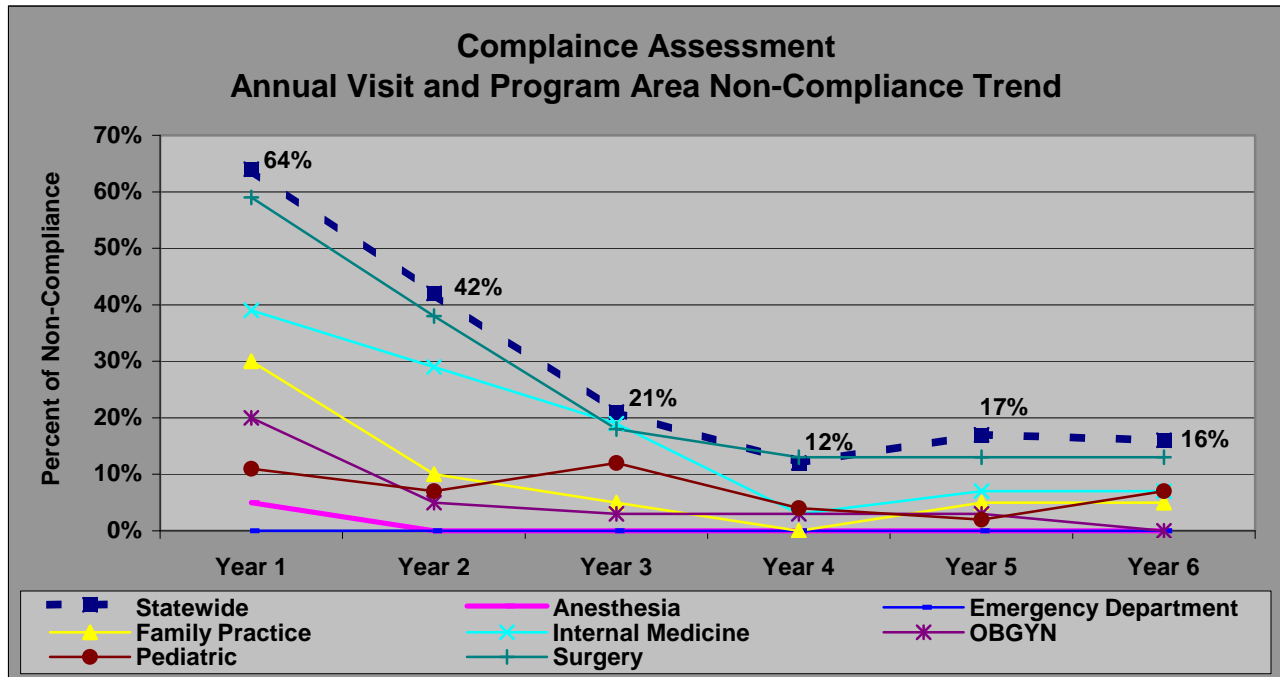


Exhibit 23a



Program Strengths

Over a six year period of conducting compliance reviews, the most frequently noted compliance issues continue to be non-compliance with provisions that limit work hours to no more than 24 continuous hours (plus 3 hours for transition of patient care and/or education), and <24 hours off per week. Many facilities over the years have been innovative in taking steps to ensure compliance with the regulations. IPRO has tracked these strategies and has frequently shared information with facilities during educational sessions or onsite reviews. Below is a detailed list of these identified strategies for review and discussion.

Policies and Administration:

- A strong GME office to facilitate the effective management of post-graduate training programs cannot be overstated. Monitoring and collecting monthly schedules, including all rotations schedules, on-call schedules and rotators in from other facilities, promote sound management of the residency program. The GME office along with the QI department monitors duty hours to ensure compliance with the work-hour limitations and identify opportunities for improvement.
- GME develops strong policies, which the facility and all departments adhere to including moonlighting, duty hour restrictions and QI activities.
- GME office performs work-hour survey, develops the time frame for each including reporting structure for the survey results, and shares these results through the facility QI process.
- GME office works with individual departments on use of monitoring tools such as time cards, compliance hotline, sign-in sign-out sheets and questionnaires;
 - For example: one facility uses a mock survey approach.
- GME office is able to interpret the difference between all regulatory requirements (i.e., State vs. ACGME) and assists individual departments in incorporating these into their scheduling practices.
- GME office has the ability to contact all program directors, program coordinators and/or residents to notify them of IPRO's arrival and need for access to them for completion of review.
- GME office confirms expectations for compliance to work-hour limitations during facility orientation.

