OFFICE FOR GRADUATE MEDICAL EDUCATION

RESIDENT/FELLOW MANUAL
FOR MEDICAL AND DENTAL PROGRAMS

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University of Rochester Medical Center
Eastman Dental Center • Strong Memorial Hospital
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INTRODUCTION

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Welcome to Graduate Medical Education at the University of Rochester. The purpose of GME is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident's professional and personal development while ensuring safe and appropriate care for patients. We are committed to excellence in both education and medical care. Our commitment is exhibited by providing leadership and resources to enable the institution to achieve substantial compliance with the Accreditation Council for Graduate Medical Education

(ACGME)'s Institutional Requirements and to enable the educational programs to achieve substantial compliance with Program Requirements. This includes providing an ethical and professional environment in which the educational curricular requirements, as well as the applicable requirements for scholarly activity can be met. The regular assessment of the quality of the educational programs is an essential component of this commitment.

The GME Office and the GME Committee oversees all residency programs sponsored by the University of Rochester. Dr. Diane Hartmann is the designated institutional official (DIO) who has the authority and the responsibility for the oversight and administration of the GME programs. If you as a trainee have concerns with your educational experience that are not resolved at the level of your program, please contact Dr. Hartmann for assistance. Dr. Hartmann signs off on all major correspondence sent to the ACGME by all University of Rochester residency/fellowship programs.

The GME Office has an open-door policy and welcomes your suggestions regarding improvements to your educational experience at the University of Rochester.

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About This Book

This book has been developed as a guide and resource for residents. The term "resident" is used by the ACGME (the Accreditation Council for Graduate Medical Education), CODA (The Council on Dental Accreditation), CMS (Centers for Medicare & Medicaid Services) and New York State to refer to any trainee (resident or fellow) who is enrolled in an accredited or approved graduate medical education program. The University of Rochester adheres to this usage.

The purpose of these written policies is to establish guidelines for what a resident can expect of the University of Rochester and what the University can expect of the resident. Residents should use this book as a resource to answer questions regarding University Policies and Procedures.

Updates to this Manual
This book will be amended and updated as necessary with changes posted on the GME web site. Updated policies will become effective upon posting. Residents are expected to become familiar with and comply with all policies set forth in this book.

STATEMENT OF COMMITMENT TO GRADUATE MEDICAL EDUCATION

The University of Rochester, and in particular, The University of Rochester Medical Center, is committed to providing an organized educational program with guidance and supervision of residents and fellows, facilitating their professional and personal development while ensuring safe and appropriate care for patients. The University of Rochester will support graduate medical education programs in principle and financially with facilities, equipment, personnel and other resources. This commitment is supported by the Medical Center Board, the administration and the teaching staff.

Graduate Medical Education is an integral part of providing the academic atmosphere necessary to accomplish the mission of the University, the Medical Center, and the School of Medicine and Dentistry. The postgraduate medical education programs will be conducted in compliance with the general and special requirements of the ACGME and CODA. The Institutional support of these goals will be monitored through existing reporting mechanisms by the Medical Center Board, the President of the University, the Vice President and Vice Provost for Health Affairs, the Dean of the School of Medicine and Dentistry, the Medical Center Executive Committee, the Chairs of the Clinical Departments, and the Graduate Medical Education Committee.

Approved by GMEC 5/12/03

ACGME OUTCOMES PROJECT / ACGME GENERAL COMPETENCIES

Overview

In September 1997, the Accreditation Council for Graduate Medical Education (ACGME) endorsed a shift in focus of residency accreditation from structure and process to educational outcomes. The old structure/process model determines only whether a program has the potential to educate residents while the outcome model determines whether residents are actually being educated. The ultimate goal from the ACGME perspective is to improve the quality of graduate medical education and thereby, to enhance the quality of medical care. The ACGME Outcome Project is a long-term initiative to support this process and includes five areas of activity:

1. Promote development and use of *general* and *specialty-specific competencies* and related learning objectives;
2. Identify and develop dependable *methods of assessing the achievement of competency-based learning objectives;*
3. Define optimal and practical assessment systems;
4. Define and implement an expanded role for continuous improvement processes within programs; and,
5. Develop resources to support changes in educational processes.

The first step in the process was completed in February 1999, when the ACGME endorsed six general competencies applicable to all physicians:

- **Patient care**
- **Medical knowledge**
- **Interpersonal and communication skills**
- **Professionalism**
- **Practice-based learning and improvement**
- **Systems-based practice.**

These six competencies have also been endorsed by the American Board of Medical Specialties (ABMS). The ACGME has specified that each "residency program must require its residents to develop the competencies in the 6 areas to the level expected of a new practitioner." Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the competencies. The competencies are not intended to replace or substitute for existing curricular, but rather to act as organizing principles for the curricular of all core specialty programs. Individual specialties will refine the competencies to meet specialty-specific needs. Programs will review and refine existing learning objectives in the context of the competencies and where necessary develop new learning objectives. Project activities are currently focused on identification and development of measurement tools.

In addition, programs must describe the process used by the program to link educational outcomes with program improvement and be able to discuss the program changes that have been made based on data derived from the resident/fellow assessment methods that have been implemented.

ACGME GENERAL COMPETENCIES

The residency program must require its residents to develop the competencies in the 6 areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the competencies.

PATIENT CARE

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care.

MEDICAL KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g.epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources practice cost-effective health care and resource allocation that does not compromise quality of care advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

HIPAA TRAINING FOR RESIDENTS / FELLOWS

HIPAA (Health Insurance Portability and Accountability Act) is federal legislation that provides standards for the privacy and security of protected health information (PHI).

The HIPAA regulations require covered entities (providers, health insurance plans) to create safeguards to ensure that those with a real need for protected health information have access and use it responsibly. These regulations work alongside state law and complimentary standards by JCAHO and Centers for Medicare and Medicaid Services (CMS) that protect patient rights.

HIPAA Privacy and Security regulations were issued by the Department of Health and Human Services with compliance dates of April 2003 and April 2005 respectively. All covered entities are required to have policies in place and to train all workforce members on these policies. **Compliance is mandatory**.

"URMC/Strong Health" is one covered entity under HIPAA and includes: Strong Memorial Hospital, UR Medical Faculty Group, Highland Hospital, Eastman Dental Center, Primary Care Network, School of Medicine and Dentistry, School of Nursing, Long Term Care, Visiting Nurse Service, University Health Service and Mount Hope Family Center. There is a Privacy Officer and HIPAA Security Official for each of these sub-entities within URMC/Strong Health. Contact information can be found at: http://intranet.urmc.rochester.edu/HIPAA/FAQsResources/Officers.asp#Privacy.

HIPAA Privacy and Security job-specific training modules are available on the Medical Center Intranet at http://intranet.urmc.rochester.edu/Policy/HIPAA/.

Basic HIPAA Training:

- HIPAA Basic Training is on the GME web site under Information for Trainees/New Hire Checklist. Every "new-to-the institution" trainee will need to complete an attestation form which can be found on the New Hire Checklist.

Privacy and Security Job Specific Training:

- Job-specific training will be completed at the departmental level for all trainees within 30 days of hire. This training is the same as for attending physicians and medical students. You will also need to complete an attestation form for this on-line training and return it to your department administrator. Be sure that you speak with your departmental administrator about this required training.

INFORMATION SECURITY BREACH NOTIFICATION ACT

Due to increasing numbers of identity theft crimes, New York State, like many others, has enacted an Information Security Breach Notification Act. This act targets private information (social security number, driver's license number, credit card number with access etc.) about an individual and requires that individuals be notified if their private information should become lost or stolen, or a system hacked which contained this information. The best way to lessen the likelihood of having private information lost or stolen is to minimize copying this data to local systems, especially on portable devices (laptop, Blackberry, jump/flash drives, PDA, etc.) which can be easily misplaced or stolen. If you should experience a loss or theft of private information, please notify UR Security Services (275-3333). If you become aware that any system containing private information has been hacked, call the ISD Help Desk at 275-3200. As required in HIPAA Policy 0S7 Incident Response, also contact the facility's Privacy Officer and HIPAA Security Official. Contact information for these individuals can be found at: http://intranet.urmc.rochester.edu/policy/HIPAA/FAQsResources/Officers.asp.

GRADUATE MEDICAL EDUCATION COMMITTEE

The Graduate Medical Education Committee (GMEC) is charged with the oversight of all residency and fellowship programs at the University of Rochester. There is one voting position for a faculty member representing the internal medicine fellowships and one for the pediatric fellowships. Additional non-voting representatives are also on GMEC. All program directors are invited to attend the monthly meetings.

Resident representatives are nominated by their peers and appointed by the Associate Dean for GME, with approval by their residency program directors. There are 2 fellow representatives; one representing the medicine fellowships and one representing the pediatric fellowships. In total, there are 13 resident/fellow voting positions. More than one resident is appointed per program to help ensure that at least one resident will attend the meeting. Resident representatives serve for one academic year.

GMEC meets on a monthly basis, typically either the second or third Monday of the month. Prior to submissions to the ACGME, GMEC must review and approve any of the following issues put forth by program directors:

- All applications for ACGME accreditation of new programs and subspecialties;
- Changes in resident complement;
- Major changes in program structure of length of training;
- Additions and deletions of participating institutions used in a program;
- Appointments of new program directors; progress reports requested by any Review Committee;
- Responses to all proposed adverse actions;
- Requests for increases or any change in resident duty hours;
- Requests for "inactive status" or to reactivate a program;
- Voluntary withdrawals of ACGME-accredited programs;
- Requests for an appeal of adverse actions; and, written appeal presentations to the ACGME.

GME POLICIES AND PROCEDURES

At the University of Rochester, residents in programs which are ACGME or CODA accredited, or lead to certification in a specialty approved by the American Board of Medical Specialties, are appointed with the title "Resident" or "Fellow." "Resident" is used for those in programs leading to initial board certification, while "Fellow" is used for those training in programs leading to subspecialty certification after completion of an approved residency. Residents and Fellows are referred to as "residents" throughout this book.

Our policies apply to all Strong Memorial Hospital residents, including those temporarily assigned to other institutions. Each resident must agree to be bound by the Hospital policies and rules and regulations that relate to his/her activities as a resident.

Each resident should be aware of the following general expectations of their performance and conditions of appointment:

General Conduct

Residents shall strive for excellence in all aspects of patient care delivery and teaching. This implies a professional demeanor and conduct both in direct patient care and in communication with family members and other health care professionals and support staff.

It is expected that wherever residents are working, courtesy, respect and collaboration will characterize the environment. It is the responsibility of all residents to create and maintain this environment. Expected behaviors include: talking to one another with courteous words and tone of voice, consistently exhibiting respect for the knowledge, skills and contributions of one another, and working together in a spirit of mutual help and collaboration. No resident should exhibit insubordination toward his or her clinical supervisor.

Discussions of patients' clinical problems should be conducted away from patient care areas. Discussion in hallways, elevators or any other place within earshot of *any* patients or visitors not only violates patient confidentiality but also may lead to serious medical/legal problems.

No resident should leave patients under his or her care unattended, mistreat or misuse confidential or proprietary information, or release confidential information to unauthorized persons. Unauthorized access to information in the Hospital's computer system is grounds for termination.

No resident should falsify institutional or personal records, use or be in possession of unprescribed narcotics or drugs, or steal, remove or be in unauthorized possession of hospital, Medical School or other persons' property.

Residents shall not use alcohol or other recreational drugs when they may be called upon to provide direct patient care or advice to those providing direct care (for example, when on call). Use of such drugs is incompatible with safe clinical performance.

Residents shall not provide patient care under circumstances of possible physical, mental or emotional lack of fitness that could interfere with the quality of that care. It is the responsibility of residents, upon identifying a situation in which another physician is impaired to the potential detriment of patient care, to notify the program director or Department Chair in order to arrange for alternative patient care coverage.

Confidentiality (See SMH Policies 6.2.1, 6.2.2 , 6.2.3, and 6.8)

Access to confidential patient information must be limited to a clinical or business need to know. Under no circumstances is an employee permitted to access or view information on family members, friends or other acquaintances unless such access is required by the employee's job responsibilities. Staff are not permitted to access or view their own medical information (other than through the established process of contacting the Health Information Management Department). Physicians are exempt from the stipulation of accessing their own personal information, however, this applies only to the physician's data and is exclusive of any other patient records. No patient, including physicians, may request that co-workers access their medical records for them, other than when a care provision relationship already exists between the two parties.

Additionally, records of patients with HIV, mental health treatment and drug or alcohol counseling are equally sensitive and confidential. Improper disclosure of information from these records may result in criminal penalties including a fine or jail sentence, in additional to disciplinary actions.

User IDs and passwords are never to be shared and access of patient information by users to clinical systems may be audited for appropriateness. Any improper access or disclosure of confidential patient information may result in disciplinary action up to and including termination and/or removal from the residency program.

Work Hours

The Office for Graduate Medical Education surveys residents about their working hours periodically. The survey is confidential since it is part of the Strong Memorial Hospital Quality Improvement system. Residents are expected to complete the survey accurately; their personal information will not be available to anyone although summary information will be used by the GME Office, the residency program directors and the hospital to monitor compliance with the work hours policy, the laws of New York State and the ACGME duty hours requirements.

New York State has contracted with Island Peer Review Organization (IPRO) to make unannounced visits to monitor the work hour rules. During IPRO's approximate two week visit per year, the 5-member team interviews residents and fellows and also reviews OR and birth logs as well as pertinent medical records.

Licensure

Residents may train in medical residency and subspecialty residency programs in New York State under the supervision of a licensed physician in an approved hospital setting without obtaining a license; however, after completion of the internship year, residents are eligible to obtain a New York State License and may be required to do so at the discretion of the program director. An unrestricted license is valid for a two year period at an initial application fee of $735 and is required of residents who may wish to engage in clinical activities outside the residency ("moonlighting"). Applications for licensure are at http://www.op.nysed.gov/pdffiles.htm.

Application for licensure is required when applying for USMLE Step 3. Applications for Step 3 are available at http://www.fsmb.org, under Examination Services. Step 3 can be taken prior to the start of training.

Employment Eligibility Verification

In compliance with Federal regulations, the University of Rochester must verify documentation of the identity and employment eligibility of all employees. All residents are required to complete and sign the INS Form I-9.

It is required by Strong Memorial Hospital that the GME Office receive primary source verification within 120 days of a resident's start date. The GME Office will send up to 3 requests for verification of a resident's work history to contacts provided on the mandatory work history chronological timeline form. If the GME Office does not receive a response from the contacts provided, after making up to 3 requests, or the 90-day mark, whichever is sooner, the full responsibility of providing the GME Office with official verification will rest with the trainee.

After notification from the GME Office that there are verifications yet to be acquired, the individual will be given one month to produce suitable verification of previous experience. The specifics of these documents can be discussed with the Director for Graduate Medical Education. If the 30-day period elapses and the individual is unable to produce source verification, his/her clinical privileges will be suspended without pay. If ultimately the individual is unable to verify his/her history, then he/she will be released from his/her training program.

Accommodation for Disabilities

All Graduate Medical Education programs at the University of Rochester follow the University Personnel Policy #103, regarding hiring and accommodating individuals with disabilities.

Refer to Personnel Policy #103 which can be found at http://www.rochester.edu/working/hr/policies/pdfpolicies/103.pdf.

Visas

Only J-1 visas are generally accepted for medical residency positions at the University of Rochester. Canadians need a letter of support from the ministry of health in his/her home province in order to obtain a J-1. In very selected circumstances, the University of Rochester will sponsor individuals for a H-1B visa. In order for this option to be approved, the program director must substantiate the fact that the individual will significantly improve the educational quality of the program in a letter to the ADGME. **Approval must be secured prior to offering a position to the applicant or placing their name on a match list.**

Dental residents are ineligible for a J-1 visa, and thus require either a TN visa if citizens of Canada, the H1B visa, or may complete a one-year program using the practical training stipulation of an F1 visa.

Special Electives

If a resident in a SMH-sponsored program wants to arrange for an elective experience at another hospital which is not already part of the curriculum of his/her program, the resident's program director should make all arrangements (in writing) for that experience including:

- educational objectives of the special elective
- documentation of supervising physician(s)
- work schedule with specific start and end dates
- salary and malpractice coverage while away (continued by SMH)

There should be a written request to the hosting institution, and written acceptance from the hosting program. Upon request, the GME Office will provide the program with Office of Counsel written agreement "shells" that can be customized for this purpose. Dr. Hartmann as DIO (designated institutional official) will be the final signature. Originals of any agreements will be sent to the program as the GME Office will keep a copy. In addition, all special electives must be clearly documented on the Department's resident rotation schedule. The resident's time during the special elective will be declared for GME reimbursement by the hosting institution, not by SMH.

The principal reason for scheduling an away elective is that the University of Rochester Medical Center cannot provide the same opportunity here per the ACGME. Only send trainees away from the home institution if we cannot provide the experience.

Visiting Resident Rotations

If a resident from another hospital who is in an ACGME-accredited program wants to participate in a special elective at SMH, the resident's program director should make all arrangements through the chair or residency program director of the program to which the resident will be rotating. In this approved elective/rotation situation, the visa status of the visiting resident is not a concern. The following items will be requested by the program coordinator; they include:

- request from the resident's home program, and approval from the SMH program
- complete the affiliation agreement shell (obtain from GME Office); this shell will cover:
  - educational objectives during the special elective
  - documentation of supervising physician(s)
  - assurance that the resident's salary, benefits and malpractice insurance will be provided and paid for by the home institution, and that SMH shall hold no financial liability for this rotation. Our malpractice insurance does not cover residents who do not have employment agreements with the University.
- work schedule with specific start and end dates; enter the rotator on your rotation schedule
- copy of the rotator resident's CV or residency application to their home program
- immunization status and physical exam (forward to UHS)
- make arrangements with parking and security (for the rotator's ID badge)
- contact CIS for training (Courtney Simmons or Debi Bush), if needed
- contact GME Office if the rotator needs to have an OMEGA number and/or DEA number
- contact page office for PIC number and get pager instrument assigned

A copy of the above correspondence and documentation must be copied to the Office for Graduate Medical Education and submitted at least two weeks prior to the start of the rotation. The Office for GME will maintain a file on the resident. There is no restriction on acceptance based on visa type for visiting residents from another hospital.

The elective time will be declared for GME reimbursement by SMH and should be clearly documented on the Department's resident rotation schedule, including the resident's name, sponsoring hospital/institution, and dates of the elective. Only those who are in an ACGME-accredited program are eligible to participate in electives.

Graduates of Non-US Medical Schools

Residents from other hospitals must be certified by the ECFMG or have graduated from a Canadian medical school, **and** currently training in a US residency training program. If these conditions are not met, an elective experience at SMH is not possible.

Due to visa restrictions, non-US medical school graduates training in non-US residency programs are not eligible for a hands-on residency experience, but can participate in an observer role. Acceptance of an observer, is at the discretion of the program director. This falls under J-1 visa "Research Scholar/Non-Clinical Programs." Applications for this can be found at www.ecfmg.org under J-1 Sponsorship.

GME BENEFITS, RESOURCES AND SERVICES

The Office for Graduate Medical Education encourages all residents and fellows to address concerns with their program director or chairman. The Associate Dean for Graduate Medical Education will be happy to discuss any concerns as well.

Compensation

All trainees who are employees of Strong Memorial Hospital, regardless of the hospitals to which they rotate, are provided with a stipend that is based upon the PGY level of training in their current training program, regardless of previous training in other fields. This stipend amount is specified in the employment agreement.

Fellows and Chief Residents who have reached initial board eligibility may be paid above the PGY scale if all Chief Residents/Fellows at the same level of training in the program receive the same supplement and this is approved by the Graduate Medical Education Committee. Individual residents may not receive additional compensation above the PGY salary except by engaging in approved moonlighting activities. Residents and fellows training on a J-1 visa are not eligible to engage in moonlighting activities at any institution.

All medical and dental residents are paid semi-monthly (i.e., twice per month) if their annual base salary is less than $50,000 per year with pay period end dates of the 15th of the month and the last day of the month. Those making over $50,000 per year will be paid monthly. Residents will receive their checks from their Department. Direct deposit is available through most banks in Rochester. By going on the HRMS system for payroll, residents can select direct deposit. Residents should see their individual program coordinator for assistance.

Vacation

Strong Memorial Hospital residents receive at least three weeks of vacation per year. At the discretion of the Department, additional time may be allowed for vacation and for attendance at scientific or medical meetings. Carryover of unused vacation from one year to the next is generally not permitted. All vacation scheduling must be approved by the Program Director.

Incident Reporting / Workplace Injuries

More detail can be found in Appendix I, GME Policies and Procedures. When a work-related incident, injury, or illness occurs, please document the event on-line at http://www.safety.rochester.edu/SMH115.html.

Accommodation for Disabilities

The University of Rochester is committed to the goal of providing equal opportunity to all qualified individuals who have a disability. The policy guidelines can be found in the UR Human Resources Personnel/Policy Manual at http://www.rochester.edu/working/hr/policies/pdfpolicies/103.pdf.

Leaves of Absence

Each program will provide its residents with a written policy in compliance with its program requirements concerning the effects of leaves of absence, for any reason, on satisfying their Board's requirements for completion of the residency program. A request form can be found in Appendix I, GME Policies and Procedures.

