

Project Vida Health Center
Community Psychiatry Residency
Graduate Medical Education Policies and Procedures

Substantial Disruptions in Patient Care or Education

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Purpose: Recognizing that disasters may occur that will affect the education of residents and fellows in each or all of our programs. These may be physical or natural disasters or may be extreme emergencies that affect residents training and patient care. Policy is to ensure that all programs are prepared to respond to, recover from, and mitigate the impact of any emergency or disaster

Policy:

All persons involved in resident education should anticipate disasters and make plans to minimize impact on trainees when they occur.

1. A disaster is an event, or set of events, that either prevents or significantly disrupts the institution's ability to provide resident education in one or more of its GME programs.
2. There are two ways a disaster can impact GME trainees and faculty/staff:
 - A. A disaster can interrupt patient care models where residents may need to assist with the care of a massive amount of patient care needs (Emergency Status).
 - a. Emergency Status – An ACGME approved status for an institution that faces operational disruption due to some type of disaster, where the ACGME will define guidelines and monitoring.
 - B. A disaster may result in loss of training sites, faculty, funding, or other key elements necessary for training. (Extraordinary Circumstances).
 - a. Extraordinary Circumstances - an event such as catastrophic loss of funding or a natural disaster that causes loss of training sites and operations, such that sponsoring institution is unable to support resident education.
3. Communications with ACGME In the event that there is a disruption to patient care models or Extraordinary Circumstance, the DIO, or designee, will notify the Accreditation Council for Graduate Medical Education (ACGME) Executive Director and request a declaration of Emergency Status or Extraordinary Circumstances.
4. The institution will follow all ACGME policies related to disaster or extraordinary circumstances notification. Within the time period designated by the ACGME, after the declaration of the disaster, the DIO, or designee, after discussion with the GMEC and all affected Program Directors, will discuss with the ACGME any program changes needed because of the disaster.
5. Each program will work with its Review Committee to determine whether any affected residents will require transfer to other programs. The program and the GME Office will assist in locating alternate training sites for any displaced residents. All information will be submitted to the ACGME within 30 days after the disaster unless other dates are instituted by the ACGME. The institution and programs will

work with the ACGME and appropriate accrediting bodies to decide whether any programs may need to be temporarily or permanently withdrawn.

6. Governance structure for a disaster interrupting patient care models. The DIO, or designee, will appoint a panel of key stakeholders to serve in the capacity of a disaster panel to respond quickly in activation and management of the disaster response. The DIO, or designee, will also attend the hospital incident command so that responses can be coordinated appropriately. This disaster panel's responsibilities include but are not limited to:

- Devise and implement the institutional response specific to the context of the disaster or emergent situation.
- Monitor to ensure the safety of residents and patients throughout the disaster or emergent situation, including the distribution and proper use of personal protective equipment.
- Determine when the situation has resolved.
- Assess and implement additional actions to be taken to restore full compliance with any affected residents' completion of educational program requirements.
- Ensure wellness resources appropriate to the challenges specific to the context of the disaster or emergent situation are available to the residents.

7. Workforce Shortages and Deployment If the disaster, or extreme emergent situation, such as a global pandemic, causes workforce shortages in the clinical environment, residents may be called to staff those shortages and/or be deployed outside of their regularly scheduled educational experiences.

- A. Residents must be expected to perform according to the professional expectations of them as physicians, considering their degree of competence, level of training, and context of the specific situation. Residents who are fully licensed in the 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 and should not be first-line responders without consideration of their level of training and competence; state licensing board training certificate supervision requirements, if applicable; the scope of their individual license, if any; and/or beyond the limits of their self-confidence in their own abilities.
- C. At least annually, each Clinical Competency Committee will rank current residents according to their level of training, competence, and self-confidence in their abilities.
- D. Programs must also monitor and report resident schedules and leave in real time so that the disaster panel can quickly determine who is available for possible redeployment.

8. The DIO, or designee, will attend the hospital incident command and will report back to the disaster panel regarding patient volumes, staff shortages, and areas of need. The panel will then recommend necessary response actions to the DIO for approval to address that need, which could include but is not limited to:

- Suspension of elective rotations, outside rotations, and/or switching rotations internally
 - Suspension of non-essential vacations
 - Suspension of moonlighting and volunteer activities
 - Deploying residents to non-scheduled assignments within their specialty
 - Deploying residents to non-scheduled assignments outside of their specialty
- Extraordinary Circumstances When the institution is no longer able to offer training opportunities due to extraordinary circumstances:
- The sponsoring institution has 30 days to adapt, revise and submit its reconfigurations to the ACGME to show how its programs can comply with the Common, Specialty Specific, and Institutional requirements.

- During this time, the sponsoring institution must notify the ACGME within 10 days and follow the timeline provided by the ACGME.
- All trainees should be notified of this status within 10 days and as to whether the program will be reconfigured, or resident transfers will be necessary.
- The ACGME will assist the sponsoring institution in decisions regarding either temporary transfers to other programs until the educational experience is rectified or permanent transfers.
- If transfers are necessary, the preferences of the resident or fellow must be considered.

9. Prevailing Accreditation Requirements: The accreditation requirements that cannot be suspended, no matter what the disaster, are:

- supervision
- work hours
- adequate protection (i.e. PPE)
- fellows functioning in their core specialty Failure to comply with these requirements could invoke adverse accreditation action.

10. The sponsoring institution will ensure continuation of salary, benefits, and professional liability coverage for all residents during any disaster or extraordinary circumstance. PV will provide administrative support. If the circumstances are such that the institution cannot continue administrative support, salary or benefits, they must invoke the Extraordinary Circumstances protocol with the ACGME for transfer of those residents so that they can continue their training along with their salary and benefits.

11. Program Directors may also request the above response actions, or others, based on their assessment of their program needs during the disaster or emergent situation. All requests must be approved by the DIO.