

Summa Western Reserve Hospital

Graduate

Medical Education

Policies and

Procedures Manual

2009-2010



TABLE OF CONTENTS

	PAGE
Welcome	5
Purposes of Graduate Medical Education	6
1. Medical Education Mission Statement	6
2. Medical Education Vision Statement	6
3. Graduate Medical Education Program Purposes	6
Commitment to Graduate Medical Education	7
Graduate Medical Education Support Services	8
1. Educational and Administrative Support	8
Resources for Residents	11
1. Research	11
2. Medical Library	11
Summa Western Reserve Hospital Responsibilities	12
1. Guidelines on Eligibility and Selection of Interns and Residents	12
2. Agreement of Appointment	13
3. Supervision of Residents	13
4. Resident Evaluation/Promotion/Nonrenewal	14
a. Resident/Intern Evaluation	14
b. Resident Promotion	15
c. Nonrenewal of Resident Contract	16
5. Access to Personnel Files/Records	16
a. Medical Education Files	16
b. Resident Education Files	16
c. Department of Human Resources Data File and Employee Health File	17
6. Completion of Resident Training	18
a. Termination/Clearance Procedure	18
b. Diploma	18
c. Letter of Completion	18
d. Residency Program Closure/Reduction	19
7. Institutional Support of Residents/Compensation and Benefits	19
a. Salaries	19
b. Professional Liability Insurance	19
c. On-call quarters	20
d. Lockers	20
e. Parking	20
f. Pagers	20

(continued)

g.	White Coats	20
h.	Educational Stipend	20
i.	Exercise Stipend	21
j.	Travel.....	21
k.	Vacation and Conferences	22
l.	Holidays.....	23
m.	Meals	23
n.	Insurance	24
o.	Center for Corporate Health/Employee Health	24
p.	Counseling	24
q.	Bereavement Leave	25
8.	Illness/Leave of Absence.....	25
a.	Illness	25
b.	Medical Leave of Absence	26
c.	Paid Medical Leave.....	26
d.	Unpaid Medical Leave.....	26
e.	Procedure for Applying for a Medical Leave.....	26
f.	Family Leave	26
	Resident Responsibilities	27
1.	Resident Responsibility for Education.....	27
2.	Supervision of Medical Students	28
a.	Patient Charts	28
b.	Procedures	28
c.	Benefits	28
3.	Resident Evaluation of Education Experience and Faculty	28
4.	Pre-employment History and Physical.....	28
5.	Resident Conduct.....	29
a.	Self Identification	29
b.	Identification Badge	29
c.	Business Cards	29
d.	Alcohol and Drugs	29
e.	Smoking	29
f.	Contact Information and Telephone Use	29
g.	Manner and Appearance.....	30
h.	Personal and Professional Conduct.....	30
6.	Training Assignments/Scheduling/Duty Hour Requirements.....	31
a.	Assignment.....	31
b.	Regular Schedule.....	31
c.	Schedule Changes.....	31
d.	Approval for Unscheduled Time Off.....	31
e.	Outside Rotation Policy.....	31

(continued)

f.	On-call Schedules	32
g.	Duty Hours	32
h.	Intern Work Hours	34
i.	Additional Paid Services (Moonlighting)	35
7.	Other Resident Responsibilities	36
a.	Medical Records	36
b.	Medical Record Completion	37
c.	Jury Duty Policy	37
d.	Licensure	38
e.	National Provider Identifier (NPI)	38
f.	Drug Enforcement Agency Number	39
g.	Didactics	39
•	Admission Rounds	39
•	Didactic Schedule	39
•	Required Didactics	40
•	Didactic Attendance	40
•	Journal Club	40
h.	Admissions	41
•	Admission Procedure in the Emergency Department	41
i.	Documentation	42
1.	Admission Note	42
2.	Admission Orders	42
3.	History and Physicals (H & P's)	42
4.	Progress Note	42
5.	End of Service Notes	43
6.	ICU Transfer Notes	43
7.	Deaths	43
8.	Autopsies	43
	Resident Work Environment	44
1.	Chief Resident of the House Staff	44
2.	Chief Resident of Residency Program	44
3.	Corporate Compliance Hot Line	44
4.	Internal Review Process	44
5.	Security/Safety	44
6.	Risk Management	45
7.	Unusual Occurrence Report	45
	Emergency Preparedness	45

Graduate Medical Education Committee	47
1. Purpose	47
2. Committee Composition	47
3. Chairmanship.....	47
4. Meetings	47
5. Committee Functions/Responsibilities	47
6. Reporting	48
7. Confidentiality	48
 Policy Against Sexual and Other Harassment	 49
 Impaired Physician Policy	 50
 Grievance Procedure	 56
 Corrective Action	 57
 Resident Appeals Procedure	 61
 Non-Renewal of Contract	 65
 AOA Code of Ethics	 66
 Patient Rights and Responsibilities	 68
 GME Policies and Procedures Attestation	 70
 Appendix A	 71
Reimbursement of Travel and Educational Expense Policy	
 Appendix B	 79
Faculty: Roles and Responsibilities Policy	

Revision Dates

- 2007
- 2008
- 2009

Dear Doctor:

Thank you for choosing Summa Western Reserve Hospital (SWRH) formerly Cuyahoga Falls General Hospital (CFGH) as your training program. It is our goal that your experience at SWRH is meaningful, rewarding and positive.

Founded in 1943, CFGH has had a long, rich history of providing excellent osteopathic education and training because of the enduring commitment of dedicated Attending Physicians. CFGH is a charter member of CORE, the Centers of Osteopathic Research and Education, which was founded in 1995. The hospital's professional staff and administrators have been active participants on the CORE Board and its committees, with the goal of continuously improving our training programs. The hospital is fully accredited by the Healthcare Facilities Accreditation Program (AOA) and has been recognized as one of the NorthCoast '99 Best Places to Work for five consecutive years.

CFGH became a full member of the Summa Health System (SHS) in 2001. SHS represents more than 1,200 licensed inpatient beds on 7 health campuses, and outpatient care in three health centers in surrounding communities. Summa Health Network, Summa's physician-hospital organization, represents more than 1,500 physicians and SummaCare Health Plan, which received the highest accreditation from the National Committee for Quality Assurance (NCQA), provides medical coverage for more than 180,000 members in Northeast Ohio.

This year SHS has partnered with the Western Reserve Hospital Partners (WRHP) physician group to transform healthcare delivery in Northeast Ohio. This brings together the talents of our current employees at Summa Cuyahoga Falls General Hospital and the WRHP physicians and allows us to continue outstanding healthcare to the community while we plan for construction of a new 100-bed, full service community hospital in northern Summit County. Summa Western Reserve Hospital's medical staff includes more than 200 active and engaged physicians. We plan to serve over 80,000 patients this year in a host of venues, including emergency, acute, critical and out patient settings. SWRH, with over 500 employees, is one of the largest employers in Cuyahoga Falls. You will be part of the growth of the hospital, as we strive to achieve our mission of providing the highest quality compassionate care and contributing to a healthier community. The administrative staff of SWRH is here to serve you who serve our patients. Please contact me at 330.971.7409 if I may be of assistance.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Rice". The signature is written in a cursive, flowing style.

Kathleen Rice, RPh, MBA
President and Chief Operating Officer

PURPOSES OF GRADUATE MEDICAL EDUCATION

Medical Education Mission Statement

The mission of medical education at Summa Western Reserve Hospital is to train and support highly competent and compassionate osteopathic physicians.

Medical Education Vision Statement

Medical education will remain vital to Summa Health System/Summa Western Reserve Hospital's commitment to provide the highest quality, compassionate care to its patients and contribute to a healthier community. Through the pursuit of excellence in medical education, Summa Western Reserve Hospital will:

- be highly respected as an academic health care system.
- attract and maintain a medical staff which consistently demonstrates the highest standards of the profession.
- maintain its strong partnership with OUCOM/CORE as its leading teaching institution.
- function as a responsive steward for the community's resources and health care needs.

Graduate Medical Education Program Purposes

The purposes of the graduate medical education program at Summa Western Reserve Hospital are to provide the osteopathic graduate physician with opportunity for:

- practical application of theoretical knowledge learned in medical school
- mastery of fundamental clinical and osteopathic manipulative skills
- the development of additional skills and knowledge in specialized fields of medicine
- development of a high level of ethical and moral character as expected of physicians in practice, and
- experience interacting as a physician member of the health care team.

COMMITMENT TO GRADUATE MEDICAL EDUCATION

As demonstrated in its vision and strategic plan, Summa Health System/Summa Western Reserve Hospital is firmly committed to osteopathic graduate medical education. Maintaining high quality osteopathic graduate medical education programs is vital to our success in providing the highest quality care to the citizens of our community. This responsibility to provide highly organized education programs includes guidance and supervision of the residents while facilitating their professional and personal development and ensuring safe and appropriate care for patients.

This statement of commitment shall serve as documentation that the Board of Directors, Administration, and Medical Staff recognize their obligation to osteopathic graduate medical education, and are willing to invest the educational, financial, and human resources which are necessary to achieve this important mission of maintaining high quality educational programs. This statement shall be renewed periodically and documented in the Graduate Medical Education Policy and Procedure Manual.



Kathleen Rice
President and COO

June 17, 2009



Ronald Russ D.O.
Chairman, Medical Education Committee
Director of Medical Education

June 17, 2009

GRADUATE MEDICAL EDUCATION SUPPORT SERVICES

Educational & Administrative Support

The **Director of Medical Education** has the authority and responsibility for the oversight and administration of the institution's American Osteopathic Association (AOA) accredited programs, Council on Podiatric Medical Education (CPME) accredited program and is responsible for assuring compliance with AOA and CPME institutional requirements. This individual has overall responsibility for all matters pertaining to graduate, undergraduate, and continuing medical education, and serves as chairman of the institution's graduate medical education committee. The Director of Medical Education serves as the administrator responsible for the Institution's and each residency program's compliance with the appropriate requirements for accreditation and residency reviews. In addition, the Director of Medical Education is available to assist residents and interns with any concerns or problems which may arise during their training.

The responsibilities of the Director of Medical Education include the:

- Authorized point of contact regarding all official communication from the AOA and CPME regarding education programs, IRRP (AOA Match), TIVRA, ERAS, "Opportunities" and all official communication from AOA's Division of Postdoctoral Training.
- Coordination and oversight of all AOA and CPME training programs.
- Ensure compliance with AOA's Basic Documents and specialty standards for Postdoctoral Training Programs
- Completes all correspondence, data and electronic registration requests from AOA, OPTI, AACOM and Specialty Colleges.
- Organize and implement a high quality osteopathic and podiatric education program
- Supervise all aspects of Osteopathic and Podiatric education program—graduate and undergraduate medical education
- Ensures the completion of all evaluations, quarterly meetings and requirements of the internship program
- Manage and oversight of all applicable affiliation agreements, documents, and correspondence related to AOA and CPME programs
- Manage of the Internal Review process
- Prepare and Supervise the CORE Competency plan which describes specific methodologies to teach and evaluate all trainees in the seven required competencies and submit the plan to the graduate medical education committee
- Prepare and present an annual report on the "state of AOA educational programs in the institution" to the Medical Staff and Governing Board, and a copy to the respective OPTI. The annual report will review the activities of the graduate medical education committee and programs with attention to:

- The supervision, responsibilities, and evaluation of interns and residents
- The institution's and program's compliance with the duty hour standards
- The institution's internal review activities
- The safety and quality of patient care provided by the interns and residents
- Progress on the CORE competencies
- Oversight for determining resources and budget to meet training program requirements
- Coordination and oversight of continuing medical education programs
- Support for all medical education related research activities

The **Residency Program Directors** are designated for each AOA and CPME accredited program. These individuals are responsible for:

- Fulfilling the basic requirements of the AOA and CPME specialty college.
- Oversight of the scheduling, curriculum development, training and evaluation of trainees
- Participate on the graduation medical education committee of the institution
- Participation in the recruitment and selection of new candidates
- Prepare training policies and the curriculum
- Prepare the training schedule to meet the curricular requirements, including any outside rotations as necessary
- Counsel trainees in academic and/or disciplinary matters
- Prepare for the on-site program reviews
- Participate in OPTI educational related activities
- Submit reports to the DME and annual reports on each resident to the specialty college as required
- Participate with the DME in developing the Institutional Core Competency Plan (ICCP) and support education and evaluation in each competency to each trainee.

The **Assistant Program Directors** are designated for each AOA and CPME accredited program. These individuals are responsible for:

- Serve as a mentor to the residents through an active supervisory teaching role in the program
- Participate in residency education through attendance at didactic sessions and participate in the planning of these sessions
- Deliver lectures/educational programming to the residents
- Attendance at educational meetings both local and national, if the Program Director (PD) is unable to attend
- Input and advice towards the recruitment of incoming residents physicians
- Other educational related activities as defined by the Program Director

The **GME Administrator and Secretary** support all administrative functions of the DME and Residency Program Directors and are the administrative support

persons for all medical education functions. The GME Administrator reviews and manages all internal requests for information, documentation, data requests, etc. for the AOA and CPME training programs and reports to the Director of Medical Staff Services. The phone number for the Department of Medical Education is 330-971-7225.

RESOURCES FOR RESIDENTS

Research

At Summa Western Reserve Hospital, research is an essential component in the education of resident physicians. Resident physicians are encouraged to develop research projects that reflect their individual specialties and interests, and to participate in ongoing department research endeavors. Technical assistance through the IRB or OUCOM is available to aid the resident physician in developing concepts into a productive research project that will result in publication. Research Administration provides assistance to the resident physician and oversees the administration of the IRB committee.

Medical Library

The Medical Library on the SWRH campus is open 7:00 am – 5:00 pm Monday through Friday. A master's prepared librarian is available full-time within those hours to assist interns and residents with reference questions, literature searches, interlibrary loans, and any other library needs. Residents have access to the library 24 hours a day through the proxima system, or by calling Security @7412.

The library provides 5-networked computers, offering the latest technological tools (Windows XP, Microsoft Office, CD-ROM & DVD players/burners) to assist in research and presentation needs. Four printers (1 color) and a new photocopier, scanner, and basic office supplies are also available free of charge. There is an additional computer linked to the Summa Health System network, which offers links to online journals as well as the Physician's Portal, PACS, Star Navigator, etc. This computer requires a Summa-issued password for internet access.

The library houses current editions of major reference textbooks, as well as recent editions of other monographs, which focus on the major specialty programs of the hospital as well as general medical subjects providing a well-rounded collection. We also offer a variety of audio-visual materials. Residents have access to over 300 online medical journals through our association with Ohio University and OhioLINK. We carry 20 current subscriptions in print/online, including Up-to-Date and MD Consult, as well as approximately 100 bound titles. We are able to offer timely interlibrary loan services due to our membership in local, regional, and library national consortia for materials not owned.

Guidelines for Library Use:

1. Reference books circulate for 1 week. They may be renewed if a hold has not been placed on them. The regular collection circulates for 3 weeks.
2. Circulating items should be signed out by the librarian when present. Otherwise, the card should be signed and left in the box at the desk.

3. A computerized video-alarm system provides security for books and equipment.
4. Beverages with lids and small snacks are permitted in the library; no lunch trays please.

The phone number is 330-971-7200.

SUMMA WESTERN RESERVE HOSPITAL RESPONSIBILITIES

Eligibility and Selection of Interns and Residents

1. Intern selection shall be conducted through the policies and procedures established by the AOA Intern Registration Process. All appointments shall be made through this process. Consideration will be given to applicants for linked residency positions within the needs of the Hospital's annual recruitment plan.
2. Selection of interns and residents shall not be based on race, color, sex, religion, creed, national origin, age, or sexual orientation, or physical disability, which would not directly impede the training process.
3. All requests for admission to Summa Western Reserve Hospital AOA approved programs should be made in writing to the Director of Medical Education and Residency Program Director. This should include:
 - A. Application form
 - B. Applicant's curriculum vitae
 - C. Official copy of diploma or medical school transcript
 - D. Three letters of recommendation (one must be COM Dean's letter)
 - E. Personal Statement (typed)
4. Minimum intern qualifications shall be:
 - A. Graduate of an AOA-accredited college of osteopathic medicine.
 - B. Membership in the AOA.
 - C. Successful completion of required board examinations (NBOME/COMLEX) per graduate year.
5. Minimum resident qualifications shall be:
 - A. Graduate of an AOA-accredited college of Osteopathic Medicine.
 - B. Membership in the AOA;
 - C. Successful completion of an AOA-approved OGME-1 year.
 - D. Successful completion of required board examinations (NBOME/COMLEX) per graduate year.

