House Staff
Policy and Procedure Manual

Revised 12/05; 3/31/06, 5/9/06, 8/24/06, 2/13/07, 3/12/07, 7/26/07, 10/11/07, 12/10/07, 1/14/08, 4/29/08, 7/9/08, 10/8/08, 12/17/08, 3/27/09, 4/24/09, 10/19/09, 11/9/09, 2/19/2010, 3/8/2010, 9/13/10, 10/11/10, 1/10/11, 4/28/11, 5/9/11, 7/22/11, 11/14/11, 1/9/12
## BIMC House Staff Policy and Procedure Manual
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- The table lists various policies and procedures for house staff, including medical records, liability insurance, leave of absence, and medical records/health information privacy consents/authorization.
The Graduate Medical Education Committee (GMEC) has the responsibility for monitoring and advising on all aspects of House Staff education. The GMEC reports to the Medical Executive Committee/Medical Board on a regular basis. Information is forwarded to the Board of Trustees as necessary.

Statement of Commitment to Graduate Medical Education

Beth Israel Medical Center, University Hospital for the Albert Einstein College of Medicine, affirms its commitment to Graduate Medical Education by providing and maintaining the institutional infrastructure including personnel, equipment, facilities and resources necessary to support an appropriate learning environment. The educational environment will foster professional and personal development by providing: 1) organized educational programs; 2) appropriate guidance and supervision of all residents and fellows; and, 3) outstanding compassionate medical care.

Beth Israel Medical Center affirms its commitment to Graduate Medical Education and its intent to adhere to Institutional, Common and Program Requirements established by the Accreditation Council for Graduate Medical Education (ACGME) and other applicable accrediting bodies. The President of Beth Israel Medical Center, the Chief of Graduate Medical Education/GMEC and Designated Institutional Official/DIO, the Office of Graduate Medical Education, Committees on Graduate Medical Education, the Department Chairs, Program Directors and Medical Board will monitor and assure compliance with these guidelines and adherence to these established values.

Helen M. Nanger, MD
President, Beth Israel Medical Center

Michael Lepage, MD
Chief of Graduate Medical Education
Designated Institutional Official

David B. Belford, MD
St. Vice President, Medical Affairs
Chief Medical Officer

Steven H. Goldberg
Chairman of the Board of Trustees


Medical Board: W. JR, MD, Reaffirmed 9/25/05, 9/23/09, 9/25/11, Reaffirmed 9/24/11

Source: Policy and Procedure Manual for Attending and House Staff

Continuous Health Partners, Inc.
Policy and Procedure for House Staff

Section HS 1

Credentials for House Officers in Residency/Fellowship Training Programs

**Goal:** To ensure only highly qualified House Staff be trained at Beth Israel Medical Center and facilitate excellent, professional patient care.

The Office of Graduate Medical Education is responsible for developing policies and procedures for credentialing of House Officers.

**A. Maintenance of Credentials Files**

The maintenance of House Staff files is the primary responsibility of the clinical departments, which shall:

1) Conduct primary source verification of all required credentialing documents prior to commencement of the residency/fellowship program.

2) Obtain all appropriate verifications of such credentials.

3) Forward verified copies of originals or notarized copies of all required credentialing materials to the Office of Graduate Medical Education. These documents must be received by the Office of Graduate Medical Education prior to employment and commencement of any clinical activity.

Each file shall contain the following (see Credential Checklist for further details):

- Processing Form
- Curriculum Vitae (CV)
- Dean’s Letter
- Letters of Reference
- Verification of 6 Core Competencies
- Final Medical School Transcript
- Other Training Program(s) Certificate
- USMLE/COMLEX Scores
- BLS, ACLS & PALS (if applicable)
- ECFMG (if applicable)
4) House Officers may be required to supply additional information to maintain credentialing and remain as active House Officers, on an as needed and/or annual basis, as determined by the policies and procedures of individual departments and/or the GMEC.

5) On an annual basis, after credentials verification, appointments to residency/fellowship training programs shall be submitted to the Office of Graduate Medical Education.

6) The Department is responsible for developing and monitoring policies and procedures for credentials review. These policies and procedures shall be reviewed periodically by the Office of Graduate Medical Education.

7) Collection of documents required for credentialing of House Officers on rotation from affiliated hospitals will be the responsibility of the host department. Verification of delineated privileges will be the responsibility of the department chair or his/her designee. The documents must be forwarded to the Office of Graduate Medical Education not less than 2 weeks prior to commencement of the rotation. Identification badges will be issued by Security only after credentialing by the Office of Graduate Medical Education is completed. House Officers will be provided with authorization by the Office of Graduate Medical Education.

8) For House Officers participating in electives or rotations at affiliate institutions, it is the responsibility of the respective department to ensure that the receiving institution is provided with any required credentials as may be determined by that Office of Graduate Medical Education.

9) It is the responsibility of the Department to ensure that the Office of Graduate Medical Education receives the fully executed out-agreement and rotation form with goals and objectives and receive approval before beginning of any out rotation.
Section HS 2
Compensation Policy for House Officers:

Goal: To assure fair, appropriate and consistent compensation of all House Officers in a manner that takes into consideration current and prior training.

House Officers Participating in an Accredited Training Program:

House Officers are assigned a postgraduate year compensation level (PGY) based upon the following:
Those House Officers entering the first year of postgraduate training, subsequent to graduation from medical school, are designated PGY-1 House Officers.

Post-graduate training refers to a program sanctioned by the accepted accreditation bodies Accreditation Council on Graduate Medical Education (ACGME), and American Osteopathic Association (AOA).

House Officers successfully completing a year of training in an accredited program receive credit for an additional PG year and move to the next PGY compensation level (e.g. PGY1 moving to PGY2, etc).

House Officers continuing in the same training program will move to the next PGY compensation level, if all program requirements have been satisfactorily fulfilled, until completion of the accredited training program’s requirements.

One or more years of training that has been successfully completed in an unrelated accredited program, will be counted, for a maximum of one year, in the calculation of the PGY salary scale at the discretion of the Program Director and Chief of GME.
House Officers will be compensated in accord with their PGY training level and the compensation pay scale as determined by the Office of Graduate Medical Education and the Human Resources Department of the Medical Center.
House Officers Participating in Accredited Programs Requiring Special Training Prior to Entering the Accredited Program:

It is recognized that certain specialties require a “preliminary” period of training in other medical disciplines.

Any years of required preliminary training will be utilized to calculate the PG year of the trainee entering an accredited training program. (E.g. ENT, Radiology, Urology etc).

PGY years will be cumulative for all required years of training in accredited programs. One or more years of training that has been successfully completed in an unrelated accredited program, will be counted as one year, in the calculation of the PGY salary scale at the discretion of the Program Director and Chief of GME.

House Officers Participating in Non-Accredited Training Programs:

House Officers entering non accredited programs will receive:

Salary credit for all PG years in an accredited program resulting in board eligibility or certification, if, and only if, the non accredited program requires such training as a requisite for entering the non-accredited program. The Resident will receive salary credit for each successfully completed requisite years.

A maximum of one PG year credit, for one or more years of training that has been successfully completed in another accredited program will be counted, if the prior training was not required for entrance into the non-accredited program.

Approved GMEC 5/03
Section HS 3
House Officer Recruitment and Selection

**Goal:** To enroll the most qualified candidates into the BIMC training programs and in accordance with ACGME requirements.

1. **Resident eligibility:**
   Applicants with one of the following qualifications are eligible for appointment to ACGME-accredited programs:
   
   a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
   
   b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
   
   c. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
      
      1. Have received and possess a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment or:
      
      2. Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are in training or a limited permit
      
      3. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

2. **Resident selection:**
   a. ACGME-accredited and non-accredited programs 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. ACGME-accredited and non-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

b. In selecting from among qualified American applicants, ACGME-accredited programs must participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available. It is expected that each program will select the highest quality House Officer for training. Programs, however, can only offer positions to candidates contingent upon the candidate meeting all Institutional Requirements.

c. Each Department must develop a departmental Recruitment and Selection Policy, which conforms to the Institutional Policy and ACGME Requirements and outlines the department’s processes.

d. It is expected that House Staff selected for residency and fellowship training will seek Board certification, where available, upon completion of the training program.

Approved GMEC: 12-8-03; revision 9-10-07; revision -2-11-08
Approved Medical Board 3-10-08
Section HS 4  
Policy for Recruiting Replacement House Officers

Goal: To assist departments in identifying appropriate candidates to fill residency positions that become vacant unexpectedly.

Departments should identify potential candidates, review curriculum vitae, applications and letters of recommendations. Applicants should be interviewed and subject to the same selection criteria utilized for resident selection.

When a department identifies a candidate for a vacancy, all supporting information should be forward to the Office of Graduate Medical Education for review and verification. Letter of offer may only be provided to the candidate after GME written approval. This approval will be given within 48 hours of receipt of the complete application materials.

Approved: GMEC 2/03
Section HS 5
Policy on House Officer Evaluation and Promotion

Goal: To ensure appropriate monitoring and review of House Staff knowledge, skills and attitudes to develop a highly competent physician and ensure optimal patient care.

House Officer Evaluation
The Graduate Medical Education Committee assures that each residency program has developed its own House Officer Evaluation Policy. These policies must detail methods to assess House Officer performance throughout the residency program. Programs must delineate how the results of this assessment process are used to improve House Officer performance. The programs are required to provide accurate assessment of House Officers’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice (the ACGME 6 competencies). If required by the department, participation in the web-based Core Curriculum modules should be monitored as part of the evaluation process.

a. The programs are monitored, during the internal review process, to assess compliance with the ACGME’s Common Program Requirements. Evaluations incorporate regular and timely performance feedback to House Officers, including a written semi-annual evaluation, or as required by the Residency Review Committee and Program policy, that is communicated to each House Officer and signed by both the evaluator and the House Officer. If any deficiencies are noted, a detailed remediation plan must be developed.

b. All material in the Resident file should be considered in the evaluation process. Such materials may include:
1. Issues that have been referred through the Medical Center’s risk management/quality improvement processes and/or patient representative department.
2. Completion of Medical Records.
3. An evaluation of any complaints made by staff or patients involving the resident being evaluated.
4. Other objective measures such as 360 degree evaluations, structured observed exams, tests, patient simulations, etc., with which to measure the core competencies.

The process of evaluation is designed to enable the House Officer to achieve progressive improvements in competence and performance. Copies of all evaluations shall be maintained in each department’s house officer file.

**Final Evaluation**

1. The Program Director completes a final evaluation for each House Officer who completes the program. The evaluation includes a review of the House Officer's performance during the final period of education and verifies that the House Officer has demonstrated sufficient professional ability to practice competently and independently. The Office of GME has a form specifically designed for this purpose, available on *New Innovations*.
2. The final evaluation is part of the House Officer's permanent record maintained by the institution. Final evaluations must be provided to the House Officer and the Office of Graduate Medical Education.
3. House Officers completing training are required to provide a final evaluation of the training program.

Compliance with this policy is monitored during the Internal Review process.

**Policy on Promotion of House Officers**

The Graduate Medical Education Committee of Beth Israel Medical Center assures that each program has a written Promotion Policy. This policy is distributed to all House Officers in the residency and fellowship training programs at the beginning of the training program. The promotion of House Officers throughout the program is based upon the House Officers’ successfully fulfilling the educational goals of the program with respect to the knowledge, skills, and other attributes for each major assignment and each level of the program. The program must assess the House
Officer with respect to attaining pre-determined milestones. Feedback throughout the educational process is designed to assist the House Officer to maintain strengths and remediate deficiencies so that they can achieve promotion through the program and demonstrate competence with the six (6) domains as defined by the ACGME.

The residency programs consider the House Officers’ growing competence in the six areas listed below, when developing promotion criteria and determining whether House Officers can be promoted to the next level of training. House Officers are expected to demonstrate growing competence in:

**Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

**Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

**Interpersonal and Communication Skills** that result in effective information exchange and collaboration with patients, their families, and other health professionals.

**Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

**Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

House Officers’ participation in scholarly activities is expected, is monitored by the departmental evaluation process and considered when making decisions related to promotion.
Each program has a department-specific Promotion Policy that complies with ACGME standards and conforms to the Institutional Promotion Policy.

*Adapted from the Graduate Medical Education Directory 2003-2004*

Approved GMEC:12-03
Section HS 6
House Officer Reappointment, Non-Promotion and Termination Policy

Goal: To retain qualified, professional and competent House Staff until completion of their designated training program(s) and provide mechanisms to guide this process. In the event of non-promotion or termination, to provide a fair process in compliance with Institutional ACGME policies.

1. All physicians rendering care at Beth Israel Medical Center must be appropriately credentialed by the Office of Graduate Medical Education.

2. Appointments for Graduate Medical Education have specific terms (duration) of appointment.

3. At the end of the term of appointment, unless renewed at the direction of the host department, training appointments will automatically terminate. In that case, physicians no longer are credentialed or privileged at Beth Israel Medical Center, unless they have applied to the Attending Staff, in which case the procedures set forth in the Medical Staff Bylaws will be followed and credentialing will occur through the Medical Staff Office.

After the House Officer’s GME appointment has terminated, he/she may not practice at Beth Israel Medical Center until he/she has been formally appointed to the Medical Staff, even if an application for appointment to the Medical Staff has been submitted.

4. When House Officers will not be promoted to the next level of training or will not have their contract renewed, they will be provided with a written notice of intent not to renew a House Officer’s contract no later than four (4) months prior to the end of the House Officer’s contract. However, if the primary reason(s) for the non-renewal occurs within the four months prior to the end of the contract, Beth Israel Medical Center will provide the House Officer with as much written notice of intent not to renew as the circumstances will reasonably allow. House Officers
may invoke the department’s and the institution’s grievance procedures when they have received a written notice of intent not to renew their contract.

5. Host departments are required to notify the Graduate Medical Education Office of any extension of training appointments.

6. Host departments are required to immediately notify the Graduate Medical Education Office of any change of an individual's training status.

Approved 3-03, Revised 2-12-07
Section HS 7
Grievance Procedure for House Officers

Goal: To provide House Staff with a fair and reasonable procedure to address grievances and ensure due process.

A. Disciplinary Matters

1. Request for Hearing
   a. Any House Officer who has received notice of dismissal, non-renewal of a contract, suspension, non-credit or non-promotion or other actions that could significantly threaten a House Officer’s intended career development is entitled to a hearing before the House Staff Grievance Committee. In instances of proposed suspension, the House Officer will be required to complete the grievance procedure offered by his/her department before recourse to a hearing before the House Staff Grievance Committee. However, when a dismissal or non-renewal of a contract is proposed, the House Officer will have the right to a hearing before the House Staff Grievance Committee without the requirement of completing the departmental grievance procedure.

   If a House Officer who has received notice of dismissal requests a hearing, his/her status during the hearing process, including any appeal to the Board of Trustees, will be suspension with pay, benefits and housing. However, a House Officer who is dismissed in the final year of a residency program is not entitled to receive pay, benefits or housing after June 30 of the year in which he or she is dismissed.

   b. A House Officer is also entitled to a hearing if he/she is alleged to have committed professional misconduct or another offense which must be reported to the Office of Professional Medical Conduct of the New York State Department of Health. The purpose of the hearing in this case will be to review and make a determination about the underlying facts, not to determine whether the matter must be reported to OPMC, which is a legal determination to be made by Medical Center administration.
A request for a hearing before the House Staff Grievance Committee must be sent in writing to the President of the Medical Center within 10 days of receipt of the notice of termination, non-renewal, reporting to OPMC, or, in the case of a suspension, completion of the departmental grievance procedure. In the event the House Officer fails to request a hearing within such 10-day period, the action shall become final and effective.

2. Appointment of Committee
The President of the Medical Center shall appoint a House Staff Grievance Committee (the “Committee”) consisting of three members as follows: one Department Chair or Program Director, one physician designated by the President of the Medical Board and one House Officer. The President of the Medical Center shall designate one member of the Committee to serve as Chair. Committee members must not be members of the department of the House Officer requesting a hearing.

3. Hearing
a. The Committee shall hold a hearing no sooner than 15 and no later than 45 days from the date the written request for the hearing is received. In the event the House Officer has been suspended, the hearing shall be held as soon as possible. The House Officer shall be entitled to be present at the hearing, to present relevant evidence and witnesses on his or her behalf and to question witnesses appearing in support of the charges made. The House Officer may have legal representation, the cost of which is the responsibility of the House Officer. All testimony at the hearing shall be under oath and a transcript of the hearing shall be made. The rules of evidence shall not apply. The Committee shall have the right to review the House Officer’s entire departmental file. A copy of the House Officer’s departmental file shall be provided to the House Officer or his/her legal representative prior to the hearing, stamped as “unofficial,” provided that the House Officer signs a stipulation that he/she will use the file documents solely in connection with the pending hearing and any related appeal and acknowledging that the file does not represent an official copy of his/her transcript. Such stipulation shall be developed by the Legal Department. The disciplinary action shall be upheld if the Department shows by a preponderance of evidence that its actions were not arbitrary or unreasonable. All members of the Committee shall be in attendance to constitute a quorum. The House Officer must be free of clinical duties during
scheduled hearing sessions. The Committee shall make such additional rules as it deems necessary to assure prompt and fair handling of the matter.

b. Within 10 days of the conclusion of the hearing, the Committee shall submit a written report of its findings and recommendations to the President of the Medical Center who will then render a decision which will be reported to the House Officer and the Departmental Chair.

