

CHRISTIANA CARE HEALTH SERVICES

POLICY:	GMEC Substantial Disruptions in Patient Care or Education Institutional
DEPARTMENT:	GMEC
DATE OF ORIGIN:	July 1, 2011
LAST REVISION DATE:	February 2023
REGULATORY REFERENCE:	ACGME

POLICY:

All ChristianaCare residency and fellowship programs develop plans to maintain administrative continuity and preserve their educational missions in the event of a disaster/pandemic or significant interruption in patient care or hospital operations.

DEFINITIONS:

DISASTER:

An event or set of events causing significant alteration to the residency/fellowship experience at one or more residency/fellowship programs. Hurricane Katrina is an example of a disaster, Covid-19 is an example of a pandemic.

EXTREME EMERGENT SITUATION:

A local event (such as a hospital-declared disaster/pandemic for an epidemic) that causes serious, extended disruption to resident/fellow assignments, educational infrastructure or clinical operations that might affect ChristianaCare's ability to conduct graduate medical education in substantial compliance with ACGME requirements.

PURPOSE:

To establish the procedures to be followed by GME leaders in the event of circumstances causing significant interruption in the provision of patient care and/or hospital operations, as mandated by ACGME's Policies and Procedures.

SCOPE:

This policy applies to all ACGME-accredited residency programs, associated faculty, residents/fellows, and staff.

RESPONSIBILITIES:

A. GMEC's Responsibilities

The GMEC is responsible for assuring that all GME programs and Program Directors are aware of and comply with this policy and for monitoring program-specific contingency planning for a disaster or interruption in patient care.

B. Program Director Responsibilities

All Program Directors are responsible for implementing this policy as it pertains to program-specific disaster/pandemic contingency planning and for communicating with residents and fellows regarding temporary and/or permanent transfers.

C. Designated Institutional Official (DIO) and ChristianaCare Responsibilities

The DIO and the staff in the Office of Academic Affairs are responsible for communicating with ACGME and working with disaster/pandemic-affected programs and Program Directors to reconstitute or reconfigure the educational experience for residents and fellows.

GUIDELINES:

A. Procedure

1. Immediately after a disaster/pandemic or extreme emergent situation interruption in patient care, each GME program affected by the disaster/pandemic or interruption, under the direction of its Program Director, in collaboration with the DIO and the GMEC, will undertake all reasonable measures to ascertain the whereabouts of its residents/fellows and ensure their safety. If residents/fellows are in immediate danger, the Program Director, in collaboration with the DIO and GMEC, will coordinate all reasonable measures available to ChristianaCare to remove trainees from harm and return them to safety.
2. As soon as possible after the disaster/pandemic or interruption in patient care, the DIO will notify the ACGME of the nature and details of the disaster/pandemic or the interruption. Should the ACGME declare a disaster, a notice will be posted on the ACGME website, with information relating to the ACGME response to the disaster/pandemic. The DIO will monitor this information and maintain ongoing communications with the ACGME.
3. Following declaration of a disaster/pandemic or an interruption in patient care, the Program Directors, in consultation with the GMEC, DIO and other ChristianaCare administrators, will work to restructure, reconfigure or reconstitute the educational experience for residents/fellows enrolled in ChristianaCare-sponsored GME programs affected by the disaster/pandemic or interruption, as quickly as possible.
4. Within ten days after the ACGME's declaration of a disaster, the DIO or his/her designee will contact the ACGME to discuss the deadlines that the ACGME will establish for each affected program to: (1) submit proposed program reconfigurations for review by the ACGME, and (2) inform each resident/fellow of a transfer decision.
5. The DIO will be the primary institutional contact with the ACGME and its Institutional Review Committee (IRC) Executive Director regarding disaster plan implementation and specific GME needs within ChristianaCare. The DIO will call or email the IRC Executive Director with information and/or requests for information as specified in the ACGME Policies and Procedure Manual. Communications from Program Directors to the ACGME will be directed by phone or email to the appropriate Review Committee Executive Director. Communications from residents/fellows to the ACGME also will be directed to the appropriate Review Committee Executive Director.
6. Individual ChristianaCare-sponsored GME programs will, to the extent permitted by available resources and program personnel, protect the academic and training files of residents or fellows from loss or destruction by disaster.
7. The DIO will notify the ACGME when the disaster or institutional extreme emergent situation is resolved.

