



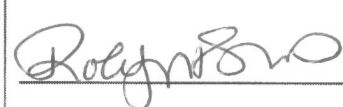

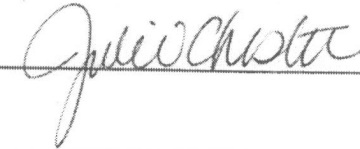


RESIDENT MANUAL



**University Hospitals Cleveland Medical Center
Resident Manual**

Effective July 1, 2017

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1.0 INTRODUCTORY STATEMENTS

1.1 INSTITUTIONAL COMMITMENT

As part of their mission in providing health care services, University Hospitals Cleveland Medical Center (“UHCMC”) and University Hospitals Health System (“UH” or “University Hospitals”) recognize the need and benefits of graduate medical education. It is our firm belief that sponsoring of graduate medical education programs furthers our mission in the provision of quality care, responding to the community needs and the assurance of future generations of health care professionals necessary to continue to deliver health care to the community.

UH is committed to providing the necessary educational, financial, and human resources to support Graduate Medical Education (“GME”). UH committed to excellence in its GME programs and care of patients. We further believe that GME programs, properly structured, monitored and evaluated, can and do lead to improved quality care, relationships between health care providers, the patient and patient’s family and may lead to a greater awareness on the part of the consumers of health care as to their responsibilities for their own health.

Additionally, the presence of quality educational programs has the distinct advantage of providing a mechanism for the recruitment and retention of high quality individuals in the medical care arena interested in furthering and improving health care delivery. GME programs provide a firm basis and play an integral part in the ability of UH to meet and further its purposes consistent with the philosophy, mission and goals of the institution.

UH commits itself to the provision of organized GME programs in which Residents develop personal, clinical and professional competence under careful guidance and supervision. These programs will assure the safe and appropriate care of patients and the progression of Resident responsibility, consistent with each physician’s clinical experience, knowledge and skill.

UH commits itself to the provision of a scholarly environment. Faculty will engage in scholarly activity, including research, and will make available to Residents opportunities to participate in and learn from the scholarship of the medical community.

UH commits itself to providing committed and competent professionals to the teaching faculty of the GME Programs. Members of the teaching faculty will be appointed by the Department Chairperson and will be selected for their professional ability and commitment to teaching, medical education, patient care, and the scientific and humanistic basis of medicine.

The GME programs will emphasize coordinated delivery of care with a community orientation. Special emphasis will be placed on training primary care providers. As appropriate, UH will take advantage of opportunities to work with other education institutions in fulfilling its educational role.

UH will also ensure that all of its graduate medical education programs meet or exceed all Institutional and Special Requirements promulgated by the Accreditation Council of Graduate Medical Education (ACGME) and its individual Residency Review Committees, as well as other applicable accreditation requirements.



1.2 WELCOME

To The New Members of the House Staff:

Welcome to University Hospitals Cleveland Medical Center (“UHCMC”). As one of the premier teaching hospitals in the country, UHCMC is pleased to have you as a member of our House Staff as you begin your career in medicine.

This Manual has been prepared to provide you with general information about the UHCMC and UH. For specific facts relating to policies and procedures, please consult the Formulary and the Hospital and System Policy and Procedure Manuals, located on each patient division, and on the UH Intranet. If you are viewing this Manual electronically through our Intranet. Instructions concerning the particular clinical services to which you are assigned will be given to you by the Program Director of the service.

This is an exciting time in your life, and one that offers many opportunities for continued growth. We hope your association with UH will prove to be a rewarding and satisfying experience.

1.3 INTRODUCTION

Throughout this Resident Manual (the “Manual”), the terms “intern,” “resident physician,” “house officer” and “house staff, ” and “fellow,” may apply to you, but are referred to collectively as “Resident.” Residents have an obligation to the patient care program of UHCMC and to the effectiveness of the educational program to which they have been appointed.

The most important criterion of the service of the Residents is the performance of their professional duties. Professionalism includes honesty, integrity, respect, and compassion, which includes introducing yourself to patients, explaining your role, and treating patients as if they were members of your family.

The proper discharge of the responsibilities of residents requires their full time effort while on duty. All residents shall remain within the Hospital as required by their patient care responsibilities and shall be immediately available if on call.

The Department Chairs and Residency Program Directors have the responsibility and authority at all times to assure the residents’ effectiveness in the programs.

UHCMC comprises a group of long established hospitals and also includes UH Rainbow Babies & Children’s, UH Seidman Cancer Center, and UH MacDonald Women’s Hospital. UHCMC, in affiliation with the Health Science Schools of Case Western Reserve University (“CWRU”) (including Medicine, Dentistry, Nursing, and Social Work), furnish an integrated program to provide the highest quality medical care for the sick and injured, to advance knowledge regarding the cause, to prevent and treat disease and disability, and to educate men and women in the healing professions.

UHCMC and CWRU are separate institutions operated by separate Boards of Directors, and have separate administrations. In addition to UHCMC, UH also owns or operates other hospitals throughout Northeast Ohio. Although those hospitals may have separate administrations, they are subject to the ultimate authority of UH as is UHCMC. Appointments to the attending staff of UHCMC (as well as appointments to the staffs of the other UH hospitals) are made by the Board of Directors of that hospital upon recommendation by its Medical Staff.

The medical activities at UHCMC are the responsibility of the Clinical Council. Standing committees of the Clinical Council study matters referred to them and make recommendations to the Council. One of these standing committees is the Graduate Medical Education Committee (GMEC), chaired by the Director of GME. This committee monitors the accreditation of each residency and fellowship program sponsored by UHCMC and has responsibility for advising all aspects of residency education. GMEC consists of Clinical Chairs, Program Directors, senior hospital administrators, and resident representatives.

UHCMC has developed the following statement of Mission, Vision and Values. UHCMC encourages all physicians to use this as a guide to their behavior.

1.4 MISSION, VISION, VALUES

To Heal. To Teach. To Discover.

University Hospitals System Vision: University Hospitals will be the premier integrated health system by providing access to the highest quality healthcare at a competitive price.

Vision. Where we are going.

We will lead our industry in developing and delivering the next generation of consumer-driven health care.

Superior Quality. We will pursue breakthrough medical advancements and practices to deliver superior clinical outcomes.

Personalized Experience. Our care will focus on our patients as individuals. We will provide every patient an experience customized to their medical, emotional, social, and spiritual needs.

Core Values. What we believe in.

Excellence. We have a continuous thirst for excellence and are always seeking ways to improve the health of those who count on us.

Diversity. We embrace diversity in people, thought, experiences and perspectives.

Integrity. We have a shared commitment to do what is right.

Compassion. We have genuine concern for those in our community and treat them with respect and empathy.

Teamwork. We work collaboratively as an integrated team to improve patient care and performance.



1.5 HISTORICAL OVERVIEW

UHCMC can be traced back to the Civil War. The Ladies Aid Society of the First Presbyterian Church (Old Stone Church) operated a “Home for the Friendless” to assist persons displaced by the Civil War. Seeing the need for a hospital to provide medical care for the poor of Cleveland, a group of civic leaders and parishioners of Old Stone Church formed the Cleveland City Hospital Society, which was incorporated on May 21, 1866, “to found a hospital for the reception, care, and medical treatment of sick and disabled persons.” The first hospital opened in 1866 in a small frame house on Wilson Street and was referred to as the “Wilson Street Hospital.” By 1875, the hospital had outgrown the building and was relocated to the former Marine Hospital facility (located at East 9th and Lakeside Avenue), which the trustees leased from the federal government. When the City of Cleveland decided to build its own hospital (City Hospital) in 1888, the name was changed to Lakeside Hospital.

In 1897, Lakeside Hospital signed a formal affiliation agreement with Western Reserve University School of Medicine. About the same time construction began on a new hospital modeled after the pioneering pavilion design of Johns Hopkins University Hospital. The new multi-pavilion Lakeside Hospital was opened in 1898 and the Lakeside Training School for Nurses was established the same year. In other parts of the city, the Babies and Children’s Dispensary was established in 1906 and joined Rainbow Cottage (1887) and Lakeside Hospital in providing medical care for the children of Cleveland. The Maternity Home (hospital) was established in 1891 to provide obstetrical services and care for women; it was renamed MacDonald Hospital in 1936.

In 1925, Lakeside Hospital joined with Babies and Children’s Hospital and the Maternity Hospital to form University Hospitals of Cleveland. A year later Rainbow Hospital, located in South Euclid, affiliated with UHC. In the mid-1920’s, construction began on new hospital facilities as well as a new School of Medicine, the Institute of Pathology and Maternity Hospital (MacDonald Women’s Hospital) (1929) in the University Circle area. In 1931, the new Lakeside Hospital and Leonard C. Hanna House were dedicated. Two decades later, Howard M. Hanna Pavilion (1956) for psychiatric care was opened and, in 1962, the Joseph T. Wearn Laboratory for Medical Research was dedicated. The Benjamin Rose Hospital (1953), one of the nation’s first geriatric hospitals, affiliated with UHC in 1957. In 1969, it became part of University Hospitals of Cleveland and its name changed to Abington House. The Robert H. Bishop, Jr. Building, housing operating rooms, radiology services and a new cafeteria was opened in 1967. In 1971, a new children’s hospital was built, housing both Babies and Children’s Hospital and Rainbow Hospital. In 1974, both hospitals were combined under one Board of Trustees as Rainbow Babies and Children’s Hospital. The 190-bed Leonard and Joan Horvitz Tower, opened on April 15, 1997, became the most technologically advanced and family oriented pediatric facility in the nation.

New additions to the medical complex in the 1970s and 1980s included the Mabel Andrews Wing (1972) of the Institute of Pathology, the George M. Humphrey Building (1978), and the Harry J. Bolwell Health Center (1986). UHCMC’s main campus includes: Alfred and Norma Lerner Tower (1994), Samuel Mather Pavilion (1994) and Lakeside Pavilion for adult medical and surgical care; MacDonald Women’s Hospital (1891); Rainbow Babies and Children’s Hospital (1887); University Psychiatric Center at Hanna Pavilion (1956), and Bolwell Health Center (1986). UHCMC and its academic affiliate, Case Western Reserve University School of Medicine, form Ohio’s largest biomedical research center. In 1999, the Research Institute of UHCMC was created. The state of the art research facility is now a joint collaboration between the hospital and the School of Medicine known as the Case Research Institute.

In 2006, as part of a broad strategy to build a strong “UH brand,” we created a new name and logo that clearly and consistently communicate our identity to our patients, their families and the communities we serve. The name of our health care system is now University Hospitals Health System (“UH”).

Community Medical Centers

UH has ten community medical centers that provide close-to-home medical and surgical services, including 24-hour emergency departments and medical office buildings that house UH doctor's offices. UH Ahuja, UH Bedford (campus of UH Regional Hospitals), UH Conneaut, UH Elyria, UH Geauga, UH Geneva, UH Parma, UH Richmond (campus of UH Regional hospitals), UH St. John, and UH Samaritan.

UH Health Centers

UH health centers (also known as outpatient or ambulatory care centers) include physician offices, laboratories, diagnostics technologies, and in some cases, outpatient surgery suites and urgent care facilities. Patients can see their primary care and specialist physicians and have diagnostic tests performed in these centers. Additionally, UH physician offices are located in 17 counties throughout NE Ohio.

Our logo also reflects the UH brand promise of "patient-centered care" while it provides a visual identity as part of a broader strategy to build our reputation as a healthcare leader. Our color – red – communicates confidence and boldness. The shield symbolizes protection, strength and the academic dimension of UH. The singular UH signifies the synergy between our academic and medical aspects and reinforces how the public knows us: "UH." The three horizontal pillars in the shield represent our mission: "To Heal. To Teach. To Discover." The curved line and dot represent a person and our commitment to people – our patients, our employees and our community. This person also exhibits health, hope and vitality and brings the logo to life with a confident and forward-looking tonality.

The name and logo unify all of our facilities, programs and services to make it easier for our community – patients, academic medical colleagues, donors and others – to better recognize us and become more aware of all that we have to offer to our community. Our name and logo will remind everyone that the care provided by UH is unique and special.

The mission of University Hospitals Cleveland Medical Center has remained constant for over 140 years

-- To Heal, To Teach, and To Discover.

1.6 DIVERSITY and INCLUSION

DIVERSITY and INCLUSION

We are respectful of the evolving landscape and believe we have a responsibility to cultivate and nurture diversity and inclusion within our walls and externally so we may better serve the population and communities we serve. While excellent medical care has been at the forefront of everything we do, our core values also include excellence, diversity, integrity, compassion, teamwork and innovation.

At the direction of the board, our leadership was charged with incorporating diversity and inclusion into the culture of the organization. In order to make sure the initiative was successful, the board insisted we change, starting at the top.

Our administrative and medical leadership remains focused on diversity and inclusion. Recruiting diverse talent to enter executive leadership roles and the clinical care arena as physician leaders, physicians, and nurses is a top priority for UH. Studies consistently show that persons from diverse backgrounds will more readily seek health care from providers who look like and sound like them.

We are serious about diversity and inclusion at UH and demand the same level of commitment from our employees, physicians, and the suppliers who do business with us.

University Hospitals Diversity Commitment and Mission

UH is committed to equity and inclusion with all of our patients and families, our physicians, our workforce, our business partners and the communities that we serve.

We will enhance our cultural competency by educating, recognizing and celebrating the value of diverse cultures, beliefs and identities.

UH Diversity Vision Statement

University Hospitals will be a national leader in diversity by advancing cultural competency, equity and inclusion with all of our constituencies.

1.7 PURPOSE OF THIS MANUAL

The content of this manual is incorporated into each Resident contract but alone does not constitute nor should it be construed as a promise of employment or as a contract between UH and any of its employees.

