

UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE
Office of Educational Affairs

Approval Date: 6/7/2016	Subject: GME Disaster Preparedness Policy and Procedure	Page 1 of 4
Approved by: GMEC		Revised Date: 3/1/11; 5/10/2016
Effective Date: 4/3/2007		Reviewed Date: 5/10/2016

Purpose

- To provide guidelines for communication with and assignment/allocation of housestaff (resident/fellow) manpower in the event of a disaster
- To provide policy and procedure for addressing administrative support for University of Florida College of Medicine - Jacksonville (UFCOMJ) Graduate Medical Education (GME) programs and housestaff in the event of a disaster or interruption in normal patient care
- To provide guidelines for communication with housestaff and program leadership whereby to assist in reconstituting and restructuring housestaff's educational experiences as quickly as possible after a disaster, or determining need for transfer or closure in the event of being unable to reconstitute normal program activity.

Definitions

A disaster is defined herein as an event or set of events causing significant alteration to the residency experience at one or more residency programs.

This policy and procedure document acknowledges that there are multiple strata or types of disasters: acute disaster with little or no warning (e.g., tornado or bombing), intermediate, with some lead-time and warning (e.g., hurricane), and the insidious disruption or disaster (e.g., avian flu, H1N1, or other pandemic). This document will address disaster and disruption in the broadest terms.

Communications

All programs maintain contact information for all housestaff in New Innovations. New Innovations is a web-based product and is available from any location with internet access. The Recall Roster Report contains, at a minimum, the trainees home address, alpha pager number, all available phone numbers (home, cell, etc.), all available email addresses, and emergency contact information, including their contact information. This information will be updated at least annually before July 31, and as appropriate to maintain optimal accuracy and completeness. The Recall Roster Report is saved in each departments custom report folder, which allows individuals with access to the custom reports (program directors and coordinators) to run the report as needed.

Finance

During and/or immediately after a disaster, natural or manmade, housestaff will be allowed and encouraged to continue their roles where/as possible, and to participate in disaster recovery efforts. Housestaff will continue to receive their salary and fringe benefits during any (disaster) event recovery period, and/or accumulate salary and benefits until such time as utility restoration allows for fund transfer.

Housestaff are paid through the University of Florida Peoplesoft (PS) system in Gainesville and receive their stipend by direct deposit bi-weekly. PS is a web-based product and is available from any location with network access. PS does not require any action by the OEA in order to process housestaff pay. The PS system auto-populates housestaff work hours every two weeks, thus generating resident payroll. The OEA must enter data into the PS manually for new hires, terminations, leave of absence without pay, and increase in pay level. These functions can be done from any computer with an internet connection by logging onto my.ufl.edu—thus allowing OEA staff to continue maintenance of the payroll process via virtual OEA, as may be necessary. The Off-cycle Report in New Innovations provides the OEA with the information necessary to execute payroll system changes.

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Administrative Information Redundancy and Recovery

All GME programs are responsible for maintaining sufficient protection and/or redundancy for their program(s) and their housestaff records.

In addition, all hardcopy records are maintained in the OEA in a manner consistent with the UF policy on record retention. All hardcopy housestaff files are scanned as processing is completed, and maintained electronically. All archived files that have been converted to digitized storage will be uploaded to and maintained in New Innovations (web-based Residency Management Software product). Certificates will also be scanned annually, to maintain electronic backup/redundancy to the hard-copy files.

All OEA electronic files on the Dean's Drive and server are supported by UFJHI ITS and backed up in a manner consistent with the UFJP IS Department policy and procedure for mission critical servers—incremental backup on a daily basis and full backup once per week with offsite storage with Iron Mountain Offsite Data Protection.

The New Innovations (NI) Residency Management Software agreement provides for server redundancy in Ohio (location of New Innovations headquarters), to maintain functional status of this web-based tool for program and institution residency data management.

Administrative Support

Housestaff reporting will continue during disaster recovery. The NI Block Schedule will be used as reference/context for assessing the programs' counting and accounting for resident activity during disaster response. If the housestaff member is tagged for disaster recovery and cannot participate in their scheduled rotation, their block schedule will be modified. The program director will inform an OEA staff member what the resident/fellow is doing in the recovery effort. The NI IRIS module will be modified based on what the resident activity and assignment is during the disaster recovery efforts. The OEA staff member will be in contact with the Designated Institutional Official (DIO) regarding resident activity.

Manpower/Resource Allocation During Disaster Response and Recovery

The Hospital Incident Command System (HICS) organizational chart, found in the UF Health Jacksonville' Comprehensive Emergency Management Plan (Policy number DP-01-001) is used as the organizational structure for disaster response and recovery. Each program/department will conduct internal manpower management through designation of physician staff and housestaff to response teams, consistent with the hospital and medical staff policy and procedure for disaster response, and/or by the internal department policy.

