

Disaster and Interruption of Patient Care Policy

Wisconsin Northern & Central GME Consortium (WiNC)

Initial GMEC Approval:	10-15-2019
Last GMEC Review Date:	

Scope

This policy pertains to all WiNC-sponsored residency/fellowship programs. The term resident/residency is used synonymously with fellow/fellowship unless otherwise specified. (GMEC approved 10/20/2022)

Purpose

To outline guidelines for facilitating resident education and well-being in the event of a disaster/interruption in patient care, ensuring compliance with requirements from the ACGME. These guidelines also apply in the event of an extreme emergent situation that affects resident education or the work environment, but does not rise to the level of an ACGME-declared disaster as defined by ACGME Policies and Procedures.

Definition

Disaster, as defined by this policy in accordance with the ACGME, is an event or set of events causing significant alteration to the residency experience at one or more residency programs. This may include, but is not limited to, damage caused by flooding, fire, explosives, tornado, etc.

Guidelines

1. Resident Education
 - a. In the event of a disaster/interruption in patient care or extreme emergent situation, WiNC is committed to providing administrative support and assistance for continuation of resident assignments as needed for affected residents and programs. The Program Director of the site affected, with assistance from the WiNC Graduate Medical Education Committee, and others as appropriate, will arrange alternative resident clinical/program training sites as needed to provide an adequate educational experience for residents.
 - i. Temporary transfers: This may include relocation to other WiNC residency clinics throughout Wisconsin, or programs elsewhere; assistance from the ACGME will be solicited as needed to identify alternative programs. If more than one alternative program is available, resident preferences will be considered.
 - ii. Permanent transfers: Assistance will be provided for residents seeking permanent transfers to other programs.
 - iii. Alternative faculty and staff for GME administration: If needed additional faculty and administrative staff will be identified.
 - iv. Space and supplies: Office space for GME administration, files, supplies, and other residency materials and equipment will be secured as needed.
 - v. Notification: Residents, faculty, staff, the DIO, the WiNC Chair, affiliated hospitals, volunteer faculty, accrediting organizations, certifying specialty boards, and others as appropriate will be informed as soon as feasibly possible of the situation, and the support to be provided to the resident(s) and/or program. Updates will be provided as necessary and/or appropriate.
2. Salary, Benefits, Professional Liability, and Relocation Reimbursement
 - a. Salary: In the event of a disaster or interruption of patient care as defined in Policy Guideline #1 above, residents who continue their employment with the WiNC-sponsored residency programs may continue to receive their designated salary, benefits, and professional liability insurance for a period of two months regardless of whether they are assigned to training responsibilities during that time. For any resident who resumes training at an alternative site designated or approved by the resident's WiNC-sponsored program and employing organization within the two-month period, and who remains an employee of WiNC, there will be no interruption of the resident's salary, benefits, or professional liability insurance. Faculty and

staff assigned to GME duties who experience a disruption in work will be paid according to guidelines of their employment classifications.

- b. Relocation reimbursement: Residents, faculty and staff required to travel to, or move to alternative locations that will require temporary relocation of their residence for graduate medical education purposes, will have their travel, relocation and temporary lodging expenses reimbursed in accordance with WiNC policies.
- c. Returning to the Residency Program: Residents, faculty, and staff who were relocated to alternative sites for training and GME purposes will be informed when the disaster is abated, and the date to return to the original site. Unless otherwise receiving permission from the Program Director, residents who do not return within the required timeframe may be subject to termination. Faculty and staff must return in accordance with the guidelines of their employment classifications.

3. Medical Response

- a. Expectations/Limitations of Resident Response: In the event of a local disaster or extreme emergent situation that needs medical personnel response, as physicians, residents should be expected to perform within their degree of competence and specialty-specific training. Residents should not however, be first-line responders without appropriate supervision given the clinical situation and their level of training and competence--residents should not be expected to perform beyond their scope of competence as determined by their Program Director and/or designee(s). Additionally, residents should not be expected to perform beyond the limits of confidence in their own abilities, or in any situation outside of the scope of their license.