4. **Appeal**

The decision of the President may be appealed by the House Officer, or the Department Chair, to the Board of Trustees. A request for review by the Board of Trustees shall be sent in writing to the Chair of the Board of Trustees, via the Medical Center’s General Counsel, no later than 10 days after receipt of notice of the decision of the Committee. In the event no appeal is requested, the decision of the Committee shall be final.

5. **Board of Trustees Review**

a. The Chair of the Board shall appoint a Review Committee consisting of not less than three (3) members of the Board, one of whom shall be designated as Chair. The Review Committee may at its discretion limit the appeal to review of the record of the proceedings before the House Staff Grievance Policy and Procedure for House Staff Committee or may conduct a new hearing pursuant to the procedures set forth in #3. The House Officer, Department Chair and/or the Program Director and President of the Medical Center shall be given the opportunity to meet with the Review Committee. The House Officer is entitled to be represented by counsel at his/her expense.

b. The deliberations of the Review Committee shall be concluded no later than 30 days after receipt of the request for appellate review, except when the House Officer is under suspension or termination, in which case the deliberations shall be concluded as soon as possible. A report summarizing the conclusions and recommendations of the Review Committee shall be presented to the Board of Trustees at the next regularly scheduled meeting following the conclusion of the Review Committee’s deliberations. The Board of Trustees may accept, reject or otherwise modify the recommendations of the Review Committee or may take such other action as it deems appropriate. The decision of the Board of
Trustees shall be final. The decision of the Board of Trustees shall be presented in writing to the House Officer within 10 business days.

6. Exclusive Remedy
The procedures set forth in this policy represent the sole and exclusive remedy for House Officers and shall be in lieu of any due process or grievance mechanisms set forth in any other Medical Center policies and bylaws.

B. Process for Addressing Complaints by House Officers
House Officers with complaints or grievances, not pertaining to disciplinary action or professional sanctions, shall initially bring such grievances to their Program Director or Department Chair. If the House Officer’s concern remains unresolved, the House Officer shall seek assistance in addressing the matter from either the House Staff Committee or the Chief of GME/Academic Affairs. If the matter involves duty hours, legal, regulatory or ethical issues, the House Officer may anonymously call the Corporate Compliance hotline at 1-800-692-2353.

Should the House Officer’s complaint remain unresolved after taking these measures, the House Officer is entitled to a hearing. The House Officer must request such hearing in a letter to the Chief of GME/Academic Affairs, describing the grievance and the attempts made to resolve it. The Chief of GME/Academic Affairs will inform the Chair and Program Director of the House Officer’s Department/Program that a hearing has been requested. The Chief of GME/Academic Affairs will appoint an ad hoc Committee within two weeks, consisting of: 1) a Program Director who will serve as the Committee Chair; 2) a Senior Faculty member; and 3) a House Officer, none of whom shall be from the House Officer’s Department/Program, to review the issue. Within two weeks, the Committee shall interview the House Officer, the Program Director, and other persons as deemed necessary, and present a written recommendation to the Chief of GME/Academic Affairs within two (2) weeks of the hearing. The report and recommendations of the Committee will be presented at the next GMEC meeting and a final decision and/or recommendation shall be made by the GMEC. The GMEC will monitor implementation of all such decisions.

Revision Approved GMEC: 2-04, 2-12-07, 5-14-07, 7-9-07, 12-10-07
Approved Medical Board: 1-14-08
Section HS 8
Medical Records and Health Information Privacy

Goal: To protect the confidentiality and privacy of medical records and other health information in accordance with all applicable State, Federal, and local laws and regulations.

House Officers are expected to comply with all applicable laws, regulations, and professional duties regarding privacy and confidentiality, and with all privacy policies and procedures adopted by the Medical Center or by other clinical sites where House Officers may have access to health information. The Privacy Officer will be responsible for monitoring compliance with privacy policies and procedures at the Medical Center.

A. Medical Records. All House Officers shall maintain the confidentiality, privacy, security, and availability of all protected health information in records maintained by the Medical Center, or by privacy policies adopted by the Hospital to comply with current Federal, state, or local laws and regulations, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Protected health information shall not be requested, accessed, used, shared, removed, released, or disclosed except in accordance with such health information privacy policies of the Medical Center and as permitted by HIPAA.

B. Health Information Privacy Consents and Authorizations. House Officers shall cooperate with Hospital personnel in obtaining and maintaining the medical record and any and all patient consents or authorizations required under any and all health information privacy policies adopted by the Medical Center to comply with current Federal, State, and local laws and regulations, including, but not limited to, HIPAA.

Approved 11/02
Section HS 9
Equal Employment Opportunity Policy

Goal: To assure an institutional environment free from biases.

Beth Israel Medical Center has been undergoing significant changes in response to the dynamic environment of today, and in anticipation of the challenges of the future. However, one principle that remains constant is the need to attract and retain the most talented individuals possible. This principle is fully consistent with another fundamental commitment of the Medical Center: to ensure equal employment opportunity (EEO) for all.

Beth Israel Medical Center has taken, and will continue to take, all appropriate steps to comply with both the letter and the spirit of Federal, State and City anti-discrimination laws. The Medical Center will not discriminate against any employee or applicant for employment on the basis of his actual or perceived race, creed, color, veteran status, marital status, age, sexual orientation or any other basis prohibited by law. The Medical Center will base all employment decisions, including promotional opportunities, on job-related and business reasons alone, so as to further the principles of equality and opportunity for all.

The Vice President of Human Resources has overall responsibility for overseeing the Medical Center’s Affirmative Action Program, which has been developed in furtherance of the Medical Center’s EEO commitment. The Human Resources Department will monitor employment and all other related plan activities with the assistance of staff throughout the Medical Center. All managers, at every level of the Medical Center, are responsible for treating their employees in a fair, objective and consistent manner. Additionally, the Medical Center relies on the support of each employee to ensure a work environment free from discrimination or harassment.

Beth Israel Medical Center believes that a sound EEO program, fully implemented, will serve the best interests of the Medical Center. Beth Israel recognizes that implementing this EEO Policy and the Affirmative Action Program is critical to ensure the long-term success of our mission. Every member of the Medical Center family is expected to accept and adhere to this commitment.
Section HS 10
House Officer Duty Hour Monitoring

**Goal:** To implement a structure whereby Medical Center wide monitoring of Resident Work Hours can be reviewed on a regular basis. This is a requirement of the State of New York Public Health Law, in addition to the ACGME (Accreditation Council for Graduate Medical Education) standards. Monitoring efforts will assist in assuring compliance and Resident/Fellow well-being.

**Policy:**
To facilitate ongoing review of issues associated with Resident Work Hour requirements, an overview of this activity will be provided to the GMEC (Graduate Medical Education Committee) during the program's Annual Report.

**Procedure:**
Clinical departments that are involved in Resident and Fellow education (both accredited and non-accredited) are required to monitor Resident and Fellow work hours. It is expected that New Innovations (NI) will be used to document duty hours. As of January 2011, Residents and Fellows are required to log onto NI and enter daily duty hours. Entries may be recorded weekly for the previous week's work hours. Coordinators may enter hours for house staff, in accordance with each house officer’s schedule, or New Innovations may populate hours from the daily schedule entered into NI. With each of these last two methodologies, house officers are expected to approve and/or revise hours to reflect actual duty hours. The Residency/Fellowship Coordinator will coordinate the aggregation of the data for a four-week review period. Data collection includes the exact number of hours logged, hours totally free, hours between assignments, and the exception report (rule violations). The Chair or Program Director must review and approve. These data will be presented to the GMEC during the Department's Annual Report, and periodically monitored by the GME Office.

If a Resident or Fellow feels that there is a lack of compliance with work hour requirements, he/she should bring it to the attention of the Department Chair or Program Director or, if they prefer, to the Chief of Graduate Medical Education/DIO,
Director of Graduate Medical Education, the anonymous Corporate Compliance Hotline and/or the anonymous house officer complaint form, accessed through New Innovations. Hospital appointed ombudsmen are also available to hear house officer concerns.

Should areas of non-compliance be identified, the Department will be responsible for implementing plans of corrective action and monitoring its success.

The results of these activities will be reviewed through the GMEC to the Medical Board and onto the Board of Trustees.

Duty Hour Requirements and Reporting Options

Beth Israel Medical Center is committed to full compliance with the State and ACGME regulations limiting the working hours of physicians-in-training. We will uphold these regulations, not only because we are legally obligated to do so, but also because they promote quality patient care and enhance the quality of the educational experience for house officers. **WE ASK FOR HOUSE OFFICER ASSISTANCE IN ENSURING THAT THERE ARE NO VIOLATIONS OF THE LEGAL LIMITS ON RESIDENT WORKING HOURS IN YOUR DEPARTMENT OR ELSEWHERE IN THE MEDICAL CENTER.**

The regulations establish the following limits on resident working hours:

Residents with inpatient care responsibilities:

- No more than 80 hours per week over a four-week period, inclusive of all moonlighting;
- A minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days;
- Duty periods of PGY 1 residents must not exceed 16 hours in duration;
- Duty periods of PGY 2 and above may be scheduled to a maximum of 24 hours of continuous duty;
• Program must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between 10PM-8AM is strongly suggested;

• Residents may be allowed to remain on site for transition of care, however, this period of time must be no longer than an additional three hours;

• Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty

• PGY1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods

• Intermediate and senior-level residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

• Maximum in house call for PGY2 and above is every third night (averaged over 4 weeks)

• Residents must not be scheduled for more than 6 consecutive nights of night float.

Residents in the Department of Emergency Medicine: no more than 12 consecutive hours on duty

WE ENCOURAGE REPORTING OF ANY VIOLATION OF THESE REGULATIONS. If there is discomfort in reporting such violations to the Department Chair or Program Director, please report them directly to the Chief of the Graduate Medical Education/Designated Institutional Official or the Director of Graduate Medical Education.

Alternatively, concerns can anonymously be reported to the CORPORATE COMPLIANCE Hotline (1-800-692-2353).

BIMC is committed to promptly investigating all reports and correcting any violations found. Administration will also ensure that there are no reprisals against any person who reports violations.
Please be assured that, in addition to the aforementioned, the institution is taking many other steps to make certain that Resident working hours remain consistent with the limits of these regulations.

Revised GMEC: 9/05, 12/10, 1/11, 4/11/11
Section HS 11
Duty Hour Exemptions

Goal: To develop and implement a process to review requests for duty hour exemptions from eligible programs.

Both ACGME and NYS have developed policies for work hour regulations. Beth Israel Medical Center states that House Officers must comply with each policy and that the policy with the most restrictive regulations takes precedence. NYS regulations prohibit exemptions from duty hour regulations and the 80 hour work week.

NYS duty hour regulations do not apply to Radiology, Psychiatry and Pathology programs, therefore ACGME exemption is applicable. The process for these programs to request duty hour exemptions shall be as follows:

- Request submitted to the GMEC detailing the sound educational rationale for the up to 10% of the Plan must include mechanisms to monitor duty hours with sufficient frequency to ensure an appropriate balance between education and service.
- Back up support systems must be included when patient care responsibilities are unusually difficult or further prolonged, or if circumstances create Resident fatigue sufficient to jeopardize patient care.
- GMEC renders a decision.
- If GMEC approves the request, a letter written by the Program Director and Chair of the GMEC will be sent to the program’s RRC.
- 80 hour limit exemption

Diagnostic Radiology RRC will not consider requests for exemptions to the 80 hour/week, averaged monthly, limit. Thus, the aforementioned process does not apply to this specialty.

GMEC Approved: 2-04
Section HS 12
Employee Benefits/COBRA

Goal: To provide health and hospital insurance for House Officers and their eligible family members as well as provide and offer disability insurance for disabilities resulting from educational program-related activities.

The Medical Center offers a comprehensive benefits program; these are subject to change. Annually, House Officers are provided with a variety of benefit options. It is the responsibility of the House Officer to enroll in benefits plans. Refer to: http://chip.chpnet.org/ Human Resources link, for details.

COBRA Procedure for Outgoing House Staff:
The GME Office will provide Human Resources a spreadsheet of House Staff that have completed training.

The Benefits Office will prepare COBRA notifications to Benefit Concepts Inc (BCI), the COBRA third-party administrator. BCI will send COBRA materials to the house officers’ home (address on file with HR). The House Officer has 60 days from the date of the COBRA notice to complete the form and return it with payment to BCI for processing.

The COBRA qualifying event for all exiting House Staff is June 30. Medical and/or dental COBRA continuation is effective July 1. There is no true break from House Officer coverage to COBRA coverage; however, there is an administrative delay. If eligible services are incurred on July 1 or after, these expenses may be submitted to the insurance carriers for processing once the COBRA set-up is complete. In this case, the House Officer would have to pay for their services up front.

The House Officer plan will be terminated effective June 30 (eligible services may be incurred through 11:59pm).
COBRA materials will be received by the House Officer after the actual plan termination. When BCI receives a COBRA continuation request and payment, they need 2-3 weeks to process it with the insurance carriers. The ex-House Officer will then be set up in medical and/or dental under COBRA group numbers.

Due to the volume of exiting House Staff, the Benefits Office requires a minimum of a week after receipt of the spreadsheet to prepare notifications to BCI. BCI mails COBRA materials within days of Benefits Office notification to them.

Revised: 7-25-07, editorial revision-3-27-09, editorial revision 3-7-11
Section HS 13
Sick Time Accrual Policy

**Goal:** To inform House Staff of institutional policies related to sick time.

House Officers are permitted 12 days per year (calculated at the rate of one (1) day per month); absences of seven (7) or more consecutive days require a Leave of Absence Form to be completed and a "fit for duty" clearance from Employee Health Services. Unused sick days are not to be rolled over to the next year. Each department has its own specific policy related to the mechanisms of using/reporting sick time. Each department must develop a policy delineating whether sick time is to be accrued or available at the beginning of the academic year. Leave beyond that permitted by individual Boards may result in extension of the residency or fellowship program.

Approved 1/02, revision 11/06, 6/07, 1/10/11, 2/14/11
Section HS 14
House Officer Leave of Absence Policy

Goal: To assure that House Officers are aware of the institutional policies regarding leave for vacation, health or personal reasons and to ensure fair implementation of these policies.

Policy
All leave must be within the guidelines of the respective Residency Review Committees and the Specialty Boards. It is the responsibility of the House Officer to be familiar with these requirements. Leave beyond that permitted by individual Boards may result in extension of the residency or fellowship program.

The Medical Center provides employees with time off with or without pay for various reasons. This policy establishes Medical Center guidelines for granting and administering leaves of absence in accordance with the Family and Medical Leave Act of 1993, the Americans with Disabilities Act of 1990, Military Selective Service Act, Vietnam Era Veterans’ Readjustment Allowance Act and the Uniformed Services Employment and Reemployment Rights Act of 1994.

Benefits
Leave under FMLA, like all other leaves, must be within the time guidelines of the respective Residency Review Committee and Specialty Board, or the House Officer may be unable to graduate as originally scheduled.

Confidentiality
Forms that contain medical information are considered confidential and are treated as such.

House Officers should consult Human Resources for further requirements for taking leave under the FMLA, including application forms and documentation requirements. House Officers are subject to the Medical Center's FMLA policy, except to the extent it is inconsistent with anything in this section. For House Officers employed less than one year, see HS Section 44 – Compassionate Leave for New House Officers.
Paid Days for Birth or Adoption of a Child:
a. three (3) days parental leave (either sex)
b. disability due to maternity shall be considered sick leave

Condolence:
a. up to five (5) days for death of house officer's mother, father, spouse, domestic partner, child, grandparent, brother or sister.
b. House Officers will not be required to make up missed on-call coverage while on bereavement leave.

Conference Days:
are granted at the discretion of the Program Director based upon:
  i. educational objectives
  ii. departmental needs, and
  iii. performance evaluation

Interview Days:
are granted at the discretion of the Program Director based upon:
  i. maximum of five (5) interview days may be granted at the discretion of the Program Director with pay.
  ii. interview days will only be granted in the appropriate year of a categorical program.
  iii. Residents in preliminary programs must use vacation days for interviews or at the discretion of the Program Director.

Confidentiality
Forms that contain medical information are considered confidential and are treated as such.

(direct link only available if you are on the CHP computer network)

Last Approved 4/04, revised 7-25-07, editorial revision 3-27-09
GMEC: revised 1-10-11; revised 2-14-11
Section HS 15
Vacation Policy

Goal: To advise House Officers of the institutional policy related to vacation time.

Twenty (20) days of paid vacation are allotted. Unused vacation days are not to be rolled over to the next year, nor is payment for unused days permitted. Specific Boards may have requirements that preclude such allotment, which would be detailed in the individual department's policies. House staff in accredited programs are required to take the allotted vacation time. Leave beyond that permitted by individual Boards may result in extension of the residency or fellowship program. Holiday schedules will be determined on a departmental basis by need. Paid holidays are not included in house staff benefits.