Family Medical Leave Act

FMLA is a Federally mandated program which requires the employer to provide up to 12 weeks of unpaid leave to an employee for a serious health condition, birth, adoption or placement of a child, or to care for a spouse, child or parent who has a serious health condition (medical certification required). A resident or fellow's disability leave for a serious health condition (including disability due to pregnancy and childbirth) may be covered under the University's Sick Leave Plan and will count toward the 12 week annual entitlement (medical certification required). The University does not have a "Paternity" policy, but the FMLA does provide protection for the absence of both parents of a newborn child. This type of leave must be *requested* and *approved* by the program director using the University of Rochester Request for Leave of Absence and Extension of Leave form found at http://www.rochester.edu/working/hr/leave. The application for FMLA should be forwarded to the Leave Administration Office for final review after approved by the program director. More detail on FMLA can be found in Appendix I, GME Policies and Procedures. At least 1 year of service and a minimum of 1,250 hours (including on-call time, excluding vacation, holiday, and sick time) must have worked during the preceding year (12-month period) before a resident/fellow is eligible for this leave.

Paternity Leave

Paternity leave is provided under the Family Medical Leave Act (see the Leave of Absence Policy in Appendix I) and allows for up to 12 weeks unpaid leave for the birth or adoption of a child. In order to qualify the resident/fellow must have at least 1 year of service and a minimum of 1,250 hours must have worked during the preceding year (12-month period). Time on leave must be made up at the end of residency.

University Leave of Absence

This is an unpaid leave for up to 12 months that may be granted at the discretion of the Program Director. The resident or fellow must have two years of University service in order to qualify for this leave. Please complete the GME Resident/Fellow Request Form for a Leave of Absence and forward to the GME Office. GME will send to the Leave Administration Office for final review.

Short Term Leave of Absence

This is an unpaid leave that may be granted by the Program Director for up to 30 work days (maximum of six weeks) in a calendar year.

Short-Term Disability (includes maternity disability)

The Sick Leave Plan for Short-Term Disability (which includes maternity disability) continues pay for a resident or fellow who has a disability which is not job-related. Full pay is continued during sick leave for up to the full period of the one-year appointment or according to the following schedule, whichever provides the greater benefit:

for up to	if length of University service at beginning of disability is:
2 months*	less than 2 years
4 months**	2 but less than 4 years
6 months	4 but less than 6 years
8 months	6 but less than 8 years
10 months	8 but less than 10 years
12 months	10 years or more

*plus 4 months of statutory sick leave benefits
**plus 2 months of statutory sick leave benefits
(Statutory sick leave benefits provide half pay up to $170 per week.)

Any length of disability will be covered under the University's Sick Leave Plan and will count toward the 12 week annual entitlement under FMLA. For example, if a woman is approved for 6 weeks maternity disability, she can apply for FMLA to extend her leave another 6 weeks, to a total of 12 weeks.

Sick leave may not be used to cover absence caused by illness of a member of the family. A resident/fellow who becomes disabled is responsible for notifying his/her program coordinator as soon as possible. The program coordinator should notify Disability Management Alternatives (DMA) via the **Leave Administration website (http://www.rochester.edu/working/hr/leave/).** When at this web site, choose "How To Report: A Short Term Disability", complete the information requested and press submit. DMA will contact the resident/fellow and their doctor. DMA will also notify the department and Leave Administration of the approved dates of disability. To ensure that the appropriate sick leave benefits are included in the resident/fellow's paycheck, the program coordinator must enter the time reporting code "DBL", along with one-fifth of the resident/fellow's standard hours, or 5, beginning on the eighth calendar day of the absence (Monday-Friday only).

All disability (sick) leaves for greater than seven calendar days require the treating physician's affirmation and must be submitted as per the following procedure:

- Resident notifies his/her program director in advance of absence and anticipated length of disability.
- The resident must complete and return the appropriate disability documentation to DMA and work with his/her health care provider to ensure timely approval of sick leave benefits. This approval will then be communicated to the Department and the Office for Graduate Medical Education.
- The employee should keep the program advised of his/her status and anticipated return-to-work date.

The dates of disability must also be noted on the annual rotation schedules in E*Value. Sick time may need to be made up by a resident or taken from vacation time in order to successfully complete the residency.

The program director will work with his/her specialty Board to determine the amount of training time that is required to be made up due to a disability leave.

See further details/procedures on pages 70 – 74.

Jury Duty

In New York State, residents and fellows are not given an exemption from serving on a jury. The resident must report for service and at the appropriate time petition to the judge to be excused. A postponement can be requested by calling the Monroe County Commissioner of Jurors directly at 428-5370. Postponements may or may not be granted for town courts. Per Human Resources Policy 333, the University will continue to pay the resident or fellow their full base pay for the duration of jury service. It is up to the individual program to determine if any portion of time spent on jury duty must be made up, either in accordance with the Special Requirements of that discipline or at the program director's discretion.

Health Care Plans

Residents, their spouses, approved domestic partners, and dependent minor children are eligible for coverage by one of the University Health Care Plans. Health Care Plans for Strong Memorial Hospital residents and fellows begin on the date of appointment.

Changes, due to qualifying events, such as marriage or birth of a child, must be communicated to the Benefits Office within 30 days of the event.

Dental Plans

There are two options available for Strong Memorial Hospital residents and fellows. The Traditional Dental Assistance Plan is available upon appointment. This plan pays 100% of reasonable and customary charges for preventive care. Services may be rendered by any dentist. There may be additional savings if services are rendered by a Blue Shield dentist. For basic and major restorative service, payments are made according to a schedule of benefits, subject to an annual deductible of $50 per individual ($100 per family). The maximum benefit under the plan is $1,000 per calendar year for each covered individual. The University currently pays the total premium. (Blue Shield is the insurer for the Traditional Dental Assistance Plan.)

The Medallion Dental Plan is offered during the open enrollment period held each fall for coverage effective the following January 1. This plan pays 100% of reasonable and customary charges for preventive care. Services may be rendered by any dentist. There may be additional savings if services are rendered by a Blue Shield dentist. In addition to paying 100% of reasonable and customary charges for preventive care, this plan provides a higher schedule of benefits in most instances subject to an annual deductible of $50 per individual ($100 per family), along with coverage for sealants up to age 16, orthodontia up to age 19 after a minimum of one year in the plan (maximum reimbursement of $500 per calendar year and $1,000 per lifetime.) Enrollment in the Medallion Dental Plan must be maintained through the entire course of the orthodontia treatment and implants (not paid for by the Traditional Dental Assistance Plan). The maximum benefit under the plan is $2,000 per calendar year for each covered individual. Residents and fellows pay a share of the premium in addition to the University's contribution. (Blue Shield is the third-party administrator for the Medallion Dental Plan.)

Retirement Plan

Residents may make voluntary tax-deferred contributions to the University of Rochester retirement plan upon appointment, but are not eligible to receive a University Direct Contribution. Maximum contributions are determined by the IRS. The voluntary contributions are deposited in a 403b plan, which can be rolled into an individual IRA when the resident terminates his/her University appointment.

Professional Liability Insurance

Professional liability insurance for residents is provided by the University's insurance program for activities that are required by the residency program, except during rotations to Affiliated hospitals, at which time coverage is provided by the Affiliated hospital. Extra shifts worked at Highland or Strong Memorial hospitals are insured under the University's insurance program. There is **NO** coverage under the University's program for coverage under the University's program for professional activities outside the scope of the residency program nor for moonlighting at non-Strong Health facilities, or while on vacation or disability, under any circumstances. Questions about the scope of professional liability coverage should be directed to your residency program director and if additional assistance is needed to the Office of Counsel for the Medical Center (275-2796).

Disability Insurance

Limited long-term disability insurance is provided at no cost to full-time residents/fellows on earnings up to $15,000. As an option, full long-term disability is available to full-time residents/fellows at $0.30 per month per $1,000 of covered annual salary above $15,000. The maximum disability income benefit, including Social Security and/or Workers' Compensation, is 60% of covered annual salary. The disability income benefit begins after six month's of total disability, or after exhaustion of basic sick leave salary continuation, if later. Disability income benefits continue, as long as the total disability continues but not beyond the normal retirement date. (NOTE: Part-time residents and fellows are eligible for the University Long-Term Disability Plan by paying the total premium.)

The University's Benefits Office is currently in negotiations with a carrier in order to be able to provide a supplemental disability income policy to residents and fellows. This section will be updated when negotiations have been completed.

Life Insurance

Residents and fellows receive University-paid Basic Term Life Insurance coverage t equal to 150% of annual salary up to a maximum amount of coverage for a full-time employee of $50,000. You may supplement the Basic Term Life Insurance by electing Group Universal Life (GUL) Insurance *or* Optional Term Life Insurance offered through Securian. You may enroll for 1-6 times your annual salary to a maximum of $1,000,000. If you elect either GUL or Optional Term Life for yourself, you are also eligible to elect Optional Term Life Insurance for your spouse/domestic partner and/or dependent children. See http://www.rochester.edu/working/employment/benefits/life.html for additional details.

Workers' Compensation Insurance

The University of Rochester provides Workers Compensation Insurance to protect residents who may be injured during the course of their assignments. Any resident who is injured on the job must report this incident immediately to their program office and an Incident Report Form must be completed. Emergency care and evaluation can be provided through University Health Service or the Emergency Department. Please see the Procedure for Blood/Body Fluid Exposure in this manual for more details on procedures to follow if you have been exposed.

Tuition Benefits

Residents are immediately eligible for tuition waiver for up to 2 credit courses in each relevant period (e.g., semester or summer) at the University of Rochester. Coverage for courses at other colleges and Universities in the area is not provided. Spouses are eligible immediately for a 50% tuition waiver of only one credit course at the University of Rochester per semester or quarter.

Life Support Training

All residents with patient care contact are required to be certified in BLS, ACLS, ATLS, NRP or PALS. The Office for Graduate Medical Education will cover the cost of one or more courses as deemed appropriate by the program director. **The GME Office will pay for initial certification only and as many re-certifications as necessary, assuming completion prior to 6 months before the end of the training program. It is the resident/fellow's responsibility to make certain that his/her certification does not lapse!**

The resident should submit the completed enrollment form to his/her program coordinator who in turn will submit the enrollment form along with a completed 312 requisition to the Office for Graduate Medical Education. The GME Office will complete the payment section and forward on to the appropriate office.

Resident/fellow orientation is held annually in June with a second session in July. All new-to-the-institution residents/fellows are required to attend orientation. In addition to several required educational sessions, residents will also sign up for their University benefits, complete the I-9 form, have their ID pictures taken, and complete the confidentiality and computer training sessions, etc. Incoming residents/fellows must bring official documentation (passport, driver's license, original social security card, employment authorization card, for example) to complete the I-9 process.

Training in Infection Control

New York State law requires that all health care professionals be trained in infection control and barrier precautions, and maintain current certification. The Office for Graduate Medical Education covers the cost for this training and coordinates compliance with the residents through a self-test administered through the Office of Continuing Professional Education.

Student Loan Deferments

Residents should bring loan deferment forms to the Office for Graduate Medical Education for certification. It is the resident's responsibility to request deferment forms from his/her lender. The resident should have completed and signed his/her portion of the form by the time he/she brings it to the Office for GME, and include the lender's address. The GME Office will complete the verification portion of the form, send the original to the lending institution, and place a copy in the resident's file. For those requesting the Graduate Fellowship Deferment a special form must be completed and signed by the program director before the Office for GME can process the deferment form. The Financial Aid Office of the School of Medicine provides financial counseling services to all residents regarding their student loans by appointment (275-4523).

Emergency Loan Fund

Short-term loans up to $500 are available to residents through the River Campus Student Loan Office as the balance of the fund permits. Information and applications are available in the GME Office and require sign off by the Administrative Director for GME. The resident then takes the application to the River Campus Student Loan Office, which administers the loan and works out a re-payment plan with the resident.

DEA Suffix

At the beginning of the residency, each resident is assigned a controlled substance (DEA) suffix for use when writing prescriptions for controlled substances. Each affiliated hospital has its own prefix. The resident uses the institutional DEA number assigned to the hospital at which he/she is rotating along with his/her own three-digit suffix when writing a controlled substance prescription at any of the affiliated hospitals. The SMH prefix is AU-4158033. At orientation, each resident receives a 3x5 card that lists each affiliated hospital's institutional DEA number plus the individual's 3 digit suffix. The resident keeps his/her suffix for the duration of his residency. Per the Office of Counsel, when moonlighting/rotating at an affiliated hospital, residents can use the institutional DEA number assigned to the hospital at which the resident is moonlighting/rotating, but must check with non-SMH hospitals to see if the assigned suffix can be used or be assigned another at the moonlighting/rotating hospital.

Applications for a permanent DEA number can be obtained at the following web site: www.deadiversion.usdoj.gov. The fee is $390.00 for a 3-year period and a fee of $184 per annual registration period. If you have applied for a New York State license and it has not yet been issued, you can indicate "Pending" on the application form.

Prescription Writing

The Strong Memorial Hospital institutional blanks are intended for use within Strong Memorial Hospital and all Strong Memorial Hospital Article 28 clinical areas. Any practitioner may use the institutional blank.

- Residents of SMH should use the SMH institutional blanks only when prescribing within the Strong Memorial Hospital operating license; this includes SMH and all Article 28 facilities. SMH residents rotating at Rochester General Hospital, Highland Hospital, etc. must use that institution's own blanks. Residents must use the institutional blank and may not stamp their name on and use another practitioner's personalized blank.
- Residents rotating at a community practice site that is not on the SMH operating certificate or Article 28 will need to have a prescriber associated with that practice write the prescriptions. The ONYRx's are non-transferable; a resident may not use another prescriber's blanks.

Residents/fellows are provided with Strong's, Highland's, Monroe Community's, and Unity (Park Ridge)'s institutional Federal DEA number to use when at the respective facility along with his/her individualized suffix number, but trainees are requested to check with the pharmacy at non-SMH hospitals to use their assigned suffix or be assigned another for that institution.

Residents/fellows are to include the name of their attending and the attending's license number on the prescriptions as NYS Medicaid requires this. This will alleviate the need by pharmacy to page the resident/fellow back to confirm that the prescription is a valid one if there is no license number listed to prove so.

Name Stampers

According to New York State Law, each physician writing a prescription must have his name stamped in ink under his signature. A stamper is provided for each resident by the Office for Graduate Medical Education at the start of their program. If a resident loses his/her name stamper, **the replacement cost is $10.00** payable upon ordering the replacement from the GME Office. The stamper will list your name, status (resident or fellow), and pager number.

On-Call Meal Allowance

On-call meal allowances ($7 per in-house overnight call) are allocated based on the number of **in-house** overnight on-call assignments and are placed in an account tied into the resident's University ID badge. This information comes from the individual program coordinators to the GME Office. Residents should notify the Office for GME when they have received a new ID card as this will affect access to on-call meal funds. Residents should contact the GME Office directly with any problems accessing their funds.

Lab Coats / Scrubs

A maximum of three lab coats/scrubs are provided to continuing residents in the last quarter of the academic year. Monogramming of lab coats may be provided by the individual's program. Only programs whose program directors have approved the purchase of Ciel Blue (the only color choice for ACGME trainees) scrubs will be able to acquire them. "New-to-the institution" residents receive their three lab coats at institutional orientation.

Notary Services

The Office for GME provides free notary services to residents.

Certificates

Each year the departing residents receive certificates indicating the length and scope of residency training at SMH. The certificates are issued at the request of the resident's training program. **A $20.00 replacement fee will be charged for a duplicate certificate.**

Verification of Training

The Office for Graduate Medical Education will keep a record of each resident's appointment, including his/her final evaluation of training indefinitely. This information is used to fill out verification of training forms.

UNIVERSITY RESOURCES AND SERVICES

The Employee Assistance Program

The Strong Employee Assistance Program (Strong EAP) offers professional guidance to employees and their families whose personal or work-related problems have become hard to manage alone. Strong EAP provides confidential and immediate help with health, marital, and family issues; drug and alcohol addictions; stress management; financial; legal issues; and any other concerns that may affect an employee's ability to cope effectively at home or at work. Employees or their family members may meet with a Strong EAP professional free of charge. Costs associated with referral resources outside Strong EAP are the individual's responsibility, but may be covered in part or in whole by the individual's insurance plan. To reach the Strong EAP, call 475-0432 in an emergency contact a Strong EAP professional by calling their pager at 220-0441. Strong's EAP web site is www.urmc.rochester.edu/EAP.

Medical residents who are concerned about their own drug or alcohol addiction should contact Strong EAP or the Committee on Physician's Health of the Medical Society of the State of New York (www.cphny.org) which has special programs designed for physicians (phone: 518-436-4723; fax 518-436-7943; email Terry@cphny.org.

Security and ID Office

Emergency Security assistance may be requested by calling x13 or for non-emergencies by calling x53333.

ID badges may be obtained in room G-7009 (X32000). The office hours are 8:00 AM - 4:30 PM Monday through Friday. University ID badges are to be worn at ALL times while on Medical Center premises. An identification badge is necessary for accessing locked doors at the main entrances. Residents should notify the GME Office when they have received a new ID card as this will affect access to on-call meal funds and access to various authorized areas.

Smoke FREE Inside and Out

On November 16, 2006, the University of Rochester Medical Center became a smoke free campus—inside an out. As an institution that seeks to understand and find cures for disease, educates the physicians of tomorrow and provides care to tens of thousands of people from the Finger Lakes region and beyond, it was a natural step to prohibit all smoking and other consumption of tobacco products throughout our campus.

Parking

All employees who park on University property are required to register their vehicles with the Parking Office. Fees for parking are deducted from the monthly paycheck. The application requires a photocopy of vehicle registration.

Copy Centers and Graphics

There are two main copying centers at the Medical Center offering a range of services including black and white and color copying. The Graphics Center provides output services from computer files including full color laser prints, poster sized prints and 35mm slides. Both operations are accessible electronically via the University's network.

Location:	Copy Center I	G-7230
	Copy Center II	1-4435
	Graphics	G-7230

Prescription Drugs

All University employees receive a discounted rate on prescription and non-prescription drugs at the Strong Memorial Hospital pharmacy with their University ID.

Banking Services

JPMorgan Chase Bank provides full-service banking for the University community. Chase offers an array of financial services from mutual funds to life insurance, to checking and savings accounts. The Medical Center branch is located at G-5111. There are two ATMs located outside the bank on the ground floor and adjacent to the employee coffee cart near the front of the hospital. Banking services are also available to all University employees through the Advantage Federal Credit Union.

Athletic Facilities

The Medical Center's Fitness & Wellness Center is located on the ground floor of the Medical Center (G-5680) and is open 24 hours a day, 7 days a week, with pro shop hours from 10 AM to 5:30 PM Monday through Friday. Membership includes a variety of aerobics classes (24 classes/week, depending on the season), access to squash courts and a full gymnasium. Also included is a complete lineup of weight-resistance machines, a versatile Max-Rack, free weights, and a variety of aerobic equipment. Volleyball, soccer, badminton, softball, golf, karate and basketball programs are available, as well as personal training, fitness assessments and massage. Additionally, specialty classes such as Tai Chi and Salsa are periodically offered.

The Center also offers a 10-week summer fitness camp for children. The camp is available to University families and associates. A small annual membership of $204/year ($17/month for residents/fellows) is required. Some programs offered require a small additional fee. Call 275-2437 for more information.

All University employees, their spouse/partner and dependents under 22 years of age may join the Robert B. Goergen Athletic Center on the River Campus for a membership fee. These facilities include a state of the art fitness center, an eight lane swimming pool, 200 meter indoor track, multi-use basketball/volleyball/badminton courts as well as squash, racquetball and indoor tennis courts. Memberships include full access to the Goergen Athletic Center and group fitness classes. The availability of each facility may change based on varsity athletic practices and contests. Please visit www.rochester.edu/athletics or call 585-275-7643 for more information regarding facility hours and R Club memberships.

Bookstore

Barnes & Noble Bookstores, Inc. operates the medical center bookstore. The bookstore carries a variety of hard- and soft-bound text and medical books as well as stationery, greeting cards, magazines, newspapers, clothing, University souvenirs and sundries. The store accepts personal checks, Visa, MasterCard and American Express.

Child Care

URMC KinderCare operates the University's on-site day care center. As a national leader in managing employer-sponsored childcare centers, quality and curriculum are the cornerstones of KinderCare's success in preschool education and childcare service. Their curriculum is based on a philosophy of Whole Child Development, centered on the belief that children learn through play and that every child is unique and develops in four distinct areas: social, physical, intellectual and emotional. You may visit KinderCare's web site at http://www.kindercare.com; to find the URMC KinderCare, enter the zip code location of 14642; they are located at 55 Castleman Road adjacent to Helen Wood Hall (phone 585-273-3677).

Pumping Station

The pumping room is under the auspices of Ob/Gyn Nursing. All University employees can use the room by calling 275-4058 to obtain swipe access to the room. It is available 24/7. The room can accommodate four women pumping at the same time. There are lounge chairs, breast pumps, lockers and a refrigerator for women to store their milk if they care to. The room is located near the green elevators, on the first floor, 1-2226.

