**GME Emergency Notification Plan**

**Disaster Preparedness Policy and Procedures**

**IMPORTANT PHONE NUMBERS**

**Jackson Health System**

**Employee Hotline:**

305-585-8000

**Special Assignment Group Employee Hotline:**

305-585-8578

**Additional numbers to have on hand:**

Jackson Memorial Hospital: 305-585-1111

Jackson Memorial Page Operator: 305-585-5400

Jackson North Medical Center – 305-651-1100

Jackson North Page Operator: 305-651-1100, Ext 0

Jackson South Community Hospital: 305-251-2500

Jackson South Page Operator: 305-251-2500, Ext 0

**UM Medical Campus**

**Emergency**

305-243-6000

**Medical Campus Rumor Control Hotline**

305-243-6079

**Also, log on to New Innovations for updates:**

[www.new-innov.com](http://www.new-innov.com)

**MISSION STATEMENT:**

The GME Emergency Notification plan / Disaster Preparedness Policy and Procedure is intended to provide instruction and disseminate official communication pertaining to the JMH Residency Program, as it is conveyed by both Jackson Health Systems (JHS) and the University of Miami Miller School of Medicine (UM), and to provide a means for communication prior to, during and after the event of an emergency or disaster.

The purpose of the GME Emergency Notification plan is:

* To provide guidelines for communication with and assignment / allocation of housestaff manpower in the event of an emergency, disaster or hurricane;
* To provide policy and procedures for addressing administrative support for Jackson Health System/Jackson Memorial Graduate Medical Education (GME) programs and housestaff in the event of a disaster or interruption in normal patient care;
* To provide guidelines for communication with housestaff and program leadership whereby to assist in reconstituting and restructuring housestaff’s educational experiences as quickly as possible after a disaster, or determining the need for transfer or closure in the event of being unable to reconstitute normal program activity.

**Definitions**

A disaster is defined herein as an event or set of events causing significant alteration to the residency experience at one or more residency programs.

This policy and procedure document acknowledges that there are multiple strata or types of disaster: acute disaster with little or no warning (e.g., tornado or bombing), intermediate, with some lead-time and warning (e.g., hurricane), and the insidious disruption or disaster (e.g., avian flu). This document will address disaster and disruption in the broadest terms.

**REQUIRED ACTION:**

Depending upon the nature and severity of the event, both the JHS and UM emergency operations plan will be activated. The dissemination of official communications will be conveyed by the JHS Incident Command Center chain-of-command and the UM Crisis Decision Team chain-of-command. All Program Directors are urged to review the official JHS Hurricane Response Plan (latest update May 25, 2012) and the UM Disaster Preparation and Recovery Plan (latest update: Sept 11, 2011) for complying with institutional protocol.

The GME Emergency Notification plan will be distributed at the beginning of June each year. Each residency and fellowship program is required to submit its own specific plan to the GME Designated Institutional Official by no later than July 31th each year. Each program's plan must also be maintained through an annual review of functional priorities, organizational changes, and plan enhancements.

The GME Office is responsible for ensuring that each residency / fellowship program implement and maintain an updated emergency / hurricane plan to execute in the event of a hurricane / emergency.

Each program is responsible for:

a) Ensuring that all program personnel have access to New Innovations and that all emergency contact information and pagers, cell phone, and home phone are entered and updated in New Innovations for all personnel. Note all personnel data is treated as confidential and will not be shared or distributed.

b) Submitting an updated and detailed emergency / hurricane plan to the GME office by no later than July 31steach year;

c) Maintaining and distributing an emergency contact list of all program personnel that housestaff may use to communicate with program directors, coordinators, and peers before, during and after an emergency / hurricane. The list should include home, cell and pager phone numbers, as well as emergency contact individuals with their contact information for all program personnel.

**Plan Activation and Communication:**

Each program/department will conduct internal manpower management through designation of physician staff and housestaff to response teams, consistent with the hospital and medical staff policy and procedure for disaster response, and/or by the internal department policy.

The reassignment or redistribution to other areas of need will be made by the JHS Medical Care Branch Director as deemed necessary, superseding departmental team plans for manpower management. Information on the location, status and accessibility/availability of housestaff during disaster response and recovery is derived by JHS Medical Care Branch Director, the JHS Housestaff Affiars Rep, and DIO and/or designee in communication with program directors and/or program chief residents, implementing the Recall Roster.