Approved 1/02, Revision 11/06, 8/9/10, 1/10/11, 2/14/11
Section HS 16
Physician Impairment/Physician Health

**Goal:** Promotion of Provider Health, Protection of Patients and Assistance to Providers with Impairments.

**Goals/Purpose:**
The goals of this policy are: (1) to promote health of Providers (defined below); (2) identify and prevent potential risks to patients which may occur when a Provider is impaired by use of drugs (including depressants, stimulants, narcotics or illegal substances), alcohol, or physical or mental disability; (3) to encourage Providers who suffer from impairments to self-report and to assist them in obtaining appropriate treatment; (4) to ensure that if disciplinary action is taken by the Medical Center with respect to Providers' privileges and employment it is consistent with the Americans with Disability Act, other applicable laws and applicable Medical Center policies; (5) to maintain information about Provider impairment as strictly confidential, except insofar as disclosure may be legally or ethically required; (6) to ensure that Providers are reported to applicable federal or state agencies (the National Practitioners Data Bank and the New York State Office of Professional Medical Conduct or Education Department) if and when legally required.

**Scope:**
This policy applies to all Physicians, Dentists, or Podiatrists, including members of the Attending Staff, House Physicians and House Officers ("Providers"). It also applies to House Officers who are rotating to the Medical Center or who are on elective to the Medical Center from another institution; however, any investigation or action undertaken with respect to rotating/elective House Officers must be in consultation with the sponsoring institution and subject to applicable requirements of the agreement between the institution and the Medical Center.

The requirements for reporting Provider impairment apply to all employees of the Medical Center as well as to all Providers as defined above.
Policy and Procedure for House Staff

Procedure:
1. **Definition of Impairment.** For the purposes of this policy, being *impaired* is defined as practicing while the ability to practice may be adversely affected by physical or mental disability or while under the influence of alcohol or drugs, or being habitually drunk or dependent upon or a habitual user of drugs.¹

2. **Obtaining Assistance.** Providers who are experiencing medical problems or who suspect that they may be impaired are encouraged to seek assistance from their private physicians. In addition, physicians are encouraged to self-report to the Committee for Physicians’ Health of the Medical Society of the State of New York (“CPH”). CPH was established by the State Medical Society to assist physicians with drug or alcohol dependence and mental illness. CPH evaluates physicians, makes treatment recommendations and referrals and monitors follow up.

Reporting to CPH does not exempt the Medical Center from the obligation to report to OPMC; consult the Legal Department as provided in Section 9, below. CPH’s telephone number is 800-338-1833.

Physicians, Podiatrists, Dentists and other licensed professionals who abuse drugs and alcohol are encouraged to apply to the Professional Assistance Program of the New York State Education Department (“PAP”) for a voluntary temporary surrender of their license. PAP operates pursuant to the New York State Education Law, and makes referrals for evaluation and treatment. A voluntary surrender is not considered an admission of disability or professional misconduct, although PAP notifies the State Health Department and hospitals at which the licensee has privileges of the temporary license surrender. After treatment, the person may apply to PAP for the restoration of his/her license. PAP usually requires two years of monitoring as a condition of restoration. PAP is NOT authorized to grant voluntary temporary license surrender if the licensee’s impairment has caused patient harm. PAP’s telephone number is 518-474-3817.

¹ The New York State Education Law defines “professional misconduct” to include “practicing the profession while impaired by alcohol, drugs, physical disability, or mental disability” and “being a habitual user of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects, except for a licensee who is maintained on an approved therapeutic regimen which does not impair the ability to practice, or having a psychiatric condition which impairs the licensee’s ability to practice.
The Division of Occupational Medicine/Employee Health Service is also available to make referrals for medical treatment. *(Note: the Employee Health Service is part of Hospital administration and does not establish a confidential physician-patient relationship with respect to impairment evaluations. Its policy is to disclose information concerning Provider impairment to Hospital Administration if there is any question of inappropriate medical practice, patient safety or the like.)*

Providers are also encouraged to self-report any suspected impairments to their Department Chair, the Chief Medical Officer or the GME Officer, so that necessary steps can be taken to protect patients and to help the Provider to practice safely and competently.

3. **Reporting Cases of Provider Impairment.** Any Medical Center employee or member of the medical staff who has a reasonable basis for believing that a Provider may be impaired must promptly report such circumstance, and the facts upon which it is based, to his or her supervisor, or to the Department Chair of the Provider in question, the Chief Medical Officer, or, in the case of a House Officer, the Chief of, or the Director of, the Graduate Medical Education Office (“GME Officer”). Any supervisor receiving a report of Provider impairment must promptly relay it to the reported Provider’s Department Chair (attending physicians or other licensed professionals) or the Chief Medical Officer or GME Officer (House Officer), if the person making the report has not already done so.

4. **Investigation by Ad Hoc Committee.** In instances in which there is a possibility that Provider impairment may potentially affect the Provider’s ability to practice or to render safe and competent medical care, an Ad Hoc Committee will be formed, which will include the Department Chair of the Provider in question, the Chief Medical Officer or GME Officer, and the Director, Occupational Medicine/Department of Employee Health (“OM Director”).² A member of the Legal Department will advise the Committee. The Committee will conduct an investigation, which may include interviewing the Provider and any other individuals who have relevant information, reviewing the Provider’s credentials and QI file, and reviewing any relevant patient records. If necessary to protect patients or staff, attending Providers’ clinical privileges may be suspended pending completion of the investigation, while House Officers may be relieved of their duties.

² If the Provider in question is a house officer, the Department Chair may delegate all or part of his responsibilities to the Program Director.
from clinical responsibilities (and, in appropriate cases, given additional didactic responsibilities).

5. As part of its investigation, the Provider’s Chair or the Committee shall require the Provider to report to the OM Director (this term shall include any designee of the OM Director), Department of Employee Health, for an immediate evaluation of fitness for duty, which may, as appropriate, include a drug or alcohol test or psychiatric or medical evaluation. The Provider should be escorted to the Department of Employee Health. The Provider’s Department Chair or the Chief Medical Officer or designee shall provide the OM Director with a written referral, including the reasons for referral and other information relevant to the OM Director’s assessment. The Provider’s refusal to cooperate with all or part of the evaluation may be the basis for disciplinary action, up to and including dismissal from employment or termination of privileges.

The OM Director will evaluate the Provider’s fitness for duty and may require the Provider to be evaluated by additional specialists. The OM Director will report the results of the evaluation to the Committee, and may recommend an appropriate course of action, including medical, psychiatric or other treatment, monitoring, or medical leave of absence.

The Committee will then determine what course of action the Medical Center should follow concerning the Provider, taking into account recommendations from the OM Director, if any. In addition to the evaluation by the OM Director, the Provider, at his or her option and expense, may obtain an independent medical evaluation and forward the results to the Committee for its consideration. Any decision by the Committee to grant or extend a medical leave of absence to a House Officer or other employed physician requires consultation with the Department of Human Resources (HR) and the policies and procedures established by HR shall be followed.

6. **Disciplinary Action.** Any Provider, except for a House Officer, who is found to be impaired while on duty because of use of drugs (except for an approved therapeutic regimen) or alcohol will be automatically terminated from the Medical Staff and, if applicable, from employment by the Medical Center. With respect to (a) House Officers, and (b) Providers who are not found to be impaired while on duty, but who are nevertheless impaired under this policy (i.e., dependent upon
or habitual users of drugs or alcohol), the Committee will make a case by case assessment of whether corrective action, including termination, is appropriate. The factors the Committee will take into account should include, but not be limited to, whether the Provider sought assistance for the impairment and reported it to his/her Department Chair or other Supervisor, whether the Provider has cooperated with the investigation and treatment plan, whether there have been prior instances of the behavior in question, and the Provider’s prior record as a whole, including whether he/she has previously been subject to discipline of any kind. Disciplinary actions against non-House Officer Providers are subject to hearing rights under the Medical Staff Bylaws. Disciplinary actions against House Officers are subject to hearing rights under the House Staff Grievance Policy.

7. Return to Work. A Provider who has been on medical leave or found to be unfit for duty may not return to work or resume privileges until he or she has been medically cleared by the OM Director. In appropriate cases, the OM Director, in consultation with the Committee, shall develop a protocol for ongoing treatment, evaluation and monitoring of the Provider.

8. Confidentiality. The deliberations, evaluation and actions of the Committee shall be conducted in strict confidence and shall not be disclosed, except insofar as may be required to meet the Medical Center's legal or ethical obligations.

9. Americans with Disabilities Act. The Legal Department shall be consulted to ensure that any action taken with respect to the Provider is consistent with the Federal Americans with Disabilities Act (“ADA”) and state and local discrimination laws. Briefly, if a Provider has a “disability” which is protected by the ADA, the Medical Center must consider whether there are any “reasonable accommodations” that can be made that would allow the Provider to perform the “essential functions” of his or her position without endangering patients or staff. In addition, the Medical Center may not subject a Provider to discrimination in any term or condition of employment based on disability.

10. Reporting to OPMC and NPDB. The Legal Department shall advise whether a report must be made to the Office of Professional Medical Conduct of the New York State Department of Health (“OPMC”) and/or the National Practitioners’ Data Bank.
11. **Education.** This policy will be periodically reviewed with all Providers. The Medical Center also will sponsor periodic educational programs addressing Provider health issues. Orientation for House Officers and the House Officer core curriculum will include information on this policy and House Officer health issues. Employees will be educated on their responsibility to report Provider impairment.

Revised and approved GMEC 2/04
Section HS 17
Interactions with Industry

I. Purpose of Policy:
The purpose of this policy is to establish guidelines for ethical interaction between hospital medical staff and employees and the pharmaceutical, biotechnology, medical device and hospital and research equipment and supplies industries (“Industry”). These interactions can be positive and important for promoting the educational, clinical and research missions of Continuum. However, Industry relationships must avoid conflicts of interest that could endanger patient safety, the integrity of our educational and training programs, or the reputation of our hospitals, medical staff and/or employees.

II. Statement of Policy:
It is the policy of Beth Israel Medical Center, St. Luke’s-Roosevelt Hospital Center, and The New York Eye and Ear Infirmary (collectively, “Continuum”) that interactions with Industry should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise, they must be addressed as set forth in this policy.

Scope of Policy:
This policy is intended to cover the following types of interactions with Industry:

1. Industry support for continuing medical educational and other professional activities
2. Industry sponsored speakers’ bureaus
3. Industry sponsored research
4. Industry payment of Travel Expenses
5. Industry payment of honoraria and consultation fees
6. Ghost Writing.

This policy does not cover:

1. Gifts and Gratuities (see Corporate Compliance Policy G-1)
2. Pharmaceutical Drug Samples (see Hospital specific policies)
3. Site access by Pharmaceutical and Device manufacturer representatives (see Hospital specific policies)

Related Policies:

**Corporate Compliance Policies:**
- Policy G-1 Gifts and Gratuities
- Policy S-1 Standards of Conduct

**Hospital Specific Policies:**
- Protocol for Pharmaceutical Representative
- Standard Operating Procedure for Suppliers Calling Medical Center Personnel
- Supplier Visitation Pass System
- Business Travel Policy
- Drug Samples (Ambulatory)
- Pharmaceutical and Device Manufacturer Representatives
- Objectivity in Research – Financial Disclosure and Prohibition of Insider Trading

III. Policy

A. **Support for Continuing Medical Educational and Other Professional Activities**

1. Staff members who wish to have Industry support for accredited Continuing Medical Education (CME) programs must submit an application in accordance with the policies and procedures of the Continuing Medical Education Office and must comply with Accreditation Council for Continuing Medical Education (ACCME) standards.

2. For non-accredited CME activities, any Industry contribution must be in the form of a general, unrestricted grant paid directly to the hospital or clinical department. No direct payment may be made to any staff member. Continuum must retain exclusive responsibility for all aspects of educational events. The support may be used for educational supplies and refreshments at
educational sessions. The Industry contribution may be acknowledged, but the Industry contributor may not be permitted to distribute advertisements or product literature during an educational session. (Display in an adjacent area is acceptable).

Staff members who solicit for educational grants to support their department's activities may not have sole decision making authority with regards to the use of such grants. Industry support is subject to the review and approval of the Department Chair and/or President of the hospital. Departments must keep records of all Industry supported educational programs and supplies showing the amounts received and how the funds were spent. These funds must be deposited in departmental accounts in accordance with institutional policies regarding departmental funds.

All non-CME accredited education that is sponsored by Industry must meet the following criteria:

1. The primary purpose of the education must be the dissemination of objective scientific information.

2. Receipt of educational support must never be conditioned on or related in any way to pre-existing or future business relationships with the Industry sponsor.

3. A member of the sponsoring clinical department's attending physician staff must be present to supervise any educational discussion. Educational programs for Departments including the Department of Nursing must be supervised by a senior member of the Department.

IV. Speakers' Bureaus

Staff members who participate in Industry Speakers’ Bureaus must comply with the following guidelines.
A. Because Industry marketing goals may at times conflict with intellectual independence, Continuum staff are strongly discouraged from membership in a Speakers’ Bureau for Industry. If staff choose to participate in Speakers’ Bureaus, the content and format of their presentations should be designed so as to promote scientific and educational knowledge, not the sponsor’s products, directly or indirectly. The sponsor should not prepare the content of the presentation and the content should be fair and balanced. There should be no endorsement of any product. Departmental Chairs/Directors are responsible for approving, monitoring and maintaining records of such participation. Staff who choose to engage in such activities must fully disclose any relationship they have with the sponsor as part of their annual compliance with Continuum’s Conflict of Interest Policy.

V. Research
A. Industry sponsored research must be approved by the hospital’s Office of Grants and Contracts and, where human subjects are involved, its Institutional Review Board. Payment from Industry must be fair market value and in compliance with applicable Hospital policies.

VI. Industry Sponsored Travel Expenses
A. Coverage of reasonable travel expenses by Industry is permitted when the staff member is:

1. Presenting at an Industry conference; or
2. Participating in a meeting for the purposes of Industry sponsored research protocol review.
3. Engaging in an approved consulting assignment (refer to Section VII of this policy).
4. Travel by Housestaff who have been invited to a non-CME accredited event that has been approved by the Department Chair

B. Travel expense reimbursement by Industry is prohibited when:
1. Reimbursement is extended to the staff member’s spouse or family member;
2. The Staff member is not presenting at the meeting or conference;
3. The primary focus of the event is social, with minimal business activity (e.g. golf, resort or other recreational activities)
4. The event location appears extravagant (e.g. outside the USA).

VII. Industry Sponsored/Supported Honoraria and Consultations

A. Staff who are invited by Industry to speak or to provide consulting services can accept reimbursement in the form of honoraria or compensation for time and expenses under the following conditions:

1. Travel, lodging, and meal expense reimbursement is reasonable and directly related to the engagement;
2. Compensation for services provided is fair-market value;
3. Presentations or consultation engagements are of scientific/academic merit and/or benefit Continuum;
4. The consultation or service agreement is in writing;
5. Prior approval has been given by the Chair or Director of the staff member’s department. The hospital President must approve any individual engagements involving compensation greater than $25,000, or compensation greater than $50,000 in a twelve month period from the same Industry sponsor.

B. Industry relationships must comply with the Conflict of Interest Policy.

C. Industry payment for services performed during regular work hours must be approved by the Department Chair or hospital President.

VIII. Ghost Writing

A. Staff may not publish articles or give professional presentations of any kind under their own names which are written in whole or material part by Industry employees or Industry contractors.
B. If Industry employees or Industry contractors are co-authors or co-presenters, their contribution must be acknowledged.

C. Continuum authors or presenters who collaborate with Industry or Industry contractors must retain their editorial independence at all times.

IX. Gifts and Gratuities

Corporate Compliance Policy G-1 applies to any gift or gratuity from Industry or Industry representatives.

A. Continuum staff may not accept or solicit any gift, favor, business courtesy or service (monetary or non-monetary), from any Industry representative when it could be reasonably inferred that the gift was intended to influence or could reasonably be expected to influence them in the performance of their duties; or was intended as a reward for any action related to their duties.

B. No display of materials bearing commercial logos is permitted in patient care areas. Commercial educational materials must be approved for patient distribution by the hospital’s Patient Education Committee.

C. Industry supplied food and meals are subject to the Gifts and Gratuities Corporate Compliance Policy G-1 unless it is connection with an approved ACGME, ACCME event, or other appropriate accrediting organization.

X. Pharmaceutical (Drug) Samples (See Hospital Specific Ambulatory Policies)

A. The use of drug samples to treat Continuum inpatients is strictly prohibited as is the distribution of samples to Continuum employees unless they are under the care of an attending physician as provided below.
B. The distribution of drug samples at ambulatory sites is limited to attending physicians and other authorized prescribers (Nurse Practitioner, Physician Assistant or Nurse Midwife) who may dispense medication. Please see Ambulatory Hospital specific policies regarding dispensing of sample medications for the specific authorized locations.

XI. Site Access by Pharmaceutical and Device Manufacture Representatives (See Hospital Specific Policies)

A. Pharmaceutical and Device Manufacturer representatives are not permitted in any patient care areas or non-patient care areas without an appointment.

1. Pharmaceutical and Device Manufacturer representatives are not permitted in any patient care areas except to provide in-service training on devices and other equipment and then only by appointment.

2. Pharmaceutical and Device Manufacturer representatives must register with Security and be issued an identification badge.

Approved: GMEC 9-24-07
Approved revision: Admin 1-10
Approved revision: GMEC 11-14-11
Goal: To foster House Staff health and well-being by providing mechanisms for House Officers to obtain assistance counseling, support and/or conflict resolution.