6. Candidates for an OGME-1 position will use the Electronic Residency Application Service (ERAS) to apply for these positions. Students apply to the ERAS system through their medical schools. Exceptions to this policy are applicants for positions in programs not available through the ERAS system.
7. Upon receipt of application, the Program Director/DME shall notify the applicant in writing of any deficiencies within 2 weeks. Interviews will not be scheduled until all documentation is received.
8. All applicants considered for acceptance shall be scheduled for an interview with a Selection Committee that is composed of the DME, Program Directors and designated faculty. Interviews will be scheduled by the Medical Education Office.
9. At the time of interview, the AOA *Basic Documents for Postdoctoral Training* and applicable *Basic Standards for Residency Training*, and appendices, program policies and salary/benefits summary will be reviewed by a Graduate Medical Education representative.
10. Resident applicants shall be notified in writing by the Program Director of acceptance into the program no later than two (2) months prior to the anticipated start date. The OGME-1 applicants shall be notified in writing by the DME of the institution intention to match per the National Match policies.

Agreement of Appointment

Summa Western Reserve Hospital provides each intern and/or resident with an AOA and/or CPME approved written contract of appointment outlining the terms and conditions of the appointment to the appropriate AOA and CPME-accredited program. The implementation of these terms and conditions are monitored by the Program Directors and DME. The contract contains or provides a reference to information regarding the duration of appointment, conditions for reappointment, resident responsibilities, institutional responsibilities, resident stipend and benefits, and a variety of policies and procedures as required by the AOA and the CPME and Summa Western Reserve Hospital. These items are further discussed in the following pages of this manual.

Supervision of Residents

The primary responsibility of all residents and attending physicians at Summa Western Reserve Hospital is to provide high quality, safe care to patients. Each patient has a named attending physician who is a licensed independent

practitioner, privileged under the Medical Staff Bylaws. The attending physician provides the primary level of supervision for any resident who delivers care to that physician's patient, and bears ultimate responsibility for the continuity and quality of physician services. The supervising physician must hold current clinical privileges for all procedures and treatments for which he/she delivers resident supervision.

Additionally, resident activities involving patient care will, at all times, be under the appropriate supervision of the teaching faculty, with the respective Residency Director bearing overall responsibility for resident performance. It is understood that, as the resident gains in experience and ability, the supervision will vary accordingly, with the resident assuming progressive responsibility for day-to-day care and decision-making.

The Director of Medical Education, in conjunction with the residency directors, and the Graduate Medical Education Committee, shall develop, implement and monitor necessary policies and processes to delineate resident activities involving the care of patients. Such activities will include but not be limited to the writing of orders, defined levels of required supervision for the performance of specific procedures, and the maintenance of patient medical records with provisions for countersignature as needed.

Specific application of these general guidelines include, but are not necessarily limited to, the following:

1. The attending physician checks orders, histories and physicals and progress notes, and reviews all care delivered to the patient by the resident physician,
2. Each resident is issued a Hospital DEA number for the prescription of medications until he/she applies for a permanent DEA number. All medication orders are reviewed by the pharmacist on duty for appropriateness, and the attending physician reviews medication orders as well.
3. All prescriptions written or called for controlled substances must be documented in the respective patient's medical record.
4. All invasive or complex procedures performed by the resident physician are supervised and countersigned by the appropriately credentialed attending physician.

Resident Evaluation/Promotion/Nonrenewal

Resident/Intern Evaluation

All residents and interns will be evaluated upon the completion of each rotation. The evaluations are performed by the supervising attending and supervising resident physicians. All evaluations are made in writing and forwarded to each resident's residency program director for review and inclusion in that resident's file. Evaluations are reviewed by the respective program director. The residents' evaluations are discussed with the residents/interns according to the

AOA and CPME requirements. Written documentation summarizing such discussion is placed in the resident/intern file. If, in the opinion of the program director, the resident receives an unsatisfactory evaluation, the program director may take corrective action.

At least quarterly, each resident's program director will evaluate the residents' performance during that period. Quarterly evaluations are conducted with each intern by the Director of Medical Education. The evaluation will include:

1. Academic Performance
 - a. Whether the intern/resident has a sufficient fund of medical knowledge
 - b. Whether the intern/resident possesses adequate and appropriate osteopathic philosophy and osteopathic manipulative skills
 - c. Whether the intern/resident effectively applies medical knowledge and technical skills to provide safe, compassionate medical care
 - d. Whether the intern/resident has assumed appropriate professional responsibility as determined by the residency director or DME
 - e. Whether the intern/resident has a deficiency which may affect his/her clinical or academic performance
2. Professional performance
 - a. Interactions with attending physicians and supervisory personnel
 - b. Interactions with other members of the house staff
 - c. Interactions with all other healthcare staff

Implied in a satisfactory evaluation is that the intern/resident has abided by all of the appropriate policies, procedures, rules and regulations of Summa Western Reserve Hospital. In any given evaluation, if concerns exist regarding any resident physical or emotional well-being, further evaluation may be required by the residency director.

Upon completion of the evaluation, each resident will meet with the program director. The resident's evaluation will be discussed at this meeting. Written documentation summarizing this meeting will be placed in the resident/intern's file. If, in the opinion of the program director, the resident receives an unsatisfactory evaluation, the program director may take corrective action.

Resident Promotion

Advancement of a resident to the next level of training is the responsibility of the residency program director with consultation of the teaching faculty and GME Committee. Advancement will be based upon resident academic performance and the successful demonstration of service excellence qualities. The may include but are not limited to:

- Mandatory quarterly service excellence lecture attendance
- Patient satisfaction survey feedback
- Rotation evaluations concerning professionalism competency
- Behavior demonstrated on clinical rotations

If the resident has received satisfactory evaluations, has progressed in scholarship and professional growth, and has demonstrated ability to assume increasing responsibility for patient care, the resident will be advanced to the next level of training.

In addition, all residents must have successfully completed all three parts of the COMLEX process prior to entry into the OGME-3 year and to graduate from a residency program at Summa Western Reserve Hospital.

Non-renewal of Resident Contract

In instances where a resident's contract is not going to be renewed, the resident will be provided a written notice of intent not to renew the contract no later than three months prior to the end of the resident's current contract. However, if the primary reason(s) for the nonrenewal occur(s) within the three months prior to the end of the contract, the resident will be provided as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract.

Residents are permitted to implement the grievance procedures if they have received a written notice of intent not to renew their contract. The grievance procedure is outlined in a later section of this manual.

Access to Personnel Files/Records

Medical Education Files

A personnel file will be maintained on each resident/intern in the Department of Medical Education. The resident file includes the application, a copy of the agreement with Summa Western Reserve Hospital, a copy of the original medical school diploma, copies of medical licensure and certifications, all rotational evaluations, duty hours logs, official correspondence with specialty colleges and a recent photograph. Residents may review the material in their personnel files. Files may be accessed only upon request, and items may neither be added nor removed. Any of the material may be copied by the Office of Medical Education staff upon request.

Resident Education Files

Resident evaluations of performance are maintained within the Department of Medical Education. Residents may gain access to their own residency file by submitting a request to the program director and the Department of Medical Education. Residents may examine and obtain copies of their own educational files but may not remove original materials.

Residents desiring explanations or interpretations of their educational records may inquire directly to the program director. If a dispute concerning educational records cannot be resolved through informal discussion, the resident may utilize the grievance procedure outlined in a later section of this manual.

Department of Human Resources Data File and Employee Health File

The Department of Human Resources maintains a data file on each resident. Residents are responsible for notifying the Department of Medical Education and the Department of Human Resources of any change of personal information (such as name, address, or telephone number) so the data file may be kept up to date.

Employee Health maintains a file on all residents which includes the results of the resident's pre-employment history and physical, immunization records and a record of any on the job injury sustained by the resident during training. Residents may gain access to their own health files by submitting a request to the Employee Health Department.

Completion of Resident Training

Termination/Clearance Procedure

Upon program completion, each resident is required to complete a termination and clearance process. This is accomplished by obtaining a clearance procedure form from the Department of Medical Education. Each resident must visit the departments and services indicated on the form to obtain signature verification that all departmental work has been completed. Included in this form is signature verification that all medical records have been completed, all library materials, scrubs, keys, and pagers have been returned, all fines have been paid, all final loan payments have been made, their personal educational file has been brought up to date in medical education, and all personal items from locker and lounge areas have been removed.

Once completed, this form is returned to the Department of Medical Education for final sign off. If a resident/intern fails to complete the clearance procedure, his/her final paycheck will be held until this procedure is completed.

Diploma

A diploma certificate documenting successful completion of the specified residency or OGME-1T / OGME-1P program is awarded to each resident/intern who has fulfilled the program requirements. The diploma is prepared after recommendations are received from the residency program director to the Department of Medical Education, and includes signatures from the Director of Medical Education, President and COO of SWRH, President of Professional Staff of SWRH, Program Director, and the Chairman of the Board of Directors of SWRH.

Letter of Completion

For those trainees in an OGME-1R training program, a letter of completion from the DME with a copy to the OPTI (the program is not complete so only a letter verifying completion of the first year is appropriate) will be given. An example of which is provided below:

To whom it may concern:

This letter is to verify that (JOHN DOE), D.O. successfully completed all requirements of an American Osteopathic Association (AOA) approved OGME-1 year at (OSTEOPATHIC INSTITUTION). The program dates for Doctor (DOE) where (CONTRACT START DATE – CONTRACT END DATE).

If you have any questions, please feel free to contact me at (PHONE NUMBER)

Residency Program Closure/Reduction

If the Hospital intends to close or reduce the size of a residency program, the residents will be informed as soon as possible after the intent is known. In the event of such a reduction or closure, the Hospital will allow residents already enrolled in that program to complete their education, or will assist them in enrolling in an AOA or CPME accredited program in which they can continue their education.

Institutional Support of Residents Compensation and Benefits

Salaries

The rate of resident stipends at Summa Western Reserve Hospital is determined by the postgraduate year level of training. Stipend rates for 2008-2009 academic year are as follows:

PGY – I	\$44,558
PGY – II	\$45,619
PGY – III	\$47,210
PGY – IV	\$48,271
PGY – V	\$49,332
PGY – VI	\$49,332

Resident's stipend direct deposit slips are distributed on alternate Thursdays after 10:00 a.m. in the office of medical education. The annual stipend is divided into 26 equal periods, each covering a two-week period.

SWRH requires direct payroll deposit to the bank of the resident's choice. Federal, state and local laws require the applicable deductions be made from the gross income of residents.

Professional Liability Insurance

Summa Western Reserve Hospital provides professional liability insurance to cover professional acts performed by all residents as an employee for the duration of training. Such coverage will provide legal defense and protection against awards from claims reported or filed during the completion of graduate medical education. This includes alleged acts or omissions of the individual within the scope of the education program. All House Staff agree to fully cooperate with SWRH's legal team in defending against any such claim, even if the action extends beyond the period of residency training. In addition, all House Staff receiving official notification of pending litigation must notify the Department of Medical Education immediately.

On-Call Quarters

On-call quarters are provided for use by residents for nights of scheduled duty in the Hospital. Nourishment shall be available during the on-call hours of the night. A house staff lounge is also available. It is expected that residents will assist in maintaining this area by removing personal belongings, clothing, and food upon leaving.

Lockers

Lockers are available for the house staff, medical students, and visiting trainees in the medical education center on the 1st floor of the hospital and in the Surgery Department. Medical Education will aid in obtaining a locker. Residents are encouraged to use lockers for all valuables, including coats, purses, and medical equipment. Doctors' lounges and other areas within the hospital may not be secure from possible theft.

Parking

Free parking is available to all residents. Hospital Security will issue a parking pass, which is to be placed on the rearview mirror of your front windshield. You must supply your vehicle's make and model, license plate number and color. Please observe stop signs and lane lines. There is no parking in areas designated for patients.

Pagers

Each resident is provided a pager at the beginning of training. This pager becomes the responsibility of the resident for the duration of the residency and must be returned upon completion of training. The resident's final paycheck will be withheld until this requirement is fulfilled. Batteries may be obtained from the Telecommunications office. Damage or loss of pager becomes the responsibility of the resident and will result in a payroll deduction to cover associated costs.

White Coats

The Department of Medical Education furnishes each intern and resident with two white coats. All coats are to be clean and professional in appearance. It is each resident's responsibility to launder his/her own coats.

Educational Stipend

Each house staff physician is allowed an educational stipend July 1st of each year he/she is on staff.

Stipend rates for the 2009-2010 academic year are as follows:

PGY – 1	\$1,200
PGY – 2	\$1,500
PGY – 3	\$1,500
PGY – 4	\$1,500

PGY – 5 **\$1,500**

PGY – 6 **\$1,500**

The educational stipend must only be used for the purchase of materials or items which will enhance graduate medical education goals; i.e., board examinations, conferences, books, surgical eyewear, stethoscope, etc. Any questionable items must be approved by the DME before purchase. Up to \$100. may be used toward a cell phone; no phone accessories will be covered. No computers can be purchased with stipend money. Original receipts must be turned in within 30 days of purchase. Any receipt dated 30 days or greater, requires DME signature for approval.

All stipend reimbursement/payment information must be submitted to the Department of Medical Education and must be approved by the DME. The Department of Medical Education submits check requests to the Finance Department at least once a week. Reimbursement checks are distributed in accordance with payroll department policies.

If a house officer purchases an item that he/she wishes to have reimbursed from his/her stipend account, the Accounting Department will require the original invoice showing the amount owed, what was purchased and proof of payment. Cash register receipts do not require accompanying proof of payment, as it is included on the receipt. Descriptions of purchased items will be required with all stipend account requests.

If the house officer attends a conference and wishes to have his/her expenses reimbursed, the Finance Department will require proof of conference attendance. A copy of the conference registration form or certificate of attendance is appropriate. The travel policy allows for reimbursement at economy rates only (i.e. plane tickets, hotel accommodations, etc.).

Stipends must be used during the academic year and may not be “carried over” or “borrowed against” from year to year.

Exercise Stipend

Each house staff physician is allowed an exercise stipend July 1st of each year he/she is on staff.

The exercise stipend rate for the 2008-2009 academic year is **\$300.00**.

Any amount in excess of the stipend must be paid by the physician trainee. The stipend must be used exclusively for membership in a fitness center. No personal or home exercise equipment may be submitted for reimbursement. All stipend reimbursement/payment information must be submitted to the Department of Medical Education.

Stipends must be used during the academic year and may not be “carried over” or “borrowed against” from year to year.

Travel/Education Reimbursement

Reimbursement for resident travel to educational conferences is at the discretion of the Program Director. Travel for educational purposes is limited to locations within the continental United States. Exceptions to this rule will be made on a case by case basis with prior approval from both the Program Director and the Director of Medical Education. Guidelines and protocol regarding reimbursement are as follows:

1. The residency director must sign the Travel/Education Payment Request form authorizing the expenditure of funds.
2. Travel reservations are to be made in accordance to the Travel and Educational Expense Policy established by Summa Western Reserve Hospital (Appendix A).
3. Stipulations pertinent to house staff
 - a. Allowance of up to \$150 per night for hotel accommodations.
 - b. Travel expense to and from the airport and hotel accommodations will be reimbursed.
4. Cash advances for registration and travel expenses can be requested on the Travel/Education Payment Request form.
5. The Travel/Education Payment Request form is to be typed, signed by the program director, and forwarded with the completed registration form to the Medical Education office. The form will be signed and forwarded to Accounts Payable.
6. When the resident returns, the Travel/Education Payment Request form should be completed with appropriate receipts attached, signed by the program director, and forwarded to the Medical Education office within 30 days of the conference date. This will then be signed, recorded, and sent to the Finance Department for reimbursement.

