



# House Staff Manual

**2008 - 2009**

*“Creating a network of opportunities for residency teaching, undergraduate medical teaching, continuing education, and community resource development.”*

**New Hanover Regional Medical Center**



**2008-2009**

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## 1. Introduction

### 1.1 New Hanover Regional Medical Center

New Hanover Memorial Hospital (NHRMC) opened June 14, 1967, merging James Walker Memorial Hospital and Community Hospital and ushering in the modern hospital era in Wilmington. The hospital opened with 352 beds and, as it attracted physicians with a wide range of specialty skills, added three floors in 1979 and grew into the referral hospital for Southeastern North Carolina. In 1991, recognizing its role in regional health care, the Board of Trustees renamed the hospital “New Hanover Regional Medical Center.”

In 1998, the Medical Center merged with Cape Fear Hospital, creating New Hanover Health Network. One year later, an operating agreement with Pender Memorial Hospital added the Burgaw Hospital to the Network. Today, the Network is licensed for a total of 855 beds - 628 on the New Hanover Regional campus (including 62 at the Oaks Behavioral Health Hospital and 60 at the Coastal Rehabilitation Hospital), 141 at Cape Fear and 86 at Pender Memorial.

Early in its history, NHRMC sought to partner with teaching hospitals and offer Graduate Medical Education. The hospital has been affiliated with the University of North Carolina School of Medicine at Chapel Hill since 1970. As the state developed teaching centers to support the development of physicians, the South East Area Health Education Center (SEAHEC) began in 1973, based at the Medical Center. There is a faculty exchange, with physicians from UNC-Chapel Hill coming to NHRMC and vice versa. SEAHEC provides faculty, staff, offices and conferences rooms, audiovisual equipment, and the Robert M. Fales M.D. Health Sciences Library in support of Graduate Medical Education.

In 2004, NHRMC joined the Appalachian Osteopathic Postgraduate Training Institute Consortium (A-OPTIC) under Pikeville College School of Osteopathic Medicine to be able to offer American Osteopathic Association approved internships for Osteopathic graduates entering the Family Medicine or Internal Medicine programs.

NHRMC offers a three-year residency in Internal Medicine, a one-year preliminary program in Internal Medicine, a three-year residency in Family Medicine, a four-year residency in Obstetrics/Gynecology, a five-year General Surgery residency, and a one-year preliminary program in General Surgery.

An all-volunteer Board of Trustees governs NHRMC. The Board’s 18 members include the current, past and incoming chief of the medical staff, the chief of Pender Memorial’s medical staff, a Pender County Commissioner, a New Hanover County Commissioner, and 12 members appointed by the New Hanover

County Commissioners. The Board delegates authority for the implementation of medical policy to the medical staff and for policy management to the hospital's chief executive officer.

Each member of the NHRMC team is ready to assist you in any way possible. Please feel free to call upon any team member at any time.

## 1.2 South East Area Health Education Center (SEAHEC)

The South East Area Health Education Center (SEAHEC) was established in 1973 and is one of nine AHECs under the North Carolina Statewide AHEC Program. The nine AHECs link the four university health science centers, the community hospitals, and health agencies of North Carolina. With state and local funding, the network helps attract, retain, and maintain high quality health care professionals in all areas of the state.

SEAHEC is administered by the Health Sciences Foundation, Inc. which is an educational non-profit organization governed by a board of directors. The Foundation contracts with the University of North Carolina at Chapel Hill to conduct AHEC programs in a five-county region. SEAHEC and NHRMC work together to conduct Graduate Medical Education programs in Internal Medicine, Obstetrics and Gynecology, General Surgery, and Family Medicine. Twenty-eight full-time faculty who are members of the University of North Carolina School of Medicine, are permanently based in Wilmington and are responsible for the teaching programs at NHRMC. Additional faculty, consisting of private practicing physicians, hold clinical appointments in the University of North Carolina School of Medicine and participate actively in the teaching programs.

For practicing health professionals, SEAHEC offers continuing education programs, which are developed according to the needs of the region, a specific agency, or health care discipline. The health care educators of SEAHEC conduct a variety of health education and training programs in allied health, dentistry, medicine, nursing, mental health, pharmacy, and public health.

SEAHEC faculty in both the Graduate Medical Education and the Continuing Education programs are actively involved in research. Their research studies have led to improvements in health care at NHRMC as well as at the regional, state, and national levels. The SEAHEC Research Department assists the faculty and residents in conducting research and in procuring extra-mural research funds. In addition, the Research Department offers continuing education programs in research and computer applications, organizes student research internships, and lends technical assistance on research-related issues to health care professionals in the region.

The library offers electronic databases as well as a large selection of electronic and print books and journals. The library also has an excellent collection of DVDs

and video tapes. The online catalog is available at <http://catalog.ncahec.net> and the library's website is available at <http://www.coastalahec.org/library/library-home.asp>. Books and audio visuals circulate for two weeks and may be renewed for two additional weeks. Reference books and journals do not circulate. Books and articles from journals not owned by the library are obtained from other libraries through interlibrary loan.

- The Library has a microcomputer lab with 17 computers, Internet, and a wide variety of medical databases.

The Library is open at the following times:

- Monday – Thursday                      7:30 a.m. – 9:00 p.m.
- Friday    7:30 a.m. – 8:00 p.m.
- Saturday    8:30 a.m. – 2:30 p.m.
- Sunday    2:00 p.m. – 6:30 p.m.

After hours library access is provided to residents.

## 2. New Hanover Regional Medical Center Medical Staff

The New Hanover Regional Medical Center Medical Staff is comprised of more than 500 physicians and dentists who have been granted privileges to practice at NHRMC by the Board of Trustees.

The elected officials of the Medical Staff include the Secretary-Treasurer, the President-Elect, the President (Chief of Staff), the Chairman of the Credentials Committee, and the Chairman of the Professional Review Committee. The clinical departments and their respective department chairmen are listed below. A number of standing committees meet regularly and conduct the business of the Medical Staff.

The Medical Staff Office is responsible for the verification of credentials for medical staff applicants, reappointments, expansion of clinical privileges, and other matters related to clinical privileges of the Medical Staff members. Other duties performed by the Medical Staff Office include serving as the office for the Medical Staff officers and as the Medical Staff's liaison to Administration and the Board of Trustees, maintaining the Bylaws and other Medical Staff documents, and arranging for meetings and keeping minutes of Medical Staff committees and clinical departments.

Further information regarding the Medical Staff and its organization can be obtained from the Medical Staff Office at (910) 343-7289, or your Program Director.

### 2.1 Medical Staff Officers for 2007 – 2008

President.....	Joseph A. Pino, MD
President-Elect .....	Clarence L. Wilson, II, MD
Secretary/Treasurer .....	Neill H. Musselwhite III, MD

### 2.2 Department Chairpersons for 2007 – 2008

Anesthesiology.....	Robert E. Lubanski, Jr., MD
Cardiac Services.....	Hemantkumar M. Patel, MD
Dentistry, Oral and Maxillofacial Surgery.....	Brady J. Semmel, MD, DMD
Emergency Medicine .....	S. Bryan Durham, MD
Family Medicine .....	Dewey H. Bridger, III, MD
General Surgery .....	Thomas D. Eskew, MD
Medicine .....	John W. Sanders III, MD
Obstetrics/Gynecology.....	R. Henry Temple, Jr., MD
Orthopedic Surgery.....	R. Mark Rodger, MD
Otolaryngology.....	Ewain P. Wilson, MD
Pathology .....	John F. Turner, MD

Pediatrics.....Thomas L. Blackstone, MD  
Psychiatry.....Patrick D. Martin, MD  
Radiology.....William H. McCuskey, MD  
Surgery.....Edward W. Whitesides, MD  
Professional Review Committee .....Elizabeth J. Griffin, MD  
Credentials Committee.....Cobern Peterson, Jr., MD, PhD

### 3. New Hanover Regional Medical Center Employment Policies, Procedures, and Benefits

#### 3.1 House Staff Agreement of Appointment

The House Staff Agreement of Appointment is distributed to current and new residents in late March for signature. **This agreement is revised and updated annually by GMEC.** Please see Appendix A for a copy of the current Appointment of Agreement for House Staff.

#### 3.2 Call Rooms

When the resident is officially on call, the Medical Center will provide the resident with a call room equipped with a telephone and sleeping provisions. Private shower facilities will be available, but not necessarily on a per room basis. Residents are expected to remain in NHRMC for call as specified by their departmental policies.

#### 3.3 Dress Code

Uniform attire is not required; however, men should wear a shirt and tie under the white coat. Women should wear a white coat over their street clothes. The resident must be immediately identifiable as a physician and appearance or manner of dress must not diminish professional effectiveness. Scrub suits are permitted when on call at night but are discouraged outside appropriate areas during regular working hours.

#### 3.4 Identification

Special Police Services will issue each resident an identification badge. This badge is used for security/identification and must be worn at all times in the Medical Center. The identification badge must be worn conspicuously with the front of the badge (picture side) facing out on the front of the upper outer garment. The badge also is needed as identification to receive discounted meals in the cafeteria and to gain access to specific areas in the Medical Center. All identification badges will be returned to Special Police Services upon resignation/termination of employment with the Medical Center.

#### 3.5 Licensure Requirements

All residents must have a resident training license or a full license prior to the effective date of employment. If a license is not issued by the effective date of the Agreement of Appointment, the resident will not be an employee of the Medical Center and will not be paid. Associated benefits, i.e., health and dental insurance will not be provided. The Executive Assistant/GME Coordinator at the

SEAHEC will forward the instructions for obtaining a North Carolina Resident Training License to the resident within 10 days after the Match. The application process is done online at the North Carolina Medical Board's website at [www.ncmedboard.org](http://www.ncmedboard.org). The resident must complete all applicable information as instructed and forward the online application with applicable paper documentation to the Executive Assistant/GME Coordinator when completed. The Executive Assistant/GME Coordinator will submit the application to the North Carolina Medical Board (NCMB). **It is imperative that the application be completed immediately.** The turn-around time for the NCMB to issue a license after it is submitted online by the Executive Assistant/GME Coordinator is approximately three to four weeks, providing all information on the application and appropriate documentation submitted is complete, accurate, and there are no problems with the information provided on the resident. The Executive Assistant/GME Coordinator will be notified by the NCMB when the license is issued and will in turn notify the resident on line.

NHRMC is responsible for payment of fees for the original and renewal of training licenses. Residents are required to have a valid credit card (Visa or MasterCard) and access to a printer to complete the original license application. Residents will be reimbursed for the initial training application fee during their first week of orientation provided a training license is issued. **Residents are also responsible for keeping their license current. All licenses must be renewed annually on the resident's date of birth. The SEAHEC Executive Assistant/GME Coordinator will send the renewal form to the resident for completion. The form must be returned by the specified date and the license renewal will be completed online by the SEAHEC Executive Assistant/GME Coordinator and paid for by NHRMC.**

**Payment for permanent licenses and renewals is the responsibility of the resident and is not paid by the Medical Center.**

### 3.6 Tobacco Free Workplace

#### Policy

NHRMC is committed to the promotion of quality health care, which includes the prevention of disease. With this commitment comes the responsibility of providing a safe and healthy environment. To establish and maintain the highest possible environment in which to deliver such care, NHRMC Campus buildings, property, parking lots, and operated vehicles are tobacco-free. NHRMC is dedicated to maintaining a tobacco-free campus environment. This policy is established to minimize adverse health effects to patients, visitors, physicians, volunteers, and employees; to reduce risk of fire for all of the above; to promote health and serve as a community role model; and to enhance employee productivity and reduce healthcare costs.

## Procedure

1. This policy applies to all employees, patients, physicians, students, contracted personnel, volunteers, visitors, vendors, and tenants of NHRMC.
2. Employees, physicians, students, contracted personnel, volunteers, and vendors found to be in violation of this policy will be subject to disciplinary action up to and including termination and/or loss of privilege to provide service at NHRMC.
3. This policy applies to all tobacco products including cigarettes, cigars, pipes, herbal, tobacco products, and chewing tobacco, none of which will be sold on campus or at any facility owned, leased, or operated by NHRMC.
4. The use of tobacco products is prohibited at all facilities used by the hospital including leased buildings, vehicle parking spaces, parking garages, and hospital owned, lease, or operated vehicles. The use of tobacco is prohibited anywhere on hospital property, whether leased or owned, including personal vehicles parked on NHRMC owned or leased property. There are no designated tobacco use areas on the campus.
5. Employees wishing to leave campus to smoke will be required to clock-out. Any clock-out requires the approval of the manager, and will be for a minimum of 30 minutes.
6. The monitoring and enforcement of tobacco-free regulations are the responsibility of every employee. It will be the responsibility of every employee to politely bring this tobacco-free policy to the attention of persons observed violating the regulations.
  - Employees, physicians, students, contracted personnel, volunteers, and vendors refusing to abide by these policies should be reported to their immediate supervisor, or the Medical Staff Office, for appropriate action. Anyone violating this policy shall be subject to the applicable corrective action.
7. All employees are authorized and encouraged to communicate this policy with courtesy and diplomacy with regard to patients. Patients who refuse to comply with the tobacco-free environment should be counseled by the nurse or physician responsible for the patient's care. Repeat violations should be reported to the department manager for immediate follow-up action.
8. Visitors in violation of this policy should be politely informed of this fact. Visitors persisting in violating this policy may be reported to Special Police for immediate follow-up action.