Purpose: To provide extra-departmental pathways, alternatives and options for counseling, support and/or conflict resolution.

Multiple pathways for assistance are available to House Staff. House Staff need to recognize the constraints of each choice. Individuals providing counseling who are employees of Beth Israel Medical Center are bound by institutional policies. These policies may require reporting of activities to hospital administration or governmental agencies when such activities are believed to affect an individual’s ability to practice medicine or to affect the safety of patients.

The “Counseling Network” will provide the pathways to counseling. The members of this network are available to:

- meet with House Staff who voluntarily seek assistance and self refer
- be available to aid in addressing House Staff’s personal problems
- assist with accessing resources
- assist in addressing concerns that effect the House Officer’s training and/or training program that are not resolved through currently established mechanisms
- participate in discussions with House Officers who are having difficulties and be part of the problem-solving team

The “Counseling Network” includes:

1) Psychiatrists and family health physicians who have agreed to provide initial consultations free of charge. These individuals will be listed on the website. Their designation as employees or non-employees will be posted and serves to remind House Staff of the counselors’ legal obligations. This mechanism provides confidentiality to the extent possible for the House Officer.
2) Chaplaincy, comprised mostly of non-BI employees will be available and the contact number will be listed on the website.

3) An Ombudsman/woman (hospital employee) will be available to House Staff for counseling, advocacy, and/or consultation referral. (see Section HS 48 – Ombudman/woman Policy).

4) Employee Health Service.

Contact names and numbers are available in the House Staff Health and Well-Being link on the GME web site: www.bethisraelgme.org

Approved GMEC 8/06; editorial revision: 4-24-09
Section HS 19
Policy Statement on Harassment

Goal: To provide all House Officers with a bias-free work environment.

General Statement
Consistent with the Medical Center’s respect for the rights and dignity of each House Officer, harassment of any kind, whether verbal, physical or environmental, is strictly prohibited and will not be tolerated. The Medical Center relies on the support of each House Officer to ensure a work environment free from discrimination or harassment. Every House Officer is expected to understand and adhere to this policy. Review also the harassment policy and procedure in the Medico-Legal section of the Attending and House Staff Manual.

Policy
Department Chairs and other supervisory employees shall be responsible for ensuring that no House Officer is subjected to conduct which constitutes harassment from colleagues, co-workers or non-employees. Non-employees include, but are not limited to, attending physicians, contractors, vendors and volunteers.

Any complaint regarding harassment may be brought to the attention of the House Officer’s immediate Supervisor, Department Supervisor, Department Chair, Program Director, Office of Graduate Medical Education, Corporate Compliance Hotline or the Human Resources Department. All complaints will be promptly and thoroughly investigated. No one who in good faith makes a complaint of harassment or provides evidence of harassment will be subjected to reprisal for doing so. Employees and non-employees found to have engaged in harassment or taking retaliatory action against someone who has participated in an investigation shall be disciplined as appropriate, up to and including discharge.
Section HS 20
Professional Liability Insurance / Tail Coverage

Goal: To provide House Staff with professional liability coverage for the duration of training and to inform the house staff of such coverage.

House Staff employed by the Medical Center are covered by the Medical Center’s medical professional liability insurance policy ($1.3 mil. per occurrence/ $3.9 mil. in the aggregate) for claims that arise from patient care provided within the scope of employment. A member of the House Staff named as a defendant in a malpractice action will be represented by the Medical Center’s attorneys, regardless of when the action commenced, as long as he or she was employed by the Medical Center at the time of his or her care and treatment of the patient/plaintiff. House Staff must immediately notify the Risk Management Department if legal papers (usually called a Summons & Complaint) are received, either through the mail or by direct (in person) service, that names the physician. Failure to promptly inform the Risk Management Department of receipt of such papers could lead to a default judgment being taken by the plaintiff against the House Officer personally and to abrogation of the Medical Center's responsibility to defend and indemnify the House Officer. A risk manager will provide specific instructions to follow in order to protect the physician’s interests.

House Staff must not treat anyone (colleagues, nurses, relatives, etc.) other than in the course of their regularly assigned duties in the training program since they have no liability coverage for such treatment and no documentation for such care, resulting in a potentially defenseless situation, whether related to prescription writing or other medical services offered.

House Staff must not write controlled substance prescriptions for themselves or their families.

Professional liability insurance coverage may be extended to professional activities outside the Medical Center only if these activities are deemed to fall within the scope of the training program and prior written approval is obtained from the appropriate Department Chair utilizing the current authorization form and agreement. Care
should be taken to ensure that House Officer rotations are officially approved by the appropriate Chair or Residency Program Director, Administration and Office of Graduate Medical Education.

Professional liability insurance coverage does not apply to allegations of a criminal nature or to allegations of professional misconduct brought by the New York State Office of Professional Medical Conduct.
Section HS 21
Call Rooms

**Goal:** To provide residents with adequate, appropriate and safe sleeping quarters.

House Staff who are assigned to take call in the hospital will have access to on-call rooms which may be shared with several colleagues. The Housekeeping service will clean and provide linen service for these areas, but will not provide personal laundry or be responsible for cleaning areas, which have been subject to disorder and/or abuse by the occupants. Pets are not permitted in the on-call rooms. Snacks will be available in the lounge.

Do not leave any personal possessions in an on-call room. The Medical Center does not accept responsibility for items stolen or damaged in an on-call room. The access and assignment of on-call rooms will be in accordance with the policies of the Graduate Medical Education Committee.
Section HS 22
Meal Reimbursement

**Goal:** To ensure that residents on duty have access to appropriate food services 24 hours a day

A meal allowance is incorporated into the house staff salary. In addition, food trays are available (free of charge) for delivery to the house staff who are required to be on duty when the cafeteria is closed. To request a food tray, it is necessary to call Ext. 2810 (Petrie only) before 7:30 pm and provide the name of the doctor requesting, location, time required, etc. If food trays are not available, the Food Service Department will provide a cold meal in lieu of the food tray.

The house staff lounge on 11 Baird is stocked with yogurt, fruit, juices, bottled water and milk daily as are on call areas such as labor and delivery and the ICU’s. Additionally, hot and cold buffet lunches and dinners are provided to the house officers nightly during the week in the house staff lounge located in the house staff quarters.

Revised & Approved GMEC 2/06; editorial revision: 4-21-11
Section HS 23
Linen/Laundry Service

Goal: To provide the House Staff with support services to facilitate cleanliness and comfort.

The Medical Center furnishes the House Staff with white jackets and scrubs suits. These items are exchanged, dirty for clean, on a one-to-one replacement basis. Bed linens for the on-call rooms are changed on a daily basis.
Section HS 24
Housing

Goal: To offer safe and convenient housing to House Officers in accredited training programs and who fulfill a critical patient care need.

Policy
The Medical Center attempts, first and foremost, to provide housing to those who fulfill a patient care need and are in an accredited program at the Medical Center. Housing assignments are made in the following priority order, as space permits:

1. House Staff (interns, residents and fellows) in ACGME-accredited programs entirely based at Beth Israel Medical Center.
2. House Staff in ACGME-accredited combined Continuum sponsored programs.
3. House Staff who provide a critical care patient care need.

The responsibility for all real estate housing matters or rent offers rests with Real Estate Services. Real Estate Services is responsible for implementing this policy.

Housing is guaranteed to House Staff in ACGME-accredited programs who submit a completed application by the application deadline.

Procedures
Those accepting housing in accordance with the procedures listed herein, will be required to complete a Housing Application, acknowledge a Notice of Housing Priorities and sign an Occupancy Agreement. Pursuant to the terms of the Housing Application and the Occupancy Agreement, any violation of said Housing Application or Occupancy Agreement may result in the termination of the agreement.

All rent determinations will be made by Real Estate Services in consultation with the Office of Graduate Medical Education. Rent for housing will be deducted automatically through payroll deduction.
A. Housing Assignments.
   1. Incoming House Officers in ACGME-accredited programs and those in combined Continuum-sponsored programs will receive available housing assignments from Real Estate Services from mid-May to June of each year according to the priority list.
   2. During peak season from the March match date to July 31st accommodating the incoming (newly hired) House Staff in housing is the priority.
   3. Continuing House Staff who have completed a housing application and have been placed on the wait list will be notified of available apartments by the Office of Real Estate Services.

B. Assignment Guidelines
   1. Type of Housing
      Assignment guidelines are detailed below in priority order:

      Studio
      - House Staff with spouse/eligible domestic partner with no children or single House Staff with one child.
      - Single House Staff

      One Bedroom
      - House Staff with spouse/eligible domestic partner and one child or two House Staff who are married/domestic partners.
      - House Staff with spouse/eligible domestic partner or single House Staff with one child.

      Two Bedroom
      - House Staff with spouse/eligible domestic partner and two children
      - House Staff with spouse/eligible domestic partner with one child or single House Staff with two children.

      The number of occupants in each apartment shall be subject to the Administrative Code of New York City.
2. Location of Housing

Refer to the “Priority Classification for Beth Israel Assignment” document, which will be reviewed periodically and revised, as necessary.

C. Occupancy Guidelines

Only you and your immediate family who live in the apartment full-time are eligible for housing. Eligible family members include your spouse and children. Parents, brothers, sisters, live-in help, etc., will not qualify you for assignment to a larger apartment. To qualify for housing, we must see your original marriage certificate and birth certificates for all children listed. Eligibility of a domestic partner shall be determined solely in accordance with the Real Estate Services department guidelines on domestic partnership, which can be found on the Housing page of the GME website “Affidavit of Domestic Partnership”. Requests for exceptions to these guidelines must be submitted in writing by the House Staff’s Chairman of Service or Administrative Vice President and addressed to the Vice President of Real Estate Services.

D. Length of Occupancy

House Staff (Interns, Residents and Fellows) in ACGME-accredited, as well as, ACGME-accredited combined Continuum-sponsored programs completing residency programs and/or fellowships, must vacate housing by June 30 or by the last day of the training program. Any House Officer terminating employment prior to completion of their residency/fellowship, or prior to June 30 of the year of completion, must vacate Medical Center housing within three weeks of their termination or the last day of the month in which they were terminated, whichever comes first.

E. Wait List

Eligible House Staff who apply for housing or transfer to another apartment when no vacancies exist and, prefer to wait for another apartment, shall have their names entered on a wait list by apartment size, in order of the date of receipt of the application. The Occupancy Guidelines will continue to be a factor in determining a housing assignment. During off-peak season from August 1st to the March Match date, as housing becomes available, House Staff will be contacted with regard to vacancies. If an apartment is offered to a House Staff, the House Staff shall have the opportunity to refuse an apartment one (1) time for any reason. Should House Staff refuse to accept a second offer of an apartment for
any reason, e.g., size, location, rent, etc., the House Staff shall lose priority and his/her name will be placed at the bottom of the waiting list.

F. Transfers

House Staff who would like to transfer to the same size apartment may complete a Transfer Application immediately but will be placed on the wait list six months after their move-in date. House Staff who would like an upgrade or a down-grade in apartment size do not have to wait. There is a $500 transfer fee for transferring to the same size apartment, payable at the time the new lease is signed. All transfers are made from the wait list as apartments become available, except during peak season, from March Match to July 31st, when there is House Staff Turnover. During House Staff turnover, incoming (newly hired) House Staff have priority for all available apartments.

G. Exceptions

Any request for an exception to this policy or any of the procedures is to be made by the House Staff’s Chairman of Service or the Graduate Medical Education Office or Administrative Vice President and addressed to the Vice President of Real Estate Services.

Vacating Housing Procedures

1) Pre-move out inspection

To expedite the preparation of your apartment when you move out of hospital housing and reduce the need to deduct damage fees from your security deposit, Real Estate Services conducts pre-move-out inspections of all apartments that are expected to turnover and schedules any necessary repairs in advance of your move out.

• This pre-move out inspection process takes less than 30 minutes of your time.
• To schedule a pre-move-out inspection of your apartment, please complete the pre-move-out inspection request form and return it to the superintendent or door attendant in the lobby of your building. The deadline to schedule the pre-move-out inspection is mid April for June graduates and mid May for July graduates, after the receipt of the “Vacating Procedures Memo” from Real Estate Services.
• Please be advised that inspections are not performed on the weekends.
The inspection report generated from this pre-move-out inspection will be used together with the report from the final move-out inspection conducted by the superintendent to determine if there are charges to be deducted from your security deposit for damages or cleaning beyond the normal wear and tear of occupancy. The pre-inspection will also give you the opportunity to remedy a situation that would otherwise result in charges. We strongly recommend that you accompany the building superintendent during the inspection. Your signature will be required on the resulting inspection report.

2) Request for Move-out Date and Forwarding Address
Complete and return the request for move-out date and forwarding address form stating your exact move-out date and fax it to the RES Office at (212) 523-5119 or e-mail to reshous@chpnet.org no later than May 15th for June graduates. Thirty days advance notice must be given to RES when scheduling your move out of hospital housing.

• You will be charged 30-days rent from the date we receive your move-out notice. The last month’s rent is not pro-rated to your move-out date.
• Your fully completed request for move-out date and forwarding address form will enable us to stop your payroll deduction of rent and refund your security deposit in a timely manner.
• Please state your exact move-out date on the form and fax it to the RES Office.

3) Early Move-out Incentives
In an effort to encourage early move-out of apartments in June by graduating House Staff and make apartments ready for move-in by incoming House Staff prior to the start of their work schedule, the following rent abatement incentives are offered:

• If you vacate and turn in your keys on or before June 20th, we will charge you only half a month’s rent.
• If you vacate hospital housing and turn in your keys any time between June 21 and 25, you will be charged a full month’s rent and receive a rent refund of $30.00 for each day prior to June 30th that you leave early. This refund will be issued via a separate check mailed to your new address.
• If you vacate hospital housing and turn in your keys between June 26 and 30, you will be charged a full month’s rent. There will be no refunds or abatements.
4) Preparations for Moving

Please remember that you must vacate your apartment on or before the last day of the month in which your program ends. Your moving out in a timely manner allows us to prepare our housing for the incoming House Staff. Please help us by completing the necessary paperwork and providing the appropriate notices.

- While making arrangements for your move, please remember to turn off your telephone, electricity (if applicable) and cable services.
- You should also complete a change of address form with the United States Postal Service. You can get the form at any post office or at their website http://moversguide.usps.com.

Professional Movers

If you are hiring a professional moving company to move your items, please submit to the Office of Real Estate Services the company’s Certificate of Liability Insurance listing the hospital as an additional insured and yourself as the certificate holder prior to your move-out date. The certificate should also state your building, apartment number, and scheduled date of service.

Medical Sharps

Dispose of medical sharps in a designated sharps container. If you discover any medical sharps while you are packing, the items should be disposed of in a sharps’ container located within the Hospital. If you cannot return the medical sharps to the hospital, please dispose of them in the sharps container located on the wall near the superintendent’s office at Gilman or in the laundry room at 310 East 24th Street.

Disposing of Bulk Items

Make arrangements with the superintendent for the disposal of bulk garbage items. Bulk items such as old furniture cannot be left in the apartment, hallway or in the basement. If you have bulk items you are not planning to take, please contact the Superintendent in advance so he can arrange for pick up by the Department of Sanitation. You are responsible for putting bulk items at the curb on the scheduled date. Additionally, per New York City Administrative Code section 16-120, any mattress or box spring being set out for the Department of
Sanitation must be fully contained within a plastic bag. Suitable plastic bags can be purchased at most home improvement, hardware, or department stores.

If you do not make arrangements in advance for disposal of your bulk items, the cost incurred for removal or improper disposal of items will be deducted from your security deposit.

**Final Move-out Inspection**

At least two weeks prior to your scheduled move-out date, you may contact the building Superintendent to make an appointment to be present for the final move-out inspection of your apartment. This inspection is done to determine how much of your security deposit will be refunded to you. The Real Estate Office will make a final determination of any monies owed due to damage once you have vacated the apartment. If applicable, your security deposit, minus any charges for rent arrears or damages, will be returned to you within 30 days from the date you turn in your keys and provide us with your forwarding address. Please be advised that Superintendents do not perform inspections on the weekends. If you move out during the weekend, your inspection will take place the following Monday.

**Scheduling Elevator Use**

One elevator is available for moves. Schedule your move with the Superintendent as soon as possible. The closer your move-out date is to the end of June, the busier the elevator will be. Elevator reservations are made on a first-come, first-serve basis.

**Painting**

We are required to paint apartments every three years. If your apartment was previously painted within the last three years and needs to be repainted when you vacate, you will be charged as follows:

A. If the House Staff vacates within six (6) months of occupancy – the full cost.
B. If the House Staff vacates after six months, but before 18 months of occupancy – 2/3 of the cost.
C. If the House Staff vacates after 18 months, but before 30 months of occupancy – 1/3 of the cost.
Keys
Return all your keys (including the mailbox key) to the door attendant in the lobby of your building or to the Superintendent.

• Your official move-out date is the date on which you return the keys to the door attendant or superintendent.
• If the door attendant or Superintendent does not receive the keys by your scheduled move-out date, you are still considered the occupant and will be charged rent accordingly.

Security Deposit
Once you return your keys, within approximately 30 days, a separate check for your security deposit minus any charges for rent arrears and/or damages/excessive cleaning will be refunded and sent to you at your forwarding address.

