Policy on Local Extreme Emergent Situations, Disasters, and Interruption of Patient Care or Residency Training Programs

General Statement

This policy defines the responsibilities of graduate medical and dental education programs at the University at Buffalo in the event of a disaster that significantly alters the residency experience at one or more residency programs, or a local extreme emergent situation (hereafter referred to as LEES) that directly impacts or disrupts resident education and/or the operation of clinical training sites and/or in the event of other situations which impede or prevent the continued operation of a training program in any specialty. It is the general policy of the University at Buffalo that, in the event of a disaster or LEES, appropriate steps by residents and available faculty will be taken to provide assistance and support in the care of the sick and injured who are patients of or present to any affiliated program training site(s). Medical care and related services will be provided according to this policy, the policies and procedures governing the management of disasters or LEES at the respective training sites and, in the case of residents, under the appropriate supervision by qualified faculty. All ACGME Institutional, Common, and specialty-specific Program Requirements remain in effect in extreme emergent situations within the sponsoring institution (University at Buffalo School of Medicine) and each training program. In the event that the continued operation of a training program is impeded permanently or for an extended period for any reason, timely and appropriate steps will be taken collaboratively by the Office of Graduate Medical Education and the respective program director to secure arrangements suitable for completion of the training of residents enrolled in the program. The Office of Graduate Medical Education and each program are committed to reconstituting and restructuring residents’ educational experiences as quickly as possible following interruption/cessation, or termination of an educational program due to unforeseen circumstances.

Scope

This policy applies to all graduate medical and dental residency and fellowship training programs sponsored by the University at Buffalo. Necessary action will be assessed and plans will be implemented upon the occurrence of an emergency situation (including disasters or LEES). Re-assessment will occur and plans will be re-evaluated on an on-going basis until the emergency situation concludes.

Definitions

A local extreme emergent situation (LEES) is herein defined as a situation that is confined to a participating institution or another clinical setting (e.g. a hospital-declared disaster for an epidemic), impacts resident education and work environment, but does not rise to the level of an ACGME-declared disaster.
A disaster is herein defined as any event or set of events causing significant alteration to the residency experience at one or more residency programs.

Interruption or termination of a training program in the context of a disaster or for other reasons, as herein defined, refers to the cessation of a training program either in its entirety or at an affiliated site for reasons beyond the control of the program director or the sponsoring institution.

**Disaster Preparedness**

**Responsibilities**

*Designated Institutional Official (DIO)*

1. Maintains familiarity with the policies of the ACGME related to LEES or disasters.

2. Maintains a current contact list of Program Directors, Chairs, hospital representatives on the GMEC, and other key Institutional officials (Dean, School of Medicine) including e-mail addresses, telephone and cell phone contact numbers.

*Graduate Medical Education Committee*

1. Periodically review, appropriately modify, and approve the Institutional Policy on LEES, Disasters, and Interruption of Patient Care or Residency Programs.

2. Maintain familiarity with the policies of the ACGME and sponsoring institution related to LEES and disasters.

*Program Directors and Department Chairs*

1. Maintain familiarity with the LEES and disaster policies of the sponsoring institution and their respective programs’ affiliated training sites and assure that all residents and faculty are aware of their roles and responsibilities in the event of a disruption of training.

2. Maintain general awareness of local, regional, and other health care facilities that might be called upon to participate in the restructuring of their respective programs in the event of serious interruption or termination of their programs.

**Response to a Disaster**

Following declaration of a LEES or a disaster, the DIO will work with the affected department chair(s), program director(s) and hospital representatives on the GMEC to determine the short-term (up to 72 hours), intermediate term (up to one week) and longer-term impact of the event on any training program(s). The parties will work together to facilitate adequate response to emergency care needs while assessing the potential impact on training programs at risk of
disruption. The educational objective will be to restructure or reconstitute the residents’ experience as soon as possible following the disruption to continue to ensure that training needs are met. The DIO will be the primary contact and coordinator of that effort.

To maximize the likelihood that trainees will be able to complete program requirements within the specified time as required for board certification eligibility in that specialty, the following steps will be taken:

1. If the affected hospital(s) cannot provide the needed experiences for trainees, training needs will be accommodated at other local sites; or

2. If local sites affiliated with the sponsoring institution cannot provide for the training needs, the DIO, on behalf of the sponsoring institution, will work with the director(s) of the affected program(s) to arrange temporary transfer of residents to other sponsoring institutions able to accommodate them until the sponsoring institution and its affiliates are able to resume providing the educational experience.

