



# **RESIDENT MANUAL**




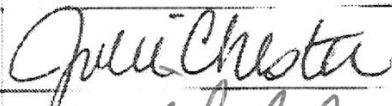



**University Hospitals Case Medical Center  
Resident Manual**


**Effective July 1, 2014**

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## 1. INTRODUCTORY STATEMENTS

### 1.1 INSTITUTIONAL COMMITMENT

As part of their mission in providing health care services, University Hospitals Case 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.

University Hospitals is committed to providing the necessary educational, financial, and human resources to support Graduate Medical Education. University Hospitals is committed to excellence in its Graduate Medical Education 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. Graduate Medical Education programs provide a firm basis and play an integral part in the ability of University Hospitals to meet and further its purposes consistent with the philosophy, mission and goals of the institution.

University Hospitals 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.

University Hospitals 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.

University Hospitals 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.

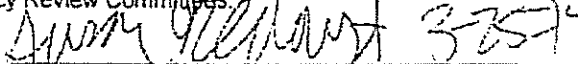
The GME programs will emphasize coordinated delivery of care with a community orientation. Special emphasis will be placed on training primary care providers. As appropriate, University Hospitals will take advantage of opportunities to work with other education institutions in fulfilling its educational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

University Hospitals 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.

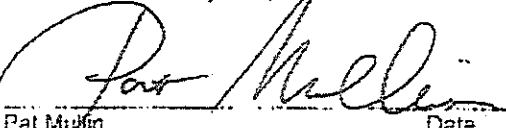


Fred C. Rothstein, M.D.  
President, University Hospitals Case Medical Center

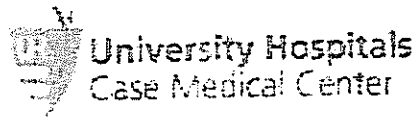
Date 3/26/19

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Susan Nedorost, M.D.  
Director, Graduate Medical Education and  
Designated Institutional Official



Pat Mullin  
Chairman of the Board,  
University Hospitals Case Medical Center



## 1.2 WELCOME

To The New Members of the House Staff:

Welcome to University Hospitals Case Medical Center. As one of the premier teaching hospitals in the country, we are 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 Hospital and the UH System. 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 University Hospitals Intranet. If you are viewing this Manual electronically through our Intranet, we have linked you directly to those policies which are of special importance in this Manual. 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 University Hospitals will prove to be a rewarding and satisfying experience.

We wish you every success.

A handwritten signature in cursive script, reading "Fred C. Rothstein MD".

Fred C. Rothstein, M.D.  
President and CEO

A handwritten signature in cursive script, reading "Michael Anderson".

Michael Anderson, M.D.  
Chief Medical Officer

A handwritten signature in cursive script, reading "Susan Nedorost".

Susan Nedorost, M.D.  
Director, Graduate Medical Education

A handwritten signature in cursive script, reading "Eric Bieber".

Eric Bieber, M.D.  
President, Community Hospitals West Region

### 1.3 INTRODUCTION

Throughout this Resident Manual (the “Manual”), the terms “intern,” “resident physician,” “house officer” and “house staff,” and “fellow,” are referred to as “resident.” Residents have an obligation to the patient care program of University Hospitals Case Medical Center 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.

University Hospitals Case Medical Center comprises a group of long established hospitals which, in a primary affiliation with the Health Science Schools of Case Western Reserve University (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.

University Hospitals Case Medical Center (UHCMC or the Hospital) and Case Western Reserve University (CWRU) are operated by separate Boards of Directors, and have separate administrations. In addition to UHCMC, University Hospitals Health System (UH) also owns or operates other hospitals throughout Northeast Ohio and although those hospitals may have separate administrations, they are subject to the ultimate authority of UH. 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 Clinical Council. All members of the attending staff at UHCMC are on the CWRU faculty.

The medical activities are the responsibility of the Clinical Council. This group consists of the President Community Hospitals, West Region, Chief Medical Officer, the Chairs of Anesthesiology, Dermatology, Emergency Medicine, Family Medicine, Medicine, Neurology, Neurological Surgery, Obstetrics and Gynecology, Ophthalmology, Orthopedics, Otolaryngology-Head & Neck Surgery, Pathology, Pediatrics, Psychiatry, Radiology, Surgery, Urology, the Director of the Seidman Cancer Center, the Director of the Genetics Center, the President UHCMC, President Seidman Cancer Center, President Rainbow Babies & Children’s Hospital and MacDonald Women’s Hospital, Chief Operating Officer, and Director of Graduate Medical Education (subject to change from time to time). Two Directors and the Dean of the Medical School are *ex officio* members.

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.

University Hospitals Case Medical Center has developed the following statement of Mission, Vision and Values. We encourage all physicians to use this as a guide to their behavior.

## 1.4 MISSION, VISION, VALUES

### University Hospitals Mission:

To Heal. To Teach. To Discover.

### University Hospitals Health System Vision:

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.

### University Hospitals Core Values:

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

University Hospitals Case Medical Center is also known as University Hospitals of Cleveland (UHC) and 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). University Hospitals of Cleveland’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). University Hospitals of Cleveland and its academic affiliate, Case Western Reserve University School of Medicine, form Ohio’s largest biomedical research center. In 1999, the Research Institute of University Hospitals of Cleveland 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”).

#### University Hospitals Case Medical Center (“UHCMC”):

##### Highlight of UHCMC:

- Primary teaching affiliate to Case Western Reserve University SOM
- 35-acre campus in University Circle, Cleveland
- 1,036 staffed-bed academic medical center
- \$212 million in total sponsored research funding to Case Western Reserve University SOM, including NIH grants, awarded at the UH Case Medical Center campus only
- \$41 million industry-sponsored research
- UH Rainbow Babies & Children’s Hospital - internationally acclaimed and one of the most trusted names in children’s healthcare
- UH Seidman Cancer Center – only freestanding cancer hospital in NE Ohio
- UH MacDonald Women’s Hospital - only hospital in Ohio solely to the unique health care needs of women

#### Community Medical Centers

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

#### 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 16 counties throughout NE Ohio. UH Amherst, UH Ashtabula, UH Aurora, UH Avon, UH Bainbridge, UH Chagrin Highlands, UH Chesterland, UH Concord, UH Euclid, UH Hudson, UH Landerbrook, UH Lyndhurst, UH Madison, UH Mantua, UH Mayfield Village, UH Medina, UH Mentor, UH Otis Moss Jr., UH Sharon, UH Sheffield, UH Solon, UH Streetsboro, UH Twinsburg, UH University, UH Wellpoint, UH Westlake.

Our logo also reflects the UH brand promise of “patient-centered care” while it provides a new 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 University Hospitals is unique and special.

***The mission of University Hospitals Case 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. This led to creation of the Diversity Council to champion our diversity and inclusion goals and initiatives and Dr. Edgar B. Jackson Jr., a retired African-American physician, returned to become special advisor for diversity to the CEO. In February 2011, Donnie J. Perkins was appointed as the first Vice President for Diversity and Inclusion at University Hospitals System. Since 2006, Latino, African American, Asians and Women have made up two-thirds of new appointees to the Board. Today, people of color and women represent 41% of board membership.

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 University Hospitals and demand the same level of commitment from our employees, physicians, and the suppliers who do business with us.

#### **Diversity and Inclusion Statement**

Diversity and Inclusion is a moral and business imperative at University Hospitals. It is a corporate priority and a strategic business process that supports our mission by nurturing and strengthening our culture of diversity and inclusion, by promoting equity of care, and cultural competency both within our system and across our community. University Hospitals' commitment to diversity and inclusion extends to our patients and families, our workforce, our business partners and to the communities we serve. We recognize, celebrate and leverage the value of diverse cultures, beliefs and identities of the individuals, groups and organizations with whom we work to achieve our mission, *To Heal, To Teach, To Discover*



## 1.7 PURPOSE OF THIS MANUAL

The information contained in this Manual is presented for the benefit of the residents of University Hospitals Case Medical Center (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 Graduate Medical Education. 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 University Hospitals Case Medical Center. 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. APPOINTMENT

### 2.1 ELIGIBILITY

The following is the policy of University Hospitals Case Medical Center regarding the recruitment, eligibility and selection of residents. Each applicant must file an application, provide references including a Dean's letter and, finally, appear for a series of interviews.

A. **Eligibility.** Applicants with one of the following qualifications are eligible for appointment to accredited residency programs:

1. Graduates of medical schools in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduate of colleges of osteopathic medicine in the U.S. accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside the U.S. and Canada who meet one of the following qualifications:
  - 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.
5. Graduates of dental schools in the U.S. and Canada accredited by the Commission on Dental Accreditation who have been accepted into the Case Western Reserve University School of Dental Medicine program in Advanced Educational Dentistry, Pediatric Dentistry or Oral and Maxillofacial Surgery.

**B. Selection.**

1. Programs at University Hospitals Case Medical Center select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs shall not discriminate with regard to gender, race, age, religion, color, national origin, disability, sexual orientation or veteran status.
2. In selecting from qualified applicants programs participate in an organized matching program, where available, such as the National Resident Matching Program (NRMP).

**C. Additional Items of Note**

1. All residency candidates must have passed USMLE/COMLEX Step 1 and all sections of USMLE Step 2 prior to the initiation of residency training and employment by UHCMC.
2. All residents must have attempted USMLE/COMLEX Step 3 prior to the beginning of their final year of residency.
3. All residents must have passed USMLE/COMLEX Step 3 prior to completion of training to enable the Program Director to attest that the resident is capable of independent practice after training.
4. All fellowship candidates must have passed USMLE/COMLEX Step 3 prior to the initiation of fellowship training and employment in an accredited fellowship program by UHCMC.

## **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<sup>1</sup>. UHCMC participates in the application for J-1 visas as well as H1-B visas under certain conditions.

At their discretion, individual residency programs may support the pursuit of H-1B visas for graduates of medical schools accredited by the Liaison Committee on Medical Education ("LCME"). Other Foreign Medical Graduates ("FMG") will be considered for the H1-B visa on a case-by-case basis. The GMEC reserves the right to determine qualifications for eligibility for a H-1B visa based upon criteria such as but not limited to an area of need for the hospital (i.e. difficult to fill position; shortage) and the perceived academic potential of the applicant. 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 ("USLME") 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 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 UHHS System wide Policy HR-18 or its successor with respect to reimbursement for such repatriation costs. Residents who are visa holders may not moonlight.

## **2.3 EMPLOYMENT CONTRACTS**

By one month prior to appointment, or reappointment, residents will receive a Resident/Fellowship Contract from the Director of Graduate Medical Education. This contract must be signed and returned prior to the appointment date 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.

## **2.6 COMPLETION OF TRAINING**

Before departing UHCMC at the conclusion of your residency/fellowship training, you must complete obligations to your Program Director and also to UHCMC. An official clearance sheet must be completed and turned into the Office of Graduate Medical Education (Office of GME) along with your ID badge at Lakeside 6223. This form can be obtained from your own department or from the Office of GME. It will show evidence of your completed medical records and that you have returned all hospital property such as keys, equipment, parking pass, radiation dosimeter, keys, scrubs, etc. The form also requests a forwarding address, and reminds you of your right to continuing health insurance coverage through COBRA.

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](http://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 University Hospitals Case Medical Center 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**

University Hospitals Case Medical Center strictly prohibits the request for any resident to sign non-competition guarantees.

## **2.10 DISASTER POLICY**

To complement the UHCMC Institutional Disaster Plan, 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 UHCMC, 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 University Hospitals Case Medical Center, 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.