9. Human Resources will inform all applicants for employment of the Tobacco-Free policy prior to the applicant accepting an offer of employment from NHRMC.

New employees will be advised of the provisions of this policy during Employee Orientation.

### 3.7 Communications

#### 3.7.1 Telephones

Telephones are located in all departments and treatment areas of NHRMC. Each of these telephones has a four-digit number listed in Capslive or in GroupWise. To call anyone in the Medical Center, you only have to dial the last four digits. Local outside calls can be made by dialing "9" and then the seven digit number. All long distance NHRMC business calls can be made by dialing 16; the six digit authorization code assigned to the resident during orientation, then 9 - 1 - Area Code and the seven digit telephone number. International calls that pertain to a patient or hospital business can be made through the Hospital Operator. Personal long distance calls are prohibited on any NHRMC telephone. There are pay phones located throughout the Medical Center for personal telephone calls.

The SEAHEC telephone system is separate from the NHRMC system. Calls made to SEAHEC from outside of the Medical Center (910-343-0161) are routed through the main SEAHEC switchboard, which is open from 8:30 AM until 5:00 PM, Monday through Friday. However, if the extension of the individual is known, the resident can dial (910) 343-2516, which reaches the AHEC automated attendant at which time the extension number can be entered. If a resident is in the Medical Center and needs to call SEAHEC, they can dial extension 2516, which accesses the SEAHEC automated attendant, and then enter the three-digit extension number or access the directory.

#### 3.7.2 Pagers

The Program Administrator of each GME Department issues pagers. If a pager malfunctions and needs to be repaired, it is the resident's responsibility to take the pager to their Program Administrator. If the pager cannot be fixed on site, a replacement will be issued and programmed to the resident's pager number.

**If a malfunction occurs with a resident's pager during the evening or weekend hours, NHRMC Telecommunications Operator must be notified of the resident's whereabouts.**

### 3.7.3 Paging System

In order to page someone on the in-house paging system, access any Medical Center extension and dial 7500. At the beep dial the pager number, and after the next beep, dial the number you want the person to call. For digital beepers, access an outside line and dial the pager #. At the signal, enter the # the individual should call followed by \*ext. #. If a resident receives a page, either on their pager or overhead (i.e. the Medical Center Operator), they should access a Medical Center extension or either call the Medical Center Operator (0) or the extension to which they were paged. If a resident wishes to page someone who does not carry a pager, they should call the Medical Center Operator and ask that the individual be paged to a particular extension number.

**NOTE: Residents should not ask the NHRMC Operators to page other residents and faculty in their departments. The GME Departments will distribute the beeper list to the residents as needed.**

### 3.8 Termination of Employment

All resident Agreement of Appointments are for one year. Residents enter into the appointment in good faith and it is their ethical obligation to fulfill this appointment until its expiration date, except when the resident is unable to do so because of incapacitating illness.

It is also understood that under no circumstances will either party terminate this appointment prior to its expiration date without providing the other party the opportunity to discuss any differences, dissatisfaction, or grievances.

Residents are expected to fulfill their Agreement of Appointment, but in **unusual circumstances** when a resident needs to terminate the agreement, it must be **in writing**. The Program Director has the final decision on the conditions of the termination and the written approval must be entered in the resident's personnel file. The resident will not receive pay or benefits for the portion of the Agreement of Appointment that is unfilled.

Upon termination the resident must present evidence that all medical and financial obligations to the Medical Center have been completed before receiving a final paycheck. A checkout form is available in the SEAHEC Administration Office, which must be signed by all departments and returned to the SEAHEC Administration Office.

Further information regarding termination of employment can be found in the House Staff Agreement of Appointment (Appendix A), the Due Process and Grievance Policies under the Institutional Policies Section, and the Process for Resident Hearing (Appendix C) of this manual.

### 3.9 Report of Employee Occupational Injury or Illness Form, EMH-005

Any residents who are involved in an accident, exposure, or injury on the job are required to complete the Report of Employee Occupational Injury or Illness Form, EMH-005 (Appendix B), within 24 hours of the incident. **Employee Health Service must be contacted and a copy of the completed form brought to Employee Health Service.**

#### Procedure

Report of Employee Occupational Injury or Illness Form, EMH-005, must be completed by the resident.

Resident notifies Program Director of injury and is referred to Employee Health with the Report of Employee Occupational Injury or Illness Form. If Employee Health is closed, the Emergency Department is available. If treated by Emergency Department, the resident is to contact Employee Health on the next open day. Also, the report of Employee Occupational Injury or Illness Form is to be left under Employee Health's door after treatment by the Emergency Department.

If an outside referral for treatment is needed, this must be approved by Employee Health. After visits to the Employee Health Department for follow-up, a Recommendation to Supervisor Form will be sent regarding work restrictions if indicated.

A copy of the report will be kept in Employee Health.

### 3.10 Management of Blood and Body Fluid Exposures

#### Procedure

All residents/staff/volunteers sustaining a parenteral/mucus membrane exposure, to blood or other body fluids, will report the incident immediately to their Program Director and report to Employee Health within 15 minutes of exposure.

If the Employee Health Service is closed, the resident/staff/volunteer will contact the Coordinator, House Supervision (Nursing Supervisor) within 15 minutes. Follow up in Employee Health Services the next day open.

Residents will be counseled regarding potential exposure risk for HIV, HBV, & HCV, (if indicated). An Informed Consent must be signed by the resident for confidential laboratory work.

Residents will be tested at baseline, and retested in 6 weeks, 12 weeks, and 6 months after an exposure to determine whether transmission has occurred. After

written consent is obtained, all specimens will be taken to lab with a coded number.

If the resident consents to baseline blood collection, but does NOT consent at that time for HIV serology testing, the sample will be preserved for 90 days. During that 90-day period, the resident may elect to have a baseline sample test for HIV.

If the resident declines testing, a declination form must be signed.

A written opinion of the medical assessment and post evaluation must be completed by the Employee Health Nurse following an exposure accident and given to the resident.

The resident's HIV laboratory results will be filed in the resident's health chart. Positive or "Reactive" results of HIV will be reported to the New Hanover County Health Department as required by law.

Residents having reactive HIV antibody status will be referred to their private physician for evaluation and counseling.

#### Resident Follow Up

#### Hepatitis B

General - Systemic infection that involves the liver. Caused by Hepatitis B virus.  
Contact - Direct exposure with blood or body fluids from an infected person through percutaneous, mucous membrane or open cuts.

Treatment - Prophylaxis for exposure is provided based on the Hepatitis B vaccination status of the exposed person and according to the source of exposure.

1. Exposed person not previously vaccinated.
  - a. Source known, HBsAG positive:
    - HBIG 0.06 ml/kg IM within seven days of exposure.
    - Initiate the Hepatitis B Vaccine within seven days of exposure. Complete vaccination one month, and six months later.
    - For persons not given the Hepatitis B vaccine, a second dose of HBIG should be given one month after the first dose.
  - b. Source known, HBsAG status unknown:
    - High risk or intermediate risk HBsAG positive. \*
    - Screen source person for HBsAG
    - If reactive, treat the exposed person with HBIG 0.06 ml/kg IM within seven days of exposure
    - Initiate the Hepatitis B vaccine within seven days of exposure. Complete vaccination one month and six months later.
  - c. Source Unknown:

- Initiate the Hepatitis B Vaccine within seven days of exposure. Complete vaccination one month and six months later.

\*Individuals included in the high risk group for Hepatitis B virus include: immigrants (refugees), homosexually active men, IV drug users, patients in institutions for the mentally retarded, hemodialysis patients and household contacts of Hepatitis B virus carriers. The intermediate risk group includes: health care workers who have frequent blood contacts, male prisoners, and staff members of institutions for the mentally retarded.

2. Exposed person previously vaccinated against Hepatitis
  - a. Source known, HBsAG positive. Screen exposed person for anti-HBs unless they have been tested within the last 12 months. If adequate antibody, no additional treatment is required.
    1. If the exposed person has inadequate antibody on testing, give a booster dose of Hepatitis B vaccine (1 ml) and recheck HBsAG status in 6 weeks
  - b. Source known, HBsAG status unknown
    1. Known source, high risk or intermediate risk HBsAG positive
      - If the exposed person is known non responsive to the Hepatitis B vaccine, screen the source person for HBsAG
      - If HBsAG positive, give exposed person one dose of HBIG 0.06 ml/kg IM immediately and a booster dose of Hepatitis B vaccine.
    2. Known source, low risk HBsAG negative
      - No treatment necessary.

#### Hepatitis Non-A, Non-B, Hepatitis C

General - Most common post transfusion hepatitis disease resembles Hepatitis B.

Contact - Direct contact with blood or body fluids by parenteral, mucous membrane or open cut route.

Treatment - Test employee for Hepatitis C antibody baseline, 3 months and 6 months.

#### HIV

General - Human immunodeficiency virus.

Contact - Direct exposure with blood or body fluids from an infected person through needle puncture, open cuts, open wounds, into eyes or mouth or other mucous membranes.

Treatment - Baseline HIV screening should be performed on the employee as soon as possible after the exposure. If this test is negative, retest after six weeks, three months, and six months to determine if transmission of HIV virus has occurred.

#### Source Patient Follow-Up

After obtaining the source patient information, Employee Health Service will contact the source's physician. Employee Health Service Staff or designate will then inform the patient of the incident, and obtain a signed consent for HIV testing if patient is able.

After consent has been obtained, a request for an Employee Exposure Profile will be sent to the Laboratory on a miscellaneous lab slip. The patient will not be charged for this profile, billing will be to Cost Center 8993.7893. **(DO NOT ENTER IN COMPUTER)**. This "profile" is for Hepatitis B Surface Antigen and HIV antibody tests. (Hepatitis C test will be ordered if indicated).

If the patient has a parenteral or mucous-membrane exposure to blood or other body fluids of a health care worker, the patient will be informed of the incident and the same procedure outlined above for management of exposures will be followed for both the source health care worker and the exposed patient.

If the source refused, the Employee Health Services Coordinator will contact the New Hanover County Health Director to obtain permission for HIV testing. When the source individual is already known to be infected with HIV or HBV, testing for the source individual's known HIV or HBV status need not be repeated.

Results of the source patient's labs will be sent to Employee Health Services and physician in a sealed envelope. The physician or designee will inform the source patient of lab results.

Results of the source individual's testing will be made available to the exposed resident, and the resident will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

### 3.11 Safety

If you need personal protective equipment and are not able to find any in your work area, please contact Distribution at extension 2489 or the nursing supervisor.

### 3.12 Employment of Relatives

NHRMC/SEAHEC will receive applications for employment from relatives of residents. However, to avoid unnecessary problems, the NHRMC/SEAHEC prohibits members of the same immediate family, or residents in an intimate personal relationship, from employment in a supervisory/subordinate role.

1. For interpretation of this policy, immediate family is defined as follows: parent, legal guardian, spouse, son/daughter, brother/sister, father/mother in-laws, brother/sister in-laws, and grandparents.

2. If one resident marries another or two residents are, or become involved in an intimate personal relationship, both may retain their positions providing they meet the conditions of this policy. (Special administrative consideration through the recommendation of a Program Director and approval by the Vice President for Graduate Medical Education may be given for exceptions.)
3. NHRMC/SEAHEC believes it is common sense that supervisors do not “date” subordinates. For supervisors, this includes anyone in their chain of command.
4. NHRMC/SEAHEC cannot guarantee immediate family employees the same time off. Each resident has to be treated independently and not as a member of a family.
5. A resident will be asked if they have any immediate relatives employed with the NHRMC/SEAHEC on their application. If they are a relative of an employee, they can only be employed in accordance with this policy. If they falsify their application concerning their relationship to another resident, they will be subject to the NHRMC/SEAHEC’s disciplinary process up to and including discharge.
6. It is the responsibility of the Program Director(s), SEAHEC, and the Manager of Recruitment and Retention, NHRMC, to verify and assure that this policy on Employment of Relatives is followed.