**Before a Storm:**

The JMH Incident Command Center will meet to activate JMH emergency / hurricane plan as per each institution’s protocol. Drs. Joshua Lenchus and Stephen Symes form part of the JHS Incident Command Center Committee and will disseminate institutional updates as well as program-specific instructions to the DIO and Sr. Associate Dean for GME. The GME Office will further disseminate the information to GME Program Directors. The GME office will contact each Core Program Director, as specific in the attached telephone tree, and relay the specific instruction as dictated by both institutions. Core Program Directors are required to disseminate the information to Subspecialty Program Directors in their specific areas.

The GME Office will also send out a mass email to all program directors and coordinators, as well as post all updates on New Innovations, informing all housestaff that the emergency plan has been activated and reminding them to contact their specific program directors. All housestaff should be instructed by Program Directors to refer to New Innovations as institutional updates will be posted as much as permitted.

JMH Department Directors will call / inform housestaff who are to work during and after a hurricane.

**During and After a Storm**

These housestaff are also required to call the JHS Employee Infomation Hotline (305) 585-8000 for specific instructions. Open communication between JHS Incident Command committee and JHS departments and off-site faculties will remain during a storm. Special Assignment Group Employee Hotline at JHS (305)585-8578 will be activated for special assignment to housestaff.

Housestaff are urged to find a working telephone and contact their program directors in order to receive updated information and instruction or when to report to the hospital.

In the event that a member of the housestaff does not have access to a working phone, they are urged to listen for updates provided by local media, as institutions will disseminate information via all major television and radio stations.

The GME Office will post updates for all program on New Innovations as permitted.

Housestaff who are forced to evaluate or temporarily relocate to another area should notify their program directors of their new location. This will assist us assessing the safety of our GME community and ascertain who needs emergency assistance. The GME Office will verify with Program Directors that they have confirmed all housestaff locations and safety.

**Finance**

During and/or immediately after a disaster, natural or manmade, housestaff will be allowed and encouraged to continue their roles where/as possible, and to participate in disaster recovery efforts. Housestaff will continue to receive their salary and fringe benefits during any (disaster) event recovery period, and/or accumulate salary and benefits until such time as utility restoration allows for fund transfer.

A list of upcoming changes in housestaff actions are and can be maintained by the Housestaff Office—manually in the absence of functional utilities.

**Administrative Information Redundancy and Recovery**

All GME programs and the housestaff office are responsible for maintaining sufficient protection and/or redundancy for their program(s) and their housestaff records.

**Administrative Support**

Housestaff reporting will continue during disaster recovery. The Kronos system will be used as reference/context for assessing the programs’ counting and accounting for resident activity during disaster response. Master Rotation Schedules from the Program Directors and Coordinators should be used to record the resident activity and assignment during the disaster recovery efforts.

**Legal and Medical-legal Aspects of Disaster Response Activity**

During a disaster, while acting in their capacity as PHT employees under the direction of the Public Health Trust, residents shall fall within the sovereign immunity protection of s. 768.28 of Florida Statutes.

If the resident is acting in his/her individual capacity during a disaster, such activities may fall within the protection of the “Professional Malpractice; Immunity” statute (s. 768.1345, F.S.), the “Florida Volunteer Protection Act” (s. 768.2355, F.S.), the “Good Samaritan Act” (s. 768.13, F.S.) and/or the “Volunteer Protection Act,” 42 USC 14503.

If the resident is performing duties for or acting at the direction of the Florida National Guard, the Department of Homeland Security or other federal agency, such activities may fall within the protection of the Federal Tort Claim Act.

**Institutional Assessment and Decision-making on Program and Institution Status and Resident Transfer**

The Program Director(s) and DIO will communicate with the RRC(s) and ACGME regarding the impact of the disaster. Within ten days after the declaration of a disaster by the ACGME, the DIO (or another institutionally designated person, if the institution determines that the DIO is unavailable), will contact ACGME to discuss due dates that ACGME will establish for the programs (a) to submit program reconfigurations to ACGME and (b) to inform each program’s residents of resident transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME. If within the ten days ACGME has not received communication from the DIO or designee, ACGME will attempt to establish contact with the DIO(s) to determine the severity of the disaster, its impact on residency training, and next steps.

