House Staff Manual
2015 - 2016
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Dear New and Returning Residents,

On behalf of the New Hanover Regional Medical Center (NHRMC) and the faculty of our Graduate Medical Education Programs, I want to welcome you. All of us look forward to working with you during your training. We remain committed to supporting your professional development and preparing you to become a successful, independent physician. Our faculty strives to ensure that every resident has the opportunity to develop the knowledge, skills and abilities expected from an attending physician.

This is an exciting time. The transition from medical student to resident can be one of tremendous growth and, at the same time, can be equally challenging. With this in mind, we have developed many systems to help you achieve your fullest potential during your training.

One of the resources the Graduate Medical Education (GME) Committee has created to assist you in this transition is our House Staff Manual. Within this manual, you will find the policies and procedures and support services available to you as a resident of NHRMC. Additionally, you will find a summary of your benefits. After reviewing this manual, if you have any questions that remain unanswered, you may contact your Program Director, Program Administrator or the GME Administration Office for further information.

Again, I wish to welcome you to our team! Should you have any questions or concerns please do not hesitate to contact me at the Graduate Medical Education Office.

Best Regards,

Joseph Pino, MD, MHA
Designated Institutional Official
Vice President Graduate Medical Education, NHRMC
1 Introduction

1.1. New Hanover Regional Medical Center (NHRMC)

History

The NHRMC network is licensed for a total of 855 beds; 628 on the NHRMC campus (including 62 at the Behavioral Health Hospital and 60 at the Coastal Rehabilitation Hospital), 141 at NHRMC Orthopedic, Cape Fear Campus, and 86 at Pender Memorial.

Early in its history, NHRMC sought to partner with teaching hospitals and offer Graduate Medical Education (GME). The hospital has been affiliated with the University of North Carolina School Of Medicine at Chapel Hill since 1970. As the state of North Carolina established teaching centers to support the development of physicians, the South East Area Health Education Center (SEAHEC) was established at NHRMC in 1973. SEAHEC provides support to the mission of Graduate Medical Education (GME).

NHRMC offers:
- Internal Medicine – Three year residency program and one year preliminary program
- Family Medicine – Three year residency program
- Obstetrics/Gynecology – Four year residency program
- General Surgery – Five year residency program and one year preliminary program

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 Commission. 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) and the North Carolina Area Health Education Centers (NC AHEC)

South East Area Health Education Center

The South East Area Health Education Center (SEAHEC) is one of nine AHECs under the North Carolina Statewide AHEC program. The nine AHECs link the university health science centers, the community hospitals, and the 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 an educational, non-profit organization aligned with the University of North Carolina at Chapel Hill to conduct AHEC programs in New Hanover, Brunswick, Columbus, Duplin, and Pender Counties. SEAHEC and NHRMC work together to facilitate graduate medical education. Full-time Faculty have appointments from the University of North Carolina School of Medicine and are permanently based in Wilmington. Additional faculty, consisting of private practicing physicians, hold clinical appointments with 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 is actively involved in quality improvement and research. SEAHEC assists the faculty and residents in conducting research and in procuring research funding when possible. In addition, SEAHEC offers student research internships, and provides technical assistance on research-related issues to health care professionals working on research projects in the region.

North Carolina Area Health Education Centers

North Carolina (NC) Area Health Education Centers (AHEC) is a unique partnership between university health science centers and communities. The focus of the partnership is twofold,

1) To improve the supply, (geographic and specialty) distribution, retention and quality of health and human service professionals.

2) To support professionals in meeting the primary health needs of the citizens of North Carolina. Nine regional AHECs serve the health workforce development needs of North Carolina.

The Board of Governors of the University of North Carolina oversees NC AHEC. The program office is based in the Office of the Dean of the School of Medicine at the University of North Carolina at Chapel Hill (UNC-CH).

North Carolina AHEC Map
1.3. Graduate Medical Education

The Graduate Medical Education Administration office is located at 2511 Delaney Avenue.

The GME office provides ACGME and AOA oversight of the four residency programs to ensure that residents experience a high quality learning environment while at NHRMC.

The GME office handles matters related to training licenses, NetLearning requirements, MedTraining modules, resident Lounge and Call Room issues as well as acts a liaison between different departments whether at SEAHEC or NHRMC.

GME Office Contacts:

Joseph Pino, MD, MHA
Designated Institution Official
joseph.pino@seahec.net

Joyce Dobson
Director, GME
joyce.dobson@seahec.net

Lindsay Whitaker
GME Office Administrator
lindsay.whitaker@seahec.net

Designated Institutional Official

The Designated Institutional Official (DIO) for the GME programs at NHRMC also serves as Vice President for GME, NHRMC and Chair of the Medical Education Committee (GMEC). The DIO, in collaboration with the GMEC, has authority and responsibility for the oversight and administration of the residency programs. Responsibilities include:

- Ensuring compliance with the ACGME institutional, common and specialty-specific program requirements.
- Reviewing and co-signing correspondence that impacts the GME programs, including all documents submitted to the ACGME by the program directors.
- Presenting an annual GME report to the Medical Executive Committee.

In the absence of the DIO, SEAHEC’s Director, Graduate Medical Education, will fulfill the responsibilities of the DIO.

1.4. The American Osteopathic Association (AOA)

The American Osteopathic Association (AOA) is a member association representing approximately 82,000 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 Institution (OPTI) in 1995. Each OPTI is a community-based training consortium comprised of at least one college of osteopathic medicine and one hospital. The Program at New Hanover Regional Medical Center is a member of OMNEE (Osteopathic Medical Network of Excellence in Education). This is an OPTI consortium based at the Virginia College of Osteopathic Medicine.

AOA Approved Program
In July of 2006, the Family Medicine Residency Program received full approval from the American Osteopathic Association. As an AOA accredited program, osteopathic Family Medicine residents completing three years of residency training will be eligible for take both the American College of Osteopathic Family Medicine and American Academy of Family Medicine board certification examinations.
2 Benefits

2.1 Salary

Academic Year: 2015 – 2016

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<td>$53,534.00</td>
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<td>5</td>
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2.2 On-call Meal Stipend

Residents are provided a meal allowance to offset the cost for meals while on-call in the hospital. Each resident receives a meal card to use when on-call, which is administered by each Program Director, and is intended to defray a portion of each resident’s on-call meal expense.

2.3 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. You can review eligible benefit options on our comprehensive NHRMC website.

Open enrollment takes place in early November each year for you to re-elect or change your benefits package which will become effective January 1st of the upcoming year. There will also be an annual health risk assessment performed in January of each year. Should you choose to participate you must complete a non-fasting blood draw. *Fasting is only required for staff enrolled in the Diabetes Health Plan or have diabetes. Fasting must be for at least 9 hours.

NOTE: Benefit coverage will begin the first of the month following your hire date (i.e. if employment starts in June, NHRMC benefits are effective July 1). Please make arrangements for current benefits to remain in effect until this date. Should you require information about supplemental insurance for the interim period until your benefits begin on July 1 you may contact:

George Chadwick Insurance
3301 Wrightsville Avenue
Wilmington, NC 28403
attn: Claude Bridger
910.762.2489 x308

2.3.1 Health

NHRMC pays the bi-weekly premiums (payroll deductions) for Blue Cross Blue Shield NHRMC Plan or Standard 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, deductibles, co-insurance, or any other charges incurred when using the coverage.

For specific health and dental plan information:

NHRMC Benefits
2.3.2 Dental

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 comprehensive NHRMC Benefits Website. You can seek services with both in-network and out-network Providers. There is no network of dentists, and bi-weekly deductions (26 periods per year) are taken on a pre-tax basis.

2.3.3 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.

2.3.4 Long-term Disability

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 $20,000 per month, beginning on the 91st day of an approved disability. Residents may choose a Buy-Up Option that provides a benefit beginning on the 61st day of an approved disability.

2.3.5 Vision

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 $10 co-pay. Residents also receive up to $150 of eyewear (glasses and contact lenses) coverage without an office charge per calendar year.

2.3.6 Professional Liability

Professional liability coverage is provided by the NHRMC for all residents. Coverage includes resident training sponsored programs both in and out of NHRMC. Residents are provided with the basic information regarding the policy during 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 includes 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 NHRMC. All occurrence or suspected claims/suits should be reported to the Risk Management Department at 910-336-5309 as soon as possible.
2.4 Retirement

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). 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 2015, the limit is $18,000 for each account. Employees who are age 50 or older
may contribute an additional $6,000.

Personal contributions always belong to the resident. However, since most leave NHRMC after
graduation and do not remain employed with NHRMC until retirement age, the two options are

a) Receive the full value of their account less applicable taxes, or,
b) Rollover their account into an Individual Retirement Account (IRA) or another employer's
qualified retirement savings.

2.5 Leave

2.5.1 Vacation/Sick
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.
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 FMLA.