University Hospitals Office of Graduate Medical Education at its option, may change, delete, suspend, or discontinue parts or the policy in its entirety, at any time without prior notice.

The information contained in this Manual is presented for the benefit of the Residents of UHCMC. The intent of this Manual is to provide and direct the Resident to necessary information concerning the policies, procedures and practices of the UHCMC GME. UHCMC reserves the right to revise, withdraw, suspend or discontinue its policies, procedures and practices at any time.

This Manual is incorporated into the Resident's contract of employment and sets forth many matters that the Resident is obligated to obey or observe, but does not in itself contain every obligation a Resident must obey and observe. Residents are obligated to follow all of the policies and procedures (and any later-adopted successor policies) of UH and UHCMC. Please note that various policies and procedures are referenced throughout this Manual. In the event there is any inconsistency between the terms of this Manual and the policies and procedures of UH and UHCMC, the policies and procedures of UH and UHCMC shall control.

In no way should this Manual be considered as the only, or final, source of information on the policies, procedures and practices of UHCMC. Residents are to refer to the specific UHCMC and UH Policies and Procedures Manuals for all issues concerning employment or patient care, and are encouraged to ask their Program Directors, the GME Office, and Human Resources for additional information or clarification on any such matters.

2.0 APPOINTMENT

2.1 ELIGIBILITY - RECRUITMENT & SELECTION

The following is the policy of UHCMC regarding the recruitment, eligibility and selection of Residents. Each applicant must submit an application through the training program's respective match process, typically via ERAS or through the program's universal application. In addition to the application, the following must be submitted: three (3) letters of reference, a Dean's letter, COMLEX scores, and a medical school transcript. All applicants will appear for an interview(s).

A. **Eligibility.** Applicants must meet the following qualifications to be eligible for appointment to an accredited residency program:

1. Graduates of medical schools in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME) (only applicable for programs approved by Accreditation Council for Graduate Medical Education).
2. Graduates of COCA (Commission on Osteopathic College Accreditation) accredited colleges of osteopathic medicine in the U.S.
3. Graduates of medical schools outside the U.S. and Canada who meet one of the following qualifications (only applicable for programs approved by Accreditation Council for Graduate Medical Education):
 - a. Have a currently valid certificate issued by the Education Commission for Foreign Medical Graduates (ECFMG).
 - b. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.

4. Graduates of medical schools outside the U.S. who have completed a Fifth Pathway program provided by an LCME accredited medical school (only applicable for programs approved by Accreditation Council for Graduate Medical Education).
5. Applicants have successfully passed all examinations as deemed required by each training program and passed COMLEX 1, 2CE, and 2PE prior to the close of the National Resident Matching Program (NRMP) ranking in January;
6. Eligible for a training certificate and/or unrestricted license to practice medicine in the State of Ohio.

B. Selection Qualification of Applicants

1. Programs in UHCMC select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, professionalism, scholarly activity, commitment to the medical profession and personal qualities such as motivation and integrity.
2. Programs shall not discriminate with regard to gender, race, age, religion, color, creed, national origin, citizenship, ancestry, marital status, disability, sexual orientation (including gender identity) or status as a protected veteran.
3. In selecting from qualified applicants, programs participate in an organized matching program, where available, such as the National Resident Matching Program (NRMP) for the AOA Resident.

C. USMLE/COMLEX

1. All Residents must have attempted COMLEX 3 or USMLE Step 3 prior to the completion of their first year of residency.
2. All Residents must have successfully passed COMLEX 3 or USMLE Step 3 prior to entry into the PGY-3 year. The training program shall not issue a PGY-3 contract or allow the trainee to continue training until COMLEX 3 or USMLE is passed.
3. All fellowship candidates must have passed USMLE/COMLEX Step 3 prior to the initiation of fellowship training and employment in an accredited fellowship program.

2.2 VISA POLICY

It is UH policy to comply with the immigration laws of the United States, and all Residents must obtain and maintain an immigration status that permits employment by the Hospital in a clinical capacity. UHCMC participates in the application for J-1 visas. UHCMC may, in its sole discretion, sponsor a resident for an H1-B visa under certain conditions.

UHCMC does not discriminate against particular individuals seeking visa status, including based on race, color, national origin, sex, religion, age, or disability. FMG H-1B visa candidates must have a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) and have passed United States Medical Licensing Exam ("USMLE"), or COMLEX Step 3 at the time of application.

If, at any time, a Resident fails to timely obtain or retain the requisite visa status from the United States Citizenship and Immigration Services (USCIS) the Resident will be subject to dismissal or leave of absence, with or without pay, in accordance with applicable USCIS regulations. For any individual that UHCMC is required to bear the cost of repatriation, the Resident shall provide UHCMC at least two weeks advance notice of any specific costs associated with such repatriation that UHCMC should bear. To the extent permitted by law, Resident shall follow UH Policy with respect to reimbursement for such repatriation costs, which will be limited to those repatriation costs that UHCMC is required to pay in accordance with the immigration laws of the United States. Residents who are visa holders may not moonlight.

2.3 EMPLOYMENT CONTRACTS

The residents will be provided with a written agreement of appointment/contract outlining the terms, conditions, and benefits of their appointment. Applicants to the program will be provided the appropriate information at the time of the interview.

UHCMC will send an employment contract for each matched student within ten (10) working days after receipt of the match results to the student for signature. The contract shall be completed as outlined in the NRMP rules and returned to UHCMC within thirty (30) days.

A trainee who de-commits prior to the start of training shall not serve in an ACGME or AOA-approved program for a period of twelve (12) months following the date of the breach. A trainee who breaches the trainee contract during his/her training shall not serve in an ACGME or AOA-approved internship or residency until the beginning of the following training year (typically effective on or about July 1st).

The contract will be reviewed annually to ensure that it complies with ACGME or AOA accreditation requirements as applicable. This contract must be signed and returned within thirty days of receipt as a condition precedent of being employed by UHCMC. All appointments are for one year or less, and may be renewed at the discretion of UHCMC.

2.4 RENEWAL OF APPOINTMENT

All reappointment contracts carry the condition that Residents must complete their present year of training in a satisfactory manner for the reappointment to be valid at the beginning of the new academic year beginning July 1. Advancement to the next post graduate year (PGY) level is based upon the recommendation of the Program Director and approved by UHCMC.

2.5 NON-RENEWAL OF APPOINTMENT

If at any time a Program Director or Clinical Chairperson determines that a Resident is not meeting the standards of the program he/she may recommend non-renewal of the Resident's appointment. Circumstances which might result in non-renewal of appointment are outlined under Academic and Disciplinary Actions in this Manual.

A Resident receiving notice of nonrenewal is not entitled to an appeal.

2.6 COMPLETION OF TRAINING

Residents should consult with their Program Director to determine all requirements to graduate have been fulfilled and should seek information on eligibility for specialty boards. Information on specialty boards may also be found online at www.abms.org.

UHCMC's official certificates of completion are presented to departing Residents by the directors of each program.

2.7 CLOSURE/REDUCTION OF PROGRAM

If UHCMC intends to reduce the size of, or close, a residency program, the Residents will be informed as soon as possible. In the event of such a reduction or closure, the UHCMC will make every effort to allow Residents already in the program to complete their education. If any Residents are displaced by the closure of a program or a reduction in the number of Residents, Residents will be assisted in identifying a program in which they can continue their education.

2.8 TRANSFER

Residents who apply for transfer from another GME program are subject to all elements of the Eligibility and Selection Policy, as well as additional requirements.

2.9 RESTRICTIVE COVENANTS

UHCMC shall not require a trainee to sign a non-competition agreement.

2.10 DISASTER POLICY

To complement the Institutional Disaster Plan of the applicable hospital, a plan is developed specifically for GME to assure educational continuity for the Residents. In recent years the disasters experienced in Northeastern Ohio have been limited to electrical outages from storms, power grid failures, and heavy snow storms. Terrorism directly involving UH potential earthquakes and tornados, and possible man-made casualties, however, must be considered. These, and any other unforeseen disasters, will be managed according to the following guidelines.

A. Statement of Policy

In the event of a widespread emergency affecting operations of some or all UH facilities, the institution has adopted an emergency plan to guide the institutional response to the specific situation. The Disaster Plan for GME is intended to complement the existing institutional plan, while taking into consideration the educational continuity for the Residents. UHCMC is committed to ensuring a safe, organized and effective environment for training of its Residents.

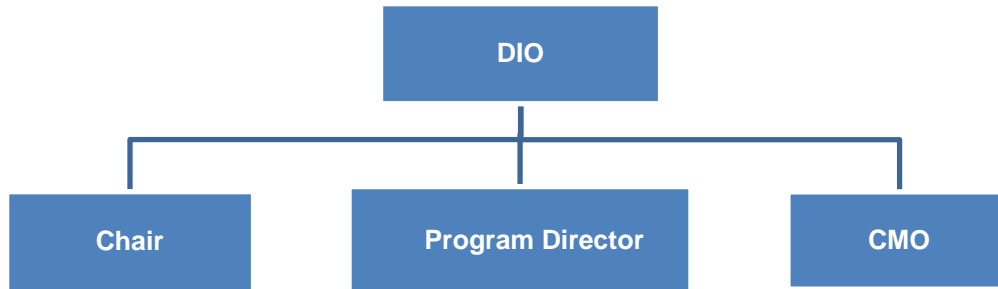
1. UHCMC recognizes the importance of physicians at all levels of training in the provision of emergency care in the case of a disaster.
2. Decisions regarding initial and continuing deployment of Residents in the provision of medical care during an emergency will be made taking into consideration the importance of providing emergency medical care, continuing educational needs of the trainees, and the health and safety of the trainees and their families.

B. Timeline

1. Upon the occurrence of the emergency situation and immediately following up to 72 hours:
 - a. Residents will be deployed as directed by the Designated Institutional Official. Ongoing decision-making regarding deployment of Residents to provide needed clinical care will be based on both the clinical needs of the institution and the safety of the Residents.
 - b. Those involved in making decisions during this period are:
 - Designated Institutional Official (DIO)
 - Chief Medical Officer
 - Department Chairs
 - Program Directors
 - c. To the extent possible within the constraints of the emergency, decision-makers shall inform and consult with the Law Department, Program Directors, and the Chair of the Association of Residents and Fellows.
 - d. The applicable accrediting organization will be apprised of the situation and follow any applicable guidelines.
2. By the end of the first week following the occurrence of the emergency situation, if the emergency is ongoing:

- a. An assessment will be made of:
 - i. the continued need for provision of clinical care by the Residents, and
 - ii. the likelihood that training can continue on site.
 - b. The assessment will be made by:
 - i. Chief Medical Officer
 - ii. DIO
 - iii. A Committee of the GMEC
3. By the end of the second week following the occurrence of the emergency situation, if the emergency is ongoing:
- a. The DIO will request an assessment by individual program directors and department chairs as to their ability to continue to provide training;
 - b. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training;
 - c. The DIO will contact applicable accrediting body to provide a status report with consideration to possible program reconfigurations and Resident transfers;
 - d. Those involved in decision making during this period are:
 - i. DIO
 - ii. Individual Department Chairs
 - iii. Individual Program Directors
 - e. Residents who wish to take advantage of the Leave of Absence Policy or be released from the contract will be accommodated.
4. During the third and fourth weeks following the occurrence of the emergency situation, if the emergency is ongoing:
- a. Program directors at alternative training sites will be contacted by Program Directors to determine feasibility of transfers as appropriate;
 - b. Program Directors will notify the DIO of any proposed transfers;
 - c. Transfers will be coordinated with the accrediting organization; and
 - d. The DIO will be responsible for coordinating the transfers with the applicable accrediting organization.
5. When the emergency situation is ended:
- a. Plans will be made with the participating institutions to which Residents have been transferred for them to resume training;
 - b. Appropriate credit for training will be coordinated with the applicable accrediting organizations and the applicable Residency Review Committees; and
 - c. Decision as to other matters related to the impact of the emergency on training will be made.

Lines of authority for deployment of the accrediting organization-accredited Residents during the first 72 hours of a disaster:



3.0 EMPLOYMENT MATTERS

3.1 ACCOMMODATION FOR DISABILITY

UH is committed to achieving equal education opportunity and full participation for all Residents. UH complies with the Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amendment Act of 2008 and accompanying regulations which protect qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, training, fringe benefits and other aspects of employment on the basis of disability.

If there is a need for an accommodation related to a disability, the Resident should inform the Program Director who will then engage in a dialogue with the Resident regarding the requested accommodation. The Program Director will consult with Human Resources. Additional information, including supporting medical documentation, may be requested. Ultimately, a determination will be made regarding whether a reasonable accommodation can be made. A “reasonable accommodation” is any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities.

3.2 BACKGROUND CHECKS

All candidates for employment as a Resident are required to have a background check which consists of the following components:

- A court record database search done in compliance with the Fair Credit Reporting Act
- A search of multiple federal databases to determine whether a person is excluded from participating in any federal program
- For certain positions, a fingerprint search conducted by either the Ohio BCI or the FBI (or both)

Fingerprint background checks may take several weeks to be processed; Residents are permitted to begin work activity before the results are received. If a disqualifying conviction or exclusion is subsequently returned, that person’s employment will be terminated. This will occur even if the Resident has successfully completed some period of the residency program before the results are received. Termination can occur as a result of the information obtained on the preliminary State of Ohio criminal history record check or the fingerprint criminal history check. See **UH Policy HR-8** for complete details.

3.3 PAYROLL

Residents are on UHs’ payroll and will be paid the amount appropriate to the Resident’s contracted post-graduate year (PGY) level as stated in his/her contract. Stipend amounts are reviewed annually and amended from time to time. For information on the compensation schedule, please consult the Office of GME. Payroll is prepared for a bi-weekly period ending on Saturday. Pay is dispersed through direct deposit on the following Thursday, with the exception of a holiday week. See also Section 5.3 - Extra Duty and Moonlighting.