Scheduling:

Scheduling is a critical component of any program for compliance.

- Scheduling of hours to be worked based upon work hour regulations.
 - For example: One facility schedules for 80 hours averaged over 4 weeks with only 10% variation per week.
- Scheduling of academics and a way for those post-call trainees to receive the information to ensure compliance with work-hour regulations.
- Scheduling of backup, sick call, and jeopardy call- mindful of 24 hours off per week.
- Clinic schedules should include sites and times of clinic.
- Change in rotation schedule to allow for 24 hours off per week and for proper separation (8 hours).
- Schedules should be clear and accurately reflect what is actually occurring.
- Finally, a control of any schedule changes made to ensure those who switched coverage with a colleague remain in compliance.

Alternate Call Schedule:

- Use of PA's, Hospitalists and/or NP's for coverage- this can be an expensive option but certainly viable.
- Overnight attending coverage for call.
- Use of team approach for coverage of call and for all team patients.
 - For example, residents are placed on a team consisting of different PGY levels. This team then is responsible for 24- hour coverage of the team patients. If you have 6 residents consisting of 2 from each level, 3 would work the day coverage and 3 would work the night coverage.
- Use of fellows to support call coverage- being mindful of the 24 hours off per week work-hour regulation.

Night Float System:

- Many surgical programs have initiated use of a night float system resulting in increased compliance. While there has been much discussion on the negative aspects of using a night float system in surgery (i.e., lack of surgical observations, shift mentality, etc.), many residents in these programs express satisfaction with these systems and improved quality of life.
- Medicine has historically used night float systems, many of which start at 9 pm allowing residents to attend morning report thereby meeting the educational

component. Long or short call is also used with night float to provide coverage until the night float starts.

- Use of night float in medical ICU.

Surgical exemption:

- Many facilities that originally were using surgical exemption have stopped the use of it due to difficulties monitoring the system. Those still using surgical exemption have:
 - Clear policies in place
 - Use PA's and/or fellows to cover call for sleep
 - Cross-coverage within a program for sleep, such as Dental and OMFS
 - Clear documentation of required period of rest/sleep
 - Clear system for relief if rest/ sleep is interrupted.

Other:

- Top-down buy in to compliance.
- Facility notification to all trainees of IPRO's arrival and the facility expectation of the trainees regarding IPRO survey.
- Education to residents on expectations for compliance during orientation and when changing rotations.
- Use of on-line tools as an alternative to traditional education sessions, which are accessible for review at any time. For example, taping or video casting of grand rounds or other academics allows for post-call residents to go home and still receive the educational component, remaining compliant with the regulations.
- Plan of Correction binder system, which contains all documentation validating that the steps highlighted by the facility to achieve compliance have been taken.

Future Opportunities

The program to conduct the focused review of working hours in teaching hospitals across New York State is supported by legislation and program funding. The sixth contract year was completed September 30, 2007. During the next contract period:

- DOH and IPRO staff will continue to work with the provider community to clarify program requirements and assist facilities in the development and implementation of strategies for ensuring compliance. IPRO will continue to identify and provide facility contact between programs requiring assistance and programs performing well. IPRO will continue to provide formal onsite and informal training if and when requested, and encourages facilities to continue education especially for new incoming residents. IPRO has put together educational material to assist facilities, (i.e. brochure and newsletter), which are available from IPRO by request.
- Continued attention in the review process will be given to ensuring that previously identified problems have been corrected. Data will be collected to evaluate facility QA/QI initiatives and assess the effectiveness of such measures. Review activities will recognize facilities that have exhibited a commitment to ensuring compliance. In addition, attention will focus on the obligations of each hospital's Governing Body to assure compliance and to address previously identified problems.
- Facilities that evidence repeat non-compliance will be closely monitored to ensure that each facility's plan of correction is fully implemented. The effectiveness of facility QA/QI initiatives will be documented.
- Efforts will continue to focus on identifying facility processes that improve compliance levels, while continuing to meet accreditation requirements. State requirements will be evaluated in the context of other national accreditation requirements to identify potential areas of inconsistency or concern. Information will be shared with all hospitals to assist in identifying and evaluating the impact of all applicable requirements. Of note, JCAHO's patient safety goal for 2007 focuses on handoff of patient information. This affects both resident-to-resident and resident-to-attending handoffs. The Center for Medicare and Medicaid Services (CMS) is also requiring Board of Directors to be aware of compliance.
- A staggered survey schedule will be used to ensure that scheduling alone does not impact compliance findings. IPRO recognizes that the facilities are dealing with other entities who also conduct unannounced visits.
- Review staff will continue to evaluate the effectiveness of the unannounced visit by documenting actions taken during the first several hours of the survey. To facilitate the survey process, entrance and exit conferences will remain optional meetings to reduce concerns raised by facilities that surveys are disruptive to facility operations and that convening key hospital personnel on short notice is difficult. It is recognized that the process of assembling an impromptu group of key personnel to attend the entrance and/or exit conferences, can be inconvenient and may be unnecessary to expedite the survey process. Upon entering a facility, IPRO review staff will contact the designated facility representative and/or alternate, conduct a brief and informal entrance conference, and request assistance in facilitating the review team's access

to patient care areas and in scheduling interviews. A more formal entrance and exit conference is not necessary, but can be scheduled at the request of the facility.

- Alternative onsite review protocols continue to be developed and implemented to promote the accuracy and legitimacy of survey findings. IPRO continues to utilize historical facility data to determine appropriate sampling for each facility and each program contacted within the facility. Compliance findings will continue to be based upon a wide range of review activities. Observation, interview and the detailed review of policies/procedures, internal review activities, medical records, operative reports/logs, and other records/documents, currently serve as the basis of all review findings. Survey findings are only released to facilities by the DOH upon review of the documentation submitted to the DOH by IPRO.
- IPRO will continue to identify other studies, which when complete can assist facilities with focus areas to accomplish the greatest impact on compliance. One such new study is by the Institute of Medicine (IOM), “Optimizing Graduate Medical Trainee Hours and Work Schedules to Improve Patient Safety”.
- Management staff will work with the facility’s program organization staff (i.e., program directors, program support coordinators, etc.), to clarify understanding of regulations and needs of the review staff during the survey process.
- IPRO will collaborate with the residency program’s primary and affiliated rotation sites to ensure they understand their responsibility for compliance.
- Review staff will continue to update facility contact information during the entrance conference and IPRO will continue to keep an updated listing of facility CEO and residency program contacts.
- IPRO will continue to review schedules, as requested by facilities, to assist them in achieving compliance.

Summary of Exhibits

- Exhibit 1 Implementation – Annual Compliance Visits Statewide by Month
- Exhibit 2 Implementation – Annual Compliance Visits Regional by Quarter
- Exhibit 3 Compliance Assessment – Statewide / Annual Compliance Visits
- Exhibit 4 Compliance Assessment – Regional / Annual Compliance Visits
- Exhibit 5 Statewide Annual Visit Compliance – Distribution of Visits to Findings of Non-Compliance
- Exhibit 5a Statewide Annual Visit Compliance – Visits by Month Compliance Comparison Years 1-5
- Exhibit 6 Statewide Annual Visit Compliance – Distribution of Non-Compliance to Bed Size
- Exhibit 7 Statewide – Distribution of Findings / Total Visits
- Exhibit 8 New York City Region – Distribution of Findings / Total Visits
- Exhibit 9 Lower Hudson Valley & Long Island Region – Distribution of Findings / Total Visits
- Exhibit 10 Central Region – Distribution of Findings / Total Visits
- Exhibit 11 Western Region – Distribution of Findings / Total Visits
- Exhibit 12 Northeast Region – Distribution of Findings / Total Visits
- Exhibit 13 Statewide - > 24 Hours by Region / Total Visits
- Exhibit 13a Statewide - > 24 Hours by Region / Annual Visits
- Exhibit 14 Statewide - > 24 Hours by Facility Bed Size / Total Visits
- Exhibit 14a Statewide - > 24 Hours by Facility Bed Size / Annual Visits
- Exhibit 15 Statewide - > 24 Hours by Program Size / Total Visits
- Exhibit 15a Statewide - > 24 Hours by Program Size / Annual Visits
- Exhibit 16 Statewide - > 24 Hours by Specialty / Total Visits
- Exhibit 17 Statewide - < 24 Hours Off by Region / Total Visits
- Exhibit 17a Statewide - < 24 Hours Off by Region / Annual Visits
- Exhibit 18 Statewide - < 24 Hours Off by Facility Bed Size / Total Visits