Vacation and Conferences

1. Summa Western Reserve Hospital's benefits package includes 20 days of vacation per year for each resident to cover vacation time, conferences, sick days and personal days. Unused vacation time may not be carried over to the following academic year. SWRH allows each resident to attend one educational conference per year. Additional conference time may be granted by program directors. This decision is based on departmental and specialty college requirements, and is subject to approval by the program director or DME. Travel for educational purposes is limited to locations within the continental United States, and rare exceptions may be made only with the approval of both the program director and the DME. Residents are provided funding for educational conferences based on departmental policies and are granted (5) days out of the (20) working days as paid time off to attend such conferences. Two additional days of vacation are granted per year for research presentation at a national conference. This must have prior approval from both the program director and DME.

2. As there is a limit as to how many members of the intern class may be gone at any given time, vacation time is approved on a first come-first served basis. Vacation days must be scheduled in advance and approved by the Chief Resident, Program Director and Director of Medical Education.
3. No PTO days (vacation time) will be allowed during the first two weeks of July and the last two weeks of June. Special requests will be considered by the DME.
4. No OGME-1 physician will be permitted to take PTO days (vacation) during his/her scheduled months of ICU, block nights, Peds ER (Akron Children's Hospital), and house officer (internal medicine) call. Special requests will be considered by the DME.
5. Vacation Request Forms for scheduling Conferences and/or PTO days are available in the Department of Medical Education. The trainee, rotation director, program director, Chief Resident, and the DME must sign off on the form. The trainee must arrange his or her own coverage and indicate on the Vacation/Conference request form the name of the physician who will provide coverage. These forms should be submitted thirty (30) days in advance. Any request for time off to attend a medical conference must be accompanied by a copy of the conference registration form.
6. The medical education department must be informed when you are on vacation and/or not available to be reached during the normal work week. **Failure to submit the proper documentation or to provide notification to the department of medical education prior to your absence may result in administrative suspension.**

Holidays

1. Holiday PTO days are service dependent. House staff will be notified in advance on which day a holiday will be observed, if different than the actual calendar day, and if they will be required to work. The Director of Medical Education will determine the necessity of house staff working any given holiday.
2. Although the standard work week may vary, hospital provisions must be made for continuous coverage 24 hour per day, seven days a week, 52 weeks a year. This requires careful scheduling and for many, it means holiday work, weekend work, and staggered hours. Except for an emergency, working hours are made known in advance. The Director of Medical Education will strive to give consideration to preferences for scheduled work hours and days off, consistent with department needs.

Meals

The Hospital maintains a cafeteria for the convenience of employees. A badge/swipe system is in use. All interns and residents will receive a \$200 a month meal allowance; any amount over the stipulated amount will be deducted from the intern/resident paycheck. The monthly meal allowance cannot be

carried over to the following month nor the balance reimbursed to the resident. No “mass purchases” may be made (i.e. buying \$20 worth of water to “use-up” the meals stipend for the month)

MONDAY THROUGH FRIDAY:

BREAKFAST	6:45 a.m. - 10:15 a.m.
LUNCH	11:00 a.m. - 1:30 p.m.
SELF SERVICE	1:30 p.m. – 4:00 p.m.
DINNER	4:30 p.m. – 6:00 p.m.

SATURDAY / SUNDAY AND HOLIDAYS:

Closed—Room Service Line

House Staff may use the room service program by calling ext. 7403 to order. House Staff are required to pick up his/her own trays from the kitchen.

Insurance

Residents will receive benefits, subject to the same conditions applicable to all regular Hospital employees and the terms and conditions of the Hospital’s current benefit plans and or policies. The benefits may be unilaterally modified by the Hospital periodically. Actual summary plan descriptions explained during orientation or upon contract signing should be consulted for detailed information, or the resident may contact Employee Benefits at 330-379-9291.

The Center for Corporate Health/Employee Health Services

The Center for Corporate Health/Employee Health Services provides occupational health measures such as employment screening, assessment of episodic illnesses, assessment of exposures to communicable diseases, and treatment of on-the-job injuries including blood or body substance exposures. Employee Health also promotes a healthy work environment through health education, immunization programs, work environment assessments and occupational health surveillances. Any required employment health screening (such as annual TB screening) will be completed in Employee Health. If you are injured while on the job, including sustaining an exposure to blood of body substance, complete an Employee Accident Report and report to Employee Health.

Akron City’s Employee Health hours are 7:00 a.m. to 3:00 p.m., Monday – Friday. At St. Thomas Hospital, the Center for Corporate Health Employee Health hours is 8:00 a.m. – 4:00 p.m., Monday – Friday. If your injury requires immediate treatment, and Employee Health is closed, you may be referred to the Emergency Department for treatment.

Counseling

Summa Western Reserve Hospital recognizes that graduate medical education places increasing responsibilities on residents and requires sustained intellectual and physical effort, which at times may lead to physical or emotional stress. Program directors and teaching staff are aware of and sensitive to the need for the timely provision of counseling and psychological support services to residents.

For residents who seek assistance for emotional, social or psychological problems, chemical dependency (both alcohol and/or other chemical substances) or any other situation in which the resident feels the need for professional assistance, the resident is encouraged to seek assistance from providers who are covered under their health insurance plan (either SummaCare or any of the other plans available through Summa/SWRH), but may choose other providers if they desire. If services are provided by a professional who is not designated as a provider under the resident's health care plan, the resident is responsible for any and all payment for services rendered.

In the event that the resident is having documented performance problems or is demonstrating evidence of potential impairment, and a faculty member and/or program director determines that the resident needs to obtain professional treatment as part of the performance corrective action plan, the program director will notify the Director of Medical Education and work with the Office of Medical Education to facilitate the process of making arrangements for the resident to obtain the needed treatment. The resident will be required to sign a medical release form allowing the program director to be apprised of the resident's treatment progress and of any follow-up treatment that may be needed. Any charges for treatment not covered by the resident's health care plan will be covered by the institution. The resident may be treated at an out of panel facility, or by an out of panel provider, only if deemed necessary, in consultation with the Medical Education Office. If out of panel treatment is required, the arrangements for the treatment will be made in conjunction with the human resources department of the institution and the Medical Education Office.

Bereavement Leave

Residents bereaved by the death of a relative will be granted time off from work for a total of 24 hours of time and will be reimbursed for the time away from educational related duties. Time off will be granted for the death of a spouse, child, step-child, son or daughter-in-law, parent, step-parent, mother or father-in-law, brother, sister, step-brother, step-sister, brother or sister-in-law, grandparent, grandchild, or any relative who lives in the household.

Illness/Leave of Absence

Illness

Residents too ill to work are responsible for notifying the chief resident of the service on which they are rotating. It is strongly recommended that they also directly notify the attending physician/program director on the service. If direct notification is impossible, the ill resident should immediately notify the Department of Medical Education who will undertake the necessary notification.

Medical Leave of Absence

Medical leaves are granted only for the period of time during which the resident is unable to work due to a documented medical condition. If an absence exceeds four working days, it shall be considered a medical leave, and the resident must provide physician documentation of illness. He/she must also present a physician's release to return to duty for absences of three days or more. **In the event of a leave of absence, the resident's training period may need to be extended to fulfill the requirements of the residency program, specialty board, or state licensing board. During any period of program extension, the resident will be compensated at the rate of pay which was in effect during the year in which the medical leave occurred.** Time for medical leave of absence cannot be carried over from one academic year to another.

Paid Medical Leave

All residents shall be eligible for six (6) weeks of paid medical leave for non-occupational illness or disability during each academic year. Paid medical leave shall commence on the first working day of continuous disability.

Unpaid Medical Leave

SHS/SWRH may grant unpaid medical leaves of absence for an additional ten weeks (50 working days) for a total of sixteen weeks (80 working days) to residents who have exhausted their available paid medical leave time and vacation days. Benefits will remain in force during an unpaid medical leave.

Procedure for Applying for a Medical Leave

When it is determined that a resident is unable to work due to a documented medical condition, a medical leave of absence may be granted. The leave of absence application is available in the Medical Education Office and should be completed within five (5) days of the occurrence of an illness or injury, or if the leave is anticipated (maternity, elective surgery, etc) at least five (5) days in advance if possible. The application should be submitted to the office of medical education. A statement from the resident's physician, indicating the reason for the absence and the expected date of return, should accompany the application. The period of leave must correspond to the specific medical condition, and the institution reserves the right to request further medical documentation at any time. The Institution may require an examination by an institutional physician, and if the resident's physician and the institution's physician disagree, the two doctors shall agree upon a third physician to examine the resident.

Family Leave

SHS/SWRH policies are consistent with the Family and Medical Leave Act of 1993, a copy of which may be obtained from the Disability Management office at 330-379-5330.

RESIDENT RESPONSIBILITIES

Resident Responsibility for Education

Summa Western Reserve Hospital agrees to provide a suitable environment for a medical education program that meets the standards of the essentials of accredited residencies and graduate medical education established by the American Osteopathic Association and the Council on Podiatric Medical Education. In this environment, residents take responsibility for their education by participating in these opportunities to:

- a. Develop a personal program of self study and professional growth with guidance from the teaching staff,
- b. Participate in safe, effective and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility.
- c. Participate fully in the educational and scholarly activities of their programs and assume responsibility for teaching and supervising other residents and students,
- d. Participate in institutional programs and activities involving the medical staff, and adhere to established practices, procedures, and policies of the institution,
- e. Participate in institutional committees and councils, especially those that relate to patient care review activities,
- f. Participate in evaluation of the quality of education provided by the hospital,
- g. Develop an understanding of ethical, socioeconomic, and medical/legal issues in medicine, and learn how to apply cost containment measures in the provision of patient care, and
- h. Participate in an educational program regarding physician impairment, including substance abuse.

In accordance with its Program Requirements, each residency program defines the specific knowledge, skills, attitudes, and educational experiences required in order for their residents to demonstrate the following:

- a. Osteopathic philosophy and osteopathic manipulative medicine effective for the treatment of health problems and promotion health,
- b. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health,
- c. 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,

- d. 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,
- e. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals,
- f. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population, and
- g. System-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

Supervision of Medical Students

Summa Western Reserve Hospital is affiliated with the Ohio University College of Osteopathic Medicine (OUCOM). As part of this affiliation, medical students use the facilities of the hospital to varying degrees during their final 2 years of their training.

Patient Charts. Medical student histories and physicals may not serve as the official H & P on the medical record, though they may be retained as part of the patient's permanent record. They must be counter-signed by an attending or resident physician. Medical students are permitted to make entries on the progress notes section of a patient's permanent record, but must obtain appropriate counter-signature. The students are not permitted to write orders on patients they are following. Physician orders are the responsibility of the Inter/Resident/Attending physicians caring for the patient.

Procedures. Any procedure performed by a medical student must be directly supervised by the resident, attending physician, or healthcare personnel approved to perform the same procedure.

Benefits. Medical students will be provided access to employee parking lots, and are provided meals in accordance with the policies of the Department of Medical Education. They have access to the hospital library. Medical students are also able to obtain lockers for storage of their personal property while on duty.

Concerns regarding medical students should be referred to the Director of Medical Education at 330-971-7225.

Resident Evaluation of Educational Experience and Faculty

All residents are expected to submit to the residency program director at least semi-annually, confidential written evaluations of the faculty, their educational experiences, and their residency program.

Pre-employment History and Physical

Prior to assuming actual patient care duties, each resident will receive a medical examination from a member of the medical staff. The examination will include a PPD, rubella and rubeola titers, a complete physical examination and a pre-employment drug screen. If indicated, this type of examination may be repeated periodically. In the case of PPD testing, a repeat test is required every year during the month of July. It is the resident's responsibility to obtain the test and report the result to employee health.

Resident Conduct

Self-Identification / ID Badge

Every time a member of the House Staff enters a patient room, he/she must introduce himself/herself with remarks similar to the following: Example – My name is Dr. _____. I am a resident (or intern) working with Dr. _____. Each resident is issued a photo identification badge. The badge is to be worn and visible at all times while on duty.

Business Cards

Each member of the house staff is to use business cards identifying himself/herself and the attending physician. This is a tool used to assess service excellence. Each patient is to receive a card from the intern or resident. The patient is then asked to complete the questionnaire on the back of card, return it to the nursing station who will then turn forward it to the GME office.

Alcohol and Drugs

Alcoholic beverages or illegal drugs may not be kept or used on the premises. A resident under the influence of alcohol or other substances may not provide patient care. Any employee may report suspicion of alcohol, drug use, or impairment to prompt an investigation.

Smoking

Smoking is prohibited in all SHS/SWRH buildings and outside public entrances. The policy applies to all persons including patients, visitors, employees, volunteers and physicians.

Contact Information and Telephone Use

All resident staff members must be available to Summa Western Reserve Hospital by telephone. Residents must report their telephone numbers, and any changes, to the Department of Human Resources and the Office of Medical Education.

Long distance telephone use within the institution is limited to patient care purposes. It is understood that occasional short duration long distance calls for non-business purposes may be necessary, but each resident is expected to use

appropriate judgment and integrity in the use of long distance phone service for personal reasons. Long distance calls may be placed through the communications dept. for proper access code.

International phone calls may be placed only with permission and equipment provided in the Office of Medical Education.

Manner and Appearance

Residents are expected to conduct themselves in a professional and courteous manner with patients, visitors, and co-workers and to maintain appropriate appearance and professional behavior at all times. Appropriate attire for residents on duty includes a ¾ length white coat and identification badge(s). These must be worn at all times with the identification badge visible. The only exception is when he/she is in surgery. When out of the operating suite and wearing scrubs, the resident must wear their white coat and name badge.

Any resident seen in the hall without their white coat and I.D. badge may be sent home. This time will be taken from their vacation allowance. If there is no vacation allowance remaining, the resident will be sent home without pay.

In addition to the above, all House Staff must abide by the Dress Code Policy of Summa Western Reserve Hospital. Please contact Medical Staff Service for the complete policy at 330-971-7415.

Professional and Personal Conduct

1. Open criticism of physician's orders, procedures, nursing care, or any staff **will not be tolerated**; this is unethical and dangerous behavior, serving no useful purpose. Questions should be directed to the attending physician or the Director of Medical Education. Please remember that professional case discussion is always invited.
2. Conflicts arising while on duty are to be reported and discussed with the attending physician, chief resident and ultimately with the Director of Medical Education. Discussion should not be held with individuals or the attending physician on the floor. This applies to all types of problems including nursing, administrative, and other health care personnel..
3. A house officer must not disclose information concerning a patient's condition or medical care unless he/she has received permission to do so by the attending physician, and informed, signed consent of the patient. Please refer to the HIPAA guidelines adopted by SHS if there are any questions.
4. Lack of communication causes problems. If a question arises you should always notify the senior resident, chief resident, or attending physician.
5. Address attending physicians, fellow house staff physicians, nurses, nurse aides, and other hospital personnel with the appropriate title.
6. Avoid loud talking, laughing, or social visits in the halls, patient rooms, or in proximity to patient care areas.

7. Thank those assisting you as not only common courtesy, but also for good public relations.

Training Assignments/Scheduling/ Duty Hour Requirements

Assignment

Residents are assigned to their duties and responsibilities by their respective residency programs in accordance with the educational and duty hour requirements of the American Osteopathic association (AOA) and the Council on Podiatric Medical Education (CPME). Annually, prior to the start of the new academic year, a schedule of clinical rotations is prepared for each resident. The rotation schedules may be adjusted to meet individual needs or desires providing that the residency program requirements are met. This assignment is made by the Chief Resident of the House Staff, along with the DME.

Please refer to Appendix B in regards to the Faculty: Roles and Responsibilities Policy, in regards to the members of the Medical Staff who participate as faculty in the GME programs.

Regular Schedule

Each residency program establishes its own work schedule in accordance with AOA and CPME guidelines. With specific exceptions, all residents are expected to remain in the hospital and on duty during these hours.

Schedule Changes

Any significant changes in the rotation schedule must be requested in advance for review by the appropriate program director or DME. Assignments may not be made without written authorization on file in the Medical Education Department.