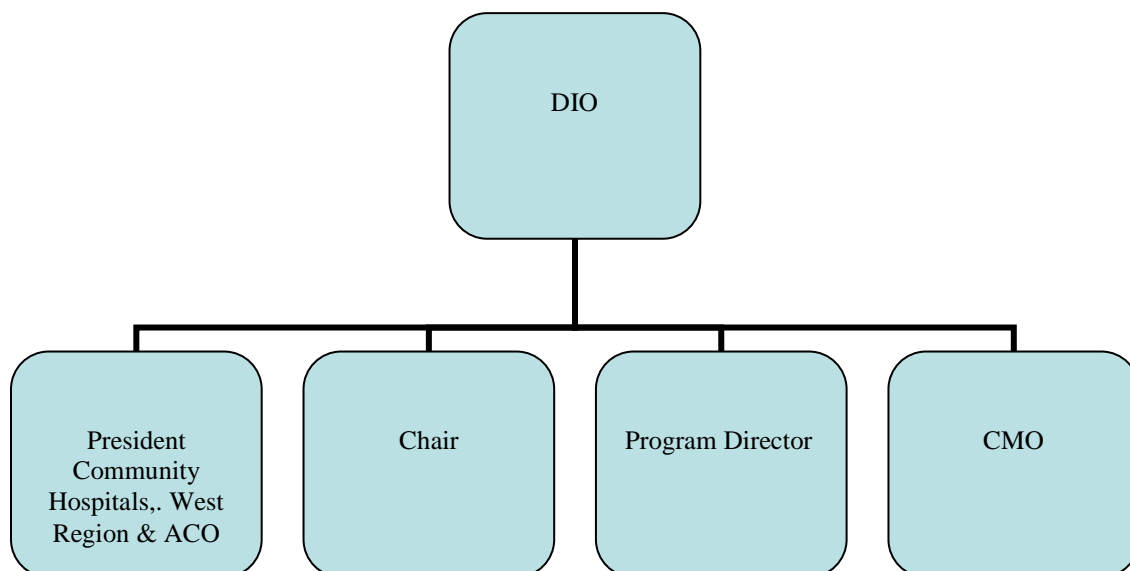
1. UHCMC recognizes the importance of physicians at all levels of training in the provision of emergency care in the case of a disaster.
2. Decisions regarding initial and continuing deployment of residents in the provision of medical care during an emergency will be made taking into consideration the 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
    - President, Community Hospitals, West Region
    - 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 ACGME will be apprised of situations and follows the guidelines as set forth in ACGME Policy H.
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 at UHCMC; and
  - c. The DIO will contact ACGME to provide a status report with consideration to possible program reconfigurations and resident transfers.
  - d. Those involved in decision making during this period are:
    - DIO
    - Individual Department Chairs
    - 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 UHCMC Program Directors to determine feasibility of transfers as appropriate;
  - b. UHCMC Program Directors will notify the DIO of any proposed transfers;
  - c. Transfers will be coordinated with ACGME; and
  - d. The DIO will be responsible for coordinating the transfers with ACGME.
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 at UHCMC;
  - b. Appropriate credit for training will be coordinated with ACGME 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 ACGME-accredited residents during the first 72 hours of a disaster:



### **3. EMPLOYMENT MATTERS**

#### **3.1 ACCOMMODATION FOR DISABILITY**

UHCMC 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 University Hospitals' 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  
Memorial Day

Independence Day  
Labor Day

Thanksgiving 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.

## 3.10 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 Case 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 **Department of Protective Services** 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 Protective Services 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 Protective Services to the Investigator of the department.
- Lost and Found located in the office of Protective Services.
- Safety Presentations by Protective Services 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 **Protective Services**. (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 Protective Services 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 Protective Services 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, **Blood Borne Pathogen Education for Physicians**. More information can be accessed by signing on to the **UH Infection Control intranet site**, then click the Facility Specific Policies tab, then UH CMC.

### 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 in writing to your Program Director or the Director of GME. 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 CORPORATE HEALTH SERVICE

Corporate Health (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. An appointment is generally not needed unless you are having a pre-placement physical, or seeing the Medical Director. Corporate Health provides a variety of health-related services, including post-offer pre-placement physical examinations, 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 University Hospitals, you will be asked to report to the Corporate 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. It is the responsibility of Corporate Health Service to determine:

- When an employee with an injury or infection requires work restriction or work exclusion.
- When an employee is ready to return to work after an injury or infectious illness.
- Eligibility for Family and Medical Leave Act (FMLA) or other concerns related to FMLA. Corporate Health receives all FMLA or Medical Leave forms, including the employee's certification of physician or practitioner providing the medical diagnosis and need for a leave and the leave of absence request from the Program Director. The Clinical Care Advocate in Corporate Health must approve FMLA/Medical Leave, after receiving and reviewing the submitted forms.

Residents should report all work-related injuries or serious, unprotected exposure to communicable disease immediately, to their Program Director before going to the Corporate Health Service. If Corporate 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 Corporate Health on the next working day. No appointment is necessary. The "First Report of Injury/Employee Incident Report" must be completed by the resident and Program Director, and forwarded to the office listed on the form in a timely manner. **See Workers' Compensation Employee Incident Reporting.**

#### **4. 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 suspension, probation, 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. 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, Clinical Department Chair or 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 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) Impairment
- 3) Unprofessional behavior
- 4) Falsifying information
- 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) Department of Health and Human Services Office of the Inspector General's "List of Excluded Individuals/Entities"
- 2) General Services Administration "List of Parties Excluded from Federal Procurement and Non-Procurement Programs"
- 3) 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 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 Clinical Chairperson 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 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 the Accreditation Council for Graduate Medical Education (ACGME) 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.**

A Residency Program Director or Department Chair 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 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, Clinical Department Chair, or Director of GME may recommend suspension, probation, 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 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 Recommendation.**

a. If the Director of GME rejects the recommendation, the Disciplinary Action will not be instituted. If the 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 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:

- The resident's keys, pass codes, entry cards, and hospital ID cards will be turned in and pass codes will be disabled.
- 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.
- 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 University Hospitals' Human Resources Policies and Procedures. Copies of all applicable policies and procedures are available on the UHCMC Intranet or through the Office of Graduate Medical Education or the Department of Human Resources.

#### **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 Action is taken against the resident.

1. To appeal a Disciplinary Action, the resident must submit, 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. No electronic requests will be accepted.

2. Upon receipt of a written request for a hearing, the Director of GME appoints an Appeals Committee consisting of seven individuals, five of whom have a vote. The Director of GME will chair the Committee. If the resident requesting the hearing is from the same Department as the Director of GME, the Chief Medical Officer (or his/her designee) will function as the Chair. The voting members will include: 1) a resident who is a member of the GMEC or a Chief resident from a Clinical Department different from that of the resident requesting the hearing, 2) two Residency Program Directors from different Departments than that of the resident requesting the hearing; 3) a representative from Human Resources; and 4) a Medical Staff Member from a different Clinical Department than that of the resident requesting the hearing and that of the two Program Directors on the Appeals Committee. The non-voting members will be the Director of GME and a resident from a different Department, at a similar level of training as the resident requesting the hearing. The non-voting resident member may participate in all aspects of the deliberations prior to the vote.

3. The Director of GME, or his/her designee, determines the date, time, and place of the hearing and appoints the Manager or Coordinator of the Office of GME to serve as Secretary, to keep minutes of the hearing.

4. No later than ten (10) business days after receipt of the resident's request for a hearing, the Director of GME or his/her designee notifies the resident by certified mail, return receipt requested, of the date, time, and place of the hearing.

5. The hearing shall be held no fewer than twenty (20) and no more than thirty (30) business days after receipt of the resident's request for a hearing. A hearing for a resident who is under suspension shall be held no later than ten (10) calendar days from the date of receipt of the request for a hearing, unless extended by mutual consent.

6. Once the resident's request for an appeal hearing is received, until the date of the hearing, the resident may examine and duplicate any written materials that relate in any way

to the Disciplinary Action upon a request to the Residency Program Director<sup>1</sup> or his/her designee. No later than five (5) business days prior to the scheduled hearing date, the parties shall provide each other with (a) the names of a maximum of no more than three (3) witnesses each intends to call to appear in person at the hearing and (b) the written testimonials of an unlimited number of witnesses (if any) for review by the Appeals Committee.

7. The resident's personal presence is required at the hearing. The resident may be aided or represented by another resident in the Hospital's graduate medical education program or by a member of the Hospital's Medical Staff. None of the parties to the appeal shall be aided or represented at this hearing by an attorney.

8. The Residency Program Director and the resident may each make an opening statement at the hearing. The Residency Program Director shall then present his/her case supporting the Disciplinary Action. The resident shall then present his/her case opposing the Disciplinary Action. The Residency Program Director and the resident may each take no longer than sixty (60) minutes to make his/her entire presentation including an opening statement, presentation of written evidence, examination of witnesses, cross-examination of witnesses and make a closing argument at the hearing.

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

10. The Appeals Committee shall take no more than thirty (30) minutes to deliberate and its decision is by a majority vote of its members and is based solely upon the written and oral evidence presented by the Residency Program Director and the resident at the hearing. A written copy of the decision is forwarded to the Director of GME.

11. Within five (5) business days after the hearing, the Committee Chair prepares and sends to both the Residency Program Director or Clinical Department Director and the resident by certified mail, return, receipt requested, a letter that confirms the decision, and affirms, modifies or reverses the Disciplinary Action.

12. The decision of the Appeals Committee is final and binding upon both the Program Director and the resident.

13. A resident who has appealed a Disciplinary Action as provided herein may resume clinical practice only if recommended in writing by the Appeals Committee.

14. The resident's failure to exercise any right provided by the Appeals Process constitutes an irrevocable waiver of such right.

#### **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"). The Manager of GME

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<sup>1</sup> The Clinical Department Chair may, at each or any step, take the place of the Program Director.



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 Clinical Department Chair, the 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 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 Director of GME within five (5) business days of receiving the response.
5. The Director of GME will meet with the Resident to discuss the Grievance. A written response will be provided to the Resident by the 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 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.** University Hospitals Case Medical Center adheres to the AMA Council of Ethical and Judicial Affairs, Ethical Opinion 9.055, which states, in part, "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 or Department Chair. 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. STANDARDS OF CONDUCT**

### **5.1 RESIDENT SUPERVISION**

Pursuant to UHCMC 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 is expected to maintain Program clear guidelines 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 scenarios:

- (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" step in to provide the resident with; 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.

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 ESCALATION OF CARE**

The following policy defines the chain of command to be followed for escalation when a resident recognizes a problem threatening patient, visitor or employee safety.

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.

- Change in a patient's medical condition
- Inappropriate or questionable medical or nursing practice
- Ethical or legal issues needing prompt resolution
- Equipment failure
- Facility or environmental emergencies
- Suspected Terrorism
- 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* University Hospitals Case Medical Center ("UHCMC"), including time spent on rotations away from UHCMC 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" of UHCMC include but are not limited to Case Medical Center, Rainbow Babies and Children's Hospital, MacDonald Women's Hospital, Seidman Cancer Center, and any UHCMC hospital sites in the community (e.g., hospital based locations at UH Health Centers for Rainbow, Case Medical Center, MacDonald Women's, and/or Seidman Cancer Center, Case Medical Center at Richmond Psychiatry Department, W. O. Walker Center, etc.). 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 Case 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. Duty periods of PGY 1 residents cannot exceed 16 hours in duration. PGY 2 residents and above must 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.

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**

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 report duty hours on a monthly basis to their Program Director or his/her assigned designee. 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 result in a meeting between the 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 Director of GME;
3. Contacting the Association of Residents & Fellows who will supply a report 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.

## **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 University Hospitals 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 University Hospitals, Moonlighting is **NOT** permitted if:

1. 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.
2. The resident does not have a full medical license and DEA number 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.
3. The resident is an External Moonlighter working outside of UHCMC and is:

- a. working for another University Hospitals employer (i) without an appropriate contract approved by the UH Law Department directly with that University Hospitals 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.
4. The resident is a PGY 1. *Any exceptions to this rule must be expressly approved by the Director of GME.*
  5. By doing so, the resident will exceed their Duty Hours. See Section 5.2.1 of this Manual regarding Duty Hours.
  6. 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
- 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 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, External Social Media Usage
- GM-78, Email Communication of 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 to 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 UHCMC 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 University Hospitals 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.