2.5.2 Holiday
NHRMC designates seven (7) days during the year as employee holidays. For purposes of
resident scheduling, these are treated like weekend days.

2.5.3 Bereavement

Three (3) days absence with pay will be granted for a death in the immediate family (parent,
spouse, child, sister or brother).

2.5.4 FMLA

In compliance with the Family and Medical Leave Act (FMLA) of 1993, eligible residents are
etitled to a leave of absence (LOA) for up to twelve (12) weeks on a rolling calendar year.
Sick leave is looked at as protection against serious/lengthy illnesses. Sick leave must be taken in accordance with 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.
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.
2. Have worked at least 1250 hours during the prior, consecutive twelve (12) month period.

2.6 Confidential Counseling, Medical and Psychological Support Services

Balancing family, work, relationships and finances can be overwhelming, especially during residency. When problems build and begin spilling over into other parts of life (ability to sleep, work performance, mood, etc), it’s important to be able to access support services. To promote a healthy work environment and the highest level of well-being, residents have access to the following primary confidential resources:

2.7 Professional Development/PDA/Book Funds & Medical Meetings Leave

**Personal Digital Assistants (PDAs)**
To enhance efficiency and communication, each resident is allocated funding for a web-enabled PDA (e.g. Smartphone, iPod Touch, iPad, Laptop). Your request must be approved by your Program Administrator before you purchase your device. Devices must provide access to web-based tracking applications, management of schedules, and email communications. Residents who choose the voice/data communication option will be responsible for the
associated monthly expenses. Residents must give the receipts for reimbursement for a web-enabled PDA and approved “apps” to their respective Program Administrator for processing.

Preliminary residents will be required to submit this expense in the first 6 months of the year (by December 31). Categorical residents, who have not previously used this fund, are eligible to use the remainder until the start (July 1) of their final year.

**Professional Development (books, meetings, etc)**
Each resident is allocated a professional development fund (amounts vary based on the discretion of the Program Director), which can be used for resident expenses to attend professional meetings and/or towards the purchase of hard copy materials, electronic readers (iPads, Kindles, etc.) and digital books. Residents are encouraged to check the AHEC Digital Library for the availability (at no cost) of any given book prior to purchasing a digital book.

It is hospital policy that any device used to access work email must also have a Mobile Device Management (MDM) software solution manually installed. This software will have the ability to REMOTE wipe the device if it is lost or stolen. The MDM software is simply to provide additional security features to protect PHI. It does not have functionality that allows the data on your phone to be viewed. You will be required to have a have a 4 digit PIN code at all times for accessing the device. This MDM software allows the NHRMC IS to follow best practice, meet our external auditor guidelines as well as HIPAA requirements for protection of PHI.

**Medical Meetings Leave**
Up to five (5) working days may be allocated to each resident each academic year for the purpose of attending medical meetings or other approved medical activities.

2.8 Uniforms/Laundry

**Lab Coats**
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 NHRMC’s laundry service. Laundering pickup and delivery happens every Tuesday and Friday each week from the Resident Lounge. Residents receive two replacement lab coats per year and have the option of purchasing additional lab coats at any time by contacting the GME Office Administrator.

**Obtaining Scrubs**
Scrubs should be checked out using a scrub distribution machines. You may use your badge or pin number in order to obtain a scrub suit. Restrictions are placed on the number of sets of scrub wear that any authorized user can have at any time. Each Resident receives 3 credits for scrub suits.

**Returning Scrubs**
In accordance with current infection control policies and procedures, all used scrubs must be returned to a receiving scrub machine. Badly soiled and/or contaminated scrub wear is to be securely sealed in a plastic bag prior to deposit into a receiving machine. Scrubs should not be discarded in the lounge as there is no scheduled pickup.
Your account will be credited when you return your scrub wear in the appropriate location. If you have a dispute with the amount of credits you have, please contact Lindsay Whitaker, GME Office Administrator at 667-9222 or by email at Lindsay.Whitaker@seahc.net.

System abusers are subject to disciplinary action and will be reported to their Program Director.

NHRMC scrubs are not to be worn outside or removed from NHRMC property. You can access the full NHRMC scrubs policy here.

2.9 Off-campus Housing Allowance

Each resident who, at the discretion of the Program Director, is required to participate in an off-campus rotation, will receive a stipend of $550 a month for housing. This stipend will be prorated for rotations shorter or longer than one month.

2.10 NHRMC Outpatient Pharmacy Services

The NHRMC Outpatient Pharmacy hours of operation are Monday-Friday 8 am to 7 pm. Our primary scope of service includes providing dispensing services to discharge patients, pharmacist led bedside medication education for patients and patient assistance program services. To facilitate discharge, a patient discharge support liaison is available to assist with the discharge prescription process and can be reached by paging 341-9222 during normal business hours. The pharmacy also provides a variety of OTC medications and supplies for our staff and patient’s needs.

The Outpatient Pharmacy also provides services to employees seen in the Employee Health Clinic who require medications from their visit. Our Outpatient pharmacists are also actively involved in providing education and therapy recommendations for employees through our NHRMC sponsored Diabetes Health Plan.

For information on any of these services, please contact the Outpatient Pharmacy at 910.815.5180 or visit our Outpatient pharmacy web page on CapsLive. A patient discharge support liaison is available to assist with the discharge prescription process and can be reached by paging 341-9222 M-F 8:00 am to 4:30 pm.
3 Employment Policies

3.1 Equal Opportunity Employer

New Hanover Regional Medical Center will hire the most qualified applicants for positions and provide equal employment opportunities for all applicants and employees without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, disability, genetic information, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. New Hanover Regional Medical Center complies with applicable state and local laws governing non-discrimination in employment in every location. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

3.2 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 which is 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.

3.3 Employment Requirements

Each applicant must meet one of the following qualifications to be eligible for appointment, subject to additional qualifications as may be specified in the specialty/sub-specialty specific program requirements:

- Graduation from a medical school in the United States or Canada and accredited by the Liaison Committee or Medical Education (LCME)
- Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA), or,
- Graduation from a medical school outside of the United States and Canada and meeting one of the following conditions:
  - Holds a currently valid certificate from the Education Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or,
  - Holds a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in which he or she is training, or,
  - Has graduated from a medical school outside the United States and completed a Fifth Pathway program provided by an LCME-accredited medical school.

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. Applications from resident applicants who will be legally able to begin employment by the effective date of the Agreement of Appointment will be considered. Citizenship documentation must be provided to the GME Office for verification.
All candidates who interview for a position in any residency program will be directed to the House Staff Information page on the Residency Program section of the NHRMC website for details about:

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

Successful candidates will be required to provide or complete the following prior to the first day of employment:

1. International Medical Graduates must have legal documentation of citizenship by the time employment begins.
2. North Carolina Training License (obtained through GME Administrator, SEAHEC)
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 at the NHRMC Employee Health and Clinic prior to orientation).

3.4 Recruiting (MATCH)

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

**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: it is contingent upon the matching applicant meeting all the eligibility requirements imposed by those policies. These requirements must be communicated to the applicant in writing prior to the rank order list certification deadline. You will be required to acknowledge this communication by signing and returning back to the program office.

3.5 Employment of Relatives

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

**Procedure**

- 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, grandparents, aunts, uncles.
- If one employee marries another employee or two employees are or become involved in an intimate personal relationship, both may retain their positions providing they meet the conditions of this policy.
- NHRMC believes it is common sense that managers do not “date” subordinates. For managers, this includes anyone in their chain of command.
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- NHRMC cannot guarantee immediate family employees the same time off. Each employee has to be treated independently and not as a member of a family.
- A job applicant will be asked if they have any immediate relatives employed with NHRMC on their employment 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 employee, then they will be subject to NHRMC’s disciplinary process up to and including discharge.

3.6 Licensure Requirements

The North Carolina Medical Board (NCMB) issues a training license to all residents accepted into one of the four residency training programs. 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 NHRMC educational programs. The application process is facilitated electronically on the North Carolina Medical Board’s (NCMB) website.

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 NHRMC, will not be paid, and will not be eligible for benefits, such as, health and dental coverage.