Public Web Sites of Interest

All of the below can be accessed from the main medical center page, www.urmc.rochester.edu

- University of Rochester home page
  http://www.rochester.edu
- University of Rochester Medical Center home page
  http://www.urmc.rochester.edu
- Edward G. Miner Library
  http://www.urmc.rochester.edu/miner
- River Campus Libraries
  http://www.lib.rochester.edu
- Office for Graduate Medical Education
  http://www.urmc.rochester.edu/SMD/gme
- University of Rochester, Human Resources Policy Manual
  http://www.rochester.edu/working/hr/policies/

Computer Sales

University of Rochester Computer Sales (URCS) supports the University community in the academic use of computing technologies and in that role has negotiated special educational discount agreements for members of the University community.

Housing

The Residential Life Office assists the University community in finding Rochester area housing. The office has listings of apartments and houses for rent on their web site at http://ochousing.reslife.rochester.edu.

Telephone and Paging Services

The Medical Center maintains an internal dialing system for internal calls. The University directory provides the five-digit extension, which can be dialed directly. Calls to outside numbers will require dialing 9 to access an outside line.

Authorization codes will be issued by each program for placing business-related long distance telephone calls within the hospital.

- General pages are placed by calling extension x52222 internally. When calling from outside the hospital the page operator can be reached at 275-2222. These pages are issued via beeper or overhead.
- Stat pages are placed by calling **5-7828** (5-STAT). Stat pages are issued overhead preceded by five tones with the location given at the end.
- Blue 100 pages are also paged by calling **5-7828** (5-STAT) or some units also have emergency alarms which are connected directly to the Communications Center. A Blue 100 page is preceded by 5 tones and a location is given at the end.

Automated pages can be placed through the SMARTPAGE system.

To execute a SMARTPAGE:
- Dial x51616 if inside the hospital, or dial 275-1616 if outside the hospital
- The system will prompt: "Follow prompts; enter ID to page and press #"
- The system will prompt: "Please dial the call back number, then press #"
- The system states: "XXX will now be paged"

To change status or retrieve messages:
- Dial x52665 or 275-2665
- The system will prompt: "Please enter your ID number and press #"
- The system announces present status and prompts: "Please enter new status or press # to keep present status and review messages"
- To change status, dial new status number then hang up, or stay on to review messages

  Status codes include:
  1. available on pager
  2. unavailable, leave a call-back number
  3. being covered by another pager (ID number)
  4. reachable at (phone number)
  5. available for overhead paging
  6. on vacation; unavailable until (date and time)
  7. traveling; available on pager; outside hospital

To access Communications Center web paging:
- Go to SMH Intranet Home Page
- Click on Web Paging under Resources/Sites
- Click on Directory tab
- Enter the Last Name only in the search box and click on Search button (use advanced search feature to search by First Name, Department or PIC number)
- Check the box next to the person's name that you want to page
- Click on Message button
- Check Status of pager
- Enter text messages for Alpha pagers or numeric messages only for Digital pagers
- Click on Page button to send page

Mail Services

There is a contract (not full service) US Post Office branch located in the Medical Center that is open daily. Mail directed to the University should include your name, department and box number and the Medical Center's mailing address, which is 601 Elmwood Avenue, Rochester NY 14642. All personal mail should be directed to your home address.

APPENDIX 1 - GME Policies and Procedures

DISCIPLINARY PROCEDURES AND APPEALS POLICY

These procedures are applicable to all residents and are intended to protect the rights of residents, patients, the training program, and to ensure fair treatment for all parties. **The primary responsibility for defining the standards of academic performance and personal professional development rests with individual departments and program directors**. In each program, there must be clearly stated bases for evaluation and advancement. At least semi-annually, each resident's performance must be evaluated against these standards, and a written summary assessment prepared. This summary will document in some manner that it has been reviewed with the resident, and a copy shall be made available to the training program. The written assessment will then become part of the resident's record in both the program and Office for Graduate Medical Education.

DISCIPLINARY MECHANISMS

1. **Immediate Termination**: Immediate termination can occur if a resident puts patients, other health care professionals, employees or third parties at risk, or compromises the integrity of the program. The bases for immediate termination include but are not limited to suspension or revocation of the resident's license or permit; incompetence; misconduct; any conduct that has the potential to jeopardize patient safety or the quality of patient care, is disruptive of hospital operations, is a serious violation of URMC policy, is a serious violation of law or regulation, or is conduct constituting criminal activity. If the resident is terminated, his/her appointment shall end immediately and no probationary period is required. Residents who are terminated will receive one month's salary and benefits in lieu of notice. Credit for training may be given in the event of any satisfactory performance prior to termination, per the guidelines of the individual board.

   Reporting obligations related to conduct constituting professional misconduct is covered separately in the policy on Professional Misconduct.

2. **Termination After Probation**: When a resident's performance is not commensurate with his/her appointed level of training, notification of the deficiencies must be made, in writing, to the resident by the program director with copies to the Associate Dean for Graduate Medical Education (ADGME). A plan to correct deficiencies, which includes the manner and time frame in which the deficiencies will be corrected, and the consequences of not correcting the deficiencies within the time frame, should be a part of this notice. There should, however, be a probation period of at least three months, which may be extended to a maximum of six months, before a decision is made to terminate a resident. A letter to the resident, which specifies the period of probation, must indicate the possible outcomes (full reinstatement to the program, continued probation, termination). In the case of termination, the end of the appointment is immediate and one additional month of salary is paid to the resident in lieu of notice. The resident is to be notified in writing of this action with a copy of the letter to the ADGME.

The resident does not continue to work after the notice of termination. Credit for training may be given for periods of satisfactory performance, per the guidelines of the individual board. If deficiencies in professional competence that may endanger patients arise during the probationary period, the resident may be terminated or suspended immediately (as described above) after consultation with the ADGME.

3. **Non-Renewal of Contract After Probation**: In the event of non-renewal of a resident's contract, at least four months notice prior to contract expiration should be provided to the resident. There should be a probation period of at least three months prior to a decision not to renew a contract. If the end of the resident's probation period is within four months of the end of the contract year, the fact that the resident is on probation will serve as notice that the contract may not be renewed if the probation is not remediated successfully. The notice of non-renewal of contract will be made in writing to the resident with a copy to the ADGME. If the primary reason for the non-renewal occurs within the four months prior to the end of the contract, the program must provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow. The resident will continue to work at his/her appointed level of training through the end of the contract period. Full credit for the year may be given to the resident at the discretion of the Program Director and guidelines of the individual board. In cases of non-renewal of contract, the trainee will be terminated at the end of the contract period. If deficiencies in professional competence that may endanger patients arise during the probationary period, the resident may be terminated or suspended immediately after consultation with the ADGME.

4. **Delayed Promotion of a Resident**: If a resident has not met the program standards sufficiently in his or her current training level, the program may make a decision not to promote a resident to the next level of training. These rules will also apply to a resident whose performance has been acceptable but who has not completed the required number of weeks of training during the contract period. An official period of probation may or may not be indicated

   The resident should be notified of this decision as soon as circumstances reasonably allow, and in most cases 4 months, prior to the end of the contract year. Exceptions to this timeframe would include performance issues that primarily arise within the final 4 months of the academic year. If a resident is on probation, and the end of the resident's probation period is within 4 months of the end of the contract year, the fact that the resident is on probation will serve as notice that the resident may not be promoted if the probation is not remediated successfully.

   The notice of non-promotion should outline the remediation steps to be accomplished prior to the resident's advancement to the next level. The resident will be paid at his or her present level until they are advanced to the next level. If the resident does not successfully complete the remediation plan, the process listed above for termination will apply.

5. **Independent Evaluations**: In order to determine an appropriate plan to address a resident performance problem, a program director, in consultation with the ADGME, may require an independent evaluation of a resident when the program director has a reasonable basis to believe that a resident's performance is affected by an impairment including, but not limited to a medical, mental health or substance abuse problem. The purpose of the evaluation is to determine the resident's ability to perform his or her clinical duties and responsibilities. See also the Resident Impairment Policy.

6. **Suspension**: A resident may be suspended from clinical activities by his/her program director, department chair or the chief medical officer of Strong Health. This action may be taken in any situation in which continuation of clinical activities by the resident may compromise URMC operations, the program, or the safety of patients, employees, the

resident, or third parties. Bases for suspension include but are not limited to potential threat to the safety of patients or others, quality of care concerns, a suspension or loss of the resident's licensure, potential impairment of the resident, debarment from Medicare or other federal program, potential misconduct by the resident, or potential incompetence. A resident may also be suspended pending an investigation of an allegation of any of the above concerns. At the discretion of the Program Director, the resident may also be offered a voluntary leave of absence pending investigation. Such voluntary leave shall be for no longer than one week, at which time the resident will be automatically suspended unless the investigation has been completed and a decision favorable to the resident has been made. Unless otherwise directed by the program chair, a resident suspended from clinical services may participate in other program activities. Suspension may be with or without pay at the discretion of the program director. The resident must be notified in writing, with a copy to the ADGME, of the reasons for the suspension. The notice of suspension must be reviewed with the resident, who must sign and date indicating the material has been reviewed with him/her.

The resident may appeal the suspension to the Dean of the School of Medicine and Dentistry. The resident must appeal the decision within 5 working days of the suspension by written appeal to the Dean. The Dean shall make the final decision with respect to the appropriateness of the suspension.

Within 10 working days of a decision to suspend the clinical privileges of a resident, the program director must determine if the resident may return to clinical activities and/or whether further action is warranted including but not limited to counseling, warning letter, probation, fitness for duty evaluation, medical leave of absence, or termination. Written notification of the program director's decision should be given to the resident with a copy to the ADGME. If further investigation is needed before a determination can be made, the program director shall so notify the resident, but must complete the investigation within an additional 10 working days from the date of the suspension. The resident must cooperate fully with the investigation.

Suspensions Related to Medical Records Documentation: See policy on delinquent medical records

Suspensions Related to Impairment: See policy on impairment

APPEALS

When a resident receives notice of termination, non-renewal or non-promotion by the Program director, he/she shall have the right to appeal such action. Performance evaluations or the placement on probation cannot be appealed.

To initiate the appeal process, the resident shall notify the Associate Dean for Graduate Medical Education. This notice shall be in writing, and must be delivered to the Associate Dean for Graduate Medial Education within ten (10) working days of the resident's notification by the Program Director. Such notification must include the reasons for the requested formal appeal. **Failure to notify the Associate Dean for Graduate Medical Education within the prescribed time frame will terminate the appeal process at this point.** The expected duration of this appeal process is approximately 3-4 months from the time the resident receives written notice of the adverse action from his/her department. If the resident is an Exchange Visitor on a J1 visa and he/she has received a notice of dismissal from the program, every effort will be made to expedite the process so that the resident may appear in person before the ad hoc committee.

Within ten working days of receipt of the request for appeal, the Associate Dean for Graduate Medical Education will appoint an ad hoc committee, and will notify the resident and the members

of the ad hoc committee in writing of the committee's appointment with a copy to the program director and chair.

The chair of said ad hoc committee will be a member of the Graduate Medical Education Committee, and one additional faculty member and one resident will comprise the committee. Eligible faculty for the ad hoc committee are defined as full-time physician faculty members of clinical departments in the School of Medicine with the rank of Assistant Professor or higher, and may not be members of the department which sponsors the resident's program. The resident member of this committee must be from a department other than that which sponsors the aggrieved resident's program.

The Office for Graduate Medical Education will provide administrative support to the ad hoc committee and will notify the aggrieved resident, the members of the ad hoc committee, the program director, department chair and the Associate Dean for Graduate Medical Education of the time and place of the meeting. The meeting shall occur within 30 days of the committee's appointment.

Prior to the meeting, the department should submit the resident's departmental file and any other materials on which it bases its decision to the Office for Graduate Medical Education, for distribution to the committee. To preserve the confidentiality of anonymous evaluations, the appeal mechanism does not entitle the aggrieved resident to review his/her complete departmental file. Upon written request, the resident will be provided with a photocopy of summary evaluations, and photocopies of any correspondence to the resident from the program, before the committee meeting is held.

The process of the meeting will not rigidly prescribed, except that, the resident shall be given the opportunity to appear before the committee and will be allowed to be accompanied by an advocate who is not an attorney. The resident should be prepared to present evidence for rescinding the action.

The program director should appear and be prepared to present evidence for upholding the action. The meeting shall be confidential and open only to the committee members and a note taker.

If either the program director or resident would desire individuals with factual information regarding the decision of the department, above and beyond information in the file, to appear before the committee, the interested party may make the appropriate arrangements. The meeting may only be rescheduled under extraordinary circumstances at the discretion of the chair of the ad hoc committee. At the discretion of the chair, the program director and resident may question their own witnesses If the committee decides that additional information is required, the chair may request written materials and additional meetings, which may occur beyond the 30-day time period referenced above.

The ad hoc committee's scope of review shall be to determine:

- whether there was adequate documentation on which to base the disciplinary decision, and
- whether the appropriate procedures (e.g. notice of deficiencies, plan of remediation) were followed.

In cases where ad hoc committee determines that the department either failed to follow procedures or lacks adequate documentation for its decision, committee will recommend to GME the appropriate resolution considering all the circumstances.

The ad hoc committee's decision shall be communicated to the Associate Dean for Graduate Medical Education within thirty (30) days of the hearing. The preparation of the committee's final report shall be the responsibility of the Chair of the ad hoc committee. If in the interest of a

thorough review of the resident's appeal, additional information is required which cannot be obtained in sufficient time to meet this thirty (30) day time period, that time period may be extended by the Chair and the resident will be so notified by the Chair.

The ADGME will then present the ad hoc committee's report to the GMEC at its next regularly scheduled meeting. The GMEC will consider the ad hoc committee's report and recommendations. Voting members of the GMEC will make a decision as to whether to confirm, modify or reverse the Ad Hoc Committee's decision. GMEC will make its decision based on a closed ballot vote, with the resident's program director excused. The majority of the voting members must be present to call a vote.

The Associate Dean for Graduate Medical Education shall make notification to the resident of the GMEC's decision in writing with a copy to the Program director and Chair. If the resident or program director wishes to appeal the decision of the GMEC, he/she may do so in writing to the Dean of the School of Medicine and Dentistry within ten working days of the date of the written notice of the GMEC's decision from the Associate Dean for Graduate Medical Education. **Failure to request an appeal within the prescribed time frame will operate as a waiver of appeal.** The Office for Graduate Medical Education will provide a copy of the resident's file and all documentation from the ad hoc Committee's review of the resident's initial appeal to the Dean of the School of Medicine and Dentistry.

The process of this final appeal is at the discretion of the Dean; the Dean's decision is final. He/she has the authority to confirm, reverse or modify the GMEC's decision. He/she will make the decision within 10 working days of receiving the file and will notify the resident of his/her decision with a copy to the ADGME.

Policy Inconsistency and Modification

In the event that any of the terms of this policy are inconsistent with the terms of any other policy including but not limited to the impairment and professional misconduct policy, the Dean of the School of Medicine and Dentistry shall have the authority to resolve the inconsistency. This policy may be modified or amended at any time. Updated versions of this policy will be posted periodically on the University of Rochester website.

Approved by GMEC 9/14/98
Updated by GMEC 3/1/99, 2/12/01, 10/18/04, 9/12/05

POLICY ON RESIDENT RECRUITMENT, SELECTION, APPOINTMENT, AND REAPPOINTMENT

RECRUITMENT

All programs will follow ethical guidelines while recruiting qualified applicants to their programs. If applicants are recruited through a match, all match guidelines regarding recruitment must be followed.

SELECTION

1. All appointments of medical residents to the Resident Staff of the University of Rochester Medical Center, including post-residency fellows, must hold the MD or DO degree and they must be graduates of schools approved by the LCME (Liaison Committee on Medical Education) or the AOA (American Osteopathic Association) or, in the case of international schools, approved for listing by the World Health Organization or equivalent accrediting bodies and possess a valid ECFMG (Educational Commission for Foreign Medical Graduates) certificate or have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are training. Graduates of medical schools outside the US who have

completed a Fifth Pathway program provided by an LCME-accredited medical school are also eligible for appointment. Dental residents must hold a DDS or DMD degree from a school approved by the CODA (Commission on Dental Accreditation) or if graduates of foreign dental schools, must satisfy New York State licensure requirements for a limited permit to practice dentistry.

2. All medical trainees must meet the minimum selection criteria as described by the ACGME, ABMS or AOA for the specialty. The University will not support the appointment of a medical trainee who does not meet criteria for board certification upon program completion (if board certification is available).

3. Only J-1 visas are generally accepted for medical residency positions at the University of Rochester. In selected circumstances, the University of Rochester will sponsor individuals for a H-1B visa. In order for this option to be approved, the program director must substantiate the fact that the individual will significantly improve the educational quality of the program in a letter to the ADGME. Dental residents can complete their training on a TN visa, H1B visa or under the F1 practical training allowance (maximum one year).

4. Each program must have a set of written standards, appropriate to the specialty, to guide resident selection. No resident will be asked to sign a non-competition guarantee.

5. For each program, the selection of residents should be the responsibility of a committee of the faculty which has the opportunity to review application materials, rate residents against the published selection standards, and agree as a group on those residents to be selected either through the match or otherwise. Such decisions should ordinarily not be those of an individual program leader.

APPOINTMENTS, REAPPOINTMENTS

1. All contract letters are for one year and each resident must be reappointed for each subsequent year of training, contingent upon satisfactory completion of the current post-graduate year. The University will honor the full term of the contract letter except when a resident's performance justifies termination.

2. Recommendations for the appointment and reappointment of residents should be initiated by departments and programs and sent to the Office for Graduate Medical Education.

3. A resident whose performance has failed to meet the level of competence for reappointment to a subsequent year shall be notified by his/her department in writing. Specific guidelines for decisions on termination or non-reappointment are found in the Disciplinary Procedures and Appeals Policy.

4. Residents are expected to notify their department sufficiently in advance (preferably by March 1st) if they do not intend to return the following year.

Appointment and/or reappointment do not constitute an assurance of successful completion of a residency program or post-graduate year. Successful completion is based on performance as measured by individual departmental standards. Successful completion of a residency program does not entitle a resident to appointment to the Faculty of the School of Medicine and Dentistry or to the Medical Staff of Strong Memorial Hospital. These appointments are governed respectively by the University Faculty Handbook, the School of Medicine and Dentistry Regulations of the Faculty and by the Strong Memorial Hospital Medical Staff Bylaws.

Updated by GMEC 10/1/03

POLICY ON RESIDENT EVALUATION AND PROMOTION

1. Each resident, or fellow, is to be evaluated at least twice-yearly against a set of written standards acceptable to his/her department or program. A written report of each such evaluation must be placed in the resident's/fellow's permanent file in the department and shared with the resident, indicating that the resident has seen and understands the substance of the report. Trainees are entitled to a copy of this evaluation if requested. Residents should be given the opportunity to indicate in writing where they have disagreements with the written evaluation. The final exiting evaluation must be in both the department file and the GME Office file.

2. Policies regarding the disclosure of origin of resident evaluation comments can be up to the discretion of the department as long as the standards of evaluation are applied equitably to all residents and are consistent with all relevant institutional policies, assure due process, and wherever possible, be published and available to members of the resident staff.

3. Evaluations of residents are to be used in making decisions about promotion, program completion, remediation, and any disciplinary action. The procedures for each of these actions are specified elsewhere. All programs to which the ACGME core competencies apply must address them when evaluating their residents.

4. Each program will establish specific methods of evaluation and promotional guidelines when evaluating resident learning and to determine progressive attainment of clinical competence. Policy regarding residents who do not meet these standards can be found in the section on Disciplinary Procedures and Appeals Policy.

5. As per ACGME guidelines, the program director must provide a final evaluation for each resident who completes the program. Dental residents will also be provided with a final evaluation upon completion of the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution, both in the department's file and in the GME file.

Updated by GMEC 10/1/03, 4/26/04

INSTITUTIONAL POLICY ON RESIDENT/FELLOW DUTY HOURS

The following policy is consistent with those outlined by the New York State (NYSDOH) and the Accreditation Council on Graduate Medical Education (ACGME).

The University of Rochester is committed to providing residents with a sound academic and clinical education, which must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents
    a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
    b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
    c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract its potential negative effects.
2. Duty Hours
    a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
    b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities (NYSDOH has placed an additional limit of 84 hours for any one week.)
    c. Residents/fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, inclusive of in-house and pager call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
    d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period and must consist of at least an 8 hour time period between all daily duty periods and after in-house call.
    e. The NYSDOH requires strict adherence of institutions to its duty hour standards. Because state law supercedes accreditation requirements, all University of Rochester programs will comply with the 80 hour per week maximum. The GMEC will not consider approving a 10% increase in hours as described in ACGME duty hour requirements.
3. On-Call Activities

    The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

    a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
    b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 3 additional hours to participate in didactic activities and transfer care of patients.
    c. No new patients may be accepted after 24 hours of continuous duty.
    d. At-home call (pager call) is defined as call taken from outside the assigned institution.
        1. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each trainee. Residents/fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities.
        2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
        3. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
4. Moonlighting

a. No resident will be required to engage in moonlighting. Each program may determine if moonlighting activities will be allowed.
b. Because residency education is a full-time endeavor, the program director must monitor moonlighting hours to ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
c. Each resident/fellow must obtain written permission from his/her program director prior to engaging in any moonlighting activities. The written permission form and record of hours worked will become part of the resident's departmental file.
d. Hours devoted to moonlighting must be added to training program work hours and reported on all work hour surveys. At no time should a trainee exceed work hour regulations through a combination of training program plus moonlighting activities.
e. The program director is responsible for monitoring the effect of these activities upon performance and withdrawing permission to moonlight if necessary.
f. See moonlighting section of this GME manual for additional information.

