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POLICY	
PURPOSE	This policy provides procedures for MHS residency programs in the event of a disaster.
SCOPE	<p>The policy applies to all MHS-sponsored residency training programs, both accredited and non-accredited. The term “resident” refers to all graduate trainees (interns, residents, fellows) in all postgraduate training programs sponsored by MHS.</p> <p><i>Note:</i> In addition to being subject to specific policies and procedures required by ACGME, Residents are also subject to policies and procedures applicable to MHS employees generally and enjoy those benefits of employment applicable to MHS employees of comparable classification.</p>
ACRONYMS	ACGME — Accreditation Council for Graduate Medical Education DIO — Designated Institutional Official GMEC — Graduate Medical Education Committee GME — Graduate Medical Education MHS — Memorial Healthcare System OAA – Office of Academic Affairs RRC — Residency Review Committee
DEFINITIONS	<p>Disaster/Emergency — A natural or man-made event that significantly disrupts the environment of care, such as damage to the hospital’s buildings or grounds due to severe wind, storms, tornadoes, hurricanes, or earthquakes. Also, an event that disrupts care and treatment, such as loss of utilities (power, water, telephones, information systems) due to floods, civil disturbances, accidents, or emergencies within the hospital or in the surrounding community. This policy document acknowledges that there are multiple types or degrees of disaster, which are specifically addressed in the MHS Emergency Operation Plan.</p> <p>Essential Personnel — Essential personnel are those who are requested to work or remain on site before, during, and/or after a disaster.</p>
PROCEDURES	<p>In the event of a disaster or potential interruption in patient care, MHS is committed to continue support for its GME programs and trainees. This policy includes a process for assuring resident safety and taking steps necessary to promote residency program stability in the event that the MHS's Emergency Operation Plan is activated. MHS shall take reasonable steps to provide for the: safety and stability of its residents during 1) an emergency preparedness situation; 2) temporary/permanent resident displacement.</p> <p>PROCEDURE</p> <ol style="list-style-type: none"> 1. Emergency Preparedness Situation <ol style="list-style-type: none"> a. Unless explicitly informed otherwise, the Office of Academic Affairs will provide a central point for communication with all residency programs. Residents are expected to report to their main hospital unless otherwise instructed by program leadership. If public conditions preclude a resident from reaching his/her main hospital or other

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	<p>assigned location, the resident is to contact the Program Director/designee in accordance with the MHS Emergency Operation Plan.</p> <p>Program Directors will maintain a listing of the location and contact information for all residents during a disaster.</p> <p>b. In the event of a disaster or interruption in patient care, all training programs will follow protocols and specific communication strategy consistent with the MHS Emergency Operation Plan. The need for clinical care coverage as well as resident safety will be balanced by each individual residency program as deemed necessary for the particular situation at hand.</p> <p style="text-align: center;">2. Resident/Fellow Displacement</p> <p>In the event of a disaster which disrupts MHS services and results in MHS' inability to continue to serve as a training site for residents in accredited training programs, the following actions will be taken:</p> <ol style="list-style-type: none"> a. Members of the MHS Executive Leadership, in consultation with the Designated Institutional Official, shall determine the anticipated duration of time any MHS Hospital will be unable to serve as a training site. b. As soon as possible after the disaster event or interruption in patient care, the DIO will notify the ACGME of the details related to the disaster or interruption. The DIO will stay in regular contact with the ACGME as needed throughout the disaster period. c. The DIO will convene the GMEC as soon as is feasible. d. Following a disaster, the DIO will work with the GMEC and individual residency program directors to reconfigure and/or reconstitute the training programs for residents enrolled in the MHS-sponsored postgraduate training programs affected by the disaster as quickly as possible. e. If the DIO, in conjunction with the GMEC, determines that the programs cannot be reconfigured or reconstituted following a disaster or interruption in patient care to provide adequate training experiences, the DIO will work in collaboration with the GMEC, program directors, and others as appropriate to accommodate either the temporary or permanent transfer of residents to other programs. f. The DIO will make every effort to provide an accurate estimate of the duration of a temporary transfer to residents. g. Receiving institutions are responsible for requesting temporary complement increases from the RRC. h. In working with all accrediting bodies to provide temporary placements for residents in other accredited training programs, MHS will make reasonable efforts to provide the accepting programs with ACGME required resident/fellow educational information.
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	<ul style="list-style-type: none"> i. MHS will comply with all governmental agencies including CMS and the State regarding rules and regulations surrounding GME cap issues during this time. j. Continuation of salary and benefits during any disaster event and recovery period will be determined by MHS executive leadership in collaboration with the DIO and will be consistent with MHS Human Resources and ACGME requirements. k. Residents and Program Directors shall be notified of the determination to temporarily suspend the training program(s) and will be provided with information regarding continuation of salary, benefits, linkages to all accrediting bodies and anticipated duration of displacement.
REFERENCES	ACGME Institutional Requirements effective July 2018 MHS Emergency Operation Plan
ORIGINAL ISSUE DATE	April 15, 2015
REVIEW/REVISION DATES	July 2020
POLICY OWNER	<p>Office of Academic Affairs</p> <p>If any of the statements contained in this policy conflict with any verbal statements or agreements made by any representatives of MHS, then the statements contained in this policy shall control the outcome of any such conflict.</p> <p>Memorial reserves the right to modify this policy in whole or in part, at any time, at the discretion of the Healthcare System or as required by applicable law, regulation, or governing/accrediting body.</p> <p>Employees who have questions regarding information contained in this policy should contact the Office of Academic Affairs.</p> <p>This policy is intended to supplement standard MHS Human Resources (“HR”) policies. To the extent that this policy conflicts with any MHS HR policy, the standard HR policy shall govern and control.</p>