	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME 01
		EFFECTIVE DATE	04/01/2011
		PAGE (S)	05
	SUBJECT DISASTER PREPAREDNESS AND RESIDENCY	SUPERSEDES	04/07/2009

I. PURPOSE:

The purpose of this policy is to provide guidelines for communication with and assignment/allocation of Resident Physician manpower in the event of disaster, the policy and procedures for addressing administrative support for Morehouse School of Medicine (MSM) Graduate Medical Education (GME) programs and Residents in the event of a disaster or interruption in normal patient care. It also provides guidelines for communication with Residents and program leadership whereby to assist in reconstituting and restructuring 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.

II. SCOPE:

2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, Residents, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and Resident appointments at Morehouse School of Medicine.

2.2. This policy is in addition to any emergency preparedness plans established by MSM and its affiliate institutions. Residents are also subject to the inclement weather policies of the medical school and affiliate institutions.

III. GLOSSARY OF DISASTER TERMS:

3.1. A disaster is defined within this policy as an event or set of events causing significant alteration of the residency experience at one or more residency programs.

3.2. This policy and procedures document acknowledges that there are multiple strata or types of disaster:

a) Acute disaster with little or no warning (e.g. tornado or bombing)

b) Intermediate disaster with some lead time or warning (e.g. flooding or ice)

c) Insidious disruption or disaster (e.g. avian flu)

3.3. This document will address disaster or disruption in the broadest terms.

IV. DISASTER POLICIES AND PROCEDURES:

4.1. A Resident's Duties in Disasters

4.1.1. In the case of anticipated disasters, Residents are expected to follow the rules in effect for the training site to which they are assigned at the time. In the immediate aftermath, the Resident is expected to attend to personal and family safety and then render humanitarian assistance where possible. In the case of anticipated disasters, Residents who are not "essential employees" and are not included in one of the clinical site's emergency staffing plans should secure their property and evacuate, should the order come.

4.1.2. If there is any question about a Resident status, he or she should contact the Program Director before the pending disaster.

4.1.2.1. Residents who are displaced out of town will contact their Program Directors as soon as communications are available.

4.1.2.2. During and/or immediately after a disaster (natural or man-made), Residents will be allowed and encouraged to continue their roles where possible and to participate in disaster recovery efforts.

4.2. Manpower/Resource Allocation During Disaster Response and Recovery

4.2.1. All residency programs at MSM are required to develop and maintain a disaster recovery plan.

4.2.1.1. These plans should include, but are not limited to, designated response teams of appropriate faculty, staff, and Residents, pursuant to departmental, MSM, and affiliated hospital policies.

4.2.1.2. These response team listings should be reviewed on a regular basis, and the expectations of those members should be relayed to all involved.

4.2.2. As determined to be necessary by the Program Director and/or Chief Medical Officer at the affiliated institutions (and/or MSM leadership), physician staff reassignment or redistribution to other areas of need will be made. This shall supersede departmental team plans for manpower management.

4.2.2.1. Information on the location, status, and accessibility and availability of Residents during disaster response and recovery is derived from the Designated Institutional Official (DIO) and/or Associate Dean for Clinical Affairs or their designees in communication with Program Directors and/or program Chief Residents.

4.2.2.2. The DIO or Associate Dean for Clinical Affairs will then communicate with the Chief Medical Officer of affiliated institutions as necessary to provide updated information throughout the disaster recovery and response period.

4.2.3. Due to the unique nature of the Grady Health System, it is intended that its supporting academic institutions strive to provide support, such as Resident placement, in concert with Grady Health System and Emory University School of Medicine in times of disaster or in the case of other events resulting in the interruption of patient care. The MSM DIO will maintain contact with Grady Medical Affairs and Emory GME officials, the DIO, and other administrative personnel from other area academic institutions to determine the scope and impact of the disaster on each institution's residency programs.

4.3. Communication

4.3.1. The Graduate Medical Education office and/or all residency programs shall maintain current contact information for all Resident Physicians. The collected information must include at minimum:

a) Address

b) Pager number

c) All available phone numbers (home, cell, etc.)

d) Primary and alternate email addresses

e) Emergency contact information.

4.3.2. This information will be updated at least annually before July 1st and within five (5) business days of a change, in order to maintain optimal accuracy and completeness (MSM-GME Resident Information Update sheet attached). Along with any internal database documents, this information shall be maintained in the New Innovations Residency Management Suite.

4.3.3. The GME office shall share information with MSM-Human Resources, MSM-Public Safety, and affiliate administration as appropriate.

4.3.4. All Residents must participate in the MSM Mass Alert System (MSM ALERT). Their contact information must be updated at least annually before July 1, and as appropriate, to maintain optimal accuracy and completeness (requirements attached).

4.3.5. All GME programs must submit departmental phone trees and updates to disaster plans to the GME office by July 31 of each year.