Training License Application Process

- The GME Office Administrator, SEAHEC, will forward the instructions for obtaining a North Carolina Resident Training License to the resident within 10 days after the Match. The resident will be directed to the NCMB’s website, to complete the online application as instructed.
- It is imperative that the application be completed online as soon possible. The turn-around time for the NCMB to issue a license after it is submitted by the GME Coordinator is approximately four weeks, providing information on the application and supplemental documentation is complete and accurate. The resident may follow the progress of the application on the NCMB’s website. Any additional required documentation will be indicated.
- Once initiated, the online application will be sent electronically to the GME Office. After all required documentation is received; the GME Office will submit the online application and mail the paper credentials and documents to the North Carolina Medical Board for processing.
- The GME Administration Office will coordinate the application process and act as a liaison between the resident and the NCMB. Unless otherwise indicated during the application process, all supporting paper credentials and documents should be sent directly to the GME Office. Any questions regarding the application should be directed to the GME Office. Please do not contact the NCMB. Due to the large volume of applicants seeking a resident training license, the NCMB will not be available to speak with individual applicants and can only correspond with the GME Administration Office regarding the status.
- NHRMC is responsible for payment of fees for the original training license application and annual training license renewals. 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 license application fee during the first week of orientation provided a training license is issued.
- The GME Office Administrator and the resident will be notified by the NCMB by email when the license is issued. The GME Coordinator will in turn notify the respective Program Director and Program Administrator.
Resident Training License Annual Renewal
Residents are responsible for keeping their license current. All licenses must be renewed annually on or before the resident’s date of birth. The GME Coordinator, SEAHEC, will send the renewal form to the resident for completion via email. The form must be returned by the specified date. The license renewal will be completed online by the GME Coordinator, SEAHEC, and paid for by NHRMC.

Permanent License
Payment for permanent licenses and renewals is the responsibility of the resident and not NHRMC unless the resident transferred to NHRMC from another program with a permanent North Carolina license. In this instance, NHRMC will reimburse the resident $125 toward the renewal fee for the permanent license. The resident will present the receipt for the permanent license to the GME Coordinator for reimbursement.

3.7 Sanctions and 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 Risk Management Department. In turn, the Program Director will notify the Vice President of GME, NHRMC. 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.

3.8 Drug Enforcement Agency (DEA) Numbers
Residents are assigned a DEA number through NHRMC which serves as authorization to write prescriptions while in training at the institution. The NHRMC Pharmacy and all pharmacies in the surrounding five county regions are given signature lists of all residents in training and their DEA numbers. 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 NHRMC, the DEA number is no longer valid.

3.9 Agreement of Appointment
The House Staff Agreement of Appointment is distributed to current and new residents by end of March for signature. This agreement is revised and updated annually by the Graduate Medical Education Committee (GMEC). Please see Appendix A for a copy of the current House Staff Appointment of Agreement.

3.10 Restrictive Covenant
Residents are not required to sign a non-competitive guarantee (Restrictive Covenant).

3.11 Accommodation for Disabilities
When a resident requests an accommodation due to a disability which limits or restricts his/her performance of the essential job responsibilities, a reasonable accommodation analysis will be performed by an HR Business Partner with assistance from Employee Health.
The HR Business Partner is responsible for documenting the interactions with the resident, the basis for any decision reached, and communications to the resident and the Program Director about accommodation decisions.

3.12 Dress Code

Dress, grooming, and personal hygiene standards contribute to the morale of all employees and affect the business image we present to customers and visitors.

It is the policy of NHRMC that each employee’s dress, grooming, and personal hygiene should be appropriate to the work situation. During business hours, employees are expected to present a professional image to customers and visitors. Identification badges must be worn at all times.

The resident must be immediately identifiable as a physician and appearance or manner of dress must not diminish professional effectiveness.

Under no circumstances are scrub suits to leave NHRMC premises.

The full policy on dress code is located here.

3.13 Promotion and Retention of Residents

Promotion to the next post-graduate year of training is contingent upon satisfactory completion of the requirements for the current training level. This promotion will be based on 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 Clinical Competency Committee (CCC). 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 resident contract may not be renewed. In such cases, residents will be notified four months prior to the completion of their current Agreement of Appointment, at which time they may choose to implement the Institution’s Grievance Procedure.

3.14 Internet Use & Social Media

Social and business networking websites (e.g. My Space, LinkedIn, Facebook, Twitter, Flickr) are increasingly being used for communication by individuals, as well as, businesses and universities. As such, it has become necessary to outline appropriate individual and New Hanover Regional Medical Center (NHRMC) Residency Programs’ sanctioned use.

Guiding Principles:
- Privacy and confidentiality between physician and patient is of the utmost importance.
- Respect among colleagues and co-workers must occur in a multidisciplinary environment.
- The tone and content of all electronic conversations should remain professional.
- The individual is responsible for the content of his/her own blogs/posts.
- Material published on the web should be considered permanent.
- Any information you post on the internet is public information.
• All health care providers have an obligation to maintain the privacy of patient health information as outlined by the Health Insurance Portability and Accountability Act (HIPAA).
• Residents should adhere to all principles outlined in the NHRMC House Staff Manual and Code of Conduct for Residents when interacting on the internet.
• Internet use must not interfere with the timely completion of job duties.
• Personal blogging or posting of updates should not be done during work hours or with work computers.
• It is always inappropriate to “friend” patients on any social networking site or to check patient profiles.
• Avoid discussing any sensitive, proprietary, confidential, private, and PHI or financial information about NHRMC or any affiliated hospital.
• Refrain from posting any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or any other entity. This includes, but is not limited to, comments regarding NHRMC or any other affiliated hospitals or employees of them.
• Be aware that you may be held responsible for any personal legal liability imposed for any published content.
• Social networking sites can be the source of cyber bullying, harassment, stalking, threats or unwanted activity.

Patient Protected Health Information (PHI)
Identifiable protected health information (PHI) should NEVER be published on the Internet. This applies even if only the patient is able to identify him/herself from the posted information. Residents must adhere to all Health Insurance Portability and Accountability Act (HIPAA) principles.

Communication Regarding Hospitals or the University
Unauthorized use of NHRMC or the Residency Programs’ information or logos is prohibited. No phone numbers, email addresses, web addresses or the name of the hospital or clinic may be posted without permission from an authorized departmental individual. For identification purposes, residents may list their affiliation with their residency program. In all communication where residents are listed as being affiliated with the NHRMC or residency department, a disclaimer must be attached such as: “All opinions and views expressed, in my profile (on my page) are entirely personal and do not necessarily represent the opinions or views of anyone else, including other faculty, staff, residents, or students in (name of your residency program) at the New Hanover Regional Medical Center. New Hanover Regional Medical Center or (name of your residency department) have not approved and are not responsible for the material contained in this profile (on this page).”

Offering Medical Advice
It is never appropriate to provide medical advice on a social networking site.

Privacy Settings
Residents should consider setting privacy at the highest level on all social networking sites.

Disciplinary Action
Residents’ discipline follows the House Staff Policy. Disciplinary action will be determined by the Program Director and will vary, depending on the nature of the policy violation.
3.15 Vendor Relations

The purpose of this policy is to present guidelines for residents, faculty and staff to follow in their interactions with industry representatives. Full and appropriate disclosure of sponsorship and financial interests is required at all program and institution sponsored events. It is the responsibility of the Program Director to determine which contacts between residents and industry representatives may be suitable, and exclude occasions in which involvement by industry representatives or promotion of industry products is inappropriate.

NHRMC expects all vendors, contractors, and other agents to comply with applicable laws and regulations when providing their services to and/or for us. Failure to comply with NHRMC’s Code of Conduct may result in suspension of the privilege to conduct business at NHRMC, and/or other penalties.

NHRMC will not extend any business courtesies that might jeopardize compliance with billing and coding and any other regulations and policies. NHRMC employees will not accept nor offer money or gifts to patients or their families in exchange for furnishing health care services. Holiday gifts of cookies, cakes, pies, candies, fruit, popcorn and other similar food items offered by patients, physicians, contractors, subcontractors, suppliers and vendors are permitted as long as such gifts are motivated by personal relationships, not business considerations, and are shared with the entire department.

Because NHRMC is a public hospital, it is a violation of North Carolina law for any Medical Center employee to accept any gift or favor, other than advertising items or souvenirs of nominal value ($25 or less) from any vendor, contractor or subcontractor. Employees are not permitted to accept food or meals from vendors unless it is part of a formal educational program and is not solely for the benefit of NHRMC employees. The Medical Center will select suppliers and vendors based on the quality and price of products or services provided and our satisfaction with those services.

Residents, faculty and staff should be aware of and follow the AMA Council on Ethical and Judicial Affairs (CEJA) opinion for assistance in identifying appropriate industry interaction.

CEJA Guideline 1: Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Sample medications, textbooks are appropriate if they serve a genuine educational function. Cash payments are never acceptable and should not be accepted.

CEJA Guideline 2: Individual gifts of minimal value are permissible as long as the gifts are related to the physician’s work. Educational materials, pens and notepads are acceptable examples. Consistent with NHRMC Standards of Conduct and Corporate Compliance Program, solicitation or acceptance of personal gifts, favors, loans, cash, uncompensated services or other types of gratuities or hospitalities from organizations doing business with NHRMC/SEAHEC is inappropriate.