UHCMC offers several mechanisms for addressing resident concerns, whether patient care issues or about working conditions. The Association of Residents & Fellows, the Minority Housestaff Association, and 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 Signon 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 encourages employee use of electronic mail, the University Hospitals' Intranet and the Internet when it creates a more efficient work environment.

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 University Hospitals' 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. University Hospitals, 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 University Hospitals 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 Integrity 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 University Hospitals 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 Compliance Officer at 216-767-8223, 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 Inservice each calendar year. As this is mandatory, failure to do so may result in corrective action. You may obtain a schedule from Safety & Training office.

## 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 216-844-1982, or 216-844-4948, for consultation or to schedule an appointment with an EAP coordinator.

## 6. 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.

### 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 can be found at [www.uhwellness.org](http://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.

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

Some programs require co-pays, waiting periods or minimal period of employment. Resident are not eligible for PTO, but instead receive 3-4 weeks of vacation and up to 30 days of sick time each year. These days may have to be exhausted before certain benefits for time off are triggered.

### **6.3 CONTINUATION OF MEDICAL COVERAGE: COBRA**

On termination of your contract with UHC, you may arrange for continued coverage under the Consolidated Omnibus Budgeted Reconciliation Act, 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 Human Resources Benefits Office.

## **7. TIME-OFF BENEFITS**

### **7.1 LEAVES OF ABSENCE**

Residents are eligible for some or all of the Leaves of Absence outlined in Appendix A to this manual. For Leaves of Absence (excluding military leave) paid benefit time is to be used before going unpaid. See UH Policy on **Leaves of Absences** and Appendix A to this Manual, 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 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, if they qualify for short-term disability (STD) they will receive 60% of their pay. Disability following an uncomplicated delivery is typically payable for five weeks following the elimination period. Any extension of paid benefits beyond five weeks is based on supporting medical documentation of continuing disability

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 UHCMC and 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 by UH before the 15<sup>th</sup> of each month 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. INSTITUTIONAL POLICIES**

### **8.1 POLICY AND PROCEDURE MANUALS**

All UH and UHCMC 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. 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**

In accordance with chapter 4731-26 of the Ohio Administrative Code, all physicians, residents, physician's assistants, podiatrists and anesthesia assistants must offer a patient the opportunity to have a chaperone or third person present in the examination room during an intimate examination. See **CHAPERONES DURING INTIMATE EXAMS, UH Policy GM-34** for definitions and application of the UH policy.

### 8.3 COMMUNICABLE DISEASES

Pursuant to the applicable sections of the Ohio Administrative Code, the listed communicable diseases that follow are declared to be dangerous to the public health and are reportable to the local health jurisdiction in which the case or suspected case resides, or if the residence is unknown, to the Ohio Department of Health. At UHCMC, any health care provider with knowledge of a case or suspect case of a disease which is required by law to be reported, including all class "A", class "B", and class "C" categories of disease shall notify the UHCMC Infection Control Department at ext. 41924 and leave the patient's name, hospital number and name of disease, as well as the name of the person reporting and a phone and/or pager number. Please page the infection control nurse with any questions. Pager numbers are listed on the ext. 41924 phone mail. **See also Communicable Diseases in the Workplace for Health Care Workers Performing Invasive Procedures, UH Policy IC-10.**

#### Class A

Class "A" diseases are of major public health concern due to the severity of disease or potential for epidemic spread and must be **initially and immediately provided by telephone** in which the case or suspected case presents, or a positive laboratory result occurs.

- |   |   |
|---|---|
| (1) Anthrax                                     | (12) Smallpox   |
| (2) Botulism, foodborne                         | (13) Tularemia  |
| (3) Cholera                                     | (14) Viral hemorrhagic fever ("VHF")  |
| (4) Diphtheria                                  | (15) Yellow fever   |
| (5) Influenza "A" – novel virus infection       | (16) Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism. |
| (6) Measles                                     |   |
| (7) Meningococcal disease                       |   |
| (8) Plague                                      |   |
| (9) Rabies, human                               |   |
| (10) Rubella (not congenital)                   |   |
| (11) Severe acute respiratory syndrome ("SARS") |   |

#### Class B-1

Class "B-1" diseases need timely response because of potential for epidemic spread and must be reported **by the end of the next business day** in which the case or suspected case presents, or a positive laboratory result occurs:

- |   |  |
|---|--|
| (a) Arboviral neuroinvasive and non-neuroinvasive diseases:                     | (n) Legionnaires' disease  |
| (i) Eastern equine encephalitis virus disease                                   | (o) Listeriosis  |
| (ii) LaCrosse virus disease (other California serogroup virus disease)          | (p) Malaria  |
| (iii) Powassan virus disease  | (q) Meningitis   |
| (iv) St. Louis encephalitis virus disease                                       | (i) Aseptic (viral)  |
| (v) West Nile virus infection   | (ii) Bacterial   |
| (vi) Western equine encephalitis virus disease                                  | (r) Mumps  |
| (vii) Other arthropod-borne disease   | (s) Pertussis  |
| (b) Chancroid   | (t) Poliomyelitis (including vaccine-associated cases)   |
| (c) Coccidioidomycosis  | (u) Psittacosis  |
| (d) Cyclosporiasis  | (v) Q fever  |
| (e) Dengue  | (w) Rubella (congenital)   |
| (f) E. coli O157:H7 and other enterohemorrhagic (Shiga toxin-producing) E. coli | (x) Salmonellosis  |
| (g) Granuloma inguinale   | (y) Shigellosis  |
| (h) Haemophilus influenzae (invasive disease)                                   | (z) Staphylococcus aureus, with resistance or intermediate resistance to vancomycin ("VRSA", "VISA") |
| (i) Hantavirus  | (aa) Syphilis  |
| (j) Hemolytic uremic syndrome ("HUS")   | (bb) Tetanus   |
| (k) Hepatitis A   | (cc) Tuberculosis ("TB"), including multi-drug resistant tuberculosis ("MDRTB")                      |
| (l) Hepatitis B (perinatal)   | (dd) Typhoid fever   |
| (m) Influenza-associated pediatric mortality                                    |  |

## Class B-2

Class “B-2” diseases are of significant public health concern and must be reported **by end of the business week** in which the case or suspected case presents, or a positive laboratory result occurs:

- |  |   |
|--|---|
| (a) Amebiasis  | (o) Hepatitis E   |
| (b) Botulism   | (p) Herpes (congenital)                                     |
| (i) Infant   | (q) Influenza-associated hospitalization                    |
| (ii) Wound   | (r) Leprosy (“Hansen Disease”)                              |
| (c) Brucellosis  | (s) Leptospirosis   |
| (d) Campylobacteriosis   | (t) Lyme disease  |
| (e) Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum) | (u) Meningitis, including other bacterial                   |
| (f) Creutzfeldt-Jakob disease (“CJD”)  | (v) Mycobacterial disease, other than tuberculosis (“MOTT”) |
| (g) Cryptosporidiosis  | (w) Rocky Mountain spotted fever (“RMSF”)                   |
| (h) Cytomegalovirus (“CMV”) (congenital)   | (x) Streptococcal disease, group A, invasive (“IGAS”)       |
| (i) Ehrlichiosis/anaplasmosis;   | (y) Streptococcal disease, group B, in newborn              |
| (j) Giardiasis   | (z) Streptococcal toxic shock syndrome (“STSS”)             |
| (k) Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis and neonatal conjunctivitis)  | (aa) Streptococcus pneumoniae, invasive disease (“ISP”)     |
| (l) Hepatitis B (non-perinatal)  | (bb) Toxic shock syndrome (“TSS”)                           |
| (m) Hepatitis C  | (cc) Trichinosis  |
| (n) Hepatitis D (delta hepatitis)  | (dd) Typhus fever   |
|  | (ee) Varicella  |
|  | (ff) Vibriosis  |
|  | (gg) Yersiniosis  |

## Class C

Class “C” diseases must be reported **by the end of the next business day** in accordance with this rule and rules 3701-3-03, 3701-3-04, and 3701-3-05 of the Administrative Code unless paragraph © (7) of this rule applies – outbreak, unusual incidence, or epidemic of other infectious diseases from the following sources:

- |                           |                   |
|---------------------------|-------------------|
| (1) Community             | (4) Institutional |
| (2) Foodborne             | (5) Waterborne    |
| (3) Healthcare-associated | (6) Zoonotic      |
- (7) If the outbreak, unusual incidence, or epidemic, including but not limited to, histoplasmosis, pediculosis, scabies, and staphylococcal infections, has an unexpected pattern of cases, suspected cases, deaths, or increased incidence of disease that is of a major public health concern pursuant to Class A(16), above, then such outbreak, unusual incidence, or epidemic shall be reported in accordance with paragraph (A) of rule 3701-3-05 of the Administrative Code.

## 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 the UH policies relative to **Subpoenas and Court Orders** and **Legal Services**.

## 8.5 E-MAIL RECORD RETENTION

In order to encourage appropriate management of email records, all email will be automatically deleted from the mail server and user mailboxes 60 days after the creation date. This includes the inbox, sent items, unread items, deleted items, drafts and messages stored in any subfolder on the mail server.

Emails that are needed for business, legal or regulatory reasons for longer periods will need to be printed out and maintained in a hard copy or archived. The email archive system retains emails that are needed for business, legal or regulatory reasons, for longer periods. Automatic archiving is not allowed as it circumvents the objectives of the policy. Other records maintained on electronic media (except email) may not be discarded except as set forth UH Policy **Records Management**.

The policy requires you to review your e-mails on a regular basis and move appropriate e-mails out of your Outlook inbox/drafts/sent items/deleted items folders to appropriate Retention Folders, print the e-mails you want to keep, or save them to your P: drive; otherwise, the system will move your e-mails to the Outlook System Cleanup folders on a weekly basis where they will be deleted after 60 days from the date they were originally received. To determine what e-mails are appropriate to keep in the 3-year or 10-year Retention Folders, review the Records Management Policy and complete the mandatory EMail Records Retention Online Training.

**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. EVALUATIONS

### 9.1 EVALUATION OF FACULTY

All residents are required by the ACGME 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, which are retained in the individual Clinical Departments, 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 or to the Clinical Department Chair.

##### 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 all of the six of the ACGME core competencies:

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

Overall unsatisfactory performance during the entire academic year;

Overall unsatisfactory performance for at least 50% of rotations during the academic year; or

Cumulative time off in excess of amount permitted by the department or the training program during the current academic training year.

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, elected by the resident or offered 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**, which shall apply to all aspects of the FMLA process). FMLA cannot be used to extend a Time Out LOA.

## 10. 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 dictation equipment and the policies of the Hospital will be given by Health Information Services (HIS). Should a problem arise in connection with medical records, the staff of HIS will be glad to assist you at any time.

### 10.1 ELECTRONIC MEDICAL RECORDS

University Hospitals is one of the largest health systems to develop an electronic medical record that will be interoperable across all UH hospitals, physician offices and outpatient clinics. UHCare is the EMR used by University Hospitals Physicians. UHCare-inpatient offers comprehensive functionality including order entry, physician notes, orders reconciliation and electronic prescribing.

**Electronic Medical Record (EMR)** training is required. If you have not signed up for training, please visit the **EMR Homepage** to review current training information, and if necessary, see your manager or supervisor who can assist you with enrollment. The following policies should be consulted regarding use of medical records.