Approval for Unscheduled Time Off

Requests for unscheduled time off must be submitted as early as possible to the residency director and the department of medical education. Residents must make arrangements for temporary coverage in their absence. Upon approval, the resident will inform the department of medical education and the residency director of any hospital department(s) which may be affected by the absence, particularly the hospital operator. Failure to comply with this protocol will be considered an unexcused absence and could subject the resident to disciplinary action.

Outside Rotation Policy

An outside rotation is defined as an educational experience which enhances the professional goals of the resident or is necessary for the completion of a

resident's training, and is not available within Summa Western Reserve Hospital.

1. All outside rotations must be approved by first the respective residency program director and then the DME. The residency director and DME reserve the right to consider the staffing needs of the affected department(s) in deciding whether a given rotation can be approved.
2. All outside rotations must have written goals and objectives which are approved by the program director prior to the start of the rotation.
3. A formal system for evaluating both the completion of the goals and objectives by the resident and the value of the rotation will be tracked by the program director.
4. Outside rotations are limited to assignments within the continental United States. Exceptions to this rule will be made on a case by case basis with input from both the program director and the director of medical education.

An affiliation agreement for all outside rotations must also be on file in the department of medical education before the start of the clinical rotation. Contact must be made with the Medical Education Department for assistance at least 2 months in advance.

On-Call Schedules

On-call schedules are developed by each chief resident on a monthly basis, usually two weeks in advance of the beginning of each month. Because of this advance scheduling, residents' vacation and conference requests are to be submitted at least 30 days in advance. Conflicts should be directed to the chief resident.

Duty Hours

Duty hours, as defined by the AOA and CPME are all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient) administrative duties related to patients, the provisions for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

The following work hour policy will apply to **all** intern/resident physicians:

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities
2. At the conclusion of each rotation, all House-staff must attest that the rotation they have completed did or did not violate the duty hour policy by checking the appropriate place on the end of rotation evaluation. If a violation is noted, this will be addressed at the next GME Committee

meeting. House-staff must report noncompliant duty hour scheduling for review by the GME Office WITHOUT reprisal through the following:

- a. Complaint must be in writing
- b. Complaint must be signed
- c. Complaint must be accompanied by evidence of the violation
- d. The complainant will remain anonymous at all times throughout the investigation.

Please refer to The Accreditation Document for OPTI and the Basic Document for Postdoctoral Training Programs section II T 2.7 for further information.

3. Data is compiled and reported monthly to the Graduate Medical Education Committee meetings. The GMEC will make recommendations or action plans as appropriate to maintain or return a residency program into compliance with the duty hour requirements.
4. The intern/resident shall not work in excess of twenty-four (24) consecutive hours inclusive of morning and noon educational programs. Allowance for, but not to exceed up to six (6) hours for inpatient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities may occur. Residents may not assume responsibility for a new patient after working twenty-four (24) hours.
5. If moonlighting is permitted, all moonlighting will be inclusive of the eighty-hour (80) per week maximum work limit and must be reported. (See Moonlighting Policy.)
6. The intern/resident shall have alternate week forty-eight (48) hour periods off or at least one (1) twenty-four (24) hour period off each week, averaged over four weeks.
7. Upon conclusion of a twenty-four (24) hour duty shift, interns/residents shall have a minimum of twelve (12) hours off before being required to be on duty again. Upon completing a lesser hour duty period, adequate time for rest and personal activity must be provided.
8. All off-duty time must be totally free from assignment to clinical or educational activities, including call responsibilities.
9. Those rotations requiring the intern/resident to be assigned to the Emergency Department shall not be assigned longer than twelve (12) hour shifts.
10. The intern/resident and the Hospital must always remember that patient care responsibility is not precluded by this policy. When an

intern/resident is engaged in a patient care responsibility which cannot be interrupted, additional coverage should be provided to relieve the resident involved as soon as possible.

11. The intern/resident may not be assigned to call more often than every third night averaged over any consecutive four (4) week period.
12. Interns/residents engaged in pager-only, home call or back up call status will count their hours towards the totals only when required to provide patient care within the Emergency Department or Hospital.
13. Interns/residents engaged in pager-only, home call or back up call may not be scheduled for more than seven (7) consecutive days on home call or back up call.

Intern Work Hours

1. Interns (i.e. house officers) work 7:00 a.m. to 7:00 p.m. days, unless specific service requirements exist (i.e. surgery, anesthesia, pediatrics) or when patient care responsibilities are completed, whichever is last. The intern must obtain permission of his/her supervising resident prior to leaving the hospital. Each daytime house officer should advise the night intern of serious cases and new admissions at a sign-out session conducted before leaving the Hospital.
2. Night call is from 7 p.m. to 7 a.m. The night intern should advise the day house officers of serious cases and new admission at a sign-out session conducted before leaving the Hospital after his/her night shift.
3. You are expected to be on your service assignment, ready to work at the starting time each weekday. Tardiness will not be tolerated, with emergencies being the only exception. If you cannot report at your scheduled time for any reason, you are required to notify your supervising resident, attending physician and the Department of Medical Education prior to your scheduled reporting time.
4. If you have to leave the hospital for **any** reason you must notify the attending physician, hospital chief resident, Department of Medical Education, and hospital operators. You must have another intern/resident physician hold your pager to handle any calls.
5. Medical Rounds. The intern physician should make rounds on all assigned cases each morning and write his/her progress notes at that time. Rounds are made with the assigned attending staff on a daily basis. Intern physicians will receive instruction, information, advice, suggestions and assistance from the supervising physicians that contributes to his/her bedside teaching. Prior to rounds, the intern should report to the attending physician all patients who present any new or unusual symptoms, unforeseen developments, emergencies or any dissatisfaction that must be settled immediately.

6. Floor Call Duty - During the hours from 7 a.m. to 7 p.m., floor call is directed to the house officer(s) directly caring for the patient. In their absence, the supervising resident and/or the attending physician will be contacted. During the hours from 7 p.m. to 7 a.m., floor call is directed to the intern assigned to night call. **Patients must be seen according to highest priority.** Priority should be given to floor emergencies followed by emergency room admissions, general floor admissions, and general floor call. House officers shall respond as soon as possible during the day or night when called to see a patient.
 - a. When handling floor calls:
 - i. review the medical record with special attention to age, race, diagnoses, medications, procedures, vital signs, and lab/imaging studies.
 - ii. Following medical record review, evaluate the patient. If indicated, do not be afraid to ask for a set of fresh vital signs.
 - iii. **Documentation must be made of any floor calls necessitating a change in patient care.** This must be timed and dated correctly along with any new orders. It is your responsibility to follow-up the orders until you are sure the problem is solved.
 - iv. Instructions for giving medications and treatments may be given over the phone to the nurses only when the house officer cannot report in person. **There are no phone orders allowed before the completion of 3 months of the OGME-1 year.** If giving verbal orders you must review and sign all phone orders within 24 hours.
7. If you feel uncomfortable or unsure of treatment decisions in any situation, notify the appropriate resident and/or attending physician. Attending physicians are ultimately responsible for their patients and want to be informed of significant changes in their status. Use discretion, but it is always better to call than not call if there are any questions. You can only perform procedures you are credentialed for and only after consultation with the resident/attending physician. You may only perform procedures for an attending physician who actually has privileges to perform these procedures himself/herself.
8. When a nursing floor requires a physician for a specific patient problem, coverage is as follows:
 1. The intern physician covering floor calls as designated in the monthly call schedule;
 2. The house staff physician following the patient's daily progress;
 3. The attending physician of record.

Additional Paid Services (moonlighting)

1. Intern Staff. Interns are expected to devote themselves entirely to the service of the Hospital and its training program. During this period of service OGME-1 physicians **cannot** participate in any outside activities of a professional nature except educational. OGME-1 physicians are not permitted to participate in private, professional, or clinical practice where they or others collect compensation for their services. **Any additional paid professional services will be considered just cause for termination of the contract.** Interns operate under a restricted training license that allows the practice of medicine only within the approved intern training program.
2. Resident Staff. Residents may moonlight provided they have obtained a permanent medical license, DEA license, and separate malpractice coverage (usually provided by the moonlighting venue). Any professional clinical activity (moonlighting) performed outside of the official training program may only be conducted with the permission of the program administration (DME/Program Director). A written request denoting approval must be filed in the GME department before the moonlighting begins. All approved hours are included in the total allowed work hours under AOA policy and are monitored by the hospital's graduate medical education committee. Moonlighting hours worked within Summa Western Reserve Hospital must also be counted toward the resident's duty hours in accordance with AOA policies.

Other Resident Responsibilities

Medical Records

The purpose of a hospital medical record is to provide a systematic method of recording and preserving all pertinent information regarding the patient. The medical record is an essential instrument, serving as a means of communication among physicians, nurses and other personnel. It provides a permanent written record of professional observations and care, a record of past medical history, and a source of data for medical research.

Medical records are one measure used by the Joint Commission on the Accreditation of Healthcare Organization (JCAHO) and the AOA to determine the quality of care provided. House Staff physicians should observe the following general rules concerning patient medical records:

1. **Every entry** (progress notes and orders) must include the date, time written, and signature.
2. A complete history and physical form must be recorded within 24 hours of admission and prior to surgery, including the reason for admission to the hospital.

3. The medical record has potential medical/legal connotations. Medical records may become public property if subpoenaed. Therefore accurate, precise, and detailed written records can prevent personal, professional, and institutional losses.
4. All writing and signatures **must be legible**. Below the signature must include the resident's printed last name and 4-digit pager extension.
5. Names, incidents, and observations should be recorded specifically and accurately, including the circumstances relative to the situation, as well as the location, hours, and date of the event and the recording.
6. The medical record should be made totally self-explanatory to any impartial and unfamiliar observer who might read it.
7. Only those abbreviations which have been approved by Medical Records and distributed to the nursing stations may be used. This is a dynamic list and will be reviewed periodically.
8. Slang, criticisms of staff, editorial comments, and expressions of personal feelings are to be avoided.
9. Questions to the attending physician should not appear in the chart. A removable note with questions may be attached to the chart.
10. Medical Records are not to be removed from nursing floors or from the Medical Records department without special permission.
11. Medical records are not to be removed from the Institution premises under any circumstances.
12. Any additions, deletions, or changes must be entered as a separate entry in the chart, with the time, date and signature of the person completing. Under **no circumstances** should notes or orders be scratched out or covered up. The only exception is a single line strikethrough with date, time and initials of the person changing the record.

Medical Record Completion

House staff physicians have 15 days from the date of discharge to complete the patient's medical record. On the 16th day, incomplete records are reflected on the Attending Physicians' Incomplete Chart List. The resident remains responsible for this deficiency and the program director is notified monthly of those residents who have records pending more than 15 days.

Although discouraged, all verbal orders given must be signed within 48 hours, no exceptions. **All OGME-1 physicians are not permitted to give verbal orders in the first 3 months** of training. If after this time period a level of comfort and competence is noted, verbal orders will be permitted for select individuals. If the verbal order policy is not adhered to, this privilege will be withdrawn from the House staff.

If a resident fails to comply with the Medical Record Policy developed by the Medical Staff, the Director of Medical Education may order the Payroll Department to withhold the resident's paycheck. The Payroll Department shall not release a withheld paycheck until the Director of Medical Education allows.

Jury Duty Policy

1. Immediately upon receiving notice of jury duty, resident is to notify program director and the Medical Education Office.
2. Resident must arrange for coverage for expected jury duty duration
3. Residents who are told to report for jury duty, and are then dismissed when they arrive, are expected to return to work for that day.
4. Residents whose jury duty continues beyond one week may need to extend their residency training
5. Resident must submit to their program director documentation from the court for duty time served. The program director must then submit this documentation to the Medical Education office.

Residents serving jury duty will be compensated by Summa Western Reserve Hospital at the resident's current salary rate provided documentation from the court verifying attendance at jury duty has been submitted.

Licensure

The Ohio State Medical Board requires that all residents have a training certificate prior to the beginning of their training. This certificate is obtained by the GME office and must be renewed prior to the beginning of each academic year of residency until the resident either obtains a permanent license or graduates. This renewal fee is paid by the Medical Education Department.

Residents are required to apply for a permanent State of Ohio Medical License after passing COMLEX III. If COMLEX III is passed on or before July 1, 2009, the resident must **apply for and receive** a permanent State of Ohio Medical License by January 1, 2010. Resident will not be permitted to begin the Program under any circumstances until the appropriate license has been obtained. Failure to comply with these requirements will be grounds for immediate suspension or termination of appointment.

The Ohio State Medical Board requires that all residents eligible for permanent licensure in the State of Ohio **personally** request the application for permanent licensure and provide the necessary information and documentation. The fees for the Ohio State Medical License are reimbursed as follows:

- | | |
|-----------------|--|
| FCVS - | \$175.00 paid by Med Ed;
Remainder is resident's responsibility |
| State License - | \$175.00 paid by Med Ed;
Remainder is resident's responsibility |

Resident educational stipend funds can be used towards this expense.

National Provider Identifier (NPI)

The Centers for Medicare & Medicaid Services (CMS) requires the adoption and use of a standard unique identifier – National Provider Identifier (NPI) – for all health care providers. Because NPIs are needed for reimbursement and CMS compliance, all residents and interns having a training certificate or permanent medical license must have a NPI number. Residents can apply on-line at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>. When applying on-line the resident or intern will need the zip code of SWRH – 44223 and his/her medical training certificate number or his/her permanent medical license number. For frequently asked questions and answers on the NPIs, go to www.cms.hhs.gov. Click on “Questions” and enter “NPI” as a search term.

Drug Enforcement Agency Number

Interns and residents will be issued a hospital DEA registration number during orientation. This number must be used for all prescriptions of controlled substances while on duty in the hospital. While on outside rotations or moonlighting, a separate DEA number must be used corresponding to the rotating institution, or the moonlighting resident.

DIDACTICS

Admission Rounds

The admission rounds are an integral element in any training center. One purpose is to inform the intern staff of current, interesting cases presenting to the Hospital on the floor, as well as problem cases. The interns/externs assigned to the ICU rotation will present the cases with which they are involved. Included should be a case presentation, differential diagnosis, current work-up, and future work-up with prognosis. Discussion should occur with everyone learning from the case.

The attending physician should be notified in advance when his/her case is to be presented so he/she may attend and contribute in the teaching.

Attendance sheets should be signed and dated; topic and presenter should also be noted and forwarded to the Department of Medical Education.

The guidelines for Admission Rounds may be summarized as follows:

1. Scheduled in accordance with the monthly lecture schedule.
2. Multi-disciplinary approach (medicine, surgery, etc.)
3. Student and intern discussion of differential diagnosis and management plan.
4. Brief presentation by the intern **reviewing** the salient features of the case.
5. Four to five cases should be presented.

Didactic Schedule

The lecture schedule is posted on a monthly basis on the bulletin board inside the physician dining room, on the television outside the Medical Education department and in the House Staff Lounge. All lectures are at 7:30am and/or 12:00 noon and are held in Auditorium 2 located in the Medical Education Department, unless otherwise indicated.

Required Didactics

1. **Morning Report:** Tuesday and Thursdays at 7:30 a.m.
2. **Medical Grand Rounds:** Wednesdays at 9:00 a.m.
3. **12 Noon Lectures:** Monday, Tuesday and Thursday at noon
4. **Tumor Board** conference is held the 4th Wednesday of each month at 7:00 a.m. Attendance is required for all in-house rotations. This includes the intern working block nights.
5. **M & M** conference is held the 4th Wednesday of each month at 7:00 a.m. Attendance is required for all in-house rotations. This includes the intern working block nights.
6. **OMM** Held the 2nd and 4th Wednesday at 12 noon. As a requirement established by the AOA for core competencies, all residents and interns must have 50% attendance for the academic year. Members doing an out-of-house rotation may be excused.
7. **Other Departmental Programs:** Department Journal Club, On-Service X-ray Conference, General Medical Staff Meetings and Department Meetings. You are also required to attend assigned committee meetings such as Utilization Review, QI, Pharmacy and Therapeutics, etc. You will receive this assignment during orientation.
8. **Autopsies** will be announced via text paging system.