4.4. Legal and Medical-Legal Aspects of Disaster Response Activity

4.4.1. It is preferred that, whenever and wherever possible, notwithstanding other capacities in which they may serve, Residents also act within their MSM function when they participate in disaster recovery efforts. While acting within their MSM function, Residents will maintain their personal immunity to civil actions under the federal and state tort claims acts, as well as their coverage for medical liability under their MSM policy.

4.5. Payroll

4.5.1. Residents are encouraged to be paid through electronic deposit, which process is performed off-site. Using this method, no compensation interruption is anticipated.

4.5.2. Residents are encouraged to execute personal banking with an institution that has (at least) regional offices available.

4.6. Administrative Information Redundancy and Recovery

4.6.1. All hardcopy records maintained in the GME office will also be maintained electronically. All hardcopy Residency files will be scanned as processing is completed and maintained electronically as backup to the hardcopy files.

4.6.2. In addition, all GME programs are responsible for maintaining sufficient protection and redundancy for their program information and Resident educational records. At minimum, all programs will maintain the following documentation on NI Residency Management Suite:

a) Electronic files of Resident evaluations

b) Certification letters

c) Procedure log summaries

d) Immunization records

e) Promotion/graduation certificates

4.7. ACGME Disaster Policy and Procedures

4.7.1. Upon declaration of a disaster by the ACGME Chief Executive Officer, the ACGME will provide information on its website and periodically update information relating to the event, including phone numbers and email addresses for emergency and other communication with the ACGME from disaster-affected institutions and residency programs.

4.7.2. The Designated Institutional Official (DIO) of MSM will contact the ACGME Institutional Review Committee Executive Director with information and/or requests for information.

4.7.2.1. Program Directors should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

4.7.2.2. They should also communicate with site directors/supervisors at affiliate institutions regarding Resident status and then communicate pertinent information to the DIO.

4.7.3. Residents who are out of communication with MSM-GME and their programs should call or email the appropriate Review Committee Executive Director with information and/or requests for information. On its website, the ACGME will provide instructions for changing Resident email information on WebAds.

4.7.4. In addition to the resources listed in this document, Residents are directed to the Accreditation Council for Graduate Medical Education (ACGME) website for important announcements (www.acgme.org) and guidance.

4.8. Communication with the ACGME

4.8.1. The MSM-DIO or named designee will be responsible for all communication between MSM and the ACGME during a disaster situation and subsequent recovery phase.

4.8.2. Within ten (10) days after the declaration of a disaster, the DIO will contact the ACGME Institutional Review Committee to discuss particular concerns and possible leaves of absence or return-to-work dates to establish for all affected programs should there be a need for:

a) Program reconfigurations to the ACGME

b) Residency transfer decisions

4.8.3. The due dates for submission will be no later than 30 days post disaster, unless other due dates are approved by the ACGME. If within ten (10) days following a disaster the ACGME has not received communication from the DIO, the ACGME will initiate communication to determine the severity of the disaster, its impact on residency training, and plans for continuation of educational activities.

4.8.4. The DIO, in conjunction with the Associate Dean for Clinical Affairs (or their designees) and Program Directors, will monitor:

a) The progress of patient care activities returning to normal status

b) The functional status of all training programs to fulfill their educational mission both during a disaster and the recovery phase

4.8.5. These individuals will work with the ACGME and the respective RRCs to determine if the impacted sponsoring institution and/or its programs:

a) Are able to maintain functionality and integrity

b) Require a temporary transfer of Residents to alternate training sites until the home program is reinstated

c) Require a permanent transfer of Residents

4.8.6. If more than one location is available for the temporary or permanent transfer of a particular physician, the preferences of the Resident must be taken into consideration by the home sponsoring institution. Residency Program Directors must make the keep/transfer decision timely so that all affected Residents maximize the likelihood of completing their training in a timely fashion.

4.9. Resident Transfer

4.9.1. Institutions offering to accept temporary or permanent transfer from MSM residency programs affected by a disaster must complete the transfer form on the ACGME website.

4.9.1.1. Upon request, the ACGME will supply information from the form to affected residency programs and Residents.

4.9.1.2. Subject to authorization by an offering institution, the AGCME will post information from the form on its website.

4.9.1.3. The ACGME will expedite the processing of requests for increases in Resident complement from non-disaster-affected programs to accommodate Resident transfers from disaster-affected programs. The Residency Review Committee will expeditiously review applications, and make and communicate decisions as quickly as possible.

4.9.2. The ACGME will establish a fast track process for reviewing (and approving or denying) submissions by programs related to program changes to address disaster effects, including, without limitation:

a) Addition or deletion of a participating site

b) Change in the format of the educational program

c) Change in the approved Resident complement

4.9.3. At the outset of a temporary Resident transfer, a program must inform each transferred Resident of the minimum duration and the estimated actual duration of his or her temporary transfer, and continue to keep each Resident informed of such durations. If and when a residency program decides that a temporary transfer will continue to or through the end of a training year, the residency program must so inform each such transferred Resident.