I. PURPOSE

This Disaster Planning Policy is intended to augment existing plans that are applicable to the institutions affected.

It is intended to protect the well being, safety and educational experiences of the residents/fellows, hereby referred to as trainees, enrolled in University of Utah GME training programs.

It provides guidelines for communication with trainees and program leadership to assist in reconstituting or restructuring the trainee’s educational experiences as quickly as possible after the disaster, or determining need for transfer or closure in the event of being unable to reconstitute normal program activity.

It provides general information and procedures to support for University of Utah GME training programs and trainees in the event of a disaster or interruption in their educational experience.

II. DEFINITION

A disaster is defined herein as an event or set of events causing significant alteration to the trainees’ experience of a University of Utah GME training program.

This policy and procedure document acknowledges that there are multiple types of disaster including but not limited to acute disaster with little or no warning (e.g. tornado, bombing), and the insidious disruption or disaster (e.g. pandemic event). This policy and procedure will address disaster and disruption in the broadest terms.

III. SCOPE

This policy applies to all GME training programs sponsored by the University of Utah School of Medicine and Affiliated Hospitals.

IV. POLICY

Following declaration of a disaster, the Designated Institution Official (DIO), Graduate Medical Education Committee (GMEC) and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster.
In order to maximize the likelihood that trainees will be able to complete program requirements within the standard time required for certification in that specialty, steps will be taken to transfer the affected trainees to other local sites. If leadership determines that the sponsoring institution can no longer provide adequate educational experience for its trainees, the sponsoring institution will, to the best of their ability, arrange for temporary transfer of trainees to programs at other sponsoring institutions until such time as the sponsoring institution is able to resume providing the educational experience.

Program Directors will then give the trainees who temporarily transfer to other programs as a result of a disaster an estimated time that relocation to another program will be necessary. Should that initial time need to be extended, the trainees will be notified by their Program Director using written or electronic means identifying the estimated time of the extension.

If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, permanent transfers will be arranged.

The University of Utah School of Medicine’s Designated Institutional Official (DIO) will be the primary institutional contact with the ACGME and Institutional Review Committee Executive Directors regarding disaster plan implementation and needs within the sponsoring institution.

V PROCEEDURE

1. **Upon the occurrence of a disaster and immediately following - up to 72 hours:**

   Immediate email communication is sent to all parties including details of the future communications plan.

   **Assistant Dean/DIO (GME Administration)**

   The DIO is the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution. The DIO consults with the Office of the General Counsel, hereby referred to as the OGC, and hospital leadership as needed and may decide to convene a planning meeting to work through important details in managing the situation.

   The immediate email communication to all parties will go out through the Graduate Medical Education Office. The GME Office will maintain an email list-serve and list of phone and pager numbers for core residency Program Directors which will be transferred to a memory stick and kept in a separate geographic location.

   If email communication is not possible, then the GME Office will contact the core residency Program Directors by phone or pager. Fellowship Directors should contact the Program Directors of their core residency programs to determine next steps.

   **Program Directors**

   Program Directors are the first point of contact. They are responsible for getting communications out to their trainees and if necessary to their fellowship directors. Program Directors must update their email list-serves and list of phone and pager numbers on an
annual basis. Programs and/or departments must insure this information is kept in a separate geographic location.

Residents/Fellows (Trainees)

Initially, trainees are expected to report to their originally assigned hospital/clinic location. In the event that the hospital/clinic is affected by the disaster and unable to operate in the usual fashion, some or all of the trainees may need to be reassigned by the DIO after discussion with the Program Directors and approval of University Hospital officials.

2. Institutional Assessment and Decision-making Regarding Program and Institution Status and Resident Transfer – 3 to 30 days following Disaster:

Assistant Dean/DIO (GME Administration)

The DIO will communicate (call or email) with ACGME regarding the impact of the disaster.

Within ten days after the declaration of a disaster by the ACGME, the DIO (or another institutionally designated person, if the institution determines that the DIO is unavailable), will contact the ACGME to discuss due dates that ACGME will establish for the programs to:

- Submit program reconfigurations to ACGME and
- Inform each program’s trainees of transfer decisions.

