

UB Graduate Medical Education Policy on Disasters and Interruption of Patient Care or Residency Training Programs

May 2008

I. GENERAL STATEMENT:

This policy defines the responsibilities of graduate medical and dental education programs at the University at Buffalo in the event of a natural or man-made disaster which directly impacts or disrupts the operation of clinical training sites and/or in the event of other situations which impede or prevent the continued operation of a training program in any specialty. It is the general policy of the University at Buffalo that, in the event of a disaster, appropriate steps by trainees and available faculty will be taken to provide assistance and support in the care of the sick and injured who are patients of or present to any affiliated program training site(s). Medical care and related services will be provided according to the policy and procedure governing the management of disasters at the respective hospital(s) and, in the case of residents, under the appropriate supervision by qualified faculty. In the event that the continued operation of a training program is impeded permanently or for an extended period for any reason, timely and appropriate steps will be taken collaboratively by the Office of Graduate Medical Education and the respective program director to secure arrangements suitable for completion of the training of residents enrolled in the program. The Office of Graduate Medical Education and each program are committed to reconstituting and restructuring residents' educational experiences as quickly as possible following a disaster or cessation/termination of an educational program.

II. SCOPE: This policy applies to all graduate medical and dental residency and fellowship training programs at the University at Buffalo.

III. DEFINITIONS:

A disaster is herein defined as any event, natural or man-made, which immediately and severely impacts the operation of an affiliated program training site by disrupting usual procedures in the care of patients; imposes an extraordinary demand on staff for care of sick and wounded, and/or disrupts the usual activities of any residency program in training of residents.

Interruption or termination of a training program in the context of a disaster or for other reasons, as herein defined, refer to the cessation of a training program either in its entirety or at an affiliated site for reasons beyond the control of the program director or the Office of Graduate Medical Education.

IV. DISASTER PREPAREDNESS

RESPONSIBILITIES

DESIGNATED INSTITUTIONAL OFFICIAL (DIO)

- 1). Maintains familiarity with the policies of the ACGME as pertain to graduate medical education programs in the context of a disaster.
- 2). Maintains a current list of key faculty and staff in all programs (Program Directors, Chairs, Hospital Department Chiefs, Program Coordinators), key hospital executives (CEO's, COO's, CMO's, CFO's, CIO's and their designees) and other key Institutional officials (Deans, Vice President, Health Sciences) including e-mail addresses, telephone and cell phone contact numbers.
- 3). Will identify members of a disaster response planning committee to be convened in the event of a disaster for the purpose of advising the DIO and the Graduate Medical Education Committee (GMEC) on an Institutional strategy in response to a disaster. Membership should include the DIO, the Vice President for Health Sciences or designee, and representation from among CEO's, CFO's, CMO's and CIO's in the affiliated hospitals. Each Officer may appoint a designee to serve, as appropriate. The committee structure should be reviewed and approved by the GMEC and updated annually.
- 4). In collaboration with the CMO at each affiliated hospital, the DIO and CMO's will identify at least two designees at each hospital to assure an adequate communication link between the DIO and the office of the CMO at each hospital in the event of a disaster.

GRADUATE MEDICAL EDUCATION COMMITTEE

- 1). Periodically (at least bi-annually) review, appropriately modify, and approve the Institutional Policy on Disasters and Interruption of Patient Care.
- 2). Maintain familiarity with the policies of the ACGME as pertain to response to disasters that affect training programs and the interruption of training programs.

PROGRAM DIRECTORS AND DEPARTMENT CHAIRS

- 1). Maintain familiarity with the disaster policies of their respective program's affiliated training sites and assure that all residents and faculty are aware of their roles and responsibilities in the event of a disaster.
- 2). Maintain familiarity with the provisions and requirements of ACGME policies as pertain to responsibilities and obligations of programs in the event of a disaster and/or disruption of a training program.
- 3). Maintain general awareness of local, regional, and other health care facilities which might be called upon to participate in the restructuring of a residency training program in the event of serious interruption or termination of their program.

V. RESPONSE TO A DISASTER

Following declaration of a disaster, the DIO will work with the department chair(s) and program director(s) to determine the short-term (up to 72 hours), intermediate term (up to one week) and longer-term impact of the event on any training program(s). The parties will work together with hospital officials to facilitate adequate response to emergency care needs while assessing the

potential impact on training programs at risk of disruption. The educational objective will be to restructure or reconstitute the residents' educational experience as soon as possible following the disaster. The DIO will be the primary contact and coordinator of that effort. The membership of the strategic response advisory committee will be identified and convened as necessary to support that effort.