The DIO, in conjunction with the Senior Associate Dean for GME, will monitor progress of both healthcare delivery and functional status of GME programs for their educational mission during and following a disaster. They (or their designees) will work with the ACGME to determine the appropriate timing and action of the options for disaster impacted institution and/or programs—1) maintain functionality and integrity of program(s), 2) temporary resident transfer until program(s) reinstated, or 3) permanent resident transfer, as necessitated by program or institution closure. Information and decision communications will be maintained with Program Directors and housestaff, as appropriate to circumstances of the individual disaster event.

**ACGME Policy and Procedure for Event of a Disaster (Reference ACGME Policies and Procedures, II.G)**

On its website, ACGME will provide, and periodically update, information relating to the disaster—as declared by the ACGME Executive Director, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee.

On its website, ACGME will provide phone numbers and email addresses for emergency and other communication with ACGME from disaster affected institutions and programs. Communication **guidelines from the ACGME** to provide information or convey requests for information are as follows: DIO will call or email the Institutional Review Committee Executive Director; Program Directors should call or email the appropriate Review Committee Executive Director; residents/housestaff should call or email the appropriate Review Committee Executive Director. on its website, ACGME will provide instructions for changing resident email information on the ACGME Web Accreditation Data System.

ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster effects, including, without limitation, (a) the addition or deletion of a participating institution, (b) change in the format of the educational program, and (c) change in the approved resident complement.

Once information concerning a disaster-affected program’s condition is received, ACGME may determine that one or more site visits is required. Prior to the visits, the DIO will receive notification of the information that will be required. This information, as well as information received by the ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

**Resident Transfer**

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, ACGME will give information from the form to affected programs and residents, and post the information on its website, upon authorization.

At the outset of a temporary resident transfer, a program must inform each transferred resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each resident informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency year, it will so inform each transferred resident.

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| **Local Extreme Emergent Situations** Program directors should first and foremost consult and coordinate with their designated institutional officials (DIOs) and graduate medical education (GME) office concerning the impact of extreme emergent situations (e.g., epidemics) on resident education and work environment in accordance with their institutional disaster policies. Note that these extreme emergent situations are localized to one sponsoring institution, a participating institution or another clinical setting. These situations differ from events characterized as “disasters” declared by the ACGME in accordance with ACGME Policies and Procedures, II.H.2., considered to be extraordinary disasters which impact an entire community or region for an extended period of time. If an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure, or clinical operations that might affect the sponsoring institution’s or its programs’ ability to conduct resident education in substantial compliance with ACGME standards, the DIO will report such events to the Executive Director for the Institutional Review Committee (IRC), following the steps outlined in [FAQ#19](http://www.acgme.org/acWebsite/irc/extreme_emergent_FAQ.asp#19). This reporting will document the event in order to explain any significant variations in resident clinical experience, case volume, or educational assignments identified in future program or institutional accreditation reviews. In considering action plans for residents during these local extreme emergent situations, DIOs and program directors should carefully consider their decisions from the perspective of resident education in light of current ACGME standards and the overriding commitment of all physicians to patient care during an emergency. See the IRC’s [FAQ #18 and #19](http://www.acgme.org/acWebsite/irc/extreme_emergent_FAQ.asp#top) for additional information.For additional information, please contact Patricia M. Surdyk, PhD, Executive Director, Institutional Review Committee. |
| http://www.acgme.org/acWebsite/images/spacer.gif |

**Attachment A:**

**Graduate Medical Education**

**Emergency / Hurricane Telephone Tree**

**Michael Lewis, M.D.,** Senior Associate Dean for GME

**Richard Parrish, M.D.,** Designated Institutional Official

**GME Staff:**

**Nilda Gonzalez** – Director of Programs

**Ana Gonzalez** – Admin Operation Mgr

**Brandy Bluett** – Administrative Assistant

**Subspecialty Program**

**Directors and Coordinators**

**Program Directors and Coordinators**

Anesthesiology

Dermatology

Family Medicine

Internal Medicine

Medical Genetics

Neurological Surgery

Neurology

OB/GYN

Orthopaedics

Otolaryngology

Pathology

Pediatrics

Physical Medicine & Rehab

Psychiatry

Radiology

Radiation Oncology

Radiology

Surgery

Urology

**Medical Care Branch Director**

Dr. Stephen Symes

**Designated Housestaff Affairs Rep**

Dr. Joshua Lenchus

**JHS Incident Command Center**

**Incident Commander**