CEJA Guideline 3: Defines a legitimate “conference” or “meeting” as an activity held at an appropriate location dedicated to promoting objective scientific and educational activities when the main incentive is to further knowledge on the topics being presented. Disclosure of financial support and the potential for conflict of interest must be reported by the presenters and meeting provider. If oral disclosure only is made, an appropriate individual (e.g. course director, resident faculty, meeting coordinator) must document full disclosure was made.
CEJA Guideline 4: Allows industry subsidies to underwrite the costs of continuing medical education (CME) conferences or professional meetings that contribute to the improvement of patient care. Payments to defray the costs of conference production or attendance should not be accepted directly from the company by the physician(s). Any subsidy should be paid to NHRMC/SEAHEC consistent with CME accreditation standards.

CEJA Guideline 5: Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging or other personal expenses of physicians or relatives attending conferences or meetings. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging and meal expenses. Honoraria and reimbursement of travel-related expenses for accredited CME conferences must be paid to faculty by the accredited CME provider or joint sponsor, not a commercial entity.

CEJA Guideline 6: Scholarships or other special funds to permit residents to attend carefully selected educational conferences may be permissible. The selection of the attendees who will receive the assistance must be made by NHRMC/SEAHEC and not the company. Carefully selected educational conferences are defined as major scientific, educational or policy-making meetings of national, regional or specialty medical associations.

CEJA Guideline 7: No gifts should be accepted if they are given in relation to the physician’s prescribing practices. Gifts of any size should not be taken if there is any correlation between the awarding of the gift and prescribing practices.

3.16 Medical Treatment of Employees

Residents shall not discuss personal physical problems or prescribe medications for NHRMC or SEAHEC employees. The resident 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 or family members.

3.17 Communicable Diseases – 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, 10A NCAC 41A.0207. The notification shall be made in writing to the Chief, Communicable Disease Control Branch, 1902 Mail Service Center, Raleigh, NC 27699-1902.

3.18 Immunization Requirements and Hepatitis Immunization Program

New Hanover Regional Medical Center ("NHRMC") and its affiliates which include NHRMC Physicians Group, Pender Memorial Hospital and NHRMC Home Care (referred to as "Affiliates") requires specific immunizations for all Health Care Workers (HCWs) to assist in preventing or safeguarding against diseases that may be encountered in NHRMC and Affiliates or community. The following requirements are based on recommendations of the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP).
Immunity to the following diseases is required:

1. Measles (rubeola)
   a. Laboratory evidence of measles immunity, or
   b. Laboratory confirmation of disease, or
   c. Two doses of live measles-containing vaccine on or after the 1st birthday.

2. Mumps
   a. Laboratory evidence of measles immunity, or
   b. Laboratory confirmation of disease, or
   c. Two doses of live mumps-containing vaccine on or after the 1st birthday.

3. Rubella (German Measles)
   a. Laboratory evidence of measles immunity, or
   b. Laboratory confirmation of disease, or
   c. Two doses of live rubella-containing vaccine on or after the 1st birthday.

Note: MMR Vaccine

4. Varicella Zoster (Chicken Pox)
   a. Laboratory evidence of varicella immunity, or
   b. Two doses of varicella vaccine.

5. Pertussis
   Vaccination with Acellular pertussis (Tdap) Vaccine, one dose or documentation.

6. Tetanus/Diphtheria (Td)
   After primary immunizations given, a Td booster is every 10 years. If a HCW has never received the primary immunizations, the following schedule will be used:
   a. 1st Dose – initial dose
   b. 2nd Dose – 4-6 weeks after initial dose
   c. 3rd Dose – 6-12 months after the initial dose

7. Hepatitis A Vaccination
   Requirement for food service workers as a preventative measure for Hepatitis A. Two doses of hepatitis A vaccine.

8. Influenza (Annually)
   a. Vaccination – One dose, or
   b. Nasal Inhalant - One dose (if meeting eligibility requirements for administration), or
   c. Written documentation of contraindication from primary healthcare provider, or
   d. Written documentation verifying a bona fide religious belief.

The following vaccines is not required, but are strongly encouraged for staff with direct patient contact and/or high risk for potential exposure to blood and or body fluids.

Hepatitis B Vaccination Series
The Hepatitis B series consisting of three vaccinations, given over a 6 month period, is federally mandated to be offered to all HCWs who have direct contact or may have direct contact with patients or any blood, body fluid or other potentially infectious material as a
routine part of their job duties. The HCW is highly encouraged to receive the vaccinations but may decline by signature on a declination statement. A HCW that has declined may, at any time during their employment, receive the series at no cost upon their request.

If the Hepatitis B vaccination is declined, the employee will be counseled on the risks and ways to prevent exposures in or out of NHRMC and Affiliates. If at any time the employee requests to receive the vaccination, it will be provided at no cost.

**Contraindications to the Above Vaccinations**

Refer to packaging insert regarding contraindications for administration of the vaccine. If there are any questions, the employee should consult with their primary healthcare provider and provide documentation of the recommendation.

Immunizations that are required may be received in the Employee Health and Clinic at no cost to the HCW. The HCW may also have a healthcare provider of choice, at his/her own expense, administer the immunizations.

References: MMWR June 14, 2013/roc/62/No.4
MMWR 2011:60 (RR07): 1-45
MMWR 2011:60 (RR02): 1-60
MMWR 2013:62 (RR 04): 1-40
MMWR 2012:61 (MM25): 468-470

3.19 Physician Impairment

Annually, all residents will receive education on physician impairment, to include substance abuse and sleep deprivation.

**Substance Abuse**

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 Employee Health and Clinic 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 and Clinic. If it is after Employee Health and Clinic operating hours, the on call Employee Health and Clinic pager is called. The nursing supervisor on duty will assist in contacting the on-call nurse. 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 and Clinic, 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. Human Resources and Employee Health and Clinic must also be notified to assist in this process.

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 Vice President for GME, NHRMC. 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.

3.20 Harassment

Harassment, including sexual harassment, is prohibited by federal and state laws. This Policy prohibits harassment of any kind, and NHRMC will take appropriate action swiftly to address any violations of this policy. The definition of harassment is: verbal or physical conduct designed to threaten, intimidate or coerce. This also includes verbal taunting (including racial and ethnic slurs) which, in the employee's opinion, impairs his or her ability to perform his or her job.

Examples of harassment are:

1. Verbal: Comments which are not flattering regarding a person's nationality, origin, race, color, religion, gender, age, or disability.
2. Non-verbal: Distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles, or shows hostility or aversion toward an individual, or group because of national origin, race color, religion, age, gender, disability, or other protected status.

Retaliation

No hardship, no loss or benefit, and no penalty may be imposed on an employee as punishment for:

a) Filing or responding to a bona fide complaint of discrimination or harassment;
b) Appearing as a witness in the investigation of a complaint; or
c) Serving as an investigator.

Retaliation or attempted retaliation is a violation of this Policy and anyone who does so will be subject to disciplinary action up to and including termination. Please refer to the Harassment and Discrimination policy for further information and Appendix G of this document for information on how to report harassment.

3.21 Discrimination

New Hanover Regional Medical Center strives to create and maintain a work environment in which people are treated with dignity, decency and respect. NHRMC will not tolerate unlawful discrimination or harassment of any kind. Through enforcement of this policy and by education of employees, NHRMC will seek to prevent, correct and discipline behavior that violates this Policy.

All employees, regardless of their position, are covered by and are expected to comply with this policy, and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any employee who violates this policy.

a) It is a violation of this Policy to discriminate in the provision of employment opportunities, benefits or privileges, to create discriminatory work conditions, or to use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, the person's race, color, national origin, age, religion, disability status, gender.

b) Discrimination of this kind may also be strictly prohibited by a variety of federal and state laws including Title VII of the Civil Rights Act 1964; the Age Discrimination Act of 1975; and the Americans with Disabilities Act of 1990. This Policy is intended to comply with the prohibitions stated in these antidiscrimination laws.

c) Discrimination in violation of this Policy will be subject to severe sanctions up to and including termination.

Please refer to the Harassment and Discrimination policy for further information.

3.22 Due Process ( Discipline, Suspension, Dismissal)

All NHRMC employees are expected to comply with the Medical Center’s Standards of Behavior and Performance, and 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 underachievement.

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 a resident, 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 GME, NHRMC 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, determine why or how it occurred, and 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 GME, NHRMC 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 GME, NHRMC and/or the Vice President for Human Resources, NHRMC, before dismissal proceedings may begin.

3.23 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 I:
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 five calendar 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 of GME, NHRMC.

