

PROCEDURE GME25

Subject:
DISASTERS AND OTHER EVENTS
INTERRUPTING PATIENT CARE AND
TRAINING

Effective Date:
FEBRUARY 2008

Date Revised/Reviewed: MARCH 2013

Applies to: THE METHODIST
HOSPITALPROGRAMS OF GME

Target Review Date: MARCH 2016

Originating Area:
GRADUATE MEDICAL EDUCATION COMMITTEE

I. GENERAL STATEMENT

Per Accreditation Council for Graduate Medical Education (ACGME) requirements, The Methodist Hospital, as the [Sponsoring Institution](#) of [Programs](#) of [Graduate Medical Education \(GME\)](#), must have a written procedure that addresses administrative support if a Disaster or other event causes an interruption in normal patient care activities and which may disrupt the training of Residents. This procedure addresses unanticipated and anticipated disasters that may result in partial or complete loss of training facilities. As the Sponsoring Institution, The Methodist Hospital (TMH) is committed to assisting in reconstituting and restructuring Residents' educational experiences as quickly as possible after a Disaster or other interruption of patient care and Resident training. This procedure supplements HR94 – Staffing Management During a Disaster, Pandemic Event, or Community Emergency, the emergency management plan established by each TMH department, and Procedure GME15—Reduction and Closure of GME Programs.

II. RESPONSIBILITIES IN DISASTERS AND OTHER EVENTS INTERRUPTING PATIENT CARE

A. Responsibilities of Residents.

1. Residents must provide accurate contact information and report changes immediately to their Programs. Residents should enroll for direct deposit to avoid disruptions in pay.
2. In anticipated Disasters (e.g., hurricanes), Residents are expected to follow the rules of the training site to which they are assigned at that time.
 - a. Residents who are not essential personnel and are not included in an emergency staffing plan should secure their property and evacuate if ordered by officials. Residents who are not essential personnel should not bring themselves, their property, or their families for evacuation to Methodist Hospital.
 - b. Residents who are unsure of their status as essential personnel should contact their Program Director before the Disaster.
 - c. Residents who are considered essential personnel are expected to secure their property and family and report according to the department's emergency plan.
 - d. Residents who are out of town should contact their Program Directors or the GME office as soon as communications are available.

- e. In the immediate aftermath, Residents are expected to attend to personal and family safety and then render humanitarian assistance when possible and when safe. Residents should follow the directions of public safety officials. Residents, with the approval of their Program Directors and with appropriate supervision, may participate in Disease response and recovery efforts.

B. Responsibilities of Program Directors and Program Personnel.

1. Program Directors and other program personnel must ensure that accurate contact information is available for all Program personnel, including Residents. This information should include address, pager number and all available phone numbers (home, cell, etc) and all available e-mail addresses, and person(s) to contact in case of an emergency.
2. Programs must enter, review, and update Resident demographic contact information in New Innovations and must maintain a hard copy report of this information for access by appropriate Program and institutional personnel in the event of a Disaster. New Innovations is a web-based application that is accessed by Residents, Program Directors, Faculty, and GME staff and administrators. New Innovations is restricted to authorized users designated by the Programs and GME office. New Innovations is hosted off site and backed up daily. However, the data may be unavailable from the Methodist network if a Disaster interrupts connectivity.
3. Programs must maintain their own Resident records with sufficient protection or redundancy or both to ensure that Resident records can be accessed in the event of a Disaster.
4. Programs that designate Residents as essential personnel in times of Disaster must complete the appropriate assignment rosters provided by Methodist for disaster response, ride out, and recovery according to the respective department's emergency management plan. Programs must notify the GME office of the names of designated essential personnel and of any changes in designations or contact information.

C. Responsibilities of GME Office.

1. The GME office will record the demographic contact information on all Residents from New Innovations into the Methodist Hospital HR system.
2. The GME Office will obtain the Annual Disaster Preparedness Employee Checklist and associated documents from each new Resident.
3. Information on the location, status, and accessibility or availability of Residents during Disaster response, ride-out, and recovery will be communicated by Program Directors or other Program personnel to the DIO or designee. The DIO or designee will communicate with the Chief Medical Officer and DIOs (if applicable) of Participating Institutions as needed to provide updated information through the Disaster recovery and response.
4. Due to the unique situation of the Texas Medical Center and the presence of four sponsoring institutions (Baylor College of Medicine, The Methodist Hospital, The University of Texas Health Science Center at Houston, and The University of Texas M.D. Anderson Cancer Center) and the proximity of The University of Texas Medical Branch at Galveston, all institutions have pledged to provide support, such as resident placement, among themselves in times

of disaster or other events, which may be specific to an institution (e.g., fire, hazardous chemical or spill, facility failure). DIOs, GME officials, and other administrative officials at these institutions will maintain open communications to determine the scope and impact of any disaster on their residency programs. These institutions will develop contact lists that include contact information for their DIOs and directors of GME. If disaster affects one or more of the Sponsoring Institutions, the Sponsoring Institutions will remain in close contact with other. As their resources allow, the Sponsoring Institutions will endeavor to provide support services, including temporary and permanent placement of Residents. Additionally, the Sponsoring Institutions will work with their Participating Institutions to locate possible venues for residents displaced by a disaster.

5. Within 10 days of a Disaster or other event interrupting patient care and resident training, the DIO will contact the ACGME to devise a plan for reconfiguration of training and Programs or both.
 - a. The DIO will call or email the ACGME Institutional Review Committee Executive Director with information and requests for information concerning transfer of residents. Similarly, the Program Directors will contact the appropriate Residency Review Committee Executive Directors with information and requests for information concerning transfer of Residents.
 - b. If Methodist's closure due to a disaster or other event interrupting patient care and training will prevent Residents from obtaining an adequate educational experience for the remainder of the current resident year, then Methodist will arrange temporary transfers to other Programs and Sponsoring Institutions and cooperate in and facilitate permanent transfers to other Programs and Sponsoring Institutions. If Methodist's closure will not prevent Residents from obtaining an adequate educational experience for the remainder of the current resident year, then Methodist will cooperate in and facilitate permanent transfers to other Programs and Sponsoring Institutions for the subsequent resident year. However, if a Resident requests a transfer before the end of the current resident year, then Methodist and the Resident's Program will cooperate in and facilitate the Resident's transfer to another Program and Sponsoring Institution.
 - c. Methodist will provide each Resident with the financial support and benefits stipulated in the Resident's Appointment of Agreement for the remainder of the current resident year or until the Resident is transferred to another Program or Sponsoring Institution. Methodist will not be obligated to extend financial support and benefits for the subsequent resident year.
6. The Sponsoring Institution and Program will monitor the well-being of Residents closely and ensure that appropriate counseling resources are available to them.

IV. COUNCILS OR COMMITTEES REVIEWING OR APPROVING PROCEDURE

Graduate Medical Education Committee [14 February 2008] [14 March 2013]

AUTHORITATIVE REFERENCES

ACGME Institutional Requirements I.B.8 (effective July 1, 2007)