Didactic Attendance

1. All interns are expected to attend the 12 noon lectures.
2. Interns are excused if completing an out-of house rotation.
3. Morning report is to be attended by all interns in-house regardless of the rotation and residents on the IM service.
4. Once at lecture all house staff are expected to stay for the entire session. Exception to this would occur if there are floor calls or surgical issues requiring attention.
5. If there are admissions for any service in the emergency department during a 12 noon lecture, the admission can wait until the lecture has concluded. The H & P can be done afterwards as well.

An attendance record of 80% at all such programs is required for successful completion of the Internship program. Disciplinary action and/or additional training may be required if interns are delinquent. Attendance is a requirement of your employment. Failure to attend violates your contractual relationship with the Hospital.

Journal Club

Journal Club is held in multiple departments, and attendance is mandatory when the intern or resident is on service.

The format consists of house staff members presenting interesting journal articles or cases to their peers and supervising physicians. The house staff member should critique the article content, the information collection method, and the techniques involved. Prior to presentation at Journal Club, the house staff member should discuss the case with the attending physician and, if possible, the attending physician or active physician in the case should be at the presentation.

Attendance sheets are to be signed and completed with date, time, topic, copy of articles, and presenter's name and then sent to the Medical Education office.

Admissions

The admission process is arranged to:

1. Provide a more service-oriented admission process.
2. Provide for house officers performing admissions, in addition to H & P's.
3. Provide more intern and resident supervision of students.
4. Improve communication between the house staff and the attending physician.
5. Improve patient care and provide timely evaluation of severely ill patients.

In order for the Patient Registration to appropriately assign a patient for admission, the following information must be provided:

1. The admitting physician's name
2. The preliminary diagnosis
3. The unit of admission

Interns are the initial responders to all hospital admissions whether through the Emergency Department or direct floor admissions. Residents must supervise all hospital admissions. House staff physicians should respond and promptly complete all hospital admissions. The house staff physician must contact the attending physician responsible for the admission to discuss findings and appropriate disposition after patient evaluation.

Admission Procedure in the Emergency Department

1. The intern is to be notified of all admissions when they are ready.
2. The intern has one hour to complete each admission after they are notified. (Intern has one hour per patient to be admitted.).
3. The internal medicine resident is to be notified if intern does not come to emergency department within 30 minutes of being paged.

4. If there are more than two admissions at one time, the internal medicine resident is to be notified and come to the emergency department to help complete the admissions.
5. If there are multiple emergency department and direct admissions to the floors, priority will be placed on patients with the most critical conditions.
6. The Emergency Department can send patients to the floors using the Med/Surg form ONLY if given verbal approval by the admitting physician.

Documentation

Admission Note

An admission note will be completed for each hospital admission in the designated area of the multidisciplinary assessment form. The admitting note shall briefly state the chief complaint, the symptoms, and the physical findings that led to the working diagnosis, the reason for admission, the expected therapy, and the possible consultations.

Patient Orders

After writing orders, place the medical record in the order receptacle outside the patient's room; turn the record on its side with orders folded over. If you have written any STAT or now orders, notify the unit secretary or appropriate nurse to prevent delays.

An attending physician may request consultations for his/her patient. This consulting order must be written as follows:

- a. Consultation only which leaves management to the attending physician and prohibits consultants from writing orders on the medical record.
- b. Consultation and management of a specific entity or procedure in which the consultant may write orders to manage the special entity or procedure but overall responsibility remains with the attending physician.
- c. Consultation and co-management which permits the attending physician and the named physician to write orders; however, overall responsibility remains with the attending physician.
- d. Consultation and full management where the consultant assumes full responsibility for writing orders and management of the patient and prohibits the attending physician from writing orders.
- e. Transfer of management to another named physician in which case the responsibilities for the patient while in the hospital are transferred to the named physician and the admitting physician may no longer write orders.

History and Physical (H & P)

A history and physical is a thorough documentation of all aspects of a patient's health and previous medical care as well as an assessment of the acute medical condition. Admission H&Ps must be completed within twenty-four hours of the patient's hospital admission. Surgical H&Ps are the responsibility of surgical

interns and residents on service. If a patient is readmitted within thirty (30) days after discharge, an interim history and physical may be performed. An interim H&P consists of an updated history of present illness, review of systems and physical exam along with an assessment and treatment plan.

Progress Note

Progress notes are to be written in a manner that any physician, even if unfamiliar with the case, can be informed rapidly and accurately of the patient's condition. A progress note must be written at least once daily for each patient.

1. Before writing progress notes, always identify yourself by writing medical intern, surgical intern, etc. Most of the services require daily progress notes, and the SOAP format is usually acceptable. However, ICU progress notes are much more detailed.
2. Only approved abbreviations may be used. Follow the guidelines from the hospital manual.
3. On **all** progress notes, please use the following guidelines:
 - a) Progress notes, dated and timed, shall be written by all participating physicians or members of the house staff on all phases of a patient's hospital stay. All progress notes should be in the SOAP format.
 - b) All significant physical changes, new signs and symptoms, complications, consultations, and treatment including manipulative therapy shall be recorded.
 - c) Progress notes shall describe in proper continuity, the course, progress, treatment, and disposition of the case.
 - d) Every progress note must be signed along with documentation of his/her pager number.

End of Service Notes

These notes are to be written on a house staff member's final day of service, on any patient that has been hospitalized for more than two days. The purpose is to summarize the course of patient care and management to allow for a smooth transition in care to the next assigned house staff member.

ICU Transfer Notes

These notes are to be written on transfer of a patient from the ICU to the floor. These are required for any patient spending more than two days in intensive care. This note summarizes the course of patient care and management to allow for a smooth transition to care by the floor house staff.

Deaths

Any death occurring within the Hospital must be reported immediately to the attending physician and to the resident on the service, or the resident on call. If the deceased had two or more attending physicians, each one should be notified.

Death certificates for private cases are to be signed by the patient's attending physician.

Except for critical emergencies, the death of a patient assumes highest priority for the house officer on call. Pronouncement of death, notation on the patient's chart, completion of the appropriate forms, speaking with any family members, and notifying the attending physician are all responsibilities of the house officer.

Autopsies

All autopsies are performed on the Akron City campus. The attending physician or resident requesting the autopsy must contact the "on-call" pathology resident through the Akron City operator (330-375-3111) in order to arrange the transportation of the body. The hospital chart and signed autopsy permit **MUST** accompany the body.

Viewing an autopsy by the attending or resident physicians is encouraged, and all materials are available for review, teaching, and conferences on the Akron City campus. Information regarding autopsies or questions should be directed to the Pathology Department on the Akron City campus 330-375-3678.

RESIDENT WORK ENVIRONMENT

Chief Resident of the House Staff

A chief resident will be appointed by the Director of Medical Education, though preliminary vote by all house staff members, to take on significant administrative functions and teaching roles in guiding all residents and interns at Summa Western Reserve Hospital. A guidelines manual will be given to help this person with his/her duties.

Chief Resident of Residency Program

A chief resident will be appointed by each residency director to take on a leadership role and to aid in the preparation of on-call schedules, rotation schedules, and didactic assignments within a given residency program.

Corporate Compliance Hot Line

Compliance with the laws regulating health care activities is mandatory for all members of the house staff. A toll free, anonymous, hot line has been established to allow confidential reporting of suspected inappropriate health care practices. This number is 330-971-7111 and may be utilized by any house staff member who observes or suspects possible violations of health care regulations or any concern regarding legal or ethical behavior.

Internal Review Process

The goal of the midterm internal review is to provide a process by which each residency program at Summa Western Reserve Hospital is assessed to assure its continued full compliance with the requirements for accreditation as outlined by its respective residency review committee and the AOA. During the respective

residency's review process, the program director and residents are required to participate to determine the effectiveness of their program. This process assists in determining whether programs' educational efforts appropriately meet the accreditation and institutional requirements, and where there can be improvement.

Security/Safety

The Protective Services Department is a 24-hour, in-house department which serves the security needs of the hospital. Among the regular patrol and crime deterrence responsibilities, the Department provides intervention with combative/violent patients and/or visitors.

Risk Management

The Director of Risk Management is responsible for overseeing the Risk Management Program. The Director is responsible for an operating plan that provides for evaluation and control of the hospital's exposure to financial loss in the areas of professional and general liability.

The Department of Risk Management receives notice when malpractice suits are filed and act as a liaison with defense attorneys. If a resident receives any notice of legal action or potential legal action, including 180-day letters, Risk Management should be immediately notified at ext. 7067 and a copy of such notices should be provided to the Risk Management staff. All communication between residents and outside attorneys should be arranged through Risk Management. The Director of Risk Management also reviews cases with physicians who are called to testify at a deposition, and will attempt to schedule the deposition at a time convenient for all parties.

Unusual Occurrence Report

Whenever an unusual occurrence takes place which involves patients, visitors, or employees, an unusual occurrence report is to be completed. The physician is responsible for completion of the physician's section of the form. The form is sent to Risk Management for review, follow-up, and corrective action when indicated. The unusual occurrence report should not be placed in the medical record nor there any reference in the chart that an unusual occurrence report was completed.

EMERGENCY PREPAREDNESS

The following procedures have been developed in the event of an emergency. Please follow the directions of the Hospital Operator if given.

Rapid Response

A patient or visitor has exhibited a change in health status that may result in further deterioration

Resident responsibility: each resident on the rapid response team should report to the named location

Code Red

A smoke alarm or fire alarm has been triggered

Resident responsibility: each resident should continue in his/her area and if needed, assist with closing doors, windows, or patient evacuation

Code Black

A bomb threat has been received and a search of the system is to begin

Resident responsibility: each resident should continue in his/her area but must turn off all electrical and battery-operated devices such as pagers that might interfere with the transmission of radio waves. If any suspicious object is seen, call the hospital operator to contact a member of the search team to investigate.

Code Yellow

A disaster situation has occurred in the area and the hospital can expect to admit more than 10 casualties for evaluation and treatment.

Resident responsibility: each resident has been given a specific responsibility from his/her program and should report to his/her assigned area.

Code Blue

Someone in the hospital is in need of resuscitation. The appropriate Code team should report immediately for duty to the named location.

Resident responsibility: each resident on the code team should report to the named location.

Code Violet

A patient's visitor's behavior is physically threatening, uncontrollable, or poses a real or potential threat to the safety of staff or others

Resident's responsibility: each resident are responsible for observing their areas for potentially threatening behavior and to report this activity to security

Code Green

An evacuation of the hospital has been issued

Resident's responsibility: each resident should assist other hospital personnel in the evacuation of patients, visitors, and other employees in their assigned area

Code Brown

There is a report of a missing adult patient or visitor from the hospital

Resident responsibility: each resident should report to his/her assigned department to assist in the coordination of a search for the missing person

Code Orange

A hazardous material has been released from its protective container inappropriately

Resident responsibility: containment of the hazard, along with notification of Protective Services at 330-971-7412

GRADUATE MEDICAL EDUCATION C/OMMITTEE

Purpose

The Graduate Medical Education Committee monitors and advises on all aspects of residency and undergraduate medical education as well as continuing medical education activities at Summa Western Reserve Hospital.

Committee Composition

The Graduate Medical Education Committee is composed of the following members:

- Director, Medical Education & Research
- Summa Western Reserve Hospital President and COO
- Program Director (or designee) for each residency program
- Teaching Faculty
- Chief House Staff Resident
- CORE Assistant Dean, OUCOM
- CORE Administrator, OUCOM
- Summa Health System GME Representative
- Director of Medical Staff Services
- Information Services Librarian
- Medical Education Coordinator

Chairmanship

The Director of Medical Education serves as Chairman of the Graduate Medical Education Committee.

Meetings

The Graduate Medical Education Committee meets monthly.

Committee Functions/Responsibilities

The Graduate Medical Education Committee

1. Establishes and implements policies and procedures regarding the quality of education and the work environment in all residency/intern programs at Summa Western Reserve Hospital

2. Reviews annually and makes recommendation to the institution on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair
3. Establishes and maintains appropriate oversight of and liaison with program directors, and assures that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in all residency programs sponsored by the institution
4. Establishes and implements formal written policies and procedures governing resident duty hours in compliance with the institutional and program requirements
5. Assures that all residency programs provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents, and the applicable institutional and program requirements
6. Assures that each program provides a curriculum and an evaluation system to ensure that residents demonstrate competence in the areas of all seven core competencies as established by the AOA.
7. Assures the establishment and implementation of formal written policies for the selection, evaluation, promotion and dismissal of residents in compliance with institutional and relevant program requirements
8. Regularly reviews all AOA and CPME program accreditation letters and monitors action plans for the correction of concerns and areas of noncompliance.
9. Reviews and approves, prior to submission to the AOA and CPME
 - All applications for AOA and CPME accreditation for new programs
 - Changes in resident complement
 - Major changes in program structure or length of training
 - Additions and deletions of participating institutions used in program
 - Appointments of new program directors
 - Requests for increases or any change in resident duty hours
 - Requests for “inactive status” or to reactivate a program
 - Voluntary withdrawals of AOA and CPME accredited programs
 - Annual institutional core competency plan as prepared by the DME
10. Conducts midterm internal reviews of all residency programs to assess their compliance with the institutional and program requirements
11. Assures an education environment in which residents are free to raise and resolve issues without fear of intimidation or retaliation
12. Addresses local and national issues facing medical education, reviews proposals and reports from the continuing medical education programs and the undergraduate medical education activities

Reporting

As a committee of the medical staff, the Graduate Medical Education Committee reports to the Medical Executive Committee. Issues for action and information shall be summarized as to conclusions, recommendations and proposed action.

Confidentiality

The reports, conclusions, recommendations and actions taken are confidential and used for purposes of internal peer review. All information generated by and reported to this committee is protected from discoverability under state and federal regulations.

POLICY AGAINST SEXUAL AND OTHER HARASSMENT

Summa Health System/Summa Western Reserve Hospital is committed to maintaining a professional and collegial work environment that is free of discrimination and harassment based on a person's sex, race, color, age, religion, disability, ancestry, or national origin, consistent with applicable federal and state laws.

All employees should respect the rights, opinions, and beliefs of others. Harassment of any person because of sex, race, color, age, religion, disability, ancestry or national origin is strictly prohibited, whether directed at an employee, vendor, patient or visitor. Any such harassment is prohibited by this policy without regard to whether or not the conduct also violates any equal employment opportunity laws. This policy applies to all employees, medical staff (including residents and attending physicians), directors and medical staff officers, and covers conduct in the workplace, on job assignments out of the office, at Summa sponsored functions, and anywhere else.

Sexual Harassment Prohibited

No one may threaten or imply that an employee's submission to or rejection of sexual advances will in any way influence any decision about that employee's employment, advancement, duties, compensation, or any other terms or conditions of employment. No one may take any personnel action based on an employee's submission to or rejection of sexual advances.

No one may subject another employee to any unwelcome conduct of a sexual nature. This includes both unwelcome physical conduct, such as touching, making sexual gestures and the making or displaying sexual drawings or photographs, as well as unwelcome verbal conduct, such as sexual propositions, slurs, insults, jokes and other sexual comments. An employee's conduct will be considered unwelcome and in violation of this policy when the employee knows or should know it is unwelcome to the person subjected to it, when it substantially interferes with an individual's employment, or when it creates an intimidating, hostile, or offensive work environment.

Other Harassment Prohibited

No one may harass anyone because of that person's race, color, age, religion, disability, ancestry, or national origin. Some examples of conduct prohibited by this policy include using racial and ethnic slurs or offensive stereotypes and the making of jokes about these characteristics.

Making Complaints And Reporting Violations

If you believe that you have been subject to harassment, you are encouraged to make a complaint to the Chief Resident of the House Staff, Residency Director, Director of Medical Education, or the Director of Human Resources. You are not required to complain first to the person who is harassing you, but are encouraged to do so. You may complain directly to the Chief Resident or Residency Director, the supervisor of the harasser, the Director of Human Resources. Similarly, if you observe what you believe constitutes harassment of another employee, you are encouraged to report this to one of the persons described above. No reprisal, retaliation, or other adverse action will be taken against any employee for making a good faith complaint or report of harassment, or in good faith assisting in the investigation of any such complaint or report. Any suspected retaliation or intimidation should be reported immediately to one of the persons described above. Any individual found to have retaliated against an individual for making a complaint or report under this policy, may be subject to discipline up to and including termination.

