INSTITUTIONAL GME POLICY – CLOSURES, REDUCTIONS, DISASTERS, OR INTERRUPTION OF PATIENT CARE
Approved by GMEC – January 25, 2013

The Sponsoring Institution, in cooperation with Hawaii Residency Programs, Inc and its Member Hospitals, provides the following Operational Plan in the event of a significant disaster within the state, and/or a significant event which requires the relocation of residents due to such disaster or closure of a major training site.

1) Qualifying Disaster/Disruption Event (“Event”). This is defined as “an interruption in the ability of a sponsoring hospital to meet its duty to train residents under an existing commitment.” This commitment is understood to include both financial and academic obligations which extend beyond the current academic year to the full length of residents’ accredited training, e.g., the approved length of the program in which they are currently training.

2) The Sponsoring Institution’s Emergency Committee: This committee will be composed of pre-designated members from JABSOM, Member Hospitals, Department Chairs, Program Directors, and Program Administrators, supported by administrative staff and IT support as provided by JABSOM and HRP. The Committee will, to the maximum extent possible, utilize the Hawaii Residency Programs model and organizational structure in performing its duties, recognizing that the performance of its duties is a delegation from the Institutional Sponsor.

3) Emergency Response Facility: The Committee will have access to a pre-designated emergency meeting facility which has adequate and reliable IT and communications support. In the absence of other designation, the default meeting facility will be UH Tower, Room 618.

4) Emergency Letters of Agreement/Affiliation Agreements: The Designated Institutional Official must seek and obtain Agreements which clearly identify the roles and obligations of Participating Hospitals if there is a qualifying Event.

5) Identification of Alternative Training Sites: The DIO (or designee) shall maintain a current list of mainland institutions/training sites with which the component programs have existing Program Letters of Agreement, as well as a list of all accredited sites on the West Coast which may accept displaced residents.

6) Communications: The Committee must communicate externally with governmental and non-governmental entities to identify the needs, challenges, resources required, and general recovery plan. The Committee must communicate the same information to all affected JABSOM, its faculty, HRP, all affected hospitals & training sites, programs, faculty, and residents. In its communications, the Committee must maintain focus upon the obligations imposed by the ACGME upon the Institutional Sponsor with regard to the residents. In the absence of a separate or different designation, the Designated Institutional Official (DIO) shall be the spokesperson for the Committee.
a. The Committee must prepare and maintain a current list of governmental and non-governmental entities which must be notified of a qualifying Event.

7) Privileging: JABSOM will prepare and maintain a securely stored and physically protected data base of its faculty (paid and clinical) such that there is a central source of information available to respond to emergency credentialing or privileging requirements. The Participating Hospitals will create and/or maintain an emergency privileging committee or function which can respond to need to extend privileges to new or displaced faculty members.

8) Licensing and Academic records: The respective programs will ensure that essential background and academic data for each current resident is maintained in a securely stored and physically protected data base which is readily accessible in the event that residents must be reassigned or transferred.

9) Funding and Financial Support: The Institutional Sponsor has an obligation to ensure that the residents complete accredited training without unreasonable interruption. That obligation includes assisting in the transfer of residents to other programs if required, and providing transitional financial support to displaced residents if that support is not reasonably available at the alternative training site.

10) Resident Assignments: Even in disaster situations, the Institutional Sponsor, Residency Programs and Residents must adhere to ACGME and Institutional requirements. These include ensuring appropriate levels of supervision are in place, duty hours are not being violated, and the training experience facilitates residents’ professional, ethical and personal development.

Residents whose training is disrupted may require temporary reassignment and/or permanent reassignment consistent with ACGME and Institutional Requirements.

   a. HRP, in consultation with JABSOM and Participating Hospitals, must ensure that residents are integrated into, and participate in, Hospital disaster plans and exercises so that faculty and residents have a clear understanding of the roles and limitations of residents in such an event.

Hospitals, clinical departments and other participating sites must develop their own plans to address manpower needs in emergency/disaster situations without relying upon resident service.

11) Education: JABSOM, through its departments, must educate the faculty as to the requirements above to ensure that faculty members understand their respective roles in a disaster and/or resident displacement event.

12) Financial Support: To the extent permitted by it terms, the HRP “Graduate Medical Education Trust” shall be utilized for emergency expenditures in furtherance of these
obligations, subject to reimbursement by JABSOM and/or member hospitals as may be subsequently agreed upon.

13) Professional Liability, Workers Compensation, and Other Benefits Coverage for Residents and Faculty: Residents performing duties in the scope of residency training will be covered as specified in their employment contracts. Faculty supervising residents in the scope of their clinical appointment by the Sponsoring Institution will be covered as specified by the Sponsoring Institution.

Effective July 2012, the following persons are appointed as members of the Sponsoring Institution’s Emergency Committee. Other members may be appointed and/or assist should the emergency preclude availability of any appointee:

Co-Chairs:
Naleen Andrade, Designated Institutional Official
Richard Kasuya, Associate Dean for Medical Education
Mark Yamakawa (or appointee), Vice President, QMC

Members:
Courtenay Matsu, Deputy Designated Institutional Official
Richard Philpott, Liaison to the DIO
Martha Smith (or appointee), COO, Kapiolani Medical Center
Elizabeth Tam, Chair, Department of Internal Medicine
Danny Takanishi, Program Director, Surgery
Erlaine Bello, Program Director, Internal Medicine
Mark Hiraoka, Program Director, Obstetrics and Gynecology
Cheryl Halvorson, Program Administrator, Psychiatry Programs
Angely Vallarta, Program Administrator, Pediatrics Program
Kim Patterson, HRP CFO
Marlene Keawe, GME Administrator
Carrie Johnson, Executive Assistant (Administrator and Recorder)