### 3.13 Educational Benefits

Each year \$740 per resident is given to each department for resident expenses to attend professional meetings. The Program Director determines how these funds are allocated.

### 3.14 Employee Pharmacy Services

The Employee Pharmacy is available for United Healthcare and/or cash purchases of take home prescriptions for personal or immediate family use at discounted rates for all residents. The Employee Pharmacy is located in the Medical Mall; however, drop boxes are available at the Inpatient Pharmacies at NHRMC and Cape Fear Hospital. The Employee Pharmacy is open from 7:00 AM to 5:30 PM, Monday through Friday. A selection of over-the-counter items may also be purchased from the pharmacy. For more information on prescription transfers, refills, over-the-counter items, and more, please visit Capsuleslive or <http://caplive/caplive>.

### 3.15 403(b) and 457(b) Retirement Savings (Defined Contribution Plan)

NHRMC residents can authorize a payroll deduction to a 403(b) or 457(b) Retirement Savings Plan and participation can begin at any time. Contributions are made on a pre-tax basis each pay period (up to 26 times per year). NHRMC will match 403(b) contributions based on the following schedule:

<u>Years of Service</u>	<u>Match</u>
0-4 years	\$0.50 for each \$1.00 up to 4% of base salary
5-9 years	\$0.75 for each \$1.00 up to 4% of base salary
10+	\$1.00 for each \$1.00 up to 5% of base salary

Because the savings are tax-deferred, residents do not pay state and federal taxes on their contributions until they actually receive money from their account. IRS regulations also govern how much residents will be able to contribute to these plans. In 2008, the limit is \$15,500 for each account. Employees who are age 50 or older may contribute an additional \$5,000.

Residents are vested in the 403(b) and own 100% of the NHRMC contributed funds once they have completed three calendar years of service with 1,000 hours worked in each year. **Personal contributions always belong to the resident.** Residents will generally receive their benefit when they retire at or after the normal retirement age of 65. However, if they are vested and leave NHRMC before qualifying for retirement, they can receive the full value of their account at that time less applicable taxes, or “rollover” their account into an Individual Retirement Account (IRA) or another employer’s qualified retirement savings plan.

### 3.16 Library

The library offers electronic databases as well as a large selection of electronic and print books and journals. The library also has an excellent collection of DVDs and video tapes. The online catalog is available at <http://catalog.ncahec.net> and the library’s website is available at <http://www.coastalahec.org/library/library-home.asp>. Books and DVDs circulate for two weeks and may be renewed for two additional weeks. Reference books and journals do not circulate. Books and articles from journals not owned by the library are obtained from other libraries through interlibrary loan.

### 3.17 Mail

A mailbox is provided for each resident in his or her respective department. Mail is delivered and sorted by 1:00 p.m., Monday through Friday. Absolutely no personal items are to be shipped to NHRMC or SEAHEC. Please use the following address for correspondence to be delivered at work:

Internal Medicine, Obstetrics/Gynecology, and Surgery Residents  
Resident Name

Department  
SEAHEC  
P. O. Box 9025  
Wilmington, NC 28402-9025

Family Medicine Residents

Resident Name  
Coastal Family Medicine  
2523 Delaney Avenue  
Wilmington, NC 28403

## 4. Institutional Policies

### 4.1 Institutional Commitment to Graduate Medical Education (GME)

NHRMC is committed to GME which is evidenced by the Commitment to Graduate Medical Education Statement; the Affiliation Agreement between NHRMC and SEAHEC; and annual financial support. Supporting documentation is available.

### 4.2 Commitments of Faculty

- As role models for our residents, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
- We pledge our utmost effort to ensure that all components of the educational program for resident physicians are of high quality, including our own contributions as teachers.
- In fulfilling our responsibility to nurture both the intellectual and the personal development of residents, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
- We will demonstrate respect for all residents as individuals, without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.
- We will do our utmost to ensure that resident physicians have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required by their chosen discipline. We also will do our utmost to ensure that residents are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value.
- We will provide resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues. We will do our utmost to prepare residents to function effectively as members of healthcare teams.
- In fulfilling the essential responsibility we have to our patients, we will ensure that residents receive appropriate supervision for all of the care they provide during their training.
- We will evaluate each resident's performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.
- We will ensure that resident physicians have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for practice.

- We will nurture and support residents in their role as teachers of other residents and of medical students.

#### 4.3 National Resident Matching Program (NRMP) Participation

The Graduate Medical Education Programs at NHRMC will participate in and abide by the policies of the National Resident Matching Program.

##### Match Commitment

The listing of an applicant by a program on its certified rank order list or of a program by an applicant on the applicant's certified rank order list establishes a binding commitment to offer or to accept an appointment if a match results. Each such appointment is subject to the official policies of the appointing institution in effect on the date the program submits its rank order list and is contingent upon the matching applicant meeting all the eligibility requirements imposed by those policies. Those requirements must be communicated to applicants in writing prior to the rank order list certification deadline. It is recommended that each program obtain a signed acknowledgement of such communication from each applicant who interviews with such program.

#### 4.4 Equal Opportunity Employer

It is the policy of the NHRMC/SEAHEC to provide equal opportunity in all aspects of employment and promotion without regard to race, color, religion, sex, national origin, age, marital status, or disability.

#### 4.5 Recruitment and Appointment of Residents

The GME programs will only consider those applicants who are LCME graduates, AOA graduates, or qualified International Medical Graduates. ***All graduates applications which are non-LCME or non-AOA must come through the GME Office for review before a contract is offered. NHRMC does not sponsor any visas. We will entertain applications from resident applicants who will be legally able to begin employment by the effective date of the Agreement of Appointment. Citizenship documentation must be provided to the GME Office for verification.***

Successful candidates will be required to provide or complete:

1. International Medical Graduates will have legal documentation of citizenship by the time employment begins. The GME Committee will review this policy annually in September
2. North Carolina Training License (obtained through SEAHEC Administration)
3. Verification of credentials (obtained by the Program Director)

4. Background checks (obtained by both NHRMC and the North Carolina Medical Board)
5. Physical examination including toxicology screen, breath analysis, and immunization updates as required (completed by NHRMC Employee Health Services during orientation.)

#### 4.6 Selection and Eligibility of Residents

Of those eligible applicants as defined under policy “Recruitment and Appointment of Residents,” the GME will select from the most qualified applicants considering the attributes listed under the Institutional Requirements, II.A.2.a. of the Accreditation Council for Graduate Medical Education, and will not discriminate with regard to those differences listed.

*II.A.2.a. The sponsoring institution must ensure that programs select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.*

#### 4.7 Graduate Medical Education Committee (GMEC)

The Graduate Medical Education Committee (GMEC) formed in 1991 has the responsibility to oversee all of the GME Programs at NHRMC to include the quality of education and work environment, and establish, review, and revise all policies which affect the GME programs. The Committee will be chaired by the Vice President for GME – NHRMC, (ACGME-DIO), and members will include all Program Directors (Family Medicine, Internal Medicine, Ob/Gyn, Surgery, and Neonatology); one elected resident from each program; Vice President for Human Resources – NHRMC; Vice President- Administration – NHRMC; Director, Ambulatory Care and Manager of Outpatient Clinics – NHRMC; and the NHRMC Director of Osteopathic Medical Education. Each of the above members will have voting privileges. The Committee is ultimately responsible to the President/CEO of NHRMC acting on behalf of the Board of Trustees. Program Administrators from each GME Program are invited as non-voting members of the Committee.

The GMEC will meet monthly and minutes will be taken and distributed. The GMEC will also monitor all Institutional Requirements on an annual basis and provide oversight for those responsibilities listed under Institutional Requirement III.B. In addition, the GMEC will review and approve prior to submission to ACGME all items listed under Institutional Requirement III.B.10.

#### 4.8 Designated Institutional Official (DIO)

The Designated Institutional Official (DIO) for the GME programs at NHRMC serves as Vice President for GME, NHRMC and Chairman of the GMEC. The

DIO/GMEC will oversee and administer the Institution's GME Program and assure compliance with all ACGME requirements. The DIO will review and cosign all program information forms (PIFs) and significant correspondence that impacts the GME programs and ultimately the institution. The DIO will also work closely with the Medical Staff Office of NHRMC and will submit to the Medical Staff Office an annual report addressing resident supervision, resident responsibilities, resident evaluation, compliance with duty hour standards, and resident participation in patient safety and quality of care education. In the absence of the DIO, SEAHEC's Associate Director of Operations will fulfill the responsibilities of the DIO.

#### 4.9 Internal Review Process

The GMEC will oversee the internal reviews of each residency program. The purpose for the program reviews is to assess their compliance with both institutional and program requirements of the ACGME. Internal reviews will be conducted midway through a program's accreditation cycle and will adhere to the ACGME recommended protocol and process and approved by the GMEC.

#### 4.10 General Competencies

NHRMC, through the GMEC, ensures that the GME programs will develop an educational program that defines the knowledge, skills, attitudes, and experience necessary for residents to demonstrate competency in the areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Monitoring of progress will be accomplished through the respective Program Director (semiannually report to GMEC in July and January) and through program Internal Reviews.

#### 4.11 Promotion and Retention of Residents

Promotion to the next post-graduate year of training is contingent upon satisfactory completion of the requirements of the training level just completed. This promotion will be based upon evidence of progressive scholarship and professional growth of the resident as demonstrated by his/her ability to assume greater and increasing responsibility for patient care. This determination will be the responsibility of the Program Director with advice from program faculty. If performance has been deficient at one or more levels, the resident may be asked to repeat a portion of the year or the annual House Staff Agreement of Appointment may, at the discretion of the NHRMC and SEAHEC, not be renewed. In such cases residents will be notified four months prior to the completion of their current Agreement of Appointment, and they may implement the Institution's Grievance Procedure.

#### 4.12 Evaluation of Residents

All residents' performance will be evaluated to include, but not limited to the following ways:

- Following each rotation
- Semi-annually by the Program Director
- Resident performance on in-training exams
- At the completion of the program
- Resident performance on Board Exam

Resident evaluations become part of the resident's file and are available for review by the resident upon request.

Residents will also be given the opportunity to evaluate faculty, Program Director, private attendings, and the overall teaching program.

#### 4.13 Evaluation of Faculty and Program

House Staff will evaluate the rotations, faculty (program and private), and overall educational experiences on an ongoing basis. Specific protocols and processes are outlined in the respective department's House Staff Manual. House Staff will be given the opportunity to confidentially evaluate all aspects of the program on an annual basis.

#### 4.14 Annual Salary/Benefits Survey

Each fall the SEAHEC Business Office will conduct a salary and benefit survey of the AHEC residency programs and the University Medical Center's Residency Programs in North Carolina. The purpose of this survey is to ensure that NHRMC's GME programs remain competitive for both salaries and benefits.

#### 4.15 Core Benefits

NHRMC offers employees the opportunity to enroll in a benefits package that best meets their needs. The residents choose the medical, dental, long-term disability, and life insurance plans that make the most sense for them and their eligible dependents.

Dental Insurance: NHRMC offers dental insurance coverage that helps pay for preventive, basic, and major dental care for residents and their eligible dependents. The percentage of co-insurance depends on the type of service and the benefit year of enrollment. For more specific information, please refer to the 2008 NHRMC Benefits Handbook. There is no network of dentists, and bi-weekly deductions (26 periods per year) are taken on a pre-tax basis.

Long Term Disability (LTD): NHRMC provides full-time employees who are regularly scheduled to work at least 32 hours per week with LTD

insurance at no charge. Long Term Disability provides 60% replacement of base salary, not to exceed \$10,000 per month, beginning on the 91<sup>st</sup> day of an approved disability. Residents may choose a Buy-Up Option that provides a benefit beginning on the 61<sup>st</sup> day of an approved disability.

Life Insurance: NHRMC provides residents with life insurance in the amount of \$10,000 up to age 65. (Coverage after age 65 is based on percentage reductions as defined in the Plan Summary). In addition, residents may purchase one to five times their base annual salary in supplemental life and AD&D insurance, dependent life insurance and/or spousal life insurance.

Vision Insurance: Residents may elect to participate in NHRMC's optional Vision Care Plan at the following coverage levels: (1) employee only, (2) employee plus one dependent, or (3) family. The plan offers a network of vision care providers from which to choose. The plan provides for one annual eye exam with \$10 co-pay, and a contact lens fitting with \$15 co-pay. Residents also receive up to \$200 of eyewear (glasses and contact lenses) without an office charge every 24 months.