To maximize the likelihood that trainees will be able to complete program requirements within the specified time as required for certification in that specialty, the following steps will be taken:

- 1). If the affected hospital(s) cannot provide the needed experiences for trainees, efforts will be made to have training needs accommodated at other local sites.
- 2). If local facilities affiliated with the Sponsoring Institution (SI) cannot provide for the training needs, the SI, through the DIO working with the director(s) of the affected program(s) will, to the best of its ability, seek to arrange temporary transfer of trainees to other sponsoring institutions able to accommodate them until the Sponsoring Institution and its affiliates are able to resume providing the educational experience.
- 3). If the disaster permanently prevents the Sponsoring Institution from re-establishing an adequate educational experience within a reasonable period of time, then permanent transfers of trainees will be arranged.

RESPONSIBILITIES

DESIGNATED INSTITUTIONAL OFFICIAL (DIO)

- 1). Promptly ascertain the potential impact of the disaster on specific residency programs.
- 2). Contact the affected department chair(s) and program director(s) to advise them of the situation and engage them in the preparation of the Institutional response and direction of faculty at the affected site(s).
- 3). Contact the Chief Medical Officer(s) at the affected site(s) and ascertain the immediate impact of the disaster on operations and elicit input on the need to convene the Disaster Response Planning Committee.
- 4). Convene the Disaster Response Planning committee, as appropriate.
- 5). Convene the Graduate Medical Education Committee and promptly report to them on the recommendations of the Disaster Response Planning Committee.
- 6). Implement the actions of the Graduate Medical Education Committee.
- 7). Coordinate and facilitate the response to the disaster as it affects any training program(s). If a longer term impact on training is evident, assist and support the chair(s) and program director(s) in making the necessary arrangements for their respective program(s).

8). Throughout the response and related planning, assure adherence to the policies of the ACGME as pertain the disruption of training programs.

GRADUATE MEDICAL EDUCATION COMMITTEE

- 1). In the event of a disaster or disruption of a training program for any reason, promptly convene at the request of the DIO.
- 2). Receive regular reports regarding the effect of a disaster on any training program(s) under the supervision of the SI.
- 3). Receive and act on recommendations for action regarding any training program(s) as received from the DIO, the program director(s) of the affected program(s), and/or the Disaster Response Planning Committee.

DISASTER RESPONSE PLANNING COMMITTEE

- 1). Convene at the direction of the DIO to determine the impact of the disaster on the care of patients as affected by GME in the affected hospital(s)
- 2). Assist, support and facilitate taking appropriate action to assure a cooperative and timely response to the disaster, considering patient care needs in the short term and the various implications of reassignment of residents across local institutions or elsewhere in the long term.
- 3). Accordingly, prepare recommendations to the DIO and the Graduate Medical Education Committee for action.

PROGRAM DIRECTORS AND DEPARTMENT CHAIRS

- 1). Establish and maintain contact with the office of the DIO and with faculty at the affected site(s) to give direction with respect to the deployment and supervision of residents at that and, if appropriate, at other affiliated sites, in response to the disaster. If interruption of a program is threatened for any other reason, assure that the DIO is notified timely and involved in developing a plan of action.
- 2). Monitor the situation to assess the likelihood of intermediate and long-term impact on the training program.
- 3). As necessary and in a timely manner, review options for alternate arrangements for residents to minimize the impact on their training experience.
- 4). If alternate placements of residents for the short-term or long-term are required, work with the DIO to effect the necessary arrangements subject to the approval of the Graduate Medical Education Committee.

VI. INTERRUPTION OF A TRAINING PROGRAM

In the event that the operation of a training program is threatened or disrupted for reasons other than related to a disaster (e.g. interruption of care at an affiliated site for any reason; notice of withdrawal of support by an affiliated hospital site; inability of the program to provide sufficient required training experiences or patient volume for residents; loss of faculty in sufficient number to assure adequate supervision and training), it shall be the policy of the Sponsoring Institution to work with the program director and participating site(s) to satisfactorily remediate the reason for the disruption.

PROCEDURE

- 1). The DIO shall convene a meeting to include at least the program director, the department chair, the CMO(s) of the participating sites, and the CEO(s) or designee(s) of the participating sites. An effort will be made to identify options to maintain the integrity of the program, including local realignment of the program's affiliations in the community.
- 2). The Graduate Medical Education Committee (GMEC) will be convened and informed of the problem and efforts to develop a satisfactory solution.
- 3). If no local solution to the problem is possible, the DIO will work with the program director to:
 - a. assure that policies of the ACGME that apply to such situations are followed
 - b. facilitate the development of placement of residents at alternate sites, either immediately or as time allows, to assure that interruption of the training experience is avoided or minimized.
- 4). The DIO will inform and seek the approval of the GMEC for any action(s) proposed.

ENFORCEMENT

It will be the responsibility of the Senior Associate Dean for Graduate Medical Education (DIO), to assure that the provisions of this policy are carried out.

REVIEW/REVISION: The Policy will be reviewed and approved by the GMEC at least every two years.