

SECTION 7 – INSTITUTIONAL POLICIES RELATIVE TO GME PROGRAMS

POLICY NO: 8.0

SUBJECT: GME Administrative Support During Disasters

I. Purpose:

- 1) To provide guidelines to protect the well being, safety and educational experience of residents enrolled in SPUH training programs.
- 2) To provide policy and procedure for addressing administrative support for SPUH training programs and house staff in the event of a disaster or interruption in normal patient care
- 3) To provide guidelines for communication with house staff and program leadership whereby to assist in reconstituting and restructuring house staff's educational experiences as quickly as possible after a disaster, or determining need for transfer or closure in the event of being unable to reconstitute normal program activity.
- 4) The definition of a disaster will be determined by the ACGME and posted at its web site as stated in published policies and procedures.

II. Responsibility/Requirements

- 1) After declaration of a disaster, the GMEC working with the DIO and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster.
- 2) In order to maximize the likelihood that residents will be able to complete program requirements within the standard time required for certification in that specialty, the DIO and GMEC, as soon as possible following a disaster, will make the determination if transfer to another program is necessary.
- 3) Once the DIO and GMEC determine that the sponsoring institution can no longer provide an adequate educational experience for its residents, the sponsoring institution will to the best of its ability arrange for the **temporary transfer** of the residents to programs at other sponsoring institutions until such time as Saint Peter's University Hospital is able to resume providing the experience. Residents who transfer to other programs as a result of a disaster will be provided by their Program Directors with an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the resident will be notified by their Program Directors using written or electronic means identifying the estimated time of the extension.
- 4) If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, then **permanent transfers** will be arranged.
- 5) The DIO will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution.
- 6) In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at Saint Peter's University Hospital will

work collaboratively with the DIO who will coordinate acceptance of transfer residents from other institutions. This will include the process to request complement increases with the ACGME that may be required to accept additional residents for training. Programs currently under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer residents.

- 7) Programs will be responsible for establishing procedures to protect the academic and personnel files of all residents from loss or destruction by disaster. This should include at least a plan for storage of data in a separate geographic location away from the sponsoring institution.
- 8) Manpower/Resource Allocation During Disaster Response and Recovery will be handled as followed:

The Hospital Emergency Incident Command System (HEICS) organizational chart (Attachment A) will be used as the organizational structure for disaster response and recovery. All physicians and house staff are responsible to the Medical Care Director (and/or Medical Staff Director) under the Operations Chief in the HEICS chart designation.

Each program/department will conduct internal manpower management through designation of physician staff and house staff to response teams, consistent with the hospital and medical staff policy and procedure for disaster response, and/or by the internal department policy.

As determined to be necessary by the Operations Chief, Medical Staff and/or Medical Care Director in HEICS, physician staff reassignment or redistribution to other areas of need will be made, superceding departmental team plans for manpower management. Information on the location, status and accessibility/availability of house staff during disaster response and recovery is derived by DIO and/or designee communication with program directors and/or program chief residents. The DIO or designee will then communicate with the Medical Care Director (and/or Medical Staff Director) in the HEICS to provide updated information through the disaster recovery and response.

Attachment A:
HEICS Organizational Chart

*Approved by GMEC: 7/2007
Reviewed & Approved: 8/2010*