Investigation of Complaints And Reports

Summa/SWRH will promptly and thoroughly investigate any complaint or report of a violation of this policy. Please understand that a thorough investigation can, in some cases, take several weeks. During the pendency of the investigation, to the extent possible, measures will be taken to prevent any further contact or interaction between the person who believes he or she has been subject to harassment and the alleged violator of this policy. At any time, you may ask the person to whom you made a complaint or report under this policy about the status of the investigation. While it is the intent of Summa/SWRH to attempt to keep any complaints or reports under this policy as confidential as possible, in order to ensure a fair and thorough investigation, complete confidentiality may not be possible. However, all persons with whom the allegations are discussed will be reminded of the confidential nature of the process.

Penalties for Violations

Summa/SWRH will take prompt and appropriate disciplinary and remedial action if its investigation shows a violation of this policy. Depending on the circumstances, the disciplinary action may range from a warning to a discharge.

A complaint or report of a violation of this policy is a serious matter. Dishonest complaints or reports are also against the policy, and Summa/SWRH will take appropriate disciplinary action up to and including termination if its investigation shows that deliberately dishonest and bad faith accusations have been made.

Additional Information

If you have any questions about this policy, or about discrimination or harassment, please contact the Director of Human Resources.

IMPAIRED PHYSICIAN POLICY

Background

The American Medical Association defines the impaired physician as “one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol.” The overall intent of this policy is the recognition, treatment and rehabilitation of the impaired physician with the goal of a return to full and active practice whenever possible. All aspects of the policy will be carried out with the greatest possible regard to safety, confidentiality and sensitivity to the needs of all involved, with the ultimate priority being to protect the best interests of our patients.

Because of the independent nature of most physicians’ practices and the serious implications of any disability, an impairment is often difficult to identify early and is difficult for the impaired physician to acknowledge. It is hard to face the problem with a physician. For all these reasons, the problem often goes unaddressed. Since the safety and well being of the patients is the highest priority, the medical staff is obligated to address all concerns regarding potentially impaired physicians. The following policy provides the framework within which to do so.

In the case of impairment due to age, irreversible medical illness, or other factors not subject to rehabilitation, the sections of this policy dealing with rehabilitation and reinstatement of the physician are not applicable.

Report and Investigation

If any individual working in the hospital has a reasonable suspicion that a resident is impaired, the following steps should be taken, either directly or through a supervisor.

1. The individual who suspects a resident of being impaired must give a verbal, or preferably, written report to the Director of Medical Education.
The report must be factual and shall include a description of the incident(s) that led to the belief that the physician might be impaired. The individual making the report does not need to have proof of the impairment, but must state the facts that led to the suspicions.
The recipient of the report becomes the *point person* for any investigation or intervention which may be required as set forth in this policy. The Director of Medical Education will notify the appropriate residency director of the report, and has the discretionary authority to designate said residency director as the point person for the purpose of carrying out this policy.
2. If, after discussing the concern(s) with the individual who filed the report, the point person believes there is not enough information to warrant intervention and/or an investigation, the information shall be shared with the Director of Medical Education for confirmation. If the

point person (or the Director of Medical Education) believes there is enough information to warrant intervention and/or an investigation, the point person shall:

- a. first assess the need for immediate intervention, based upon an analysis of potential harm to:
 1. patients/families
 2. other individuals (physicians, employees)
 3. the named physician
 4. Summa Western Reserve HospitalIf there is considered to be potential for immediate harm, immediate action may be taken in accordance with the house staff manual. Hospital legal counsel shall be informed after any such action is taken.
 - b. second, in consultation with hospital legal counsel, decide whether a formal investigation of the concerns is warranted.
3. Immediate action may be taken by the point person under the circumstances noted in paragraph 2a above, and may include:
- a. summary restriction and/or suspension of the resident's clinical privileges.
 - b. request for immediate drug/alcohol testing.
 - c. request for immediate psychological evaluation.
4. If it is decided that an investigation is warranted, the involved resident is notified in writing by the Director of Medical Education that a concern has been raised and that an investigation is planned. This notification will include a description of the involved resident's rights and responsibilities under this policy and the house staff manual. The point person, in consultation with the Director of Medical Education shall appoint an ad hoc committee to conduct such an investigation and render a report of its findings. The committee should include at least:
- a. hospital legal counsel or designee (non-voting)
 - b. an administrative representative for the office of medical education, appointed by the Director of Medical Education.
 - c. two physician faculty members
 - d. at least one resident physician.

The involved physician may be asked to present to the ad hoc committee, but such meeting shall not be a hearing as defined in the medical staff bylaws, and no attorney may accompany the involved physician to these proceedings.

The deliberations and report of this committee are held as strictly confidential and shall be considered a peer review committee under Ohio Revised Code Section 2305.421. The committee reports its findings and recommendations to the point person who will also inform the Director of Medical Education. If the investigation produces sufficient evidence that the physician is impaired, the point person, or designee, shall meet personally with the physician. The physician shall be told that the results of an investigation indicate that the physician may be suffering an impairment which affects his/her ability to practice.

The identity of the person who filed the initial report, and the contents of that report, shall be kept confidential and shall not be disclosed to the involved physician.

5. The point person shall seek the advice of hospital legal counsel to determine whether any conduct must be reported to law enforcement authorities or other government agencies, and what further steps must be taken.
6. Depending upon the severity of the problem and the nature of the impairment, the recommendations to the Director of Medical Education may include any of the following:
 - a. require the physician to undertake a rehabilitation program as a condition of continued appointment in the residency
 - b. impose appropriate restrictions on the physician's clinical activities within the residency.
 - c. immediately suspend the physician's residency training until rehabilitation has been accomplished, if the physician does not agree to discontinue practice voluntarily.
 - d. require that the physician undergo medical or psychiatric/psychological examination to further evaluate potential impairment.
 - e. if state medical board action is taken after required reporting, the recommendations shall necessitate the fulfillment of the terms of the consent agreement with the board.

If an examination is required, the resident may select from three potential evaluating clinicians chosen by the hospital. The evaluating clinician may or may not be a member of the Summa Health System/Summa Western Reserve Hospital medical staff. Refusal of such examination will be grounds for summary suspension and application of formal disciplinary action.

If rehabilitation or treatment is recommended or required, hospital and medical education leadership shall assist the resident in locating a suitable program. The hospital shall not reinstate the physician until it is established to the hospital's satisfaction that the physician has successfully completed the treatment program agreed upon.

7. The original report and a description of the actions taken by the point person shall be included in the resident's personnel file. If the investigation reveals that there is no merit to the report, the report, and any record of an investigation, shall not become part of the resident's file, and shall not be disclosed. Such documents shall be maintained in confidential files in the legal department. After four years, if no further concerns are raised regarding the involved physician, the documents shall be destroyed. If the investigation reveals that there may be some merit to the report, but that there is not enough to warrant immediate action, the report shall be maintained in a confidential file in the legal department, and the physician's activities and practice shall be monitored until it can be established whether there is an impairment

problem. Such monitoring is the responsibility of the Director of Medical Education or physician designee (in the case of a resident).

8. The point person shall inform the individual who filed the report that appropriate follow-up action was taken, but shall not disclose the specific nature of the ad hoc committee's recommendation or any action taken.
9. Throughout this process, all parties shall avoid speculation, conclusions, and any discussions of this matter with anyone outside those described in this policy.
10. The Director of Medical Education must be notified of any action taken within the context of this policy in the case of a resident.

Reinstatement

1. Upon receipt by the hospital of satisfactory evidence that an impaired resident has successfully completed a rehabilitation program, the hospital will consider reinstating that resident.
2. When considering an impaired physician for reinstatement, the hospital and its medical education leadership must consider patient care interests to be paramount.
3. If state medical board action is taken after required reporting, reinstatement is contingent upon the terms imposed by the state medical board.
4. If the impairment is one which leads to the requirement for a specific rehabilitation and treatment program and no State Medical Board action has been taken, the point person must first obtain a letter from the physician director of the rehabilitation or treatment program where the physician was treated. The involved physician must authorize the release of this information. The letter from the director of the rehabilitation program shall state:
 - a. whether the resident is participating in the program;
 - b. whether the resident is in compliance with all of the terms of the program;
 - c. whether the resident attends program meetings regularly (if appropriate);
 - d. to what extent the resident's behavior and conduct are monitored;
 - e. whether, in the opinion of the rehabilitation program physician director, the resident is rehabilitated;
 - f. whether an after-care program has been recommended to the resident and, if so, a description of the after-care program; and
 - g. whether, in the program director's opinion, the resident is capable of resuming medical practice and training and providing continuous, competent care to patients.The hospital has the right to require an opinion from other physician consultants of its choice.
5. For all other forms of impairment, the involved resident must inform the hospital of the name and address of his or her primary care physician, and must authorize that physician to provide the hospital with information regarding his or her condition and treatment. The hospital has the right to

require an opinion from other physician consultants of its choice. The hospital shall request that the primary care physician provide information regarding the precise nature of the resident's condition, the course of treatment, whether, in the opinion of the primary care physician, the resident is rehabilitated, and whether the resident is capable of resuming medical practice and training and providing continuous, competent care to patients.

6. An ad hoc committee consisting of the point person, the Director of Medical Education, Vice President of Legal Services, and the appropriate residency director will meet to review the submitted documentation, and shall make a decision regarding reinstatement.
7. Assuming all information the hospital receives indicates that the resident is rehabilitated and capable of resuming patient care and training, the ad hoc committee may take the following additional precautions as conditions of reinstatement when restoring clinical privileges.
 - a. The involved resident must identify two physicians who are willing to assume responsibility for the care of his or her patients in the event that he or she is unable or unavailable to care for them.
 - b. The hospital may require the involved resident to provide periodic reports from his or her primary care physician for a period of time specified by the point person stating that the resident is continuing treatment or therapy, as appropriate, and that his or her ability to treat and care for patients in the hospital is not impaired.
 - c. The hospital may require additional actions or impose further conditions upon the resident as terms of reinstatement. Such actions and conditions must be reasonably related to patient care concerns.
8. The Director of Medical Education or physician designee shall inform the involved resident of the reinstatement decision, and if reinstatement is recommended, must share, in writing, the conditions of reinstatement as approved by the ad hoc committee. The residency director shall monitor the physician's exercise of clinical privileges in the hospital as appropriate.
9. All requests for information concerning the impaired physician shall be forwarded to the hospital's Legal Services for response.
10. Failure of the physician to fully comply with all aspects of a rehabilitation or treatment program and/or the terms of reinstatement shall constitute grounds for corrective action as outlined in the graduate medical education policies and procedures manual.

Prior Impairment

All current residents with a known history of substance abuse may be required to undergo immediate alcohol or drug screening for cause. Such screening may be initiated by a member of hospital management, a member of the residency faculty, the residency director, or the Director of Medical Education. The results of such testing will be reported to the Director of Medical Education.

Voluntary Self Reporting

All residents are urged to voluntarily seek help for any self-recognized impairment of their abilities to practice medicine. In such circumstances the Office of Medical Education and the Director of Medical Education shall work with the individual physician and provide expeditious treatment and rehabilitation. Such intervention and care will be rendered in the most supportive and confidential manner possible within the framework and intent of this policy.

Physician and Health Care Staff Education

The Office of Medical Education shall ensure that an ongoing program is developed and implemented to educate physicians and other health care providers within the system concerning recognition, intervention and treatment of the impaired physician. Educational topics will include prevention of physical, psychiatric and emotional illness with the physician population.

GRIEVANCE PROCEDURE

If a resident has reason to believe that any personnel policy, practice, or procedure (with the exception of any action, policy, or practice, or procedure connected with the periodic evaluation of House Staff, corrective action or appeals, as set forth in the House Staff Manual) has been denied him/her or has been applied in an inconsistent manner, or if a resident has a problem with any individual, the following procedure has been established for the discussion and resolution of such a problem.

Step I: The complaint or problem should be discussed by the resident with the appropriate senior or chief resident in that department. It is the resident's responsibility to initiate these discussions within five (5) working days following the occurrence which gave rise to the grievance. It is the senior or chief resident's responsibility to reply orally to the resident's complaint within five working days of the discussion.

Step II: If the problem remains unresolved, the complaint should be placed in writing by the resident (with all surrounding facts) and presented to the Residency Director within five (5) working days. The Residency Director shall respond in writing to the complaining resident within five working days of receipt of the written complaint.

Step III: In the event that the complaint has not been resolved in the previous steps, the written complaint may be presented by the resident to the Director of Medical Education & Research, or his designee. The Director of Medical Education & Research appoints an ad hoc committee to investigate the complaint fully, and to make recommendations to resolve the complaint. Its recommendations are made to the Director of Medical Education & Research. The Director of Medical Education & Research is expected to render a final decision on the complaint as expeditiously as possible. Written notice of this decision shall be sent to the resident, and shall be presented for information to

the Graduate Medical Education Committee. The answer to any complaint at Step III will be regarded as binding on all parties.

Any answer to Steps I and II shall be considered final and binding unless the resident advances the complaint to the next step within five working days after receipt of an answer. All Grievance Procedure time limits may be modified by mutual agreement for good reason, such as vacation, work schedule, illness or similar absence. If, in the absence of such agreements to extend the time limits, Summa Western Reserve Hospital fails to respond at any step, the resident's grievance will be advanced without prejudice to the next step. The resident must promptly notify the Director of Medical Education & Research if an answer is not received, and the Director of Medical Education & Research will then arrange for the grievance to be advanced.

CORRECTIVE ACTION

1. Criteria for Initiation

If a residency director finds that the activities, professional conduct or competence of a resident to be inconsistent with his medical care responsibilities, detrimental to the welfare of any patient or to the public, or detrimental to the quality of patient care, disruptive to the order, dignity, business or harmony of the Hospital and the Medical Staff, or otherwise in violation of the GME Policies and Procedures Manual, to the extent that the residency director feels corrective action is warranted, he/she may initiate corrective action as appropriate.

The Director of Medical Education & Research must be notified in all instances in which corrective action is anticipated by a residency director.

2. Non-Appealable Corrective Action

(a) Written Reprimand

A resident may receive a reprimand for performance failures that are correctable by the resident once the reprimand has been received. The reprimand will be mailed or hand delivered to the resident, and a copy will be placed in the resident's file.

(b) Probation

A resident may be placed on probation when performance failures are significant enough to warrant special scrutiny but where a special program of remediation is not clearly indicated. The resident would follow his/her normal program, but would be observed with greater scrutiny by his/her residency director or designee. If a probationary program is required, the resident shall be so informed in a meeting with his/her residency director or designee. At that meeting, the areas needing improvement will be identified, and a probationary program will be established. The expected performance of the resident will be established. The expected performance of the resident will be discussed and the consequences for non-performance will also be delineated. In

addition, the time frame for completion of the probationary program will be discussed and documented. A copy of this documentation will be given to the resident and a copy will be placed in the resident's file. Such action may necessitate extension of the resident's educational program. At the end of the probationary period, the resident will receive a written evaluation from the residency director, a copy of which will go into the resident's file. At that time, the residency director may or may not take further corrective action.

Nothing shall prohibit a residency director from initiating appropriate administrative action (including discipline and summary suspension) for any misconduct or failure of performance on the part of a resident during a period of probation.

(c) Remedial Program

A resident may be placed in a remedial program when the resident has clearly demonstrated serious deficiencies that do not appear to be self-correcting. If a remedial program is required, the resident shall be so informed in a meeting with his/her residency director or designee. At that meeting, the resident's deficiencies will be identified and a remedial program will be established. At that meeting, the consequences regarding performance within the remedial program will be discussed. In addition, the time frame for completion of the remedial program will be discussed and documented. A copy of this documentation will be given to the resident, and a copy will be placed in the resident's file. The remedial program may include some limitations on the amount and level of the resident's patient care activities. Such action may necessitate extension of the resident's educational program. At the end of the remedial period the resident will receive a written evaluation from the residency director, and a copy will be entered in his/her file. At that time, the residency director may or may not take further corrective action.

