



Substantial Disruptions in Patient Care or Education Policy

GMEC approved 2.20.25.

Substantial Disruptions in Patient Care or Education (4.14.)

ACGME Institutional Requirements

4.14. Substantial Disruptions in Patient Care or Education: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that address support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education. ^(Core)

4.14.a. This policy must include information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments. ^(Core)

I. Policy Statement

- a. The purpose of this policy is to establish measures to determine and assess the effect of a disaster or other interruption of care on residency education as well as to set forth steps and actions the Designated Institutional Official (DIO) may use to mitigate the situation.
- b. This policy is important because it is vital that residency training continues with minimal interruption.

II. Definitions

- a. **A disaster** is defined as an event or set of events causing significant alteration to the residency experience at one or more residency programs. This policy acknowledges multiple types of disaster: acute disaster with little or no warning (e.g., shooting), intermediate, with some lead-time and warning (e.g., tornado), and the insidious disruption or disaster (e.g., pandemics). This document will address disaster in the broadest terms.
- b. **A substantial disruption** is defined as an event or set of events causing significant alteration to the residency experience in one or more GME programs. This may or may not result in disruption of the provision of patient care within a residency program or multiple residency programs and clinical learning environment departments.

III. Responsibility

DIO and GMEC

- a. In the event of a disaster or interruption of patient care, the DIO or his/her designee will call an emergency meeting of the Graduate Medical Education Committee (GMEC) to assess the effect of the situation on residency education, including the probable duration of the interruption. The GMEC will develop a plan for residency education that will be presented to the Accreditation Council for Graduate Medical Education (ACGME) for review.
- b. The DIO and Office of Graduate Medical Education (GME) will work with professional clinical learning environment team, program directors, GME staff, and affiliate institutions.



- c. DIO communicates information to the ACGME concerning the impact of the disaster or substantial disruption. The Executive Committee and Chair of the Institutional Review Committee will make a declaration about the disaster.
- d. The DIO will contact the ACGME IRC Executive Director within 10 days after the declaration of the disaster to discuss the due date for submission of plans for program reconfigurations and resident transfers. The DIO will then provide initial and ongoing communication to the professional clinical learning environment team and affected program directors.
- e. If there is a need for residents to continue their training elsewhere, on a temporary basis, GME will assist programs with arrangements for housing, salary, and other issues involved in a temporary transfer to another program. If a permanent transfer is necessary, GME will work with the accepting institution to arrange the transfer.
- f. All arrangements will be coordinated through GME working with the affected program(s). The institution will continue to pay salary and benefits until other arrangements are in place.

Program and Program Director

The program should discuss emergency planning with department leadership to prepare procedures, define essential personnel and functions, and ensure data preservation. For disaster that can occur at scheduled intervals, plans should be updated and communicated to Residents and faculty consistent with interval of potential disaster.

Maintain updated emergency contact information, pagers, cell and home phone for all Residents and core faculty in New Innovations

Define communication call tree to ensure program stakeholders (Residents, faculty, site directors, administrators) are informed of the situation.

Make a decision whether the program can no longer provide at least adequate educational experience and work with GME office and ACGME to arrange temporary or permanent transfers.

Programs will be responsible for establishing procedures to protect academic and personnel files of all Residents in their possession from loss or destruction by disaster.

Residents

During or after a disaster or substantial disruption, Residents are expected to continue their roles as possible and will be expected to:

1. Follow applicable disaster and emergency policies and procedures of the hospital affiliates, and;
2. Follow instructions and meet scheduled assignments during and after the disaster emergency per directives from program directors, DIO or designated supervisors, including attending physicians;



3. Check in with program directors, supervisors, or attending physicians within a reasonable amount of time after the disaster or emergency;
4. Visit the GME webpage on the UMKC SOM website, New Innovations, the ACGME website, and any other relevant sources of information concerning the disaster or emergency including radio and television;
5. Log work hours during disaster recovery, if applicable.

IV. Procedure:

Preparation

All GME programs must maintain up-to-date personal contact information for faculty, staff and trainees. This information will be updated and maintained in New Innovations at least every six months. It will be the responsibility of each residency coordinator to update this information.

Environmental Disaster:

Personal Safety

In the immediate aftermath of a disaster, program faculty, staff and residents are expected to attend to personal and family safety and then render humanitarian assistance where necessary. In the case of anticipated disasters, residents who are not designated in one of the clinical sites' emergency staffing plans should secure their property and prepare to evacuate should the order come.

Personnel who are out of town should contact their program directors and reestablish communication as soon as possible.

Pandemic:

Personal Safety

During a pandemic, residents in teaching hospitals play an integral role in ensuring continuous patient care. UMKC SOM is committed to supporting the health and well-being of residents and faculty and the patients they serve.

At no time should a resident assume care of patients during a pandemic without having adequate training, resources and supervision to care for the patient.

Increased or altered clinical demands may be emergently created by a pandemic. Resident schedules, rotations or other experiences may be altered to assist in meeting such increased demands. The DIO will coordinate with program directors and professional clinical learning environment team members of the primary sites for each program to determine how resident workload may be realigned to meet the increased clinical demands created by a pandemic.

The Program Director must assure each graduate is ready for autonomous practice. Regardless of changes made by the ACGME or specialty board, the Program Director must ensure this readiness



prior to graduation. As such, if the pandemic prevents a resident from achieving the required competency for graduation, residency training will be extended.

There will be no change to existing work hour requirements including limiting residents and fellows to 80 hours per week. The work hour requirements are especially important in the high-stress environment of a pandemic for the care of patients and resident safety and well-being.

V. Communication

- a. UMKC's emergency mass notification system <https://www.umkc.edu/alert/>
- b. Command Center Information
 - CBM –
 - CMH –
 - SLH – 816-309-1336
 - Swope Health –
 - UH – First floor faculty lounge
 - UH LW –
 - VAMC KC – shelter in place; 816-313-7895.

- c. **On-site response expectations**

Staff should not leave their areas of responsibility until told to do so (even if their shift has ended)

One resident is expected to stay on the unit with their initial responsibility to evaluate patients for early discharge (for mass casualty event). They should work closely with the Charge Nurse for that area.

House staff, fellows and clinical staff are discouraged from reporting to the medical center unless instructed to do so to reduce confusion and exposure to potentially dangerous conditions.

Programs have a minimum of 5-points of contact for individual trainees and a plan to check on trainees during a disaster. This information must be provided to the GME office and updated every six months.

Programs will designate, authorize and train a chief resident or clinical liaison to be the primary contact to the hospital command center/administration during a disaster.

- d. **Disaster notification**

If conditions warrant a page will be initiated by hospital administrators. This will go out to all program directors and critical GME personnel (Chief residents, professional clinical learning environment team members, hospital GME staff)

House staff on duty in the hospital will be informed of a disaster declaration by the



nursing supervisor in their clinical area or via overhead hospital announcements. They are to remain on duty in their assigned area and continue to provide primary clinical care.

Off duty house staff will be notified of the situation by their individual program/clinical department. The specifics of how this is to occur will be left to the programs. Information will instruct us to do one of the following:

1. Notify of events and provide availability or standby;
2. Notify of event and instruct on specific staffing needs (report to ED, OR, ICU, etc.);
3. Notify of events and direct them to a staging area

Park in parking facilities and check in with GME program staff for registration of arrival.

Once clinical needs are identified; hospital command centers will contact the staging area to request providers.

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