As determined to be necessary by the Operations Chief, Medical Staff and/or Medical Care Director in HICS, physician staff reassignment or redistribution to other areas of need will be made, superseding departmental team plans for manpower management. Information on the location, status and accessibility/availability of housestaff during disaster response and recovery is derived by DIO and/or designee communication with program directors and/or program chief residents, implementing the Recall Roster. The DIO or designee will then communicate with the Medical Care Director and Medical Staff Director in the hospital incident command center to provide updated information through the disaster recovery and response.

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Legal and Medical-legal Aspects of Disaster Response Activity

There are multiple mechanisms that may afford liability protection to UFCOMJ housestaff who are or will be working in the affected areas of disaster response in the State of Florida from incurring personal liabilities.

In the capacity of assignment by Florida National Guard and/or Department of Homeland Security, housestaff become temporary employees of Health and Human Services (HHS) and therefore are subject to and protected by the Federal Tort Claims Act.

It is preferred, whenever and wherever possible, that notwithstanding other capacities in which housestaff may serve, they also act within their UF function when they participate in disaster recovery efforts. While acting within their UF function, housestaff will maintain their personal immunity to civil actions.

Institutional Assessment and Decision-making on Program and Institution Status and Resident Transfer

The Program Director(s) and DIO will communicate with the RRC(s) and ACGME regarding the impact of the disaster. Within ten days after the declaration of a disaster by the ACGME, the DIO of each sponsoring institution with one or more disaster-affected programs (or another institutionally designated person, if the institution determines that the DIO is unavailable), will contact ACGME to discuss due dates that ACGME will establish for the programs (a) to submit program reconfigurations to ACGME and (b) to inform each program's residents of resident transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME. If within the ten days ACGME has not received communication from the DIO or designee, ACGME will attempt to establish contact with the DIO(s) to determine the severity of the disaster, its impact on residency training, and next steps.

The DIO, in conjunction with the Dean of the Regional Campus, will monitor progress of both healthcare delivery and functional status of GME programs for their educational mission during and following a disaster. They (or their designees) will work with the ACGME to determine the appropriate timing and action of the options for disaster impacted institution and/or programs—1) maintain functionality and integrity of program(s), 2) temporary resident transfer until program(s) reinstated, or 3) permanent resident transfer, as necessitated by program or institution closure. Information and decision communications will be maintained with Program Directors and housestaff, as appropriate to circumstances of the individual disaster event.

ACGME Policy and Procedure for Event of a Disaster (Reference ACGME Policies and Procedures, Subject 21.00)

If the Chief Executive Officer of the ACGME in consultation with the Chair of the ACGME Board, determines that a sponsoring institution's ability to support resident education has been significantly altered, he or she shall invoke the Extraordinary Circumstances policy. A notice will be posted on the ACGME website with information relating to ACGME's response to the extraordinary circumstances.

On its website, ACGME will provide phone numbers and email addresses for emergency and other communication with ACGME from disaster affected institutions and programs. *Communication*

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guidelines from the ACGME to provide information or convey requests for information are as follows: DIO should call or email the Institutional Review Committee Executive Director; Program Directors should call or email the appropriate Review Committee Executive Director; residents/housestaff should call or email the appropriate Review Committee Executive Director or the Office of Resident Services. On its website, ACGME will provide instructions for changing resident email information on the ACGME Web Accreditation Data System.

Within 10 days of the ACGME invoking the Extraordinary Circumstances policy the sponsoring institution must contact the ACGME to receive the time lines for: (1) submitting program reconfigurations and (2) informing trainees of the decision to reconstitute the programs and/or temporarily or permanently transfer trainees. The sponsoring institution must also: (a) revise its educational program to comply with the applicable requirements within 30 days of the invocation of the policy; (b) arrange temporary transfers for trainees; or (c) assist trainees with permanent transfers to other ACGME-accredited programs.

Programs within the institution must make the decision to reestablish the program and/or arrange for temporary or permanent transfers of the trainees in a timely manner to minimize disruption of training.

ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster effects, including, (a) the addition or deletion of a participating sites, (b) changes in the format of the educational programs, and (c) changes in the approved resident complements.

Once the Extraordinary Circumstances policy is invoked, the ACGME may determine that one or more site visits is required. Prior to the visits, the DIO will receive notification of the information that will be required. This information, as well as information received by the ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

Resident Transfer

The ACGME will expedite the process for transfers of affected residents and/or fellows. The process of approval of requests for increases in resident complement from receiving programs to accommodate resident and/or fellow transfers from the affected programs must be handled through the Accreditation Data System (ADS). The Review Committees will promptly review applications for complement changes and communicate their decisions. Affected institutions must coordinate temporary or permanent transfers through the ACGME.

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, ACGME will give information from the form to affected programs and residents, and post the information on its website, upon authorization.

At the outset of a temporary trainee transfer, a program must inform each transferred resident of the estimated duration of the temporary transfer, and continue to keep each resident informed of such durations. If a program decides that a temporary transfer will continue through the end of the academic year, it must so inform each transferred trainee.