Nothing shall prohibit a residency director from initiating appropriate administrative action (including discipline and summary suspension) for any misconduct or failure of performance on the part of a resident during a remedial program.

3. Appealable Corrective Action

(a) Dismissal

If a residency director determines that a resident should no longer continue in the program, the residency director may make a written recommendation to the Director of Medical Education & Research that the resident be dismissed. The recommendation to dismiss will result in an administrative leave with pay pending the decision of the DME. During this period, the resident will be required to fully cooperate in the Director of Medical Education & Research's investigation and be available upon request. Any period of unavailability by the resident during the administrative leave period (due to travel or other circumstances) must be approved by the Director of Medical Education & Research. Such recommendation of dismissal will be made in writing

and will become part of the resident's file. The recommendation will include the residency director's basis for making the recommendation along with any written documents necessary to support the recommendation. Upon receipt of the residency director's recommendation, the Director of Medical Education & Research shall undertake an independent review of the written documentation supporting the recommendation.

In addition, the Director of Medical Education & Research may make such further inquiries as he deems appropriate in order to make a decision concerning the recommendation. Within twenty (20) working days of receipt of the residency director's recommendation, the Director of Medical Education & Research will render a decision in which he will either:

- (a.) request further clarification from the residency director,
- (b.) accept the recommendation and dismiss the resident,
- (c.) reject the recommendation and reinstate the resident, or
- (d.) modify the recommendation.

The decision of the Director of Medical Education & Research shall be made in writing and it shall be sent to the residency director and a copy shall be sent to the resident. A copy of the Director of Medical Education & Research's decision is sent to the resident by certified mail, return receipt requested. A copy of the decision sent to the resident shall be accompanied by a notice containing a specific statement of the grounds for the decision and shall make specific references to the resident's right of appeal as provided in the resident's appeal process. In the event that the Director of Medical Education & Research requests clarification from the residency director, such clarification must be made within ten (10) working days. A decision upon the clarified recommendation shall be rendered by the Director of Medical Education & Research within twenty (20) working days after receipt of clarification. In the event that the Director of Medical Education & Research accepts the recommendation and dismisses the resident, such dismissal shall become effective immediately. In the event that the Director of Medical Education & Research rejects the recommendation, the resident will continue in the program as if no such recommendation had been made. As such, the period of administrative leave shall be recorded as an approved leave of absence during which time employment benefits continue as if the resident had been actively working.

(b) Summary Suspension

The residency director, the Director of Medical Education and the department chairperson, the President of the Medical Staff and the President of SWRH shall have the authority to summarily suspend all or any portion of the privileges of a resident, when a resident's conduct appears to require that immediate action be taken to protect the life or well being of any patient(s) or to reduce the substantial likelihood of present or future injury or damage to the Hospital or to the health or

safety of any patient, employee, physician or other person. Summary suspension shall become effective immediately upon imposition.

A summary suspension action is intended to be an interim temporary measure to enable hospital administration to conduct a preliminary review and investigation of underlying allegations of resident misconduct or failure of performance. It shall not imply any final findings of responsibility for the situation that caused the suspension. As such, the resident due process rights set forth in the Resident Appeals Procedure shall not apply. In substitution thereof, a resident shall be provided with abbreviated due process rights as follows:

Within five (5) business days of a summary suspension action, an ad hoc review panel shall convene to consider the basis for and continuation of the summary suspension. The ad hoc review panel shall be selected from among the following individuals: The Director of Medical Education, the resident's residency director, department chair, Medical Staff President, Medical Staff Vice President, and hospital legal counsel. A quorum shall be comprised of at least three of the above-identified individuals. The review panel shall meet to review witness statements and other documentation, receive testimony when appropriate and undertake other necessary measures to determine if the standard for the initiation and continuation of a summary suspension action has been met. The resident made subject of the summary suspension shall be invited to appear before the review panel. At the conclusion of its review, the review panel shall decide from among the following options to:

- a. uphold the summary suspension;
- b. overrule summary suspension action but return the resident to active duty with restrictions; or
- c. overrule the summary suspension and return the resident to active duty without restrictions.

The resident shall be informed in writing from the Director of Medical Education & Research or designee of the panel's decision. In the event the resident remains on summary suspension status, he shall be advised of any continuing investigation and/or review process related to his status in the residency program.

4. Automatic Suspension or Limitation

In the following instances, the resident's privileges shall be terminated, suspended or limited as described which action shall be final without a right to appear or further review.

(a) Licensure

- (1) Revocation or Lapse: Whenever a resident's license authorizing practice in this state is revoked or lapses, clinical privileges shall be automatically revoked as of the date such action becomes effective.
- (2) Restrictions: Whenever a resident's license authorizing practice in this state is limited or restricted by the applicable licensing and certifying authority, any clinical privileges which a resident has been granted at the Hospital which are within the scope of said

restriction, shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.

- (3) Suspension: Whenever a resident's license is suspended, clinical privileges or specified services shall be suspended.

(b) Controlled Substances

- (1) Whenever a resident's DEA certificate is revoked, limited or suspended, the resident shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term.

Reporting The resident understands that suspension, dismissal or a limitation on the resident's scope of practice due to any incident related to poor medical judgment and/or substance abuse may be reportable to the Department of Health of the State of Ohio and the National Practitioner Data Bank.

RESIDENT APPEALS PROCEDURE

1. Request for Appeal

- (a) Whenever a resident is suspended (other than a summary suspension) or dismissed, the Director of Medical Education & Research or his designee shall notify the resident by certified mail, return receipt requested, of the suspension or dismissal. Such notice shall contain a specific statement of the grounds for such suspension or dismissal and shall refer to the resident's right of appeal as herein set forth.
- (b) The resident shall have thirty (30) working days following the date of the receipt of such notice within which to request an appeal as described in this Section. Such a request shall be in writing to the Director, Medical Education & Research or his designee.
- (c) In the event that the resident does not request an appeal within the time and in the manner stated above, he/she shall be deemed to have accepted the action involved and it shall be deemed a final and binding action.

2. Exhaustion of Remedies

If a resident is suspended (other than a summary suspension) or dismissed, the resident must exhaust the remedies afforded by the Appeals Procedure before resorting to legal action. If a resident resorts to legal action as a result of suspension or dismissal, he/she will be deemed to have waived the right to an appeals procedure.

3. Scheduling the Hearing of the Appeal

(a) Time and Place for the Appeal

- (1) Upon receipt of a request for hearing, the Director, Medical Education & Research shall, within fifteen (15) working days after receipt of such a request, schedule and arrange for a hearing.
- (2) The Director, Medical Education & Research shall give notice to the resident of the time, place and date of the hearing thirty (30)

calendar days prior to the date of the hearing unless such notice is waived in writing by the resident.

- (3) The date of the commencement of the hearing shall not be less than thirty (30) working days and not more than ninety (90) working days from the date of receipt of the request for a hearing by the Director, Medical Education & Research.

(b) Notice of Charges

As part of, or together with the Notice of Hearing, the Director, Medical Education & Research shall state in writing the acts or omissions with which the resident is charged, providing an appropriate list of charts under question, or other reasons for the suspension or dismissal.

(c) Resident Appeals Committee

When a hearing is requested, the Director, Medical Education & Research shall appoint a Resident Appeals Committee consisting of representatives of the medial staff and house staff leadership, and administration. If any member of the committee has a conflict of interest, or has participated in the consideration of the matter involved at any previous level, the Director, Medical Education & Research will appoint alternate members to serve on the committee. Knowledge of the matter involved shall not preclude a member of the Resident Appeals Committee from serving. The members of the Resident Appeals Committee shall elect from among themselves a Chairman, who shall preside at all meetings of such committee. In addition, the Director, Medical Education & Research may appoint legal counsel to assist the Resident Appeals Committee at the hearing. Appointed legal counsel shall not act as a prosecuting officer, as an advocate for the hospital, the trustees, the residency program, or the Director, Medical Education & Research. If requested by the Resident Appeals Committee, appointed legal counsel may participate in the deliberation of such body and be a legal advisor to it, but shall not be entitled to vote.

(d) Failure to Appear or Proceed

Under no circumstances shall the hearing be conducted without the personal presence of the resident requesting the hearing.

Failure without good cause of the resident to personally attend and proceed at such an appeal in an orderly manner shall be deemed to constitute voluntary acceptance of the recommendations or actions involved which shall become final and effective immediately and any other procedural rights will be waived.

(e) Postponement and Extensions

Once a request for an appeal is initiated, postponements and extensions of time beyond the times permitted in this section may be permitted by the Resident Appeals Committee or its Chairperson acting on its behalf, on the showing of good cause.

4. Appeals Procedure

(a) Pre-Appeal Procedure

- (1) When either side to the appeal requests in writing a list of witnesses, within fifteen (15) working days of such request, each party shall

furnish to the other a written list of the names and addresses of the individuals, so far as is then reasonably known or anticipated, to give testimony or evidence in support of that party at the appeal.

- (2) While neither side in an appeal shall have any right to the discovery of documents or other evidence in advance of the hearing, the chairman may confer with both sides to encourage and advance mutual exchange of documents which are relevant to the issues to be presented at the hearing. Information that, in the opinion of Resident Appeals Committee legal counsel, is protected by peer review or other quality assurance privilege shall not be subject to discovery by the resident or his/her representative.
- (3) The appeal provided for in this section is for the purpose of interprofessional resolution of matters bearing on professional conduct, professional competency or character. Either the resident or Director, Medical Education & Research may request that they may be represented in any phase of the hearing by an attorney at law.

(b) Representation

- (1) The appeal provided for in this section is for the purpose of inter-professional resolution of matters bearing on professional conduct, professional competency or character. Either the resident or Director, Medical Education & Research may request that they be represented in any phase of the hearing by an attorney at law. In lieu of representation by an attorney at law, the resident may choose to be accompanied by and represented at the hearing only by a medical practitioner licensed to practice in the State of Ohio.
- (2) Once selected, each party's representative shall submit a notice of appearance to the Director, Medical Education & Research with a copy to the opposing party or his representative if previously identified. Each party shall be responsible for compensating its own legal counsel or representative.

(c) Record of Hearing

Upon request of either party, the Resident Appeals Committee shall maintain a record of the hearing by one of the following methods: a shorthand reporter present to make a record of the hearing or a tape recording of the proceedings. The cost of such shorthand reporter shall be borne by the party requesting same. The Committee may, but shall not be required to, order that oral evidence be taken only on oath or affirmation administered by a person designated by such body and entitled to notarize such documents in the State of Ohio.

(d) Witness Examination

At the hearing, both parties shall have the following rights: to be present, call and examine witnesses, to introduce exhibits, to cross-examine any witness on any matter relevant to the issues, to impeach any witness and to rebut any evidence. If the resident does not testify on his own behalf, he may be called and examined as if under cross-examination.

(e) Admissibility of Evidence & Peer Review Privilege

The hearing shall not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence shall be admitted by the Committee Chair if it is the type of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum of legal and/or medial points and authorities, the Committee may request such a memorandum to be filed following the close of the hearing. Resident Appeals Committee members may question the witnesses, and the Committee may request that additional witnesses be called if the Committee deems it appropriate.

Information that, in the opinion of the Resident Appeals Committee legal counsel, is protected by peer review or other quality assurance privilege shall not be subject to discovery by the resident or his representative.

(f) Basis of Decision

The decision of the Resident Appeals Committee shall be based on all of the evidence produced at the hearing. This evidence may consist of but is not limited to the following:

1. Oral testimony of witnesses;
2. Briefs of memoranda of legal and/or medical points and authorities presented in connection with the hearing;
3. Any material contained in personnel files regarding the resident who is the subject of the hearing;
4. Any and all program applications, evaluations, progress notes, references, prior counseling and other corrective actions, accompanying documents, etc. regarding the resident who is the subject of the hearing;
5. All officially noticed matters;
6. Prior decisions or recommendations of any ad hoc review committee that reviewed any aspect of the misconduct and/or failure of performance allegations upon which the Resident Appeals Committee hearing is based in whole or in part. **Note:** Such documentation may be protected by peer review or other quality assurance privilege any may not be subject to discovery by the resident or his representative pursuant to Section 4 (e) above; and
7. Any other evidence deemed admissible under Section 4(e) above.

(g) Burden of Proof

In all cases, it shall be incumbent on the Director, Medical Education & Research or designee whose decision prompted the hearing to come forward initially with evidence in support of his decision. Thereafter, the resident made subject of the adverse action shall come forward with evidence in support of his position.

(h) Adjournment and Conclusion

The Committee Chair may adjourn and reconvene the hearing at the convenience of the participants without special notice as such times and

intervals as may be reasonable and warranted, with due consideration for reaching an expeditious conclusion to the hearing. Upon conclusion of the presentation of oral and written evidence, or the receipt of written arguments, if requested, the hearing shall be closed.

(i) Decision of the Resident Appeals Committee

1. Within fifteen (15) working days after final adjournment of the hearing, the Resident Appeals Committee shall render a decision that shall be delivered to the Director, Medical Education & Research and the resident.
2. In the event the resident is currently under suspension, the time period for the Resident Appeals Committee to render its decision shall be reduced to five (5) working days.
3. The decision of the Resident Appeals Committee shall contain a concise statement of the reasons justifying its decision.
4. The decision of the Resident Appeals Committee shall be considered final with no further appeal rights available to the resident.

NON-RENEWAL OF CONTRACT

In those instances where the program desires not to renew a resident's contract, the program director may make a written recommendation to the Director, Medical Education & Research that the contract not be renewed. A recommendation of non-renewal will be made in writing and will become part of the resident's file. The recommendation will include the residency program director's basis for making the recommendation along with any written documents necessary to support the recommendation. A copy of this recommendation will serve as written notice of intent not to renew the contract, and should be provided by the program director to the resident no later than three months prior to the end of the resident's current contract. However, if the primary reason(s) for the non-renewal occur(s) within the three months prior to the end of the contract, the resident is to be provided as much advance written notice of the intent not to renew as circumstances will reasonably allow, prior to the end of the contract. Upon receipt of notification of the program director's intent to not renew the contract, the resident may implement the grievance procedure.

Upon receipt of the program director's recommendation, the Director, Medical Education & Research shall undertake an independent review of the written documentation supporting the recommendation. In addition, the Director, Medical Education & Research may make such further inquiries as deemed appropriate to make a decision concerning the recommendation. Within twenty (20) working days of receipt of the program director's recommendation, the Director, Medical Education & Research will render a decision in which he will either:

- (a) accept the recommendation and not renew the contract, or
- (b) reject the recommendation.

The Director, Medical Education & Research is responsible for rendering the final decision in this matter, either through an independent investigation as described herein, or in accordance with the terms of the grievance procedure if implemented by the resident. The decision of the Director, Medical Education & Research shall be made in writing and sent to the program director, with a copy sent to the resident

CODE OF ETHICS

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in healthcare and to self.

Section 1. The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. The physician shall divulge information only when required by law or when authorized by the patient.

Section 2. The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

Section 3. A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients because of the patient's race, creed, color, sex, national origin or handicap. In emergencies, a physician should make her/his services available.

Section 4. A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

Section 5. A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

Section 6. The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively

support such associations and abide by their rules and regulations.

Section 7. Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities, which are false or misleading.

Section 8. A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.

Section 10. In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11. In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable osteopathic hospital rules or regulations.

Section 12. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

Section 13. A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

Section 14. In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

Section 16. Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when

such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

Section 17. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner. (Approved July 2003)

Section 18. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

Section 19. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

PATIENTS' RIGHTS AND RESPONSIBILITIES

Patient Rights

As a patient at Summa Western Reserve Hospital, you have

1. The right to be fully informed in advance of care of treatment and to actively participate in the planning of your care, planning, and treatment.
2. The right to consent or refuse treatment after being adequately informed of the benefits and risks of, and alternatives to treatment.
3. The right to be fully informed of and to consent or refuse to participate in any unusual, experimental, or research project without compromising your access to services.
4. The right to know the professional status of any person providing your care/services.
5. The right to know the reasons for any proposed change in the Professional Staff responsible for your care.
6. The right to personal privacy and safety and to be free from harassment
7. The right to confidentiality of your clinical records maintained by the facility.