5. Oversight
   a. Each program must have written policies and procedures consistent with the institution's requirements for resident duty hours. These policies must be distributed to the residents/fellows and faculty. Monitoring of duty hours is required with frequency sufficient to ensure appropriate compliance.
   b. Faculty and residents must be educated to recognize the signs of fatigue and to apply proactive and operational counter measures. The program director and faculty must monitor residents/fellows for the effects of sleep loss and fatigue and respond in instances when fatigue may be detrimental to resident performance and well being.
   c. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

REPORTING ON DUTY HOUR VIOLATIONS

As a trainee, if you are concerned about a possible duty hour violation, you are encouraged to first speak with your program director. Should you feel that you have exhausted that route or don't feel comfortable in approaching your program director, then use the Medical Director's Safety/Quality Hotline as described below.

If there is a duty hour violation that a trainee would like to report, this can be done through the Medical Director's Safety/Quality Hotline. This hotline has a routing method to ensure that the call gets to a person, not phone mail, during normal business hours. After hours, it does go to phone mail. The system is confidential as the people who staff the hotline handle highly confidential safety and quality issues. The system can and will also handle anonymous calls but the institution's ability to respond to that type of call may be difficult because of the possible non-specific nature of the comment. All issues get screened and then go to the Medical Director's office for follow up. The Associate Dean for Graduate Medical Education will be notified regarding all work hour issues. The number to call is 273-2273.

DUTY HOUR SCENARIOS

1. **Required** research within a program counts as work
2. Using the library for research/presentation work does not count as work if done after the work day has been completed
3. Official conference attendance, irrespective of the department/origin of the conference, counts as a structured learning experience, or work.

4. Taking a course **required** for the completion of a training program does count as work. Taking a course **not** required for the completion of a training program does not count as work.
5. Research **required** by a program that must be done on site counts as work.
6. Reading/computer work, etc. done at home does **not** count as work.

INSTITUTIONAL OVERSIGHT/MONITORING OF RESIDENT/FELLOW DUTY HOURS

I. Educational Process
   A. All new trainees are instructed regarding the institution's duty hour policies at general and program-specific orientation sessions.
   B. Full descriptions of institutional policies regarding duty hours, monitoring activities and moonlighting are available to all trainees and faculty via the GME website (see Resident/Fellow Manual for Medical and Dental Programs).
   C. Program directors must distribute departmental policies regarding duty hours to residents and faculty. The program directors will communicate with program faculty/trainees regarding changes in duty hour policies or changes in trainee/faculty work hours to accommodate duty hour requirements.

II. Monitoring Process
   A. Internal Measures
      1. Twice yearly, the GME office will conduct an internal audit of all trainees in ACGME/ABMS sponsored programs within the university.
         a. Surveys are distributed via program coordinators to all trainees. The survey includes instructions for completing the survey and states that the survey is mandatory and anonymous.
         b. Trainees are instructed to record their activities over a consecutive 2-week period of time (out of 6 possible weeks) while on one rotation, exclusive of vacation.
         c. Surveys are returned to the GME office for evaluation.
         d. Returned surveys are sent to a data service provider for data entry and download of the file to the Office of Clinical Practice Evaluation. They run two reports:
            i) One report has the following headings and provides data for each of the rotations in a training program:
               - Number of respondents
               - Mean hours per week for all residents
               - Hours per week for maximum resident
               - Percent of weeks over 85 hours on
               - Percent of resident/fellows who worked over 170 hours in a 2-week period
               - Percent of residents/fellows with 28 hours on
               - Percent of residents without two 24-hour periods off in 2 weeks

            ii) Summary of threshold values by program: This report summarizes the totals in each of the categories listed above for each program. It is used by administration to evaluate the program's overall compliance. The report also shows the totals for all programs, which helps to monitor institutional compliance.
         e. Data from the reports are evaluated and distributed as described in reporting process.
      2. As part of each program's Internal Review process, work hours are evaluated by the survey team.

a. The program is required to provide a copy of its work hours policy and general guidelines regarding trainee work hours, such as typical start and end times for daily work, method and amount of in-house and pager call, etc.
b. Recent data from internal audits and external (NYS) audits regarding the program are provided by the GME office to the review committee.
c. Trainees in core programs with more than 5 individuals are asked to fill out a web-based survey with questions pertaining to work hours prior to the internal review.
d. Faculty and trainees are questioned during the review regarding the program's compliance with work hour regulations and promotion of safe patient care practices.

B. External Measures
1. NYSDOH has informed all training programs within NYS that unannounced visits will occur on at least an annual basis for all training institutions. The University of Rochester and its trainees will participate fully in this NYS monitoring process.
2. The ACGME will evaluate a program's compliance with duty hour regulations as part of regularly conducted site visits. This may include surveying trainees prior to a site visit and discussing duty hour compliance with trainees and faculty during the visit. The University of Rochester and its trainees will participate fully in this accreditation-based monitoring process.

III. Reporting Process

A. Data from internal GME office surveys are discussed at meetings of the GME Committee (GMEC). Aggregate results are distributed to program directors, department chairs, program coordinators, university administrators and the Office of Counsel
B. Programs out of compliance are asked to evaluate their data. If compliance cannot be obtained easily by alteration of trainee schedules, the program director and department chair are asked to meet with the Associate Dean for Graduate Medical Education (ADGME), Chief Operating Officer (COO) of the hospital, and a representative from the Office of Counsel to develop a plan to facilitate compliance.
C. Concerns regarding work hours discussed at program internal reviews are documented in the internal review report and discussed by the GMEC.
D. Concerns regarding work hours found as part of ACGME external reviews are reviewed when accreditation status letters are discussed at GMEC.
E. Findings from NYS work hour audits are shared with GMEC, program directors, chairs, trainees, the Office of Counsel, and hospital/university administrators. If the institution is found to be out of compliance by NYS, the ADGME, COO, and Office of Counsel will draft a correction/monitoring plan that meets state requirements.
F. At least two times a year the ADGME presents a report regarding work hours compliance to the organized medical staff of the institution (Clinical Chiefs and Chairs and the Medical Center Executive Committee) as well as to the Joint Committee on the Quality of Care which consists of the University of Rochester Medical Center Board Subcommittee on the Quality of Care and the Strong Memorial Hospital Quality Assurance Committee. This report includes information from all internal and external monitoring events. Each of these committees may assist the ADGME in assuring institutional compliance with duty hour requirements.

PROFESSIONAL LIABILITY INSURANCE

Professional liability insurance is provided by the University's insurance program for only those activities that are **an approved component of** the training program. Rotations to Affiliated hospitals are insured by the Affiliated hospital. Extra shifts worked at Highland or Strong Memorial hospitals are insured under the University's insurance program. There is **NO** coverage under the University's program for professional activities outside the scope of the residency program nor for moonlighting at non-Strong Health facilities, nor while on vacation or disability.

Professional liability insurance information for residents or fellows for year 2006 follows:

CARRIER:	MCIC Vermont, Inc., an RRG
ADDRESS:	University of Rochester Medical Center Attn: Insurance Administrator 601 Elmwood Avenue, Box 308 Rochester, NY 14642-8308 Phone: 585-275-8019 Fax: 585-273-1024
POLICY NUMBER:	PR1107
COVERAGE FORM:	Claims-made. MCIC will provide coverage for any claim arising out of an incident that occurred during your participation in the MCIC program (this is commonly referred to as "tail" coverage or an Extended Reporting Endorsement). "Tail" will be provided as long as the URMC remains a shareholder in MCIC Vermont, Inc. or its successor and MCIC Vermont, Inc. or its successor remains in the business of issuing insurance policies covering events occurring during the related policy year.
COVERAGE SCOPE:	Limited to activities required to complete an approved program of medical education
POLICY TERM:	01/01/2007 to 01/01/2008, coverage automatically terminates upon conclusion of training program at the University of Rochester Medical Center or the Strong Partners Health System
COVERAGE LIMITS:	$2,500,000 per claim No annual aggregate
CLAIM HISTORY:	Available upon receipt of written request from the insured physician or to a third party upon receipt of a release signed by the insured physician. There is a 30 business day response timeframe to claim history requests.
TO REPORT A CLAIM contact the Risk Manager on-call at 585-275-8019	

The insurance policy is a modified claims-made policy, which covers claims, or adverse medical incidents actually reported to the company during the policy year. The claim or medical incident must also have occurred after the coverage under this program was obtained. Claims related to services rendered prior to a trainee's coverage under this program should be covered by the insurance carried by that practitioner at the time the service was rendered.

As a modified claims-made policy, MCIC will provide coverage for any claim arising out of an incident that occurred during a trainee's participation in the MCIC program (this is commonly referred to as "tail" coverage or an Extended Reporting Endorsement). This "tail" coverage will be provided as long as the University of Rochester Medical Center remains in the MCIC insurance

program and the Company still issues new policies. The University of Rochester Medical Center is responsible for securing and paying for alternative insurance coverage for you should it withdraw from the MCIC program or if MCIC no longer continues to issue new policies. Of course, no coverage will be provided for any claims that arise out of services rendered after an insured physician terminates participation in the insurance program.

POLICY ON MOONLIGHTING

This document can also be found at http://extranet.urmc.rochester.edu/urmc-mso/credentialing/MoonlightingApplication.pdf.

Moonlighting is defined as clinical activities outside of a residency or fellowship training program, for which the trainee is paid on an hourly or other rate, in addition to the approved salary for a trainee at his/her training level.

Professional activities outside the training programs are prohibited to the extent that they may interfere with training program responsibilities. Each department must have its own policy on outside activities, which may be more restrictive than that of the institution. No resident may be required to moonlight.

Prior to seeking such employment, Residents and fellows who wish to engage in outside activities (moonlighting):

1. are required to have written approval from the Chairman or Program Director using the Moonlighting (extra shift) Request Form and the Credentials & Privilege Review forms (pages 1-7)
2. must be in good standing in the residency program
3. should seek written assurance of malpractice and workers' compensation coverage from any outside employer
4. must have a valid New York State medical license
5. may use the institutional DEA number assigned to the affiliated hospital at which the resident is moonlighting as well as your own suffix; alternatively, obtain your own Federal DEA number
6. must hold a MD, DO, DDS or DMD degree
7. MDs and DOs clinical training shall include completion of at least one year in an approved residency training program, which may include a Transitional Year or a year in a designated subspecialty
8. must have a primary appointment in an accredited residency or fellowship program sponsored by the University of Rochester
9. must have his/her performance monitored to ensure that he/she remains in good standing in his/her training program as documented by satisfactory evaluations (semi-annually). If the trainee receives an unsatisfactory evaluation at any time, the appointment will be immediately terminated and may not be renewed for the remainder of the training program

Approval to moonlight (assume extra shifts) is granted through the end of the current academic year and must be requested for each subsequent year.

If a Resident or Fellow engages in professional activities outside of the training program, the hours devoted to that activity must be added to the training program work hours and must be reported on the Office for Graduate Medical Education work hours survey, and to the Chair and Program Director on any departmental work hours surveys. The trainee is responsible for reporting all moonlighting activity to the program director. The program director is responsible for monitoring the trainee's moonlighting (extra shift) activity and maintaining records of the activity in the trainee's departmental file. The total hours must comply with the number of hours a resident may work as detailed in the University's duty hour policy. Usual trainee duty hours plus moonlighting (extra shift) hours added together must not cause trainees to violate duty hour limits. (See Institutional Policy on Resident/Fellow Duty Hours.)

Residents/fellows must be supervised by a member of the attending staff at SMH and Highland Hospital for all Strong Health moonlighting (extra shift) activities. That attending physician will be the physician of record for all patients cared for by the moonlighting trainee. Supervision will be comparable to that required when residents/fellows engage in activities which are part of the

training program. The moonlighting (extra shift) activities may be under general supervision if the resident/fellow has been appropriately credentialed to perform the specific activities under general supervision; if not, the resident/fellow must be directly supervised by the attending physician.

Residents/fellows may moonlight (take on extra shifts) in their own or other Departments at SMH and HH. The employing Department is responsible for maintaining records that the trainee has been appropriately credentialed (see Policy on Credentialing for All Clinical Activities) and privileged to perform the relevant moonlighting activities under general supervision. The employing Department is also responsible for (extra shift) monitoring the status of the appointment through the Credentials & Privilege Review Office,

CATEGORIES OF MOONLIGHTING at Strong Health Facilities

Supervised Extra Work Shifts

Works **dependently** as credentialed, supervised by the attending of record. Payment is by extra compensation. Professional liability insurance provided by Strong Health covers these activities. May not bill for services. Requires privileges through the Credentials & Privilege Review Office.

Credentials & Privilege Review Office

Request for moonlighting (extra shift) privileges requires completion of packet, which includes:
Completion of *Non-Curricular Resident Activity Form* (including all signatures as required)
Copy of current valid New York State License to practice Medicine
Copy of Current CV
Completed Health Assessment Form
Signed SMH Statement of Assurances

Supervised Extra Work - (elective part of program)

Paid electives coordinated by the program result in additional annual stipend in an equal amount for all residents at the same level of training. This arrangement must be approved by the Graduate Medical Education Committee. No additional appointments are required, as this is part of the program. Professional liability insurance for residency training covers these activities. (If all residents in the program do not pursue the electives, then the experience must be done as above). May not bill for services.

MOONLIGHTING AND VISA ISSUES

Those training with a J-1 or H-1B visa are not eligible. Trainees must be a US citizen or have a permanent residency card.

Approved by GMEC 4/13/98
Updated by GMEC 2/12/01, 4/21/03
Updated by Medical Staff Office 0806

MOONLIGHTING INSTRUCTIONS:

Please Complete and Send to the Medical Staff Office the Forms on the Following 7 Pages:

1) **Strong Health Moonlighting (extra work shift) Request Form, p. 1 of 7**
2) **Strong Health System Credentials & Privilege Review, p. 2 and 3 of 7**
3) **DEA or DEA Statement. If you are using SMH's or HH's DEA number, submit the DEA Statement with the suffix #, otherwise a copy of your own DEA, p. 4 of 7**
4) **SMH SOA and/or HH SOA(Statement of Assurances), p. 5/ 6 of 7**
5) **Consent to Release of Information, p. 7 of 7**

Please Send to the Medical Staff Office the Following Additional Items:

1) **Your CV (curriculum vitae)**
2) **Health/PPD form**
3) **Your Delineation of Competencies listing**
4) **New York State License, a copy of the original license and original registration with expiration date**

STRONG HEALTH MOONLIGHTING (extra work shift) REQUEST FORM

I, ______________________________________, am requesting permission to moonlight.

I recognize the following:

1. My moonlighting activities cannot interfere with my regular training program responsibilities.
2. I must accurately report moonlighting hours in semiannual work hours surveys conducted by the Office of Graduate Medical Education.
3. My total work hours must be in accordance New York State Health Care Code, Section 405 and ACGME standards.
   - I cannot work more than eighty (80) hours per week (averaged over a one-month period). I understand that NYS further defines the weekly time limit to be a maximum of 84 hours.
   - I cannot work longer than 24 consecutive hours (plus 3 hours of transfer of care time).
   - I should have at least ten (10) hours of non-work time between shifts.
   - I must have one 24-hour period free from clinical duties each week.
4. I will inform my Program Director of my moonlighting shifts so that this activity may be monitored by my program.
5. I understand that professional liability insurance provided to me for my residency program duties will only cover moonlighting activities at Strong Memorial Hospital or Highland Hospital.
6. I possess a current unrestricted New York State medical or dental license.
7. I understand that if I do not have my own Federal DEA number that I can use the institutional DEA number assigned to the hospital at which I am moonlighting and use my assigned suffix.
8. For activities that will take place at Strong Memorial or Highland Hospital, I will secure Medical Staff privileges (at each hospital) before I begin any outside work.
9. I will not report any cases done during moonlighting on an ACGME case log system because I understand these cases to have been done outside of my standard training program.
10. I understand that approval to moonlight is granted through the end of the current academic year and must be requested for each subsequent year.

Failure to comply with the above may result in withdrawal of permission to moonlight or other disciplinary actions. I further understand that if I am placed on probation by the residency program, or if my program director is concerned that my clinical performance has been negatively affected I will no longer be allowed to moonlight.

I understand the number of hours that need to be reported to the program and will not knowingly put myself and my program in violation of the New York State Health Care Code, Section 405 or ACGME regulations.

____

Signature of Resident   Date

I have reviewed with the trainee his/her plans to moonlight. The planned activities will not violate the New York State Heath Care Code Section 405 and ACGME regulations, and I approve of this trainee's request. I will monitor and maintain records of these activities.

____

Signature of Program Director   Printed Name of Program Director   Date

c: Departmental File
Office for Graduate Medical Education
Credentialing Office (SMH, HH)

Strong Memorial Hospital/Highland Hospital System Credentials & Privilege Review

Non-curricular Graduate Assistant Staff Activity

APPLICANT

I,____ (please print name) am requesting privileges at:

☐Highland Hospital ☐ Strong Memorial Hospital ☐ Other_____________________ (please specify)

in the Department(s) of ____for the purpose of providing patient care as a dependent practitioner from ___/___/___ through ___/___/___. My Social Security Number is ______________________, my date of birth is ____________, and my New York State License number is ________________________. I am a citizen of ___________________.

Signature ____ Date ___________________

TRAINEE PROGRAM DIRECTOR

____ (applicant's name) is currently a ____-year ☐ resident ☐ fellow

in the ________________________ Training Program. I will be responsible for assuring that this trainee does not exceed New York State 405 code and ACGME regulations regarding work hours for trainees, and for notifying the Medical Staff Office if this trainee receives an unsatisfactory semi-annual evaluation. I have reviewed the attached Delineation of Competencies form(s) for the Department(s) of ______________________________ and verify that the above-named trainee is qualified and capable of assuming these privileges as a dependent practitioner.

Signature ____ Date ____________________
Program Director

EMPLOYING DEPARTMENT CHAIR

Signature ____ Date __________________
SMH Department Chair

Signature ____ Date __________________
HH Department Chair

CREDENTIALS AND PRIVILEGE REVIEW

Based on the above assurances from the applicant's Program Director, review by the Chief of Service employing the trainee, and upon review of the appointment information, in accordance with the Medical Staff Bylaws, the Chair of the Credentials Committee approves the request for non-curricular privileges:

☐with no objections noted
☐with restrictions as noted on page 2 of this form.

____ ____________________________
Director, Medical Staff Office Date

For Moonlighting Outside of Training Program:

____ ________________________

Chief Medical Officer / Designee Signature Date

1. Have any professional liability suits been filed against you that are currently pending in this or any other state? __ Yes __ No

2. Have any professional liability judgments and/or settlements been made against you or on your behalf? __ Yes __ No

3. Have you ever been the subject of a National Practitioner Data Bank adverse action report? __ Yes __ No

4. Has your employment, medical staff appointment, affiliation, or clinical privileges ever been voluntarily or involuntarily suspended, diminished, revoked, refused, or limited in any hospital or health care facility, including to avoid disciplinary action? __ Yes __ No

5. Has your license to practice your profession in any jurisdiction ever been limited, suspended, revoked, denied, or subject to probationary conditions? __ Yes __ No

6. Have you ever voluntarily or involuntarily relinquished your license to practice your profession in any state? __ Yes __ No

7. Have you ever been subject to disciplinary action proceedings by a state or professional body, e.g. OPMC? __ Yes __ No

8. Do you have any pending misconduct proceedings against you in this or any other state? __ Yes __ No

9. Have you ever been convicted of, or are you currently under investigation for a misdemeanor or felony in any jurisdiction? __ Yes __ No

10. Have you ever been cited for violation of patient rights as set forth by the NYS Department of Health or any other state department of health? __ Yes __ No

11. I attest that the information provided on this form is true and accurate. __ Yes __ No

12. I understand that any misrepresentation, misstatement, or omission from this form could result in the immediate rejection or revocation of this request. __ Yes __ No

13. I am currently able to perform the clinical privileges that I have requested. __ Yes __ No

14. I am not currently using any illegal drug, nor have I during the past two years. __ True __ False

____

____

______________________________ ______________

Signature of Applicant **Date**

* *

Restrictions from Credentials Committee:

____

Strong Memorial Hospital – Golisano Children's Hospital at Strong – Highland Hospital
The Highlands – Eastman Dental Center – Visiting

STATEMENT REGARDING DEA CERTIFICATION

I, ____ have applied for Medical Staff Membership and privileges. As stated on my application I do not have a DEA Certificate.

1. ( ) I applied for my own DEA certificate on ___/___/___.
   I will provide a copy to the Medical Staff Office upon receipt.

2. ( ) I have an institutional DEA ____________________ Suffix _____________________.

3. ( ) Please define how patients you treat will obtain prescriptions for controlled substances:
   ____.

4. ( ) I will not be pursuing my own DEA Certificate because ________________________
   ____.

5. ( ) Other ____

____ ____/____/____
Applicants Signature Date

STRONG MEMORIAL HOSPITAL

STATEMENT OF ASSURANCES - SMH

If my application for membership and privileges is approved, I agree to abide by the Bylaws of the Medical Staff, and the Rules, Regulations, and Policies of Strong Memorial Hospital, the University of Rochester, and of the Clinical Services(s) to which I am appointed. I agree to observe all the ethical standards of my profession, to provide continuous care and supervision of my patients, and to accept consultation assignments when appropriate. I agree to accept committee assignments.