**Master Integrated Interdisciplinary Documentation / Charting in the EMR**

**Master EMR Order Management**

**Electronic Medical Record Training**

**Medical Record Abbreviations**

**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.**

## **10.2 Guidelines for Medical Record Completion**

Medical records are privileged and confidential documents and must be safeguarded according to Hospital and Health Information Services ("HIS") policies and procedures. The handling of medical records shall be governed by the following guidelines:

10.2.1 Medical records must be available to HIS personnel day or night. They must:

- a. Remain in specified patient care areas.
- b. Be readily accessible in case of emergency.

10.2.2 Medical records may be removed from HIS only for the following purposes:

- a. For direct patient care, either for admission to the Hospital, for an appointment in the Clinics, or other diagnostic or therapeutic services.
- b. For case study or other uses by a Department or individuals authorized to requisition medical records. Medical records for study or dictation may be requisitioned by residents for use only within HIS.

10.2.3 Medical records may not be removed from the Hospital for any reason except for legal purposes, and then only in the custody of authorized HIS personnel. Unauthorized removal of original medical records from the premises will result in corrective action according to the UH **Corrective Action** policy and the Medical Staff Bylaws, Rules & Regulations.

10.2.4 Medical records must be kept intact on in-patient floors and in the clinics, and must not be taken apart or pages removed or rearranged.

## **10.3 GUIDELINES FOR DOCUMENTATION IN THE MEDICAL RECORD**

The Hospital maintains a "unit" record (containing all inpatient, outpatient, and Emergency Department information). 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 Master Integrated Interdisciplinary Documentation and Charting in the Electronic Medical Record** and **Master EMR Order Management** for complete rules on medical record documentation.

## **10.4 Guidelines for Entries into the Medical Record**

University Hospitals 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. Documentation not in the currently active EMR (e.g., physical

assessment and reassessment) is completed using the Hospital's paper forms. 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 10.3](#), 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.

10.4.1 Incomplete medical records remain on the patient division for 24 hours following discharge to allow for dictation of discharge summaries. Charts should be obtained from the head nurse or unit secretary (unless removed for follow-up care to the patient). If the record is still incomplete when sent to HIS, it may not be removed until completed, except when needed for direct patient care.

10.4.2 Final diagnoses and procedures should be included in the auto discharge summary that is completed in UHCare at the time of the patient's discharge from an inpatient division. The principal diagnosis is the condition established to be chiefly responsible for occasioning the admission of the patient to the hospital for care. Other diagnoses are all conditions that coexist at the time of admission, or develop subsequently, which affect the treatment received and/or length of stay. Diagnoses that relate to an earlier episode which have no bearing on this hospitalization are to be excluded.

10.4.3 The Hospital uses a direct-dial dictating system for Operative Reports that can be used on any phone. Operative reports should be dictated immediately following surgery. Clinical resumes should be completed immediately following discharge. Directions for proper dictating procedures will be given to residents at the time of their orientation.

10.4.4 Incomplete medical records are considered delinquent 21 days following availability of the chart for completion in HIS. The Delinquent Record summary by Department will be faxed or emailed to the Residency Program Director for distribution to their resident staff.

10.4.5 Failure to complete records in a timely manner will result in the resident being placed in suspension status. Only after all available charts are completed and the resident has obtained clearance from HIS will the resident be removed from suspension status. Be advised that during the course of a medical career, any hospital to which a former resident may apply for privileges will seek verification of training. Standard verification questionnaires request information on record keeping practices. Delinquent records while a resident may be an impediment to obtaining privileges, as well as an embarrassment, throughout one's professional career.

## 10.5 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 **UHMC 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 **Master EMR Order Management** 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.

Who May Order  
Admission Orders  
Verbal, Telephone, Written, Faxed Orders  
Consult Orders  
PRN Orders  
Notification of New Orders

Order Status at Changes in Level of Care or Service  
Order Clarification  
Unacknowledged Orders at Discharge  
Discharge Orders  
What to Do in EMR Downtime  
Medical Student Orders

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, 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.

## **10.6 PRESCRIBING CONTROLLED SUBSTANCES OVER THE TELEPHONE**

Physicians 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. The appropriate response to a telephone request for controlled substances from anyone claiming to be the patient of a UHCMC attending physician is as follows:

1. Take the patient's name and phone number, and the name of the patient's attending physician;
2. Call the attending physician with the information; and
3. Let the attending physician instruct you on how to respond to the request.

## **11. 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's policy on **Patient Rights & Responsibilities**.

### **11.2 PATIENT ACCESS SERVICES**

Patient Access Services has developed the following information to assist the residents' efforts in arranging patient admission to University Hospitals Case Medical Center. If you require further information, please call ext. 43702. Patient Access Services provides the following services:

- Reservation and Preadmission is responsible for entry of all inpatient and outpatient reservations received from physicians' offices.
- Registration/Preregistration conducts patient interviews with all admissions, ambulatory surgeries, limited outpatient clinic, and ancillary visits.
- Financial Counseling/Precertification does verification and certification of benefits for all inpatient, observation, Ambulatory Surgery Unit admissions, and limited ancillary areas.

- Division Assignment/Bed Assignment is responsible 24/7 for the management of the bed control for all patients admitted to UHCMC.

### **11.2.1 Patient Admitting**

It is the policy of University Hospitals Case Medical Center to:

- Grant all patients impartial access to treatment at any UH facility regardless of gender, race, age, religion, color, national origin, sexual orientation, disability, or veteran status.
- Demonstrate no distinction with regard to race, color, creed, religion, sexual orientation or national origin in the eligibility for, or in the manner of, assignment of patient care or provision of patient care.

### **11.2.2 Admitting Process**

All patients coming to the hospital for in-house stays, are processed at the Patient Access Services (Admitting) Office which is located on the first floor of the Mather Pavilion Room 1155. OB patients report directly to Labor & Delivery on MacDonald 2<sup>nd</sup> floor. To schedule advance admission, fax a standard reservation form to ext. 7355. Patient Access phone numbers are 844-3929 or 844-3707

### **11.2.3 Emergency Admission**

For adult emergency admissions call:	844-3701 - 844-3702
For pediatric emergency admissions call:	844-3705

Please have the following information available prior to calling to admit an emergency patient.

Patient Name	How Transported
Patient Hospital #	Patient DOB
Admitting Physician	Coming From
Your Beeper/Phone	Surgery Time
Referring Physician Name/Phone	Insurance Information
Referring Facility	Estimated Time of Arrival
Diagnosis	Covered by Attending
Whether Covered by House Staff/Resident	Whether on Dialysis

Emergency admissions should be scheduled according to patient needs. Special attention should be given to providing the referring physician's name to ensure continuity of care and follow-up. Likewise, an emphasis is placed on identifying the facility from which the patient is being referred.

### **11.2.4 What to Tell Your Patient Prior to Admission**

- Bring insurance cards to the Patient Access Services Office even if the information has been provided over the phone.
- Bring a list of medications or special dietary requirements to be given to the nurse on the floor.
- Please do not bring valuables. The cashier's office will cash personal checks, and there are ATM machines on site.
- Credit card payment is acceptable for payment of self-pay portion of the hospital bill.

### **11.2.5 Pre-Registration/Verification/Certification**

The hospital obtains preadmission approval for all inpatient admissions when a reservation form is received at least 24 hours prior to the expected date of admission. Critical to

the success of this admitting process is assuring that the thorough and accurate representation of insurance and clinical criteria for the proposed hospital stay is on the reservation form. The reservation form should contain current insurance information as well as clinical information that sufficiently supports the number of inpatient days the physician is seeking to have approved for the admission in question.

All outpatient procedures, surgeries, etc., must be pre-certified by either the department or physician office requesting/performing the service. The Patient Access Department is prepared to help with the insurance verification/certification questions. Call 844-8399 for assistance. If pre-certification cannot be obtained the admitting physician will be notified to postpone or cancel the procedure pending financial clearance.

#### **11.2.6 Preadmission Assessment and Teaching (PAT)**

PAT is an optional service provided to surgical services for evaluation and management of patients with significant medical co-morbidity, in addition to the problem for which they are having their surgery. Patients will be seen and interviewed by an Anesthesiologist, by appointment, and lab work will be completed. Additional testing or consultations may be recommended which may be necessary to decrease the risk of surgery. PAT is located in the Humphrey Building. For more information on preadmission testing, please call 216-844-1066.

#### **11.2.7 Discharge of Patients**

Discharge time is 11:00 a.m. A patient may be discharged only on the written order of the attending physician or of the resident. If applicable, see UH policies addressing **Discharge Planning Involving Post Hospital Providers** and **Discharging Minors to Persons Other than Parents**.

If a patient wishes to leave the hospital against medical advice ("AMA"), the attending physician shall be notified for a private patient and the resident for a staff patient. See **UHCMC Policy Discharge Against Medical Advice**.

### **11.3 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.

#### **11.3.1 Death on Hospital Premises**

A resident may pronounce a patient dead. The pronouncing physician will make the appropriate notations on the medical record along with any pertinent information including resuscitative attempts or medications administered. See **Management of Death on Hospital Premises**.

#### **11.3.2 Dead on Arrival Cases**

The following alternatives are presented as ways in which dead on arrival (DOA) cases may be handled in the Emergency Department.

- Bodies brought to the Hospital DOA are pronounced dead by Emergency Services. The Morticians notify the Office of the Coroner of all DOA deaths.

- If the Coroner claims jurisdiction, the Morticians arrange for transportation of the body to the County Morgue. No Death Certificate is completed by Hospital staff. A Coroner's Report Form should be completed by the physician pronouncing death.
- If Coroner releases body and if no autopsy is granted, the body is taken to Pathology where it is called for by a funeral director. In such cases, it is the responsibility of the patient's physician to complete the Death Certificate.
- If Coroner releases body and autopsy is authorized by the responsible relative, the Death Certificate may be completed by either Hospital or the Coroner as determined by the Coroner at the time of release of the body.

### **11.3.3 Morticians**

The Morticians are an integral and important facet of the operations of UHCMC. They are licensed funeral directors and embalmers with many years of experience. They act as a liaison between the funeral directors, the hospital administrators and the clinicians. They have responsibilities to each of these groups but are under the direct supervision of the Director of the Autopsy Service and the administrator for anatomic pathology. They are on call 24 hours a day and can be reached at all times by calling ext. 41836, pager 30209 or the telephone operators. Nursing staff will notify the Morticians, who will facilitate the death certificate.

### **11.3.4 CORONER CASES**

Mortician Service staff on duty can provide assistance to residents and attending physicians in determining whether a case should be reported to the coroner and in completing the report. See **Coroner Cases**.

### **11.3.5 CONSENT FOR ORGAN OR TISSUE DONATION**

In recognition of the need for and the benefits resulting from the increased availability of organs and tissues for transplantation, research, and medical education, the Hospital cooperate with LifeBanc, a federally funded nonprofit agency which coordinates the recovery of organs, tissues and eyes for transplantation in conjunction with the Cleveland Eye Bank and other tissue teams/banks. To determine suitability for organ and tissue donation, the nurse responsible for the patient's care or the patient's physician will contact **OneCall for Life** for each patient: anticipated to meet brain death criteria; declared brain dead; for whom withdrawal of all life-sustaining measures will be undertaken; and for all other deaths. UHCMC Policy 7.2, **Organ and Tissue Donation**, details the required procedure.

### **11.3.6 AUTOPSIES**

#### **11.3.6.1 Obtaining Consent to Perform an Autopsy**

Hospital policy mandates that every inpatient death will result in a request for autopsy. Consent for autopsy is obtained from the next of kin as specified by statute and UH Policy GM-46 - **Consent to Perform an Autopsy**. It is the responsibility of clinicians to request autopsies, however, the Morticians, who all have extensive experience in dealing with bereaved families, can be counted on as an important resource in obtaining autopsy consents. If no request for autopsy is made, the reason for not requesting the autopsy must be listed on the autopsy consent form.