3.4 TAXES AND OTHER WITHHOLDINGS

You must use Oracle Employee Direct Access (EDA) to complete an initial Withholding Allowance Certificate (W-4), for the purpose of withholding Federal Income Tax, a State of Ohio Withholding Exemption Certificate (IT-4), for the purpose of withholding State Income Tax, and a new W-4 and IT-4 when there is a change in family status. You must also complete an I-9 form at orientation and provide supporting documentation of identity and eligibility to work in the United States. You can use EDA, accessible from any computer 24/7, to track social security deductions, federal, state, and city income tax withholding, as well as deductions for any other withholds you elect.

3.5 I.D. BADGES

Photo identification badges are issued by Human Resources (HR) during the onboarding/orientation process. You are expected to wear your I.D. badge at all times while on duty. The proper way to wear your badge is above your waist with the photo/name side showing. A \$5.00 non-refundable replacement fee will be charged for stolen, lost or damaged I.D. badges. For a replacement badge, contact HR Services at ext. 40355. HR is located in the Medical Center Building (MCCO) at 220 Circle Drive. The hours of operation are: 8:00 a.m. – 5:00 p.m., Monday thru Friday. **UH Policy HR-29** governs the applicability of ID badges.

3.6 VACATION

Vacations are granted and scheduled at the discretion of the department to which the Resident is assigned. Vacation allowance is three to four weeks with departmental approval. Note that, unlike other UH employees, Residents do not accumulate paid time off (PTO).

3.7 HOLIDAYS

Holidays are granted and scheduled at the discretion of the department to which the Resident is assigned. The Hospital recognizes the following holidays:

New Year's Day	Independence Day	Thanksgiving Day
Memorial Day	Labor Day	Christmas Day

3.8 DISCOUNTS

Subject to then applicable cafeteria policies, you receive a 10% discount on cafeteria purchases for designated "wellness" items by presenting your hospital I.D. badge. Discounts are also available on selected merchandise in the Atrium Gift Shop.

3.9 LICENSURE

3.9.1 Medical Licensure

Under Ohio law, an individual pursuing a residency or fellowship in Ohio must be licensed by the State Medical Board of Ohio. The individual may either hold a Certificate (permanent license) to practice medicine and surgery in Ohio, or apply to the Board for a Training Certificate (temporary license). The Office of GME will provide the necessary application forms for the Training Certificate, but responsibility for timely completion and fee payment lies with the applicant. A Training Certificate is valid only for a period of one year, but may be renewed annually for a maximum of six years.

The Training Certificate allows Residents to follow the schedule of prescribed services, rotations, and clinical activities that have been issued by their Program Directors. Please be advised of the following limitations regarding temporary licensure:

1. A Resident without a permanent Ohio Medical license cannot "moonlight."

2. A Resident without a permanent Ohio Medical license cannot sign any legal documents that must be filed with the Probate Court in connection with involuntary hospitalization of psychiatric patients.

Permanent licensure can be initiated by contacting the State Medical Board of Ohio, Columbus, Ohio, at 614-466-3934. The Office of GME must be kept informed of any change in licensure status. Failure to renew a license or training certificate by the date due shall result in the Resident being immediately suspended from the residency program. The Resident shall not receive credit for any program-related activities or be paid between the time renewal was due and actual renewal.

3.9.2 Dental Licensure: Limited Resident's License

Under Ohio law an individual in a dental residency program must be licensed by, or hold a Limited Resident's License granted by, the Ohio State Dental Board.

Any person receiving such Limited Resident's License may practice dentistry at UHCMC only in connection with programs operated by Case Western Reserve University School of Dentistry or UHCMC and as designated on the License, and only under the direction of a licensed dentist who is a member of the UHCMC staff, or a dentist holding a current limited teaching license, and only on bona fide patients of such programs. If the residency program is changed, a new application for a Limited Resident's License must be submitted to the Board.

Limited Resident's License applications must be reviewed and approved by the Board. The license is valid from July 1st of the year of issue, through the termination of the residency program.

3.9.3 Controlled Substance Licensure

Each Resident must have a Drug Enforcement Administration (DEA) Controlled Substance Registration Number. A temporary DEA number, which is issued to each Resident by the Hospital and terminates at the conclusion of the Resident's training, is a combination of the Hospital DEA and the Resident's unique alphanumeric suffix. Federal law mandates that use of this temporary DEA is strictly limited to the care of patients served by Residents as part of their training program. To obtain a permanent DEA number, contact the Drug Enforcement Administration in Washington D.C., at (202) 633-1000. Residents are prohibited from writing any prescriptions for controlled substances outside a formal treatment relationship.

3.9.4 National Provider Identifier (NPI) Numbers

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), CMS/Medicare has required the standard unique identifier for healthcare providers. NPIs are needed for reimbursement and CMS compliance and necessary for residents writing prescriptions and orders for medical equipment. Residents need to register online prior to the start of residency training at <https://nppes.cms.hhs.gov/NPPES/Welcome> and residents are to maintain this information throughout their career. Once residents obtain NPI notification, they are to send a copy to their GME office and keep a copy for themselves. Residents will need it to enroll as a Medicare provider.

The resident must select a Healthcare Provider Taxonomy Code (HPTC) when applying for an NPI. The HPTC classifying medical students, interns, and residents who are not yet licensed is Student, Health Care (390200000X). Once licensed, residents should update their data in the NPPES by submitting a change in the HPTC to reflect the change in status within 30 days.

3.9.5 Ohio Medicaid Ordering, Referring and Prescribing (OPR)

The Ohio Office of Medicaid Services requires all providers ordering or prescribing services or drugs for Medicaid beneficiaries to register, regardless of whether or not the provider bills for

services. Residents need to register online prior to the start of residency training at <http://medicaid.ohio.gov/PROVIDERS/EnrollmentandSupport/ProviderEnrollment/ORP.aspx>

3.9.6 Medicare Part D Enrollment

Prior to the start of residency training, Residents are required to complete the CMS-8550 application to enroll into the Medicare system and be able to “order and refer patients to Medicare enrolled provider and suppliers.” This is separate from the Ohio ORP Medicaid enrollment. <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>

3.10 CHANGE IN NAME/ADDRESS

Employee Direct Access (EDA) provides direct access to your personal information and saves you time by eliminating the need to access, complete, and deliver paper forms. Efficient distribution of W-2 forms, benefits information, and other important hospital mailings is dependent upon the data an employee has provided.

3.11 DRUG FREE WORKPLACE

UH has a strong commitment to the health and safety of its employees, as well as its patients and prohibits the unlawful manufacture, distribution, dispensing, possession or use of controlled substances in and on property owned or operated by UH. No employee may engage in health system related work while under the influence of alcohol, illegal drugs, or prescription drugs which may impair judgment and/or job performance when taken as directed. UH has both a **Drug Free Workplace Policy** as well as mandatory drug screening as a regular part of the pre-employment physical **Post-Offer/Pre-Employment Evaluation**. Though your residency program may begin, your employment is conditional based upon the successful completion of a drug screening.

3.12 SAFETY SERVICES

UHCMC strives to provide its employees, patients, and visitors with a safe and healthy environment. The **Safety Services** office, with experts in chemical, environmental, fire and occupational safety, can offer assistance with the handling of such things as hazardous materials response, and Sick Building Syndrome investigation. The Cleveland Medical Center Hospital Safety office is located in the MCCO Services Bldg., 6th floor, and is open from 8:00am - 5:00pm, M-F. Main Office number is 216-844-1437.

3.13 PROTECTIVE SERVICES

The services provided by the **UH Police Department at UHCMC** are integrated with other hospital departments to provide a safe and secure environment for patients, visitors, staff, and employees. In case of an emergency or any of the services below, phone the **UH Police Department** at ext. 44357.

- Escort Services to parking facilities for all persons when requested.
- Investigative Services in response to specific situations and assigned through the Lieutenant of the **UH Police Department** to the Investigator of the department.
- Lost and Found located in the office of the **UH Police Department**.
- Safety Presentations by the **UH Police Department** personnel available to all departments educating employees on personal safety and protection of personal and hospital property.
- Special Event Security provided by officers assisting with security related matters unique to specific events.
- Witness Wills through officers present upon request by Medical Staff.
- Controlled Access and Egress to the Hospital through the coding of identification badges for all employees and contractors and vendors.

- Patrol of UHCMC facilities 24 hours a day, 7 days a week. Buildings include Andrews, Bishop, Bolwell, Horvitz Tower, Hanna House, Humphrey, Lakeside, Lerner Tower, MacDonald, Mather Pavilion, Rainbow Babies and Children's Hospital, Foley, Wearn, Modular Trailers on Cornell Road, and all hospital owned parking garages.

Loss of hospital, patient, or personal property under any circumstances should be reported to the **UH Police Department**. (ext. 44357). Although the Hospital can assume no financial responsibility for personal losses, every reasonable safeguard will be provided. Thefts or any other incidents should be reported immediately to the **UH Police Department** for investigation. Also, suspicious persons should be reported immediately for investigation.

Residents should exert a constant interest in the personal safety of patients and in the proper protection of their property. Please help the Police Department provide a safe and secure environment for all patients, visitors, and employees.

3.14 BLOOD BORNE PATHOGEN TRAINING

The Occupational Safety and Health Administration requires that health care workers receive training on the blood borne pathogen standards **annually**. This is to assure knowledge about blood borne pathogens, methods to protect against occupational exposure, and procedures to follow in case exposure occurs. This can be accomplished by physicians via the on-line training program.

3.15 SMOKING POLICY

3.15.1 Environment

In view of UH's commitment to health and wellness, smoking and use of tobacco or tobacco related products is not permitted on property owned, operated leased, branded or maintained by any UH entity. With respect to the use of smoking and the use of tobacco or tobacco related products, this policy extends beyond creating a "smoke free environment" to promote the overall health and wellness of employees, patients, physicians, volunteers, visitors, vendors and the general public. This policy applies to all forms of tobacco use regardless of type or frequency. This includes cigarettes, cigars, chewing tobacco, snuff, pipes, electronic cigarettes, and any other existing or future smoking, tobacco, or tobacco related product that UH determines is contrary to the health and wellness purpose of this policy.

See the UH **Smoking Cessation Policy**.

3.15.2 Hiring Policy

UH is committed to the health and wellness of our employees, our patients, and our community. As part of these efforts, we only hire candidates that do not use tobacco products. You must be tobacco free to be eligible for employment. Your employment is expressly contingent on confirming your non-tobacco use and satisfactorily completing and passing, as determined in UH's sole discretion, a pre-employment health assessment and drug screening for tobacco.

3.16 HARASSMENT AND DISCRIMINATION

UH is committed to providing a working environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive or disruptive, including sexual and other forms of harassment. See the UH **Anti-Harassment and Non-Discrimination Policy**. If you believe you have been subjected to discrimination or harassment of any kind, you should report it immediately to your Program Director or the Director of GME or the GME office. If not available or you believe it would be inappropriate to contact that person, you should immediately contact the Human Resources Department at 216-844-0355. In addition, you may contact the UH/GME Compliance Hotline at 1-800-227-6934 where you may make an anonymous report.

3.17 EMPLOYEE ASSISTANCE COUNSELING

Residents may seek consultation through the **Employee Assistance Program (EAP)** to discuss any personal issue that may be causing problems at work or home. These problems may include: family, marital and relationship, emotional problems, depression, grief, eating disorders, gambling, stress (personal or work), behavioral health, financial difficulties, legal problems, addiction (alcohol and drug). EAP is a counseling/referral service available to Residents and/or their immediate household members, whose personal problems are affecting their sense of well-being and/or their job performance. EAP services are **private and confidential**, in accord with state law and institutional policies.

Although there is **no cost** for EAP costs associated with referral resources outside of EAP are the individual's responsibility and may be covered in part or in whole by your health insurance. An EAP clinician will meet with you, answer your questions, and help develop a plan to deal with issues of concern. Call 216-844-1982, or 216-844-4948, to schedule an appointment.

3.18 EMPLOYEE HEALTH SERVICE

Employee Health on the UHCMC campus (MCCO 4th floor; phone 216-844-1602 or 844-1453) is open Monday through Friday, except holidays, from 7:30 A.M. to 4:00 P.M. Employee Health at the community hospitals may have varying days and hours of operation so check with the site GME office. An appointment is generally not needed unless you are having a pre-placement physical, or seeing the Medical Director. Employee Health provides a variety of health-related services, including post-offer pre-placement health assessment, evaluation and treatment of workplace injuries and illnesses, which include exposure to blood and/or body fluids (e.g., sharps injuries, splashes, exposures to communicable disease, falls, etc.), exposure surveillance and updating immunizations. At various times throughout your employment with UH, you will be asked to report to the Employee Health Service for screening such as the annual PPD skin test for tuberculosis surveillance. You may also, because of your work duties or area, be asked to have other specific screening tests and exams, many of which are mandated by state or federal agencies.

Residents should report all work-related injuries or serious, unprotected exposure to communicable disease immediately, to their Program Director before going to the Employee Health Service. If Employee Health is closed, report to the Emergency Department (ED) for appropriate initial evaluation. Residents seen in the ED for work-related injuries or exposures must follow-up in the Employee Health on the next business day. No appointment is necessary. The online "First Report of Injury/Employee Incident Report" must be completed by the Resident and the Supervisor Incident Report needs to be completed by the Program Director, in a timely manner. The electronic forms can be found on the UH Intranet/ Human Resources/Disability Management Services/**See Workers' Compensation Employee Incident Reporting UH Policy HR-67.**

4.0 DISPUTES, DISCIPLINE & CONFLICT

4.1 Academic and Professional Disciplinary Actions

A. Disciplinary Actions are typically utilized for serious situations of academic incompetence or unprofessional conduct requiring definitive actions. These actions include dismissal, nonrenewal of the Resident's contract, and denial of a certificate of completion of training, and should follow the process in Section 4.2, below. Although Graduate Medical Education attempts to pursue the remediation. Neither the residency program nor Graduate Medical Education is under any obligation to pursue a remediation action prior to recommending a Disciplinary Action. A Disciplinary Action becomes a permanent part of the Resident's training record and entitles the Resident to due process through the Resident Appeals Process.