I agree to subject my clinical performance to, and faithfully participate in Strong Memorial Hospital's Quality Assurance programs; and I agree to hold members of the Medical Staff and other authorized representatives of the Hospital engaged in these Quality Assurance activities free of all liability for their actions performed in good faith in connection therewith.

I agree that the care of my patients will support the teaching mission of the School of Medicine and Dentistry. I and my patients will cooperate in furthering the instruction of students. I understand that the exact methods by which this is done are under the control of the Chief of each Services.

I authorize the Chief of the Service of my appointment(s), any designated reviewing committee(s), and the Strong Memorial Hospital Medical Staff Office to contact any institution or individual who may have information material to this application. I release Hospital and its staff members from any liability for acts and written or oral statements made in good faith in connection with an evaluation of this application. I release from any liability all individuals and organizations who in good faith provide the Hospital information materials to this application. I agree to appear for interviews in regard to this application if requested to do so.

I accept the obligation of informing the Hospital should my professional liability insurance coverage be canceled or should lapse and further agree to indemnify and compensate the Hospital for any damages which it may incur because of my failure to so act.

I authorize the Hospital to release information concerning me to any other hospital or professional association to which I may make application. I agree that all agreements in connection with this application shall also be fully applicable in connection with reappointment, corrective action, hearings, and other reviews or appraisals as provided for in the Bylaws of the Medical Staff or in the Rules and Regulations of the Hospital.

I have provided complete information about any malpractice claims, professional disciplinary proceedings and actions, and felony criminal convictions, and authorize inquiry into those matters. Except as noted on page 1, I am not aware of any health impairment that would adversely affect my professional performance and judgment in the management of my patients.

I agree to exhaust internal review processes prior to seeking judicial review of any adverse determination regarding my Medical Staff Membership.

I certify all information in this application is true and complete and that any misstatement or omission constitutes cause for withdrawal of privileges.

______________________________ **DATE** ______________________

SIGNATURE

____

PLEASE PRINT NAME

HIGHLAND HOSPITAL

STATEMENT OF ASSURANCES - HH

I fully understand that any significant misstatement in or omission from this application constitutes cause for denial of appointment to the Medical Staff. All information by me in this application is true to the best of my knowledge and belief.

In making this application for appointment to the medical staff of this Hospital, I acknowledge that I have received and read the Medical Staff Bylaws including the Rules and Regulations for the department(s) to which I am applying, and I agree to be bound by the terms thereof without regard to whether or not I am granted membership or clinical privileges in all matters relating to the consideration of my application for appointment to the Medical Staff, and I further agree to abide by such Hospital and Staff rules and regulations as may be from time to time enacted.

By applying for appointment to the Medical Staff, I hereby signify my willingness to appear for interviews in regard to my application, authorize the Hospital, its Medical Staff, and their representatives to consult with administrators and members of medical staffs of other hospitals or institutions with which I have been associated, and with others who may have information bearing on my professional competence, character, and ethical qualifications.

I hereby further consent to the inspection by the Hospital, its Medical Staff, and its representatives of all records and documents, including medical records at other hospitals that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested, as well as my moral and ethical qualifications for staff membership.

I hereby release from liability all representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice in connection without malice in connection with evaluation of my application and my credentials and qualifications; and I hereby release from any liability any and all individuals and organizations who provide information to the Hospital, or its Medical Staff, in good faith without malice concerning my professional competence, ethics, character, and other qualifications for staff appointment and clinical privileges; and I hereby consent to the release of such information.

I hereby further authorize and consent to the release of information by this Hospital, or its Medical Staff, to other hospitals and medical associations on request regarding any information the Hospital and the Medical Staff may have concerning me as long as such release of information is done in good faith and without malice; and I hereby release from liability this Hospital and its staff for so doing.

I understand and agree that I, as an applicant for Medical staff membership, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

I believe that I am qualified to perform all procedures for which I have requested privileges. Furthermore, I realize that certification by a Board does not necessarily qualify me to perform certain procedures.

Name ____ **(*please print*)**

Signature ______________________________________ **Date** __________________

Strong Health Credentialing Verification Office

Consent to Release of Information

Please read carefully before signing

I, ______________________________,(name), have applied for appointment or reappointment (the "Application") to the Strong Health System entity/entities (the "Entity/ies") listed on my Application. I understand that the University of Rochester Medical Center, SMH Department of Credentials & Privilege Review (hereafter referred to as the "Strong Health Credentialing Office" or the "SH CVO") administers a centralized credentialing verification service on behalf of the member entities of the Strong Health System. I agree to the SH Entity/ies checked on my Application using SH CVO's centralized credentialing verification services to process my Application.

In connection with my Application, I consent to the SH CVO, the Entity/ies and all entities where I have privileges or have made application for privileges to report, release, and exchange information among themselves and with or to (a) the Secretary of the Department of Health and Human Services; (b) the Medical Board of the State of New York; or (c) any other person or entity required by law related to the following: (1) any payments made for my benefit under a policy of insurance, self-insurance, or otherwise in settlement or partial settlement of, or in satisfaction of a judgment in, a medical malpractice action or claim; (2) any professional review action or formal disciplinary procedure that adversely affects my clinical privileges, including the reduction, restriction, suspension, revocation, denial or failure to renew such privileges, for a period longer than 30 days for reasons relating to my professional competence or conduct; (3) any surrender of clinical privileges accepted by a healthcare entity relating to possible incompetence or improper professional conduct, or any surrender of clinical privileges accepted by a health care entity in return for not conducting such investigation or proceeding; (4) any professional review action of a professional society which adversely affects my membership in the society; (5) any surrender of my license(s) or censure, reprimand, or probation by the board of Medical Examiners of any state for reasons relating to my professional competence or professional conduct and (6) any other information which may be required by law.

I further consent to the SH CVO, the Entity/ies and their representatives to consult with administrators and members of the medical staffs of hospitals or institutions with whom I have been associated and with other entities or persons, including past and present malpractice carriers, who may have information bearing on my professional training, competence, character, mental and physical health status, and ethical qualifications. I also consent to the SH CVO, the Entity/ies and their representatives, inspecting all documents that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested, as well as my moral, mental health, and ethical qualifications for membership and/or participation. I hereby waive my right to review any physician references or other similar documents that may be requested and included in my credentials file.

I hereby release from liability all representatives of SH CVO, the Entity/ies and any other persons providing information for their acts performed in good faith, without malice and in reasonable belief that any information gathered, exchanged, or released is warranted by the facts known to them.

I understand and agree that this consent is irrevocable (a) for so long as I am an applicant for privileges at any of the Entity/ies or any entity affiliated with the Strong Health System which has an agreement with SH CVO to perform such entity's credentialing verification or, if later in time, (b) for as long as SH CVO or any Entity/ies may be under duty to report information regarding me pursuant to the Health Care Quality Improvement Act of 1986, Pub. I.99-660 or any other applicable law.

All information submitted by me in the Uniform Application Form ("Application") signed by me and dated ________________ is true to the best of my knowledge and belief. I fully understand that any misstatement in, or omission from, the Application may constitute cause for denial of appointment or reappointment, or cause for summary dismissal from the medical staff.

By applying for appointment or reappointment to the medical staff of any entity listed on the Application, I acknowledge that I have received and have the responsibility to read the medical staff bylaws and rules and regulations of each entity or panel of participants. I agree to be bound by the terms of such documents and all other applicable policies of such entities as may from time to time be in effect, if I am granted membership or clinical privileges. I agree to conduct my practice in accordance with the ethical principles of the American Medical Association or other applicable professional association, and I pledge to provide continuous care for my patients.

______________________________________ ______________________________

Applicant's Name (Please print) **Date**

Applicant's Signature ____

REQUEST FOR APPROVAL OF INDEPENDENT PRACTICE OUTSIDE OF TRAINING PROGRAM

This form requests approval for a trainee to provide patient care services in his/her board eligible/certified field outside of the duties and curriculum of their training program. The trainee must have a secondary appointment as an Instructor or above and must request and be granted privileges in the Medical Staff organization to practice **independently** in the board eligible/certified field of training. This clinical activity is covered by a separate contract and payment for services is by extra compensation. Professional liability insurance coverage can be obtained through the URMC's insurance program upon meeting the insurance eligibility criteria. The cost for this coverage will be paid by the Department or the Independent Practitioner. This trainee may bill for independent services through departmental billing operations.

Generally for trainees in "approved" programs, services must take place in a Strong Health outpatient or ED setting. Inpatient services at Highland Hospital may be allowed under specific circumstances. Given the complexity of the regulations, please contact the Compliance Office to discuss inpatient guidelines. The trainee must possess an unrestricted medical license and meet all other requirements of attending staff. Services provided must be clearly identifiable as duties performed outside of the training program. Beginning secondary appointments are initiated on the 500 form, subsequent reappointments are handled on the 510 form, with 211 forms used for extra compensation for these duties.

For trainees in "approved" programs, to be in compliance with New York State Health Code Section 405 and ACGME regulations, the hours devoted to this extra work must be added to all work hours related to the primary training program. These combined work hours must meet duty hour standards discussed in the GME manual – Institutional Oversight Monitoring of Resident/Fellow Duty Hours section.

The trainee may not independently bill for any activities that are part of their educational program.

Complete the form and follow the instructions on the next 2 pages.

I. To be completed by the trainee and the Program Director and submitted to the GME Office (Box 601) for approval. This form will subsequently be routed to the Compliance Office for approval.

Trainee Name:	
Name of Fellowship Program:	
Description of Independent Activities to be performed and department of clinical appointment sought:	
Location of Activities (for trainees in "approved" programs), only outpatient activities or ED services are allowed at SMH):	
<u>Billing arrangements</u>: • Will charges be submitted to 3rd party payors? • If Yes, whose name and billing number will be used?	Yes No Name:
Hours of Proposed Activities (actual hours must be reported to and approved by the program director):	

I acknowledge that these activities will be reported on GME work hours surveys and will not place the trainee or the institution in violation of the New York State Health Code Section 405.

	PRINT NAME	SIGNATURE		
Trainee:			Date:	
Program Director:			Date:	
GME Office:			Date:	
Compliance Office:			Date:	

Name of administrative person completing or submitting this form:	(please print name)

☐ This program is an <u>approved</u> GME program. ☐ This program is an <u>unapproved</u> GME program.

I. The trainee must meet with a representative of the Compliance Office before independent work can begin. Please call 275-1609 to schedule this appointment.

II. In conjunction with the submission of the application for Independent Practice, obtain the appropriate Faculty and Medical Staff appointments

- Faculty Appointment – Instructor
- Medical Staff Appointment – Details on credentialing can be found at:

  http://intranet.urmc.rochester.edu/depts/mso/Credentialing%20Packet.asp

III. Obtain Malpractice Insurance by completing the Request for Coverage Form (available from the Office of Counsel 275-2796); activities outside of training program require additional coverage.

IV. Complete third party payor applications for credentialing and billing numbers.

V. Coordinate billing capability with the SSO.

c: GME Office, Credentials & Privilege Review Office, Compliance Office, Dean's Office

Revised 2/24/06, 1/23/07

POLICY ON RESIDENT SUPERVISION

The following policy on resident supervision has been developed to conform to the New York State Health Code and Section MS.6.9/MS.6.9.1 of the Standards of the Joint Commission on Accreditation of Healthcare Organizations.

All residents must be supervised by a member of the Medical Staff or qualified attending physician. The attending physician must be in the hospital, or he/she must be immediately available by telephone and readily available in person (within 20-30 minutes) at all times.

All residents will consult with the attending physician regarding the assessment and treatment of a patient's illness. Treatment plans will be in accordance with the attending physician's recommendations.

When attending physicians are immediately available by telephone and readily available in person when needed, the onsite supervision of routine hospital care and procedures in the acute care specialties of anesthesiology, family practice, medicine, obstetrics, pediatrics, psychiatry and surgery may be carried out by postgraduate trainees who are in their final year of training, or who have completed at least three years of training in their program.

For non-acute care specialties, onsite supervision of routine hospital care and procedures may be performed by a resident who is not in the final year of training if the department has specifically credentialed that individual resident to work in that capacity and supervise other residents. The department must maintain written documentation of such credentialing for each resident who assumes such responsibility.

Attending physician supervision in surgery must be direct personal supervision of all surgical procedures requiring general anesthesia or an operating room procedure.

All supervision must be documented in the resident rotation schedules and by attending physician on-call schedules. Each department will have available at all times such schedules and will provide such to all interested parties.

Each training program may have additional supervision standards as dictated by their Residency Review Committees (ACGME) which may be more restrictive than these outlined above. If so, the more restrictive standards will be followed.

See also Policy on Order Writing Credentialing and Procedure Credentialing

Approved by GMEC 3/1/99
Updated by Associate Dean for GME 3/1/02

POLICY ON PROFESSIONAL MISCONDUCT

For purposes of this policy, professional misconduct is defined as any behavior that is defined as professional misconduct under New York Public Health and Education Laws**. Residents are held to the same standards of conduct as other physicians and dentists, whether or not they are licensed in New York State.** Professional misconduct includes but is not limited to the following:

- Obtaining a license fraudulently
- Practicing fraudulently, beyond authorized scope, with gross incompetence, with gross negligence on a particular occasion or negligence or incompetence on more than one occasion
- Practicing while impaired by alcohol, drugs, physical disability, or mental disability
- Being convicted of a crime under New York State law, Federal Law, or the law of another jurisdiction which would constitute a crime in New York State
- Accepting or performing professional responsibilities which the practitioner knows he/she is not competent to perform
- Delegating professional responsibilities to a person when the practitioner knows or has reason to know that such person is not qualified to perform them
- Refusing to provide professional services because of a person's race, creed, color, or ethnic origin
- Abandoning or neglecting a patient in need of immediate professional care
- Performing professional services which have not been authorized by the patient or his/her representative
- Willfully harassing, abusing, or intimidating a patient, either physically or verbally
- Altering or falsifying medical records in such a way that needed information for patient care is omitted or falsified

The Office of Professional Medical Conduct (OPMC) of the New York State Department of Health investigates professional misconduct by physicians.

The Office of Professional Discipline (OPD) of the New York State Education Department investigates professional misconduct by dentists.

While anyone may report possible professional misconduct by physicians or dentists to the appropriate New York State Office, Public Health Law requires that physicians report suspected cases of misconduct. Reporting to the hospital's peer review mechanism or reporting directly to the OPMC will satisfy this obligation.

A resident who is concerned about professional misconduct on the part of another health care provider, or anyone with concerns about professional misconduct on the part of a resident, is encouraged to report the concerns to the Department Chair or the Chief Medical Officer of SMH (Raymond Mayewski, M.D.). The Office of Counsel of the Medical Center will work with the department chair or Chief Medical Officer to investigate the concern.

If it is determined that misconduct has occurred on the part of a medical resident as described above, the ADGME will report such misconduct to the OPMC. In addition, the ADGME will report to the OPMC or the OPD, as appropriate, if any of the following occur:

1. The suspension, restriction, termination or curtailment of the training employment, association or professional privileges related in any way to:

   - Alleged mental or physical impairment
   - Incompetence
   - Malpractice
   - Misconduct
   - Impairment of patient welfare

2. The denial of certification of completion of training for reasons related to those listed in 1.
3. The voluntary or involuntary resignation or withdrawal of association, or of privileges, to avoid the imposition of disciplinary measures.
4. The receipt of information that indicates a resident has been convicted of a crime.

If termination of a resident has been made on the basis of professional misconduct, the required probationary period of three months will be waived and termination shall be immediate.

Approved by GMEC 3/1/99
Updated by GMEC 2/12/01

POLICY ON IMPAIRED RESIDENTS

Impairment is defined as "the inability to practice medicine with reasonable skill and safety due to physical or mental illness, loss of motor skills or abuse of drugs including alcohol" (American Medical Association). It is professional misconduct to practice medicine while impaired. New York State includes within the definition of professional misconduct the following: (1) practicing the profession while the ability to practice is impaired by alcohol, drugs, physical disability, or mental disability; and (2) being habitually drunk or being dependent on, or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects.

The University of Rochester recognizes that drug addiction, mental disability and alcoholism are illnesses. The University will take all reasonable steps to protect the confidentiality of the employee who seeks voluntary treatment or is referred for treatment by his/her supervisor subject to applicable legal constraints and the provisions of this policy.

The Committee on Physician's Health of the Medical Society of the State of New York (CPH) will provide confidential evaluation, treatment planning, and monitoring for physicians who voluntarily enroll. CPH generally does **not** report participating physicians to the Office of Professional Medical Conduct (OPMC) of the New York State Department of Health **unless** 1) on initial evaluation the physician is an imminent danger to the public, 2) the physician refuses to cooperate with CPH, or 3) the physician does not follow the treatment plan and/or does not respond to treatment.

Voluntary Self Referral for Drug/Alcohol Treatment in the Absence of Performance Issues
A resident who is concerned that he/she may have a problem with impairment may contact CPH directly (phone 518.436.4723; fax 518.436.7973; web www.cphny.org; email Terry@cphny.org) or may discuss the issue with a faculty member, the program director, the Department Chair or the Associate Dean for GME (ADGME).

If a resident brings a concern about his/her own potential impairment to the attention of any of these individuals, the individual so notified must notify at least one of the others, and at least two of these individuals must meet with the resident to determine an appropriate course of action. The meeting with resident must occur as soon as possible but within two business days.

For residents who require further voluntary evaluation and possibly treatment, the program director and/or Chair should notify the ADGME who will arrange for referral to CPH. A resident who has enrolled in a CPH approved treatment program may be permitted to return to work with agreement of CPH and in accordance with the "Return to Work Section" of this policy.

Referral for Drug/Alcohol Treatment by Others in the Context of Performance Related Concerns
When a resident is experiencing performance related problems or engaging in suspicious behavior, and impairment is suspected, the program shall have the right to require the resident to undergo further evaluation.

Suspicious behavior is defined as any instance in which another resident, faculty member, other hospital employee, patient or patient's family, or other person witnesses inappropriate behavior by a resident during the exercise of his/her professional duties. These incidents may include, but are not limited to, perceived problems with judgment, behavior, speech, emotional outbursts, depression, alcohol odor or other evidence of substance abuse.

Suspicious behavior may be reported to the resident's attending physician, residency program director, or Department Chair. Reports to the resident's attending physician should be brought to the attention of the residency program director or Department Chair. Upon receiving such a report, the residency program director and Department Chair should conduct an interview with the resident within 2 business days. If both the program director and Department Chair agree that the

report has no foundation and that there are no performance concerns with respect to the resident, no further action will be taken.

If the program director and Department Chair believe the report has foundation, they shall further evaluate the situation. At this point, the resident shall be provided the opportunity of enrolling in the Committee for Physician Health. If the resident refuses, the program director and Chair may require the resident to undergo further testing (psychiatric evaluation and/or drug or alcohol testing). If a decision to require testing is made, the program director or Department Chair should contact the ADGME to arrange for this testing. Results of the tests will be reported directly to the Department Chair.

The program director may allow the resident a personal leave (University Leave of Absence) or if necessary the program director may suspend the resident from clinical duties while the situation is investigated if it is felt that further training will put patients, the resident, or other hospital staff at risk. If a decision to suspend the resident during the investigation and evaluation period is made, this should be communicated in writing to the resident with a copy to the ADGME. A suspension or restriction of clinical privileges must be reported to the New York State Health Department. The Office of Counsel to the Medical Center (OCMC) must be contacted in such circumstances so it may make the appropriate report.

If, after evaluation, it is believed that the resident needs further evaluation to eliminate the concern, the matter will be referred to the ADGME. The resident will be offered the opportunity to voluntarily enroll with CPH, which will arrange for an intake evaluation. The ADGME will assist the resident in enrolling in CPH.

If, after evaluation, both the program director and Department Chair determine that the resident does not require treatment or rehabilitation, they shall address the resident's performance problems in accordance with departmental evaluation standards and related institutional policies (Evaluation Policy and Disciplinary Procedures and Appeals Policy).

Return to Work

If treatment or rehabilitation is recommended by CPH, and the resident enrolls in a CPH-approved treatment program, the resident will be required to waive his/her right to confidentiality to the extent that:

- the ADGME will be notified as to whether the proposed treatment plan limits the resident's ability to work, and if so, will be provided with a description of the limitations,
- the ADGME will be notified periodically whether the resident is participating in the treatment plan and whether treatment has been successful; and
- any other information needed by the ADGME to assess the resident's continued fitness to work.

Whether a resident will be allowed to return to work or complete his/her residency will be evaluated on a case-by-case basis, taking into consideration the recommendations of the treatment program, the limitations, if any, on the resident's ability to practice and expected duration of the limitations, whether reasonable accommodations can be made by the residency program, the circumstances that give rise to the initial report of potential impairment (i.e. whether any serious incidents or violations of law occurred), and whether patient and staff safety can be maintained.

Refusal to Cooperate

If a resident who self-reports potential impairment or is determined by his program director and Department Chair to require further evaluation refuses to enroll or remain enrolled with CPH, the ADGME will be obligated to report the resident to the OPMC. In addition, the ADGME may terminate the resident's clinical privileges and may terminate the resident from the residency program. The resident shall have the right to appeal the decision to terminate him/her from the

program pursuant to the appeal procedures set forth in the Resident Disciplinary Procedures and Appeals Policy.