#### **11.3.6.2 Autopsy Office**

The Autopsy Office located in Pathology B-32 (ext. 43479), facilitates and



coordinates the functions of the several components of the service and serves as liaison between the clinicians, residents and pathologists. It is responsible for the transmission of all information concerning autopsies to interested clinicians. Residents are invited to familiarize themselves with autopsy procedure by visiting the service during normal business hours.

#### **11.3.6.3 Notification of Clinicians of Autopsies**

The Morticians or Pathology residents will notify the clinicians whose names are listed on the autopsy permit when the autopsy is about to begin. Chief residents may request to be notified at the time of autopsies of patients expiring on their respective services.

#### **11.3.6.4 Information to Clinicians Regarding Autopsies**

The Autopsy Office will send the attending physician listed in the autopsy permit a copy of the Provisional Anatomical Diagnosis. Any inquiries by physicians in regard to past or current autopsy reports should be directed to the Autopsy Office, ext. 43479. The Morticians will give only information concerning the time of performance and sign-out of any autopsy. For more information concerning special circumstances, please contact the Autopsy Director at ext. 43478.

#### **11.3.6.5 Outside Inquiries Concerning Autopsy Findings**

Matters relating to subpoenaed autopsy findings and reports, as well requests for copies of Provisional and/or Final Anatomic Diagnoses by next of kin, must be referred to HIS, Release of Medical Information Section. See **Disposition of Protected Health Information (PHI) on Death of Patient**.

### **11.4 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 **Management of Death on Hospital Premises**. 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. See **Coroner's Cases**.

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.

### **11.5 SERVICE TO INPATIENTS**

Residents assigned to inpatients units must evaluate admissions or transfers to critical care areas within 4 hours, and within 12 hours for patients in general care divisions. 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 within 30 minutes. Residents are encouraged to consult with an attending or senior resident any time he/she is uncertain about a patient care issue.

## 11.6 INTRANET - INTERNET - E-MAIL - Electronic data

UH provides Internet access to UH workforce members to help them perform their legitimate UH clinical and business duties. UH computers, hardware, software, systems and networks must be used only for legitimate business purposes and may not be used for personal, illegal, or unapproved purposes. See **Internet Use**. Internet use and E-mail is monitored.

## 11.7 RADIATION SAFETY

The **Radiation Safety Office (RSOF)** responsibility is 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. Its staff can be reached [at RSOF Contacts](#). 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. Failure to do so may invite a \$20.00 fine and disciplinary action. Lost and damaged dosimeters are also subject to a \$20.00 replacement fee. The money may be deducted from a paycheck. Personnel dosimeters covered in the UHCMC Policy on **Staff Radiation Monitoring**. Pregnancy is, with some exceptions, no bar to working with radiation. [Contact](#) the RSOF for more details.

## 11.8 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**. Please check with the nurse in charge if you are unsure what can be shared and with whom.

## 11.9 PATIENT THERAPY LEAVE OF ABSENCE

A patient may be granted a therapeutic Leave of absence limited to one census period only upon the order of the patient's physician, and provided that the patient's physician and patient complete the Patient Therapy Leave of Absence form, the physician explains the terms and conditions of the Leave of Absence to the patient, and witnesses the patient's signature. The physician may specify in one order the dates and times of more than one leave of absence. A Leave of Absence extending beyond one census period requires approval by the Finance Department. See UHCMC Policy 6.6.12 **Leave of Absence, Patient**.

## 11.10 INSTITUTIONAL RESOURCES FOR PATIENTS

The Blood Bank-Transfusion Medicine Service includes the transfusion service and a donor room and apheresis facility, which serves all areas of the hospital complex. The transfusion service and reference laboratory are located in room 2254, second floor of Mather Pavilion (adjacent to the Mather Operating Rooms). The Donor Apheresis Center, comprising a donor room and apheresis facility is located in room B08 in the basement of Hanna House.

The Blood Bank-Transfusion Medicine Service provides a full range of blood component transfusion services (please refer to the Blood Bank Menu or the Blood Bank Transfusion Medicine Service Physician Order Record Form for a listing of available services and blood components) and is staffed and open 24 hours a day, seven days a week. It is important to emphasize the requirement that each Request for Components submitted to the Blood Bank must be accompanied by an appropriate Indication Code and the ordering physician's signature and identification number. Blood Bank physician coverage is provided for questions and assistance 24 hours a day, seven days a week. An on-call Transfusion Medicine resident and an on-call attending Blood Bank physician can be reached by calling ext. 42800. See the following UHMC policies: **Requesting Blood and Blood Components**, **Emergency Red Blood Cell Transfusions** and **Storing and Returning Issued Blood and Blood Components**.

The administration of blood and blood components must follow the regulations delineated in the Code of Federal Regulations, under the Food and Drug Administration as well as guidelines outlined in the American Association of Blood Banks *STANDARDS FOR BLOOD BANKS AND TRANSFUSION SERVICES*. Refer to the **Nursing Practice Manual** and the **UHMC Clinical Policies and Procedures** for specific instructions for transfusion of blood and blood components. Included in these *Manuals* are procedures to follow when an adverse reaction to transfusion occurs. These reactions must be reported to the Blood Bank at ext. 42800 for required documentation and instructions for further action if needed.

The *Circular of Information for the Use of Human Blood and Blood Components* is available upon request at the Blood Bank, room 2254, second floor of Mather Pavilion. This serves as the "package insert" for all transfusions. Familiarity with the contents of *The Circular of Information* is recommended to insure appropriate transfusion practices.

The Donor Apheresis Center (DAC), ext. 41680, performs various specialized donor procedures. Patients who wish to store autologous blood for scheduled surgery are encouraged to do so through the DAC. A physician's order is required. In addition, the Donor Apheresis Center performs and encourages plateletpheresis donations for transfusion to Hospital patients. Families and friends are encouraged to donate for these patients. Information regarding donations can be obtained by calling ext. 41680, Monday through Friday between 8 a.m. and 5 p.m.

#### **11.11 AUTOLOGOUS BLOOD TRANSFUSION**

The Blood Bank of University Hospitals encourages patients to consider autologous blood transfusion. Those patients who desire and are able to provide their own blood should consult with their private physician or University Hospitals Blood Bank. Units of blood can be stored for 35 to 42 days prior to surgery. Autologous blood donors should be under 80 years of age and donate their last unit at least one week and preferably two weeks prior to the date of their scheduled surgery. Call 844-1680 for specific details.

#### **11.12 BLOODLESS MEDICINE & SURGERY PROGRAM**

The Center for Bloodless Medicine and Surgery at University Hospitals' Rainbow Babies & Children's Hospital focuses on blood conservation. The NICU/PICU functions as Blood Conservation Units, and the Pediatric Pre-Surgical Referral Service and collaborative anesthesia network within a family-centered care environment that involves the patients and their families in the decision making process. This has lead to a multi-disciplinary approach in areas such as craniofacial, orthopedics, cardio-thoracic, hematology/oncology, and neonatology, the development of protocols and procedures to prepare our children for surgery, and intra-operative cell salvage strategies to capture and re-infuse the patient's own blood volume. A pre-surgical evaluation service allows staff to become involved with patients before they are even admitted. For more information, phone 216-844-3492.

#### **11.13 CHILD PROTECTION PROGRAM AND CHILD ABUSE AND NEGLECT**

Ohio law requires that all health care providers, including residents, report suspected child abuse or neglect. In Ohio, reports of abuse and neglect may be made to the county children's services agency

(in Cuyahoga County, the Department of Children and Family Services at 696-KIDS), and/or to the police. A Uniform Report form must also be completed. In order to report, the physician need not be able to prove that abuse or neglect has occurred. Mandated reporters are protected from civil and criminal liability, even if the allegation is subsequently determined to be unfounded, provided that a report is made in good faith. Failure to report suspected abuse and/or neglect is a fourth degree misdemeanor and may result in jail or fine. An abused child is defined in the Ohio Revised Code as one who “exhibits evidence of any physical or mental injury or death, inflicted by other than accidental means, or an injury or death which is at variance with the history given of it.” Neglect is the failure to provide basic requirements for a child’s development, such as food, clothing, medical attention, or supervision. This law applies to all children up to the age of 18, or to 21 if they are developmentally disabled. See **Child Abuse and Neglect**. Also see **Temporary Emergency Custody of Children**.

Assistance is available to residents who believe that a child or adolescent they are treating may have been neglected or abused. The Child Protection Service, in the Division of General Academic Pediatrics at Rainbow Babies & Children’s Hospital provides medical consultation. Consultation includes medical evaluation of the child, advice regarding diagnostic testing, and recommendations regarding safe disposition. Prepubertal children who are alleged to be victims of sexual abuse may be evaluated by a member of the Child Protection Service as inpatients or, as time and circumstances dictate, may be referred to Care Clinic for medical assessment. Social work consultation should be obtained whenever a medical consultation for abuse or neglect is requested. (See “*Social Work Services*,” in this *Manual*, for instructions regarding how to access these services). The social work staff will perform a psychosocial assessment, gather information, assist with reporting, support the child and family, and coordinate services.

The Child Protection Team can be reached at 216-844-3761 for consultation and/or referrals to Care Clinic.

#### **11.14 INTERPRETER SERVICES**

Family members and friends **may not** translate for a patient when medical information is being discussed. Federal law requires all language interpreters used by hospitals to be proficient in their field and competency-tested, so that they can ensure that the medical information being shared with the patient has been translated accurately. In addition, offering a third party interpreter to patients allows the patient to keep personal medical information confidential.

##### **11.14.1 Foreign Language Services**

**A.** *Language Line* is a language translation service available 24 hours a day, seven days a week. *Language Line* may be used anytime a non-English speaking patient wishes to communicate with healthcare providers (or vice versa) for a brief or unscheduled discussion, or during urgent care situations. This service is especially useful when obtaining informed consent for surgery or medical procedures, initiating new treatments or medications, or explaining a diagnosis or prognosis. To call the *Language Line*, use a UHCMC hospital telephone, and dial x4INTE (44683). Please see the unit manager or call the hospital operator for the required information and specific instructions for using the service. You will be asked to provide an organization name, hospital ID number and personal code to process the call. To hear a recorded demonstration of a typical call scenario at no charge, call 1-800-821-0301.

**B.** If a discussion with a non-English speaking patient is being scheduled in advance and may be lengthy, schedule a translator from the International Relations Department. In-person translator services work well for scheduled doctor appointments, family meetings, patient education and training sessions. Services are only available M-F 8:30AM –5:00PM, holidays excluded, 216-844-5677. After hours, over the phone interpretation services only, at pager #33150. UHCMC’s International Relations Department provides translation services to patients enrolled in their program only and there is no fee.

**C.** *MARTII* is a system, which provides real-time video-based communication with an interpreter or over-the telephone interpretation depending on the language requested.

See the UH policy on **Foreign Language Translators**.

#### 11.14.2 Hearing or Sensory-Impaired Persons

Hospitals are required to offer third party interpreter services to **Hearing or Sensory-Impaired Persons** as well, to ensure the information is accurately translated and a patient's confidentiality is protected. The following options are available to patients and personal representatives at University Hospitals:

- Use of qualified sign language or oral interpreters may be arranged for hearing impaired patients by calling the Cleveland Hearing and Speech Center at 216-231-8787, or Deaf Services of Cleveland at 216-382-9828.
- MARTTI System
  - Access by reservation at Bolwell 3300A, 216-844-7191
  - Access by reservation at Horowitz 3rd Floor; pager 30532
  - Access in ED at 216-844-1644
  - Access in Mather PACU at 216-844-2260
- Handwritten Notes
- The Ohio Relay Service is a free service provided at 1-800-750-0750.
- TTY machines are available, free of charge to any patient requesting their use. TTY machines may be obtained through the UHCMC Telecommunications Department during business hours of 8AM – 5PM, weekdays, at 216-844-5588.
- Lip reading

#### 11.15 NURSING SERVICES

University Hospitals Case Medical Center has achieved Magnet status, a highly coveted designation recognizing nursing services and quality nursing care. The goal of Nursing Services is three-fold: to give quality care to patients, to provide an exemplary learning climate for students and staff, and to promote a spirit of inquiry in nursing. The nursing staff is committed to the concept of collaboration in the delivery of quality patient services and welcomes opportunities to work collaboratively with residents and physicians to achieve this goal.