3. If the disruption permanently prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable period of time, then permanent transfers of trainees will be arranged.

**Responsibilities**

*Designated Institutional Official (DIO)*

1. Promptly ascertain the potential impact of the disruption on specific residency programs.

2. Contact the affected department chair(s), program director(s) and hospital representatives on the GMEC to advise them of the situation and engage them in the preparation of the Institutional response and direction of faculty at the affected site(s).

3. Convene the Graduate Medical Education Committee, which will review regular reports regarding the effects of a disruption and act on recommendations for action regarding any affected training programs received from the DIO, affected department chairs, program directors and/or hospital representatives on the GMEC.

4. Contact the Executive Director, Institutional Review Committee, via telephone if a Local Extreme Emergent Situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations.

5. Implement the actions recommended by the Graduate Medical Education Committee.

6. Coordinate and facilitate the response as it affects any training program(s). If a longer term impact on training is evident, assist and support the chair(s) and program director(s) in making the necessary arrangements for their respective program(s).
7. Throughout the response and related planning, assure adherence to the policies of the ACGME related to LEES and disasters.

Program Directors and Department Chairs

1. Establish and maintain contact with the office of the DIO and with faculty at the affected site(s) to give direction with respect to the deployment and supervision of residents at that and, if appropriate, at other affiliated sites, in response to the disruption. If interruption of a program is threatened for any other reason, notify the DIO immediately and work with him/her to develop an action plan.

2. Monitor the situation to assess the likelihood of intermediate and long-term impact on the training program.

3. As necessary and in a timely manner, review options for alternate arrangements for residents to minimize the impact on their training experience.

4. If alternate placements of residents for the short-term or long-term are required, work with the DIO to make the necessary arrangements (subject to the approval of the Graduate Medical Education Committee).
   a. At the outset of a temporary resident/fellow transfer, the program must inform each transferred resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each resident informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency fellowship year, it must so inform each such transferred resident/fellow.

5. Communicate with the appropriate Residency Review Committee Executive Director with information and/or requests for information.

Interruption of a Training Program

In the event that the operation of a training program is threatened or disrupted for reasons other than related to an ACGME-declared disaster (e.g. interruption of care at an affiliated site for any reason; for example an epidemic; notice of withdrawal of support by an affiliated hospital site; inability of the program to provide sufficient required training experiences or patient volume for residents; loss of faculty in sufficient number to assure adequate supervision and training), it is the policy of the Sponsoring Institution to work with the program director and participating site(s) to satisfactorily remediate the reason for the disruption.

Procedure

1. The DIO will communicate with the affected program director(s), department chair(s), and hospital representatives on the GMEC. An effort will be made to identify options to
maintain the integrity of the program, including local realignment of the program’s affiliations in the community.

2. The Graduate Medical Education Committee (GMEC) will be informed of the problem and efforts to develop a satisfactory solution.

3. If no local solution to the problem is possible, the DIO will work with the program director to:
   a. ensure that policies of the ACGME that apply to such situations are followed
   b. facilitate the placement of residents at alternate sites to ensure that interruption of the training experience is minimized.

4. The DIO will seek the approval of the GMEC for any action(s) proposed.

5. The DIO will contact the Executive Director, Institutional Review Committee (ED-IRC) via telephone only if a LEES causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the Sponsoring Institution’s or any of its programs’ ability to conduct resident education in substantial compliance with ACGME Institutional, Common, and specialty-specific Program Requirements. On behalf of the Sponsoring Institution, the DIO will provide information to the ED-IRC regarding the LEES and the status of the educational environment for its accredited programs resulting from the emergency.

6. The DIO will submit any program reconfigurations to the ACGME within 10 days of an ACGME-declared disaster and inform each affected program’s residents of resident transfer decisions no later than 30 days after the disaster.

**Enforcement**

It is the responsibility of the DIO to ensure that the provisions of this policy are carried out.

**Review/Revision**

The Policy will be reviewed and approved periodically by the GMEC.