Step 2: Discussion between Resident and Vice President for GME, NHRMC: The resident should, within seven calendar days of the Program Director’s decision, submit to the Vice President for GME, NHRMC, a written request for a conference, outlining the substance of their grievance. Upon receipt of this request, the Vice President for GME, NHRMC, will arrange a conference with the resident, normally to occur within seven calendar days. Within seven calendar days following the conference, the Vice President for GME, NHRMC, will notify the resident and the Program Director, in writing, of his decision. The Vice President for GME, NHRMC’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 five calendar days. The resident will be informed in writing within five calendar days following the meeting of the decision regarding the appeal.
Step 2: Discussion between Resident and Vice President for GME, NHRMC: Same as Step 2 in Level I above except that the Vice President for GME, NHRMC’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 GME, NHRMC, is not deemed satisfactory, the resident may then request a hearing by filing a written request with the Vice President for GME, within seven calendar days after receiving a copy of the decision of the Vice President for GME, NHRMC. Upon receiving the request for a hearing the Vice President for GME, NHRMC, will appoint a Hearing Committee or a Hearing Officer to conduct the hearing. If a Hearing Committee is appointed, the Vice President for GME, NHRMC, will appoint a Chairperson for this Committee. A hearing shall be held not less than 14 calendar 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 B 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 GME, NHRMC, and resident, in writing of the recommendations. This will normally be done within seven 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 seven 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 GME, NHRMC, the resident’s Program Director, and the resident of his decision within seven calendar days. The decision of the President and CEO, NHRMC, will be final.

3.24 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 an 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 GME Administration Office, which must be signed by all departments and returned to the GME Office Administrator.

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 4, and the Process for Resident Hearing (Appendix B) of this manual.
4 Communication

4.1. Responsiveness

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 assess the situation rather than depend on telephone impressions and verbal orders. This is important to protect the welfare of the patient.

Communication with Patients

One of the most important features of residency training is the continuous development of interpersonal communication skills. The resident's approach with the patient influences the patient's attitude and perception of NHRMC. Residents should communicate with patients amicably and adequately. Residents are reminded that the family of a very ill patient 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. Also, each patient must have an identifiable, appropriately credentialed, and privileged attending physician (or licensed independent practitioner as approved by each RRC) who is ultimately responsible for their care. This information should be available to residents, faculty members and patients. Residents and faculty members should clearly explain their respective roles and responsibilities with each patient.

Interprofessional Teams

Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty. Unresolved conflict and misunderstandings should be brought to the attention of the residency Program Director for resolution.

4.2. Personal Device Apps Support

NHRMC Information Systems is available to assist residents by configuring Microsoft Office Outlook and other approved applications on individual devices by emailing service.request@nhrmc.org or 667-7855. A list of approved applications is available through the NHRMC Information Systems Office. Additional work-related applications can be purchased using the resident’s professional development fund if approved by the respective Program Director or Chair.

Clarification of specific approved devices can be obtained through the GME Office and NHRMC Information Systems. NHRMC Administration, Business Office, and Information Systems collaborate to continuously monitor evolving technologies so that residents benefit from advancements.

The policy for the use of cell phones and other electronic devices that have a potential to produce electromagnetic interference risk with medical equipment is outlined in the NHRMC Environment of Care Safety Manual, Policy 4.2.
4.3. Pagers

Pagers are issued by the Program Administrator of each GME Department. 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 by calling (910) 343-7000.

4.4. Mail

A mailbox is provided for each resident in his or her respective department. 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 of _________ Residency
NHRMC
P. O. Box 9000
2131 South 17th Street
Wilmington, NC 28402-9000

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

4.5. Email

All residents are provided with an email account through NHRMC. Residents must use this address for business purposes. Residents are required to actively read, monitor, and manage email mailbox contents; periodically deleting messages no longer needed for reference, and emptying trash routinely. Further security guidelines for email usage are located in the NHRMC Administrative Policy and Procedure Manual, HIPAA Policy 14.33, General Security Guidelines for Email Usage.
5 Graduate Medical Education Policies

5.1. Commitments of Faculty

Resident House Staff are here for the primary purpose of receiving education and training in their respective specialties. It is the responsibility of staff physicians with appropriate clinical privileges involved in the residency training programs to ensure that the educational quality of these programs is maintained at a high level, and that the patient care delivered by house staff pursuant to their education and training is appropriate in content and of consistently high quality. Commitments of faculty include (from the Association of American Medical Colleges):

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. We will nurture and support residents in their role as teachers of other residents and of medical students.
5.2. Evaluations (Program, Faculty, Residents)

Institution
Annually, residents and faculty are requested to complete an ACGME survey to provide feedback that can be used to identify and improve various components of the work and learning environment. The Graduate Medical Education Committee (GMEC) also facilitates an annual House Staff Questionnaire to capture additional details regarding the resident experience at NHRMC for continuous improvement purposes.

Annual Program Evaluation (APE)
Annually, each program evaluates its overall effectiveness against standard metrics. Goals and objectives are reviewed and effectiveness in achieving them are assessed. Review of resident evaluations and faculty evaluations of the program are a mandatory part of the process.

Evaluation of Faculty and Program
Residents 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 policy manuals. Residents are given the opportunity to confidentially evaluate all aspects of the program on an annual basis through an internal program evaluation.

Program Evaluation of Faculty
Each Program Director must evaluate its faculty annually. These evaluations will focus on teaching, clinical knowledge and scholarly activities. Resident feedback is incorporated into the process.

Evaluation of Residents
The GMEC ensures that each residency program provides evaluations that lead to measurable achievement of educational outcomes in alignment with the ACGME competencies as outlined in the specialty/subspecialty-specific program requirements. Performance will be evaluated using multiple methods, including:
- Assessment following each rotation
- Semi-annual review by each program’s Clinical Competency Committee
- Performance on in-training and USMLE/COMLEX Step III exams
- Overall review at the completion of the program
- Performance on board certification exams

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

USMLE/COMLEX Step III Exam
All new and transfer residents are required to pass the USMLE/COMLEX Step III exam prior to promotion to the next program year level, according to the following schedule:
- Family Medicine and Internal Medicine residents must pass the exam by the first of March of their second year
- Surgery and Obstetrics/Gynecology residents must pass the exam by the first of March of their third year
Multiple non-pass scores on the Step III exam may result in non-renewal of appointment.

Final Resident Evaluation
A final written evaluation for each resident who completes the program will be completed by the program director. This summative evaluation will focus on whether the resident has demonstrated sufficient professional ability to practice competently and independently.

5.3. Resident Forum

NHRMC must maintain an organization council or other forum that allows residents/fellows from across the programs to communicate and exchange information relevant to their programs and clinical learning environment.

The Resident Forum is used by residents to communicate and exchange information about their environment, programs and issues in a confidential, protected manner. All residents have the opportunity to raise a concern to the forum. Peer elected representatives from each program attend forum meetings and provide updates to all of the residents in their program as needed. Several times a year all residents meet as a large group to ask questions and discuss concerns about their educational programs.

Residents have the option to invite the DIO, faculty members, other administrators, and a GME representative to the forum meetings.

5.4. Resident Committees

Residents are encouraged to participate on committees, councils, and other activities related to their areas of interest and/or whose actions affect their education and/or patient care, including quality assurance activities. Residents appointed, assigned, or selected to serve on committees must make every effort to participate in and attend meetings. Alternates selected to attend committees when a primary resident cannot attend, must make every effort to participate in and attend the meeting.

5.5. Patient Safety & Quality Improvement

New Hanover Regional Medical Center’s patient safety strategy is designed to reduce healthcare errors and hazardous conditions by utilizing a systematic, coordinated and continuous approach that centers on:

- The establishment of mechanisms that support effective responses to actual occurrences and hazardous conditions
- Ongoing, proactive risk assessments to reduce healthcare errors
- Integration of patient safety priorities in the design and redesign of all relevant organizational processes, functions and services

NHRMC’s residency programs are committed to promoting patient safety and resident well-being in a supportive educational environment. Residents are exposed to the specific professional responsibilities of physicians to appear for duty appropriately rested and fit to provide patient services through mandatory participation in educational initiatives, including:

- Resident Orientation
- Annual Safety Tour (online module and test)
Residents will participate on inter-professional root cause analysis teams when a retrospective review of systems and/or processes is required.

Senior level residents are required to contribute and actively participate in interdisciplinary clinical quality improvement, patient safety or LEAN initiatives within NHRMC or on a state/national initiative.

Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- Assurance of the safety and welfare of patients entrusted to their care
- Provision of patient and family centered care
- Management of their time before, during, and after clinical assignments;
- Recognition of impairment, including illness and fatigue, in themselves and in their peers
- The monitoring of their patient care performance improvement indicators
- Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data

All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider.

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Residents must report errors, adverse events, unsafe conditions and near misses using the Patient Safety Hotline: (910) 342-3416

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5.6. Resident Supervision (clinical capabilities/responsibilities)

Specific resident capabilities are determined by and documented by the respective programs. The clinical responsibilities for each resident must be based on PGY level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. The program director must evaluate each resident’s abilities using national standards-based criteria. Each resident must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence.
Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents. Monthly attending/resident schedules are listed on the hospital intranet. 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 Procedure Logger can be accessed via EPIC by using the Weblinks dropdown and selecting Resident Scope of Practice. NHRMC Administrative Policy 9.8, Resident House Staff Supervision, origination dated October 2000 (revised effective February 2012), states that residents be supervised at all times.