Health Insurance: NHRMC pays the bi-weekly premiums (payroll deductions) for United Health Care's Premium Plan for residents and their eligible dependents. The coverage is effective the first of the month following the date of hire. The plan is a Preferred Provider Organization (PPO), and in-network benefits are provided through a comprehensive national network. Residents are responsible for any co-pays, co-insurance, or any other charges incurred when using the insurance. For specific plan design information, please refer to the plan description or 2008 Employee Benefits Handbook.

#### 4.16 Vacation/Sick Leave

In compliance with the Family Leave Act (FMLA) of 1993, eligible residents are entitled to a leave of absence (LOA) for up to twelve (12) weeks during any twelve (12) month period.

Each first year resident will receive twenty-two (22) working days of paid leave (twelve (12) sick\* and ten (10) vacation) at the beginning of the year. All other residents will receive twenty-seven (27) days of paid leave (twelve (12) sick and fifteen (15) vacation). Unused sick leave may be carried over to subsequent years, but there is no cash value for unused sick or vacation time. Vacation time may not be carried over to subsequent years. Any days off over the number of days available will be without pay. In the event that FMLA leave is taken, the order of leave should be as follows: vacation, sick, unpaid.

Residents must also be made aware of respective department's Residency Review Committee requirements. These requirements specify the number of days annually that residents are allowed to be absent from the program without having

their training extended. It is the department's responsibility to ensure that time cards reflect that residents are on FMLA and to keep up with the balance of available hours. If training is extended, residents will be given information on the effect this leave may have on respective Board certifying exams.

\*Sick leave is looked at as protection against serious/lengthy illnesses. Sick leave must be taken in accordance with the FMLA.

#### Reasons for FMLA

1. care of newborn, newly adopted child, or child placed with resident for foster care;
2. care of a child, parent, or spouse with a serious health condition; or
3. the resident's own serious health condition that renders them unable to perform the functions of their position.

#### Eligibility for FMLA

Eligible residents must satisfy the following:

1. have been employed at NHRMC for at least (12) consecutive months, and
2. have worked at least 1250 hours during the prior, consecutive twelve (12) month period.

#### Other Leave

Up to five (5) additional working days may be allocated to each resident each academic year for the purpose of attending medical meetings or other approved medical activities. The Medical Center designates seven (7) days during the year as employee holidays. For purposes of resident scheduling these are treated like weekend days. Three (3) days absence with pay will be granted for a death in the immediate family (parent, spouse, or children)

#### 4.17 Professional Liability Insurance/Tail

Professional liability coverage is provided by the NHRMC for all residents. Coverage includes resident training sponsored programs both in and out of the Medical Center. Residents are given the basics of the policy at Orientation. The professional liability insurance program does not extend to activities outside the scope of employment or the scope of the residency-training program. Residents are advised to contain their practice of medicine to their assigned duties if they do not have their own personal malpractice insurance coverage and permanent medical licensure. Coverage is provided to all residents including legal defense, after they have left their respective programs should a claim or suit be brought against them as a result of their resident training at the NHRMC. All occurrence

or suspected claims/suits should be reported to the Risk Management Department as soon as possible.

#### 4.18 Uniforms/Laundry

Each resident is issued two lab coats at the beginning of their training. Laundering of these lab coats is done at no cost to the resident through the Medical Center laundry. Lab coats will be replaced yearly. Medical Center owned scrubs are not to be worn outside or removed from Medical Center property.

#### 4.19 Meals

Residents are reimbursed for meals while on call in the hospital. Each resident receives an on-call meal allowance based upon the following meal cost: \$3.00 for breakfast; \$4.50 for lunch; and \$4.50 for dinner. It is assumed that a typical resident on call rotation will include two meals a day during the week and three meals per day during the weekend. This reimbursement is paid quarterly.

#### 4.20 Resident Work Environment and Organization

NHRMC agrees to provide House Staff with a work environment that is safe and conducive to their development as a physician. This includes 24-hour food services; call rooms, and all patient support services to include lab, radiology, medical records, library, etc. Membership on the GMEC provides the residents with the forum to exchange ideas and concerns that affect them. For issues that are personal and/or confidential, residents may meet with their respective Program Director.

#### 4.21 Duty Hours

The GMEC of NHRMC ensures that all GME programs will be in compliance with the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) requirements to monitor and limit resident duty hours and work environment. The GMEC recognizes that duty hours and work environment must be carefully planned and monitored to ensure sound academic and clinical education, patient safety, and resident well being.

The GMEC further ensures that each GME program establish formal written policies governing resident duty hours. These policies, per the ACGME requirements; stipulate that residents must:

- Be scheduled for not more than 80 duty hours per week on average over a four week period
- Have one day in seven free of patient care responsibilities averaged over four weeks

- Call no more frequently than every third night averaged over four weeks
- Be on call no more than 24 hours of hospital care with an additional six hours of continuity or transfer care but without accepting new patients for up to six hours after the 24-hour period. Home call that is reasonable and where the expectation is that rest will occur.
- A ten hour rest period must exist between duty periods
- Count the time spent in the hospital toward the weekly duty hour limit when call is taken from home
- Moonlighting **within the institution (NHRMC 17<sup>th</sup> Street Campus, Cape Fear Hospital, the Oaks, and Coastal Rehabilitation Center)** counts toward the 80 hour work week
- Back-up support systems will be provided when patient care responsibilities are unusually difficult or prolonged or resident fatigue may jeopardize patient care.

The GMEC will require all GME programs to assess compliance to their duty hour policy on a quarterly basis. Semi-annually, each GME program will submit a report to the GMEC documenting compliance to the duty hour policy.

#### Duty Hour Violations

NHRMC takes the ACGME's and the AOA's 80-hour workweek policy very seriously since infractions could jeopardize patient safety, the institution's accreditation status, and ultimately the accreditation status of all GME Programs at NHRMC. Therefore, any resident who knowingly violates the Duty Hour Policy will be dealt with by the respective Program Director. If a resident knowingly continues to violate the Duty Hour Policy, the Program Director can invoke other departmental sanctions and at any time may bring the issue before the GMEC for review and possible subsequent disciplinary action up to and including the resident's dismissal from the program.

#### 4.22 Harassment

It is the policy of NHRMC/SEAHEC to prohibit any form of sexual harassment in the work place, whether by a manager, co-worker, or a non-employee to include a physician. No resident is required to endure insulting, degrading, or exploitative sexual treatment. Some examples of sexually harassing conduct in the work place include:

- unwelcome sexual flirtations, advances, or propositions
- verbal abuse of a sexual nature
- graphic verbal comments about an individual's anatomy
- sexually degrading words used to describe an individual
- display of sexually suggestive objects and pictures.

Any resident who believes that he/she has been the subject of sexual harassment should report the alleged act immediately to his/her Program Director or to NHRMC Human Resources. The allegations will be investigated and findings and conclusions will be reported back to the employee reporting the allegations. Any resident including any physician who, after appropriate investigation, is found to have engaged in sexual harassment will be subject to appropriate disciplinary action up to and including termination.

#### 4.23 Outside Employment (**Moonlighting**)

The activities in the NHRMC are sufficient to keep the resident fully occupied and generally outside employment is not permitted. However, there are some occasions when outside activity may be beneficial to the community and resident and may be compatible with the service to which they are assigned. In such instances, permission **must** be obtained from the Program Director who will document all requests including the number of hours per week and this information will be included in the resident's file. **Should notification and approval not have occurred before a resident engages in outside employment (moonlighting), disciplinary action may result. This action may include loss of outside employment privileges or suspension or dismissal from the residency program.** NHRMC professional liability does not cover residents in work situations other than those directly related to their training program. Moonlighting hours within the institution (NHRMC 17<sup>th</sup> Street Campus, Cape Fear Hospital, the Oaks, and Coastal Rehabilitation Center) will be counted toward the eighty-hour workweek. In the event that moonlighting is approved the resident's performance will be monitored for the effect these activities have on his/her performance.

#### 4.24 Physician Impairment

All residents will receive education on physician impairment to include substance abuse and sleep deprivation.

Substance Abuse: The NHRMC is committed to maintaining a work environment in which the use of illicit drugs and alcohol is prohibited and performs testing to ensure compliance. There are four (4) instances in which substance abuse testing will be conducted on residents. They are Post Employment Offer Testing, Random Testing, Post Accident Testing, and Reasonable Cause Testing.

If a resident is believed to be impaired and is under the influence of alcohol or drugs based on reasonable evidence, they will be immediately removed from duty by the Program Director and informed of the reason. Residents who take call from home must also adhere to this policy in the event that they may be called into work. The Vice President of Human Resources and/or Employee Health Services must be consulted immediately and prior to any requests for alcohol and/or drug testing. The Program Director will escort the resident to Employee

Health Services. If after Employee Health hours, the on call Employee Health pager is called. The teaching programs encourage any resident or student with a substance abuse problem to contact a member of the faculty so that appropriate interventions can be initiated. The faculty, with assistance from Employee Health, will make every effort and explore all available options to resolve the issue as satisfactorily as possible with the emphasis on rehabilitation. Any resident is subject to alcohol and drug testing as mentioned above and appropriate disciplinary action in accordance with the Due Process Procedure set forth in of the House Staff Manual and with NHRMC's policies.

Mental Health Impairment: The faculty understands that many stresses are associated with the health care profession. It is recognized that prior emotional problems can be exacerbated and new problems manifested in association with the many stresses of the residency experience. The faculty encourages residents to bring emotional problems to their attention and confidential counseling is available from each of the full-time faculty members. When specific professional help is necessary, the resident will be encouraged to pursue this course, and appropriate adjustments to the resident's work schedule will be made in consultation with the resident and the resident's therapist. The faculty is willing to make reasonable efforts to help the resident resolve emotional dysfunctions. If the resident manifests an emotional dysfunction that impairs their ability to deal effectively with clinical problems, then a leave of absence may be arranged. Efforts will be made to resolve the resident's problem and permit them to continue in the training program.

Physical Disabilities: Residents will be selected to the training programs without regard to physical disabilities unless such disabilities would prevent residents from appropriately carrying out clinical duties. Every reasonable effort will be made to accommodate the work-related needs of disabled residents. Efforts will be made to provide necessary equipment and other items to permit physically disabled residents to function optimally. The training program will endeavor to provide the facilities that potential trainees might need to carry out their duties.

When physical disabilities develop in the course of the training, efforts will be made to provide the resident with schedule modifications or special equipment to continue in the program. However, it is recognized that disabilities can develop that are incompatible with pursuing a career in certain areas. If this should happen, the faculty will work with the resident to provide any needed counseling and other help to find a position in another appropriate area.

Teaching Faculty: If concerns about substance abuse, mental impairment, or physical disability arise in reference to members of the teaching faculty, these should be brought to the attention of the Program Director, the Associate Program Director, or the President/CEO of the SEAHEC. Much the same approach as that for residents will be utilized. Intervention will be directed at overcoming the disability. However, no faculty member will be permitted to remain in a position

of responsibility for either university service patients or resident trainees if they cannot discharge their responsibilities appropriately.

#### 4.25 Counseling and Support Services

NHRMC provides all of its residents with a confidential, professional counseling service in an Employee Assistance Program or EAP. The EAP provides a resource for all residents (and their legal dependents) and the Medical Center to prevent or correct impaired job performance which may be caused by personal problems such as marital, family, emotional, stress, medical, financial, legal, and substance abuse problems to include alcohol abuse. This is available on a voluntary basis.

NHRMC pays for five total visits for counseling for residents or members of their immediate family per year.

The primary purpose of this benefit is to provide a service that identifies and assists residents and members of their immediate family with personal problems that may interfere with the resident's job performance.

The EAP confidential assessment and counseling is provided by an independent, off-site professional counseling service.

There are 3 ways a resident can access EAP services:

1. self-referral to off-site professional counseling (call ext. 7445 for more details)
2. through the Employee Health Service
3. through the resident's Program Director

Available also to resident physicians is the North Carolina Physician's Health Program (NCPHP). This program has been available to North Carolina physicians since 1988. The program has been established to deal with physician impairment in its broadest context. It is funded through state monies (a percentage of licensure fees), statewide hospitals, and charges to impaired physicians where possible and appropriate. Anonymity is maintained when accessing Physician's Health Program, except in instances considered critical. NCPHP is accessible at (919) 881-0585.