In determining resident involvement in local disasters or extreme emergent situations, the residents' roles as a learner employee and physician must be considered, including, for example:

- i. the nature of the health care and clinical work that a resident will be expected to deliver
- ii. resident's level of post-graduate education specifically regarding specialty preparedness
- iii. resident safety, considering their level of post-graduate training, associated professional judgment capacity, and the nature of the disaster at hand
- iv. board certification eligibility during or after a prolonged extreme emergent situation
- v. reasonable expectations for duration of engagement in the extreme emergent situation
- vi. self-limitations according to the resident's maturity to act under significant stress or even duress

Responsibilities

In the event of a disaster or interruption of patient care:

1. The WiNC Graduate Medical Education Committee is responsible for:
 - a. Providing oversight and assistance as needed to ensure quality educational experiences for residents and administration of the program.
 - b. Ensuring compliance with the accrediting organizations.
2. The Program Director of the affected site is responsible for:
 - a. Notification and Updates
 - i. Informing the DIO, and Chair of GMEC in the event of a disaster/interruption of patient care, or extreme emergent situation.
 - ii. Providing updates as appropriate for the DIO, and Chair of GMEC about the alternative arrangements, quality of training experiences, issues, progress, etc.
 - iii. Informing residents of the minimum duration and the estimated actual duration of a temporary transfer, and providing continued information about the duration.
 - iv. Informing and providing updates for hospital affiliates, volunteer faculty and others associated with the program as appropriate.
 - v. Informing the American Board of Family Medicine (ABFM) of any break in resident training, and ensuring compliance as directed by the ABFM.
 - vi. Providing information as requested from the ACGME.
 - b. Resident Education

- i. Providing direction, and working with members of the WiNC Graduate Medical Education Committee and others as appropriate, to identify and arrange for alternative clinical/training sites for residents as may be needed.
 - ii. Providing direction, and working with others as appropriate to locate and arrange for office space for residency faculty and staff, supplies and equipment, etc. as may be needed.
 - iii. Providing oversight, direction and assistance to residents to ensure a quality educational experience throughout the duration.
 - c. Making decisions about resident involvement in medical response in a local disaster or extreme emergent situation.
2. The Director of Osteopathic Education is responsible for:
 - a. Working in collaboration with the local Program Director to support adequate osteopathic clinical training for interns/residents in the UW DFMCH statewide osteopathic program.
 - b. Providing oversight, direction and assistance to osteopathic interns and residents to ensure a quality educational experience throughout the duration.
 3. The Designated Institutional Official, in collaboration with the local Program Director, is responsible for
 - a. Informing the ACGME as appropriate and/or required.
 - b. Providing updates and information as appropriate and requested by the ACGME.
 - c. Ensuring WiNC compliance with ACGME policies and procedures.
 4. Residents are responsible for
 - a. Providing information as requested by the ACGME.

For GMEC ACGME Reference

ACGME Institutional Requirements (2022)

- IV.N. Substantial Disruptions in Patient Care of Education: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses support for each of its ACGME- accredited programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education.
- IV.N.1. This policy must include information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments. ^(Core)

ACGME website – <http://www.acgme.org>

ACGME Policies and Procedures effective 6-11-2022:

Section 25.00 ACGME Policy and Procedures to Address Extraordinary Circumstances

The ACGME may invoke the Extraordinary Circumstance policy in response to circumstances that significantly alter the ability of a sponsor and its programs to support graduate medical education. Examples of extraordinary circumstances include an abrupt hospital closure, a natural disaster, or a catastrophic loss of funding. The invocation of the Extraordinary Circumstances policy formalizes the ACGME's oversight and support of Sponsoring Institutions' and programs' efforts to ensure the continuation of residents'/fellows' educational experiences in compliance with the applicable ACGME Requirements. The ACGME shall consider invocation of the Extraordinary Circumstances policy at the request of a Sponsoring Institution's designated institutional official, in response to verified public information, or on the basis of other information received by the ACGME.

Sub-Section: 25.10 ACGME Declarations of Extraordinary Circumstances

If the ACGME President and Chief Executive Officer, in consultation with the ACGME Board Chair, determines that a Sponsoring Institution's ability to support graduate medical education has been

significantly altered, the ACGME President and Chief Executive Officer shall invoke the Extraordinary Circumstances policy.

Upon invocation of the Extraordinary Circumstances policy, a notice shall be posted on the ACGME website with information relating to ACGME's response to the extraordinary circumstances. In this notice, the ACGME shall provide relevant ACGME contact information.