



**USF Health - Morsani College of Medicine
GME POLICY & PROCEDURE**

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Scope: Applies to all University of South Florida Morsani College of Medicine (“USF MCOM”) residents and fellows (“Residents”) in Accreditation Council for Graduate Medical Education (“ACGME”) accredited programs as appointed through the House Officer Contract issued by the USF MCOM Graduate Medical Education Office (“GME Office”).

Background: It is an ACGME requirement that the sponsoring institution have a policy that addresses administrative support for Graduate Medical Education (“GME”) programs and Residents in the event of a substantial disruption (IR IV.N.). The policy should include information about assistance for continuation of salary, benefits, professional liability coverage and Resident assignments. In the event that an extraordinary circumstance is declared, the Extraordinary Circumstance, GME Policy-120, will take effect.

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 disaster: 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., pandemics). This document will address disaster in the broadest terms.

A **substantial disruption** is defined as an event or set of events causing significant alteration to the residency experience in one or more USF MCOM GME programs. A substantial disruption may or may not result in disruption of the provision of patient care within a residency program or throughout multiple residency programs and hospital departments.

Policy: USF Health operates in a continuous posture of readiness. This approach is based on a series of action-oriented crisis levels. During blue-skies or normal operations USF Health remains at Crisis Level V – Preparedness and Mitigation. In the event of an emergency or disaster the organization at the direction of the USF Senior Vice President for Health implements planned responses based on the impact or expected impact to the organization. In accordance with the USF Health Order of Leadership Success for Emergencies plan implementation may be directed by the Senior Vice-President’s designee.

Safety of patients, members, Residents, faculty and staff shall be the first priority. Other key priorities will include continuity of education, compliance with ACGME

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and other regulatory requirements, continuity of clinical operations, and timely completion of training.

Following declaration of a disaster or substantial disruption, the USF MCOM GME Designated Institutional Official (“DIO”) is responsible for maintaining effective communications among program directors, Director of GME, GME staff, affiliate institutions, leadership, and ACGME.

Immediately following the disaster or substantial disruption, each affected GME program will undertake all reasonable measures to ascertain the whereabouts of all Residents and ensure their safety. Additional steps will be undertaken when Residents have been injured or quarantined, rendered unable to travel, or cannot be located. Programs will report their status to the DIO and Director of GME as soon as possible and will provide periodic updates.

As soon as possible after declaration of a disaster or substantial disruption, the DIO and program directors will assess the institutions and program’s ability to continue to provide an adequate education experience for its residents. USF and USF MCOM strive to provide a stable educational environment for Residents. Factors that may be reviewed, assessed, or acted upon may include: (1) Safety of patients, Residents, faculty and staff (2) Residents and faculty available for clinical and educational duties (3) Extent/impact of damage of physical plant/facilities (4) Extent/impact of damage to clinical technology and clinical information systems (5) Extent/impact of damage to communication technology (phones, pagers, computers, inter/intranet) and (6) Changes in volumes of patient activity in the short-and-long-term

The DIO and the Graduate Medical Education Committee (“GMEC”) will determine whether an extraordinary circumstance needs to be declared whereby GME Policy 120 will be followed. If an extraordinary circumstance is not declared, the DIO and GMEC will decide whether temporary or permanent restructuring of training, and/or reduction or discontinuation of some or all training programs.

The DIO, program directors, and affiliate sites will take appropriate steps to maintain, restructure or reconstitute elsewhere the educational experience of GME trainees. Planning in this regard will involve the GMEC, to the extent allowed by specific circumstances.

If the disaster involves acute clinical needs, then immediate attention will be focused on care of patients and safety of patients and personnel.

To the extent possible, the institution will follow the following guidelines:

- The DIO will communicate institutional decisions as quickly as possible to the GMEC, program directors and Residents. The DIO will serve as the primary institutional contact with the ACGME regarding the issues addressed in this policy.

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- Any necessary restructuring of GME programs will seek to maintain full compliance with accreditation requirements and minimize any loss of training time, in order to maximize the likelihood that trainees will complete certification requirements within the originally anticipated time frame. Temporarily, the institution may decide:
 - To facilitate clinical and educational assignments by Residents from remote sites using electronic and telephonic means of communication. Residents will be subject to recall to a clinical site at the discretion of the Program Director and DIO.
 - To facilitate clinical and educational assignments by relocation of Residents to an alternate site of training within the institution or to a current local affiliate training site.
 - To facilitate clinical and educational assignments by arranging temporary transfer for Residents to another sponsored program or an external program until the institution can provide an adequate educational experience.
- If it is determined that adequate education cannot be provided in one or more programs on a temporary basis, the DIO and GMEC will follow the procedures set forth in the Program/Sponsoring Institution Closure and Reduction Policy and Procedures (GME-217).
- In the event of a disaster or substantial disruption, continuation of salary, liability coverage and benefits will be dependent on the short- and long-term impact on each program and the institution overall. In addition, it will be dependent on current policies related to reimbursement. Because Residents are temporary employees, they are not entitled to continuing compensation in the event of a prolonged closure of a hospital. However, the University will make a reasonable effort to secure continuing support or reassignment for residents pursuant to this policy and the requirements of ACGME. Resident liability coverage is occurrence based and any claim arising from a Resident carrying out their job function will be covered regardless of when it arises (even if no longer employed).

Procedure:

Responsible Party

DIO Responsibility

Action

Maintains communication through email, New Innovations, or another means with GME program directors and administration regarding disaster management.

Monitors progress of healthcare delivery and functional state of GME programs. Communicates

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Program and Program Director

information to ACGME concerning impact of the disaster or substantial disruption.

Program should discuss emergency planning with program and department leadership to prepare procedures, define essential personnel and functions, and ensure data preservation. For disaster that can occur at scheduled intervals, plans should be updated and communicated to Residents and faculty consistent with interval of potential disaster.

Maintain updated emergency contact information, pagers, cell, and home phone for all Residents in the program in New Innovations.

Define communication call tree to ensure program stakeholders (Residents, faculty, site directors, administrators) are informed of situation.

Make a decision whether the program can no longer provide at least adequate educational experience and will work with GME office and ACGME to arrange temporary or permanent transfers.

Programs will be responsible for establishing procedures to protect the academic and personnel files of all Residents in their possession from loss or destruction by disaster.

Resident

During and after a disaster or substantial disruption, Residents are expected to continue their roles as possible and will be expected to:

- 1) Follow applicable disaster and emergency policies and procedures of the hospital affiliates, clinics and USF MCOM and;
- 2) Follow instructions and meet scheduled assignments during and after the disaster or emergency per directives from program directors, DIO, or designated supervisors, including attending physicians;
- 3) Check in with program directors, supervisors, or attending physicians within a reasonable amount of time after the disaster or emergency;
- 4) Visit the www.USF.edu, USF Health webpage, GME webpage on the USF website, New Innovations, the ACGME website, and any other relevant sources of information

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- concerning the disaster or emergency including radio and television;
- 5) Log work hours during disaster recovery, if applicable.

APPROVED:



Senior Associate Dean, Graduate Medical Education/DIO

Date of Origin	Effective	Revision/GMEC Approval:	Originally Policy #
03/2007	03/2007	08/2020; 06/2021	N/A