Complete an official House Staff Release Slip
• You will receive a House Staff Release Slip from your department.
• Please fax the form to RES at (212) 523-5119.
• After you have moved out, returned all of your keys, and arranged for payment of any outstanding charges, RES will sign the Real Estate section of the House Staff Release Slip and return it to your Program Coordinator.
• Vacating charges and/or outstanding rent exceeding your security deposit amount will delay the processing of your House Staff Release slip that authorizes the release of your diploma.

GMEC approved: 4-9-07, editorial revision: 2-4-2010, RES editorial revision: 5-18-2011, 7-21-11
Section HS 25A
Guidelines for E-mail Usage

**Goal:** To enhance effective communication with and amongst all House Officers and Beth Israel Medical Center Staff.

BIMC provides all House Officers with access to the GroupWise e-mail system. It is the most direct means for communicating with House Staff. Upon entry into a BIMC training program, each House Officer is provided with a user name and ID Password so that they may have full access to GroupWise. House Officers can connect to GroupWise from any computer with internet access by logging onto www.chpnet.org, clicking on GroupWise, and entering their user name and password. House Officers may not link GroupWise to their personal e-mail address. Such linkages place the individual and the institution in jeopardy of violating the HIPAA compliance regulations. If House Officers forget their passwords, they can call the Help Desk at 212 523-6486, for assistance.

House Officers are requested to check their hospital e-mail frequently to assure reliable and effective communication. Important information from your Program Director, colleagues and other institutional officials will be communicated to you via e-mail. It is the House Officer’s responsibility to keep informed of pertinent information.
Section HS 25B
Policy on Electronic Medical Records/Password Utilization

Goal: To support patient care with twenty-first century technology.

BIMC is in the midst of an initiative that will utilize computerized physician order entry (CPOE) in the inpatient setting and a complete electronic medical record (EMR) in the outpatient setting. The system will allow House Officers in training to review all results and place orders in the system, communicate with other providers, and create rounding lists to improve their workflow. Several hundred high-speed desktop and mobile devices will be utilized to enhance patient care at the bedside and access will also be available from remote locations via the internet. The new system is rolling out to the Continuum Health Partner Hospitals and patient records will be available to any authorized user at each of the sites.

In addition to hyperlink access to e-medicine and other reference databases, the system provides medical evidenced based clinical decision support in the form of order sets, alerts, and rules that will encourage the use of best practices and reduce variation in patient care.
Section HS 26
House Officer Moonlighting

Goal: To guide moonlighting activities (employment in addition to the House Officer’s residency/fellowship program) by BIMC House Officers.

DEFINITION: Moonlighting is defined as any compensated employment performed by a House Officer which is outside the scope of his/her regular training program, rotations, assignments and requirements. Moonlighting activities may not fulfill any part of the clinical experience that is required of the House Officer’s training program. Moonlighting may not interfere with the House Officer’s training. Residents and Fellows are never required to engage in moonlighting.

Moonlighting can occur within Beth Israel Medical Center or at an unaffiliated institution. If performed at Beth Israel, this work can be either within or outside the House Officer’s “home department” provided such work is not work which would be regularly performed by the House Officer as part of his/her training program.

PERMISSION TO MOONLIGHT: House Officers can only moonlight after receiving written permission from his/her program director. PGY 1 residents are not permitted to moonlight.

A program director, at his or her discretion, may allow a House Officer to moonlight only if each of the following conditions is met:

1. The place of moonlighting and the responsibilities are delineated in writing by the moonlighter, including the number of hours to be worked,
2. The House Officer wishing to moonlight is in good standing academically and professionally in the “home department”,
3. The House Officer’s performance will be monitored to assess the effect of the moonlighting activities on performance and stress. Adverse effects will lead to withdrawal of permission to moonlight,
4. Duties and procedures performed during moonlighting cannot be utilized to fulfill any requirements of the residency training program,
5. Failure to comply with this policy may result in disciplinary action.
HIRING DEPARTMENT RESPONSIBILITIES:

A BIMC Clinical Department may hire a House Officer to moonlight if the following conditions are met:

1. The House Officer has a New York State Medical license to perform duties that are required by the hiring department,
2. The hiring department verifies the house officer’s competence to fulfill the scope of employment,
3. The moonlighting activity is not the same as the usual activities performed by the House Officer as part of the House Officer's training program.

REQUIREMENTS and LIMITATIONS:

1. Any BIMC House Officer moonlighting in BIMC must complete a Medical Staff Application and be appointed to, and approved by, the medical staff as a “House Physician.” The usual medical staff appointment fee shall be waived. It is the responsibility of the Department Chair(s) of the hiring and home departments to assure compliance with this requirement.

A House Physician:

a. may be a House Officer in a training program at Beth Israel Medical Center
b. is licensed in NYS with an unrestricted license
c. has taken NYS Infection Control Course, as mandated by NYS Dept of Education, at the time of licensure
d. has a DEA number, if necessary for scope of practice
e. has no admitting privileges
f. has an appointment to medical staff which is co-terminus with employment as a House Physician

2. All regulations of the New York State Department of Health 405 regulations and ACGME work hour requirements are fulfilled including but not limited to total hours, periods between duty assignments and one (1) 24 hour period without clinical activities.

3. Malpractice insurance for moonlighting is provided by Beth Israel Medical Center ONLY for moonlighting which occurs within the institution. Malpractice insurance for activities occurring outside of BIMC is not provided and must be procured by the House Officer.
4. A House Officer holding a J1-Visa cannot moonlight; House Officers holding H1-B Visas cannot moonlight due to employer and position specific restrictions.

PROCEDURE:

1. A House Officer is required to submit a written request, utilizing the GMEC approved Moonlighting Tracking and Attestation form (see attached). The written request must include detailed description of the moonlighting position.

2. A copy of the House Officer’s NYS license and registration must accompany the completed attestation form and forwarded to the Office of GME.

3. Moonlighting authorizations must be renewed at least once per academic year.

4. Moonlighting approvals are specific and not transferable to another activity.

5. Prior to moonlighting, the House Officer must obtain approval from the Office of GME. Approval to start moonlighting outside of BIMC will be conveyed to the House Officer and the Program Director and Coordinator.

6. The signed Moonlighting Attestation form must be kept on file in the House Officer’s departmental file.

7. If moonlighting within BIMC, an “Application for Medical Staff Appointment” must be obtained from the Chair of the Department and accompany the Moonlighting Attestation form. The House Officer is responsible for providing the Office of Credentialing Services with all necessary credentialing information (see Office of Credentialing Services’ Checklist attached).

8. Approval to start moonlighting at BIMC, based on a complete medical staff application signed by the President of the Medical Center or his designee, will be forwarded to the Office of GME by Office of Credentialing Services. This approval will be shared with the House Officer and the Program Director and Coordinator. The approval is to be added to the House Officer’s Department and GME file. Adequate time is to be allotted for this process to occur.

9. Moonlighting hours must be entered into New Innovations and labeled as “moonlighting”. A quarterly NI Compliance and Duty Hour Exception report must be submitted to the GME Office quarterly.

Approved GMEC 12/06, rev 12/07
Approved Medical Board, 1/14/08
Revised 10/2007 with attachments (HS Moonlighting Attestation Form & Checklist)
Approved GMEC 3/8/2010: Revised Checklist
Approved Medical Board: 4/12/2010
Revised GMEC: 4/11/11
Revised Medical Board: 5/9/11
HOUSE STAFF MOONLIGHTING ATTESTATION FORM

This form must accompany all requests for approval of house staff moonlighting. No house staff member may be scheduled to work a moonlighting session prior to obtaining proper (written) approval.

Physician's Name ____________________________
Social Security Number _______________________
Postgraduate Training Program _______________________
Medical License # from the State in which the moonlighting will occur __________
Facility where moonlighting will take place _______________________
Department where moonlighting will take place _______________________
Detailed Description of Moonlighting Activities, Including Number of Hours:
_________________________________________________________________
_________________________________________________________________

Moonlighting Resident
I understand my responsibility to ensure that I am in compliance with 405 and ACGME regulations regarding resident supervision and work hour limitations. I engage in this activity with that awareness and I can attest that I am not violating those regulations with this work. If the facility, activities and/or hours of the moonlighting changes, I will immediately notify my Program Director/Chair and complete a new form.

_________________________________________________________________
Moonlighting House Staff Name  House Staff Signature  Date

Approvals:

Program Director or Chair of Service

I understand my responsibility to ensure all house staff are in compliance with 405 regulations and ACGME work hour requirements regarding resident supervision and work-hour limitations. I approve this activity and attest that this request does not
result in failure to comply with 405 regulations; the Department will continue to monitor compliance.

_____________________________ ________________________________ _______________
Program Director/ Chair of Service Name Program Director/Chair Signature Date

Chair of Department requesting coverage

_____________________________
Chair of Service Name

_____________________________
Chair of Service Name

_____________________________
BIMC GME Official Name

Beth Israel Medical Center
Office of Credentialing Services

Name: ______________________________

Checklist of Required Documents for Moonlighting

To be provided by GME office

_____ NYS medical license: Registration and license

_____ Photo ID – NYS or other state driver license or other Gov’t issued ID

_____ Medical Education: copy of transcript or verification letter and diploma

_____ Certificates and Evaluations: Internship, Residency, Fellowship

_____ Updated CV, if current

_____ Infection Control Course certificate

_____ ECFMG certificate, if applicable

_____ Fifth Pathway certificate/letter, if applicable

To be provided by Applicant

_____ House staff Moonlighting Attestation form with all approvals and signatures
Policy and Procedure for House Staff

____  BIMC Application for Medical Staff Appointment – to be distributed upon authorization by Department Chair  
(Reference letters waived, fee waived, malpractice insurance covered by BIMC)

____  Updated CV, if not current

____  Delineation of Privileges- signed by Chair of training Dept

____  Authorization for Release of Information

____  Health Evaluation/Assessment- current. Obtained from Employee Health Services

____  Board certificate, if applicable

____  Name of malpractice insurance carrier from previous training programs, if applicable

Documents submitted by (GME):

Credentials Staff: Application complete and required documents rec’d ____________

Privileges to Moonlight Approved: __________________________

Effective Date: _________________

Credentials Committee: _________  Medical Board: _________  BOT: _________
Section HS 27
House Officer Rotations Out of BIMC

Goal: To provide a process to facilitate compliance with the required duly executed Institutional Agreement between the participating institutions.

Procedure
Standing rotations (those in which a House Officer in a particular program will participate) should be negotiated by the departments with a certain priority to try to gain needed experiences with the Continuum Partnership, whenever possible. Details of the rotations should be agreed upon by the various Program Directors (and Chairs) and they MUST include the six essential areas noted by the ACGME.

The appropriate form for the proposed rotation should be submitted to the Office of Graduate Medical Education for review prior to obtaining signatures.

If appropriate the rotation will be scheduled for presentation to the GMEC for approval.

Once approved, the department will acquire the necessary signatures and return the executed agreement to the Office of Graduate Medical Education.

APPLICATION REQUEST FOR OUTSIDE ELECTIVES
In order for a House Officer to be granted approval for an outside elective, the following conditions must be met:

The House Officer must:
- be in good standing, as determined by the Program Director, in the primary training program
- have completed all medical records at the time of submission. The signed verification from the Director of Medical Records must be attached to the application. Web-based core competency modules, if a program requirement, must be completed prior to the application being reviewed
- maintain good academic standing until time of departure for the elective
The requested elective must:
• relate to program mission and/or curricula
• provide experience not available at BIMC and /or relate to career goals
• address the 6 ACGME competencies in the goals and objectives.

Application process:
The GMEC elective application must be completed. The application must include goals and objectives for the elective. Each department will determine required date of submission; however, the deadline for preliminary submission of application to the Office of GME is 60 days prior to the first day of the proposed elective. GMEC will respond in a timely fashion. Final approval must be signed at least two weeks prior to the elective. Verbal approvals will not be issued.

International electives and non-international electives in unapproved training programs:
The House Officer must provide a letter of acceptance from the Supervising Physician, including the:
1. Name, position, academic rank, training, experience of the Supervisor
2. goals and objectives of the experience
3. description of the facility (resources) in which the elective will take place
4. proposed schedule of the daily activities
5. agreement for the Supervisor and House Officer to complete an end of elective evaluation form. Failure to complete an evaluation will result in no credit.

Non-international electives in approved training programs
• The House Officer must complete the Beth Israel Medical Center elective form.

Approval:
• A response of “Approval” or “Provisional Approval” establishes permission to proceed with plans for elective. Provisional Approval will be granted if further information is required but the information that is provided appears to meet the above criteria
• A response of ”Not Approved” establishes that the House Officer may not proceed with the planned elective. GMEC recommends that each residency
program establish default plans for any House Officer submitting an outside elective application.

**Upon completion of the elective:**

- **For rotations in accredited programs**, completion of the rotation evaluation will suffice. The Program Director should assess whether this elective should be recommended to other trainees or approved by the program, if again requested.

- **For non accredited and international rotations**, the experience must result in scholarly activity, as determined by the Program Director. This requirement may be satisfied by presentation of Grand Rounds, presentation for Research Day, and/or manuscript for publication.

- **Additionally, for international electives**, the House Officer must demonstrate how the proposed goals and objectives were met in relation to the six core competencies in a written format of sufficiently high quality to satisfy the Program Director.

**Costs/Fees**

The House Officer is solely responsible for costs/fees incurred during elective rotations. Any costs that are incurred by the House Officer prior to formal GME approval are the responsibility of the House Officer. The House Officer is responsible for all costs if permission is rescinded due to noncompliance with the above requirements.

Approved: GMEC 4/05
Section HS 28
Institutional/Residency/Fellowship Program Closure or Reductions

Goal: To ensure appropriate notification of institutional/residency/fellowship program closure, reductions or any adverse action taken by the ACGME.

Reduction Policy Statement
If the ACGME withdraws accreditation of a program or if a decision is made voluntarily to close a residency/fellowship program or institution, the sponsoring institution must inform the GMEC, DIO and the House Officers as soon as possible. The sponsor will work with participating institution(s) and establish a phase-out plan that allows currently enrolled residents/fellows to complete their training. If that is not possible, the sponsor, in conjunction with the participating institution(s), will assist the displaced House Officers in obtaining positions in other accredited training programs.

In the event that the sponsor and participating institution(s) decide to reduce the number of positions in any residency/fellowship training program, the GMEC, DIO and house officers in that program will be immediately notified. Every effort will be made to accomplish the reduction without adverse effect on House Officers currently in training. If that is not possible, the sponsor, in conjunction with the participating institution(s), will assist the displaced House Officers in obtaining a position in another accredited training program.

ACGME 7/99
Approved GMEC 2/12/07
Approved editorial revision: GMEC 11/14/11
Section HS 29
House Staff Dress Code

Goal: To ensure that all members of the House Staff are professional in appearance at all times.

1. The House Officer and his/her clothing must be neat and clean. Male House Staff must wear collared shirts, and pants and should wear ties. Female House Staff must wear shirts, blouses, skirts, sweaters, pants or dresses. All House Staff should wear white coats and may wear scrub suits at the discretion of the department. Scrub suits should be worn within the Operating Procedure Rooms/Units. Operating scrub suits may not be worn outside of hospital buildings.

2. The following items of clothing are considered inappropriate apparel for a House Officer and must not be worn while on duty in a clinical area:
   a. Jeans
   b. Shorts
   c. T-shirts or tank tops
   d. Open-toed shoes or sandals
   e. Backless dress and tops
   f. Midriffs and low-cut tops
   g. Stretch pants/leggings
   h. Mini-skirts
   i. Hoodies, sweatshirts and sweatpants

3. The coveralls designed to go over the scrub suit may only be worn within BIMC buildings.

4. House Staff should have nails that are kept neat, clean and trimmed.

5. Identification badges must be visible and worn at chest height in the Medical Center at all times.
All program directors are expected to have their House Officers comply with this policy and should encourage members of their department to adhere to the dress code.

The dress code may be altered for individual departments at the discretion of the department.

Approved GMEC revisions: 12-10-07, 4-11-11
Revised Medical Board: 1-14-08, 5-9-11
Section HS 30
Verification Fee Policy

Goal: To support the timely and accurate verification of training.

Policy
The Beth Israel Medical Center will provide verification of training for all House Officers upon receipt of appropriately authorized request. Verification will be provided at no cost for House Officers completing training within 3 years of the request for verification.

There will be a $20.00 fee for each verification request for a House Officer who completed training more than 3 years prior to the date of the request. A check made payable to the "Office of Graduate Medical Education" must accompany each verification request. Requests for verification should be sent to the Office of Graduate Medical Education, Gilman Hall-Room 223, 353 E. 17th St., New York, NY 10003.

If sufficient information exists in the Office of GME, the request will be processed by Office staff. If the request includes questions relating to clinical competence or credentialing for which the Office of GME has insufficient information, the form will be forwarded to the training department for completion and returned to the GME Office. Copies of all verifications will be made. The form will be returned by the Office of GME.

Approved 11/01
Revised & approved GMEC 2/03
Section HS 31
Policy for House Officer Access to Files

Goal: To maintain accessible records of evaluation for House Staff.