The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.

The DIO will monitor progress of both healthcare delivery and functional status of GME training programs for their educational mission during and following a disaster. The DIO (or designee) will work with the ACGME to determine the appropriate timing and action of the options for disaster-impacted institution and/or programs to:

- Maintain functionality and integrity of program(s),
- Temporarily transfer trainees until program(s) reinstated, or
- Permanently transfer trainees as necessitated by program or institutional closure.

Information and decision communications will be maintained with Program Directors and trainees as appropriate to circumstances of the individual disaster event.

Program Directors

Program Director(s) will communicate (call or email) with their appropriate Residency Review Committee(s) (RRC) regarding the impact of the disaster. The ACGME website provides instructions for changing resident email information in the ACGME Web Accreditation Data System (www.acgme.org).

Trainees
Trainees should call or email the appropriate Residency Review Committee Executive Director with information and/or requests for information. On its website, the ACGME will provide instructions for changing resident email information on the ACGME Web Accreditation Data System (www.acgme.org).

ACGME

If within the ten days the ACGME has not received communication from the DIO or designee, the ACGME will attempt to establish contact with the DIO to determine the severity of the disaster, its impact on training, and next steps.

The ACGME will establish a fast track process for reviewing (and approving or disapproving) submissions by programs relating to program changes to address disaster effects, including, without limitation, (a) the addition or deletion of a participating institution, (b) change in the format of the educational program, and (c) change in the approved resident complement.

Once information concerning a disaster-affected program’s condition is received, the ACGME may determine that one or more site visits is required. Prior to the visits, the DIO will receive notification of the information that will be required. This information, as well as information received by the ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

New ACGME policy will supersede current policies as they become enacted.

Resident/Fellow (Trainee) Transfer

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, the ACGME will provide information from the form to affected programs and trainees, and post the information on its website, upon authorization.

At the outset of a temporary transfer, a program must inform each transferred trainee of the estimated duration of his/her temporary transfer, and continue to keep each trainee informed of developments that may affect the duration of the transfer. 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 so inform each transferred resident.

3. When the Disaster Has Ended

- Plans will be made with the participating institutions to which trainees have been transferred for them to resume training at the University of Utah.

- Appropriate credit for training will be coordinated with the ACGME and the applicable Residency Review Committees and

- Decisions as to other matters related to the impact of the disaster on training will be made.

Finance
During and/or immediately following a disaster, the University of Utah will make every effort to ensure that the trainees continue to receive their salary and fringe benefits during any disaster event recovery period, and/or accumulate salary and benefits until such time as utility restoration allows for fund transfer.

Longer term funding will be determined on the basis of the expected operations of the teaching sites, CMS and governmental regulations, and the damage to the infrastructure of the finance and hospital operations.

**Administrative Information Redundancy and Recovery**

Trainee demographic documentation maintained in the GME Database is backed up nightly and stored off-site on an external server.

Program data and documents stored in a Residency Management System (E*Value, New Innovations, etc) are stored on external IIS servers and SQL servers. Data from each server is copied to the other server every hour. These servers also have full backups run every night and the backups are located on a backup sub-system owned and operated by another company.

Programs are responsible for establishing procedures to protect the academic and personnel files of all residents from loss or destruction by disaster. This should include at least a plan for storage of data in a separate geographic location away from the sponsoring institution.

**Legal and Medical-Legal Aspects of Disaster Response Activity**

Residents/fellows serving under the direction of their program in disaster response efforts will be provided insurance or other indemnity for any liability as described in GME 6.1 of the Graduate Medical Education Resident Policy and Procedures Manual.


**Resources:**

- University Healthcare Hospitals and Clinics Emergency Operations Plan:
  

- Accreditation Council for Graduate Medical Education Policies and Procedures (February 9, 2009): ACGME Plan to Address a Disaster that Significantly Alters the Residency Experience at One or More Residency Programs (Section H, page 115)
  
  http://www.acgme.org/acWebsite/about/ab_ACGMEPoliciesProcedures.pdf

- CMS Funding:
  
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