#### 4.26 Due Process (Discipline, Suspension, Dismissal)

It is the policy of NHRMC that all employees, to include medical residents, are expected to comply with the Medical Center's standards of behavior and performance, and that any noncompliance with these standards must be remedied. The Medical Center endorses the policy of progressive discipline described herein, which provides residents with notice of deficiencies and an opportunity to improve.

Conduct, which can result in progressive disciplinary action, includes, but is not limited to: unacceptable performance of duties, unacceptable personal conduct, and academic under achievement.

In addition, actions by a resident which are considered to be serious violations of NHRMC and SEAHEC rules and regulations or other actions of misconduct may result in immediate suspension or dismissal from the program.

At the time training begins, each resident is informed by the Program Director of the program objectives, standards, and criteria for advancement. The responsibility for monitoring and evaluating the performance of residents and for imposing disciplinary actions rests with the Director of the resident's training program. Disciplinary decisions may be subject to review by the Vice President for Graduate Medical Education, NHRMC and President/CEO, SEAHEC (Vice President for Graduate Medical Education/SEAHEC President/CEO) and the Vice President for Human Resources, NHRMC.

### Procedure

1. Verbal Counseling: If the resident is not meeting the Medical Center's standards of behavior or performance, the Program Director or designee shall meet with the resident to clearly inform him/her of the nature of the problem, to determine why or how it occurred; and to provide assistance in identifying corrective action to prevent reoccurrence.
2. Written Warning (to Include Probation): This is the first formal step in the procedure that is normally taken when a second and/or serious violation of behavior or performance occurs. The Program Director or designee shall meet with the resident and inform him/her of the seriousness of the problem and issue a written warning (to include probation).

A written warning may include a requirement for extension of training. Residents who receive notice that their program may be extended for academic reasons must be notified 120 calendar days (with exception noted below) before the completion of the academic year. Such notification should state:

- length of the extension or criteria to be satisfied (if length is not specified)
- reasons for the extension supported by prior evaluations of performance, if needed
- specific deficits to be corrected
- criteria and evaluation procedures to be employed in determining satisfactory completion of the year for credit

The one exception to the 120-day time requirement for notification of the program extension shall be when major academic failure, occurring in the final two months of the academic year, may justify extension. In such cases,

failure must be considered by faculty to overshadow satisfactory performance in the first ten months of the year.

3. Suspension: Serious violations of NHRMC Standards of Behavior or performance or repetition of violations usually warrant suspension from duty without pay. Suspension in the progressive discipline process serves as a final warning to the resident to modify their behavior or face the consequence of possible dismissal. When the Program Director believes that a resident merits suspension from duty, he/she normally consults with the Vice President for Graduate Medical Education/SEAHEC President/CEO prior to counseling the resident privately to inform them of the seriousness of the infraction or misconduct and the corrective action to be taken.
4. Dismissal: Residents will be given a written notice of intent not to renew the Agreement of Appointment no later than four months prior to the end of the current Agreement of Appointment. However, if the primary reason(s) for non-renewal occurs within the four months prior to the end of the Agreement of Appointment, residents will be provided as much written notice of intent not to renew as the circumstances will allow, prior to the end of the Agreement of Appointment. When in the judgment of the Program Director or an authorized designee, he/she determines that immediate action is necessary; a resident may be suspended pending further investigation. In either case, the resident may then invoke the residency program grievance procedure. The Program Director must first consult with the Vice President for Graduate Medical Education/SEAHEC President/CEO and/or the Vice President for Human Resources, NHRMC before dismissal proceedings may begin.

#### 4.27 Grievance/Adjudication

It is recognized that residents should be given the opportunity to appeal certain actions not to include performance evaluations and non-renewal of Agreement of Appointment, which may be imposed by the Program Director. Questions concerning performance of duties, personal conduct, or academic under achievement shall be discussed initially by the resident and the Program Director. The following is a description of the appeal process. In exercising these appeal rights, the resident waives and releases any and all claims whatsoever against NHRMC/SEAHEC and individuals who participate in the grievance process in good faith and without malice. **It should be noted that attorneys would not be allowed to be present during any level or step of the grievance procedure. The only exception being, that an attorney who does not generally represent NHRMC/SEAHEC may serve as the Hearing Officer should a grievance proceed to that level.**

##### Procedure

Level 1: If a resident receives a written warning and they disagree with the warning, the following appeal process may be followed:

Step 1 – Discussion between Resident and Program Director: All questions concerning the written warning shall be discussed initially by the resident and their Program Director within 5 days of receipt of the written warning. If the grievance cannot be resolved at this level, the resident may request a conference with the Vice President for Graduate Medical Education, NHRMC/SEAHEC President/CEO.

Step 2 – Discussion Between Resident and Vice President for Graduate Medical Education/SEAHEC President/CEO: The resident should submit to the Vice President for Graduate Medical Education/SEAHEC President/CEO within 7 days of the Program Director’s decision, a written request for a conference outlining the substance of their grievance. Upon receipt of this request, the Vice President for Graduate Medical Education/SEAHEC President/CEO will arrange a conference with the resident, normally to occur within 7 calendar days. Within 7 days following the conference, the Vice President for Graduate Medical Education/SEAHEC President/CEO will notify the resident and the Program Director, in writing, of his decision. The Vice President for Graduate Medical Education/SEAHEC President/CEO’s decision is final.

Level II: If a resident receives a suspension or notice of recommendation of dismissal, the following appeal process may be followed:

Step 1 - Discussion Between Resident and Program Director: A resident that is suspended or receives a notice of recommended dismissal has 10 calendar days after receiving written notice of such action to appeal the decision to the Program Director or his/her designee. Upon receipt of the appeal, the Program Director or his/her designee will arrange to meet with the resident normally within 5 calendar days. The resident will be informed in writing within 5 calendar days following the meeting of the decision regarding the appeal.

Step 2 – Discussion Between Resident and Vice President for Graduate Medical Education/SEAHEC President/CEO: Same as Step 2 in Level I above except that the Vice President for Graduate Medical Education/SEAHEC President/CEO’s decision may be reviewed according to Step 3.

Step 3 – Hearing Before Hearing Committee or Hearing Officer: If the decision of the Vice President for Graduate Medical Education/SEAHEC President/CEO is not deemed satisfactory, the resident may then request a hearing by filing a written request with the Vice President for Graduate Medical Education/SEAHEC President/CEO within 7 calendar days after

receiving a copy of the decision of the Vice President for Graduate Medical Education/SEAHEC President/CEO. Upon receiving the request for a hearing the Vice President for Graduate Medical Education/SEAHEC President/CEO will appoint a Hearing Committee or a Hearing Officer to conduct the hearing. If a Hearing Committee is appointed, the Vice President for Graduate Medical Education/SEAHEC President/CEO will appoint a Chairperson for this Committee.

A hearing shall be held not less than 14 days or more than 28 calendar days from the date of the resident's request for a hearing. The Chairperson of the Hearing Committee or the Hearing Officer shall notify the resident of the date, time, and place of the hearing. The resident may meet with the Committee or Hearing Officer or may waive the right. The resident has the right to present witnesses before the Hearing Committee or Hearing Officer. The procedures for the hearing are in Appendix C of this House Staff Manual, and incorporated herein by reference.

At the conclusion of the hearing it will be the responsibility of the Chair of the Hearing Committee or the Hearing Officer to inform the Vice President for Graduate Medical Education/SEAHEC President/CEO and resident, in writing, of the recommendations. This will normally be done within 7 calendar days following the hearing. If there is no appeal, this decision is final

Step 4 – Review of Recommendations by the President and CEO, NHRMC: If the resident is not satisfied with the written recommendations of the Residency Hearing Committee or the Hearing Officer, the resident is entitled to request a review of the recommendations by the President and CEO, NHRMC, who acts as an agent of the Board of Trustees of NHRMC. A written request for review should be submitted to the President and CEO, NHRMC within 7 calendar days of receipt of the Residency Hearing Committee's or Hearing Officer's recommendations. The President and CEO, NHRMC will review the information and notify the Vice President for Graduate Medical Education/SEAHEC President/CEO, the resident's Program Director, and the resident of his decision within 7 calendar days. The decision of the President and CEO, NHRMC will be final.

#### 4.28 Restrictive Covenants

House Staff are not required to sign a non-competitive guarantee (Restrictive Covenant).

#### 4.29 Residency Closure/Reduction

In the event that any residency program will have to reduce the complement of residents in training or close, residents will be informed as soon as possible and current residents can complete their training year and/or assistance will be given in finding a suitable position in another training program. GMEC will oversee all aspects of any program reduction and/or closures.

#### 4.30 Parking

Designated free parking is provided by NHRMC at specific locations on campus. Parking decals must be obtained from Special Police Services and visibly displayed on the left rear bumper or window (behind the driver) of the vehicle. Parking decals are used by Special Police Services to control parking and the identification/notification of vehicle owners in the event of observed vehicle problems (lights left on, flat tires, etc.). Residents are requested to refrain from parking in other than designated areas on campus. Tickets will be issued and repeat violators will be subject to disciplinary action.

#### 4.31 Off-Campus Housing Allowance

Each resident who, at the discretion of the Program Director, takes an off-campus rotation will receive a stipend of \$450 a month for housing. This stipend will be prorated for rotations shorter or longer than one month.

#### 4.32 Sanctions/Litigation

Any resident who receives notice from the North Carolina Medical Board that may result in possible sanctions or who may be involved in a malpractice suit or any other litigation related to his/her profession is to immediately notify their Program Director and the Medical Center's Risk Management Department. In turn, the Program Director will notify the SEAHEC President/CEO. If any action is taken by any regulatory agency toward a resident that limits their ability to prescribe medication or practice their profession, the resident must notify their Program Director immediately.

#### 4.33 Resident Supervision

##### Policy

It is the policy of NHRMC Policy # 9.8, Resident House Staff Supervision, October 2002, that residents be supervised at all times. The North Carolina Medical Board issues all residents accepted into the four residency training programs accredited by the Accreditation Council for Graduate Medical Education (Obstetrics-Gynecology, Internal Medicine, Surgery, and Family Medicine) a training license. This license gives the residents in training the legal right to issue prescriptions (including narcotics) and write orders within the scope of their professional activities within the Medical Center's educational programs.

NHRMC issues the residents a DEA Number, which is used while they are in training at the institution. The NHRMC Pharmacy, as well as all pharmacies in the surrounding five county areas, is given signature lists of all residents in training and their DEA numbers.

#### Procedure

1. The GMEC endorses this policy. In an academic environment such as medical education, two competing forces must be recognized and accommodated: 1) residents need supervision; and 2) residents need increased autonomy. To achieve this balance requires a great deal of effort.
2. Each of the four residency programs has detailed guidelines for resident supervision and evaluation as the resident progresses through his/her educational training program. These guidelines are compiled in the specific departmental manuals as required by the respective Residency Review Committees. If any question arises regarding a resident's capabilities to provide patient care, the level of that care, or the ability to perform specific procedures, the NHRMC Intranet can be queried. Additionally, the senior/chief resident, the responsible teaching attending, or the Program Director can be contacted. Direct supervision is defined when the presence of an attending physician or an acceptable alternate in the Medical Center is required to oversee resident activities. Except in programs where the Residency Review Committee requires 24-hour presence of an attending physician (Obstetrics-Gynecology), an acceptable alternative to an attending physician is a senior/chief resident. Indirect supervision is defined as when the attending may be present or immediately available either on site or by telecommunications to direct the resident activities. If the teaching attending is not in-house, he/she will be available within 30 minutes.

#### 4.34 Resident Support Services

NHRMC assures that residents will be provided with the following systems to assist them in meeting their responsibilities: 24 hour food services, call rooms, patient support services, lab/pathology/radiology services, medical records, and security. The GMEC will monitor compliance on an annual basis.

#### 4.35 Resident Final Evaluation

Each Program Director will conduct a final written evaluation for each resident who completes the program. This evaluation will focus on whether the resident has demonstrated sufficient professional ability to practice completely and independently.

#### 4.36 Program Evaluation of Faculty

Each program will evaluate its faculty no less frequently than mid point in the accreditation cycle. The evaluation will focus on teaching, clinical knowledge, and scholarly activities.

#### 4.37 Annual Program Internal Evaluation

Annually, each program must evaluate its overall effectiveness, reviewing goals and objectives and effectiveness in achieving them. The evaluation team must consist of the Program Director and at least one faculty member and resident.

#### 4.38 USMLE/COMLEX Part III

All new and transfer residents are required to pass Part III of the USMLE/COMLEX Exam by the end of their third year of training. Residents in four or five year programs who fail to pass Part III will not have their contract renewed. Residents in three-year programs will not receive their certificate of residency completion nor be recommended for their respective certifying exams unless they have passed Part III of the USMLE/COMLEX.