Approved by GMEC 5/14/99

POLICY ON CREDENTIALING FOR ALL CLINICAL ACTIVITIES

The following policy on resident/fellow credentialing has been developed to conform to the New York State Health Code and Section MS.6.9/MS.6.9.1 of the Standards of the Joint Commission on Accreditation of Healthcare Organizations.

Credentialing

Each Program Director will delineate those activities that a resident in the program will be able to perform under general supervision. General supervision means that a supervising physician/dentist does not need to be physically present while the resident performs the clinical activity/procedure, provided the resident: (1) has permission from the physician/dentist to perform the clinical activity/procedure, and (2) has documented adequate training (i.e., has been credentialed) to perform the clinical activity/procedure. Each program will have a process in place to verify trainee competence prior to allowing him/her to perform activities under general supervision.

When a trainee has completed the credentialing process, the program director/coordinator will have a method to record a trainee's completing the credentialing process under general and direct supervision. This will be kept at the program level and transferred at intervals to the Medical Staff Office via an updated Delineation of Competencies form by individual.

Advanced Level Credentialing

Residents entering our programs at advanced levels who have been credentialed for clinical activities/procedures at another institution may be credentialed by the Program Director after reviewing the credentialing documents from the other institution if those materials are adequate. If the advanced resident has not been credentialed by another institution, the Program Director has the right to modify that resident/fellow's clinical activity and procedure credentialing process after reviewing the nature of that resident’s prior training and clinical experience. Though the manner in which the advanced resident is credentialed may be different than a resident entering at the first year level, it will still be necessary for the Program Director to maintain on file any internal or external documentation of the credentialing process for that resident, and to provide an updated Delineation of Competencies to the Medical Staff Office.

Updated by GMEC 2/12/01, 4/21/03

PROCEDURE FOR DELINQUENT MEDICAL RECORDS

The Strong Memorial Hospital Policy 6.1.1 (revised 11/06) states that:

> In the case of resident physicians, failure to complete delinquent aspects of the medical record within the communicated timeframe will result in the suspension of the privilege to participate in all clinical activities associated with their residency requirements. This time will be made up through the use of vacation time or through

continuing the residency beyond the scheduled completion date without payment of an additional stipend. Repeated delinquencies may result in further disciplinary action.

1. A patient's medical record is considered delinquent when:
   a) An operative report remains undictated greater than 24 hours after surgery
   b) A record remains incomplete for more than 15 days after being assigned to a practitioner, or
   c) A record remains incomplete for more than 30 days after discharge.

The attending providers will be contacted throughout the work week when operative reports are identified as incomplete. Providers will be expected to complete the operative report immediately after notification. If the operative report remains undictated the work day following the notification, **the attending provider will be suspended.**

When suspension of a resident or fellow occurs for failure to complete the record timely, the resident or fellow loses all clinical privileges and malpractice insurance at all affiliated hospitals and other training locations. Suspension time does not count towards training requirements. Lost time must be made up either with the use of vacation or at the end of the residency or fellowship with no additional stipend.

Suspension and restoration of privileges will be coordinated through the Office of the Chief Medical Officer for Strong Memorial Hospital. The Office for Graduate Medical Education, Department Chair and Program Director will be notified of all suspensions and reinstatements of residents.

Restoration of privileges will occur when the resident has completed the delinquent record (s).

Documentation of the suspension will become part of the resident's permanent institutional file.

Physicians will not have their privileges suspended for circumstances beyond their control; i.e., illness, vacation, inability of the Health Information Management Department to locate the record, or failure of the dictation or transcription system. Physicians must notify the Health Information Management Department in a timely manner regarding any vacation, illness, or leave of absence.

At Strong Memorial Hospital, records are available 24 hours a day, 7 days a week. Call ahead to make sure the record is in the Health Information Management Department. For incomplete records, call 275.5498; for research or review, call 275.2602

At Highland Hospital, the charts are available at all times. Official hours are 7:30 AM to 8:00 PM Monday through Friday and 9:00 AM – 1:00 PM on Saturdays. During the times that the department is not open, providers can obtain a key from the switchboard/communications office to get into the department. If a resident knows that the department will be closed when they want the chart, it is best to call ahead to 341.6766 and request to have the chart(s) pulled and ready for pick up.

Approved by GMEC 10/20/97
Updated and Approved by GMEC 7/13/98
Updated and Approved by GMEC 12/14/98
SMH Policy 6.1.1 updated 6/2002
SMH Policy 6.1.1 updated 3/2005
SMH Policy 6.1.1 updated 11/2006

PROBATIONARY STATUS OF A RESIDENCY PROGRAM

When a residency Review Committee (RRC) of the ACGME places a residency program on probation after an unsatisfactory site visit the following will occur:

1. A copy of the notification from the RRC will be sent to the Office for Graduate Medical Education and will be presented at the next scheduled meeting of the Graduate Medical Education Committee (GMEC). The Program Director should meet with the GMEC to discuss the issues involved.

2. If an appeal is lodged, a copy of the appeal materials will be sent to the Office for Graduate Medical Education and presented to the GMEC.

3. If, after the RRC has reviewed an appeal, the probationary status stands, the Program Director will develop and put into place a plan of correction. The Program Director will present the plan of correction to the GMEC.

4. The GMEC will monitor the progress of the correction plan by whatever means it deems appropriate and at whatever frequency seems desirable. In any case, review will take place before the next ACGME review of the program.

5. The GMEC will inform the Program Director in writing of its opinion of the progress of the correction plan, and make any suggestions for change to the Program Director. The Program Director will make available to the site visitors all such internal documents during the program's follow up ACGME site visit.

6. The Program Director will inform the program residents, the GMEC, and the Director of Residency Education of the outcome of the site visit in a timely fashion. The outcome of the follow up site visit will determine if further action needs to be taken.

7. The Program Director may decide to call in a consultant to assist the program in addressing the citations and aiding the program in preparing for the next site visit. The Program Director should correspond with hospital administration regarding the funding for a consultant.

CHANGING RESIDENCY PROGRAMS BY SMH RESIDENTS

1. It is recognized that residents may change their career plans during their residency. When such changes occur, we expect residents to honor the full year of commitment to their originally chosen residency program. In addition, as soon as a resident is very seriously considering changing training programs, he or she should notify the current Program Director so that the maximum possible lead time is allowed for that program's planning and recruitment.

2. Program Directors who have agreed to accept into their programs current residents in other SMH residencies should also respect the concept that commitments should be honored for the full year. Only if both the affected Program Directors agree should a different timetable be used.

3. Program Directors should not actively seek to recruit residents from other SMH programs to their residency. However, when there is reason to believe that there is mutual interest, exploratory contact may be appropriate. Residents considering a career change should feel free to obtain advice and counsel from any faculty member. If and when such discussions move to consideration of action regarding career change, early notification of the current

Program Director is strongly recommended; preferably, both the involved resident, AND the discussant/confidante/advisor should contact the home Program Director. Any SMH program Director considering acceptance of a transferring resident from another SMH program should inform the home Program Director in a timely fashion, irrespective of when the proposed change is to take place. All reasonable efforts should be made to honor prior commitments fully. All discussions and communications beyond the exploratory stage should be documented, including written approval between the two Program Directors if a transfer is made. If agreement cannot be reached between the two Program Directors, an ad hoc committee of two Program Directors and one resident will be formed to decide the issue.

RESIDENCY PROGRAM CLOSURE AND REDUCTION POLICY

The closure of a program or a change in the size of the program are potential occurrences in today's academic environment. The institution will give as much notice as possible to the residents of any anticipated changes.

Residents who have been appointed in a program are not at risk for losing their positions; all residents will be allowed to complete their programs. In the event that alterations are made to program size, only the number of future positions to be offered will be changed.

In the event that a program is closed, the program must allow residents already in the program to complete their education or assist the residents in enrolling in an ACGME or CODA accredited program in which they can continue their education.

Approved by GMEC 7/13/98
Updated by GMEC 3/13/00
Updated by 3/12/01

RESTRICTIVE COVENENTS

Neither the University of Rochester nor its programs require residents to sign a non-competition guarantee.

HEALTH STATUS VERIFICATION REQUIREMENTS

The New York State Health Code (405.3) requires hospitals to verify the health status of all hospital personnel who have contact with patients on an annual basis. Information can be found on the on the GME web site, information for trainees, new hire checklist, mandatory health requirements and then clicking on the link to the forms on the University Health Service web site.

- Summary of Requirements for Informing Residents and Fellows
- Drug Testing Questions and answers
- Respirator Medical Evaluation Questionnaire
- Respirator Fit-Testing and Training
- Preplacement Health Assessment

For returning residents, there is an annual health status reassessment (update) which includes a review of health history and immunizations, and placement and reading of PPD.

OSHA also requires that the Hepatitis B series be offered to all hospital employees. These vaccinations will be given free of charge; those who decline must so document in writing.

SUSPENSION FOR RESIDENTS WHO ARE NOT IN COMPLIANCE:

- New residents who have not complied with the New York State requirements within 60 days after their start date will be suspended until the requirements have been fulfilled.
  - Appointment to Strong Memorial Hospital is contingent upon successful completion of a drug and alcohol screening. This screen must be scheduled at least 7 working days before work starts.

- Returning residents required to comply with the annual update will have until December 31st of the calendar year to be in compliance or will be suspended until the requirements have been fulfilled.

Reviewed by UHS/OH 1/21/99; Approved by GMEC 2/1/99; Updated by GMEC on 3/1/99; UHS update 3/11/05

INFECTION CONTROL GUIDELINES
For University of Rochester Residents & Fellows

Prepared by University of Rochester, University Health Service, Occupational Health Office, phone 275-1164

Exposure Management for Blood/Body Fluid Exposure:

- Wash/irrigate affected area
- Intact skin: wash with soap & water
- Non-intact skin, needlestick or cut: wash with soap & water
- Mouth: rinse well with water
- Eyes: rinse with sterile water, saline or tap water

Reporting exposures to University Health Service (UHS), Exposure Hotline, 275-1164

Universal Precautions

Universal precautions apply to all exposures to blood, body fluids, tissues and secretions

✓ **HAND HYGIENE: WASH** hands before and after each contact with patients.
- **Wash with alcohol-based hand gel when hands not visibly soiled**
- **Wash with soap and water when hands visibly soiled**

✓ **GLOVES** are required for all anticipated contact with human blood, body fluids, or mucous membranes. **Double glove** for surgical procedures.

✓ **CHANGE GLOVES** and wash your hands after each procedure and before contact with another patient.

✓ **WEAR MASK and GOGGLES** when blood or body fluids would potentially splash into your face.

✓ **WEAR WATERPROOF GOWN** when blood or body fluids may soak through a cloth gown.

✓ **YOU ARE RESPONSIBLE** for properly disposing of any sharps or infectious materials you have used in designated containers.

Potential for Blood Borne Pathogen Transmission

✓ Human blood and blood products

✓ Semen and vaginal secretions

✓ Cerebrospinal fluid (CSF), synovial fluid, peritoneal fluid, pericardial fluid, amniotic fluid

✓ Saliva in dental procedures (assume blood contamination)

✓ Any body fluid **visibly** contaminated with blood

✓ Any unfixed human tissue or organ

✓ HIV-containing cell, tissue, or organ cultures or solutions, and blood, organs, or other tissues from experimental animals infected with HIV or hepatitis B virus (HBV)

Saliva, urine, stool, vomitus, tears, sweat, breast milk and respiratory secretions are **not considered a risk** unless visibly contaminated with blood

REPORTING EXPOSURES

Call UHS Occupational Health Exposure Hotline at 275-1164 ASAP including nights/weekends/holidays

Leave the following information on voicemail when prompted:

- ✓ Your name & social security number
- ✓ Phone number
- ✓ Hospital where exposure occurred & name of source patient
- ✓ Date of exposure
- ✓ Type of exposure (ex: needlestick, scalpel cut, splash in eyes, etc.)

Weekdays**: The UHS Occupational Health Nurses (Bonnie Smith & Susan Antenozzi) will give you further instructions for follow-up care. The OH Nurse is available Monday-Friday, 8:00 AM to 5:00 PM.**

Nights/weekends/holidays**: Voicemail will give you further instructions. A UHS on-call physician is available for consultation and coordination of ongoing treatment as needed.**

EXPOSURE AT SMH

See Reporting Exposures

You MUST **complete a University of Rochester Employee Incident Report and notify your Residency Program Director/Chair within 24 hours of the incident. This form is available at:** http://www.safety.rochester.edu/SMH115.html **to insure payment for services**

EXPOSURE AT AFFILIATED SITES

Report the exposure to the hospital's employee health office and the infection control office at the institution where the incident occurred**. Treatment and counseling can be done at the affiliated site. However, ASAP, you must report details of the exposure to University Health Service exposure hotline, (275-1164) to coordinate proper follow-up.**

Even though this occurred off site you must also report the incident by completing the U of R Employee Incident Report at:

http://www.safety.rochester.edu/SMH115.html **to insure payment for services**

Employee Health at Local Hospitals:

Highland Hospital

Employee Health: 341-8017

After hours: contact nurse supervisor

Monroe Community Hospital

Employee Health: 760-6208

After hours: contact nurse supervisor

Rochester General Hospital

Employee Health: 338-4026

After hours: contact nurse supervisor

Unity Health System

Employee Health: 723-7880

After hours: contact nurse supervisor

OTHER INFECTIOUS DISEASES

If you think you have been **exposed** to contagious diseases such as below, please contact the UHS Occupational Health Nurse for follow-up investigation:

- **Chickenpox/zoster**
- **Meningococcal disease**
- **Pertussis**
- **Scabies**
- **Tuberculosis**

If you are ill, there are contagious diseases that may limit your contact with patients. Please contact the UHS Occupational Health Exposure Hotline at 275-1164 about the advisability of working with patients. Examples below:

- **Chickenpox or shingles**
- **Conjunctivitis**
- **Diarrheal illness**
- **Measles**
- **Skin infections**
- **Upper respiratory illness with fever**

For Tuberculosis: N95 respirator masks are required to be worn for potential tuberculosis exposures

Links:

SMH INFECTION CONTROL MANUAL:
http://intranet.urmc.rochester.edu/InfControl/index.htm

CENTER FOR DISEASE CONTROL:
http://www.cdc/gov

INCIDENT REPORTING (Environmental Health & Safety and Worker's Compensation)

- When a work-related incident, injury, or illness occurs, please document the event via one of the following two options:

  Complete a report on the incident on-line at http://www.safety.rochester.edu/SMH115.html

  Be prepared to provide the following information:

  - Employee name/social security number/employee ID #
  - Date of accident/location where accident occurred
  - Time employee began work and the time the injury occurred
  - Excluding the date of incident, provide the dates the employee will be absent from work due to this injury/illness (estimate if unknown)
  - Typical work schedule for injured employee
  - Information regarding injury/exposure; nature of injury and body part affected, what employee was doing when injured, how did the incident occur, what the object or substance was that directly injured employee; what corrective action was taken
  - The type and brand of sharp (needle/blade) involved in a contaminated sharp injury (an OSHA requirement)
  - Was medical care provided to the injured employee? If yes, when, and the name and address of doctor and/or hospital
  - Date the supervisor/employer was first notified of incident

Additional questions regarding procedures may be directed to the Workers' Compensation Office at 275-7250 or visit the web site http://www.safety.rochester.edu/workcomp/workcomp.html

INFORMED CONSENT FOR BLOOD TRANSFUSION

Strong Memorial Hospital
Information Sheet for Providers

SMH Hospital Policy requires written informed consent for blood transfusion.

1. **Benefits**: Blood or components are administered to improve oxygen carrying capacity, correct a bleeding disorder due to platelet or plasma factor defect or deficit.
2. **Risks**: No transfusion can ever be 100% safe, even though testing makes the risk of infectious complication very low. Approximate risk per unit given:

Complication	**Risk**
Virus	
HIV	1:1,900,000
HTLV-I and –II	1:641,000
Hepatitis A virus	1:1,000,000
Hepatitis B	1:63,000
Hepatitis C	1:1,600,000
Parasites	
Babesia and Malaria	<1:1,000,000
Trypanosoma cruzi (Chagas' Disease)	1:42,000
Bacteria	
RBC's	1:1,000
Platelets	1:2,000
Acute hemolytic reaction	1:25,000
Delayed hemolytic reaction	1:2,500
Transfusion related acute lung disease (TRALI)	1:10,000
Anaphylaxis	1:150,000
Graft vs. Host Disease	Very rare

Approximately 1:100-200 transfusions results in hives, rash, fever or chills. Other adverse effects such as increased post-operative infection or increased incidence of tumor recurrence have been associated with blood transfusions.

3. Alternatives to Homologous Transfusion:

a. No transfusion - This may have life-threatening consequences.
b. Autologous Donation - Advance planning. Medical conditions may preclude.
c. Blood Salvage - Precluded when infection and/or tumor are present.
d. Intra-op Hemodilution - Blood collected immediately pre-op, given as needed.
e. Designated Donor - Blood from donor of patient's choice. Advance planning. Not necessarily safer than community supply. Extra charge. Women must not receive blood from potential or actual fathers of their children.
f. For b. through e. above, additional blood may be required.

4. **Document**: Once per course of therapy, SMH 419 or SMH 821
5. **Additional questions**: Call the Blood Bank, x52251.

Rev. 8/02

UNIVERSITY LEAVE OF ABSENCE / ANY LEAVE OF ABSENCE FOR PERSONAL REASONS, OTHER THAN FMLA

Use the form following this explanation to record ANY time out of your program (other than vacation) except for FMLA.

A leave of absence, which is defined as an excused absence without pay, is a privilege that may be granted to SMH residents at the discretion of the program director.

Absences due to illness are covered under the Sick Leave Plan for Short-Term Disability. The program coordinator will go to the Leave Administration web site, www.rochester.edu/working/hr/leave/ and choose "How to Report: A Short Term Disability", complete the requested information and then press submit to notify Disability Management Alternatives (DMA).

Dependent care and Paternity Leave is covered under the Family and Medical Leave Act.

Guidelines

A. Reasons for a Leave of Absence
   - A leave of absence may be granted for personal reasons.

B. Length of Leave
   - A leave of absence may be granted for up to 12 months. Leaves granted for less than 12 months may be extended, if requested prior to expiration, for up to a total absence of 12 months. A Short-Term Leave of Absence may be granted for up to 30 working days (maximum of six weeks) in a calendar year.

C. Benefits during a paid portion of a 30-day leave will continue, subject to any payroll deductions.

D. Benefits during unpaid portion of leave

   1. Hospital paid health insurance and Dental Assistance premiums will be continued. Resident contributions to the health insurance premium will continue to be the resident's responsibility while on Leave of Absence.

   2. University paid Basic Life Insurance will be continued. Optional Life Insurance will also be continued unless the house officer signs a form canceling this portion of the coverage. Individuals who do not cancel Optional Life Insurance during a leave will be billed for their normal share of the premium.

   3. Full and Limited Long Term Disability (LTD) Insurance is suspended during a leave unless an individual is on leave for full-time study for an advanced degree or for active work in education or research. Residents on leave for these purposes who choose to continue Full LTD will be billed for their normal share of the premium.

   4. Tuition benefits for the resident are suspended unless he/she has a tuition waiver or reimbursement for a course in progress approved before the effective date of the leave.

E. Return from Leave

   A resident on leave is assured of their position at the conclusion of the leave. The resident must keep the program apprised of his/her plans periodically, and in a timely fashion so as not to interfere with the scheduling of rotation assignments. When a date of return is known, the

resident must notify the Program Director to confirm arrangements for return to active status. Required length of notice may vary widely by program and it is the responsibility of the resident to provide notice in accordance with individual program requirements. A minimum notice of one month is desirable and is requested if feasible. A resident's failure to return from a leave will result in termination of employment.

F. It is up to the individual programs to determine if any portion of an extended leave of absence must be made up, either in accordance with the Special Requirements of that discipline or at the program director's discretion. Should the resident be required to make up all or part of a leave, he/she will continue to be paid by the program at the salary level commensurate with the appointment and job description.

Procedures

A. The resident will present to the Program Director in writing a formal request for a leave of absence no less than thirty (30) days prior to the beginning date of the leave. In the case of an emergency, this time period may be waived. This request will include reason for leave, dates of leave, and expected return date.

B. The Program Director, acting for the Department/training program, will decide and notify the resident in writing as to whether or not the request has been approved.

C. The Program Director and resident will work out any coverage issues while the resident is on leave.

D. Complete the request form and return to the GME Office. Keep a copy of the form. If a return to work date is unknown initially, please let Jean Boedecker know what that date will be as soon as you do know.

E. Please complete the GME Resident/Fellow Request Form for a Leave of Absence and forward to the GME Office. GME will send to the Leave Administration Office for final review. Return to Jean Boedecker, who will then sign off and send to the Leave Administration Office, who will notify the resident/fellow of the approved dates of the leave and change their status in HRMS. No 610 forms are necessary.

F. Residents are not required to exhaust their vacation allocation prior to taking a Family Medical Leave or a University leave.

G. When a resident/fellow is returning from short-term disability, go to http://www.rochester.edu/working/hr/leave/rtw/sd_rtw.php and complete the form.