8. The right to access information contained in your clinical records.
9. The right to know the reasons for your transfer either within or outside the facility.
10. The right to know the relationship(s) of the facility to other persons or organizations participating in the provision of your care.
11. The right to access to cost, itemized when possible, of services rendered within a reasonable period of time.
12. The right to be informed of the source of the facility's reimbursement for your services, and of any limitations which may be placed upon your care.
13. The right to be free from unnecessary use of physical or chemical restraint and/or seclusion as a means of coercion, convenience or retaliation.
14. The right to exercise Advance Directive regarding decisions at the end of life in the accordance with Federal and state Patient Self-Determination Action.
15. The right to have a family member or representative of your choice and your physician notified promptly of his or her admission to the hospital.
16. The right to be informed of the right to have pain treated as effectively as possible.
17. The right to consent or refuse organ donation.
18. The right to report a complaint to the Ohio Department of Health (ODH) at the ODH Complaint Hotline by calling 1-800-342-0553.

Patient Responsibilities

1. Provide information about your past and current illnesses, hospitalizations, medications and other matters related to your health status.
2. Request additional information or clarification about anything you do not understand.
3. Provide a copy of your written Advance Directive, if you have one.
4. Inform your physician or other caregivers if you anticipate problems following your prescribed treatments.
5. Provide information for insurance claims or payment arrangements.
6. Be considerate of the rights of other patients and hospital personnel.

GME Policies and Procedures Attestation

GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES MANUAL

2009-2010

I hereby state that I have read the rules and regulations contained in this manual and agree to abide by the terms and stipulations therein.

I also understand that the GME committee has the authority to implement changes and/or add policies and procedures throughout the academic year. Once informed, I agree to abide by the new policies and procedures.

Resident's Signature

Post Grad Year

Printed Name

Date

APPENDIX A



**SUBJECT: SUMMA WESTERN RESERVE
HOSPITAL TRAVEL/TRAINING EXPENSES
POLICY/PROC. NO: 8610-014**

**SOURCE: ADMINISTRATION
REVISION DATE: 8/20/07**

I. PURPOSE:

To provide guidelines for reimbursement of travel and education expenses.

II. POLICY:

Summa Western Reserve Hospital (SWRH) and affiliates will reimburse its employees for ordinary and necessary business expenses incurred while traveling to and from facilities, attending conventions, seminars, institutes, recruiting sessions, and other activities that support the goals and mission of the health system. Employees are to be responsible and prudent when incurring work-related expenses. Employees are to truthfully request reimbursement of expenses actually incurred to neither personally gain nor lose because of incurring reasonable business expenses.

The goal of SWRH's travel policy is to adhere to good business practices and meet the Internal Revenue Service's guidelines regarding recordkeeping for business travel and entertainment expenses. Failure to comply with these policies and procedures could jeopardize SWRH's tax-exempt status.

Travel Authorization

Trips involving air travel must be approved by a Vice President or the President prior to the trip by submitting the Travel/Education Payment Request Form at least 5 working days prior to the travel date (e-mail approval is acceptable and can be printed as documentation).

The Travel/Education Payment Request Form must be approved by the employee's Director and Vice President. Payment requests for a Vice President must be approved by the President.

Approval of the Travel/Education Payment Request Form assigns responsibility and provides an important internal control that indicates that the approver has:

1. Verified that the expenses submitted for reimbursement comply with this policy and expense limitations have been observed;
2. Reviewed the itemized receipts and the form for appropriateness and completeness; and
3. Verified that the form is mathematically accurate.

Air Travel

Air flight arrangements can be made by the employee through the use of internet-based travel services (www.travelocity.com; www.orbitz.com; www.expedia.com, www.yahootravel.com, etc.).

The lowest fare should be sought by the employee when choosing flights. The fare obtained from the on-line services must be compared to the airline carrier (Continental, Southwest, United, etc.) fares to ensure that the best fare price has been obtained since on-line services have fees that airline carriers do not. Flight reservations should be booked as far in advance as possible in order to obtain the lowest fare. Flights should be scheduled to arrive at the airport closest to the location of the business activity.

The employee may submit the cost of the airfare for reimbursement prior to the trip by completing a Travel/Education Payment Request Form that has been approved by the employee's Director and Vice President. The form should be accompanied by a copy of the e-ticket showing name, e-ticket number and price. Upon return from the trip, the employee must submit the passenger copy of the boarding destination passes as evidence that the flights were taken. Any flights not supported by boarding passes within three months of the scheduled flights will result in the cost of the airfare being reported on a 1099 Form as taxable income to the employee.

If the employee does not request reimbursement for airfare in advance of the trip, it is done upon return from the trip. The employee will submit the copy of the e-ticket showing name, e-ticket number, price and passenger copies of the boarding passes for reimbursement on the Travel/Education Payment Request Form.

If the employee chooses to extend the trip for personal reasons, the employee must seek their Director's approval and show that the cost of the airfare is equal to or less than the cost of the airfare for the business portion of the trip. Any airfare costs in excess of the business portion of the trip must be paid for by the employee. This amount can be determined and supported by printouts from the internet-based travel

services or airline carriers that are reviewed with the employee's Director when seeking approval for the extended trip.

Lodging

Lodging costs will be reimbursed at the single occupancy rate for the employee only. Original receipts of the itemized hotel receipt must accompany the request for reimbursement. Room service is a reimbursable expense if it does not exceed the daily meal allowance, excluding alcohol. In-room movies, dry-cleaning, valet services and spa visits are not reimbursable expenses.

If a hotel requires partial payment in advance of arrival, an employee can submit this on a properly documented and approved Travel/Education Payment Request Form prior to the trip.

Meals

Reasonable expenses for meals (not to exceed \$50.00 per day) are allowed if overnight stay is required. Receipts for meal expenses must show individual items purchased, (i.e. food, beverages, tip). A summary charge receipt that groups individual items is not sufficient documentation. Alcoholic beverages are not reimbursable and if consumed, must be deducted from the receipt. A tip, not to exceed 20% of the pre-tax meal expense, may be manually added to the receipt.

Mileage

Intra-Campus Travel

The use of a personal automobile for SWRH business will be reimbursed at the standard mileage rate for the current year as allowed by the Internal Revenue Service. Note: If you use your personal car for business purposes, it is recommended you maintain adequate limits of liability coverage.

Standard mileage one-way distances for intra-campus are as follows:

ACH - STH	1.7 miles	STH – ACH	1.7 miles	SWRH – ACH	4.5 miles
ACH – SWRH	4.5 miles	STH – SWRH	2.5 miles	SWRH – STH	2.5 miles
ACH – SC	1.5 miles	STH – SC	1.0 miles	SWRH – SC	3.5 miles
ACH – Front St.	6.2 miles	STH – Front St.	4.5 miles	SWRH – Front St.	3.0 miles
ACH – Selle Bldg.	1.75 miles	STH – Selle Bldg.	1.75 miles	SWRH – Selle Bldg.	4.5 miles
SC – ACH	1.5 miles	Front Street - ACH	6.2 miles	Selle Bldg. - ACH	1.75 miles
SC – STH	1.0 miles	Front Street - STH	4.5 miles	Selle Bldg. - STH	1.75 miles
SC – SWRH	3.5 miles	Front Street - SWRH	3.0 miles	Selle Bldg. - SWRH	4.5 miles
SC – Front St.	6.0 miles	Front Street - SC	6.0 miles	Selle Bldg.- Front St.	6.0 miles
SC – Selle Bldg.	1.0 miles	Front Street – Selle Bldg.	6.0 miles	Selle Bldg. - SC	1.0 miles

Intra-Campus travel should be submitted monthly on a Mileage Reimbursement Documentation Form. This form should be attached to a completed and approved Check Request Form. The preferred sub account for this type of expense is 7410. **All reimbursement forms, supporting documents and policies are posted in Outlook/Public Folders/All Public Folders/Summa Bulletin Boards/SWRH Forms/Finance.**

Employees can not turn in intra-campus mileage reimbursement if they receive a monthly allowance through payroll. The IRS allows only one method of mileage reimbursement to employees.

Trip Mileage

Generally, trips requiring one-way drive time in excess of 3 hours should be made by air, unless the employee can provide documentation to their Director that proves that driving is less expensive than flying, or takes less time than flying due to an airport that is not in close proximity to the business location. Trip mileage should be submitted on the Travel/Education Payment Request Form.

Automobile travel other than intra-campus travel must be accompanied by a Mapquest printout to support the distance traveled from your home address to your business destination (airport, meeting location, etc.). Secondly a MapQuest printout to support the distance traveled from your home address to your SWRH work address is required. Thirdly on one of the two printouts the roundtrip mileage to/from your business destination must be denoted with a deduction for your roundtrip mileage to/from SWRH for the number of business days that you were not commuting to work. The net of these two figures will be the incremental miles driven, above your commuting miles to work at SWRH, to reach your business destination. These incremental miles are the miles that will be submitted and reimbursed on the Travel/Education Payment Request Form. This methodology is consistent with the Internal Revenue Service's regulation that an employee's mileage for their daily commute to/from work is not a deductible business expense.

EXAMPLE:

Bob drives 3 miles one-way to work each day, for a total of 6 miles per day or the equivalent of 30 miles per week Monday through Friday. Bob has to travel out-of-town on business for the entire week and will need to drive to the airport which is 20 miles from his home, or a total of 40 miles to-and-from the airport. When completing his expense report, Bob will request reimbursement for mileage on the incremental difference of 10 miles between the miles to-and-from the airport (40), less the miles he would have driven to-and-from work in a normal work week (30). If the total miles to-and-from the airport were 30 miles or less, Bob would not request reimbursement for any mileage expense since the miles to-and-from the airport is equivalent to or less than his normal commuting miles to-and-from work.

Parking and Tolls

Charges for parking, including airport parking, hotel parking, conference center parking, and highway tolls incurred while conducting business at non-campus locations are reimbursable with the proper receipts.

Long Distance Telephone

One personal phone call of reasonable length per day will be reimbursed if overnight stay is required. Additional calls are appropriate if delays in travel are experienced. Documentation showing the date, time and charge for each call must be submitted for reimbursement.

Automobile Rental

Automobile rental is allowed when other less costly means of transportation (shuttle bus, taxi, etc.) are unavailable or impractical and only when traveling out of town. Automobile rental should be pre-approved by the employee's Director and Vice President prior to completing the car rental reservation. Vehicles up to the midsize class are customary for one or two business travelers.

Registration Fees

Generally, registration fees for seminars, conventions, etc. are required to be paid in advance of the event. The employee may submit these registration fees for reimbursement on the Travel/Education Payment Request Form along with a receipt of payment and appropriate approval.

Tips

Tips associated with services documented by receipts (taxis, meals, etc.) should be manually added to the receipts and they should not exceed 20% of the pre-tax service amount. Tips associated with services not documented by receipts (airport parking or car rental shuttle drivers, baggage handlers, etc.) should be listed on a sheet of paper that is submitted with the Travel/Education Payment Request Form.

Business Entertainment

The Internal Revenue Service is specific about the information required to reimburse business entertainment expenses. Requests for reimbursement of business entertainment expenses must contain the following attributes:

Amounts and Dates – Food, beverage, tickets, etc. must be reported by separate expense along with the date of the entertainment.

Location and Type – Name and address or location of place of entertainment as well as type of entertainment, if not otherwise apparent, must be reported.

Business Purpose – The business purpose or the business benefit gained or expected to be gained must be reported.

For entertainment, the nature of the business discussion or activity must be reported. If the entertainment was directly before or after a business discussion: the date, place, nature, and duration of the business discussion and the identities of the persons who took part in both the business discussions and the entertainment activity must be reported.

Business Relationship – Occupations or other information (such as names, titles or other designations) about the recipients, that shows their business relationship to you, must be reported. For entertainment, you must also prove that you or your employee was present if the entertainment was a business meal.

Non-Reimbursable Expenses

The following items are not reimbursed by SWRH to the employee:

1. Personal items that include clothing, toiletries, valet services, personal entertainment, spa visits,

- in-room movies,
- 2. Alcoholic beverages,
- 3. Personal telephone calls (in excess of limits set above),
- 4. First class airfare,
- 5. Items not properly documented with itemized receipts,
- 6. Expenses for family members and friends traveling with employee, and
- 7. Personal expenses related to travel beyond dates of business travel. The airline travel may have resulted in a lower fair if a weekend for personal purposes was included, but no reimbursement will be made for any expense resulting from the employee's choice to stay additional days.

III. **PROCEDURE: Submitting Expenses for Reimbursement**

Travel related expenses can be submitted for reimbursement on a Travel/Education Payment Request Form and routed to Accounts Payable for payment. When SWRH employees travel together, each employee should submit separate expense reports. **The Travel/Education Payment Request can be found in Outlook/Public Folders/All Public Folders/Summa Bulletin Boards/SWRH Forms/Finance.**

Airline, registration, and hotel fees required in advance of arrival can be submitted for reimbursement prior to the trip with proper documentation and approval. All other expenses will be paid for by the employee and submitted for reimbursement upon return.

If the Travel/Education Payment Request Form is submitted prior to the trip, the employee should complete the Pre-Trip Section and submit it to Accounts Payable after saving the form electronically for their records. Upon returning from the trip the employee should retrieve their electronic version of the Travel/Education Payment Request Form, and enter their requested reimbursement in the Post-Trip Section and then submit it to Accounts Payable. All expenses associated with a trip must be documented in one comprehensive Travel/Education Payment Request Form.

Within five (5) working days after the trip, the Travel/Education Payment Request Form must be completed and submitted with all itemized receipts attached and properly approved. Once submitted to Accounts Payable, Travel/Education Payment Request Forms will be paid via check within five (5) working days.

Requests for travel expense reimbursements that are \$50 or less can be submitted to the Accounts Payable Cashier on a properly approved Petty Cash Request Form. Supporting documentation would be an approved Mileage Reimbursement Documentation Form or Travel/Education Payment Request Form.

III. SIGNATURE SHEET:

POLICY AND PROCEDURE APPROVAL

Policy/Procedure "INITIATED" by:
Finance

Date: 9/1/04

Policy/Procedure "REVISION" by:
Finance

Date: 8/20/07

Departmental "APPROVAL" by:

Date: _____

Title: Chief Financial Officer; Vice President – Finance

ADMINISTRATIVE APPROVAL

*President/COO:

Date: _____

Vice President:

Date: _____

*Medical Staff:

Date: _____

*** When Applicable**

Revision Dates

9/1/04
8/20/07

Review Dates

9/1/04

Appendix B



SUBJECT: Faculty: Roles & Responsibilities **POLICY/PROC.:** _____

SOURCE: Medical Education & Research **PAGE:** 1 of 2

EFFECTIVE DATE: _____

REVISION DATE: _____

PURPOSE:

To define the responsibilities of members of the Medical Staff who participate as faculty in the Graduate Medical Education program as it relates to Residents.

POLICY:

Each training program has established a minimum of criteria which must be met to enjoy the privilege of faculty status. (See graph below) Frequency of participation and/or additional program specific requirements will be communicated by each Program Director. Faculty status will be conferred on members of the Active Medical Staff who have shown a commitment to teaching. Compliance will be monitored on an ongoing basis and inability to comply with minimum criteria may result in the loss of faculty status as determined by the Director of Medical Education and the applicable Program Director.

	IM	Gen Surg	Ortho	Podiatry	EM	FM	Derm
ACTIVITY							
Journal Club	X	X	X	X	X	X	X
Lectures	X	X	X	X	X	X	X
Volume		10/mo	2/mo	X	n/a		
RPAC		X			X		
Clinic		X	X		n/a		
Radiology Conference			X		n/a		
Teaching Rounds	X	X	X	X	X	X	X
Board Reviews	X					X	X
Morning Report	X						



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