#### 4.39 Deficient/Incomplete Medical Records

Resident physicians will be held to the same level of responsibility as members of the Medical Staff in regards to medical record chart completion. Residents should be familiar with NHRMC Administrative Policy # 9.6 – Deficient Medical Records. This policy encourages physicians to complete medical charts in accordance with Medical Records Rules and Regulations and also relinquishment of privileges if the rules and regulations are not adhered to.

#### 4.40 Disaster Preparedness

In the event of a disaster or impending disaster residents must remain in Wilmington to either work in the hospital or relieve those residents on duty. There are always extenuating circumstances that may have an impact on this policy so it is highly recommended that the residents have a dialogue with their program director prior to making any decision regarding their availability.

#### Hurricane Protocol for GME Departments

- Program Directors, the President/CEO, the Associate Director, and Executive Assistant, SEAHEC, will be invited to attend original planning meeting by NHRMC.
- Program Directors and/or Supervising Physician of residents will attend follow-up meetings/conference calls to keep up to date on latest developments as well as to keep Command Center apprised of staffing, etc.

- Resident call schedules are posted on the NHRMC intranet and will be printed out for use in the Command Center
- SEAHEC Administration will send an email to the Program Directors and Program Administrators asking them to remind their residents that the Tenth Floor may be closed in the event of a hurricane. If this is the case, the sleep rooms will be moved. The residents will need to call the Command Center for room assignments.
- SEAHEC Administration will send an email to the Program Directors and Program Administrators asking them to remind their residents about the Disaster Preparedness Policy and the Hurricane Policy in this manual.
- Students staying in SEAHEC housing **must** leave as soon as a hurricane *warning* is issued.

#### 4.41 Benefits and Conditions of Appointment

All candidates who interview for a position in any residency program will be directed to the main Residency Program website for information on:

- Eligibility for employment
- Benefits and salary information
- Application procedures

Residents may also review the House Staff Manual for further information and policies.

#### 4.42 Terms and Conditions of Appointment

Each year the GME Office and GMEC review the Agreement of Appointment, and make required changes. Any changes are brought to GMEC for explanation and to inform each Program Director. GMEC, on an annual basis, will review and revise if needed, each of the required Institutional Policies referred to in the Agreement of Appointment.

#### 4.43 Experimentation and Innovation

It is required that any deviation from the Institutional, Common, or Specialty Program Requirements, must be submitted to GMEC for review. GMEC will ensure adherence to the ACGME procedure for “Approving Proposals for Experimentation or Innovation”, and will monitor the quality of education provided for the duration of the project.

#### 4.44 GMEC Review of Institutional and Program Accreditation Letters

GMEC will review each of the sponsoring Institution’s ACGME Program Letters of Notification and the Institutional notification from the IRC, and will note any citations in the GMEC minutes. Corrective Action Plans are discussed in GMEC,

and a follow-up (six months) is scheduled. All citations are also reviewed in Internal Reviews and prior to the next scheduled RRC or Institutional Review.

#### 4.45 Accommodation for Disabilities

NHRMC Policy #26.0 states that it “will provide a safe and productive work environment for all employees. The standards for the work environment shall comply with the requirements of the Occupational Safety and Health Administration, the Center for Disease Control and other agencies and applicable laws and regulations. Employees are expected to be physically and mentally fit to perform their duties in a safe and efficient manner. All employees must be able to perform the essential functions of the job for which they were employed. The Medical Center will attempt to provide disabled employees with such reasonable accommodations as are necessary for the performance of their jobs.”

#### 4.46 Vendor

NHRMC is committed to providing the highest quality service and conducting its business activities honestly, ethically, and in full compliance with all federal, state, and local laws and regulations. In order to live up to this commitment, NHRMC has set forth below general principles and rules, through its Code and Conduct to be followed by all of its Board of Trustees, physicians, residents, employees, volunteers, vendors, contractors, and other agents.

If you are a vendor, contractor, or other agent with NHRMC, it is your responsibility to read this Code of Conduct and complete the accompanying Acknowledgement Form.

Vendors should return Acknowledgement Form(s) along with the Vendor Checklist and other required documents to the Materials Management Department at NHRMC, 2131 South 17th Street. For ore information, please call (910) 343-7247.

- Vendor Checklist and Instructions Packet
- NHRMC’s Code of Conduct
- Vendor Acknowledgment Form
- Contractor Acknowledgment Form
- DRA Letter for Vendors and Contractors

In addition, please continue to abide by all other protocols as part of our contractual relationship or arrangement. If you observe or become aware of any violations of our Code of Conduct, or if you have any questions or concerns, you may contact:

- Pat Wheeler, Compliance Officer, (910) 815-5334
- Vera Newkirk, Corporate Compliance Coordinator, (910) 815-5334
- NHRMC Compliance Hotline, 1-800-348-9847

#### 4.47 Reduction of Services or Closure Due to Disaster

##### Policy

North Carolina AHEC based and sponsored residencies will provide mutual aid should a disaster render a residency incapable of providing an adequate educational experience for a period of longer than ten (10) business days.

##### Procedure

The **affected** AHEC will contact the Directors of the other North Carolina AHECs to request assistance in temporarily (or permanently) transferring residents. The initial information provided will be:

- Type of residency program(s)
- Type of residents and their PG year in each program
- Number of residents and their PG year in each program
- Availability of faculty to temporarily transfer with residents (some programs may need to retain faculty to cover the residency practice's hospitalized patients).
- Estimated duration of the transfer period, if known

The AHEC Directors will then consult with the various residency program directors at their facility to determine the level of support, if any, they will be able to provide. This information will include:

- Type and number of residents that can be received
- Whether temporary housing will be available (through ORPCE housing or other source of free subsidized housing)
- Estimation of need for faculty to accompany residents

This information will be returned to the affected AHEC no later than 24 hours after the initial inquiry.

The **affected** AHEC DIO will notify the Accreditation Council for Graduate Medical Education (312-755-5003 or [www.acgme.org](http://www.acgme.org)) and, if applicable, the American Osteopathic Association (800-621-1773, or [www.do-online.org](http://www.do-online.org)) with the above information. These agencies will be requested to officially declare a disaster. Approval for a hardship transfer will be requested to comply with the requirements that PGYs 2 and 3 are served at the same accredited program.

The **affected** Residency Program Director or, if the Residency Director is unable to do this, the Assistant Residency Program Director, will notify the appropriate Review Committee Executive Director with the above information.

All transfers will occur as expeditiously as possible after receiving ACGME/AOA approval to implement the transfer. The **affected** AHEC will notify their residents of the transfer options and estimated duration of the reassignment. As much as possible, the residents' preferences for sites will be accommodated when

assigning transfers. If a resident does not express a preference, she/he will be assigned to the closest available AHEC residency program.

The **affected** residency program will then provide information on the transfers to:

- The North Carolina Medical Board
- Their professional liability coverage carrier
- Specialty Board e.g. AAFP

The affected residency will provide the receiving residency program with as much of the following information as possible for each resident:

- Medical license number
- DEA number
- Social Security number
- Verification of professional liability coverage
- Procedure logs
- Previous evaluations and competency assessments

The receiving residency will work to obtain expedited hospital privileges for the residents and any accompanying faculty physicians.

The receiving program will place calls to Medicare and Medicaid intermediates and third party payers as needed and required by their contracts.

The receiving residency will make every effort to maintain the incoming residents' clinical rotation schedule to ensure that the training requirements and continuity requirements of that PGY are met.

The **affected** program will continue their residents' salary stipend and benefits for the duration of the temporary assignment. Should the need for the transfer become permanent, the receiving program will assume this responsibility at that time.

The **affected** residency is responsible for providing regular communication to the accreditation agencies, the receiving residency programs and the residents on plans for returning the residents to their program.

All residents will return to the **affected** residency as soon as they can safely do so.

## 5. New Hanover Regional Medical Center Department Services/Policies

### 5.1 Anesthesia

A member of the Anesthesia staff is available to respond to all cardiac arrest calls (Code Blue), if required. The Anesthesia staff is available for any emergency that may arise on the floors or the Emergency Department if the patient is having respiratory difficulty. A member of the staff can be contacted by paging Anesthesia Consult pager at 341-5383 (digital). Anesthesia will respond to Code Blue and Trauma via house wide and alpha numeric paging system.

### 5.2 Autopsy

An autopsy will not be performed until the pathologist has, in hand, a properly signed autopsy permit and Physician Autopsy Request Form. (See Nursing Policy and Procedures Manual, Procedure #32 “Post Mortem Care Except Perinatal Deaths”). It is the responsibility of the physician to obtain permission for the autopsy from the next-of-kin. In all cases, except medical examiner’s cases, it is the responsibility of the private physician to complete the death certificate. The “On Call” pathologist can be called anytime if needed, i.e. discussion of case with clinician, etc. A signed, valid, faxed copy of the autopsy authorization form is acceptable. Telephone or telegram permission is **not** generally acceptable. In rare circumstances where the next-of-kin is not able to appear onsite, a telephone authorization is acceptable when the clinician and an additional witness verifies the authorization and signs the autopsy authorization form. (See NHRMC Policy # 9.1 - Autopsy Criteria and Autopsy Request, Form # LA-111 8/02).

A fetus of more than 20 weeks gestation and/or >500g **cannot** be sent as a routine surgical pathology specimen. A medical chart and a properly signed authorization for Autopsy and Tissue Disposition Form must be sent to Special Police when an autopsy is requested. A properly signed Authorization Request/Consent for Fetus or Newborn Disposal Form is required. If the family requests an autopsy, the medical chart and a properly signed authorization for Autopsy and Tissue Disposition Form must be sent to Special Police. Also, a properly signed Authorization Request/Consent for Fetus or Newborn Disposal Form (NS096) must be sent to Special Police on each fetus over 20 weeks gestation and/or >500 g when an autopsy is not requested providing the family makes no burial arrangements. All requisition forms must include history and diagnosis.

Cut-off time is 3:00 P.M. for receipt of Physician order and signed permit, to be done same day or next. Autopsies are not routinely performed on weekends.

### 5.3 Communicable Diseases - Reporting (Patients/Health Care Workers)

#### Patients

Reporting cases of communicable disease is necessary to assure appropriate medical therapy and detect common source outbreaks. North Carolina General Statute 130A-135 requires licensed physicians to report to the local health department cases and suspected cases of reportable communicable disease and conditions in persons who have consulted them professionally. G.S. 130A-144 requires physicians to give control measures to a patient reasonably suspected of being infected or exposed to a communicable disease or condition.

The Infection Prevention and Control Department will do all inpatient Communicable Disease reporting. The Emergency Departments at 17<sup>th</sup> Street and Cape Fear Hospital as well as the Zimmer Clinics report all communicable diseases that are seen through their services. The report cards will be mailed to the appropriate Health Department and a letter with the copy of the report card will be placed in the physician's box. Certain diseases require completion of a CDC Surveillance Form within seven days, which is sent to the physician by the Health Department as necessary.

Diseases which have potential epidemic spread require rapid action and are required to be reported within 24 hours by telephone. The New Hanover Health Network Lab sends a listing of all reportable diseases to the local health department as required by the North Carolina State Health Department to include both 24 and 7 day reportables.

#### Health Care Workers

All health care workers who perform surgical or obstetrical procedures or dental procedures and who know themselves to be infected with HIV or hepatitis B shall notify the State Health Director. Health care workers who assist in these procedures in a manner that may result in exposure of patients to their blood and who know themselves to be infected with HIV or Hepatitis B shall also notify the State Health Director. The notification shall be made in writing to the Chief, Communicable Disease Control Section, P. O. Box 27687, Raleigh, NC 27611-7687.

### 5.4 DEA Numbers

Residents are assigned a DEA number through the Medical Center, which authorizes them to write prescriptions. This number can only be used in association with formal training program activities. The DEA cannot be used for nonofficial and nonaffiliated purposes including personal moonlighting. When a resident completes training at the Medical Center, the DEA number is no longer valid.

### 5.5 Emergency Plans

A copy of Safety/Environment of Care Safety Manual for the Medical Center is available in the SEAHEC Administration Office and in all departments. Residents should become familiar with their assignments in these emergency response plans.

#### 5.6 Laboratory

Complete information about laboratory procedures and tests available is included in the "Laboratory Manual", a copy of which is available on line and through Capsuleslive/Departments/Laboratory.