Supervision of residents is the responsibility of faculty members and staff physicians holding part-time appointments/affiliations or serving as preceptors. Faculty supervision assignments should be designed to allow for sufficient assessment of individual knowledge and skills resulting in delegation of the appropriate level of patient care authority and responsibility. A variety of supervision methods may be exercised as long as an appropriate level of supervision is in place for all residents. Specific resident capabilities are determined and documented by the respective programs using detailed performance assessment systems described in departmental manuals.

Guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as, the transfer of a patient to an intensive care unit, or end-of-life decisions, are also outlined.

Levels of Supervision
To ensure oversight of resident supervision and graded authority and responsibility, the programs must use the following classifications of supervision:

- Direct Supervision: The supervising physician is physically present with the resident and patient.
- Indirect Supervision: There are two types of indirect supervision:
  - Direct supervision is immediately available (within 30 minutes) as the supervising physician is physically within the hospital or other site of patient care.
  - Direct supervision is available by means of telephonic and/electronic modalities (within 30 minutes) as the supervising physician is not physically present within the hospital or other site of patient care.

Oversight
The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered (e.g. post-hoc review of resident delivered care with open dialogue regarding the appropriateness of that care).

Note: PGY1 residents should be supervised either directly or indirectly with direct supervision immediately available.

Residents as Supervisors
Some activities require the physical presence of the supervising faculty member, while many aspects of patient care can be performed under the supervision of a more advanced resident. Senior residents should serve in a supervisory role of junior residents in recognition of the progress toward independence, based on the needs of each patient and the skills of each individual resident.
Private Attendings as Supervisors
Supervision of residents extends to private attending with clinical privileges in the Medical Center. In these cases, the private attending will coordinate with the faculty physician in supervising the resident. However, those private attendings that do not want to participate in the teaching programs may have their patients admitted to their service without teaching responsibilities and without residents involved in their care. Patients may also request that residents not be involved in their care.

Documentation and Supervision
Supervision of residents will be documented in the medical record by teaching physicians. The attending departmental faculty must review the medical records and co-sign face sheets, procedure notes, admitting history and physicals, and discharge summaries. Every physician who provides or supervises the provision of services to a patient is responsible for the correct documentation of the services that were rendered. For claims submitted on behalf of teaching physicians, only services actually provided may be billed.

5.7. Transitions in Care

Clinical assignments must be designed to minimize the number of transitions in patient care. Programs are responsible for ensuring that residents are competent in communicating with team members in the hand-over process. Effective, structured hand-over processes that facilitate both continuity of care and patient safety must be in place and monitored. Schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care must also be available.

5.8. Duty Hours

The GMEC of NHRMC ensures that all GME programs are in compliance with resident duty hours and work environment requirements. 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.

Maximum Hours of Work per Week
Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

Maximum Duty Period Length
- Duty periods of PGY-1 residents must not exceed 16 hours in duration.
- Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
- Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
- It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
- Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications
for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the resident must:
- Appropriately hand over the care of all other patients to the team responsible for their continuing care; and
- Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
- The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Maximum In-House On-Call Frequency
PGY-2 residents and above must be scheduled for in-house call no more frequently than every third-night (when averaged over a four-week period).

Minimum Time Off Between Scheduled Duty Periods
- PGY-1 residents should have 10 hours, but must have eight hours, free of duty between scheduled duty periods.
- Intermediate-level residents (as defined by the Review Committee) should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
- Residents in the final years of education (as defined by the Review Committee) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
- This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances (as defined by the Review Committee) when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
- Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

Maximum Frequency of In-House Night Float
Residents must not be scheduled for more than six consecutive nights of night float. (The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.)

Mandatory Time Free of Duty
Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Duty Hour Exceptions
- A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.
- In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.
- Prior to submitting the request to the Review Committee, the program director must obtain approval of the Vice President for GME, NHRMC.
**At-Home Call**
- Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

The GMEC will require all GME programs to assess compliance to their duty hour policy on a weekly basis. Monthly, 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 policies 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, bring the issue before the CCC for review and possible subsequent disciplinary action, up to and including the resident’s dismissal from the program.

5.9. **Moonlighting**

The activities in the NHRMC are sufficient to keep the resident fully occupied and outside employment is generally not permitted. However, there are some occasions when outside activity may be beneficial to the community and resident (PGY2 and above only), as long as the activity does not interfere with a resident's ability to achieve the program goals and objectives. In such instances, written permission must be obtained from the Program Director, who will document all requests, including the number of hours per week; 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, 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. Time spent by residents in internal and external moonlighting must be counted toward the eighty-hour maximum weekly hour limit. In the event that moonlighting is approved, the resident’s performance will be monitored by the Sponsoring Institution and the respective Program Director for the effect these activities have on his/her performance.

5.10. **Alertness Management/Fatigue Mitigation**

NHRMC is committed to protecting residents from the effects of sleep deprivation and fatigue. In addition to restricting duty hours (see Duty Hours Policy); education sessions related to recognizing fatigue and implementing alertness management strategies will be provided during new resident orientation and during program didactic blocks.
**Definitions**

**Fatigue** – A condition in which an individual is deemed potentially mentally or physically unable to perform patient care duties safely. Signs may include, but are not limited to:

- Falling asleep in a patient care area
- Unusual orders
- Unanswered calls
- Irritability and/or intolerance

**Strategic Napping** – Short sleep periods taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

**Suggestions**

- A resident found to be asleep in a patient care area of the hospital, besides the on-call room, should be considered overly fatigued.
- Residents writing or giving unusual orders or having a significant number of unanswered calls should be assessed for fatigue.
- Residents who arrive late for their shift because of waking up late should be observed closely that shift for signs of fatigue.
- Residents who suffer repeated episodes of sleep deprivation, demonstrate consistent signs of fatigue, and require repeated need for naps during duty hours, may be subject to the procedures below.
- Residents who report falling asleep while driving, or who fall asleep in the emergency room or the operating room, may be suspected of needing fatigue management intervention.

**Fatigue Assessment**

Every member of the patient care team is responsible for assessing and reporting observed signs of fatigue and sleep deprivation in ANY member of the team. A patient care team includes residents, attending physicians, nurses and allied health care providers. Any team member who has observed potential behaviors that could be related to alertness or fatigue are encouraged to report their suspicions to a supervisor. Individuals may have different levels of tolerance and perspectives of this concept, but reporting suspected situations contributes to NHRMC patient safety culture.

Residents arriving to assume care in the morning or on weekends will specifically note whether the resident completing the night shift or weekend shift demonstrates signs of fatigue. Likewise, members of the outgoing team have the responsibility to assess the alertness levels of the individuals assuming care to assure that they had an opportunity to sleep prior to sign in.

The supervising attending physician will be ultimately responsible for monitoring any mandatory napping that is assigned and assuring that patient care continues uninterrupted by activating the appropriate back up system or protocol.

Residents who suffer repeated episodes of sleep deprivation, demonstrate consistent signs of fatigue, and require repeated naps during duty hours, will be referred to the Program Director. Interventions may include the following: a review of reported duty hours by the resident and an assessment by the Program Administrator to ensure that self-reporting of duty hours are accurate. If the Program Director determines that there may be a chronic alertness condition, the resident will be referred to Employee Health for an assessment.
Napping
Residents who show signs of sleep deprivation and fatigue while at work will be dismissed from patient care duties at the first appropriate opportunity and instructed to take a mandatory nap in a NHRMC sleep room without a beeper. The resident will be allowed to complete his or her shift if he or she awakens before the completion of his or her shift. If the resident continues to sleep past the end of the shift, he or she will be allowed to complete the nap and drive home after a period to allow sleep inertia to pass (up to 20 minutes). The department will have coverage protocols in place, either by providing additional personnel or shifting patient care duties of the resident in question to another provider, so that patient care will be maintained.

Sleep rooms are available on an as-needed basis for residents who are too fatigued to safely care for patients or drive home. Access codes can be accessed through Chief Residents, Program Administrators or can be obtained from the GME Office at (910) 667-9222.

Reporting
The issue of fatigue mitigation is considered to be a program responsibility. However, in a situation where a given rotation appears to be producing excessive fatigue, or a system-related process or issue appears to be consistently resulting in alertness issues, the Program Director, Program Administrator, or the resident member of the GMEC will submit a summary report for committee review.

5.11. Graduate Medical Education Committee

Formed in 1991, the Graduate Medical Education Committee (GMEC) has the responsibility to oversee all of the residency programs at NHRMC. Oversight of the quality of education and work environment, along with establishment, review and revisions of policies that affect the GME programs, are the committee’s primary focuses.

