

**TEMPLE UNIVERSITY HOSPITAL  
GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES**

NUMBER: **TUH GMEC – 103**  
TITLE: **Graduate Medical Education Committee: Disaster  
(Patient Interruption Policy)**  
EFFECTIVE DATE: **1/31/2008**  
LAST Revised: **2/4/2011; 10/2014**  
REFERENCES: **Philadelphia Graduate Medical Education Coalition Disaster  
Planning**

**PURPOSE:** This policy and procedure establishes a uniform policy and procedures for the continuation of resident education in the event of a disaster that causes a substantial interruption of patient care.

**POLICY:** The Program Director of each involved program will communicate with the ACGME and the RRC regarding the impact of the disaster. Within 10 days after the declaration of a disaster by the ACGME, the Program Director, with prior approval of the DIO, will contact the ACGME to discuss dates that the ACGME will establish for the program to submit program reconfigurations to the ACGME, and will inform each resident of any transfer decisions.

The Program Director will monitor progress of both healthcare delivery and the functional status of the GME program during and following a disaster. The Program Director will work with the ACGME to determine the appropriate interventions.

If one or more programs are unable to provide adequate training, alternative training arrangements for residents will be sought expeditiously, using all available measures as follows.

1. Temple University Hospital will expedite transfer of residents to other programs able to provide such training, on either a temporary or permanent arrangement.
2. Temple University Hospital will implement, as appropriate, the provisions of the Philadelphia Graduate Medical Education Coalition Policy for Disaster Planning
3. If more than one transfer option exists for an individual resident, that resident's preferences will be considered in any decision.
4. ACGME will be consulted in all such transfer arrangements.

The overall goal will be for all residents to finish their training on schedule while receiving high quality education and whenever possible, at a local or regional site.

Communication will be maintained with the ACGME and involved house staff as appropriate.

Note: ACGME makes no distinction between interns, residents, and fellows. All levels are referred to as “residents”.

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## **APPROVALS**

*Note: The signed original of this policy is on file with the Office of Graduate Medical Education.*

Approved by:

Date Signed:

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John Krouse, M.D.  
Associate Dean of Graduate Medical Education  
Chairman, Graduate Medical Education Committee  
Professor and Chairman, Department of Otolaryngology

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## **Reference 1: Philadelphia Graduate Medical Education Coalition for Disaster Planning**

### **POLICY:**

The ACGME requires that the sponsoring Institution have a policy that address the administrative support for GME programs and house staff in the event of a disaster or interruption of patient care. This policy includes assistance for continuation of house staff assignments.

If a disaster occurs at anyone of the institutions in the Coalition, the other local Institutions in the Coalition will pool resources to facilitate the education of the house staff within its capacity.

Membership in the Coalition requires that all parties agree to use Program Letters of Agreement for expedited movements of residents between Institutions.

### **SCOPE:**

This policy applies to participating training programs in the Philadelphia Coalition. The Philadelphia Coalition comprises the following Institutions in the Philadelphia region:

1. Drexel University College of Medicine/Hahnemann University Hospital
2. University of Pennsylvania Health System
3. Thomas Jefferson University Hospital
4. Temple University Health System
5. Abington Memorial Hospital
6. Mercy Health System
7. Einstein Medical System
8. St. Christopher Hospital for Children
9. Lankenau Hospital/Bryn Mawr Hospital
10. Children's Hospital of Philadelphia
11. Crozer-Keystone Health System

### **IMPLEMENTATION:**

The implementation of this policy and the monitoring of compliance with this policy is the responsibility of the ACGME Designated Institutional Official (DIO) and the Chief Medical Officer. The DIO will involve his/her appropriate academic and employment leadership at the institution as needed. (ie. Associate Dean for GME, Dean, CEO, CFO etc.).

### **PROCEDURE:**

This policy includes three (3) disaster scenarios:

1. A disaster at single of multiple sponsoring Institutions in Philadelphia region that result in permanent destructions of the facilities rendering them unstable for training.
2. A disaster at single or multiple Institutions in the Philadelphia region that result in temporary suspension of training while repairs are made
3. A disaster for the entire region.

**Disaster resulting in temporary destruction of a sponsoring Institution(s):**

The members of the Coalition will meet to implement this policy and develop specific plans for any given situation as well as involve other representatives from the respective Institutions as necessary.

General Principles:

1. House staff in ACME accredited programs will have their salary, benefits and malpractice insurance continued by the sponsoring institution.
2. If the duration of the disaster exceeds 30 days, every attempt will be made to relocate the residents to an alternate training facility within the Coalition.

**Disaster for the Entire Region:**

Due to the size of Philadelphia region, should a disaster occur for the entire region, it is impossible to have all programs to be encompassed in a single area or Institution. Each member of the Coalition should have a mutual agreement with another institution outside this region should the entire Philadelphia area have a disaster or other institutions are unable to accommodate the needs of the closed institution(s). The DUCOM/HUH program has such a mutual agreement with St. Louis University Hospital.

3. The receiving institution must have the opportunity to review the credentials of the residents proposed for relocation to their institution and based on such review can decide to accept individual residents.
4. Any master affiliation or program letters of agreement will be expedited during the disaster using the PLA specifically developed for disasters.
5. Institutions receiving residents under this disaster policy will be able to claim the training time on their CMS cost report. The sponsoring institution will adjust the CMS cost report accordingly.
6. Once the sponsoring institution is able to resume its' training activities, the residents will immediately resume training at their sponsoring institution.
7. Programs currently under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting residents.

**Disaster resulting in permanent destruction of a sponsoring institution(s):**

The members of the coalition will meet to implement this policy and develop specific plans for any given situation as well as involve other representatives from the respective institutions as necessary.

General principles:

1. House staff in ACGME accredited programs will have their salary and benefits continued by the sponsoring institution for up to 60 days while permanent training opportunities are located.
2. House staff will be orphaned by their sponsoring institution to the receiving institution under the following process:
  - a. House staff are eligible to be orphaned due to closing of a program or hospital
  - b. Program Director and/or DIO of the receiving institution will contact ACGME to request an increase in resident complement during the disaster period.

- c. Receiving institution agree to take resident.
- d. Sponsoring institution sends a letter to the receiving institution indicating orphan status.
- e. Receiving institution signs the letter and returns it to sponsoring institution.
- f. Copy of the signed letter given to the DIO of sponsoring institution.
- g. Sponsoring institution DIO and CFO sends a copy of the letter to CMS noting orphan status of involved residents and a statement that the sponsor will not be claiming reimbursement for remainder of the resident's training.
- h. The sponsoring and receiving institution adjust their respective residents FTE counts for the purpose of CMS cost reporting.