#### 5.7 Health Information Management (HIM)

Health Information Management (HIM) is a centralized department which provides functional support to all components of NHRMC and various departments with respect to health information services: 1) patient identification and numbering systems; 2) creation and monitoring of medical record documentation; 3) release of information; 4) dictation/transcription; 5) statistical abstracts and indexes (coding); 6) storage and retrieval system, including chart tracking; 7) analysis of records; 8) assembly/prepping; 9) scanning and indexing; 10) assistance in complying with legal and regulatory provisions and accrediting agency standards concerning health care data; 11) data security, privacy, and confidentiality processes; and 12) educational programs for students under contractual and/or affiliation agreements.

The HIM Department's hours of operation are 24/7. The department is open to the public Monday through Friday from 8:30 AM until 5:00 PM for release of information.

Providers will use NHRMC's dictation system to dictate appropriate reports for chart completion. Instructions will be given to the residents during orientation. Please note that the clinics are dictated to an outsourced transcription company.

Providers are responsible and have specific guidelines to complete a chart as outlined in the Medical Records Rules and Regulations. If a provider is delinquent in his/her records and the delinquency results in voluntarily relinquishment of privileges, the HIM Department will report these incidences to the North Carolina Medical Board. The report will be made when a provider has had 3 (three) incidences in a calendar year.

#### 5.8 Spiritual Care

The Spiritual Care Department is staffed with a Director, two Clinical Pastoral Education Supervisors, an Administrative Associate, and a part time chaplain for oncology. In addition, there are six full-time Chaplain Residents and

approximately ten Chaplain Interns each year who provide patients and families with spiritual and religious support needed to enable them to cope with the stress of hospitalization, feelings of grief, and loss often brought on by illness and the impact of trauma or other issues that arise from their illness. At New Hanover's 17<sup>th</sup> Street Campus there is an on-call Chaplain who is in-house 24 hours a day, and at the Cape Fear Campus there is a Chaplain available by pager 24 hours a day. Chaplains respond to all Code Blues, Trauma codes, crises, non-acute crises, and deaths in order to provide ministry to the patient and family. Chaplains are also available to provide supportive care to staff.

The Department is accredited by the Association of Clinical Pastoral Education, Inc., for the residency and intern programs. Clinical Pastoral Education is for clergy, seminarians, and qualified laypersons who wish to improve their skills and integrate faith, experience, and knowledge for more effective ministry.

## 5.9 Pharmacy

The Pharmacy is located on the service floor of NHRMC. All pharmacy services are provided either by or under the immediate supervision of a Registered Pharmacist.

The Central Pharmacy is open every day of the year, 24 hours a day. Satellite Pharmacists are located in 8<sup>th</sup> floor Oncology, 5<sup>th</sup> floor, Critical Care, 7th floor, and the OR area. These staff members are available to assist you.

When the patient is discharged, their use of Medical Center medication ends. If the physician wishes their patient to continue on certain medication, they must write out prescriptions and let the patient have them filled at the pharmacy of choice. These prescriptions cannot be filled in the Medical Center and added to the patient's bill.

The Medical Center has a formulary system and encourages the Medical Staff as much as possible to use generic names of drugs when practical. If a non formulary agent is prescribed, the prescriber will be contacted with a recommendation of a formulary agent. Selected agents are available only through restricted criteria, and can only be prescribed by the specialty service to which it is restricted.

## 5.10 The Oaks Behavioral Health Hospital

### Description

The Oaks Behavioral Health Center is a 62 bed psychiatric facility that provides a continuum of services to adults. The range of services includes:

- Locked acute inpatient units for acute psychiatric disorders and dual diagnosis

### Hours of Operation

The Oaks Behavioral Health Center is open twenty-four hours a day, seven days a week.

### Types and Ages of Patients Served

The facility serves adults eighteen years and older. The inpatients' units are locked and are capable of taking both voluntary and involuntary patients.

### Scope and Complexity of Patient Care Needs

- **Inpatient Treatment**

Comprehensive inpatient care is provided for those adults needing a 24-hour inpatient care in a structured environment. The multi-disciplinary treatment team consists of the psychiatrists, nurses, counselors, social workers, recreational therapists, and psychiatric technicians. A comprehensive array of treatment modalities is available to accomplish the goals and objectives of each individual treatment. They include medications, ECT, individual family and group therapies psycho educational groups. The patients that meet admission criteria come from varied backgrounds, but all are experiencing emotional or behavioral problems (not primary clinical population). Treatment includes process groups, skills training, DBT, medication education, and Case Management, both individual and family.

### Methods Used to Assess and Meet Patient Care Needs

- Patient Services are planned, coordinated, provided, delegated, and supervised by professional health care providers. Patient care encompasses the recognition of the illness from a broad spectrum and the use of several modalities. Members of the multi-disciplinary conduct a comprehensive assessment of a patient which includes the psychiatrist, RN, Social Worker, and other professionals as needed. Upon completion of the assessment, the treatment team, in collaboration with the patient, will develop a treatment plan. The plan will identify the problems, steps of achieving goals and objectives, and criteria for discharge. The treatment modalities include, but are not limited to, group therapy, individual and family therapy, psycho educational groups, medications, self-help groups, etc.
- Utilization management staff coordinates a comprehensive array of treatment procedures that effectively respond to patient needs, referral sources, payers and external Utilization Review Organizations. The utilization management system and processes recognize that each patient, family, community support system, and payer environment is unique, and as such, requires our individually tailored plan to meet their specific needs. The Utilization Management staff reviews patient care on an

ongoing basis to ensure that services provided are medically necessary and rendered in the appropriate clinical setting. Determinations are based on currently accepted standards of medical practice and therefore, final decisions regarding issues of medical necessity of service and appropriateness of clinical care are only made by a physician.

#### Availability of Necessary Staff

- A staffing plan is developed for each program and is reviewed and revised at least annually, or more frequently as warranted, by changing patient care needs or outcomes associated with established mechanisms (i.e. Performance Improvement, Risk Management, Utilization Review, staff feedback, or acuity). The implementation of the plan is reviewed daily, and includes consideration of patient care requirements and acuity; namely admissions, discharges, patients on special observations, restraints patients with concurrent medical problems and/or on restrictive procedures, and patients with high medical needs. When additional staff is needed, the PRN pool or staff working overtime is used.

#### Support Services

- Other hospital services are available and provided to ensure that direct patient care and services are maintained in a seamless and continuous manner by coordinating identified organizations' functions such as Information Services, Human Resources, Environmental Services, Infection Control, and Organizational Performance Improvement. Their services support the comfort and safety of the patient and the efficiency of services available.

#### Recognized Standards or Guidelines for Practice

- American Nurses Association
- American Nurses Association of Psychiatry
- National Association of Private Psychiatric Hospital Systems
- Centers for Medicare and Medicaid Services
- American Psychiatric Association
- JCAHO

## **6. Group Relations**

### **6.1 Personal Conduct**

Residents must dress appropriately at all times and nametags must be worn for identification. Scrub suits, caps and masks should not be worn while making rounds or in patient areas. Residents are required to change from scrub suits on Medical Center premises. Under no circumstances are scrub suits to leave NHRMC premises. Residents are expected to maintain personal conduct at a high level. Unprofessional conduct or behavior will lead to disciplinary action.

### **6.2 House Staff/Patient Relationships**

Residents must respond promptly to calls. When a call is received from the nursing unit involving an emergency situation, it is imperative that the resident go to the patient area as quickly as possible to see the situation rather than depend on telephone impressions and oral orders. This is important to protect the welfare of the patient.

One of the important features of residency training is the continued learning of proper approaches to the patient. The resident/patient relationship is different from the medical student/patient relationship. The resident's attitude toward the patient influences the patient's attitude toward NHRMC. If the resident can communicate with patients amicably and satisfactorily, adjustments to future practice may be much easier. Residents are reminded that the family of a patient who is very ill is alert to chance remarks made concerning the patient's condition. Therefore, all statements should be guarded. In no way should a conversation reflect upon the attending physician's or other attendant's ability. Conversations over the bedside are ill advised. Relatives of the patients may often hear "Hallway consultations".

### **6.3 Staff Relationships**

In all dealings with private and service patients, the resident is reminded that the ultimate responsibility for the care of the patient rests with the attending physician. The attending physician's wishes are to be kept in mind when any change of treatment is contemplated. Until the resident is familiar with the private physician's wishes, it is best to contact them by telephone or in person before writing an order for other than emergency medication. The physician may delegate some of these responsibilities to the resident supervising their service.

### **6.4 Nursing Staff and CNE Relationships**

Mutual respect in relationships with the nursing staff and CNE will greatly facilitate patient care and lighten the workload of the resident. Often a few moments spent in explanation of the patient's problem and the rationale of therapy will increase the nurse's efficiency in a given case. Difficulties with resident/nurse relationships, policies, or misunderstandings are to be brought to the attention of the residency Program Director for appropriate action.

#### 6.5 Medical Treatment of Employees

Residents shall not treat NHRMC or SEAHEC employees or discuss personal physical problems, but should refer these employees to the Employee Health Service, the Emergency Department, or to the employee's physician. Residents should not prescribe medications for themselves, their spouse, family members, or NHRMC and SEAHEC employees.

#### 6.6 House Staff Organization

The House Staff Association is made up of all residents in training at NHRMC and determines its own structure and function. One elected resident representative from each department meets monthly with the GMEC.

#### 6.7 NHRMC Standards of Performance

Ownership – Each employee is responsible for the outcome of his or her efforts and actions. Our work is a reflection of ourselves as caring professionals.

Teamwork – We have a common purpose – serving our patients and community. Our co-workers are our teammates. With everyone contributing, our job performance will excel.

Communication – We listen to our customers and teammates to fully understand their needs. Our message should be delivered with courtesy, clarity and care.

Compassion – Our desire is to meet our customers' needs with the utmost compassion, care and courtesy

#### 6.8 Patient Flow

Patient Flow at NHRMC is driven by physician orders. Once an order is written for a patient to be transferred from one level of care to another (for example, an order is written to transfer a patient from an ICU bed to a surgical bed), this order is communicated to the NHRMC Patient Placement Office. The Patient Placement Office collaborates with the respective nursing unit(s) to facilitate the transfer process as quickly as possible. The extension for the NHRMC Patient Placement Office is extension 2590. Questions about patient placement can be directed to the NHRMC Administrative Operations Director at extension 7091 or pager 254-2337 (254 BEDS).

## **7. The American Osteopathic Association**

The American Osteopathic Association (AOA) is a member association representing approximately 56,000 osteopathic physicians (DOs). The AOA serves as the primary certifying body for DOs and is the accrediting agency for all osteopathic medical colleges and health care facilities. The AOA's mission is to advance the philosophy and practice of osteopathic medicine by promoting excellence in education, research, and the delivery of quality, cost-effective health care within a distinct, unified profession.

Recognizing the need for a new system to structure and accredit osteopathic graduate medical education, the American Osteopathic Association established the Osteopathic Postdoctoral Training Institutional (OPTI) in 1995. Each OPTI is a community-based training consortium comprised of at least one college of osteopathic medicine and one hospital. The Appalachian Osteopathic Postgraduate Training Institute Consortium (A-OPTIC) is a continuation of the Pikeville College School of Osteopathic Medicine's mission.

AOA Approved Internships: In 2004, NHRMC joined the A-OPTIC to be able to offer AOA approved internships for osteopathic graduates. Applicants who enter their postgraduate training in Family Medicine and Internal Medicine at NHRMC will be able to complete their internship in an AOA approved program while also meeting the ACGME requirements for PGY-1 in those programs.

The Family Medicine Residency Program is a dually approved program (ACGME and AOA/ACOFM approved). Osteopathic residents completing the residency will be eligible for BOTH American Board of Family Medicine and American Board of Osteopathic Family Practice.