B. Where a Resident receives notice of a Disciplinary Action under the terms in this Manual, inclusive of any amendments to this Manual that are in effect on the date of receipt of the notice, this Manual shall govern, irrespective of any later amendments or revisions to the Manual.

4.1.1 Suspension.

A Resident may be suspended from all program activities and duties by his/her Program Director, Site Director or DIO/Director of GME. Program suspension may be imposed for conduct that is deemed to be grossly unprofessional, incompetent, erratic, potentially criminal, noncompliant with UHCMC or UH policies, procedures, Code of Conduct, federal health care program requirements, or conduct threatening to the well-being of patients, other Residents, faculty, staff, employees or the Resident.

A. **Summary Suspension.** The suspension of all or any portion of the privileges of a Resident, effective immediately upon imposition, whenever action must be taken immediately in the best interest of patient care or the Hospital.

B. **Automatic Suspension.** An automatic suspension is imposed and effective immediately upon action by the Ohio State Medical Board that results in revocation or suspension of the Resident's license or temporary certificate. During the suspension, the Resident will be on "unpaid leave status" and, in order to continue health benefits, will need to pay the premium directly since, in the absence of a paycheck, deduction of that premium is not possible. If the license or temporary certificate is reinstated, the Resident may apply for readmission into the program. If readmission into the program is denied, the Resident is entitled to the Resident Appeals Process.

4.1.2 Probation.

Probation is a notification to the Resident that dismissal from the program can occur at any time during or at the conclusion of the probationary period. In most cases, remedial actions are utilized prior to placement on probation; however, a Resident may be placed on probation without prior remediation action if recommended by the Program Director. Probation is typically the final step before dismissal occurs. However, dismissal prior to the conclusion of a probationary period will occur if there is further deterioration in performance or additional deficiencies are identified or if grounds for suspension or dismissal exist.

4.1.3 Dismissal

If it is determined that a Resident's deficiency is of sufficient gravity to warrant dismissal, the Resident may be dismissed without first being offered an opportunity for remediation.

A. A Resident may be dismissed from the Residency Training Program for serious acts, which include but are not limited to the following:

1. Serious acts of incompetence;
2. Non-disability related impairment;
3. Unprofessional behavior;
4. Falsifying information; and
5. Noncompliance with Hospital policies.

B. Immediate dismissal will occur if the Resident is listed as an excluded individual by any of the following:

1. Material breach of the Resident's contract, any Policy set forth in this Manual, or any applicable policy of UHCMC or any UHHS affiliate or subsidiary at or for which Resident is providing services, expressly including, but not limited to any organizational integrity or compliance program or policy of any such entity;
2. Conviction (including guilty plea or plea agreement) for a felony or the Resident's agreement to a consent decree or other judicial order or administrative settlement with respect to fraud or abuse or misconduct involving activities regulated by any governmental health care or accreditation agency;

3. Failure to obtain or properly maintain any professional license or any privilege, membership or right to practice at UHCMC or any UHHS affiliate or subsidiary if such license, privilege or right is necessary for the Resident to fulfill duties assigned to Resident under his or her PSA, this Policy Manual or otherwise by his or her Program Director;
 4. Any suspension, revocation, restriction on or loss of any professional license or of any privilege, membership or right to practice at UHCMC or any UHHS affiliate or subsidiary (except for suspensions purely as a result of an administrative cause);
 5. Evidence of current alcohol, substance or drug abuse;
 6. Resident is the subject of an allegation of any of the following violations:
 - a. Health care fraud or abuse;
 - b. Financial fraud;
 - c. Patient abuse;
 - d. Violent crime, including domestic/child abuse;
 - e. Theft or illegal use or possession of drugs;
 - f. Sexual misconduct, sexual harassment or other forms of harassment or intimidation; or
 - g. Any similar violations that are criminally or civilly proscribed.
 7. Resident has been consistently or materially disruptive, or consistently or materially fails to work cooperatively with UHCMC or other UHCMC Resident(s), whether or not such other Resident(s) are members of the Resident's assigned Department, or engages in conduct that brings, or threatens, discredit to the reputation of UHCMC or any of its Residents;
 8. Resident's failure or refusal to provide UHCMC with any information reasonably requested by UHCMC and necessary for UHCMC to evaluate whether Resident is in violation of Resident's PSA or this Policy Manual;
 9. Resident becoming debarred, excluded, suspended or otherwise determined to be ineligible to participate in federal or state health care programs or in Federal procurement or non-procurement programs (collectively, "Ineligible"), or convicted of a criminal offense that could result in Resident becoming Ineligible; and
 10. If applicable, Resident's failure to maintain a visa status that permits Resident to work for UHCMC.
 - a. Department of Health and Human Services Office of Inspector General's "List of Excluded Individuals/Entities";
 - b. General Services Administration "List of Parties Excluded from Federal Procurement and Non-Procurement Programs"; and
 - c. Convicted of a crime related to the provision of health care items or services for which one may be excluded under 42 USC 1320a-7(a).
- C. The Resident does not need to be on suspension or probation for dismissal to take place.

4.1.4 Non-renewal of Resident's Contract

- A. If a Residency Program Director, Site Director or Department Chairman determines that a Resident is not meeting the standards of the program, he/she may make a recommendation for non-renewal of the Resident's contract.
- B. The Program Director or Site Director must submit the recommendation for non-renewal in writing to the Director of GME and will include the basis on which the action is being taken. If the

DIO/Director of GME determines that there is sufficient reason not to renew the appointment, he/she will notify the Program Director, who will so inform the Resident in writing no later than four months prior to the end of the Resident's current contract. In accordance with applicable accreditation guidelines, if the primary reason(s) for non-renewal occur(s) within four months prior to the end of the contract, UHCMC will make every effort to ensure that the program provides the Resident as much written notice of the intent not to renew as circumstances will reasonably allow prior to the end of a Resident's appointment.

4.1.5 Denial of Certificate of Completion

The Program Director may recommend the Resident be denied a certificate of completion of training as a result of overall unsatisfactory performance during the final academic year of training. The recommendation, if approved by the DIO/Director of GME, should allow for the Resident to receive notification in writing by the Program Director as soon as possible and at least six (6) weeks prior to scheduled completion of program; however, documented extenuating circumstances may result in a shorter notice period.

4.2 DISCIPLINARY ACTION PROCESS

4.2.1 Recommendation

The Residency Program Director, Site Director, or DIO/Director of GME may recommend dismissal, non-renewal of the Resident's contract, or denial of a certificate of completion of training. The recommendation will be made in writing, accompanied by any written documents necessary to support the recommendation, and will be filed with the DIO/Director of GME. The recommendation will include a time frame for a Leave of Absence or Suspension. Where summary suspension is of an urgent nature, the recommendation to Director of GME should follow immediately thereafter.

4.2.2 Review of Disciplinary Action Recommendation.

A. If the Director of GME rejects the Disciplinary Action, it will not be instituted. If the DIO/Director of GME imposes no other sanction or action, the record of the event will be expunged from the Resident's file.

B. If the DIO/Director of GME upholds the recommendation, he/she will notify the Program Director who will inform the Resident in writing, either in person or by certified mail, return receipt requested, of the Disciplinary Action. The notice must specifically state the grounds for the Disciplinary Action and inform the Resident of his/her right of appeal as set forth below, in the Resident Appeals Process. The writing also informs the Resident that he/she may appeal the decision by submitting within ten (10) calendar days after receiving the notice, a written request to the Director of GME either in person or by certified mail, return receipt requested, for a hearing before an Appeals Committee.

C. The action shall become effective immediately. If the Resident will not be permitted any clinical privileges, nor be permitted to attend Conferences or Rounds, then:

1. The Resident's keys, IS logins, pass codes, entry cards, and hospital ID cards will be turned in and pass codes will be disabled.
2. Any Disciplinary Action that results in loss of privileges that are later be reinstated will result in an extension of the Resident's educational program.
3. Any Disciplinary Action (except for Automatic Suspension which results from an Ohio State Medical Board action) that results in loss of privileges will result in the Resident's salary and benefits continuing through the Resident Appeals Process only so long as the Resident properly files an appeal no later than ten (10) calendar days after receipt of the written notice of the recommendation of the Director of GME.

4.3 ACTIONS REPORTABLE TO THE MEDICAL BOARD

4.3.1 The Hospital must report to the State Medical Board of Ohio a Disciplinary Action taken against a Resident within sixty (60) days of the date the Resident Appeals Committee Chair confirms the decision in writing. This includes: any action resulting in the revocation, restriction, reduction, or termination of the Hospital's authorization for the Resident to provide health care services for violations of professional ethics, or for reasons of medical incompetence, medical malpractice, or drug or alcohol abuse; a summary action; an action that takes effect notwithstanding any appeal rights that may exist; and, an action that results in a Resident surrendering his/her health care services responsibilities while under investigation and during proceedings regarding the action being taken or in return for not being investigated or having proceedings held.

4.3.2 Exceptions to this reporting requirement: A Resident's personal issues, a desire to change to a different training program or training facility, or exceptional difficulty in the residency program may result in Non-renewal of Resident's Contract, Denial of a Certificate of Completion, or a Resident's resignation or withdrawal from the program. Where any one of these actions meets all of the following criteria, no report will be made to the State Medical Board: (a) Resident and Program Director mutually agree to the Non-renewal of Resident's Contract, Denial of a Certificate of Completion, or a Resident's resignation or withdrawal from the program; (b) the action is not for the purpose of avoiding a Disciplinary Action or investigation; and, (c) Chief Medical Officer or President of UHCMC must approve the decision that there is no basis for reporting the action.

4.4 NON-ACADEMIC CORRECTIVE ACTIONS

Residents are also subject to UHCMC's and UHs' policies and procedures. Copies of all applicable policies and procedures are available on the UH Intranet.

4.5 RESIDENT DUE PROCESS

4.5.1 Resident Appeals Process

The Resident Appeals Process affords the Resident a means to exercise his/her right to due process when an academic or other professional Disciplinary Actions is taken against the Resident.

1. An appeal of the Program's decision to take a disciplinary action may be requested by the Resident/fellow against whom the disciplinary action was taken.
2. A written request for an appeal must be submitted to the DIO within fourteen (14) days of learning of the action. If the Resident/fellow does not make a timely appeal, the decision of the Program Director regarding the disciplinary action is final and will be implemented.
3. Upon request for an appeal, the DIO shall appoint an Appeal Committee. The Appeal Committee shall be composed of the following individuals from a department different from the requesting Resident: two (2) full-time faculty members and one (1) Resident.
4. No later than ten (10) business after receipt of the Resident's/fellow's request for an appeal, the DIO or designee notifies the Resident/fellow of the date, time and place of the Appeal Meeting by regular and certified, return receipt requested, mail.
5. The Appeal Meeting will be held no fewer than twenty (20) business days and no more than thirty (30) business days after receipt of the Resident's/fellow's request for an appeal. If the Resident/fellow fails to attend without good cause, he/she will have been considered to have withdrawn the request for an appeal. If the Program Director fails to attend without good cause, the Appeal Meeting will proceed.

6. The Appeal Committee will be provided with a copy of the Resident's/fellow's file. No later than five (5) days before the Meeting, the Resident/fellow and Program Director may submit any additional relevant documentation and the name of their witness to the Committee members. The Committee may interview others as they determine appropriate in order to gather all relevant information.

7. The Appeal Meeting will be attended by the 3 committee members, the Resident/fellow and Program Director. No attorneys or legal advisors are permitted to be in attendance. The Resident/fellow may have a faculty advisor or other support person present if he or she chooses. The support person may not be an attorney and will not be permitted to actively participate unless requested by the Chairperson of the Appeal Meeting. The Chief Medical Officer of the Resident's hospital employer shall preside over the Appeal Meeting.

8. During the Appeal Meeting, the Resident/fellow will be given an opportunity to submit written and/or oral evidence, including witness statements, in support of his or her appeal and may call a witness with substantive knowledge of the case. The Program Director may also submit additional written and/or oral evidence in support of the disciplinary action, and may call a witness with substantive knowledge of the case.

9. The Committee will have an opportunity to separately ask questions of the Resident/fellow and Program Director without the other party present. The Chairman will establish a time limit for the presentations at the Appeal Meeting and communicate such time limits to the participants. On conclusion of the Appeal Meeting, the committee will deliberate without the Program Director and the Resident/fellow.

10. Within five (5) business days of the Meeting, the Committee will send to the Resident/fellow and the Program Director, by regular and certified, return receipt requested, mail, a letter that confirms the decision, and affirms, modifies or reverses the disciplinary action.

11. The decision of the committee is final and binding, and cannot be further appealed.

12. The Rules of Evidence that govern proceedings in a court of law will not apply at any stage of the appeal or meeting.

4.5.2 Resident Grievance Process

This procedure affords the Resident a means to exercise his/her right to formally file a Grievance related to the work environment or issues related to the program or faculty. It is available to all Residents who are members of the Resident Staff of UHCMC; it is not applicable to Residents who are on rotation at UHCMC from affiliated institutions.