H. When a resident/fellow is returning from a leave of absence (not a disability), go to http://www.rochester.edu/working/hr/leave/rtw/leave_rtw.php.

I. **Please alert the GME Office as to the start/end dates so that the PERC assistants, Jim Bowman and Pat Picard, will know when to stop/start pay. No 610 forms are needed.**

J. If the University LOA is for less than 30 days, then the GME Office will just keep a copy in the individual's GME file of the University LOA form and alert the PERC assistants, Jim Bowman and Pat Picard to turn off pay for the stated time period.

5/98, revised 2/00, 8/05,3/06,3/07

GME RESIDENT/FELLOW REQUEST FORM FOR ANY TYPE OF LEAVE OF ABSENCE

(OTHER THAN FMLA)

<table>
<tr><td>Name</td><td></td></tr>
<tr><td>Program name</td><td></td></tr>
<tr><td>University LOA start date</td><td></td></tr>
<tr><td>University LOA return to work date</td><td></td></tr>
<tr><td>Reason for leave</td><td></td></tr>
<tr><td>If extension of leave, date original leave began</td><td></td></tr>
<tr><td>New expected return date</td><td></td></tr>
<tr><td>Reason for extension</td><td></td></tr>
<tr><td colspan="2">I have read and understand the directions and general conditions of taking a leave. If my request is approved, I will contact the Benefits Office (X52084) regarding continuation of my benefits. The Leave Administration Office will contact the trainee regarding medical certification (if appropriate) to document the reason for the leave.</td></tr>
<tr><td>Signature</td><td></td></tr>
<tr><td>Printed name</td><td></td></tr>
<tr><td>Date</td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="2" align="center">Program Director Section</td></tr>
<tr><td colspan="2">If the leave of absence is due to the resident's personal medical condition, medical certification must be submitted to the Leave Administration Office, PO Box 270025</td></tr>
<tr><td>Comments</td><td></td></tr>
<tr><td>Program Director signature</td><td></td></tr>
<tr><td>Date</td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="2" align="center">GME Office Section</td></tr>
<tr><td colspan="2">Send this form to the GME Office. The GME Office will forward this form to the Leave Administration Office.</td></tr>
<tr><td>Administrative Director for GME signature</td><td></td></tr>
<tr><td>Date</td><td></td></tr>
</table>

FAMILY MEDICAL LEAVE

University of Rochester Request for Leave of Absence and Extension of Leave form can be found at http://www.rochester.edu/working/hr/leave. You can also Ctrl/click on the link above.

AFTER SIGNATURES, SEND THIS FORM TO THE GME OFFICE. (No 610 form is necessary.)

A. Reasons for a Leave of Absence

The Leave must be for the birth, adoption or placement of a child; to care for a spouse, child or parent who has a serious health condition. In the latter case, short-term disabilities (work related or non-work related) count towards the annual 12 week entitlement (see also University Policy 339).

B. Length of Leave

Maximum length of leave under the Family Medical Leave Act is 12 weeks (FMLA portion is unpaid). (Any length of disability is included in the 12 weeks of FMLA.)

C. Eligibility

1250 hours worked at the University in the previous 12 months PLUS one year of University service.

- The resident must provide 30 days advance notice when the leave is foreseeable.
- Medical certification may be required for leaves due to a serious health condition, and may be required upon a resident's return to work if the leave is because of the resident's medical condition.

Any length of disability is included in the 12 weeks of FMLA. For example, if a woman is approved for 6 weeks maternity disability, she can apply for FMLA to extend her leave an additional 6 weeks to a total of 12 weeks. A leave granted under FMLA may be extended up to a maximum of 12 weeks or may be extended and converted to a short-term leave (30 working days) or University Leave of Absence up to 12 months, for eligible residents.

D. Benefits during a paid portion of FMLA will continue, subject to any payroll deductions.

E. Benefits during unpaid portion of leave

1. University Health Care and Dental Plans will be continued. Resident and fellow contributions for either the Health Care or Dental Plans premium will continue to be the responsibility of the resident or fellow while on Leave of Absence.

2. University paid Basic Life Insurance will be continued. Optional Life Insurance will also be continued unless the house officer signs a form canceling this portion of the coverage. Individuals who do not cancel Optional Life Insurance during a leave will be billed for their normal share of the premium.

3. Full and Limited Long Term Disability (LTD) Insurance is suspended during a leave unless an individual is on leave for full-time study for an advanced degree or for active work in education or research. Residents on leave for these purposes who choose to continue Full LTD will be billed for their normal share of the premium.

4. Tuition benefits for the resident are suspended unless he/she has a tuition waiver or reimbursement for a course in progress approved before the effective date of the leave.

F. Return from Leave

A resident on leave is assured of their position at the conclusion of the leave. The resident must keep the program apprised of his/her plans periodically, and in a timely fashion so as not to interfere with the scheduling of rotation assignments. When a date of return is known, the resident must notify the Program Director to confirm arrangements for return to active status. Required length of notice may vary widely by program and it is the responsibility of the resident to provide notice in accordance with individual program requirements. A minimum notice of one month is desirable and is requested if feasible. A resident's failure to return from a leave will result in termination of employment. **CALL THE GME OFFICE IF THE EXPECTED DATE OF RETURN IS DIFFERENT FROM THE DATE ENTERED ON THE FORM SUBMITTED.**

G. It is up to the individual programs to determine if any portion of an extended leave of absence must be made up, either in accordance with the Special Requirements of that discipline or at the program director's discretion. Should the resident be required to make up all or part of a leave, he/she will continue to be paid by the program at the salary level commensurate with the appointment and job description.

Procedures

A. The resident will present to the Program Director in writing a formal request for a leave of absence no less than thirty (30) days prior to the beginning date of the leave. In the case of an emergency, this time period may be waived.

B. The Program Director, acting for the Department/training program, will decide and notify the resident in writing as to whether or not the request has been approved.

C. The Program Director and resident will work out any coverage issues while the resident is on leave.

D. The resident or fellow and his/her program director will complete the form at http://www.rochester.edu/working/hr/leave. Send to the GME Office. Jean Boedecker will send a copy of the form to the Leave Administration Office, who will notify the resident/fellow and the department of the approved dates of the leave. No 610 form is needed.

E. THE FMLA FORM MUST BE SENT TO THE GME OFFICE. The GME Office will then notify the PERC salaried assistants, Jim Bowman and Pat Picard regarding the FMLA so that pay will be stopped for the FMLA period.

F. Residents and fellows are not required to exhaust their vacation allocation prior to taking a Family Medical Leave or a University leave.

G. Upon return to work from FMLA, go to the Leave Administration web page, www.rochester.edu/working/hr/leave and submit a "Return to Work from Leave of Absence" report. The GME Office will notify Jim Bowman and Pat Picard to start pay. No 610 form is needed.

5/98; rev. 2/00, 3/06, 3/07

APPOINTMENT OF NEW HIRES

New hire appointments require the following documents:

1. Completed 600 form
2. **Valid** ECFMG certificate, as applicable
3. Complete copy of application package (ERAS or other version) along with recommendation letters from 3 physicians that he/she has recently worked with.
4. A transfer sheet, if the incoming trainee is coming from a non-UR institution and transferring (not entering) into your program. This would include the chronological timeline, letter from the most recent program director verifying previous educational experiences and a statement regarding performance evaluation.

Each of these documents should be verified by the residency program office prior to sending any letters of offer to applicants. The University will not honor commitments made by programs who have not followed the procedure as outlined above.

The GME Office will verify all entries on the chronological timeline. See employment eligibility verification under GME Policies and Procedures.

INTERNAL REVIEWS FOR RESIDENCIES AND FELLOWSHIPS

The Internal Review is a process to comply with the ACGME Institutional Requirement, stating that the Graduate Medical Education Committee (GMEC) is responsible for regular review of all ACGME-accredited programs, including subspecialty programs. These reviews are to assess the program's compliance with both the Institutional Requirements and the Program Requirements of the relevant ACGME Residency Review Committees.

The Office for Graduate Medical Education will coordinate the scheduling of these Internal Reviews. The Review *must* be conducted and should be held mid-way between External ACGME Reviews. The Review Committee must include Faculty, Residents, and Administrators from within the Institution but from programs other than the one being reviewed. The Associate Dean for Graduate Medical Education will assign a Residency or Fellowship Program Director to chair the Internal Review Committee. The Chair is required to bring a Resident/Fellow from his/her Program to be a member of the Committee. The Associate Dean for Graduate Medical Education will appoint additional individuals to participate as members of the Committee as appropriate.

The Program will be asked to prepare documentation that follows a written protocol approved by the GME Committee. An Instruction Guide has been prepared to facilitate the process and is available on the GME web site http://www.urmc.rochester.edu/smd/gme/directors/documents.cfm (Program Directors and Coordinators/Important Documents). *Five copies of the completed internal review document must be returned to the GME Office at least two weeks before the review.*

A guide has also been prepared for the Chair of the Review Committee. This guide can also be found on the GME web site under Information for Program Directors / Coordinators. The Review Committee will assess Residency Program's compliance with published ACGME Program requirements. Focus will be placed on how the Program has addressed citations from both RRC letters and previous Internal Reviews. The program's educational objectives, its effectiveness in meeting these objectives and the educational and financial resources available will also be evaluated. The Committee will examine the program's use of dependable measures to assess Resident competency in key areas as defined by the ACGME program requirements. Attention will also be paid to assessing the effectiveness of the Program in implementing a process linking educational outcomes with Program improvement.

The Materials and Data for the Internal Review Committee to review must include the following:

- ACGME institutional, common, and program specific requirements
- Previous ACGME / RRC Letters of Accreditation
- Report from the previous Internal Review Committee
- Information submitted by the program per the institution's internal review manual
- Program policies regarding trainee selection, appoint/reappointment, promotion, dismissal, supervision, work hours, moonlighting, and evaluation
- Competency assessment; a listing of instruction and assessment methods used for each of the competencies
- Outcomes improvement; a description of the process used by the program to link educational outcomes with program improvement
- Privileging; a description of the process to determine the level of resident/fellow supervision needed for various patient conditions/procedures and how they are privileged to provide care under general or direct supervision
- Affiliation agreements; a current copy of any agreements with training sites outside of Strong Memorial Hospital should a program's residents/fellows spending time at a non-SMH facility
- ACGME Business Associate Agreements as required by HIPAA for all health care entities where residents/fellows have access to protected health information.
- The results summary of the resident survey from The GME Toolkit. This applies to core programs with five or more trainees.

The Internal Review Committee must conduct interviews in the program and other individuals whose input would be helpful to the review as deemed appropriate by the Committee.

While assessing the Residency Program's compliance with each of the ACGME Program Requirements, the Review should also appraise the following:

- Documented evidence of a curriculum with goals and objectives.
- The effectiveness of the Program in meeting its objectives.
- Evidence of developing and using dependable measures to assess a Resident's competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal communication skills, professionalism, and systems-based practice as defined in the Institutional and Program Requirements.
- The effectiveness of the Program in implementing a process that links educational outcomes with program improvement.
- The adequacy of available educational and financial resources to support the program.
- The effectiveness of the Program in addressing citations from previous ACGME letters of accreditation and previous Internal Reviews.
- If applicable, the summarized results of the resident survey from The GME Toolkit.

At the completion of the Review, the GME Office will generate a report and the Chair of the Review or the Associate Dean of GME will submit a written report of the Committee's findings to the GME Committee at one of its monthly meetings. The report will include sufficient documentation or discussion of the Specialty's or Subspecialty's Program Requirements to demonstrate that a comprehensive review was conducted. A copy of the final Review report will be sent to the Program Director, the Department Chair, the Senior Associate Dean for Medical Education, and the Dean of the School of Medicine and Dentistry.

The Chair of the Internal Review Committee or the Associate Dean for Graduate Medical Education will present the review committee's findings to the GMEC at its next scheduled meeting. The GME Committee will request Program Directors to provide, at 3, 6, 9 or 12 month intervals, updates to the GMEC regarding areas identified as requiring improvement. A progress report will

be submitted to the GMEC for review at the identified interval and a determination made regarding further follow up. (See reporting grid.)

Revised 1/30/02, 2/3/02, 3/18/03, 1/04

Response to the Internal Review Letter of Report
(reporting grid)

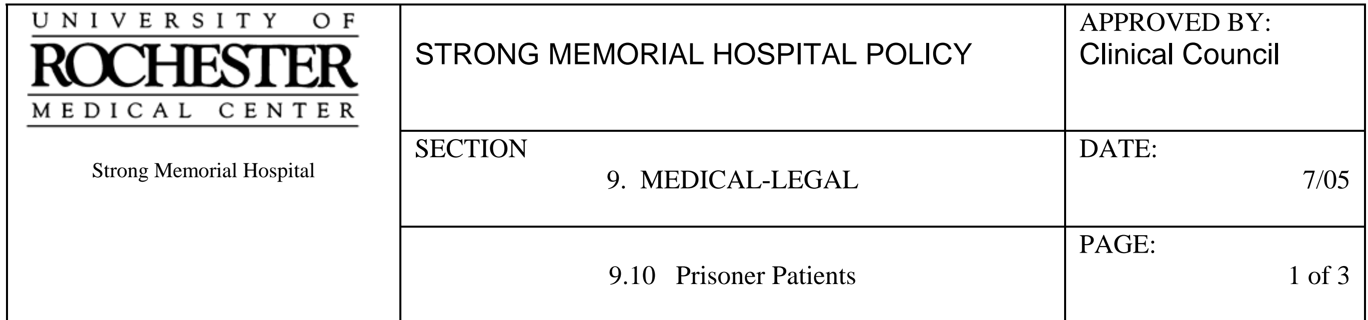
Current Date:	

Program Name:	
Date of last internal review:	
Anticipated date of next ACGME review:	

After initial response regarding your internal review to GMEC, you will report the current state to GMEC after 3, 6, 9, or 12 (TBD) months. Your report will then be one part of your quality indicator report in the year the current state was reported.

Recommendations As Listed in the Internal Review Report	Program Initial Response	Current State Report to GMEC on xx/xx/xxxx
1.		
2.		
3.		

PATIENT PRISONER POPULATION



UNIVERSITY OF ROCHESTER MEDICAL CENTER Strong Memorial Hospital	STRONG MEMORIAL HOSPITAL POLICY	APPROVED BY: Clinical Council
	SECTION 9. MEDICAL-LEGAL	DATE: 7/05
	9.10 Prisoner Patients	PAGE: 1 of 3

Policy:

The hospital provides care for patients who are under arrest, in the process of being arrested, or residents of a correctional facility, but is not responsible for guarding such patients. Law enforcement agencies, correctional facilities and their officers and staff guard the prisoners and are referred to as forensic agencies or staff in this document. The forensic agency must develop a security plan for all prisoner patients. The plan must include the guarding procedure, implementation of the plan, and communication of the plan to the clinical staff. Hospital staff must cooperate with restrictions provided they do not compromise the patient's care or that of other patients. Key aspects of the security plan are to be documented on SMH Form 877, Inpatient Prisoner Patient Security Plan Checklist. SMH staff initiate the checklist upon patient admission.

Prisoner patients who are on medical leave of absence (LOA) may not require a security plan. However, the forensic agency must communicate the patient prisoner's medical LOA status to the hospital along with any special considerations.

Prisoner disappearances must be reported immediately to UR Security Services (x13).

General Description:

Administrative Issues:

1. In order to plan for special needs, the hospital and its staff must be notified of a patient's status as a prisoner. This status must be communicated to the hospital by the forensic agency.

2. The Emergency Department is responsible for notifying Security Services when they are treating a prisoner. If the prisoner is admitted, ED must also notify Admitting.

3. The Admitting Office is responsible for notifying Security Services of the admission of prisoners.

4. Prisoners in ED may not have visitors. Exception may be considered only under special circumstances and after collaboration and agreement among the healthcare team, the forensic agency and Security Services.

5. Prisoners will not be placed in a semiprivate room with a private citizen. Two prisoners may share a semi private room. The responsible forensic agency must evaluate the appropriateness of such an arrangement. (For example, sentenced and nonsentenced prisoners or state and county prisoners cannot share a room. Similarly, a prisoner may not share a room with another prisoner on their enemy list.)

6. Prisoners may require restrictions regarding information, mail, visitors, meals, etc. The restrictions are part of the security plan and should be discussed and agreed upon by the forensic agency and the clinical team. The forensic staff is responsible for enforcing the restrictions, however hospital staff should notify those hospital departments that must support the security plan or prisoner's care. For example, the Communications Center may be asked to implement a no visitor designation; Food & Nutrition Services may be asked to provide plastic tableware.

7. Prisoners must follow the hospital smoking policy. In most instances, security reasons preclude prisoner's use of designated smoking areas. This is the forensic agency's decision.

8. Telephone service is not permitted for prisoners unless they are on medical LOA status. The telephone will be removed from the room by nursing staff upon admission of a prisoner. However, for prisoners on medical LOA status, payment for services must be made at the time of activation.

   Exception: By law, New York State Department of Correctional Services' prisoners are allowed an admission phone call and one phone call per week. If because of infection control or extraordinary security reasons, the prisoner cannot be escorted to a pay phone by the forensic staff, hospital staff should contact the Communications Center TV-Phone Controller at extension 5-0143. The TV-Phone Controller will turn the phone on, at no charge, to facilitate the call. Both the admission and the weekly call must be local or collect. After completion of the call, the TV-Phone Controller must be notified to disconnect the phone service. The call must be made between regular business hours (Monday-Friday, 8 am-4:30 pm).

9. Payment for television service only is the prisoner's responsibility and must be made at the time of service activation.

10. Deaths of prisoners must be reported to the Medical Examiner's Office and the forensic agency. (See also, SMH policies 5.4 Medical Examiner's Cases and 5.5 Release/Disposal of Body). The forensic agency is responsible for required procedures that might apply, such as photographing and fingerprinting the deceased. If these require hospital support (i.e., need to hold release of the body until fingerprint technician arrives), the forensic staff must communicate the need to hospital staff. Additionally, some forensic agencies require that the SMH form 878, "Patient Prisoner Death Notification/Body Receipt", be completed by hospital personnel and the forensic staff. Access to the DOC holding area may be obtained by contacting Security at x5-3333.

11. To minimize exposure to other hospital patients, all outpatient prisoners should be escorted directly to a private exam room or waiting area. Inpatient prisoners should not be taken to any hospital area until that area is ready to take the patient directly into an exam or treatment room.

12. Contact Financial Services to answer specific questions regarding insurance precertification requirements.

Security:

1. For security reasons, prisoners should **NOT** be informed of future follow-up appointment dates, times, days of the week, or other scheduling information.

2. Securements (shackles, handcuffs) for security purposes are to be determined, instituted, and maintained by the forensic staff or agency. At no time should metal restraints be attached to bed frames.

3. Revisions to the security plan should be agreed upon by the forensic agency and the clinical team. SMH staff are responsible for communicating such changes to appropriate departments, such as Security Services, Admitting, Food & Nutrition Services, and the Communications Center.

4. If the patient is no longer considered a prisoner or if the forensic agency removes the forensic staff prior to the prisoner's discharge, the forensic agency must notify nursing, the Communications Center and Security Services. If Security Services and the administrator-on-call believe this poses a possible risk to patients, visitors, or staff, the forensic agency will be contacted to remove the patient from the hospital.

5. Nonmedical security-related questions regarding patient prisoners should be referred to Security Services.

Clinical

1. Use of restraint or seclusion (i.e., patient confused and pulling out IV line) are to be determined, instituted, and maintained by the clinical staff in concert with SMH Policy 10.2.

2. As with all patients, prisoners will be discharged when medically stable and with a safe discharge plan.

3. A behavioral management plan of care and disciplinary restrictions will be mutually determined by the clinical team and the forensic staff, as necessary.

Other:

Specific department guidelines or polices may also apply, for example Ambulatory Care policy, 8.0 Management of Patients from Correctional Facilities, Operating Room policy 1.12, etc.

9.10 History

7/83 Policy number changed from 9.7.

4/86 Reviewed by Patient Registration and Accounting Services, Emergency Department, Security Division, Nursing, and Legal Affairs and Risk Management with small addition reviewed by Policy Development Group.

3/89 Reviewed by Patient Registration and Accounting Services, Emergency Department, and Security and Traffic Division; small changes made.

5/89 Reviewed by Policy Development Group.

5/91 Reviewed by Patient Care Policy Committee.
6/98 Revised by Patient Prisoner Work Group.
7/98 Sent to Clinical Council for approval.
10/98 Approved by Clinical Council
9/01 Reviewed and updated by Security
10/01 Reviewed and approved by Policy Management Team
7/03 Revised by Administrator Security, Security and Traffic Division
8/03 Reviewed and approved by Policy Management Team
12/03 Reviewed and approved by Manager, Patient Access Services, Continuity of Care and Case Management
5/05 Revised by Manager, Patient Access Services, Continuity of Care and Case Management and Security Services
7/05 Approved by Policy Management Team

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UNIVERSITY POLICIES

The University Policy Manual can be found in each department as well as on the University's web site at http://www.rochester.edu/working/hr/policies.

Two of the most important policies are reproduced below:

Policy 151: Alcohol & Drug Problems, and Emotional Illness
Policy 106: Harassment and Discrimination

Alcohol & Drug Problems, and Emotional Illness

The University of Rochester
Personnel Policy/Procedure
Policy: 151
Updated: 2/00

Applies to: All Faculty and Staff

I. Policy:

The University, with emphasis on maintaining a safe and efficient work environment, is concerned for the well being of faculty and staff and those they serve.