House Officers are permitted to review their own summative and rotation-specific evaluations in the presence of the Program Director or his/her designee. When multiple evaluations from individuals (Attending Physicians and/or House Officers) are compiled to generate a summative or rotation-specific evaluation, the summative evaluation may be reviewed by the House Officer. Completed evaluations submitted by individuals may be reviewed at the discretion of the Program Director. House Officers may not photocopy House Officer files. However, programs may give photocopies of summative evaluations to House Officers at the discretion of the Program Director. These photocopies shall be stamped to indicate that they are not original official documents. Evaluations, documents and letters received by the training programs and Office of GME prior to commencement of the residency, cannot be reviewed or copied by the House Officer.

Broader access to House Officer files may be required upon request in connection with a hearing pursuant to the House Officer Grievance Policy. Legal Services shall be consulted in such cases.

Approved GMEC 9/03
Section HS 32
Needle Stick Policy

**Goal:** To provide expeditious, safe prophylaxis for needle stick injuries and/or exposure to body fluids which occur in the Operating Rooms, while at the same time promoting and ensuring a supportive, responsible environment, **only** under the special circumstances described below.

Under the current institutional policy (Infection Control, Intro, Section F):

- Employees with percutaneous injuries are expected to stop work.
- Immediately go to Employee Health Services (EHS) during the weekday daytime hours or the Emergency Department (ED) during off-hours (evenings, holidays and weekends).
- The employee is required to complete an Incident Report and the Post-Exposure Prophylaxis Consent for Treatment form.
- Appropriate prophylaxis and supportive counseling is provided and follow-up arranged.

Should a percutaneous injury and/or exposure to blood/body fluids occur, the health providers’ are **expected** to “scrub out” of the procedure and **proceed to** Employee Health Services or Emergency Department. **However, IF:**

- The person receiving the injury **cannot** leave the Operating Room due to the inability to locate appropriate replacement personnel which may occur on some nights, weekends, **and**
- The injury is not serious enough to jeopardize self or patient

The following alternative **pathway policy will become operative** (but only under these circumstances).

Any health professional scrubbed into the OR will have available to them one stat dose of prophylaxis medication in the event of a needlestick injury and/or exposure to blood/body fluids.
The process for obtaining the medication is as follows:

1. Two doses will be stocked in the Pyxis machine (Petrie, Singer) or OR area (Kings Highway Division) at all times along with an in-patient standing order for the medication and the appropriate Consent Form.

2. The Charge Nurse/ Nurse Manager will be informed and summoned to the OR.

3. The injured person and/or Charge Nurse/Nurse Manager will attend to the wound.

4. The Attending Physician or Anesthesiologist will be responsible for signing the standing order form.

5. The injured person will be advised of the risk/benefits and side effects of medical prophylaxis as outlined in the Post-Exposure Prophylaxis Consent Form by the surgeon or anesthesiologist. If there are any questions, he/she may speak to the Infectious Diseases physician on-call. After the Consent Form is signed, only the Charge Nurse/Nurse Manager will be permitted to obtain a stat dose of medication from the Pyxis (Petrie, Singer) or OR area (Kings Highway Division) and medicate the injured medical personnel.

6. The Charge Nurse/Nurse Manager or the injured person will complete an incident report, a copy of which will be forwarded to Infection Control via interoffice mail. The Charge Nurse/Nurse Manager will call the QI Hotline (212) 420-2100 and report the injury, as is done for all incidents occurring in the OR.

7. When the OR case in progress is completed, the injured employee should take the completed paperwork and immediately proceed to EHS or the ED for interim medication and the appropriate comprehensive management of the needle stick and/or injury.

8. Quality Improvement staff will inform EHS of the reported incident by calling a designated, confidential phone number. EHS, in concert with Infection Control, will follow up with the injured; however, it is also the responsibility of the injured person to make certain that this follow-up does occur.

This policy does not replace the current policy and procedure for needle stick injuries. The alternate approach described herein is designed to afford timely prophylactic medication under special circumstances that do not permit the injured party to immediately follow the Infection Control Policy and
Procedure regarding needlestick injuries. The attending physician is responsible to ensure appropriate and rapid assessment, treatment and support to the injured person.

Approved 12/03
Section HS 33
House Officer Resignation from Training Program

**Goal:** To facilitate professional communications for House Staff who have resigned from their training program.

1. Should a House Officer resign from a training program, the following steps should be followed:
   - The House Officer should send a letter of resignation to the Program Director. The Program Director should forward copies to the Chair and Chief of GME/Academic Affairs.
   - The program should provide information reviewing the circumstances of the resignation and any counseling/services rendered.
   - The Chief or Director of GME will meet with the House Officer and conduct a structured exit interview to explore circumstances related to the resignation and attempt to obtain information that would be instructive to the institution.
   - House Officer must follow House Staff Release processes including the return of hospital property required for completion of the “House Staff Release Slip”.
   - The Department will complete the PCF information and Final Check Request.
   - The Office of GME will notify departments needing to terminate House Officer access e.g. Telecommunications, Housing, Linen, Medical Library, Medical Records, Security, Human Resources, Benefits, Laboratory, Pharmacy, and Employee Health.
   - If a Certificate of Training is due the House Officer, the appropriate information should be provided to the Office of GME. The Certificate will be ordered along with the diplomas and other certificates at the end of the training year.
   - A final evaluation letter should be placed in the House Officer’s file.
   - The program shall review with the GMEC plans to fill the vacant position, see Resident Replacement Policy.

2. House Staff Who Accept Another Position after Signing an Employment Agreement with Beth Israel Medical Center (BIMC)
The “Resident Agreement” is a legally valid employment contract, which is a binding agreement between both BIMC and the House Officer who signs it. It is a breach of contract for a House Officer to sign an employment agreement and then accept another position elsewhere for the same time period. In addition, it is detrimental to Beth Israel’s graduate medical education programs. Failure to fulfill such an agreement is viewed as a breach of professionalism.

If a House Officer breaches an employment agreement with Beth Israel by accepting another position, Beth Israel will:

1. Place the attached memorandum in his/her file.
2. Provide copies of the attached memorandum to prospective employers, along with other credential information customarily provided.

Date: ____________

Memorandum to File of ____________________, M.D.

Dr. ________________ entered into an agreement with Beth Israel Medical Center to work as a house officer for the academic year July 1, 20__ through June 30, 20__. Dr. ________________ breached this agreement with Beth Israel by accepting a position at ____________________ beginning ________________.

Dr. ________________ gave the following explanation for his/her actions:

As per Beth Israel policy, this memorandum will be made part of Dr. ____________’s permanent record, and a copy will be sent to prospective employers, along with other credential information customarily provided.

Additional Comments:

Signed: ____________________
Title: ____________________

GMEC Approved: 5/17/04
Revision: 9/12/05
Section HS 34
H1-B Visa Applications

Goal: To create an efficient process whereby applicable House Staff can obtain required Visas.

House Officers who are accepted into a BIMC training program and require H-1B status will need to use the institution’s designated lawyer for processing of the H-1B petition. The Sponsoring Department pays for these services. Residents will be responsible only for the Premium Processing fee of $1,000.00 (and related disbursements, if any). Premium Processing provides for expedited review of the H-1B petition within fifteen (15) days. If a petition is filed sufficiently in advance of the start date (60 or, even better, 90 days), it is possible that use of Premium Processing can be avoided. If a petition is filed without Premium Processing, a Premium Processing request may still be made at any time while the petition is pending, should it become necessary to expedite due to processing delays. The decision as to whether Premium Processing will be necessary will be determined on a case by case basis.

Process for H1-B Visa Applications

1) All H1-B Visa applications must be processed by the institution’s designated lawyer.

2) When a prospective House Officer needs to apply for the H1-B Visa, a representative of the applicable department will contact the Office of GME at 420-3744.

3) She/He will provide the Office of GME with the House Officer’s name and all the required information and paperwork (see list).

4) Once the Office of GME is in possession of all necessary paperwork, the information will be sent to the designated lawyer and she/he will be advised to expect a phone call from the House Officer.

5) At that time, the designated lawyer’s phone number will be given to the departmental representative to give to the House Officer. The designated lawyer
and the House Officer will handle the rest of the process, with GME support if necessary.

6) The designated lawyer will send a bill that will generally cost $1,600 to the department.

7) It is then the department’s responsibility to process the bill for payment through Oracle, using Oracle # 950200 for legal services. The designated lawyer will appear in the Oracle vendor listing.

8) Any billing questions would be handled between the department and the designated lawyer.

Approved GMEC 11-14-04, Revised 3-06

INFORMATION/DOCUMENTS REQUIRED FOR H-1B PROCESSING

LAW OFFICES OF FRANCES C. BERGER
335 Broadway, Suite 1103
New York, New York 10013
(212) 925-6688
(212) 925-6987 (fax)

I. INFORMATION REQUIRED

1. Full name
2. Current Address with phone/fax numbers and e-mail address
3. Permanent Address Abroad
4. Date and Country of Birth
5. Citizenship
6. U.S. Social Security Number
7. Date of last entry to U.S. and type of visa/status
8. Dates of all prior stays in U.S. with type of visa/status
9. Name of spouse and children, if any, and current visa/status.
II. DOCUMENTATION REQUIRED

1. Copy of passport and current Form I-94
2. As applicable, evidence of current and/or prior immigration status:
   a) Copies of current I-20 and/or any previously issued I-20s
   b) Copies of current IAP-66 and/or any previously issued IAP-66 forms
   c) Copies of any H or L approval notices and/or other evidence of H or L status
3. Resume reflecting education and employment
4. Copies of university/college diploma(s) and final transcript(s)
5. For FMGs, proof of passing all three parts of USMLE or its equivalent
6. New York State medical license, if available
7. Three recent pay stubs and most recent W-2 Form (for change in H-1B employer only)
Section HS 35
Policy: House Officer Transfers

**Goal:** To determine the appropriate level of education for House Officers who are transferring from another residency program.

The Program Director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring House Officer from the Program Director, at a minimum, and other resources as available including an assessment of competence in the six ACGME competencies, prior to their acceptance into the program. A Program Director is required to provide verification of residency education for House Officers who may leave the program prior to completion of their education.

Approved GMEC 10/05
Section HS 36
Restrictive Covenants

Goal: To ensure there are no restrictive covenants placed upon graduated House Officers.

ACGME accredited programs will not require House Officers to sign a non-competition guarantee.

Approved GMEC: 12-12-05
Section HS 37
DOH Regulation Regarding NYS Issued Prescription Pads

**Goal:** To minimize Medicaid fraud in prescription drug use.

In an effort to address Medicaid fraud, NYS is phasing in a new personalized prescription pad that is issued by DOH. Effective April 19, 2006 the NYS DOH issued prescription pad **MUST** be used for all prescriptions written in New York State.

The following procedures have been implemented to be in compliance with these regulations:

1. Licensed Prescribers with their own NYS license and DEA number must obtain their own supply of prescription pads from DOH.
   Contact: Phone: 1-866-811-7957

2. Unlicensed prescribers currently in BIMC sponsored training programs, NYSDOH prescription pads must be used for all prescriptions. The procedures for accessing these pads are as follows:
   1. The Director of your training program will issue you an initial supply of 1 pad (100 prescription blanks per pad).
   2. Replacement supply – You will get replacement pads from the BIMC IDS Pharmacy, 1st floor, Silver Building, Monday – Friday from 9:00 a.m. to 12noon and 1:00 p.m. to 4:00p.m. Initially, only a limited amount will be distributed. Once there is a sufficient amount, you will be issued 3 pads at a time.
   3. **Emergency** supply – Pads will be available from the charge nurse at each Nursing station.

It is important that you recognize that these prescription pads will become your personal property and professional responsibility. The sequence numbers given to
you will be recorded. If a prescription pad is lost or stolen, you will be obliged to contact DOH at 518-402-0707.

Please anticipate your Rx needs and replenish your supply appropriately since the hours of distribution are limited. Use of emergency supplies will be monitored for appropriateness.

You will continue to use your "plate" to imprint the prescriptions.

Approved GMEC: 12-12-05
Revised: 3-30-06; 4-07
Section HS 38
Professional Activities Outside of the Program

Goal: To provide guidelines for house officer participation/involvement in professional activities, such as institutional committees and community service activities, which are outside of the aegis of the training program.

Policy: House staff must be encouraged and given the opportunity to participate in institutional and non-institutional committees and outside educational programs, to promote professional development, community involvement and enhance knowledge, skills and attitudes essential to the practice of medicine. Wherever possible, program directors should facilitate such participation and accommodate house staff requests.

Any extracurricular non-hospital activities that may impact on the ability of the house officer to meet all responsibilities and obligations of the training program, must be authorized in writing by the training program director. If any activity involves provision of medical care outside of that directed by the training program, the house officer must ensure that he/she has the appropriate licensure and medical malpractice insurance.
Section HS 39
Documentation in Medical Records

Goal: To ensure appropriate maintenance of the medical record for optimal communication, coordination of patient care, and documentation of care rendered.

Medical records are essential to document and assure high quality patient care. Medical records are legal documents and notes in the medical record should be contemporaneous with patient care. Records may not be altered, defaced, or obliterated in any fashion. Alterations must be limited to addenda as stipulated below. Abbreviations should be minimized in the medical record, and banned abbreviations should not be utilized in the medical records. The listing of updated prohibited abbreviations can be found on the GME website, under Special Educational Resources. All entries into the medical records must be legible, dated, timed, and signed. Signatures should be followed by beeper numbers and/or printed or stamped names.

Corrections should be made by drawing a single line through the incorrect entry. Such changes must be dated and initialed.

Addenda should be made infrequently, and only if the information is important to the patient's medical care. If clinically pertinent information needs to be added, it should be labeled as an “addendum” and dated using the date the addendum is written. Addenda should appear in the chart in the chronological order in which they occur.

Medical records must be completed in their entirety in a timely fashion.

Approved GMEC 10-9-06
Section HS Section 40
Stress, Sleep Deprivation and Fatigue

**Goal:** To assure the safety and well-being of patients and house staff

It is important that house staff recognize the effects that stress, sleep deprivation and fatigue may have on cognitive and non-cognitive skills. Sleep deprivation, fatigue and stress can have deleterious consequences for patients, as well as, house staff. It is the responsibility of each program to teach the signs and symptoms of stress, sleep deprivation and fatigue and the measures that can be taken to minimize its effects. It is every house officer’s duty to further educate themselves on these topics and be aware of such signs and symptoms in themselves and others.

Each department has developed a policy to identify and respond to evidence of house staff stress, sleep deprivation and/or fatigue. When a member of the house staff is experiencing sleep deprivation, fatigue and/or stress, it is his/her responsibility to report it to a supervisor.

Approved GMEC 3/07
Section HS 41

Administrative Support for House Officers in the Event of a Disaster

Goal: To ensure administrative support for GME programs and Residents/Fellows in the event of an extreme emergent situation, disaster or disruption in patient care, and provide assistance for continuation of resident/fellowship assignments.

Institutional Extreme Emergent Situations

1. **Definition:** Extreme emergent situation is a local event, such as a hospital-declared disaster or an epidemic that affects resident education or the work environment, but does not rise to the level of an ACGME-declared disaster.

2. **Institutional Responsibilities:** BIMC maintains a special task force to develop and implement disaster plans in the event of extreme emergent situations. Roles and responsibilities of house staff will be assigned taking into account house officers’ degree of competence, specialty training, and the context of the specific situation.

3. **Resident Responsibilities:** Resident performance in extreme emergent situations should not exceed expectations for scope of competence as judged by program directors and other supervisors. Residents are not expected to perform beyond the limits of self-confidence in their own abilities and maturity to act under significant stress or even duress.

4. **ACGME Procedure Requirements:** In the event of an extreme emergent situation, program directors’ first point of contact for answers to questions is the GME Office/DIO.
5. **Disruption of Training:** The DIO will contact the Executive Director, Institutional Review Committee only 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 any of its programs' ability to conduct resident education in substantial compliance with ACGME Institutional, Common, and specialty-specific Program Requirements. The DIO will receive electronic confirmation of this communication which will include copies to all Residency Review Committees (RRCs). Upon receipt of this confirmation by the DIO, PDs may contact their respective RRCs, if necessary, to discuss any specialty-specific concerns regarding interruptions to resident education or effect on educational environment. PDs are expected to follow their institutional disaster policies regarding communication processes to update the DIO on the results of conversations with EDs-RRCs regarding any specialty-specific issues. The DIO is expected to notify the ED-IRC when the institutional extreme emergent situation has been resolved.

**Disaster Plans**

Einstein and its clinical affiliates, including Montefiore Medical Center, Jacobi Medical Center, Bronx Lebanon Hospital Center, North Shore-Long Island Jewish Health System, and Beth Israel Medical Center in Manhattan (the Einstein-affiliated institutions) agree as follows:

1. In the event of a disaster or interruption of patient care that results in a disruption of residency training, Einstein and its affiliated institutions will collaborate and make best efforts to assist each other in identifying appropriate placements for residents whose programs have been adversely affected.

2. The Associate Dean for GME of Einstein will provide a central point for communications with respect to resident placements and relocations among the affiliated institutions.

3. The Einstein-affiliated institution that had been the employer of any dislocated residents shall retain financial responsibility for the residents’ salary and benefits until such time as an agreement may be reached to
transfer this responsibility to another institution to which the resident has been relocated.

4. The Einstein-affiliated institutions will cooperate in application to the ACGME, to medical specialty boards, and to state and federal agencies that fund GME, for transfer of authorization for numbers of trainees and funds to support dislocated residents.