A. If a Resident has reason to believe that established Hospital policies and procedures, including applicable personnel policies (with the exception of any action, policy, practice or procedure connected with the periodic evaluation of a Resident, or a Disciplinary Action or appeal, as set forth in this *Manual*) were denied him/her or were erroneously applied to him/her, or if a Resident has a problem (collectively, hereinafter a "Grievance") with any employee of the Hospital, any member of the Hospital's Medical Staff, or any other individual affiliated or associated with the Resident's residency training program, the Resident may file a Grievance, in accordance with the following:

1. The Resident must make an appointment to discuss the Grievance with the Manager of Graduate Medical Education ("Manager of GME") of the respective hospital. The Manager of GME explains the established policies and procedures to assist the Resident in determining whether a formal Grievance should be filed. The Resident maintains authority over the final decision as to whether a Grievance exists and/or whether a formal Grievance is filed.

2. If, after discussing the Grievance with the Manager of GME, the Resident believes that a Grievance exists, then the Resident must submit a written notice of the Grievance (the "Grievance Notice") to the Manager of GME and the Resident's respective Program Director. The Grievance Notice must be set forth in reasonable and sufficient detail, an explanation of the Resident's Grievance. The Manager of GME may provide copies of all Grievance Notices to the Resident's Program Director and Site Director, the DIO/Director of GME, the UH Law Department and Human Resources. If due to the nature of the Grievance, the Resident reasonably believes that it is inappropriate to file Grievance with the Program Director, the Resident must submit the Grievance directly to the DIO/Director of GME.

3. The Program Director will meet with the Resident to discuss the Grievance. A written response will be provided to the Resident by the Program Director within ten (10) business days after the receipt of the Grievance Notice, unless the Resident otherwise agrees. All agreements to extend the ten (10) day response period must be in writing.

4. If the Resident is not satisfied with the Program Director's resolution, the Resident must submit the Grievance Notice to the DIO/Director of GME within five (5) business days of receiving the response.

5. The DIO/Director of GME will meet with the Resident to discuss the Grievance. A written response will be provided to the Resident by the DIO/Director of GME within ten (10) business days after receipt of the Grievance Notice unless the Resident otherwise agrees. All agreements to extend the ten (10) day response period must be in writing.

6. If the Resident is not satisfied with the DIO/Director of GME's resolution, the Resident must submit the Grievance Notice to Human Resources within five (5) business days of receiving the response, for investigation and follow up. Human Resources will provide a written response to the Resident after their investigation is complete and within a reasonable time after receiving the Grievance Notice.

B. The confidential process for reporting potential violations of the UH Code of Conduct, UH policies, GME policies or the law is another mechanism for the Resident to make a report. The GME/Compliance Hotline is available at all times and can be reached by calling 1-800-227-6934. See UH Policy **Making Compliance and Ethics Reports**.

4.6 DISPUTES BETWEEN RESIDENT AND MEDICAL SUPERVISORS

4.6.1 UHCMC adheres to the principle that "Resident Physicians should refuse to participate in patient care ordered by their superiors in cases in which the orders reflect serious errors in clinical or ethical judgment, or physical impairment that could result in a threat of imminent harm to the patient or to others."

4.6.2 In such a circumstance, the Resident may refuse to provide the care ordered by the supervisor, provided the omission will not threaten the patient's immediate welfare. Residents should communicate their concerns, immediately, to the physician issuing the orders, and to the Program Director and/or Site Director. Residents who raise such a complaint will not be subject to retaliatory or punitive action, if the complaint was made in good faith, in the interest of patient care.

4.6.3 The Program Director and/or the Department Chair shall immediately notify the Chief Medical Officer regarding the Resident's concerns. The Chief Medical Officer may take such action as he deems reasonable, in his sole discretion, to investigate and resolve the situation, subject to the rights and obligations of the parties as set forth above. See **UH Policy CP-10 – Chain of Command for Questioning Medical Management of Patients**.

5.0 STANDARDS OF CONDUCT

5.1 LEVELS OF SUPERVISION

Pursuant to the applicable UH Medical Center's Medical Staff Rules and Regulations, Residents are assigned patient care responsibilities commensurate with the individual's level of training, experience and capability. In all matters of an individual patient's care, Residents are supervised by the attending physician or an appropriate Licensed Independent Practitioner (LIP) with appropriate clinical privileges who maintains responsibility for the care of the patient. Each Program is expected to maintain a written program-specific supervision policy to assist Resident in identifying their individual patient care responsibilities and identifying which physician or LIP is actively supervising each Resident. Lines of responsibility are expected to be structured around the following institutional policy and the respective ACGME Common requirement and specialty-specific Program Requirements:

1. "Direct" Supervision: applies when a supervisor is physically present with the Resident and patient;
2. "Indirect" Supervision where "Direct" Supervision is *Immediately Available*: applies when a supervisor is on site and immediately available to physically provide "Direct" Supervision";
3. Indirect Supervision where "Direct" Supervision is Available: applies when a supervisor is not on site but is available by phone or electronic means AND is available to travel on site to provide "Direct Supervision" to the Resident; and
4. Oversight: applies when a supervisor is only available to provide feedback but not real time support during care delivery.

Supervisory authority is expressed as a progressive hierarchy of criteria developed based on skill, education, and achievement of milestones; and may involve attending physicians, other house staff, and qualified LIPs as determined specifically by each Program and its faculty in accordance with any applicable laws and ACGME (including Residency Review Committee) guidelines. No PGY-1 may be supervised other than through Direct Supervision or Indirect Supervision where Direct Supervision is Immediately Available. Any questions regarding what a particular Department's or Program's supervision policy is should be first directed to the Resident's faculty supervisor, then to the Program's Director, and then to the GME office for assistance in clarifying particular roles. All Residents are expected to clearly understand their roles, and the extent and limit of their scope and authority with respect to patient care responsibilities, and are expected to ask when in doubt. UH Employees and affiliated physicians may not have a supervisory relationship with a family member or anyone with whom they have a close personal or romantic relationship.

Attending physicians and LIPs will supervise Residents in a manner consistent with the mandates of the Resident's ACGME program requirements and in a manner consistent with all Federal and State laws, rules and regulations. Supervision does not imply constant observation, but incorporates appropriate elements of observation as determined necessary by Programs to optimize patient safety and overall quality of care. Any incidents involving quality of care shall be reported as articulated in the Clinical Practice UHHS System wide policies and other UHCMC policies.

5.1.1 Transitions of Care

Each program must design clinical assignments to minimize the number of transitions in patient care and the programs must ensure that Residents are competent in communicating with team members in the hand-over process. The programs and UH as the Sponsoring Institution ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. UH ensures the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.

5.1.2 Escalation of Care

The following policy provides examples of scenarios where a Resident or fellow must communicate with the attending physician responsible for a patient's care. This communication should occur whenever a Resident recognizes a problem threatening the safety of a patient, visitor or employee.

1. The following is a list of conditions that might require escalation. It is not totally inclusive of all conditions or situations that require escalation. Each situation must be evaluated independently.
 - a. Unexpected change in a patient's medical condition
 - b. Transfer of patient to a higher level of care
 - c. Patient death
 - d. Patient or family wishes to lodge a complaint
 - e. Patient or family requests to speak to the attending physician
 - f. Inappropriate or questionable medical or nursing practice (the attending is expected to assist the Resident with seeking appropriate resolution through the chain of command)
 - g. Ethical or legal issues needing prompt resolution
 - h. Equipment failure
 - i. Threats/Workplace Violence
2. It is the responsibility of all Residents to be knowledgeable about the escalation process and to implement it appropriately.
3. Implementation of the escalation process will not result in punitive action toward the initiating individual.

Immediate Action:

If the Resident has a concern, problem, or emergency that requires initiation of the escalation process, it is her/his responsibility to escalate the matter to the person to whom they report. If in the judgment of the Resident the appropriate response is not then achieved or obtained in a reasonable amount of time the Resident must escalate the problem, concern or emergency to a higher level in chain of command, and continue the escalation process until resolution is achieved.

Follow up Reporting/documentation:

1. If the reason for the escalation involves a patient incident or an emergency, the incident must be documented in the patient record. Documentation in the patient record must be factual, objective, complete and accurate. It will reflect date and time matter was identified, an objective description of the event, assessment and documentation of the patient's condition, actions taken and the patient's response and outcome.
2. Documentation of the incident and/or initiation of the escalation process must be entered on a PASS Report, and it must reflect a comprehensive description of the event. Complete documentation must include specifically the time of the event, time of notification, name of person who was notified, the information communicated, the response and outcome.
3. If the Resident initiating the escalation process does not perceive the resolution of the concern, problem, or emergency as satisfactory, a request for review should be submitted to the next level on the chain of command.

5.2 DUTY HOURS & ON CALL ACTIVITIES

5.2.1 Duty Hours

UH strives to meet the institutional and program requirements of the Accreditation Council of Graduate Medical Education (ACGME) to ensure that the learning objectives of its residency programs are not compromised by excessive reliance on Residents to fulfill patient care service obligations of the hospital, attending physicians, physician practices or faculty. Providing Residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and Resident well-being. Didactic and clinical education has priority in the allotment of Residents' time and energies. Duty hour assignments recognize that faculty and Residents collectively have responsibility for the safety and welfare of patients.

1. "Duty hours" includes *all* clinical and academic activities performed *on behalf of* UHCMC, including time spent on rotations away from the UHCMC primary clinical site receiving training for your UHCMC program, whether moonlighting internally *on behalf of* UHCMC or performing duties required by a Resident's training program ("Program"), or whether for extra pay or not. Each site you work at *on behalf of* UHCMC is referred to in this manual as a "Duty Site." Any location you perform work that is (1) not required by your Program, AND (2) *not on behalf of* UHCMC (i.e., UHCMC is not acting as your employer), is not considered a Duty Site.
 - a. "Duty Sites" include any location where the Resident engages in required educational activities. Any questions about whether or not a location qualifies as a Duty Site should be addressed with the GME office.
 - b. "Clinical and academic activities" are defined as activities involving patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time during in-house call, research time required by the Program, and scheduled academic activities such as conferences.
 - c. "In house call" is defined as those duty hours beyond the normal workday when Residents are required to be immediately available on site inside of the assigned institution (UH Cleveland Medical Center or other applicable Duty Site).
 - d. Program *required or strongly encouraged* attendance at conferences, journal club, and other ancillary activities constitute duty hours.
 - e. Duty hours do not include reading and preparation time spent away from the Duty Site.
2. Duty hours must be limited to 80 hours per week when averaged over a four-week period inclusive of all in-house call activities and all moonlighting.
3. Residents must be provided at least 1 out of 7 days free from Duty hours and any on call services (whether in house or at home), when averaged over a four-week period. "One day" is defined as one continuous 24-hour period. At home call cannot be assigned on these free days.
4. Residents shall not exceed twenty-four (24) hours of continuous duty in the hospital. No additional clinical responsibilities may be assigned after twenty-four (24) hours of continuous in-house duty, unless otherwise permitted by applicable accreditation.
5. PGY 1 Residents should have ten (10) hours and must have eight (8) hours, free of duty between scheduled duty periods. Intermediate level Residents should have ten (10) hours free of duty and must have eight (8) hours between scheduled duty periods. . Intermediate level Residents must have at least fourteen (14) hours free of duty after twenty-for (24) hours of in-house call.

5.2.2 On-Call Activities

The objective of on-call activities for PGY 2 and above Residents is to provide Residents with continuity of patient care experiences throughout a twenty-four (24) hour period.

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. "At-home call" (a/k/a "pager call") is defined as call taken from outside a Duty Site.
3. 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 Resident.
4. When Residents are called into the hospital from home, the hours Residents spend in-house are counted toward the 80-hour limit.
5. 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.

5.2.3 Monitoring & Fatigue Mitigation

All Programs are required to monitor duty hours using a method as may be approved from time to time by Graduate Medical Education Committee (GMEC). Residents are required to log duty hours on a weekly basis (daily preferred) to the Program Coordinator via the residency management software (i.e. New Innovations). The Program Director or assigned designee will report results via email to the Graduate Medical Education office on a monthly basis. Duty hours reporting will be discussed at every GMEC meeting. Any communication of violations will require an explanation and will result in a meeting between the DIO/Director of GME and Program Director to address the cause of and remedy for the violation.

The GMEC is committed to assuring that Residents are able to report concerns regarding duty hours without fear of retaliation. If a Resident is uncomfortable reporting Duty Hours issues to the Program Director; Residents may report issues by:

1. Meeting with the Manager of GME office;
2. Meeting with the DIO/Director of GME;
3. Contacting the peer-selected representatives of the local site who will supply a report to the local Medical Education Committee (MEC) and to the GMEC; or
4. Bring a grievance procedure pursuant to Section 4.5.2 of this Manual.

Requests for approval to petition the ACGME for a duty hours exception is made by the Program Director to the DIO; and if approved, the petition to the ACGME must be made pursuant to its requirements.

The completion of the Fatigue Learning Management module is required to educate all faculty members and residents to recognize the signs of fatigue, sleep deprivation and fatigue mitigation. Each program has a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties in addition to providing an onsite sleep room or a taxi ride home.

5.3 EXTRA DUTY & MOONLIGHTING

5.3.1 Extra Duty

At UHCMC, any activity performed by a Resident that is in excess of what is minimally required by the Resident's Program Director, the GMEC, the GME Office, and the ACGME to complete a Resident's training is considered "Extra Duty," whether for pay or not (e.g., also includes volunteer experiences). For ACGME purposes, some Extra Duty may be considered "Moonlighting," while some may not, depending on how that Extra Duty relates to the Resident's program as described in this section. Extra Duty can include work performed internally as part of a Resident's job at UHCMC, but it also can include work performed by the Resident on the behalf of other employers.

