POLICY AND PROCEDURE

UNIVERSITY OF NORTH CAROLINA HOSPITALS
GRADUATE MEDICAL EDUCATION
POLICY ON INSTITUTIONAL DISASTER PLAN

PURPOSE: To establish the procedures to be followed to provide administrative support for the GME programs and residents subsequent to an event or series of events that cause significant interruption in the provision of patient care, as mandated by ACGME's Policies and Procedures.

SCOPE: This policy applies to all UNC Hospitals ACGME-accredited residency programs, associated faculty, residents, and staff.

DEFINITIONS:

Disaster:
An event or set of calamitous events bringing damage, loss, or destruction causing significant alteration to the residency/fellowship experience at one or more of UNC Hospitals' residency and sub-specialty residency programs.

Extreme Emergent Situation:
A local event (such as a hospital-declared disaster for an epidemic) that affects resident education or the work environment but does not rise to the level of an ACGME-declared disaster as defined in the ACGME Policies and Procedures.

POLICIES APPLICABLE TO A DISASTER

ACGME Declaration of a Disaster:
When warranted, the ACGME Chief Executive Officer, in consultation with the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to ACGME response to the disaster.

After declaration of a disaster, triggering implementation of this Disaster Policy:

I. The Designated Institutional Official (DIO), or designee, is responsible for maintaining communications between the various Program Directors, the Director of Graduate Medical Education, the Office of Graduate Medical Education (OGME), and appropriate university and/or hospital officials to assess the impact of the disaster on the ability of any and all areas of GME to continue to provide adequate educational experiences for all residents. If it is determined that a program or the institution cannot provide at least an

adequate experience for all residents because of the disaster, the DIO and Program Directors will proceed to:

II.

a. Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows, or

b. Assist the residents in permanent transfers to other ACGME-accredited programs/institutions in which they can continue their education.

III. Program Directors are to use a previously developed contact list of potential sites for resident placement. The Program Director and DIO are jointly responsible for maintaining ongoing communication with the GMEC throughout the placement process. If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident must be considered. Programs must make the "keep/transfer" decision expeditiously so as to maximize the likelihood that each resident/fellow will complete the year in a timely fashion.

IV. The Director of Graduate Medical Education (DGME), working with IT within UNC Hospitals, will make every attempt to prevent data loss by developing offsite back-ups using remote facilities. The DGME will also work with IT to complete transition to electronic data capture and storage in a timely fashion for data not currently stored in electronic form.

V. The Chief Medical Officer will monitor and maintain communication between the DIO, the Program Directors, the DGME, and the GMEC. In the event the DIO is unavailable or incapacitated, the Chief Medical Officer will appoint the interim DIO.

VI. The OGME will be responsible for maintaining current contact information for all residents, the PDs, and members of the OGME and the GMEC. The GMEC will function as a clearing house to maintain communication within the system and aid in recovery planning for colleagues in other programs, if possible.

VII. The President of UNC Hospitals will appoint an interim Chief Medical Officer, if necessary, and an interim DIO if both parties are unavailable or incapacitated.

VIII. The DIO or designee will contact the ACGME Institutional Review Committee Executive Director within ten days after declaration of the disaster to discuss the due date for submission of plans for program reconfigurations and resident transfers to the ACGME. The DIO will provide initial and ongoing communication to university/hospital officials and all affected Program Directors. As soon as arrangements for temporary or permanent transfers have been confirmed, but no less than 10 days after declaration of the disaster, the Program Director or designee will notify each resident of those arrangements.

IX. Each Program Director and/or the DIO will determine/confirm the location of all residents, determine the means for ongoing communication with each, and notify emergency contacts of any resident who is injured or cannot be located.

X. The DIO will access information on the ACGME website to provide Program Directors with assistance in communicating and documenting resident transfers, program reconfigurations, and changing participating sites.

COMMUNICATION WITH ACGME

I. On its website, the ACGME will provide phone numbers and email addresses for emergency contact and other communication with the ACGME from disaster-affected institutions and programs. The DIO shall ensure that each Program Director and resident is provided with information annually about this emergency communication availability.

II. In General:

a. The DIO will call or email the Institutional Review Committee Executive Director with information and/or requests for information.

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

c. Residents will call or email the appropriate Review Committee Executive Director with information and/or requests for information, if they are unable to reach their Program Director or DIO.

POLICIES APPLICABLE TO EXTREME EMERGENT SITUATIONS

DECLARATION OF AN EXTREME EMERGENT SITUATION:
Declaration of an extreme emergent situation may be initiated by a Program Director or by the DIO. Declaration of a qualifying local disaster is made by the DIO, in collaboration with the hospital CEO, the COO, the Chief Medical Officer, affected Program Directors, and Department Chairs. When possible, an emergency meeting of the GMEC – conducted in person, through conference call, or through web-conferencing – shall be convened for discussion and decision-making as appropriate.

PROCEDURE:

After declaration of an extreme emergent situation:

I. The Program Director of each affected residency/fellowship program shall meet with the DIO and other university/hospital officials, as appropriate, to determine the clinical duties, schedules, and alternate coverage arrangements for each residency program

sponsored by the Institution. ACGME's guidelines for development of those plans should be implemented, including:

a. Residents and fellows must be expected to perform according to the professional expectations of them as physicians, taking into account their degree of competence, level of training, and context of the specific situation. Residents who are fully licensed in this state may be able to provide patient care independent of supervision in the event of an extreme emergent situation, as further defined by the applicable medical staff by-laws.

b. Residents are also trainees/students. Residents/fellows should not be first-line responders without consideration of their level of training and competence, state licensing requirements, the scope of their individual license, if any, and/or beyond the limits of self-confidence in their own abilities.

II. Program Directors will remain in contact with the DIO about implementation of the plans to address the situation, and additional resources as needed.

III. The DIO will call the ACGME IRC Executive Director if (and only if) the extreme emergent situation causes serious, extended disruption that might affect the Institution's/Program's ability to remain in substantial compliance with ACGME requirements. The ACGME IRC will alert the respective RRC. If notice is provided to the ACGME, the DIO will notify the ACGME IRC ED when the extreme emergent situation has been resolved.

IV. The DIO and GMEC will meet with affected Program Directors to establish monitoring to ensure the continued safety of residents and patients through the duration of the situation, to determine that the situation has been resolved, and to assess additional actions to be taken (if any) to restore full compliance with each affected resident's completion of the educational program requirements.

V. The Office of Graduate Medical Education will maintain a master contact list for: ACGME staff, Program Directors, hospital administration, all residents and emergency contacts, and will update the list annually.

GMEC Reviewed and Approved: 10/17/07
MSEC Approval: 6/9/08
GMEC Reviewed and Approved: 10/19/11
MSEC Approval: 12/12/11
GMEC Reviewed and Approved: 5/21/14
MSEC Approval: 6/2/14