Continuity of UW Graduate Medical Education and Administration in the Event of a Disaster

Scope
All University of Washington (UW) graduate medical education (GME) training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and sponsored by the UW School of Medicine, and the residents and fellows that participate in those programs.

Purpose
The Designated Institutional Official (DIO) and program directors are responsible for ensuring continuity of the educational experience of residents and fellows in UW GME training programs in the event of a disaster. The purpose of this Disaster Response and Recovery Plan is:

- To provide guidelines for communication with and immediate assignment of UW residents and fellows in the event of a disaster.
- To provide guidelines for communication with the ACGME, program directors and administrators, residents and fellows on efforts to reconstitute and restructure educational experiences as quickly as possible after a disaster.
- To provide guidelines for determining the need to temporarily or permanently transfer residents and fellows if UW GME programs cannot provide adequate educational experiences following a disaster.
- To provide policy and procedure for addressing administrative support for UW GME training programs, residents and fellows in the event of a disaster.

Definition
A disaster is defined herein as an event or set of events causing significant alteration to the educational experience of one or more UW GME training programs.

This policy and procedure document acknowledges that there are multiple types of natural or man-made disasters that may occur within the Seattle area or other sites, including acute disaster with little or no warning (e.g., earthquake or bombing), intermediate disaster with some lead-time and warning (e.g., volcano), and social and economic disruption or disaster (e.g., pandemic flu). This document addresses disaster and disruption in the broadest terms.

ACGME Declaration of a Disaster (See ACGME Policies and Procedures II.H.3.)
When warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make the declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to ACGME response to the disaster. In the event of a disaster that affects one or more UW GME training programs and/or the institution, the ACGME website should be considered a primary source for information.

University of Washington Declaration of a Disaster (UW Campus Emergency Management Response Plan)
In the event of an emergency situation adversely affecting University operations, public health, or the well-being and safety of students, faculty, or staff employees, the President or his designee may declare a temporary suspension of any or all operations of the institution. As a general policy, the University will limit any suspension to those operations most directly affected by the emergency so as to minimize disruption of regular teaching, research, and public service programs. However, organizations providing essential services including University Medical Centers, University Libraries, Physical Plant, Residence Halls, and University Police normally will be excluded from any temporary suspension decision.

Disaster Notification
In the event of a disaster, confirmation of resident and fellow well-being is of paramount importance to UWSOM and UW GME training programs. To this end, the institution has established the GME Disaster Response phone tree protocol to inform and notify GME administration, program directors and
administrators of the status of UW residents and fellows. All parties are requested to be available by phone (if they are operating) at the number listed on the GME Disaster Response phone tree list. All parties are also advised to call the GME Hot Line for current information related to UW GME training programs.

**Workforce/Resource Allocation During Disaster Response**

The primary training sites of UW GME programs are University of Washington Medical Center (UWMC), Harborview Medical Center (HMC), Seattle Children’s (Children’s) and VA Puget Sound Health Care System (VA). The local Hospital Incident Command System (HICS) will be used as the organizational structure for disaster response at each of these hospitals, as well as other training sites. All residents and fellows assigned to a specific training site are responsible to the respective Incident Commander and/or Medical Care Branch Director at that site as specified in the HICS chart designation.

Each program and/or department will conduct internal workforce management through designation of faculty, residents and fellows to response teams, consistent with the hospital and medical staff policy and procedure for disaster response, and/or by the internal department policy.

The Incident Commander and/or Medical Care Branch Director of the HICS will determine as necessary faculty, resident and fellow reassignment or redistribution to areas of need, superseding departmental plans for workforce management. Information on the location, status and availability of residents and fellows during disaster response and recovery will be provided by the DIO or designee in coordination with GME administration, program directors and/or chief residents.

**Communication**

Programs will maintain current contact information for all residents and fellows in the MedHub Residency Management System. Contact information will contain, at a minimum, the current address, internal UW address, all available email addresses, all available phone numbers (home, cell, pager, etc.), and emergency contact individual(s) and their contact information. This information must be updated by programs (and/or directly by residents/fellows) at least annually by July 8th and as appropriate to maintain optimal accuracy and completeness for coordination with program leadership and for informing and monitoring of resident and fellow location, status, and well-being in the event of a disaster. A Resident & Fellow Roster containing this information will be run on the first of each month, and maintained by the UW GME Office.

MedHub backs up all client data five times per day to multiple secure offsite locations. MedHub also maintains backup copies of the database on an independent local server, and sends a nightly copy of the backup to an external, secure location at a different data center. All daily backups are kept for a period of 6 months. After 6 months, MedHub keeps a weekly backup copy (after 2 years, a monthly backup copy is maintained and saved for a minimum of 100 years). In the event of a standard disaster, MedHub will be available to the programs and institutions from any location (provided network access is available).

In addition, UW has developed **UW Alert** to disseminate official information during emergencies or crisis situations that may disrupt the normal operation of the UW or threaten the health or safety of members of the UW community. UW Alert is offered on a voluntary self-subscription basis, and all current faculty, staff, residents and fellows are highly encouraged to subscribe. UW Alert delivers messages to subscribers on a "best effort" basis to email and to Short Message Service (SMS) text-capable wireless devices, such as many cellular telephones. UW Alert complements other tools already used by UW to communicate with the UW community during crises or emergencies, including:

- Special alerts posted on the UW Web sites: UW home page, UWIN, and MyUW,
- UW information line: 206-UWS-INFO (897-4636) and toll-free 1-866-897-4636,
- Email sent to all current faculty, staff, residents and fellows, and
- Official messages disseminated via the local media.