Nursing Services is decentralized to promote clinical specialization and accountability for nursing care as close to the point of service as possible. A vice president or director of nursing directs nursing and patient care services in each of the clinical services: medicine, surgery, psychiatry, pediatrics and women's health. Head nurse managers directors of nursing and the Chief Nursing Officer (CNO) are accountable for high quality patient care. The CNO is the corporate officer responsible for assuring a consistent standard of nursing care throughout UHCMC. Advanced practice nurses; clinical nurse specialists, nurse practitioners, and nurse midwives with graduate preparation and additional certifications provide patient care, education, and leadership in all areas to develop and maintain high standards of nursing practice. Many nurses hold clinical appointments in the Case Western Reserve University School of Nursing and provide learning experiences for nursing staff and students.

#### 11.16 NUTRITION SERVICES

##### Clinical Nutrition

The clinical nutrition staff is an integral part of the patient's healthcare team. Consults are completed within 48 hours of active order. The inpatient Registered Dietitians (RD) work 6 days a week and are on-call on Sunday and holidays. All in-patient clinical nutrition documentation is located in the EMR.

EMR:

1. Enter Order
  - a. Select Nutrition adult or pediatric
    - i. consult dietitian –check off reason for consult or type in reason
    - ii. therapeutic diets
    - iii. oral nutritional supplements
    - iv. enteral products
2. Documents Tab:
  - a. Clinical nutrition documentation is titled nutrition therapy
    - i. assessing for malnutrition is part of nutrition therapy

- ii. interventions/recommendations for oral nutrition and for nutrition support: enteral and parenteral are aimed in meeting the patient's optimal nutrition requirements
- iii. the RD can educate you in writing the nutrition orders and in documenting for malnutrition

The Nutrition Care Manuals are on the intranet:

Policies/Forms – Manuals/Guides – UHCMC Clinical Nutrition – Nutrition Care Manuals

Clinical Dietitians work in many of the various ambulatory clinics. Physicians can also refer patients to out-patient nutrition therapy services. A referral is required.

#### Patient Services

At Your Request-Room Service Dining is the meal system for the patients. Patients and/or family can call daily to order a meal between the hours of 6:30AM to 9:00PM. Our patient menu is an overall wellness menu that meets the needs of the various therapeutic diets. The department has 3 patient kitchens located in Bishop, Lerner Tower and Seidman.

#### Retail

The Atrium cafeteria is open Monday – Friday 6:30AM – 2:00 AM and closes on weekends and holidays at 7:00PM.

In addition, Einstein Bros. Bagels is in the Atrium and Wolfgang Puck Express is located on the lobby floor of Seidman's Cancer Center.

Vending machines are available 24 hours/daily and are located in the Lerner Tower basement and Atrium.

### **11.17 PHARMACY SERVICES**

The Department of Pharmacy Services has the responsibility for the procurement, storage, distribution and control of all medications for patients of the University Hospitals Case Medical Center. Pharmaceuticals are dispensed to hospitalized patients, patients of the Hospital's outpatient clinics and Emergency Departments, employees (and dependents) and medical staff (and dependents). Information and assistance on the clinical use, pharmacokinetics, administration, and adverse reactions of medications, as well as the topics below, can be found at **Pharmacy Services**.

- Policies and procedures
- Copy of the U. H. Formulary policies and procedures,
- Listing of the U. H. Formulary by either generic or brand name,
- Alphabetical listing of all antimicrobial usage criteria and treatment spreadsheets,
- Alphabetical listing of the usage criteria for specific, non-antimicrobial drugs,
- Emergency information about drug purchasing availabilities or drug data.

**UHCMC Policy 5.9 – Pharmacy Services** was developed by the Department of Pharmacy Services, reviewed by the Pharmacy and Therapeutics Committee, and approved by the Clinical Council and appear.

### **11.18 VOLUNTEER SERVICES**

The Auxiliary of University Hospitals Case Medical Center is a **Volunteer Services** organization whose mission is to develop special projects, programs, and initiatives that support the hospital's mission: "To Heal, To Teach, To Discover." The proceeds from Auxiliary supported projects are given to needed areas in the form of grants that are awarded at least once each year. The Auxiliary currently has responsibility for the following income generating projects:

- Java Jive
- Baby Prints, newborn baby photo program in MacDonald Women's Hospital
- Atrium Gift Shop
- Atrium vendor sales

Through the funds that it generates, the Auxiliary currently supports the Hospitality Suite, the Pet Pals program, and Be Our Guest program, programs in the Seidman Cancer Center, Rainbow Babies & Children's Hospital, and many other very important efforts at UHCMC.

## 11.19 REHABILITATION SERVICES

**Rehabilitation Services** include: Occupational Therapy (OT), Physical Therapy; (PT) and Speech-Language Pathology (SLP). Patients are treated in the acute care hospital on the nursing divisions or in the outpatient setting. In addition to Bolwell, outpatient services are available at a number of other community based locations a listing can be found at <http://www.uhhospitals.org/case/services/rehabilitation-services>.

### 11.19.1 Referral Process

1. Inpatient referrals require an order entered thru the EMR
2. Outpatients referral pads are available. Ohio is a direct access state; physician referral is not required by private insurance.

## 11.20 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 UHCMC policy relative to **Social Work Services**.

### Business Hours:

The Social Work Department's hours are Monday through Friday 8:30 a.m. - 4:00 p.m. (also on site Saturdays 8:30 a.m.- 5:00 p.m.). During these hours, social workers are available via individual pagers or the centralized office in their management centers:

Med/Surg:	(Lakeside & Hanna House Division).....Ext. 43869
Pediatrics:	(RB&C Divisions) .....Ext. 43375
OB/Gyn:	(MacDonald Hospital for Women Divisions)....Ext. 43364

Emergency Department: A Social Worker covers the Emergency Department 24/7 via pager # 35107.

Inpatient Divisions: A standby social worker is available during non-business hours (this includes evenings, weekends and non-business holidays) via the following pagers:

Adult:	(Lakeside & Hanna House Divisions) .....Pager 35138
Pediatrics:	(RB&C Divisions).....Pager 35139
Psychiatry:	.....Pager 35138

## **11.21 PATIENT TRANSPORTATION SERVICES**

The hospital has a highly detailed 24/7 teletracking system for the transportation of patients and visitors, as well as the movement of specimens, throughout UHCMC. By dialing 7 "MOVE" (77688) and following the voice prompts, a request will be initiated. Any questions concerning the use of the system should be directed to the Transport Operations Office at ext. 47851. For immediate service, please use the team leader pager at pager number 34093.

## **12. RESIDENT RESOURCES & ACTIVITIES**

### **12.1 ACCESS TO CASE WESTERN RESERVE UNIVERSITY**

Residents of UHCMC will receive a Case ID card at hospital orientation. The Case ID card allows access to the Veale athletic facilities, the Biomedical Research Building (BRB), at 10900 Euclid Avenue, and the School of Medicine Buildings excluding access to the Wolstein Building and the upper floors of the BRB. Additionally all residents will be granted a Case email address and access to library services at Case. Please contact your program coordinator or the office of GME on how to set-up computer access to the Case network.

### **12.2 PARKING**

The **Parking Office** is located in the Humphrey Building, Room 1535. Parking is available for all residents in Lot 61 located on Circle Drive. The cost can be payroll deducted if a resident is on campus for six consecutive months or more. Rotating residents are advised to pay Cash or Check at the Parking Office for the time needed. You must display a parking tag/sticker on your vehicle. Apply for a parking permit online at **Parking Permit Application**. When parked at UHCMC, you assume all responsibility and observe all **Parking Rules & Regulations**, including the prompt payment of any fines that may occur for any infraction. Failure to pay any fines may result in the fine deducted from your paycheck, or having your vehicle wheel locked or impounded. The Parking Permit and Key Card must be returned to the Parking Office in order to cancel your parking assignment and payroll deduction. Any questions or concerns in regards to parking should be brought to the attention of the Parking Office at ext. 47275 (4PARK).

### **12.3 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.

### **12.4 TELECOMMUNICATION**

#### **Telephone System**

The Telecommunications Department is comprised of a complex network of processor and computer supported telecommunications systems distributed throughout a multi-building environment. The largest of these systems supports direct inward and direct outward dialing from most telephones, bypassing the hospital operator. Patient telephones may be used to reach other hospital telephones or to access the digital paging system.

The resident's quarters are equipped with telephones that residents may use to conduct their business. General telephone information can be found on the University Hospitals' Intranet web site. Select "**Corporate Directory**" from the "On-line Tools" drop-down menu. (See Pager instructions on the University Hospitals' Intranet Web Page.)



The Hospital Operators make a determined effort to direct incoming calls to the correct extension. However, if you customarily cannot be reached at a hospital extension, frequent callers can access your digital pager at any time from their own touchtone telephone. Paging Information and Instructions are available online at University Hospitals connect, by clicking on "How To" at the *Corporate Directory*.

The audible overhead paging system is designed for emergency business use only. Calls during the business day will be directed to your department. The Hospital Operator will not accept messages.

#### **Emergency Calls**

Cardiac Arrest/Medical Emergency/Triple.....5555  
Fire.....5555  
Security/Protective Services.....(HELP) 4357

#### **Telecommunication Numbers**

Telephone Information Line.....41405  
Telephone Repair.....41482  
Teletypewriter, (TTY).....41544  
Hospital Operator.....0

### **12.5 CONFERENCES, ROUNDS, LECTURES, ETC.**

There are regularly scheduled Conferences, Seminars, Rounds, Lectures, Demonstrations, etc., presented throughout the year under the auspices of both the Hospital and the School of Medicine. Notification of these meetings is published in advance.

### **12.6 RESIDENT PARTICIPATION ON HOSPITAL COMMITTEES**

Residents are encouraged to be active contributors to the Association of Residents and Fellows and the Minority Housestaff Association. Leadership of these two associations is asked to select resident representatives to the following institutional committees: Graduate Medical Education Committee, the Institutional Review Board, Library, and Transfusion Committees.

### **12.7 ASSOCIATION OF RESIDENTS & FELLOWS**

The Association of Residents & Fellows (ARF) was formed at University Hospitals by a group of Chief residents in 1991. Their goal was to form a democratically elected advocacy group that could present resident concerns to the administration in a formal fashion. A request for interested residents is sent to all UHCMC residents and representation from every department is encouraged.

With strong influence from ARF, the Academic Center for Residents and Fellows was opened on the third floor of Lakeside in 1994 and was relocated to the sixth floor of Lakeside in 2008. This dedicated space provides a private, secure environment away from patient floors. The Center features a lounge, call rooms, showers, lockers, a computer lab and a kitchen with microwave, refrigerator, as well as free coffee, tea, and water service. The Office of GME is also located on the 6<sup>th</sup> floor of Lakeside. UHCMC residents have the access to the Center twenty-four hours a day via the swipe badge.

Since its inception, ARF has contributed to the enrichment of residency life at UHCMC in many ways. In addition to maintaining a dialogue with administration, participating residents are asked to serve on various committees at both the hospital and the medical school. ARF sponsored seminars inform residents on such vital issues as contract negotiations, student loan repayment programs and life after residency. The ARF also sponsors many socials events, varying from informal pizza parties, wellness/appreciation weeks and holiday affairs that foster interaction of residents from every department.

Membership in ARF is strictly voluntary. Each member contributes \$2 per pay period, or \$52 per year and the hospital administration provides matching contributions.