Extra Duty is considered to be part of a Resident's Program (and thus not Moonlighting) if (1) it is in furtherance of a Resident's training in their Program, (2) performed on behalf of UHCMC, (3) created by and subject to the oversight of the Program and Resident's Program Director, (4) in excess of the minimum Program requirements and (5) part of a Resident's typical program related experience. For example, acting as a chief Resident for a Program, or picking up an additional shift during a rotation to meet a staffing need that also furthers a Resident's competency in their program (as determined by the Resident's Program Director) may be considered to be Internal Extra Duty that is considered to be part of a Resident's Program.

All Extra Duty performed internally on behalf of CMC is considered "Duty Hours" as described in Section 5.2.

Subject to all approvals required by UHCMC, any Internal Extra Duty on behalf of UHCMC shall be paid in accordance with fair market value rates as determined by the UHHS Authorized Representative as defined in accordance with UHHS System wide policy PT-5.

Extra Duty not approved in accordance with this Policy Manual can result in (1) the immediate termination of a Resident's employment, and/or (2) the removal of the Resident from their Training Program. The Resident has the responsibility to seek appropriate approvals for Extra Duty, and the Program Director has the responsibility to appropriately approve Extra Duty.

To assist the Resident and Program Director, the Resident and Program Director may utilize the "Application for Internal Extra Duty with Pay" attached hereto as APPENDIX B (as amended from time to time by the GME Office).

It is anticipated that UHCMC may develop and maintain, as amended from time to time, a rate sheet authorizing standardized pay grade for Extra Pay that will be signed and dated by the appropriate UHCMC administrators, approved as to form by an individual in the UHHS Law Department, and communicated or posted to the Residents.

5.3.2 Moonlighting

At UHCMC, Extra Duty is considered to be "Internal Moonlighting" and thus not part of a Resident's Program when it (1) is Extra Duty, (2) is performed internally on behalf of UHCMC (3) not created by or subject to the oversight of the Resident's Program Director, and (3) not in furtherance of a competency in a Resident's program

Any work performed on the behalf of a non-UHCMC employer (e.g., University Hospital Health System, University Hospitals Medical Group, University Hospitals Physician's Services, any UH community hospital, Southwest General, MetroHealth, and any other employer outside of UHCMC) is considered to be "External Moonlighting".

Moonlighting is discouraged because it clearly competes with the opportunity to achieve the full measure of the educational objectives of the residency. Additionally, the added time burden takes away from study because it reduces rest and the ability for a more balanced lifestyle.

Nevertheless, many Residents wish to use their time away from their training program (“Program”) to meet financial obligations.

Moonlighting must not interfere with the ability of the Residents to achieve the goals and objectives of their Program. The Program Director should monitor Resident performance to assure that factors such as Resident fatigue are not contributing to diminished learning or performance, or detracting from patient safety. The Program Director must monitor the number of hours and the nature of the workload of Residents engaging in moonlighting experiences. Any adverse effects will result in the removal of the Resident from the ability to participate in Moonlighting experiences by the Program Director. Residents must not be required to engage in “Moonlighting.”

At UH, Moonlighting is **NOT** permitted if:

1. The Resident has not received the prior written consent of their Program Director.
2. The Resident is a foreign national and holds a visa of any kind, whether sponsored through Educational Commission for Foreign Medical Graduates (“ECFMG”) or not.
3. The Resident does not have a full medical license and individual DEA number (not hospital provided) that would permit him/her to Moonlight. For Internal Moonlighters, this means that Residents on Ohio Medical Board Training Certificates may only Moonlight in the event they have appropriate levels of supervision and their Program Director has verified that the Resident has the appropriate level of training and competence to perform Moonlighting activities. For External Moonlighters, only Residents who have unrestricted Ohio Medical Board licenses (e.g., are not on Training Certificates) and DEA licenses may Moonlight.
4. The Resident is an External Moonlighter working outside of a UHCMC primary clinical site and is:
 - a. working for another UH employer (i) without an appropriate contract approved by the UH Law Department directly with that UH organization and/or, (ii) has not secured his/her own documentation of malpractice insurance coverage (professional liability coverage)-to cover the External Moonlighting experience; or
 - b. working for a non-UHCMC employer and the Resident has not secured his/her own malpractice insurance coverage (professional liability coverage) for which he/she has received prior approval from the UH Department of Insurance and Risk Management that such coverage is sufficient to cover Resident’s professional liability for the External Moonlighting. The Main Contact number for the UH Department of Insurance and Risk Management is (216) 767-8531.
5. The Resident is a PGY 1. *Any exceptions to this rule must be expressly approved by the Director of GME.*
6. By doing so, the Resident will exceed their Duty Hours. See Section 5.2.1 of this Manual regarding Duty Hours.
7. The Resident has not received the consent of their Program Director.

Moonlighting not approved in accordance with this Policy Manual-can result in (1) the immediate termination of a Resident’s employment, and/or (2) the removal of the Resident from their Training Program. The Resident has the responsibility to seek appropriate approvals for Moonlighting, and the Program Director has the responsibility to appropriately approve Moonlighting.

It is anticipated that UHCMC may develop and maintain, as amended from time to time, a rate sheet authorizing standardized pay grade for Extra Pay that will be signed and

dated by the appropriate UHCMC administrators, approved as to form by an individual in the UHHS Law Department, and communicated or posted to the Residents.

5.4 HIPAA, HITECH and MEDIA STATEMENTS

5.4.1 HIPAA/HITECH

The Health Insurance Portability & Accountability Act (“HIPAA”) and Health Information Technology for Economic & Clinical Health Act (“HITECH”) create national standards for maintaining the privacy and security of patients’ protected health information (PHI). Consistent with HIPAA, we only use, disclose or discuss patient-specific information with others when it is necessary for treatment, payment or health care operations purposes, or when such disclosure is authorized by the patient or is required or authorized by law. We protect the confidentiality of PHI, whether that information exists in oral, written or electronic form. UH maintains and safeguards both paper and electronic medical and financial records to ensure that PHI is not shared with anyone except the patient; the patient’s validly designated personal representative, surrogate or executor; or other third parties who present a valid written authorization signed by the patient; or as required or authorized by law.

The intentional, inappropriate access or disclosure of PHI will result in termination. Residents are expected to read and understand policies related to the privacy and security of PHI including, but not limited to:

- PH-3, Permitted Uses and Disclosures of PHI
- PH-4, Authorizations for Use and Disclosures of PHI
- PH-5, PHI Enforcement: Safeguards, Mitigation, and Sanctions
- PH-6, Minimum Necessary Standard for accessing PHI
- PH-8, Faxing PHI
- PH-21, Privacy and Security of Non-Electronic PHI
- PH-23, Psychotherapy Notes
- PH-24, Use and Disclosure of PHI for Treatment, Payment, or Healthcare Operations
- PH-27, Workstation Use
- PH-28, Breach Notification
- PH-29, Disposal, Removal or Re-Use of Equipment Containing PHI
- IS-1, Internet Use
- IS-9, Passwords, Creation and Revision
- IS-14, Acceptable Use of UH Electronic Assets
- IS-15, UH Network and Systems Access
- IS-16, Computer Device Use
- GM-76, Social Media Usage
- GM-78, Email Communication of PHI between Patients and Healthcare Providers and Internal Communications Containing PHI

5.4.2 Statements to the Media

No Resident shall give out any information relative to the Hospital or concerning any patient in the Hospital to a representative of the press. Such communications are issued by Corporate Communications. **See also Release of Information and Media Relations, UH Policy GM-41.**

5.4.3 Internet Policy

A. Failure to comply with the UH Internet policy can subject workforce members to criminal penalties, including fines and imprisonment, as well as UH sanctions up to and including termination.

B. Patients have the right to absolute privacy of their clinical records. All access should be by clinical care providers only and never by curiosity seekers or friends, neighbors, relatives or co-workers not involved in the patients clinical care. You are privileged to access patient records with

which you have legitimate clinical links. At the time sign-on codes are assigned, you will be asked to sign a confidentiality statement. The statement verifies your understanding of what constitutes a breach of access and the consequences of such a violation. All computer access is through the use of an individually assigned sign-on code and unique password. For security reasons your computer sign-on code is never to be shared or borrowed. Use of a sign-on code establishes user identity and all transactions are tracked and logged to determine appropriateness of those transactions. Reports are continually being run to track users and their access. Audit trails are maintained to allow for periodic audits of clinician transactions.

C. Confidential patient types may also be present on UH computer systems. These VIP, employee, and psychiatric patients have shielded access and present the user with a warning screen requesting documentation of the reason for access to the patient record. Both the access and the reason the record was entered will print in a report to the Chief Medical Officer Office.

D. Access to any patient data is subject to the UH Policies on Computer and Electronic Data Security.

5.5 ADVOCACY EFFORTS

- Residents have a responsibility to alert their faculty and other appropriate institutional authorities about any aspect of patient care they perceive to be substandard.
- Residents must not join any organization that could consider striking or withholding patient care services as a bargaining strategy.
- Residents, acting as individuals or through their selected representatives, will be accorded appropriate opportunities to register their concerns about the educational environment, their working conditions, and/or the learning resources available to them. Likewise, they will be kept informed about any planned or potential changes in the resources that may affect the quality or nature of the institution's training programs.

UH offers several mechanisms for addressing Resident concerns, whether patient care issues or about working conditions. The Resident Forums and the GMEC meetings as well as Hospital Administration are dedicated to support the concerns of all Residents.

5.6 COMPUTERS & ELECTRONIC DATA

5.6.1 Internet & Electronic Data Usage

All computers and systems provided by UH as well as all data they contain or generate (including electronic records, documents, applications, audit logs, and files of any kind) remain the property of UH. UH management reserves the right to access, search, copy, retrieve, analyze, or otherwise use the data contained in or generated by these computers and systems. See the following UH Policies:

Internet Use

Copyrighted Computer Software

Use of Cellular Equipment for Business Purposes

Computer Modem Use

Remote Computer Access

Unique User Identifier Computer Sign on Assignment

Computing Device Use

Access to Electronic Records/Computers for Inquires/Investigations

5.6.2 Email Usage

1. Email is available for use throughout the hospital complex. A number of administrative reports are on-line through this function as well as hospital news. Users registering for email functionality should receive a manual explaining the use of email.
2. UHCMC requires employee use of UH electronic mail, the UHs' Intranet and the Internet.
3. Sending and receiving email, Intranet or Internet messages regarding personal matters is not permitted.
4. Under no circumstances will the email system, the Intranet or the Internet be used as a forum for inappropriate, offensive or discriminatory usage.
5. An employee should not consider the contents of his or her email account (UHCMC, UH or Internet) private.
6. The password used to restrict access to all employees' email account is a mechanism for preventing an unauthorized person from gaining access to UHs' information rather than maintaining privacy of employee messages.
7. The email system, including the contents of messages and accounts, will be monitored.

See also E-mail Communication of Protected Health Information, UH Policy GM-78.

5.7 MARKETING & COMMUNICATIONS

Because of your constant relationship with patients and their visitors, your role in establishing a positive reputation for the Hospital is important. Patients are seldom qualified to judge the technical quality of medical care they receive. To patients, the most important thing is usually the personal concern of each individual they contact in the Hospital. The patients are extremely conscious of the many little things that add up to kindness, sympathy and understanding. UH, through the compassion and caring of its physicians, nurses, and support staff, has consistently achieved excellent patient satisfaction ratings.

The Hospital's **Marketing and Corporate Communications** Department (MCD) is responsible for handling inquiries and requests from newspapers, magazines, and radio and television stations. Refer any such request to MCD. During evening and night shifts, the Nursing Supervisor on duty may release basic condition reports, as permitted by law, on public record cases. Other requests should be referred to the MCD staff person on call.

5.8 COMPLIANCE AND ETHICS

The Compliance and Ethics Program at UH is a comprehensive strategy to ensure employees and medical staff comply with applicable rules, regulations, and laws, as well as the *Corporate Code of Conduct* and *Corporate Integrities Guidelines*. The Program focuses on the establishment of standards, organizational accountability, and the self-monitoring, detection, and resolution of problems. The ultimate goal of the Program is to create an environment and culture within UH where all employees and medical staff share a commitment to carrying out our mission in an ethical, legal and professional manner. As a new Resident, and annually, you are required to complete Compliance Training. Of particular interest to physicians are the UH policies on **Vendor Gifts, Meals, Other Business Courtesies and Consulting Payments** and **Medical Vendor Gifts and Meals to Healthcare Professionals**.

In the event of suspected violations of Laws, or the UH Compliance & Ethics Program, violations should be reported to the UH Chief Compliance Officer at 216-286-6362, by calling the confidential UH GME/Compliance Hotline at 1-800-227-6934. No retaliation will be taken against any person who makes a good faith report of a suspected compliance violation, and UH will maintain, as appropriate, confidentiality and anonymity with respect to such reports.

5.9 DRESS CODE

Dress, grooming, and an overall professional appearance are important aspects of patients' expectations, and project an image of quality healthcare. Residents, as well as all hospital employees, must abide by the UH policy on **Professional Appearance**. When scrubs are worn outside of clinical areas, a white coat or similar cover-up should be worn.

5.10 PROFESSIONAL BEHAVIOR

It is the duty of all workforce members to promote standards of professional behavior. UH will not tolerate disruptive behaviors that may lead to undermined morale, diminished productivity, ineffective or substandard care/service or distress to others. The **UH policy on Professional Behavior**, provides written standards for setting a positive UH professional image and a healthy work environment.

5.11 SAFETY TRAINING

Pursuant to standards and regulations from Joint Commission (JC), Ohio Department of Health (ODH) and Occupational Safety & Health Administration (OSHA), as well as other governmental agencies, all UHCMC employees must participate in an annual Safety In-service each calendar year. As this is mandatory, failure to do so may result in non-academic corrective action. You may obtain a schedule from Safety & Training office, the GME offices or the UH Intranet.