**Stipends & Benefits**

In the event of a disaster, residents and fellows will be allowed and are encouraged to participate in disaster response and recovery efforts consistent with departmental medical disaster response plans and
volunteer credentialing requirements. Residents and fellows will continue to receive stipends and fringe
benefits during any disaster response and recovery periods, and/or accumulate salary and benefits until
such time as utility restoration allows for fund transfer.

Payroll will be processed based on available systems. The UW Campus Emergency Management
Response Plan addresses payroll related issues in the event of a disaster, and backup systems have
been put in place to ensure payroll is processed in a timely manner during a disaster recovery. Program
payroll coordinators are responsible for maintaining accurate accounting of resident and fellow contact
information and status (e.g., new hires, terminations, and leaves of absence without pay) in UW payroll
systems including the Higher Education Payroll/Personnel System (HEPPS) and OPUS (Online Payroll
Update System).

Professional Liability Coverage
UW professional liability (malpractice) coverage will be provided to residents and fellows acting as
volunteers for UWMC, HMC, CHRMC, VA and/or other training sites in the event of a disaster. Adverse
events involving patient care must be reported to Health Sciences Risk Management no matter where the
volunteer service is rendered.

GMETaBS Reporting
Resident and fellow time reporting will continue during disaster response and recovery. Program and/or
GME administrators will enter resident and fellow time in GMETaBS based on resident and fellow activity
and assignment during disaster response and recovery efforts. Master rotation schedules maintained by
program administrators will also be used as reference for assessing programs accounting of resident and
fellow activity during disaster response and recovery.

Institutional Assessment on Program and Institution Status (See ACGME Policies and Procedures
II.H.4.)
In the event of a disaster, the DIO and program directors are responsible for maintaining communication
with the ACGME regarding the impact of a disaster. Within ten days after the declaration of a disaster, the
DIO or designee will contact the ACGME to discuss due dates that the ACGME will establish for
programs (a) to submit program reconfiguration plans to the ACGME and (b) to inform each program's
residents or fellows of reconfigurations and transfer decisions that may be required to provide
continuation of training. The DIO will work with each program director to determine if the UW GME
training program will be able to provide the necessary elements for residency/fellowship education, which
includes but is not limited to:

- the educational curriculum to include possible alternative rotations and electives,
- sufficient faculty,
- adequate patient volume,
- appropriate faculty supervision,
- attention to resident/fellow safety, and
- duty hours in conformance with ACGME requirements.

The due dates for submission shall be no later than 30 days after the disaster unless other due dates are
approved by 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 residency and fellowship training, and next steps.

Resident/Fellow Transfers and Program Reconfiguration (See ACGME Policies and Procedures
II.H.4.)
Insofar as the UW primary training sites and major affiliated institutions cannot provide at least an
adequate educational experience for each of its residents/fellows following a disaster, the DIO will work
with program directors to (a) arrange temporary transfers to other programs/institutions until such time as
the UW GME program can provide an adequate educational experience for each of its residents/fellows,
or (b) assist residents and fellows in arranging permanent transfers to other ACGME-accredited programs
in which they can continue their education.
If more than one program or institution is available for temporary or permanent transfer of a particular resident or fellow, the preferences of each transferring resident/fellow will be considered by the DIO and transferring program. Programs must make the transfer decision expeditiously so as to comply with board limitations on leave and to maximize the likelihood that each resident or fellow will complete the training year in a timely fashion.

ACGME Responsibilities in the Event of a Disaster (See ACGME Policies and Procedures II.H.5. & II.H.6.)
On its website, ACGME will provide and periodically update information relating to the disaster, including phone numbers and email addresses for emergency and other communication with the ACGME. In general:

- The DIO should call or email the Institutional Review Committee Executive Director with information and/or requests for information.
- Program directors should call or email the appropriate Review Committee Executive Director with information and/or requests for information.
- Residents and fellows should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

On its website, the ACGME will provide instructions for changing resident and fellow email information on the ACGME Accreditation Data System (ADS).

In addition, the ACGME will coordinate with other agencies such as Association of American Medical Colleges (AAMC), Federation of State Medical Boards (FSMB) and Centers for Medicare and Medicaid (CMS) in addressing issues related to resident and fellow education including requirements for board certification, training licenses, GME reimbursement, etc.

Institutions Offering to Accept Transfers (See ACGME Policies and Procedures II.H.7.)
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 give information from the form to affected programs, residents and fellows. Subject to authorization by an offering institution, the ACGME will post information from the form on its website.

The ACGME will expedite the processing of requests for increases in resident/fellow complement from non-disaster affected programs to accommodate resident and fellow transfers from disaster affected programs. The Residency Review Committees will expeditiously review applications, and make and communicate decisions.

Changes in Participating Sites and Resident Complement (See ACGME Policies and Procedures II.H.6.)
The ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster effects, including, without limitation:

- the addition or deletion of a participating site;
- change in the format of the educational program; and,
- change in the approved resident/fellow complement.

Temporary Resident/Fellow Transfer (See ACGME Policies and Procedures II.H.9.)
At the outset of a temporary resident or fellow transfer, the UW GME program must inform each transferred resident or fellow of the minimum duration and the estimated actual duration of the temporary transfer, and continue to keep each resident or fellow informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a training year, it must so inform each such transferred resident/fellow.

CMS Emergency GME Regulations
The Centers for Medicare and Medicaid Services (CMS) has special rules for emergency Medicare GME affiliation agreements and related GME payments during a disaster, the rule is at 42 CFR 413.79 (f)(6)(i) and the final rule is explained in the August 19, 2008 Federal Register final rule, pages 48637 – 48650.
Site Visits *(See ACGME Policies and Procedures II.H.10.)*

Once information concerning a disaster-affected program’s condition is received, 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 ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.