5. In the event that house officers are displaced from non-Einstein-affiliated institutions, these institutions will give first priority to accepting dislocated residents from within the affiliation network.

Approved GMEC: 4-9-07; policy and editorial revision: 1-11-2010; editorial revision 7-14-2011
Policy and Procedure for House Staff

Section HS 42
Record Maintenance and Retention in GME Programs

**Purpose:** GME programs collect and generate many documents in the process of administration of the programs and in the training and education of their residents and fellows. The goal of this policy is to provide guidance to the programs and their leadership regarding retention of those records. Record retention times are generally determined by the nature of the particular documents, institutional policy, and by legal and accreditation requirements.

1. **Labeling.** All house staff files should be labeled "Resident Credential File-Quality Improvement."

2. **Litigation Holds.** No house staff file or any record within such file may be destroyed if any litigation, claim, negotiation, audit, open records request, administrative review, or other action involving the record has been initiated. Such files must be retained until notice is given by the Legal Department that their retention is no longer necessary. In this instance, the provisions below DO NOT apply.

3. **House Staff Officers Who Were Terminated, Suspended, Formally Disciplined or exhibited significant performance difficulties.** The file of any house officer who was terminated or suspended from the program, or received a final recommendation which did not recommend the graduate without reservation, or was reported for professional misconduct, or who had other major disciplinary or quality issues during the residency program, should remain intact in perpetuity.

4. **Other House Staff Officers: End of Training Program.** At the end of the training program, files of house officers who are certified on the “End of Training Evaluation” as not having committed professional misconduct, and as having demonstrated sufficient competence to practice without direct supervision, may be purged of all information except identifying demographic information, summative evaluations, and the “End of Training Evaluation” form. The summative evaluations and “End of
Training Evaluations” must be “retained in perpetuity” pursuant to ACGME guidelines. Other information, including formative evaluations, resident portfolios, exam scores, checklists, and the like, may be discarded.

5. **Residents on Rotation from Other Institutions.** Rotator files may be discarded six years after the house officer has graduated from his/her primary training program.

6. **Applicant Files.** Applicant files, delineating the applicant’s rating based upon the Program’s evaluation/ranking system, should be retained, to the extent possible, for six years. ERAS files should be electronically downloaded and stored until the completion of the period of training for which the applicant had applied.

7. **IRIS Report Data.** Rotation and assignment schedules, used to configure the IRIS report, should be retained in paper &/or electronic format, for ten years.

Approved GMEC: 3-10-08
Medical Board review: April 14, 2008
Section HS 43
Accommodation Policy

Goal: To comply with Americans with Disabilities Act (ADA) and provide reasonable accommodation to qualified housestaff to the extent possible (Human Resources Policy & Procedure Manual, Section/Policy# : Administration #1009)

The Hospital is committed to complying with all applicable provisions of the Americans with Disabilities Act (“ADA”). It is the Hospital’s policy not to discriminate against any qualified house officer in application procedures, hiring, firing, advancement, compensation, training, or in other terms, conditions, and privileges of training, because of such individual’s disability or perceived disability so long as the house officer can perform the essential functions of the position. Consistent with this policy of non-discrimination, the Hospital will engage in an interactive process with the goal of identifying necessary accommodation(s) for a house officer with a disability, as defined by the ADA, who has made the Hospital aware of his or her disability, provided that such accommodation does not constitute an undue hardship on the Hospital. The Hospital encourages house officers with an ADA covered disability to come forward and request a reasonable accommodation if it is necessary to maintain acceptable performance.

Procedure for requesting an accommodation:

1. Employee Health Services (EHS) will evaluate the house officer requesting accommodation, if necessary obtain further information from treating provider, and will determine if the accommodation is medically justified and medically appropriate. EHS will provide notification of decision on the EHS referral slip which should be returned to house officer’s program director and GME Office.

2. If necessary, the GME Office and EHS will meet with the house officer and his/her program director to discuss the precise limitations resulting from the
disability and the potential accommodation that the Hospital might make to help overcome those limitations.

3. The GME Office will determine the feasibility of the requested accommodation considering various factors, including, but not limited to the nature and cost of the accommodation, the accommodation’s impact on the operation of the Hospital, including its impact on the ability of other house officers to perform their duties and on the Hospital’s ability to conduct business.

4. The GME Office will inform the house officer of the decision on the accommodation request and, if there is an accommodation, what the accommodation will be.

5. If the accommodation request is denied, the house officer will be advised of his/her right to appeal the decision by submitting a written statement to the Corp. Vice President for Human Resources explaining the reasons for the requested accommodation. If the request is denied on appeal, that decision is final.

6. The ADA does not require the Hospital to make the best possible accommodation, to accommodate a house officer’s inability to perform essential training functions, or to provide personal use items (i.e., eyeglasses, hearing aids, wheelchairs etc.).

House Officers who have questions regarding this policy or believes that he or she has been discriminated against based on a disability should notify the GME Office. All such inquiries or complaints will be treated as confidential to the extent permissible by law.

Approved GMEC: 3-10-08, editorial revision 5-9-11
Medical Board review: 4-14-08, editorial revision 5-9-11
Section HS 44
Compassionate Leaves for New House Officers

Goal: First year and other new House Officers are not covered by the FMLA (Family and Medical Leave Act). The Compassionate Leave Policy is in recognition that new House Officers may need leave in certain instances that would have been available under the FMLA.

The Family and Medical Leave Act allows employees to take up to 12 weeks of leave within a one year period for certain purposes, even if they have exhausted any other leave entitlement they may have. By law, Employees are not covered by the FMLA unless they have worked at least twelve months and 1250 hours for their employer. Consequently, first year and other new House Officers are not covered by the FMLA. However, the Medical Center recognizes that new House Officers may need leave in certain instances that would have been available under the FMLA. These are (a) continuous leave (four (4) or more consecutive days) or intermittent leave to care for an immediate family member with a serious medical condition, (b) intermittent leave (part of a work day or part of a work week) to care for oneself with a serious medical condition, or (c) leave to bond with a newborn or newly adopted child. This does not apply to personal medical leave – see regular LOA policy. For purposes of this policy, we will call leave for any of these reasons after the first month of employment until FMLA eligible, “Compassionate Leave.” An immediate family member is defined as a child*, spouse (including common law and domestic partner) or parent.

*The term “child” refers to the employee’s own dependent child, adopted child, foster child for whom the employee has legal foster care responsibility, stepchild, legal ward, or a child for whom the employee has overall parental responsibility on an established basis and who is living in the household of the employee.

While the Medical Center is not, as a matter of law, subject to the FMLA or required to follow its dictates in responding to requests for Compassionate Leave, we will be guided by the FMLA and generally attempt to provide similar benefits. While on approved Compassionate Leave, House Officers remain subject to all changes that
may occur in the Hospital’s health care or other benefit programs and are subject to all other employment-related policies. Health insurance is maintained at the level and under the conditions that coverage would have been provided if the employee had continued in employment continuously for the duration of the approved Compassionate Leave.

With respect to a House Officer receiving academic credit and progressing through the program, all leave must be within the guidelines of the respective Residency Review Committees and the specialty Board. It is the responsibility of the House Officer to be familiar with those requirements. Leave beyond that permitted by the individual Boards may result in extension of the residency or fellowship program.

A. Compassionate Leave to Care for an Immediate Family Member with a Serious Medical Condition

House Officers who are absent (or will be absent) for four (4) consecutive working days or more or require leave on an intermittent basis to care for an immediate family member with a serious medical condition must follow the procedures outlined below.

1) House Officer must notify his or her Program Director and complete a Compassionate Leave of Absence Application/Extension Form for House Officers indicating a request for a leave of absence.

   a) When such leave is foreseeable, the Compassionate Leave of Absence Application/Extension Form for House Officers must be submitted to the employee’s Program Director not more than thirty (30) days before the leave is to commence.

   b) In cases of an unforeseeable absence (such as unexpected illness or injury), the employee must submit the application as soon as it is practical and possible to do so.

2) Program Director must complete the “Program Director Section” of the Compassionate Leave of Absence Application/Extension Form for House Officers specific to leave to care for a family member.
1) **House Officer** must fax a copy of the Program Director-signed *Compassionate Leave of Absence Application/Extension Form for House Officers* to the Corporate Human Resources Benefits Office at (212) 523-5610 if the leave is **not** intermittent.

2) **House Officer** must complete a *Medical Substantiation/Proof of Illness Form*. This form must be completed by the employee and the family member’s healthcare practitioner and submitted to the Care Liaison Program (CLP) in Employee Health Services (EHS) along with a copy of the Program Director-signed *Compassionate Leave of Absence Application/Extension Form for House Officers*. The forms may be faxed to Employee Health Services at (212) 844-1762.

**Extension of Leave of Absence**

House Officers who expect to be on leave longer than the originally requested duration must apply for an extension by completing the process outlined above.

**Return from Leave**

Program Director must prepare a Personnel Change Form (PCF) to return employee from leave of absence and send it to the HR Mailbox.

**B. Compassionate Intermittent Leave to Care for Oneself with a Serious Medical Condition**

House Officers may take their leave on an intermittent basis (by working fewer days or working reduced hours per week) to care for themselves due to serious medical conditions.

1) **House Officer** must notify his or her Program Director and complete a *Compassionate Leave of Absence Application/Extension Form for House Officers* indicating a request for an intermittent leave of absence.

   a) When such leave is foreseeable, the *Compassionate Leave of Absence Application/Extension Form for House Officers* must be submitted to the employee’s Program Director not more than thirty (30) days before the leave is to commence.
b) In cases of an unforeseeable absence (such as unexpected illness or injury), the employee must submit the application as soon as it is practical and possible to do so.

2) **Program Director** must complete the “Program Director Section” of the *Compassionate Leave of Absence Application/Extension Form for House Officers* specific to intermittent leave requests for the employee’s own serious medical condition.

3) **House Officer** must complete a *Medical Substantiation/Proof of Illness Form*. This form must be completed by the employee and the employee’s healthcare practitioner and submitted to the Care Liaison Program (CLP) in Employee Health Services (EHS) along with a copy of the Program Director-signed *Compassionate Leave of Absence Application/Extension Form for House Officers*. The forms may be faxed to Employee Health Services at (212) 844-1762.

2) **Employee Health Services** (EHS) will notify the employee’s Program Director of the leave decision (leave is granted or not granted and for what duration) via e-mail or fax.

**Extension of Leave of Absence**

House Officers who require intermittent leave of longer duration than approved by EHS must apply for an extension by repeating the process outlined above.

**C. Compassionate Leave to Bond with Newborn or Newly Adopted Child (Maternity Leave)**

House Officers may take leave to bond with their newborn or adopted child immediately following the postpartum disability period or adoption. Leaves to bond with newborns and adopted children are at the sole discretion of the Hospital and based on operational needs. When the leave is for the purpose of giving birth, the employee should follow the procedure outlined under the **Personal Medical LOA** section of the *BI-SLR Leaves of Absence Policy and Procedure Manual*.

1) **House Officer** must notify his or her Program Director and complete a *Compassionate Leave of Absence Application/Extension Form for House
Officers indicating a request for a leave of absence not more than thirty (30) days before the leave is to commence.

1) **Program Director** must complete the “Program Director Section” of the *Compassionate Leave of Absence Application/Extension Form for House Officers* by checking either “approved” or “denied” and signing and dating the form.

2) **House Officer** must fax a copy of the approved Program Director-signed *Compassionate Leave of Absence Application/Extension Form for House Officers* to the Corporate Human Resources Benefits Office at (212) 523-5610.

**Extension of Leave of Absence**

House Officers who expect to be on leave longer than the originally requested duration must apply for an extension by completing the process outlined above.

**Return from Leave**

Program Director must prepare a Personnel Change Form (PCF) to return employee from leave of absence and send it to the HR Mailbox.

Approved GMEC: 4-14-08, Editorial Revision HR/Benefits: 4-25-08, Editorial Revision: 10-8-08, HR revision: 3-27-09
Approved for Medical Board Review: 5-14-08

See BI GME website: [www.bethisraelgme.org](http://www.bethisraelgme.org), under Forms/Requests for *Compassionate Leave of Absence Application/Extension Form for House Officers*. 
Section HS 45
Drug Testing Policy

Purpose:
To outline time requirements for compliance with Institutional policy on Pre-Employment Drug Testing.

Goal: To assure that House Officers comply with the Institutional policy (#7006 Recruitment & Staffing) in a timely fashion to enable the House Officer to be hired by the Institution and available for participation in training programs.

1. All House Officers must comply with the Institutional policy for pre-employment drug testing.

2. All potential House Officers must submit specimen, as required by the Institutional policy, within 30 days of receipt of the contract with Beth Israel Medical Center.

3. House Officers entering the program off cycle must submit specimen, as indicated in the Institutional policy, within one week of the date of offer for a position in a Beth Israel Medical Center training program.

4. If a House Officer has not completed the drug testing within the allotted time frame, Human Resources will notify the GME Office, who will notify the appropriate Program Director. The House Officer will have an additional five days to fulfill the institutional requirements.

5. House Officer applicants that do not fulfill these requirements within the timeframe outlined above will be withdrawn from the Institution. The Institution will notify all appropriate matching agencies of the applicant's failure to comply with employment requirements.

Revised and Approved by the GMEC 4/14/03
Section HS 46
Institutional Support for Pain Medicine and other Specialties

**Goal:** Because pain medicine is a multi-disciplinary approach to a common problem, to ensure the provision of educational resources committed to pain medicine including all involved disciplines.

Graduate Medical Education of Beth Israel Medical Center recognizes that Pain Medicine is a multi-disciplinary approach to a common problem and is committed to ensuring cooperation of all involved disciplines.

Approved GMEC: 4-10-06
Section HS 47
Prescription Writing Policy

**Goal:** To comply with Federal regulations regarding writing of prescription medication for licensed and unlicensed physicians

The following information is required on all outpatient and discharge prescriptions:

**Unlicensed Post-Graduate Physicians with their own NPI number:**
1) Your own NPI number
2) Hospital-issued DEA number and suffix (for controlled substances)

**Unlicensed Post-Graduate Physicians without their own NPI number:**
1) Supervising Physician’s Name and NPI number
2) Hospital-issued DEA number and suffix (for controlled substances)

**Licensed Post-Graduate Physicians:**
1) Your own NPI number
2) Your own DEA number (PLEASE NOTE YOU MAY NOT UTILIZE A HOSPITAL-ISSUED DEA NUMBER)

In addition, licensed or unlicensed post-graduate physicians should NOT indicate the facility’s Medicaid provider number (MMIS number) on any prescriptions as this may result in the claim being denied.

Approved GMEC: 10-08, Revised 7-2010
Section HS 48
Ombudsman/woman Policy

**Goal:** To foster house staff health and well-being and provide a variety of mechanisms by which they can obtain assistance.

**Purpose:** Although it is expected that most house staff issues will be addressed by the GME’s current systems, the GMEC recognizes that there may be times when a house officer may choose to seek assistance outside of their department and the mental health care discipline.

The DIO shall appoint an ombudsman/woman who will be presented to the GMEC for approval.

The Ombudsman/woman will be available as needed to:

- meet with house staff who voluntarily seek assistance and self refer
- be available to address house staff’s personal problems
- assist with accessing resources
- assist in addressing concerns that effect the house officer’s training and/or training program that are not resolved through currently established mechanisms
- serve as a resource to program directors related to house staff issues
- may participate in discussions about house staff having difficulties and be part of the problem-solving team

The Ombudsman/woman is employed by Beth Israel Medical Center and is, therefore, bound by the Medical Center’s legal duty to ensure patient safety. Under New York law, the Ombudsman/woman will not be able to keep confidential any information indicating that a house officer has committed professional misconduct, including being impaired while on duty because of use of drugs or alcohol or being a habitual user of drugs or alcohol. Such information must be reported by the Medical Center to the Office of Professional Medical Conduct of the New York Department of Health.

GMEC approved: 1-12-09; editorial revision: 4-24-09
**Goal:**
To establish guidelines on acceptable and appropriate staff behavior as well as procedures to manage inappropriate behavior in order to promote an environment that supports high quality and safe patient care.

**Policy:**
Beth Israel Medical Center is committed to the tenets of professionalism with regard to all aspects of patient care.

BI does not condone or tolerate unprofessional actions that are seen as intimidating or disruptive by members of our staff and/or patients or their families. Unprofessional behavior may include, but is not limited to, the following:

- Physical threats
- Verbal abuse/profane language
- Harassment based on sex, race, age, national origin, religion, creed, sexual orientation, disability, or any other basis prohibited by law
- Passive behaviors that are inappropriate or unprofessional, such as not returning pages or using condescending language
- Behaviors that violate the institutional Code of Conduct

Recognizing and reporting these behaviors to a supervisor, as detailed in the procedure section below, is essential. These behaviors/actions undermine the Medical Center’s culture of quality and safety, undermine team unity and compromise patient safety and adversely affect patient and employee satisfaction.