## 12.8 HOUSE OFFICERS WELCOME ASSOCIATION

HOWA is a group of residents' spouses, who offer each other support during the hectic residency years. In addition to monthly meetings featuring speakers and serious discussion, their other activities include a Book Club, Service Club, Gourmet Group, and a children's playgroup.

## 12.9 MINORITY HOUSESTAFF ASSOCIATION

This group was formed in the fall of 1996, with its members establishing the following goals:

- To participate in the active recruitment of minority housestaff at UHCMC.
- To provide community service to the minority population of Cleveland.
- To offer social and peer group support for UHCMC minority housestaff and medical students at CWRU.

## 12.10 FOOD SERVICES

### 12.10.1 Atrium Cafeteria

Monday through Friday:	6:30 a.m. – 8:00 p.m.
Breakfast:	6:30 a.m. – 10:00 a.m.*
Lunch:	10:30 a.m. – 2:00 p.m.*
Dinner:	2:00 p.m. – 8:00 p.m.*
Saturday and Sunday:	6:30 a.m. – 7:00 p.m.
Breakfast:	6:30 a.m. – 10:30 a.m.
Lunch/Dinner:	11:00 a.m. – 7:00 p.m.

\*Grab-and-go quick serve, beverages, and coffee are available from open until close. A selective menu that includes sandwiches, snacks, salads, and beverages are available during all open hours. A selection of hot entrees is available during normal meal times. See the **Weekly Menu**.

### 12.10.2 Vending Machines

Vending machines are available and open 24 hours per day in the cafeteria and other satellite locations. A bill changer is available for your convenience in the main cafeteria. Items available for purchases are snacks, beverages, ice cream, and full meals.

### 12.10.3 Einstein Bagel Co.

Monday through Friday	6:30 a.m. to 2:00 p.m.
Saturday, Sunday and Holidays	CLOSED

Einstein Bagel Co. is located in the Atrium opposite Bishop Cafeteria and offers specialty coffees made from "the finest beans the world has to offer." Muffins, scones, bagels, soups, salads and special recipe cookies baked fresh daily.

### 12.10.4 JAVA JiVE Espresso Bar

Monday through Friday	6:30 a.m. to 5:00 p.m.
Saturday, Sunday and Holidays	CLOSED

JAVA JiVE is sponsored by the Auxiliary of University Hospitals and a portion of the proceeds is returned to the Hospital for special projects. JAVA JiVE is located in the Bolwell Health Center Lobby and offers a variety of coffees, including iced, frozen, brewed, and flavored, as well as fresh baked goods. They also offer grind-to-order beans, which are roasted fresh every week.

### **12.10.5 ON-CALL MEALS**

Residents may swipe their UHCMC identification badge in the Atrium Cafeteria to cover the partial cost of meals when on-call. Only residents who take in-house call will receive on-call meal money on their UHCMC identification badge.

### **12.11 LIBRARY FACILITIES**

The Core Library, located at Lakeside 3119, is the central library facility of UH. It includes a print reference journal/book collection and access to numerous satellite libraries throughout UH. The Core Library home page on the UH Intranet includes links to Access Medicine, MD Consult, MicroMedex, OVID Online, PubMed, and 800 full text online journals. Instruction in using online resources is available to groups and individuals. Request forms for interlibrary loans are available on the webpage as well as link to e-books and other online resources. Core Library staff also provide database searches, interlibrary loans and help in accessing information resources from home or office. The library is open to residents at all times, and is staffed from 8:30 am to 5:00 pm, Monday-Friday. For help or information, call ext. 41208.

### **12.12 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.

### **12.13 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. For initial free laundry service, a laundry form should be filled out at the Uniform Room in the sub-basement of Lakeside. Coats will be permanently marked with the resident's laundry number. Laundry service is available once a week.

### **12.14 Hospital-Issued Scrub Suits**

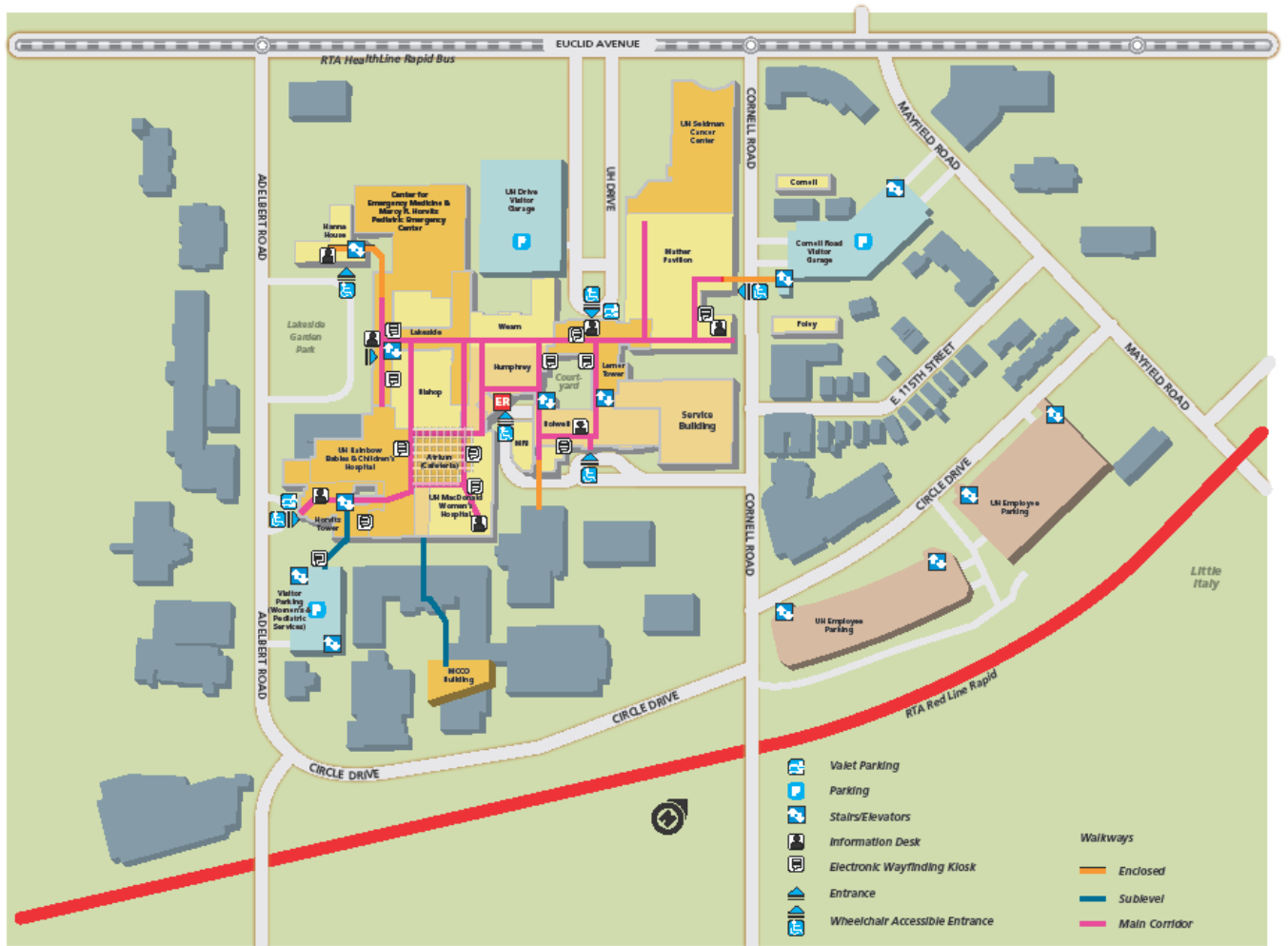
Operative scrubs may be worn only while carrying out specific clinical responsibilities. See **UHCMC Policy 19.5, Hospital Issued Scrub Suits**. Unless a scrub suit is contaminated unauthorized removal of hospital-issued scrub suits from UHCMC property is theft. No one is permitted to wear hospital-issued scrub suit off UHCMC property. Violators will be subject to disciplinary action in accordance with Policy **HR-72, Corrective Action**.