Drug abuse, alcoholism, and emotional problems are recognized as illnesses and should be treated as such. Department heads and supervisors are expected to assist faculty and staff in seeking professional care, as well as to provide support and encouragement and to make reasonable adjustments to assist individuals during rehabilitation periods. The Employee Assistance Program is available to employees and supervisors who need advice and assistance.

II. Guidelines:

A. Supervisors should evaluate and document misconduct or job performance problems, including interpersonal relations affecting the work as job performance issues.
B. Individuals may use accrued Sick Leave benefits during periods of rehabilitation provided medical certification is received from a health care provider.
C. When a period of rehabilitation is expected to exceed six months, an eligible faculty or staff member may apply for benefits under the Long-Term Disability Plan.
D. When recommended by the faculty or staff member's health care provider in consultation with the Office of Human Resources, departments should be prepared to make short-term job adjustments upon an individual's return to work following absence for treatment or rehabilitation. Reasonable job performance standards should be maintained.
E.
   1. The University reserves the right to require a faculty/staff member to undergo a health assessment which may include testing for controlled substances if there is cause for reasonable suspicion that the individual has a substance abuse problem.
   2. After an absence for rehabilitation and treatment for use of controlled substances, a faculty or staff member may be required to agree to random drug testing for a period of time as a condition of continued employment. Upon returning to work, failure to agree to testing or to successfully pass such tests will result in termination.

III. Procedures:

A. When faculty or staff members indicate that job performance problems are due to alcoholism, drug abuse, or emotional illness, or if the supervisor has valid reasons to believe that this may be the case, the faculty or staff member should be referred to the Employee Assistance Program, or a faculty or staff member may seek treatment through other available resources.
B. When drug abuse, alcoholism or emotional illness results in unsatisfactory or unacceptable job performance, the supervisor should inform the faculty or staff member in writing stating the nature of the unsatisfactory or unacceptable job performance, and outlining the necessary steps that the individual is expected to take to ensure that performance standards are met.
C. If a faculty or staff member fails to start or sustain a recommended treatment program for drug abuse, alcoholism or emotional illness, and continues to fail to meet

performance standards, he/she may be terminated due to misconduct or unsatisfactory job performance.

D. Supervisors should refer problems of alcoholism, drug abuse or emotional illness to the Employee Assistance Program.

See also Policies:
#154 Corrective Discipline
#339 Sick Leave Plan for Short-Term Disability
#265 Long-Term Disability (LTD) Plan

Harassment and Discrimination

The University of Rochester
Personnel Policy/Procedure
Policy: 106
Revised: 2/07

Applies to: All Faculty, Staff and Students

I. Preamble and Equal Opportunity Statement

The success of the University of Rochester depends on an environment that fosters vigorous thought and intellectual creativity. It requires an atmosphere in which diverse ideas can be expressed and discussed. The University of Rochester seeks to provide a setting that respects the contributions of all the individuals composing its community, that encourages intellectual and personal development, and that promotes the free exchange of ideas.

To help establish and perpetuate an inclusive and open environment, all members of the University community are expected to support the University's Equal Opportunity Statement:

> The University of Rochester values diversity and is committed to equal opportunity for all persons regardless of age, color, disability, ethnicity, marital status, military status, national origin, race, religion, sex, sexual orientation or veteran status, or any other status protected by law. Further, the University complies with all applicable non-discrimination laws in the administration of its policies, programs and activities.
>
> *(Questions on compliance with the Equal Opportunity Statement should be directed to the particular school or department and/or to the University's Equal Opportunity Coordinator, University of Rochester, P.O. Box 270039, Rochester, NY 14627-0039. Phone: (585) 275-9125.) – See HR Policy 100.*

II. Policy Against Discrimination and Harassment

Any behavior, including verbal or physical conduct, that constitutes discrimination against or harassment of any student, faculty or staff member of the University community in any form is prohibited.

Retaliation is prohibited in any form against a person because he or she complained about conduct reasonably believed to be discrimination or harassment.

III. Policy Enforcement

All members of the University community (including faculty, staff and students) and all visitors (including patients and vendors) to University facilities and property (including, but not limited to, the campus, Medical Center campus including Strong Memorial Hospital, Eastman School of Music, Memorial Art Gallery and offsite offices of faculty physicians) and at University sponsored activities must comply with this Policy Against Discrimination and Harassment while on University premises or at University events.

The University is committed to preventing unlawful discrimination, harassment and retaliation. Upon learning that such conduct has occurred, the University will take the necessary corrective action to prevent such conduct from reoccurring in the future. Violation of the Policy may result in disciplinary action up to and including separation from the University and/or exclusion from

University programs and facilities. Individuals who complain about conduct reasonably believed to be an act of discrimination or harassment will be protected from retaliation for making a complaint.

The University can only act to prevent unlawful discrimination, harassment and retaliation from reoccurring in the future if it is aware of such conduct. Therefore, each member of the University community must report discrimination, harassment or retaliation in accordance with the procedures described in Section V.

The Policy is not intended to regulate the content of speech, discussion and debate in the classroom, on Campus or in any University forum. It is not intended to regulate artistic and visual arts expression. The University will protect academic freedom and artistic expression in administering the Policy. Using speech to discriminate against those protected by this policy or speech that creates a hostile learning, working or campus living environment for those protected by this policy is prohibited.

IV. Definitions/Examples

A. Discrimination

Discrimination is (1) any conduct (2) that adversely affects or impacts an individual's or group's ability to function and participate as a member of the University community (3) because of their age, color, disability, ethnicity, marital status, military status, national origin, race, religion, sex, sexual orientation, veteran status, or other status protected by law, or because of their perceived or actual affiliation or association with such individuals or groups. Discrimination includes any behavior that is unlawful discrimination under applicable New York State and/or federal law.

Examples of prohibited discrimination include, but are not limited to, exclusion from or denial of access to services and/or resources on the grounds of a person's age, color, disability, ethnicity, marital status, military status, national origin, race, religion, sex, sexual orientation, or veteran status.

B. Harassment

Harassment is (1) any unwanted conduct (2) that is intended to cause or could reasonably be expected to cause an individual or group to feel intimidated, demeaned, abused or fear or have concern for their personal safety (3) because of their age, color, disability, ethnicity, marital status, military status, national origin, race, religion, sex, sexual orientation, veteran status, or other status protected by law or because of their perceived or actual affiliation or association with individuals or groups identified by such characteristics and (4) that could reasonably be regarded as so severe, persistent, or pervasive as to disrupt the living, learning, and/or working environment of the individual or group. Harassment includes any behavior that is unlawful harassment under applicable New York State and/or federal law.

Examples of harassment can include, but are not limited to, unwanted physical contact or threats of physical contact, intimidation, stalking, degrading and derogatory words, graffiti, pictures, jokes, epithets, statements or stereotyping activities as well as other forms of verbal, visual or written messages of intimidation.

C. Sexual Harassment

Sexual Harassment is Harassment as defined in B that involves unwelcome conduct of a sexual nature. Depending on the circumstances, the following types of behavior may constitute Sexual Harassment:

- Unwanted comments about an individual's body, clothing or lifestyle that have sexual implications or demean the individual's sexuality or gender;
- Unwanted sexual flirtations, leering or ogling;
- Unwanted sexual advances and proposition;
- Unwanted display of sexually demeaning objects, pictures or cartoons in areas visible to other members of the University community;
- Threats or insinuations that an individual's refusal or willingness to submit to sexual advances will affect the individual's status, evaluation, grades, wages, advancement, duties or career development;
- Unwanted and intentional sexual touching, patting, pinching, or brushing another's body or clothing;
- Stalking, telephone or computer harassment, dating violence, sexual assault or date rape.

Section III C. of the *Faculty Handbook* deals with Consensual Relations and reads: "The University of Rochester strongly discourages any sexual or amorous relationships between members of the University community and those students over whom they have a direct, current supervisory or evaluative relationship. Such relationships, even when consensual, are problematic because they may result in favoritism or the perception of favoritism, which imperils the integrity of the educational environment. Such relationships may also lead to charges of sexual harassment."

D. Retaliation

Retaliation is any materially adverse action by the University that punishes a person for complaining about discrimination or harassment. To be prohibited retaliation the action must (i) have occurred because of the complaint and (ii) would dissuade a reasonable person from complaining about harassment or discrimination.

Examples of retaliation can include, but are not limited to, the following actions by the University when taken to punish or disadvantage an individual who has complained about discrimination or harassment to the University:

- Unfair disciplinary action such as a written reprimand, demotion, or termination;
- An adverse change in work conditions, including a job reassignment or change in job duties or work schedule;
- An unfairly negative course grade;
- Increased or unequal monitoring of activities;
- An unfairly poor job or course evaluation
- Ostracizing or withholding information from a complaining student or employee by supervisory personnel or faculty.

V. Procedures

A. General

The University takes all complaints of unlawful discrimination, harassment or retaliation very seriously. The University will take appropriate measures to prevent unlawful discrimination, harassment or retaliation.

A person who believes he or she has experienced harassment, discrimination or retaliation or is aware of such conduct occurring to another must report it and may choose formal or informal means to address the issue (described in the following sections.) However, only the formal resolution process, initiated by filing a formal complaint, can result in disciplinary action taken by the University against another individual.

No one will be required to make complaints under this Policy to anyone who may be the subject of a complaint or with whom the individual making the complaint is otherwise uncomfortable.

A supervisor or person with managerial authority who observes or learns of alleged unlawful harassment, discrimination or retaliation must inform Human Resources if the alleged conduct was by a staff member, the relevant Dean if the conduct was by a faculty member, or the applicable Dean of Students Office if by a student.

B. Informal Assistance – Intercessors

University Intercessors are counselors available to students, staff, or faculty to discuss complaints or questions about discrimination, harassment, retaliation and related issues and to educate the University community about such matters. An intercessor may be consulted to help further direct an individual with a complaint or mediate or otherwise informally resolve an issue of possible discrimination, harassment or retaliation.

Intercessors may help mediate or facilitate an informal resolution of a problem. However, Intercessors do not have the power themselves to take corrective action. Speaking to an Intercessor, although perhaps very helpful in resolving an issue, cannot result in disciplinary or corrective action taken against another individual. Speaking to an Intercessor does not constitute making a formal complaint and is not official notice to the University that there is a potential problem – that can only be done by means of the formal complaint process described in the next section.

Intercessors will, to the extent permitted by law, honor requests to keep matters confidential and take no further action, but if the Intercessor determines that there may be threat of future harm or a pattern of discriminatory or harassing behavior, he or she must report the incident to responsible University Official with the authority to investigate and take corrective action.

C. Formal Resolution Procedures for Complaints

Any University employee, faculty member or student who believes that he or she has experienced or knows of conduct reasonably believed to be discrimination, harassment or retaliation as defined in this policy should make a formal complaint to the University. To do so, he or she must fill out a complaint form or ask an Intercessor, Human Resources, Dean or Department manager to fill out and process a complaint on their behalf. Complaint forms are available on the University's Human Resources web page or from any Human Resources, Intercessor or Dean's Office. The completed form must be given to one of the following: (1) any part of the Human Resources Office (2) any Dean's Office (3) the Provost's Office, (4) any Dean of Students Office or (6) an Intercessor. If the complaint is received by an administrator who is not the relevant administrator to process the complaint, the administrator promptly shall convey the complaint to the appropriate responsible Official (see following paragraph).

A responsible Official ("the Official") will act on all formal complaints that allege conduct reasonably believed to be unlawful discrimination, harassment or retaliation in as timely a manner as possible under the circumstances. If the complaint is against a staff person, the Official will be the Dean is employed in a school, the Director if employed in LLE and MAG, the CEO of Strong Memorial Hospital if employed in the hospital, or the Vice-President of the division if employed in an administrative unit (if the complaint is against the relevant Official, the Provost will appoint a Vice-President without a conflict to act as the Official to consider the complaint). If the complaint is against a faculty member or concerns a faculty process or department, the Official will be the Dean of the school where the faculty member complained about holds a primary appointment or where the process occurred or department resides (if the complaint is against the Dean, the Provost will be the Official to consider the complaint). If the complaint is against a student, the Official will be the Dean of Students or other administrator designated as responsible for student discipline in the

school where the student is enrolled (if the complaint is against the Dean of Students or administrator so acting, the Official to consider the complaint will be the Dean of the relevant school).

The Deans of Students (or administrator designated to handle student discipline) will follow established student disciplinary procedures to resolve complaints against students.

The University can and will take whatever immediate, temporary actions it deems necessary under the circumstances to prevent any harm or further misconduct while an investigation of a complaint is being conducted.

When a complaint is against staff or faculty, as promptly as possible under the circumstances after receiving the written complaint, the Official should forward the complaint to Human Resources and to the Office of counsel.

Office of counsel will assign an Investigator, a neutral staff member who is charged with responsibility for conducting an impartial investigation of the facts underlying the complaint. The Investigator will provide a copy of the complaint to the respondent and will give him or her an opportunity to present information to the Investigator. The Investigator will interview the complainant and the respondent and will speak with such other people and review such information as the Investigator deems relevant. The Investigator, as the agent of the Responsible Official, may require staff, faculty and students to answer questions and give information. The Investigator will ask the complainant, the respondent and any witnesses to sign written statements. The Investigator also may interview other people who the complainant or the respondent believes have knowledge of facts and circumstances relevant to determining the issue raised in the complaint. Generally within 45 business days after receiving the complaint from the Official, the Investigator will make a written report of findings to the Official. The Investigator’s role is not to recommend a response to the complaint or a sanction, but to present the facts based on the investigation, including a full copy of any written statements gathered.

The Official may ask the Investigator to find further facts, or may make a decision based on the Investigator’s report (generally within five business days of receiving it), and in most cases, will share the report and decision, including any intended corrective action, with both the complainant and respondent. The decision must be communicated in writing to both the complainant and the respondent, even if it is also communicated orally.

Either the respondent or the complainant may appeal the Official’s decision within 15 business days of that decision. Appeals for cases in which the accused is a staff member are to the Vice Presdient/Secretary of the University. Appeals for cases in which the accused is a faculty member are to the Provost. The puyrpose of the appeal is not to have a second investigation or review all the facts, but is limited to considering (1) evidence not previously available to the Investigator or the Official; (2) material defects in the process leading to the Official’s decision; or (3) severity or appropriateness of the Official’s intended corrective action. An appeal must take the form of a written request delivered to the Vice President/Secretary or the Provost stating the basis for the appeal. The Vice President/Secretary or Provost will obtain the written record of the investigation and decision from the deciding Official. A decision on the appeal will be issued in writing normally within 15 business days after the day the appeal document is received. The decision of the Vice President/Secretary or the Provost, as the case may be, shall be final. A copy of the decision on the appeal will be given to the respondent, the complainant, the Official who made the original decision, Human Resources, the Office of Counsel and any person with a need to know for purposes of implementing the decision.

Staff and faculty may not use the Human Resources Grievance Procedure (policy 160) or the *Faculty Handbook* grievance procedures to complain about harassment, discrimination or related retaliation or to challenge a decision on such matters by the Official, the vice President and

Secretary or Provost. All complaints involving harassment, discrimination or related retaliation are to be handled under the processes set forth in this Policy. However, no faculty member's tenure can be revoked or contract abrogated without following the tenure revocation process outlined in the *Faculty Handbook.*

Confidentiality

University administrators and staff dealing with allegations of harassment, discrimination or retaliation understand the importance of confidentiality and will not disclose information learned in connection with an allegation or investigation except on a need to know basis in order to investigate and resolve the allegations or complaint. University administrators and staff, however, have a duty to investigate an allegation of discrimination, harassment or retaliation that comes to their attention and investigations generally require obtaining information from people who know about the alleged event.

Individuals who want to discuss a possible incident of discrimination or harassment with more assure of confidentiality should contact:

- University Counseling Center (students or student spouses)
- Chaplains
- Employee Assistance Program (employees)

These counseling sources do not have the authority to investigate or officially take action to resolve complaints.

Individuals who want to discuss a possible incident of discrimination, harassment or retaliation in order to determine whether to report the incident for investigation may want to contact an Intercessor. Intercessors are counselors who understand the importance of confidentiality and who will, to the extent permitted by law, honor requests to take no further action. However, if the Intercessor determines that there may be some threat of future harm or a pattern of discriminatory or harassing behavior, he or she may report the incident to a University Official with the authority to take corrective action. Intercessors do not themselves investigate complaints or take corrective action, although they can mediate resolutions between involved parties with the parties assent.

Records

The Office of Human Resources (HR) is charged with the responsibility to keep written records of all formal complaints alleging harassment or discrimination against staff and faculty and their resolution. Such records will be kept in a confidential file, separate from the respondent's personnel or department file. The University Investigator must provide a copy of his or her written findings to HR. The Official and, if there is an appeal, the Vice President/Secretary or Provost must also provide HR with a copy of their written decisions. If disciplinary action is taken, the personnel file will reflect that action. Records of formal complaints against students will be kept in a confidential file in the office of the administrator in the relevant school charged with oversight of student affairs. Records will be maintained for six years.

Time Limits and Temporary Protection Remedies

Where specific times are mentioned in this Policy within which actions are to occur, the specific times are not meant to be rigid limits. Variations in the time it takes to handle or decide matters may occur for different reasons, depending on availability of witnesses, information, or other valid factors. All personnel charged with acting on complaints under this policy shall use good faith to accomplish their work as quickly as time and circumstances allow. If final resolution of a complaint is delayed or if under the circumstances it appears more prudent in order to protect the working, learning or living environment for the complainant, the respondent or others, temporary actions or

arrangements may be put in place by the relevant Official or the administrator in the school charged with oversight of student affairs during the period after the incident through the final determination of the complaint which include, but not limited to, placing the respondent on temporary leave of absence, changing working, learning or living arrangements, or imposing conditions on the complainant, the respondent or others involved in the relevant University environment.

Harassment or Discrimination by Non-University Personnel

The Director's Office at Strong Memorial Hospital will investigate, make decisions and take appropriate corrective action in the event that a patient or visitor to the hospital is accused of discrimination or harassment against University staff, faculty or students.

The Sr. Vice President for Finance and Administration will investigate, make decisions and take appropriate corrective action in the event that a visitor or vendor is accused of discrimination or harassment against University staff, faculty or students.

The University has the right to remove individuals from University property and events and to bar individuals from future access to University property or attendance at University events. This right includes, but is not limited to, circumstances in which the individual has been accussed of, or found responsible for, discrimination or harassment while on University property or in attendance at a University event.

D. Committee on Inclusion and Diversity

The Committee on Inclusion and Diversity is an ad hoc committee that can be convened by the President in response to apparent incidents of discrimination or harassment. The membership of this Committee normally includes people from the following list: Intercessor, Representative of the Dean or Director of the division in which the alleged incident occurred or to which the individuals involved are most closely related, Associate Vice President for Human Resources, Human Resources Manager for Diversity and Inclusion, Chair of the College Diversity Roundtable (if the event involves the College) or person holding a similar position in another School, Vice Provist for Faculty Development and Diversity, Chair of the Campus Safety Advisory Committee, Director of the Interfaith Chapel, Director of University Facilities and Services and such other individual student, staff or faculty representatives as the President considers appropriate to the specific circumstances.

The Committee can meet with interested members of the University community to provide an opportunity for those who wish to express publicly their concerns and reactions to the incident, to decide if a community response is appropriate and to recommend such response, and to make a report to the President and the greater University community. The report may include recommendations for educational programs and efforts to facilitate understanding of the issues and circumstances that can lead to discrimination, harassment and misunderstanding in our diverse University environment and other initiatives to advance the Institution's educational mission and an inclusive environment.

Referral of an incident to the Committee will occur only with the consent of the complaintant(s) involved or following the incident becoming a matter of widespread community knowledge and concern. Consideration by the Committee will not replace or limit the University investigation and action on the complaint pursuant to this Policy.

See also Policies:
#154 Corrective Discipline
#160 Grievance Procedure

STRONG MEMORIAL HOSPITAL POLICIES

The Strong Memorial Hospital Policy Manual is the principal administrative policy reference for Hospital faculty and staff. Individual department or unit manuals within the Hospital must be consistent with policies contained in this manual, which is the official statement of Strong Memorial Hospital policy.

Each policy in the manual has been reviewed thoroughly and revised, as appropriate, by the Policy Management Team, an interdisciplinary work group convened for this purpose. Each policy has been reviewed and recommended for approval by the SMH Clinical Council or when appropriate, by the Hospital's Management Team.

Although these policies have passed through a thorough review process, there will be situations that Hospital policy does not address or when policy seems ambiguous. In these situations, these policies are provided as general guidelines. In all cases, Hospital faculty and staff should adhere to professional judgment regarding the safety of patients, visitors, and staff, and the treatment of patients.

Suggestions for addition of new or revision of existing policies should be submitted to the Director of the Quality Assurance Office. Revised and new policies are posted monthly and are distributed periodically to manual holders. The Update section is provided to highlight changes within the prior six months. Questions or problems regarding the intent or implementation of policy in specific situations should be addressed through normal supervisory channels.

The policy manual can be found on the URMC intranet under Administrative Services, Policy Manual - SMH.

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