B. Deployment of Residents/Fellows in a Disaster

In deploying residents/fellows in a disaster, ChristianaCare's GME programs will consider the following:

1. Residents/fellows are, first and foremost, physicians, whether they are acting under normal circumstances or in extreme emergent situations. They shall be expected to perform according to society's expectations of physicians as professionals and leaders in health care delivery, taking into account their degree of competence, their specialty training, and the context of the specific situation. Many residents/fellows at an advanced level of training may even be fully licensed in their state, and, therefore, they may be able to provide patient care independent of supervision.
2. Residents/fellows should not be deployed as first-line responders without appropriate supervision, given the clinical situation at hand and their level of training and competence. If a resident/fellow is working under a training certificate from a state licensing board, they must work under supervision. Resident/fellow performance in extreme emergent situations should not exceed expectations for their scope of competence as judged by Program Directors and other supervisors. Residents/fellows should not be expected to perform beyond the limits of self-confidence in their own abilities. In addition, a resident/fellow must not be expected to perform in any situations outside of the scope of their individual license. Expectations for performance under extreme circumstances must be qualified by the scope of their licenses.
3. In determining a resident/fellow's involvement in local extreme emergent situations, Program Directors shall take into account:
 - The nature of the health care and clinical work that a resident/fellow will be expected to deliver;
 - The resident/fellow's level of post-graduate education specifically regarding specialty preparedness;
 - The safety of residents/fellows, considering their level of post-graduate training, associated judgment capacity, and the nature of the disaster;
 - Board certification eligibility during or after a prolonged extreme emergent situation;
 - Reasonable expectations for duration of engagement in the extreme emergent situation; and
 - Self-limitations according to the resident/fellow's maturity to act under significant stress or even duress.

C. Transfer of Residents/Fellows

1. If the DIO determines that the ChristianaCare-sponsored GME program(s) affected by the disaster or interruption in patient care cannot be restructured or reconstituted to provide an adequate educational experience for resident or fellows, or if the program cannot be restructured or reconstituted within an appropriate time frame to allow residents or fellows to complete their training program requirements within the standard time required for certification within their specialty, then the DIO working in collaboration with the Program Director(s), the Office of Academic Affairs, and ChristianaCare administration will:
 - i. Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows
 - ii. Cooperate in and facilitate permanent transfers to other programs/institutions. Programs/institutions will make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident/fellow will timely complete the residency/fellowship year.

2. If there is more than one possible program available for temporary or permanent transfer, the Program Director will consider the preferences of the individual resident/fellow.
3. ChristianaCare residents/fellows who, as a result of the disaster or interruption in patient care, temporarily transfer to other training programs, will be provided by their Program Directors with a best estimate of the duration of time that relocation to the host program will be necessary. Should the time at the host program need to be extended, the residents/fellows will be notified by their Program Director(s) using written or electronic means, indicating the estimated duration of the extension.
4. If, and when, a program decides that a temporary transfer will continue to and/or through the end of a residency year, the Program Director will promptly inform each such transferred resident/fellow.
5. During the period of time that ChristianaCare trainees spend in temporary transfer at the host program, Christiana Care and affiliates will continue to provide salary, travel and benefits to the trainee, consistent with applicable law.
6. When disasters occur elsewhere, ChristianaCare GME programs may host or admit displaced residents/fellows from other programs. Programs Directors, in consultation with the DIO and GMEC, will determine whether displaced residents/fellows can be accommodated within individual programs.

D. Planning Responsibilities

Individual ChristianaCare-sponsored GME programs are responsible for establishing contingency plans and procedures to address continuation of program leadership, evacuation planning, relocation, program recovery, maintenance of communication and working with affiliates in the event of a disaster or interruption in patient care.

SIGNATURES/APPROVALS:



Reviewed 1/2/2025

DO, FACP, FAAP

Associate Designated Institutional Official