5.12 OBLIGATION TO TREAT

A primary mission of the hospital is to serve and heal all persons who need its help. In addition to general legal and ethical requirements, hospitals participating in the Medicare program are required to provide examinations and treatment to individuals with emergency medical conditions, or women in labor, regardless of their ability to pay. **See EMTALA Index of Policies, UH Policy CP-80.**

5.13 PHYSICIAN IMPAIRMENT

To provide a safe environment, UHCMC Residents have a responsibility to report to work in a fit condition. The care of our patients requires excellent performance by all staff at all times. Residents are required to meet the Hospital's requirements for Fitness for Duty as determined by Corporate Health or Employee Assistance.

The determination that a Resident may need a Fitness for Duty evaluation will be based upon his/her work performance, and any other indicators observed by supervisory or non-supervisory personnel. Program Directors shall consult with the EAP Coordinator for information about requesting a Fitness for Duty evaluation.

Fitness for Duty – A confidential and mandatory referral process, which evaluates an employee's ability to perform his/her job functions when pronounced changes, which negatively impact his/her work performance, are demonstrated. Fit employees are those physically and mentally able to perform the standards required of his/her position. Types of impairment covered by Fitness for Duty include:

1. Psychological Impairment. Significant changes in behaviors and/or psychological state. This may include but not be limited to: threats of harm against self or others, destruction of property or threats of destruction, dramatic mood swings, explosive anger or acting-out behaviors, extreme disclosure of personal information, and disorganized thoughts. When related to suspected substance abuse, including alcohol, refer to the UH policy on **Substance Abuse**.

2. **Physical Impairment.** Significant changes in physical ability to perform job duties and meet the physical standards that impact current job responsibilities. They may include, but are not limited to, diminished ability to walk, lift, climb, operate equipment, see, hear, or any physical deterioration that compromises a Resident's ability to perform his/her job.

Call 216-844-4948, for consultation or to schedule an appointment with an EAP coordinator.

6.0 BENEFITS & INSURANCE MATTERS

6.1 PROFESSIONAL LIABILITY INSURANCE

The Hospital furnishes professional liability insurance to Residents without cost to them. This insurance covers Residents during the time they are acting within the scope of their duties as Residents (Not moonlighting) on behalf of UHCMC, following schedules that have been issued by their Program Directors. Residents are covered for legal actions relating to their residency training, which may be initiated after they leave the program. See Section 5.3.2 regarding moonlighting.

6.2 WELLNESS Matters Benefit Program

UH believes that wellness goes beyond physical health. It includes financial security, satisfaction at work, and balance in your personal life – all the things that affect your sense of well-being. **WELLNESS Matters** brings together a comprehensive benefit program with tools and resources to support you in all these ways. Information about UH benefits and resources can be found at www.uhwellness.org, and the headers below highlight how UH strives to create an environment where employees and their families are supported and encouraged to take action to improve their health, and financial, work, and life well-being.

WORK Matters	HEALTH Matters	FINANCE Matters	LIFE Matters
Employee Discounts & Perks Best Benefits Club	Eligibility Medical Health Savings Account Prescription Drugs Dental Vision Flexible Spending Accounts Wellness	Retirement Life Ins & AD&D Disability Voluntary Accident and Critical Illness Eldercare Benefit Retiree Medical Access Group Auto and Home Legal	Employee Assistance Time Off Adoption Assistance Tuition Reimbursement Back-up Care

Some programs require co-pays, waiting periods or minimal period of employment. Residents time off is at the discretion of the program and the Resident will be informed by the program of its time off policy. These days may have to be exhausted before certain benefits for time off are implemented/initiated.

6.3 CONTINUATION OF MEDICAL COVERAGE: COBRA

On termination of your contract with UHCMC, you may arrange for continued coverage under the Consolidated Omnibus Budgeted Reconciliation Act ("COBRA"), which guarantees an employee the right to uninterrupted coverage by his/her employer's medical insurance for up to 18 months after termination. Regular coverage ends on the last day of the month in which you leave the employ of UHCMC. If you elect to continue coverage, you must pay the entire cost. Information on COBRA is available through the HR Services Center (877-471-7522).

7.0 TIME-OFF BENEFITS

7.1 LEAVES OF ABSENCE

For Leaves of Absence (excluding military leave) paid benefit time is to be used before going unpaid. See UH Policy on **Leaves of Absences**, as well as the following UH policies relative to other leaves or time off:

- HR-19 – **Family and Medical Leave of Absence (FMLA)**
- HR-79 – **Jury Duty**
- HR-80 – **Bereavement Leave**

7.2 SICK TIME

Paid sick time, not to exceed thirty total days in any consecutive 12-month period, may be granted at the discretion of the Program Director. However, the Program Director may not grant more than five (5) business days in any four (4) week rotation block. Cumulative sick time and vacation cannot exceed twenty (20) working days during any academic year. However, the Program Director may not grant more than seven consecutive days of paid sick time. If you are disabled beyond seven days, you may be eligible for short-term disability benefits. If you are eligible and your claim is approved by UH Disability Management Services, you will be paid as indicated in the STD policy, provided you have given appropriate notice and have submitted the required documentation.

7.3 MATERNITY/PATERNITY LEAVE

7.3.1 It is the Resident's responsibility to notify the Program Director at least 30 days in advance of an anticipated maternity/paternity leave. If a Resident is eligible for FMLA, up to twelve weeks of maternity and paternity leave is available. UH policy covers the **FMLA** process. FMLA must be applied for at the same time a maternity/paternity leave is requested. It begins on the date of birth of a child or placement of an adopted or foster child in the home. The program in which the Resident is participating must approve any leave of absence in writing with the terms of the leave to Resident with a copy to the GME office.

- a. Maternity leave. Residents receive full pay for the first seven days following the birth. Thereafter, Resident may be eligible for Short-Term Disability (STD) under UH Policy HR- 55.
- b. Paternity leave. Residents receive full pay for the first week after the birth of child. Thereafter, they have the option to either use the balance of their vacation time or go unpaid for up to five weeks.

7.3.2 Time taken off for a maternity/paternity leave and/or FMLA may extend the training period, as necessary, to comply with appropriate accreditation guidelines.

7.4 ADDITIONAL LEAVE OF ABSENCE CONSIDERATIONS

Leaves of absence in addition to those noted above are available in accordance with UH policies and procedures and your program. All leaves are subject to the prior written approval of your Program Director.

Residents remain eligible for health benefits during the time he/she is on unpaid leave. During the time the employee is not receiving pay, the usual payroll deduction is not made. The employee, therefore, is responsible for direct payment of benefits costs, and you will be invoiced by HR Benefits. A check for the appropriate amount must be received in accordance with applicable UH Policy HR-70 to assure uninterrupted coverage. Besides consulting the Office of GME, any leave of any kind must be coordinated through the HR Benefits department and a Care Advocate in Corporate Health.

8.0 INSTITUTIONAL POLICIES

8.1 POLICY AND PROCEDURE MANUALS

All UH policies are available online. Division and department-specific manuals contain guidance concerning standing orders for each clinical service, medications, laboratory and X-ray routines, isolation, fluid intake, transfusion, and infusion procedures, permits and legal forms, visiting regulations, and many other policies, guidelines and routines pertinent to your professional activities. Program manuals contain the specialty-specific curriculum and academic requirements to complete residency. These manuals should be reviewed at the start of your clinical service. Residents are held responsible for the performance of their duties in conformance with these policies and routines. The manuals are also available online, as are Department order sets and clinical care pathways.

8.2 CHAPERONES DURING INTIMATE EXAMINATIONS

See **CHAPERONES DURING INTIMATE EXAMS, UH Policy GM-34** for definitions and application of the UH policy.

8.3 COMMUNICABLE DISEASES

See **Communicable Diseases in the Workplace for Health Care, UH Policy IC-10.**

8.4 LEGAL MATTERS

Residents may periodically receive requests for information regarding a legal claim, or potential claim, involving a patient and the Hospital. If you receive such a request you should immediately contact your Residency Program Director and the Hospital's Law Department (216-767-8050). The Resident is not to provide any written or verbal response to such a request without authorization. This will ensure compliance with the Hospital's procedures for release of information only to authorized persons. Residents may not witness wills or other legal documents for patients. Requests for such assistance should be referred to the Administration Offices or the Nursing Supervisor in charge. See UH Policy GM-20 relative to **Subpoenas and Court Orders** and **Legal Services**.

8.5 E-MAIL RECORD RETENTION

Residents shall only use UH e-mail accounts for all communications related to their employment at UH. See UH Policy GM-1.

Employees, including Residents, who use email, the Intranet or the Internet inappropriately will be subject to corrective action according to UH Policy HR-72.

9.0 EVALUATIONS

9.1 EVALUATION OF FACULTY

All Residents are required by appropriate accrediting body to complete periodic evaluations of the faculty with whom they work. The number of faculty evaluations each Resident completes will vary depending on service assignments and/or the size of the attending staff. Faculty evaluations, are an important component of the professional review of each faculty member.

9.2 Evaluation of a Resident's Performance

Residents will be periodically evaluated by their Program Directors at the frequency mandated by the Program Requirements for Resident Education of the specialty in which the Resident is training. Evaluations will be communicated to the Resident in a timely manner and a record of the evaluation will be permanently maintained in the Clinical Department. If a Resident requires an explanation or interpretation

of his/her education records, he/she should make such a request directly to the Residency Program Director.

9.2.1 Academic and Professional Standards

A. Resident evaluations will be based, in part, on the Resident consistently meeting the academic and professional standards of the Residency Training Program, as well as the standards and policies of the Hospital. At any time during the Residency Training Program, the Residency Program Director, Clinical Department Chair or Director of GME may determine that the Resident is not meeting the standards of the program, or the profession for reasons that may include, but are not limited to:

1. Conduct that is detrimental or potentially detrimental to Hospital patients or employees;
2. Demonstrated inability to work with others or behavior that is reasonably likely to be disruptive to Hospital operations;
3. Activities or professional conduct reasonably likely to be in violation of the Medical Staff Bylaws, Medical Staff Rules and Regulations, or Hospital policies and procedures;
4. Deficiencies in attendance, punctuality, and availability; or
5. Failure or inconsistency in adhering to institutional standards of conduct, rules and regulations, including program standards, and hospital and clinic rules with respect to scheduling, charting, chart completion, record keeping, and timely entries to Case Logs.

B. Additionally, Residents are expected to demonstrate proficiency in the following core competencies:

1. Patient care;
2. Medical knowledge;
3. Practice-based learning and improvement;
4. Interpersonal and communication skills;
5. Professionalism; and
6. Systems-based practice.

9.2.2 Performance Review Actions

A. When a Resident receives a Performance Review Action it is an opportunity for the Resident to address expected standards that need improvement. A Performance Review Action is not reportable to the State of Ohio Medical Board; it is not a Disciplinary Action; it cannot be appealed; and it becomes part of the Resident's permanent file.

1. **Performance Alert Notice.** A Performance Alert Notice is the formal written notification to a Resident concerning areas of marginal or unsatisfactory performance. The Program Director or Faculty Member should initiate a Performance Alert Notice and inform the Resident within 7-10 days of identifying an area of concern.
2. **Remediation.** A remediation period is an opportunity for the Resident to correct academic deficiencies and to develop and demonstrate appropriate levels of proficiency for patient care and advancement in the program. Being placed in remediation is notice to the Resident of his or her failure to progress satisfactorily as reflected by evaluations and/or other assessment modalities. It is not to be used in lieu of a Disciplinary Action.

- a. Remediation may include, but is not limited to, one or more of the following:
- (1) Limitations or restrictions on the amount and level of the Resident's patient care activities;
 - (2) Repeating one or more rotations;
 - (3) Participation in a special program;
 - (4) Continuing scheduled rotations with or without special conditions;
 - (5) Supplemental reading assignments;
 - (6) Attending undergraduate or graduate courses and/or additional clinics or rounds;
 - (7) Extending the period of training;
 - (8) Referral to the Employee Assistance Program (see **UH Policy HR-85** which shall apply to all aspects of the referral, process and determination); and/or
 - (9) Repeat training year - may be used in limited situations such as:
 - i. Overall unsatisfactory performance during the entire academic year;
 - ii. Overall unsatisfactory performance for at least 50% of rotations during the academic year; or
 - iii. Cumulative time off in excess of amount permitted by the department or the training program during the current academic training year.
 - iv. The Resident will be notified of his/her requirement to repeat the academic year at least six (6) weeks prior to the end of the academic year.

b. If remediation is required, the Resident shall be informed in a meeting with the Residency Program Director or Clinical Department Chair. The Resident's deficiencies will be identified, a remedial program plan will be established, and a frame for completion of the remedial program will be discussed, documented and signed by the Resident. A copy of the remediation plan will be given to the Resident, and a copy will be placed in the Resident's file. At the end of the remedial period, the Resident will receive an evaluation.

c. The remediation measure(s) assigned and the period of time that the measures remain in place are determined by the Program Director or his/her designee. During or following a period of remediation, any Resident who fails to correct a deficiency may be dismissed.

3. **Time Out Leave of Absence.** A "Time Out LOA" is an unpaid absence, for a predetermined period of time approved by the Program Director, for the purpose of the Resident addressing medical or personal matters that are believed to be contributing to academic and/or professional issues within the training program. The Time Out LOA is not a Disciplinary Action and cannot be taken in lieu of remediation or a Disciplinary Action. If the Resident qualifies, and FMLA is more appropriate, FMLA may be taken (see **UH FMLA Policy HR-19**, which shall apply to all aspects of the FMLA process). FMLA cannot be used to extend a Time Out LOA. A Time Out LOA may extend training.