## 12.15 UHMC GME PROGRAM CONTACTS

PROGRAM	PROGRAM DIRECTOR	COORDINATOR	PHONE	MAIL STOP
*****				
Anesthesiology	Heather McFarland, MD	Chris Adamovich	47335	BHS 5077
Anesthesiology – Pain Management	Salim Hayek, MD, PhD	Terrah Northern	42685	
Anesthesiology - Critical Care	John Klick, MD	Lisa Malone	48077	LKS 5007
Pediatric Anesthesiology	Kasia Rubin, MD	Tomicha Evans	47340	
-----				
Cardiology	Brian Hoit, MD	Joanna Benson	47603	LKS 5038
Clinical Cardiac E.P.	Judith Mackall, MD	Joanna Benson	47603	LKS 5038
Interventional Cardiology	Sahil Parikh, MD	Joanna Benson	47603	LKS 5038
Advanced Heart Failure & Transplant	Guilherme Oliveira, MD	Joanna Benson	47603	LKS 5038
-----				
Dermatology	Artthapol Tanphaichitr, MD	Kris Myers	45794	LKS 5028
-----				
Emergency Medicine	Barry Brenner, MD	Amy Lovano	43610	HMP5099
-----				
Endocrinology	Baha Arafah, MD	Carroll Campbell	43144	LKS 5030
-----				
Family Medicine	Wanda Cruz Knight, MD	Tom Mauerer	45483	BHC5036
-----				
Preventive Medicine	Johnie Rose, MD PhD	Judy Parsons	368-2190	
-----				
Gastroenterology	Gregory Cooper, MD	Linda Shenk	45385	WRN 5066
Transplant Hepatology	Stanley Cohen, MD	Linda Shenk	45385	WRN 5066
-----				
Geriatrics	Taryn Lee, MD		35890	MPV 6033
-----				
Genetics	Anna Mitchell, MD		47236	LKS 6055
Biochemical Medical Genetics	Shawn McCandless, MD		47236	LKS 6055
-----				
Hematology/Oncology	Joseph Bokar, MD	Kelly Sliter	34946	LKS 5079
-----				
Infectious Disease	Robert Salata, MD	Martha Salata	41761/41928	FOL 5083
-----				
Internal Medicine	Keith B. Armitage, MD	Deena Segal	42562/43811	LKS 5029
-----				
Nephrology	Lavinia Negrea, MD	L Tanya Stanfield	48060	LKS 5048
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Neurology	David Preston, MD	Kris Stacy	45550	HH 5040
Epilepsy	Shahram Amina, MD	Doris Evans	43100	LKS 6058
Neuromuscular Medicine	Bashar Kitiirji, MD	Kris Stacy	45550	HH 5040
Vascular Neurology	Cathy Sila, MD	Kris Stacy	45550	HH 5040
-----				
Neurosurgery	Nicholas Bambakidis, MD	Lois Hengenius	43472	HH 5042
-----				
Obstetrics/Gynecology	Nancy Cossler, MD	JoAnn Laurent	48551	MAC 5034
Reproductive Endo & Infertility	James Goldfarb, MD	Tiffany Phillips	285-5080	RISMAN STE 310
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Ophthalmology	Panjak Gupta, MD	Martha Weber	48577	WRN 5068
-----				
Orthopedics	Patrick Getty, MD	Ellen Greenberger	43233	HH 5043
-----				
Otolaryngology	Jim Arnold, MD	Mary Cerveney	48433	LKS 5045
-----				
Pathology	David Kaplan, MD	Jeannie St. Marie	46046	PATH 5077
Cytopathology	Claire Michael, MD	Jeannie St. Marie	46046	PATH 5077
Hematopathology	Howard Meyerson, MD	Jeannie St. Marie	46046	PATH 5077
-----				
Pediatrics	Martha Wright, MD	Carla Males	41173	RBC 6002
		Belinda Wagner	41171	RBC 6002
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Pediatric Fellowships					
Peds Adolescent Medicine	Rina Lazebnik, MD	Dana Gordon	40205		RBC 6002
Peds Developmental-Behavioral	Nancy Roizen, MD	Dana Gordon	40205		RBC 6002
Peds/Cardiology	Ravi Ashwath, MD	Leslie Estremera	43620		RBC 6002
Peds/Critical Care	Katherine Mason, MD	Dana Gordon	40205		RBC 6002
Peds/Emergency Medicine	Jerri Rose, MD	Leslie Estremera	43620		RBC 6002
Peds/Endocrinology	Naveen Uli, MD	Leslie Estremera	43620		RBC 6002
Peds/Gastroenterology	Atiye Nur Aktay, MD	Dana Gordon	40205		RBC 6002
Peds/Hem/Onc	Alex Huang, MD	Dana Gordon	40205		RBC 6002
Peds/Infectious Disease	Frank Esper, MD	Dana Gordon	40205		RBC 6002
Peds/Neonatology	Mary Nock, MD	Leslie Estremera	43620		RBC 6002
Peds/Nephrology	Beth Ann Vogt, MD	Leslie Estremera	43620		RBC 6002
Peds/Neurology	Nancy Bass, MD	Dana Gordon	40205		RBC 6002
Peds/Pulmonary	Kristie Ross, MD	Dana Gordon	40205		RBC 6002
Peds/Rheumatology	Angie Robinson, MD	Leslie Estremera	43620		RBC 6002
Peds/Sports Medicine	Amanda Weiss Kelly, MD	Leslie Estremera	43620		RBC 6002
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Plastic Surgery	Hooman Soltanian, MD	Lisa DiNardo	(440) 646-2174		LKS 5044
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Psychiatry					
Adult	Susan Stagno, MD	Elizabeth Yanda	43450		WLK 5080
Addiction	Christina Delos Reyes, MD	Kate Kilbane	43658		WLK 5040
Child & Adolescent	Molly McVoy, MD	Kate Kilbane	43658		WLK 5040
Forensic	Philip Resnick, MD	Joyce Parker	48749		WLK 5040
Geriatric	Philip Dines, MD	Kate Kilbane	43658		WLK 5040
Psychosomatic Medicine	Joseph Locala, MD	Kate Kilbane	43658		WLK 5040
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Pulmonary/Critical Care	Steven Strausbaugh, MD	Natalie Wheeler	30871		LKS 5067
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Diagnostic Radiology	Mark Robbin, MD	Cindy Patena	43113		BSH 5056
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Radiation Oncology	Mitchell Machtay, MD	Edie Cawley	42518		LTR 6068
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Neuroradiology	Kristine Blackham, MD	Gretchen Hollis	41542		BSH 5056
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Nuclear Radiology	James K. O'Donnell, MD	Gretchen Hollis	41542		BSH 5056
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Vascular Interventional Radiology	Jon Davidson, MD	Gretchen Hollis	41542		BSH 5056
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Rheumatology	Ali Askari, MD	Carmie Jefferson	42289		FOL 5076
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Sleep Medicine	Kingman Strohl, MD	Natalie Wheeler	30871		LKS 5067
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General Surgery	Jeffrey Marks, MD	Chuck Sullivan	43027		LKS 5047
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Colorectal Surgery	Brad Champagne, MD	Karen Young	47981		LKS 5047
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Urology	Edward Cherullo, MD	Tamika Williams	48570		LKS 5046
Female Pelvic Med & Recon Surgery	Sangeeta Mahajan MD	Tamika Williams	48570		LKS 5046
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Vascular Surgery	Vikram Kashyap, MD	Karen Young	47981		LKS 7060
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Dental Programs		Colleen Friday	368-1168		
Advanced Educational General Dentistry	Fady F. Faddoul, DDS	Colleen Friday	368-0775		Dental School
Pediatric Dentistry	Gerald Ferretti, DDS	Nadine Hayes	47909		Dental School
Craniofacial Surgery	Manish Valiathan MDS, DDS, MSD	MSD	368-4331		Dental School
Oral Surgery	Faisal Quereshy, DMD	Patti Steele	368-3102		Dental School
<hr/>					
CMC GME Office	Susan Nedorost, MD	Director	43872		LKS 5049
	Will Rebello, MBA	Manager	43889		
	Beth Murphy	Associate DIO	30648		
	Regina Steffen	Specialist	47320		
	Kate Ridenour	Coordinator	66940		
	Kristy Lumpkin	Student Coordinator	47767		HMP 6031

## 12.16 MAP OF UHCMC CAMPUS



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## **ACKNOWLEDGEMENT**

**I HEREBY ACKNOWLEDGE RECEIPT OF THE UNIVERSITY HOSPITALS CASE MEDICAL CENTER 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.**

**FURTHER, I SPECIFICALLY AGREE THAT I HAVE READ AND UNDERSTOOD THE TERMS UPON WHICH I CAN MOONLIGHT OR PERFORM EXTRA DUTY FOR PAY AS DESCRIBED IN SECTION 5.3, AND UNDERSTAND THAT IF I AM WORKING ON VISA STATUS I AM NOT ELIGIBLE TO MOONLIGHT. I UNDERSTAND THAT MY FAILURE TO COMPLY WITH THE TERMS OF 5.3. CAN RESULT IN MY IMMEDIATE DISMISSAL FROM MY PROGRAM.**

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**Name of Resident**

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**Signature of Resident**

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**Date**

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**Department**

## Appendix A-1 Summary of Leave Types

**Current as of 4/20/2010 – See Leave of Absence Policy for Most Current Information**

Leave Name	Eligibility	Maximum Leave Length	Approval	Job protection Track: Hrs/Days
<b>Family Medical Leave Act (FMLA)</b>	12 months of service with 1,250 hours of worked time in the previous 12 month period	12 weeks within a rolling 12 month period	Leave approved through Corporate Health based upon health criteria under FMLA	12 weeks regardless of paid or unpaid Track by hours
FMLA Military Caregiver Leave	12 months of service with 1,250 hours of worked time in the previous 12 month period	26 weeks within a rolling 12 month period	Leave approved through Corporate Health based upon health criteria under FMLA	26 weeks regardless of paid or unpaid Track by hours
FMLA Military Exigency Leave (regular or intermittent)	12 months of service with 1,250 hours of worked time in the previous 12 month period	12 weeks within a rolling 12 month period	Leave approved through Manager and HR Services	12 weeks regardless of paid or unpaid Track by hours
FMLA Intermittent	12 months of service with 1,250 hours of worked time in the previous 12 month period	12 weeks within a rolling 12 month period	Leave approved through Corporate Health based upon health criteria under FMLA	12 weeks regardless of paid or unpaid Track by hours
Medical Leave	After initial employment period (90 days) Not eligible for intermittent or reduced work schedule	26 weeks – less the number of weeks of FMLA taken	Leave approved through Corporate Health based upon health criteria	30 days job protection 26 weeks total leave (inclusive of any FMLA time) Track by days
Personal Leave	Upon hire with compelling reason	4 weeks	Manager approval or Manager and HR approval for exceptions	30 calendar days of job protection Track by days
Education	12 months of service	9 Months	Manager approval	30 calendar days of job protection Track by days
Medical Mission	All eligible on a voluntary basis	Length of mission	Manager approval based on staffing needs	30 calendar days of job protection Track by days
Military Leave	Called to active duty	Length of active duty plus reinstatement time allowed	Advance notice to manager	Meets re-employment requirements and is qualified for their previous position. Track length of service, re-employment request date and if employee became disabled during active duty
<b>Worker's Compensation Leave</b>	See Workers' Compensation Policy HR-37	See Workers' Compensation Policy HR-37	See Workers' Compensation Policy HR-37	See Workers' Compensation Policy HR-37

## Appendix A-2 Compensation and Benefits Summary

**Current as of 4/20/2010 – See Leave of Absence Policy for Most Current Information**

Leave Name	Benefit Continuation	Benefit Automatic Discontinuation	Employee Benefit Rates
Family Medical Leave Act (FMLA)	All benefits continue in force. Employee may contact HR Service Center to discontinue any benefits during the approved leave	None	Employee pays their normal employee premiums while on approved leave
FMLA Military Caregiver Leave	All benefits continue in force. Employee may contact HR Service Center to discontinue any benefits during the approved leave	None	Employee pays their normal employee premiums while on approved leave
FMLA Military Exigency Leave (regular or intermittent)	All benefits continue in force. Employee may contact HR Service Center to discontinue any benefits during the approved leave	None	Employee pays their normal employee premiums while on approved leave
FMLA Intermittent	All benefits continue in force. Employee may contact HR Service Center to discontinue any benefits during the approved leave	None	Employee pays their normal employee premiums while on approved leave
Medical Leave	All benefits continue in force. Employee may contact HR Service Center to discontinue any benefits during the approved leave	None	Employee pays normal employee premiums while on an approved leave
Personal Leave	All benefits continue in force except as specified in the next column. Employee may contact HR Service Center to discontinue any benefits during the approved leave	Life and Disability end 30 days following the month the leave starts	Employee pays their normal employee premiums for the first 30 days of the approved leave. Beginning with the 31 <sup>st</sup> day, the full monthly premium rate will apply for benefits remaining in force
Education	All benefits continue in force except as specified in the next column. Employee may contact HR Service Center to discontinue any benefits during the approved leave	Life and Disability end 30 days following the month the leave starts	Employee pays their normal employee premiums for the first 30 days of the approved leave. Beginning with the 31 <sup>st</sup> day, the full monthly premium rate will apply for benefits remaining in force
Medical Mission	All benefits continue in force except as specified in the next column. Employee may contact HR Service Center to discontinue any benefits during the approved leave	Life and Disability end 30 days following the month the leave starts	Employee pays their normal employee premiums for the first 30 days of the approved leave. Beginning with the 31 <sup>st</sup> day, the full monthly premium rate will apply for benefits remaining in force
Military Leave	All benefits continue in force except as specified in the next column. Employee may contact HR Service Center to discontinue any benefits during the approved leave	Life Disability ends immediately upon leave start	Employee pays their normal employee premiums while on approved leave
Worker's Compensation Leave	All benefits continue in force. Employee may contact HR Service Center to discontinue any benefits during the approved leave	None	Employee pays their normal employee premiums while on an approved leave. Beginning with the 181 <sup>st</sup> day, the Full Monthly premium rate will apply
Employees are required to use eligible paid benefit time in increments of not less than what is required to exhaust existing benefit time banks over the period of the leave and not more than would generate 100% of their applicable salary. Benefit time must be exhausted to a zero balance before going unpaid. Depending upon the leave type and entity, benefit time is processed using a combination of PTO, Vacation, Sick, Personal, Old Saved Vacation, and STD supplement banks. In all cases the first 7 days of the leave requires payment of full standard hours using PTO (or UHMSO Vacation where PTO is not available).			

## APPENDIX B

### 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)

Name: \_\_\_\_\_  
Training Program Name: \_\_\_\_\_  
PGY Level: \_\_\_\_\_  
Ohio License #: \_\_\_\_\_  
DEA #: \_\_\_\_\_

On Visa\*?: Yes ☐ No ☐

\* Visa holders not eligible to moonlight

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

Salary/pay<sup>1</sup>: \$\_\_\_\_\_ / ☐hour ☐day ☐month

Person/Co. Paying Resident ("Paymaster"): \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Internal Extra Duty Information (completed by Resident)

Name of Site: \_\_\_\_\_

Site Address: \_\_\_\_\_

Schedule (if known):

<u>Day</u>	<u>Hours</u>
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____

Dates of Extra Duty: \_\_/\_\_/\_\_\_\_ through \_\_/\_\_/\_\_\_\_

Brief description of Extra Duty:

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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 Case Medical Center.

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, \_\_\_\_\_

<sup>1</sup> 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.