**Procedure:**
1. All staff members are responsible for reporting conduct that is inappropriate, threatening, disruptive, or not in accordance with the Code of Conduct to their supervisor (see Chain of Command policy, 1012, on intranet). This report may be made in person, by telephone, or in writing. Reports may also be made anonymously by using the QI Hotline (212-420-2100) or the Corporate Compliance Hotline [-800-692-2353]. Retaliation against any staff member who submits a report in good faith will not be tolerated.
2. Once a report is made, the supervisor or Corporate Compliance Officer will investigate the claim/allegation and when necessary develop a plan of action to correct confirmed unacceptable behavior. Such actions, developed in collaboration with the appropriate hospital/medical staff leadership, may include remediation and/or disciplinary actions. If these behaviors are not corrected and further reports are submitted, an individual is at risk for disciplinary action including loss of privileges, suspension, or termination. Any disciplinary action shall be subject to the Hearing and Appeals Procedure set forth in the Medical Staff Bylaws or to the Grievance Procedure for House Staff, whichever is applicable.

3. Staff education, through new employee orientation and annual core competency training, will include a section on appropriate behavioral expectations.

Approved GMEC: 5-11-09; Revised 7-13-09
Section HS 50
Licensing Examinations Requirements (including USMLE, COMLEX)

Goal: To ensure the highly competent trainees who, upon graduation from their training program, have completed preliminary requirements to obtain a license to practice in the United States.

1. All House Officers MUST have passed Step 1 of the USMLE or Level 1 of the COMLEX prior to entering the PGY 1 year.

2. All House Officers are required to successfully complete USMLE Step 2 (CS & CK) or COMLEX Level 2 (CE & PE), prior to beginning the 2nd post-graduate year. Failure to demonstrate passage within the stated timeline will result in termination from the training program at the end of the academic year.

3. Beginning 2009, House Officers are required to take the USMLE Step 3 or COMLEX Level 3 in the PGY 2 or 3 year; House Officers are not required to pass.

4. For House Officers entering training on or after July 1, 2010, the following requirements apply:
   a. It is recommended that all House Officers be required to take the USMLE Step 3 or COMLEX Level 3 examination by the fall of their 2nd post-graduate year.
   b. Should the House Officer fail to pass the exam, the program will assist the House Officer in preparing for the examination.
   c. All House Officers are required to pass the USMLE Step 3 or COMLEX Level 3 exam before the beginning of their 3rd (or higher) post graduate year of training, whether or not the first 2 post graduate years of training occurred at BIMC. Failure to do so will result in non-renewal of the House Officer’s contract. It is the House Officer’s responsibility to schedule
USMLE Step 3 or COMLEX Level 3 examinations so that results will be available prior to the start of the 3rd post-graduate year. Failure to do so does not relieve the House Officer of this requirement. This policy provides the House Officer with the required notification of non-renewal.

d. PGY 3 or higher applicants must have passed USMLE Step 3 prior to beginning program. If these applicants do not pass by the first day of the program, acceptance into the program becomes null and void.

Approved GMEC 11-17-08; Editorial Revision 6-21-10 and 8-9-10
Approved Medical Board: 12-8-08
Section HS 51
Return Visits During Interview Season

**Goal:** To facilitate medical student second visits, when necessary or desirable, while respecting patient rights and maintaining institutional policies.

During interview season, medical students may ask for a second visit with the training program. Second visits are observational only. The visiting medical student must be accompanied by an attending physician or current house officer.

**Process**
1. Second visits must be approved by the program director of the training program in which the prospective applicant is interested.
2. Any program permitting an applicant to return for a second visit must notify security, via memo, before the scheduled visit.
3. On the day of the visit, the visitor must report to the Security desk, produce identification and receive and visibly wear a temporary ID card.
4. All visitors must sign the following statement:

   “I understand that I am required under HIPAA and other Federal and state laws to keep all patient information strictly confidential and I agree that I will do so.”

Approved GMEC: 11-9-09
Section HS 52
Evaluation of Faculty and Program

Goal: To ensure a system that enables the program to assess the effectiveness of educational program in achieving resident competence in the six ACGME competencies, as defined in the Institutional, Common and specialty/subspecialty-specific program requirements.

Evaluation of Faculty
1. House staff must confidentially evaluate faculty at least annually.
2. Systems must be in place to ensure confidentiality.
3. Faculty must be evaluated by program at least annually, on their performance related to the educational program, including teaching abilities, commitment to educational program, clinical knowledge, professionalism, and scholarly activity.

Evaluation of Program
1. Faculty and house staff must confidentially evaluate the program at least annually.
2. Systems must be in place to ensure confidentiality.
3. An annual program evaluation, reviewing all evaluation components with faculty and a house officer representative, must occur at least annually using the BI Annual Evaluation form.
4. A completed copy of this form should be forwarded to the GME Office.
5. Follow-up of identified areas in need of improvement should occur as part of the Education/Curriculum committee meetings of the program; attendance and minutes should be documented.

The attached grid summarizes the aforementioned policy requirements. (see attachment).

Approved GMEC: 12-14-2009
### ACGME EVALUATION REQUIREMENTS

<table>
<thead>
<tr>
<th>Evaluation of</th>
<th>Evaluation By</th>
<th>Frequency</th>
<th>Format</th>
<th>Anonymity</th>
<th>Review</th>
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<td>After every rotation or major assignment</td>
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<td>sent to house officer for review</td>
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<td>Completion of program</td>
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<td>House staff sign; send copy to GME Office</td>
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<td>(b). Individual Faculty</td>
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<td></td>
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<td>Annually; part of program evaluation w/ faculty and house staff rep</td>
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<td>GME Form on Web site</td>
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Section HS 53
Experimentation and Innovation in Education

Goal: To ensure GMEC oversight related to the quality of experimentation/innovation in education and the work environment for all house staff in all programs.

Experimentation and innovation is defined as new initiatives that may deviate from Institutional, Common, and Specialty/Subspecialty-specific Program Requirements.

Approval Process:
1) A written submission to DIO and presentation to GMEC shall include:
   a) Rationale
   b) Goals and objectives by competency and PGY year
   c) Evaluation methodologies
   d) Metrics for assessing successful implementation

2) If approved by GMEC, the proposed innovation will be submitted to the ACGME and/or respective Review Committee, as outlined in “Approving Proposals for Experimentation or Innovative Projects” in ACGME Policies and Procedures.

Assessment Process:
1) Monitoring quality of educational initiatives provided to residents for the duration of such a project through progress reports, as described in submission, to the GMEC. The report will include measurable outcomes demonstrating successful accomplishment of project goals and objectives.

2) GMEC will review after a defined period of time and recommend actions, which may include:
   a) Integration into program
   b) Continuation of development and evaluation of initiative
   c) Termination of project

Approved GMEC: 1-11-2010
Section HS 54
Appointment of Fellows and Other Learners

Goal: To facilitate optimal learning experiences for BI residents and fellows by ensuring that other trainees and learners do not interfere with their education.

BIMC complies with ACGME policy on the appointment of fellows and other learners.

1. The Program Director must consider their patient caseload, learning opportunities and other teaching responsibilities before accepting other learners to participate in the program. The number of learners accepted must be determined by program resources.

2. The presence of other learners (including, but not limited to, residents from other subspecialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed residents’/fellows’ education.

3. The Program Director must obtain authorization from the Designated Institutional Official (DIO)/GME Director and the GME Committee to accept other learners.

4. The Program Director must monitor the effects of other learners on the appointed residents’/fellows’ education.

5. All Beth Israel trainees participating in rotations (including electives), even within Beth Israel Medical Center, must complete the Rotation/Elective Authorization Form. Program Directors must complete this paperwork as a means of monitoring learners participating in the program.

Approved GMEC: 2/8/2010
Section HS 55

Policy for Source Patient Testing after Needlestick or Blood Exposure

**Goal:** To ensure timely and appropriate requests for source patient testing subsequent to needle stick injury.

**Procedure**

1) All house staff will be trained in the HIV/AIDS testing requirements. Training will include:
   a) House Staff Orientation
   c) Review of Departmental policy and process

2) Samples will be obtained from source patient by the medical provider responsible for the patient's care.

3) If the patient's medical provider is not available, a member of the health care team caring for the patient should obtain consent and perform the test.

4) The exposed health care provider MUST not be involved in this process.

5) Exposure evaluation of effected medical provider should include a review of hepatitis B vaccine status, serologic testing or prophylaxis as indicated, and hepatitis C screening.

6) Exposure evaluation of source patient includes HIV testing with consent, Hepatitis B serologic surface antigen and Hepatitis C antibody screening.

7) Consent forms for HIV testing and of informational packets located in the SICU, MICU, PACU and Patient Care Services Office on 2 Dazian. An additional NYSDOH form (#4054 Authorized release of HIV related information……) must be completed and signed by the source patient.

8) Attending of record must be notified ASAP; if source patient refuses consent for blood work the attending must notified so he/she should attempt to obtain consent.
9) The exposed house officer should follow current protocol found on the intranet (Policies and Procedures/Organization: BIMC, Type: BI Infection Control, Policy # 015 Employee Health Services, II Evaluation And Treatment Of Occupational Exposure To Blood And/Or Body Fluids) and BIGME web site (House Staff Policy and Procedure Manual Needle Stick Injuries in the OR):

Employees with percutaneous injuries are expected to:
   a) Stop work.
   b) Immediately go to Employee Health Services (EHS) during the weekday daytime hours or the Emergency Department (ED) during off-hours (evenings, holidays and weekends).
   c) Complete an Incident Report and the Post-Exposure Prophylaxis Consent for Treatment form.
   d) Receive appropriate prophylaxis, supportive counseling and follow-up.

10) EHS communicates results of source patient tests directly with house officer, in person or by telephone.

Approved GMEC: 3/8/2010
Scheduled Presentation Medical Board: 4/12/2010
Goal: To ensure the confidentiality of house staff evaluations of program and faculty, as required by ACGME, thus facilitating honest and open feedback.

All programs with two or less house officers shall instruct their house officers to send all evaluations directly to the GME Office, via New Innovations &/or paper. The Director of GME will collate the information and only report back to the program egregious concerns. Every three years, the Director of GME will submit to the Program Director a complete summary of the evaluations. This report should be reviewed during the program’s Annual Education/Curriculum meeting and documented on that year’s Annual Program Evaluation Form, with action plans identified for any areas of concern.

Approved GMEC: 9/13/2010
Section HS 57
Issuance of Replacement Diplomas

**Goal:** To enable previous BI house staff to obtain replacement diplomas in case of loss or damage. Replacement diplomas will not be issued for name or degree changes; the replacement diploma must reflect the status of the house officer during his/her training at BIMC.

**Process:**

1) Replacement diplomas will be issued identical to the original.
2) If the original signatories are no longer employed at BIMC, current authorized employees will sign the diploma.
3) Replacement diplomas will be stamped “Replacement”. The stamp near the program director’s name will indicate that the signatory is not the original program director who trained the house officer.
4) Replacement diplomas will cost $100 each to offset administrative and printing costs.

Approved GMEC: 1-10-2011
Section HS 58
Supervision and Delineation of Privileges for House Officers in Residency/Fellowship Training Programs

Goal: To ensure House Staff are appropriately supervised and granted responsibilities according to their education and expertise.

The Program Director, in conjunction with the Chair of each clinical department, is responsible for developing procedures for privilege delineation which comply with institutional purpose and policy objectives, and NYS and ACGME requirements, which include the steps outlined below.

A. Supervision

The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Programs must comply with their RRC definitions of appropriate supervision.

1) All Departments must develop a policy outlining supervision procedures. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:
   a) Direct Supervision – the supervising physician is physically present with the resident and patient.
   b) Indirect Supervision:
      1. With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
      2. With Direct Supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
c) Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

2) Part 405.4 of the New York State Health Code states: “Effective July 1, 1989 for postgraduate trainees in the acute care specialties of Anesthesiology, Family Practice, Medicine, Obstetrics-Gynecology, Pediatrics, Psychiatry, and Surgery, supervision shall be provided by physicians who are board certified or admissible in those respective specialties or who have completed a minimum of four post-graduate years of training in such specialty. There shall be a sufficient number of these physicians present in person in the hospital 24 hours per day seven days per week to supervise the post-graduate trainees in their specific specialties to meet reasonable and expected demand. In hospitals that can document that the patients’ attending physicians are immediately available by telephone and readily available in person when needed, the on-site supervision of routine hospital care and procedures may be carried out by post-graduate trainees who are in their final year of post-graduate training, or who have completed three years of post-graduate training”. Beth Israel Medical Center supports this policy.

B. Delineation of Privileges

1) Each clinical department shall have a plan for delineation of privileges for each House Officer. These plans shall be consistent with the special requirements of the program specific Residency Review Committee of the Accreditation Council for Graduate Medical Education, and shall permit increasing privileges, as House Officers demonstrate increased competence with specific examinations, procedures, and/or treatments. Departmental plans shall be reviewed by the Graduate Medical Education Committee (GMEC) of the Medical Board as part of the internal review process and be consistent with TJC standards.

Each department plan should include, but is not limited to, the following:

a. An explicit statement of the roles of Attendings, Fellows and House Officers in the clinical activities of the department. A specific chain of command for major clinical and non-clinical decisions should be included.
b. A general delineation of privileges for House Officers in each postgraduate year of training.

c. A list of examinations, procedures and/or treatments which the House Officer is expected to gain proficiency in and the year of training in which this proficiency is expected to be achieved.

d. A mechanism to document certification of competence, with the use of New Innovations software whenever possible.

2) The Department Chair or his/her designee shall be responsible for granting privileges based upon documentation of proficiency. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

a. The program director must evaluate each resident’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

b. Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

c. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

d. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

e. In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.]

f. The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. [Optimal clinical workload will be further specified by each Review Committee.]
g. Delineation of privileges will be reviewed and updated at least annually.

C. Emergency Situations

In situations where immediate emergency medical care is required to preserve life or prevent serious impairment of the health of the patient, all Residents shall be permitted to do everything possible within the scope of their knowledge and skill to save the life of the patient or to save the patient from serious harm.

D. Clinical Circumstances When the Attending Must Be Called:

The Attending Physician responsible for the management of a patient’s hospital course must be kept apprised of a patient’s condition. The following guidelines may be used to support your decision to call your attending; they do not replace your clinical judgment and are not meant to be exhaustive.

Examples of acute, unexpected changes in status, when the attending, supervising physician (or senior resident where appropriate), must be called as soon as possible, include:

<table>
<thead>
<tr>
<th>CLINICAL CIRCUMSTANCES WHEN THE ATTENDING MUST BE CALLED</th>
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</thead>
<tbody>
<tr>
<td><strong>GENERAL REQUESTS</strong></td>
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<tr>
<td>• Any trainee feels a situation is more complicated than he or she can manage</td>
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<td>• Nursing physician staff or the patient requests that the attending be contacted</td>
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<tr>
<td><strong>TREATMENT/DISCHARGE ISSUE</strong></td>
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<tr>
<td>• Any significant change in treatment plan</td>
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<td>• Patient leaves AMA or elopes</td>
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<td>• Unexpected discharge</td>
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<tr>
<td><strong>CRITICAL CLINICAL STATUS</strong></td>
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<tr>
<td>• Transfer to another level of care (i.e. MICU, SICU, CCU, ICU)</td>
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<td>• RRT or Code</td>
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<td>• Patient Death</td>
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<td>• Unplanned intubation or ventilator support</td>
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<td>• Hemodynamic instability, including unanticipated arrhythmia</td>
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<td>• Development of significant neurological or mental status changes</td>
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<td><strong>ADVERSE EVENTS OR UNEXPECTED INTERVENTIONS</strong></td>
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<tr>
<td>• Patient fall or other injury</td>
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<td>• Any medication or treatment errors</td>
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<td>• Unplanned blood transfusion</td>
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<tr>
<td>• Significant post-procedure complications</td>
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<td>• Emergent consult</td>
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</tbody>
</table>

GMEC approved 4/01, (addition, Clinical Circumstances – When the Attending Must Be Called (Chain of Command) approved: 10/11/2010; Revised GMEC: 4/11/2011
Section HS 59
Transitions of Care

**Goal:** To ensure patient safety by developing systems and practices that facilitate smooth and well-informed handoffs between duty assignments.

Programs must design schedules and assignments to minimize the number of transitions in patient care. Programs must demonstrate, teach and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. Programs must ensure and document that residents/fellows are competent in communicating with team members in the hand-off process.

All programs must develop a policy delineating how they will implement and monitor this process.

All schedules that inform all members of the health care team of attending physicians and residents/fellows currently responsible for each patient’s care must be accessible.

GMEC: approved 11-14-11
Medical Board: approved 12-12-11
Section HS 60
Maintenance of Certification

Goal: To ensure the provision of optimal patient care as well as comply with GME and NYS requirements.

In addition to providing evidence of current certification at the time of credentialing, House officers must maintain the following valid certifications:

1. BCLS
2. ACLS, unless exempt by the AHA (see attached chart)
3. Infection Control

The New Innovations® software will monitor expiration dates and notify the GME Office, house officer and program coordinator in advance of the actual date. It is the house officer’s responsibility to make sure that the certificate is renewed prior to the expiration date.
<table>
<thead>
<tr>
<th>Accredited Program Name</th>
<th>Must be Trained/Maintain BCLS</th>
<th>Must be Trained ACLS</th>
<th>Must Maintain ACLS</th>
<th>Other Required Training</th>
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<tr>
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<tr>
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<tr>
<td>Hospice &amp; Palliative Medicine</td>
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<tr>
<td>Internal Medicine</td>
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<td>Cardiovascular Disease</td>
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<tr>
<td>Clinical Cardiac Electrophysiology</td>
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<td>Endocrinology, Diabetes Metabolism</td>
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