- Exhibit 18a Statewide - < 24 Hours Off by Facility Bed Size / Annual Visits
- Exhibit 19 Statewide - < 24 Hours Off by Program Size / Total Visits
- Exhibit 19a Statewide - < 24 Hours Off by Program Size / Annual Visits
- Exhibit 20 Statewide - < 24 Hours Off by Specialty / Total Visits
- Exhibit 21 Compliance Assessment – Work Hour Complaint Visits
- Exhibit 22 Compliance Assessment – Hospital Revisits
- Exhibit 23 Compliance Assessment – Annual Visit and Specialty Area Non-Compliance Trend
- Exhibit 23a Compliance Assessment – Annual Visit and Program Area Non-Compliance Trend

Appendices

Appendix A

Appendix A contains the following comparison exhibits based on total visits conducted at facilities in Year one and two:

- Exhibit 24 Years 1- 6 Comparisons Assessment - Annual Compliance Visits Statewide by Month
- Exhibit 25 Years 1- 6 Comparisons Compliance Assessment- Statewide Annual Compliance Visits
- Exhibit 26 Years 1- 6 Comparisons Compliance Assessment- Regional Annual Compliance Visits
- Exhibit 27 Years 1- 6 Comparisons Compliance Assessment- Statewide Distribution of Findings
- Exhibit 28 Years 1- 6 Comparisons Compliance Assessment- New York City Region Distribution of Findings
- Exhibit 29 Years 1- 6 Comparisons Compliance Assessment- Lower Hudson Valley & Long Island Region Distribution of Findings
- Exhibit 30 Years 1- 6 Comparisons Compliance Assessment- Central Region Distribution of Findings
- Exhibit 31 Years 1- 6 Comparisons Compliance Assessment- Western Region Distribution of Findings
- Exhibit 32 Years 1- 6 Comparisons Compliance Assessment- Northeast Region Distribution of Findings
- Exhibit 33 Years 1- 6 Comparisons Compliance Assessment- Statewide >24 by Region
- Exhibit 34 Years 1- 6 Comparisons Compliance Assessment- Statewide >24 by Facility Bed Size
- Exhibit 35 Years 1- 6 Comparisons Compliance Assessment- Statewide >24 by Program Size
- Exhibit 36 Years 1- 6 Comparisons Compliance Assessment- Statewide >24 by Specialty
- Exhibit 37 Years 1- 6 Comparisons Compliance Assessment- Statewide <24 by Region
- Exhibit 38 Years 1- 6 Comparisons Compliance Assessment- Statewide <24 by Facility Bed Size
- Exhibit 39 Years 1- 6 Comparisons Compliance Assessment- Statewide <24 by Program Size

- Exhibit 40 Years 1- 6 Comparisons Compliance Assessment- Statewide <24 by Specialty
- Exhibit 41 Years 1- 6 Comparisons Compliance Assessment- Statewide Complaint Visits
- Exhibit 42 Years 1- 6 Comparisons Compliance Assessment- Statewide Revisits
- Exhibit 43 Years 1- 6 Comparisons Compliance Assessment- Statewide >24 and <24 Non-Compliance Comparison
- Exhibit 44 Years 1- 6 Comparisons Compliance Assessment- Statewide >24 and <24 Non-Compliance by Region Comparison

* Data reported reflects a compilation of information and data collected through routine surveillance activities. The information is based upon a sample of post-graduate trainees in New York State.