The committee will be chaired by the Designated Institutional Official/Vice President GME, NHRMC. Voting members will include:
- Director, GME and Office Administrator, GME
- All Program Directors and Program Administrators
- One peer-elected resident from each program
- Manager, Outpatient Clinics, NHRMC
- Director, Osteopathic Medical Education
- Patient Safety/Quality Improvement Officer

The committee is ultimately responsible to the President/CEO, NHRMC, acting on behalf of the Board of Trustees. The GMEC will meet monthly and written minutes will be distributed to the Medical Staff Office, GMEC and all residents. The DIO presents a monthly GMEC Report to the Medical Executive Committee, NHRMC, and every other month to the NHRMC Board of Trustees.

The GMEC will annually monitor compliance with all Institutional Requirements and those responsibilities listed under Institutional Requirement I.C (GMEC Responsibilities).

GMEC will review all institutional and program “Letters of Notification” received from the ACGME. Citations will be noted in the minutes, potential corrective actions will be discussed by committee members and a follow-up status report by the program or GME Office will be
scheduled six months following receipt of the letter. Citations and action plan status reports will also be reviewed during Annual Program Reviews and prior to ACGME site visits.

5.12. Terms & Conditions of Appointment

The GME Office and GMEC update the Agreement of Appointment annually. Changes are discussed and clarified during monthly GMEC meetings to ensure that Program Directors are current with terms and conditions. Annually, the GMEC will review and revise if needed, each of the Institutional ACGME Policies required to be included in the Agreement of Appointment.

5.13. Salary Review

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 the GME programs for NHRMC remain competitive for both salaries and benefits.

5.14. 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. 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.

5.15. Away Rotations

When the situation arises in which a resident at NHRMC requests a rotation for any length of time away from NHRMC, a formal request must be made in writing to the Program Director with a rationale for the request stated. The request will be presented by the Program Director for approval at a GMEC meeting 90 days prior to the beginning of the rotation. Also, all clinical departments affected by an “Away Rotation” are to be notified 90 days in advance of the rotation. While on rotation, the resident will receive full pay and benefits, plus a housing stipend of $550 per month. The stipend will be prorated for rotations shorter or longer than one month. Transportation expenses are not covered and are the responsibility of the resident.
6 Facility

6.1. 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 Chair of the Credentials Committee, and the Chair of the Professional Review Committee. The clinical departments and their respective department chairs 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.

Medical Staff Leaders FY October 1, 2014–September 30, 2015
President........................................................ Philip Brown, MD
President-Elect.............................................. Steven Crawford, MD
Secretary/Treasurer................................. Kevin Cannon, MD

Department Chairs FY October 1, 2014–September 30, 2015
Anesthesiology..................................................Stephen Smith, MD
Cardiac Services.............................................Martin Conley, MD
Dentistry, Oral and Maxillofacial Surgery.........Douglas Fry, DDS
Emergency Medicine.....................................Randall N. Willard, MD
Family Medicine.............................................Stanley Cutler, MD
General Surgery............................................Robert Cortina, MD
Medicine.........................................................Thomas Lee, MD
Obstetrics/Gynecology.................................Jeffrey Stinson, MD
Orthopedics.....................................................Richard Bahner, MD
Otolaryngology..............................................Gregory Zwack, MD
Pathology.........................................................Christopher McKinney, MD
Pediatrics.........................................................Fernando Moya, MD
Psychiatry......................................................Douglas Waldrep, MD
Radiology.......................................................David Evans, MD
Specialty Surgery..........................................Victor Abraham, MD
Chair, Credentials Committee.......................Henry Patel, MD
Chair, Professional Review Committee...........Robert Lubanksi, MD
6.2. 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 the GME Office Administrator, SEAHEC, upon resignation/termination of employment with the Medical Center.

6.3. Parking

Designated free parking is provided by NHRMC at specific locations on campus. Parking decals must be obtained from Special Police Services. The decal must be displayed on the left rear window (behind the driver side) 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 other than in designated areas on campus. Tickets will be issued and repeat violators will be subject to disciplinary action.

6.4. Sleep Quarters

When the resident is on call, the Medical Center will provide the resident with a sleep room equipped with a telephone and sleeping provisions. Private shower facilities will be available. Residents are expected to remain in NHRMC for call as specified by their departmental policies.

6.5. Lounge

Residents are provided with a house staff lounge for house staff equipped with a television, multiple workstations, 24-hour coffee, daily food delivery, refrigerator and individual lockers.

6.6. Eating Facilities

NHRMC offers several cafeterias and cafés throughout the main campus:
- The Main Cafeteria located on the ground floor of NHRMC.

Daily hours are:
- Breakfast 6:15am – 10:00am
- Lunch 11:00am – 2:00pm
- Dinner 4:30pm – 8:00pm

- Kona Coast Café located on the first floor, at the intersection of the concourse and ICU entrance. Hours are 6:00am – 2:00am daily.
- Lighthouse Café located on the ground floor of the Betty H. Cameron Women's and Children's Hospital. Hours are 7:00am – 6:00pm (M-F)
- Starbucks kiosk located in the surgical pavilion. Hours are 6:00am – 4:00pm (M-F)
- The Resident Lounge provides 24-hour food and beverage options.
- Vending machines accessible 24 hours a day.
6.7. Tobacco Free Campus

New Hanover Regional Medical Center 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, New Hanover Regional Medical Center Campus buildings, property, parking lots and operated vehicles are tobacco-free. New Hanover Regional Medical Center 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, residents, students, contracted personnel, volunteers, visitors, vendors, and tenants of NHRMC.
2. Employees, physicians, residents, 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, chewing tobacco and electronic nicotine delivery systems none of which will be sold on campus or at any facility owned, leased, or operated by New Hanover Regional Medical Center.
4. The use of tobacco products and other forms of electronic nicotine delivery systems (ex. electronic cigarettes) 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 and other forms of electronic nicotine delivery systems (ex. electronic cigarettes) is prohibited anywhere on hospital property, whether leased or owned, including personal vehicles parked on New Hanover Regional Medical Center owned or leased property. There is no designated tobacco or other form of electronic nicotine delivery systems (ex. electronic cigarettes) 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.
   a. 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.
   a. New employees will be advised of the provisions of this policy during new employee orientation.

6.8. 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 DIO, the Director, GME, and the GME Office Administrator, SEAHEC, will be invited to attend the original planning meeting by NHRMC.
- Program Directors and/or Supervising Physician of residents will attend follow-up meetingsconference calls to keep up to date on latest developments as well as to keep Command Center aware 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 about the Disaster Preparedness Policy and the Hurricane Protocol in this manual.

6.9. Emergency Plans

The NHRMC Environment of Care Safety Manual is located here. A hard copy of the manual is available in the SEAHEC Administration Office and in all departments. Residents should become familiar with their assignments in these emergency response plans.

6.10. Reduction of Services or Closure Due to Disaster

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 Designated Institutional Official will notify the Accreditation Council for Graduate Medical Education (312-755-5003) and, if applicable, the American Osteopathic Association (800-621-1773) 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 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 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.

6.11. Medical Records

**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, as well as relinquishment of privileges if the rules and regulations are not adhered to.

**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:

- Patient identification and numbering systems;
- Creation and monitoring of medical record documentation
- Release of information
- Dictation/transcription
- Statistical abstracts and indexes (coding)
- Storage and retrieval system, including chart tracking
- Analysis of records
- Assembly/prepping
- Scanning and indexing
- Assistance in complying with legal and regulatory provisions and accrediting agency standards concerning health care data
- Data security, privacy, and confidentiality processes
- 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 8:30am until 5:00 pm for release of information. The HIM Department is located at 3151 South 17th Street, in the New Hanover Regional Business Center.

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) incidents in a calendar year. For more information please refer to the Deficient Medical Records Policy.
6.12. **Communicable Diseases**

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(d) 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 report to the Health Department all cases of reportable communicable diseases for patients admitted to the hospital. Reportable communicable diseases diagnosed in the Emergency Departments at Cape Fear and 17th Street, as well as Zimmer Clinics, except for STD’s, will also be reported by the Infection Prevention and Control Department. The Emergency Departments and Zimmer Clinics will complete reports for all STD’s of patients that are seen through their services. Coastal Family Medicine (CFM) will report any reportable communicable disease identified at CFM or seen through their services. All reports will be communicated to the appropriate Health Department.

Diseases which have potential epidemic spread require rapid action and are required to be reported within 24 hours by telephone, North Carolina Administrative Code 10A NCAC 41A.0101. New Hanover Regional Medical Center Lab reports all reportable diseases to the local health department as required by the North Carolina State Health Department to include both 24 hour and 7 day reportables, G.S. 130A – 139.

6.13. **Management of Blood & Body Fluids**

**HBV, HCV or HIV Exposure**

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.

