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| **TITLE:**<br>Substantial Disruption in Patient Care or Education | |
| **ISSUING DEPARTMENT:**<br>Graduate Medical Education Committee<br>Creighton University School of Medicine-Phoenix | **ORIGINALLY ISSUED:**<br>02/06/23 |
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## PURPOSE

The Creighton University School of Medicine-Phoenix (CUSOM-PHX) Graduate Medical Education Department recognizes that disasters may occur that will affect the education of House Staff Physicians (HSP) in each or all of our programs. These may be physical or natural disasters or may be extreme emergencies that affect HSP training and patient care.

## DEFINITIONS

**Disaster:** An event or set of events that either prevents or significantly disrupts the institution's ability to provide HSP education in one or more of its Graduate Medical Education (GME) programs.
There are two ways a disaster can impact HSP and faculty/staff:

- A disaster can interrupt patient care models where HSP may need to assist with thecare of a massive amount of patient care needs (Emergency Status).
- A disaster may result in the loss of training sites, faculty, funding, or other key elements necessary for training. (Extraordinary Circumstances).

**Emergency Status:** An ACGME-approved status for an institution that faces operational disruption due to some type of disaster, where the ACGME will define guidelines and monitoring.
**Extraordinary Circumstances:** An event such as catastrophic loss of funding or a natural disaster that causes loss of training sites and operations, such that the sponsoring institution is unable to support HSP education.

## POLICY

CUSOM-PHX, the Designated Institutional Official (DIO), Graduate Medical Education Committee (GMEC), all program directors, and departments should anticipate disasters and make plans to minimize the impact on trainees when they occur.

### Communications with ACGME

If there is a disruption to patient care models or Extraordinary Circumstances, the DIO, or designee, will notify the ACGME Executive Director and request a declaration of Emergency Status or Extraordinary Circumstances. The institution will follow all ACGME policies related to disaster or extraordinary circumstances notification.

Within the time designated by the ACGME, after the declaration of the disaster, the DIO, or designee, after discussion with the GMEC and all affected program directors, will discuss with the ACGME any program changes needed because of the disaster. Each program will work with its Review Committee to determine whether any affected HSP will require transfer to other programs, either temporarily or permanently. The program and the GME Office will assist in locating alternate training sites for any displaced HSP.

All information will be submitted to the ACGME within 30 days after the disaster unless other dates are instituted by the ACGME. The institution and programs will work with the ACGME and appropriate accrediting bodies to decide whether any programs may need to be temporarily or permanently withdrawn.

### Governance structure for a disaster interrupting patient care models

The DIO, or designee, will appoint a panel of key stakeholders to serve in the capacity of a disaster

panel to respond quickly in the activation and management of the disaster response. The DIO, or designee, will also attend the hospital incident command so that responses can be coordinated appropriately.

This disaster panel's responsibilities include but are not limited to:

- Devise and implement the institutional response specific to the context of the disaster or emergent situation.
- Monitor to ensure the safety of HSP and patients throughout the disaster or emergent situation, including the distribution and proper use of personal protective equipment.
- Determine when the situation has been resolved.
- Assess and implement additional actions to be taken to restore full compliance with any affected HSP competition of educational program requirements.
- Ensure wellness resources appropriate to the challenges specific to the context of the disaster or emergent situation are available to the HSP.

**Workforce Shortages and Deployment**

If a disaster, or extreme emergent situation, such as a global pandemic, causes workforce shortages in the clinical environment, HSP may be called to staff those shortages and/or be deployed outside of their regularly scheduled educational experiences.

HSP must be expected to perform according to the professional expectations of them as physicians, considering their degree of competence, level of training, and context of the specific situation. HSP who are fully licensed in the state may be able to provide patient care independent of supervision in the event of an extreme emergent situation, as further defined by the applicable medical staff by-laws.

HSP are also trainees and should not be first-line responders without consideration of their level of training and competence; state licensing board training certificate supervision requirements, if applicable; the scope of their individual license, if any; and/or beyond the limits of their self-confidence in their own abilities.

At least annually, each Clinical Competency Committee will list HSP according to their level of training, competence, and self-confidence in their abilities as defined by Milestones:

1. Programs must also monitor and report HSP schedules and leave in real-time so that the disaster panel can quickly determine who is available for possible redeployment.

2. The DIO, or designee, will attend the hospital incident command and will report back to the disaster panel regarding patient volumes, staff shortages, and areas of need. The panel will then recommend necessary response actions to the DIO for approval to address that need, which could include but is not limited to:
    - Suspension of elective rotations, outside rotations, and/or switching rotations internally
    - Suspension of non-essential vacations
    - Suspension of moonlighting and volunteer activities
    - Deploying HSP to non-scheduled assignments within their specialty
    - Deploying HSP to non-scheduled assignments outside of their specialty

**Extraordinary Circumstances**

When CUSOM-PHX is no longer able to offer training opportunities due to extraordinary circumstances:

- CUSOM-PHX has 30 days to adapt, revise, and submit its reconfigurations to the ACGME (and/or to the relevant accrediting body) to show how its programs will

comply with the Common, Specialty Specific, and Institutional requirements.

- During this time, the sponsoring institution must notify the ACGME within 10 days and follow the timeline provided by the ACGME.
- All trainees should be notified of this status within 10 days as to whether the program will be reconfigured, or HSP transfers will be necessary.
- The ACGME will assist the sponsoring institution in decisions regarding either temporary transfers to other programs until the educational experience is rectified or permanent transfers.
- If transfers are necessary, the preferences of the HSP must be considered.

**Prevailing Accreditation Requirements**
The accreditation requirements that cannot be suspended, no matter what the disaster, are:

- supervision
- work hours
- adequate protection (i.e., PPE)
- fellows functioning in their core specialty

Failure to comply with these requirements could invoke adverse accreditation action.

**Administrative and Continued Salary Support**
CUSOM-PHX and the Creighton Alliance will ensure the continuation of salary, benefits, and professional liability coverage for all HSP during any disaster or extraordinary circumstance. CUSOM-PHX and the Creighton Alliance will provide administrative support. If the circumstances are such that the institution cannot continue administrative support, salary, or benefits, they must invoke the Extraordinary Circumstances protocol with the ACGME for the transfer of those HSP so that they can continue their training along with their salary and benefits.

Program directors may also request the above response actions, or others, based on their assessment of their program needs during the disaster or emergent situation. All requests must be approved by the DIO.

**SCOPE**
The policy applies to all CUSOM-PHX HSP and their respective training programs, that are Accreditation Council for Graduate Medical Education (ACGME) accredited or meet the criteria in the Non-ACGME Programs Policy.

**ADMINISTRATION AND INTERPRETATIONS**
The Graduate Medical Education Committee – Creighton University School of Medicine-Phoenix is responsible for the administration of this policy and may interpret its provisions as needed.

**AMENDMENTS OR TERMINATION OF POLICY**
This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME institutional policy shall govern. The University reserves the right to modify, amend or terminate this policy at any time.

**ACGME ACCREDITATION STANDARD REFERENCE**
4.14. Substantial Disruptions in Patient Care or Education