## **8. Appendices**

- A. House Staff Agreement of Appointment
- B. Report of Employee Occupational Injury and Illness
- C. Process for Resident Hearing

New Hanover Regional Medical Center  
Wilmington, North Carolina

HOUSE STAFF AGREEMENT OF APPOINTMENT

«Name» is hereby appointed to the House Staff of New Hanover Regional Medical Center (NHRMC) in the capacity of «Year» at an annual stipend of «Stipend» to be paid biweekly by NHRMC. This appointment shall last from «Dates» and is based on the following conditions:

The House Staff Physician

1. Agrees to abide by all applicable rules, regulations, and policies of NHRMC and its clinical departments and those of the Board of Medical Examiners of the State of North Carolina, and those of other appropriate governmental agencies and departments.
2. Agrees to perform diligently and conscientiously those responsibilities that may be reasonably required to the best of his or her ability and to the satisfaction of NHRMC. These responsibilities are outlined in the department policy and procedure manual.
3. In reference to outside employment (moonlighting), agrees to the conditions set forth in the policy outlined in the House Staff Manual.
4. Agrees to submit proper documentation to the South East Area Health Education Center (SEAHEC) GME Office to obtain a resident training license from the North Carolina Board of Medicine prior to the effective date of this appointment. Understands that if a training license is not issued by the effective date of this Agreement of Appointment, he/she will not be an employee of NHRMC and will not receive any pay or associated benefits until the training license is obtained. **Will be responsible for timely completion and submission to SEAHEC GME Office of the renewal application for training license annually by his/her date of birth for the duration of the appointment. Permanent license renewals will be done annually by the resident directly through the North Carolina Board of Medicine on his/her date of birth.**
5. Has received, understands, and agrees to abide by the Graduate Medical Education policies and procedures as outlined in the respective department policy and procedure manual and the NHRMC House Staff Manual.
6. Has received and understands the Due Process and Grievance/Adjudication Procedure as outlined in the House Staff Manual. (The Grievance/Adjudication Procedure set forth in the House Staff Manual shall be the exclusive NHRMC Administrative grievance procedure available to the resident).
7. Will be required to take an initial physical examination when entering the training program, which includes passing a toxicology screen, breath analysis, and immunization updates as required. This will be administered by Employee Health at the NHRMC.
8. Agrees to adhere to the Duty Hours Policy as outlined in the House Staff Manual (80 hour work week).
9. Acknowledges that he/she is participating in an academic training program and that the evaluation and progress reports of training are an integral part of the training program. The resident acknowledges and agrees that information resulting from such evaluations may be furnished by the residency program (without further consent by the resident) to certification boards and to any institution or organization to which he/she may apply for training, employment, or privileges.

10. International medical graduates will have legal documentation of citizenship by the effective date of this agreement. Documentation will be provided to the SEAHEC GME Office (Executive Assistant). No visas will be sponsored by NHRMC.
11. Will be required to pass Part III of the USMLE/COMLEX exam as stipulated by the policy in the House Staff Manual.

#### New Hanover Regional Medical Center

1. Agrees to meet the Commitments of Faculty in terms of overall responsibilities and supervision as outlined in the House Staff Manual.
2. Agrees to provide professional medical liability insurance to include tail coverage, disability insurance, uniforms and laundering of same, meals in the hospital cafeteria at employees' cost and reimbursable while on call, and sleeping quarters for residents taking formal night call. (The resident understands that NHRMC shall not cover him or her for professional liability for activities not directly associated with the training program authorized by the Program Director.)
3. Agrees that appropriate medical and family leave may be authorized by the Program Director as outlined in the House Staff Manual.
4. Agrees to provide health insurance benefits in accordance with the medical center's health insurance plan. The health insurance premium for both individual and dependent coverage will be paid by the medical center. The resident will be responsible for deductibles and co-insurance on services provided.
5. Agrees to provide sick leave and vacation each year and time off for medical meetings as described in the House Staff Manual under Vacation/Sick Leave. Vacation time is to be scheduled through the Program Director.
6. Agrees to provide life and dental insurance that are optional and are further explained in the House Staff Manual.
7. Will pay for the resident's initial training license application and annual renewals but not for the resident's permanent license and renewals.
8. Will administer appropriate policies in place that deal with harassment and exploitation as outlined in the House Staff Manual.
9. Agrees, in accordance with the Physician Impairment Policy as described in the House Staff Manual, to provide confidential, professional counseling service through the Employee Assistance Program also outlined in the House Staff Manual. Residents may also utilize the North Carolina Physician's Health Program that is also explained in the House Staff Manual.
10. In the event that this residency program will have to reduce the complement of residents in training or close, residents will be informed as soon as possible and current residents can complete their training year and/or assistance will be given in finding a suitable position in another training program.
11. Agrees not to require residents to sign a noncompetitive guarantee (Restrictive Covenant).
12. Agrees to provide residents with access and eligibility information relating to Board certification in the event that the length of the training program is extended.
13. Agrees to provide disabled residents with such reasonable accommodations as are necessary for the performance of their duties.

Termination of Employment

1. Employment during the term of this contract is expressly conditional upon your satisfactory performance as judged by the Program Director. In the event that the Program Director judges that you have not performed satisfactorily at any point during the term of this contract at the option of the NHRMC and the SEAHEC you may not be promoted to the next level or may be terminated in accordance with the terms of the Due Process Procedure as set forth in the House Staff Manual.
2. In the event that the Program Director judges that the resident has not performed satisfactorily and that promotion to the next level or future employment shall be terminated during the term of the contract presently in effect, notification will be given 4 months prior to the end of this current agreement and this contract and any renewal contract at the NHRMC shall be void.
3. The Parties further agree that the Grievance/Adjudication Procedure set forth in the House Staff Manual shall be available according to its terms for the review of stated grievances.

The Parties have entered into this agreement in good faith and acknowledge their respective legal and ethical obligation to fulfill this agreement contingent upon satisfactory performance by the resident until its expiration date, except in the case where the resident is unable to do so because of incapacitating illness.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Resident

DATE: \_\_\_\_\_ APPOINTMENT  
APPROVED BY: \_\_\_\_\_  
Program Director

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Vice President for Graduate Medical Education  
New Hanover Regional Medical Center  
Designated Institutional Official (DIO)

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Executive Vice President and CFO  
New Hanover Regional Medical Center

agreementofappointment.2008-2009  
(3/20/08)

## NEW HANOVER REGIONAL MEDICAL CENTER REPORT OF EMPLOYEE OCCUPATIONAL INJURY OR ILLNESS

PLEASE PRESS HARD

EMH-005 (REV 07/99)

<b>EMPLOYEE SECTION (PLEASE PRINT)</b>					
NAME IN FULL		DEPARTMENT:		WORK PHONE NUMBER:	
SOC. SEC. NO.	HOME PHONE :	DOB :	JOB TITLE:		
SUPERVISOR NOTIFIED: YES		DATE/TIME NOTIFIED:		SUPERVISOR'S SIGNATURE:	
DATE OF INCIDENT		TIME	AM	PM	
DATE REPORT COMPLETED		TIME	AM	PM	
DESCRIPTION OF INCIDENT (GIVE ALL DETAILS)					
LOCATION OF INCIDENT(WHERE INCIDENT HAPPENED)					
<b>NATURE OF INJURY(CIRCLE)</b>			<b>BODY PART(S) INVOLVED (CIRCLE)</b>		
ABRASION BURN LACERATION CONTUSION BBF EXPOSURE	SKIN IRRITATION CRUSH INJURY SPRAIN/STRAIN CHEMICAL SPLASH OTHER	ABDOMEN ANKLE ARM BACK BUTTOCK CHEST	EAR ELBOW EYE FACE FINGER FOOT	GROIN HAND HEAD HIP KNEE LEG	NECK NOSE PELVIS SHOULDER TOE WRIST
WITNESS(ES):			LEFT      RIGHT      BOTH		
INITIAL TREATMENT:    EHS    EMERGENCY    NONE    OTHER					
WAS INJURY DUE TO BROKEN EQUIPMENT:    YES    NO    IF YES, TYPE OF EQUIPMENT AND LOCATION:					
<b>BLOOD AND BODY FLUID EXPOSURE/ PATIENT INFORMATION</b>			<b>SAFETY OFFICER INFORMATION</b>		
PATIENT NAME:			INVESTIGATION REQUESTED:    YES		
ROOM NUMBER:			COMMENTS:		
MEDICAL RECORD NUMBER:					
ATTENDING PHYSICIAN:					
DATE OF BIRTH:					
DATE OF ADMISSION:					
DIAGNOSIS:					
<b>EMPLOYEE HEALTH/EMERGENCY DEPARTMENT</b>					
DATE:		TIME IN:			
FINDINGS:					
PREVENTIVE MEASURES DISCUSSED TO PREVENT RECURRENCE:					
DISPOSITION: (CIRCLE ONE)      BACK TO WORK      OUT OF WORK					
RESTRICTIONS:					
EMPLOYEE REFUSES TREATMENT:    YES    NO					
TREATING NURSE SIGNATURE:			TREATING PHYSICIAN/NP/PA SIGNATURE:		
EMPLOYEE SIGNATURE			DATE FOR FOLLOWUP IN EHS:		
<b>EMPLOYEE HEALTH SERVICE USE ONLY</b>					
DATE REPORT RECEIVED IN EHS					

## Process for Resident Hearing

The process below is to be employed as a means of carrying out the hearing procedure when a resident has properly and timely requested a hearing as provided in Article 4.27, Grievance/Adjudication, of the NHRMC House Staff Manual.

**Appointment of Hearing Officer or Committee** – Neither a Hearing Officer or any members of a Hearing Committee shall be individuals who are in economic or academic competition with the resident who requested the hearing (“Resident”). Such individuals should not be attending physicians in the Resident’s program; however, they may have supervised the Resident during rotations on other services. If a Hearing Committee is selected, one member shall be the chairperson and that person shall act as the Presiding Officer. The Presiding Officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. He/she shall determine the order of procedure during the hearing and shall make all rulings on matters, procedure, and admissibility of evidence. The hearing need not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence.

**Presence of Hearing Committee Members** – A majority of the Hearing Committee must be present throughout the hearing and deliberations. If a committee member is absent from any part of the proceedings, he/she shall not be permitted to participate in the deliberations or the decision.

**Pre-Hearing Conference** – At least three days prior to the hearing, the Presiding Officer shall have a Pre-Hearing Conference. The Presiding Officer may receive advice from the Medical Center attorney. The purpose of the Pre-Hearing Conference is to simplify the issues, stipulate (agree to) the facts that are uncontested by the Parties, determine the procedure and schedule for presenting evidence, and consider any other matter which may expedite and streamline the hearing. The Presiding Officer shall do the following at the Pre-Hearing Conference:

1. Receive a list of witnesses from the Program Director (or other individual representing the program) and the Resident (henceforth the “Parties”). If the Resident does not testify in his/her own behalf, the Resident may be called to testify and be examined by the Program Director or other individual representing the Program or the Hearing Officer of Hearing Committee members. Witnesses at the hearing may, in the Presiding Officer’s discretion, be required to take an oath or affirmation that the testimony and evidence he/she is about to present is the truth, the whole truth, and nothing but the truth.
2. Receive any and all documentation and information the Parties intend to present. The Parties will be allowed to present only evidence determined to be relevant by the Presiding Officer, regardless of its admissibility in a court of law.
3. Any objections to the process, witnesses, or evidence shall be raised by the Parties at the Pre-Hearing Conference and determined by the Presiding Officer. Any objections which

can be made and are not made, and are not made at the Pre-Hearing Conference may be deemed waived at the hearing.

4. The Presiding Officer shall set time limits for the presentation of evidence by the Parties. Unless the Presiding Officer determines otherwise, the time limits shall be set at two hours for the Resident to present his/her evidence and two hours for the Program Director or other individual representing the program to present his/her evidence. The Resident shall go first. At the conclusion of all the evidence, the Resident shall have 15 minutes for a conclusion statement if so desired. The Program Director or other individuals representing the Program will then have 15 minutes for a conclusion statement.
5. The Hearing Officer or Chairperson shall act upon the request of either Party to have a record made of the hearing. The record may be by electronic recording and/or note taker.

Rights of the Parties – Each Party shall have the right to:

- Call and examine witnesses
- Introduce exhibits
- Cross-examine (question) any witness on any matter relevant to the issues
- Discredit (impeach) any witness
- Rebut any evidence

Burden of Proof – The Resident has the burden of proving by clear and convincing evidence that the adverse decision, which is the subject of appeal, lacks any substantial factual basis, or that such basis or the conclusions drawn from it are either arbitrary, unreasonable or capricious.

Recess – The Presiding Officer may recess and reconvene the hearing at a later time if, in his/her sole discretion, it is deemed necessary for the effective administration of the hearing.

Written Statement – The Parties may present a written statement at the close of the hearing and such statement need not be presented at the Pre-Hearing Conference.

Close of Hearing – At the conclusion of the hearing, the Presiding Officer shall close the proceedings and no additional information or communication shall be accepted by the Hearing Officer or Hearing Committee until after a decision has been rendered.

Confidentiality – All information reviewed for, or presented at, the hearing is confidential. Neither the parties nor the witnesses are to discuss or otherwise disclose this information.

Conflict – In the event of a conflict between these procedures and Article 4.27, Grievance/Adjudication, in the NHRMC House Staff Manual, the House Staff Manual will supersede.