10.0 MEDICAL RECORDS

The importance of complete and accurate medical records and an orderly and efficient system of charts control (to assure accessibility) cannot be overemphasized. At the beginning of the Resident's

service, personal instructions in the use of Electronic Medical Records (EMR) and other applicable policies of the Hospital.

THE EMR IS CONSTANTLY EVOLVING. WHILE THE OFFICE OF GME DOES ITS BEST TO MAKE APPROPRIATE CHANGES AS THEY OCCUR, SHOULD YOU NOTE THE CHANGE HAS NOT BEEN MADE OR THAT A HYPERLINK IS NOT WORKING, PLEASE NOTIFY US.

10.1 GUIDELINES FOR DOCUMENTATION IN THE MEDICAL RECORD

Residents are reminded that medical records are legal documents, and the physicians may at some future date be cross-examined in court under oath on the notes he/she has written. Personal opinions, or non-medical judgments, should not be expressed in the medical record on any matters except those that pertain to the medical care of the patient. See policies **UH Policy EMR-1 Master Integrated Interdisciplinary Documentation and Charting in the Electronic Medical Record** and **UH Policy EMR-2 Master EMR Order Management** for complete rules on medical record documentation.

10.2 Guidelines for Entries into the Medical Record

UH utilizes the Electronic Medical Record (EMR) with Knowledge Based Charting (“KBC”) as a part of the patient’s medical record to provide and communicate integrated, interdisciplinary, individualized care. It is your responsibility to know and understand all of the rules relative to medical records which are found in the policies linked in Section 10.1, above, as well as those policies which describes who is responsible for record completion, the time frames involved and the steps taken when records become delinquent.

10.2.1 Incomplete medical records remain on the patient division for 24 hours following discharge to allow for dictation of discharge summaries.

10.2.2 Failure to complete records in a timely manner will result in the Resident being subject to suspension or other ramifications. Delinquent records while a Resident may be an impediment to obtaining privileges, as well as an embarrassment, throughout one’s professional career.

10.3 PHYSICIAN ORDERS

Residents may write patient care orders if they have a training certificate or full and unrestricted license issued by the Ohio State Medical Board. Orders need not be countersigned by the supervising attending physician. Additional order writing delineations are described in the **Medical Staff Rules and Regulations and Policies and Procedures**.

The Electronic Medical Record (“EMR”) must be used for order entry. Those authorized to enter orders in the EMR must enter their own orders directly into the EMR. See Program Director for details relative to who can give and accept orders and the circumstances under which a Resident’s orders may be verbal, telephone, written and faxed.

Residents are prohibited from writing any order for himself/herself, a member of his/her immediate family, relatives, or those who are not his/her patient. All physician orders are entered electronically for all inpatients. Orders entered directly by the physician will automatically be signed electronically. Orders taken by nursing staff will be entered under the issuing physician’s name and are to be electronically signed on-line by the issuing physician. In the event that EMR is unavailable, orders must be written clearly, legibly and completely in permanent ink and signed by the attending physician or Resident responsible for the patient’s care. All orders written must be done so on Physician’s Order Sheet and must include the date and time written, and the physician’s or Resident’s signature. Supplemental verbal discussion of orders between the physician and nurse or other professional is encouraged to provide clarity. Orders must be specific for diagnostic or treatment procedure and include generic name of medication. The time (when appropriate), frequency, duration, and date to be carried out should be included. For medication orders, dosage and route of administration must be noted.

10.4 PRESCRIBING CONTROLLED SUBSTANCES

Residents are required to register with the Ohio Automated Rx Reporting System. Residents who prescribe controlled substances have to know and understand multiple laws, regulatory policies, professional attitudes, and ethics about those prescription practices. Under no circumstances should Residents prescribe controlled substances over the telephone for any patient, unless the Resident personally knows the patient as a result of providing medical treatment to him/her as part of the Resident's training program. In addition, prior to prescribing any controlled substance over the telephone, the Resident should first review the patient's medical record to verify any pharmacy's, patient's, or other individual's request for the prescription.

11.0 HOSPITAL RESOURCES, PATIENT CARE RELATED MATTERS

11.1 PATIENTS RIGHTS AND RESPONSIBILITIES

UH recognizes that all patients have basic individual rights and responsibilities; and, as such, will endeavor to support and respect the basic human dignity of each patient as well as the civil, constitutional and statutory rights of each patient. UH respects the patient's right to participate in decisions about his/her care, treatment, and services, and to give or withhold informed consent. The patient or designated surrogate may exercise his/her rights without fear of coercion, discrimination or retaliation. See UH Policy PR-1 on **Patient Rights & Responsibilities**.

11.2 DEATH OF PATIENTS

It is the duty of the Residents concerned to be present at every death occurring on their Service, if at all possible. Residents are responsible for making a notation of the exact time of death on the medical record, along with any pertinent information, resuscitative attempts or medications administered, as well as notifying the patient's attending physician of the death of the patient. All possible aid and comfort should be shown to the family. Where possible the most senior member of the care team should be responsible for notifying the family of death.

11.2.1 Death on Hospital Premises

A Resident may pronounce a patient dead. The pronouncing physician (either the Resident or the attending physician) will make the appropriate notations on the medical record along with any pertinent information including resuscitative attempts or medications administered. See hospital specific policy regarding management of death.

11.3 DEATH CERTIFICATE

Death Certificates are initiated outside the Hospital by funeral directors. Residents may only complete medical information on the death certificate; it must be signed by the attending physician. See hospital specific policy regarding management of death. If the case falls under the jurisdiction of the Coroner because of violence, casualty, occupational hazard or other cause specified by statute, the Mortician will assist in making the required report to the Coroner. If the Coroner claims jurisdiction, the Coroner will complete the death certificate.

The immediate cause of death, intervening causes of death and the underlying cause of death must be written in terms of acceptable causes of death. In general, causes of death are pathologic lesions, physical traumas (including therapeutic procedures), toxic exposures (including effects of therapeutics) or infections. Mechanisms of death, including congestive heart failure, asphyxia, or arrhythmia, should not be used when their cause is known. Under no circumstances should trite catch-all mechanisms such as asystole or cardiorespiratory arrest be used on a death certificate. No abbreviations are permitted in the causes of death. Death certificates must be completed in black ink only.

11.4 SERVICE TO INPATIENTS

Residents assigned to inpatients units must evaluate admissions or transfers to critical care areas within appropriate timeframes. Residents must evaluate inpatients and write progress notes at least daily. When a patient is seen with an attending, the Resident should chart that in the progress note.

Residents should answer pages as soon as possible, and respond to emergency consultations and Emergency Department requests in a timely manner. Residents are encouraged to consult with an attending or senior Resident any time he/she is uncertain about a patient care issue.

11.5 RADIATION SAFETY

The applicable radiology professional at each hospital is responsible to ensure that any equipment or medical procedures that use ionizing radiation do so safely and that the Hospital complies with all federal, state and local regulations that pertain to radiation. All Residents will receive basic instruction regarding radiation safety during an orientation period. If you will be mainly in the departments of Radiology, Radiation Oncology and Operative Services and/or participate in or be a passive observer in fluoroscopic procedures, you must comply with state regulations which require specialized training in fluoroscopy radiation safety. Click on the link below for important information.

- [Radiation Safety Rules & Regulations](#)

Residents who work around radiation may also be issued small personnel dosimeters to be worn at chest or collar level. The dosimeters measure how much radiation you have been exposed to. New dosimeters are exchanged for old either monthly or Quarterly, depending on the department. Old dosimeters must be returned in a timely manner, usually five business days from when the new ones are provided. Personnel dosimeters covered in the applicable hospital Policy regarding staff radiation monitoring. Pregnancy is, with some exceptions, no bar to working with radiation.

11.6 VISITORS

The hours and regulations for visiting are published and given to all patients. Recommendations for individual exceptions to the regulations should be made to the Nursing Supervisor. Residents have the obligation to discuss and answer questions about a patient's condition with those who have a legal right to know. Information concerning a patient is privileged and confidential and should not be divulged to anyone except individuals specifically designated by the patient. Non-designated friends, relatives and visitors are not entitled to such information, but their inquiries must be handled in a friendly and tactful manner. See **Verification of Identity and Authority Before Disclosing PHI**. See UH Policy PR-11. Please check with the nurse in charge if you are unsure what can be shared and with whom.

11.7 CHILD PROTECTION PROGRAM AND CHILD ABUSE AND NEGLECT

See UH Policy CP-61.

11.8 INTERPRETER AND HEARING SERVICES

See UH Policies CP-57 and CP-58.

11.9 DINING OPTIONS

Food services are available 24/7. Please contact the local hospital GME office for specific locations and operating hours.

11.10 SOCIAL WORK SERVICES

Social Workers are assigned throughout the hospital to assist patients and their families with personal, emotional, marital, family, or other problems that are often related to illness and their ability to gain maximum benefit from health care services. In addition to counseling, social workers collaborate with

physicians, nurses, and other health care workers in medical care plans for patients. With their thorough knowledge of available health and welfare resources in the community, they can help with arrangements for rehabilitation services, care in the home, nursing homes, tutoring, specialized infant and children's services, or other post-hospital assistance. The social worker must be notified in case of child abuse, or when an infant is to be discharged to a child caring agency or institution. See the applicable hospital policy relative to **Social Work Services**.

12.0 RESIDENT RESOURCES & ACTIVITIES

12.1 ACCESS TO LIBRARIES

Residents will receive access to the Library at hospital orientation.

12.2 THE PHYSICIAN PORTAL

The Physician Portal is an internet-based patient care communication tool for UH physicians. This tool enables every Resident to be updated on important system, hospital, and medical news. A Resident can access their email, the UH phone book, medical calculations, PACS, and eSig.

12.3 RESIDENT PARTICIPATION ON HOSPITAL COMMITTEES

Residents are encouraged to be active contributors to the Residents Forums. Resident Forum will select Resident representatives to institutional committees.

12.4 RESIDENT FORUM

The Resident Forum (RF) is a subcommittee of the Graduate Medical Education Committee (GMEC), and was formed at UH in 2014 as a means of facilitating a greater exchange of information and enhancing communication between Residents and administration. Any Resident may raise matters concerning administration of graduate medical education at UHCMC before the RF for discussion in accordance with this Section and, if determined appropriate, the RF will raise the matter at GMEC. The RF also provides a means for administration to discuss programmatic issues of mutual importance to both the administration and the Residents, and an avenue to solicit meaningful contribution from the Residents to UH. The RF shall contribute to the quality education and provision of care by the Residents, and furthers UH's mission: To Heal. To Teach. To Discover. The RF shall operate as a non-fiduciary management advisory committee.

12.5 ON-CALL ROOMS

Every effort is made to ensure acceptable accommodations in a pleasant and restful environment to Residents while on call. Every room is marked with a standardized sign noting its department. It is the responsibility of that department to assign its rooms to interns, Residents or students. Security measures other than those already in place are also the responsibility of the individual departments.

12.6 UNIFORMS AND LAUNDRY

The official uniform for Residents is a white lab coat worn over appropriate attire. The Hospital will furnish each Resident with two lab coats on the day of orientation. Residents requiring scrubs must consult their individual training departments for instructions on obtaining them.

12.7 Hospital-Issued Scrub Suits

Scrubs may be worn only while carrying out specific clinical responsibilities. Unless a scrub suit is contaminated unauthorized removal of hospital-issued scrub suits from hospital property is theft. No one is permitted to wear hospital-issued scrub suit off UHCMC property. Violators will be subject to disciplinary.

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ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE RESIDENT MANUAL (THE “MANUAL”). BY SIGNING BELOW, I FURTHER ACKNOWLEDGE AND AGREE THAT I READ AND UNDERSTAND THE MANUAL AND AGREE, AS A CONDITION OF MY RESIDENCY, TO BE BOUND BY AND COMPLY WITH THE MANUAL.

Name of Resident

Signature of Resident

Date

Program

APPENDIX A

CHECK WITH GME OFFICE TO ENSURE YOU ARE USING THE CURRENT FORM

APPLICATION FOR INTERNAL EXTRA DUTY WITH PAY ("Application")

This Application is based upon a template drafted by the UH Law Department as approved in Sept 2013. Blank lines should be appropriately filled in but the language cannot be modified in any way without Law Department approval. This template, if unchanged, does not require UH Law Department Approval. Each fully executed Application should be saved with each Resident's employment file, a copy sent to the GME office, and a copy uploaded to UH's then current contract management system as articulated in the applicable UH policy.

Resident Information (completed by Resident)

Internal Extra Duty Information (completed by Resident)

Name: _____
Training Program Name: _____
PGY Level: _____
Ohio License #: _____
DEA #: _____

Name of Site: _____
Site Address: _____

On Visa*?: Yes [] No []
* Visa holders not eligible to moonlight

Schedule (if known):
Day Hours
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

If Extra Duty is Internal, how many hours will be reported as Duty Hours per week? _____

Salary/pay¹: \$_____ / []hour []day []month

Person/Co. Paying Resident ("Paymaster"): _____

Dates of Extra Duty: ___/___/___ through ___/___/___

Resident Signature: _____ Date: _____

Brief description of Extra Duty:

Extra Duty that is not properly approved can result in the immediate termination of the Resident from their Training Program, and inappropriate approval of Extra Duty by the Program Director may also result in appropriate discipline of the Program Director in accordance with the applicable UH policies. Internal Extra Duty is considered a part of a Resident's contract of employment with UH.

By signing below, the Program Director certifies that they have confirmed with the UHHS Authorized representative (if other than themselves) that the Extra Duty pay is consistent with Fair Market Value in accordance with the requirements of UHHS Policy PT-5.

Approved _____

Date _____

Name: _____

Title: Program Director, _____

¹ For Extra Duty performed on behalf of UHCMC, Resident should be paid according to the rates set forth in advance by the UHHS Authorized Representative as defined by UHHS Policy PT-5.