Instructions for Reporting an Exposure and Post-exposure Protocol

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 and Clinic within 15 minutes of exposure. Hours of operation are 0600 - 1800 Monday - Friday. If Employee Health and Clinic is closed, the resident/staff/volunteer will contact the Nursing Supervisor within 15 minutes. Follow up in Employee Health and Clinic the next day open.

Baseline post exposure prophylaxis screening should be performed on the employee as soon as possible after the exposure. CDC guidelines are followed for post-exposure management. 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. If the resident consents to 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. The resident's HIV laboratory results will be filed in the resident's Employee Health record in the Employee Health and Clinic. If any of the test
results of the source patient are positive, resident follow-up testing will continue six months post exposure to determine if transmission has occurred.

**Source Patient Testing**

The source patient, if known, will be tested for HBV, HCV and HIV and results will be maintained in the Employee Health and Clinic. Results of the source individual’s labs 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.

If the source refuses to be tested, the Employee Health and Clinic will contact the appropriate County Health Director to obtain permission for testing. When the source individual is already known to be infected with HBV, HCV or HIV testing need not be repeated.

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.

Positive test results of the source patient or resident will be reported to the New Hanover County Health Department as required by law. Residents having reactive HIV antibody status will be immediately referred 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 BIG 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 intellectually challenged, 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 intellectually challenged.

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.
      • 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
      • Known source, high risk or intermediate risk HBsAG positive
        o If the exposed person is known non responsive to the Hepatitis B vaccine, screen the source person for HBsAG
        o If HBsAG positive, give exposed person one dose of HBIG 0.06 ml/kg IM immediately and a booster dose of Hepatitis B vaccine.
      • Known source, low risk HBsAG negative
        o 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 and Clinic will contact the source's physician. Employee Health and Clinic staff or designate will then inform the patient of the incident, and obtain a signed consent for HIV testing if patient is able. Appropriate laboratory testing of the source patient will be completed as needed. The patient will not be charged for the lab testing and results are maintained in Employee Health and Clinic.

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 and Clinic will contact the appropriate 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 and Clinic, and source patient's physician, in a sealed envelope marked “Confidential”. The source patient's physician or designee will inform the source patient of lab results.

Results of the source individual's labs 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.


If personal protective equipment is needed and cannot be found, please contact Distribution at extension 2489 or the nursing supervisor.

6.15. Reporting Occupational Injury or Illness

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, within 24 hours of the incident. Employee Health Service must be contacted and a copy of the completed form brought to Employee Health and Clinic.

Report of Employee Occupational Injury or Illness Form, EMH-005, must be completed by the resident. You may obtain this form by contacting the NHRMC Human Resources department. The resident notifies their respective Program Director of injury and is referred to NHRMC Employee Health and Clinic with the Report of Employee Occupational Injury or Illness Form. If Employee Health and Clinic is closed, the Emergency Department is available. If treated by the Emergency Department, the resident is to contact Employee Health on the next business day. Also, the report of Employee Occupational Injury or Illness Form is to be left under Employee Health and Clinic’s door after treatment by the Emergency Department.

If an outside referral for treatment is needed, the request must be approved by Employee Health. Employee Health and Clinic is responsible for coordinating and authorizing any treatment which may be necessary outside of the Medical Center. Therefore it is important for the resident to follow up with Employee Health after any accident, exposure, or injury on the job. After visits to the Employee Health and Clinic 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 and Clinic.
7 Clinical Support Services

7.1. Laboratory/Phlebotomy

Laboratory procedures and available tests are included on the laboratory section of Capsuleslive (NHRMC intranet) which is available for reference here.

7.2. Radiology

Radiology services, policies and procedures are available on the radiology section of capsuleslive (NHRMC intranet) which is available for reference here.

7.3. Anesthesia

Anesthesia staff is available to respond to all hospital-wide cardiac arrests and airway emergencies. Anesthesia staff pagers will be alerted when the code system is activated by dialing 7999 anywhere in the hospital. Anesthesia consultations may be made by calling the Operating Room Control Desk at 667-7698 and asking for the Charge Nurse Anesthetist or the on call Anesthesiologist or by paging 341-5838.

7.4. Pharmacy

The Central Pharmacy is open 24 hours a day, 365 days a year. Satellite pharmacists are located throughout certain designated areas of NHRMC and can be found in the business centers or satellite pharmacies (ICU, 10th floor, OR, W&C, Zimmer). These staff members are available to assist you with any formal consults, medication dosing recommendations or drug therapy questions you may have. In addition, certified pharmacy technicians are available to perform full medication histories in the Emergency Department as patients are being admitted.

NHRMC has a formulary system which you may find this information on "Available Links" within EPIC, or on the Pharmacy Webpage on CapsLive. 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.

When the patient is discharged, NHRMC has a Readmissions Initiative for high risk patients which includes having a pharmacist perform a discharge medication reconciliation review, patient education, and having their prescriptions filled at our Outpatient Pharmacy so patients leave the hospital with medications in hand. This initiative has led to reduced readmission rates for these patients with the most recent data showing a readmission rate of 8.11% in December 2014, compared to 16.9% for high risk patients with no intervention.

7.5. Spiritual Care

The Spiritual Care Department is staffed with a Director, two Clinical Pastoral Education Supervisors, and an Administrative Associate. The department offers a Clinical Pastoral Education program which is accredited by the Association for Clinical Pastoral Education, Inc.
and recognized by the US Department of Education. In addition to the permanent staff, the Department has ten full-time CPE chaplain residents each year in this program, as well as seven on-call chaplains who supplement coverage.

At NHRMC there is a chaplain available in-house 24 hours a day and at the NHRMC Orthopedic Hospital, Cape Fear Campus, there is a chaplain in-house during regular work hours Monday through Friday and available by pager 24 hours a day. Chaplains respond to all Code Blues, Traumas, Rapid Response Team activations, deaths and crises in addition to providing routine pastoral visits to parents and families. Chaplains are also available to support the staff.

7.6. Autopsy

An autopsy will not be performed until the pathologist has, in hand, a properly signed autopsy permit and Physician Autopsy Request Form. (See NHRMC Nursing Policy and Procedures Manual). 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 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.

Perinatal/Neonatal Autopsy – Documentation
1. Prior to 20 weeks gestation (unless live born) the fetus is considered products of conception (POC) and may be sent to pathology with a surgical pathology requisition if the parents request hospital disposal. The fetus and placenta are placed in formalin (unless genetic studies are requested, in which no preservative is used), labeled with the mother’s name and medical record number. Estimated gestation should be included on the form.
   a. In the case of a miscarriage (less than 20 weeks gestation), the mother has the option of hospital disposal or cremation/burial.
   b. In the case of hospital disposal, there is no charge to the family but they will receive no remains.
   c. If cremation/burial is chosen, the POC are declared a “death” and a Report of Death form is completed with the gestational age and "stillbirth" noted on the form. By state law, there is no death certificate generated for infants less than 20 weeks gestation.
   d. Exception is if the fetus has cardiac activity, gasping, pulsation of umbilical cord or definite movement of voluntary muscles, this is considered a live birth and requires birth and death certificates.
2. Report of Death (NS-053) for over 20 weeks gestation, take to morgue.
3. If autopsy requested, complete Authorization for Autopsy and Tissue Disposition (NS-200). This form must accompany fetus/infant to the morgue along with Autopsy Request completed by the physician.
   a. Either the mother or father may sign an autopsy permit. It is preferable for the mother to sign, but the father may legally sign. By law, one parent must sign, but if the other parent objects, the autopsy will not be done.
   b. Send the fetus/infant and maternal complete charts to pathology.
   c. Genetic Studies – one inch by one inch specimen taken from chorion of placenta by physician placed in thawed medium (obtained from lab). Karyotype Request form is
to be filled out by physician and specimen and form to be walked to lab. If placenta unavailable, a small portion of tissue may be obtained from the infant.

4. Private burial by family (only for under 20 weeks gestation)
   a. Report of death (signed by physician under autopsy)
   b. Leak proof container must be provided
   c. Family is responsible to notify and follow proper burial procedures according to County of burial.
   d. Family to pick up POC in morgue through Special Police.

5. In the case of a less than 20 week infant and the family has decided to carry out a burial/cremation through a funeral home, the placenta is sent to pathology with the pathology requisition and the fetus is sent to the morgue with the Report of Death appropriately completed as stated above. If the patient and family have decided on hospital disposition, the placenta is still sent to Pathology with the requisition, but the family is notified that they have 72 hours to confirm their decision for hospital disposal. The infant’s remains are sent to the morgue with a Report of Death and a Fetal Pathology Request. These remains stay in the morgue for up to 72 hours pending the family’s decision. The Bereavement Counselor will then notify the Special Police. If the family notifies the Special Police, the Special Police will leave a message on the bereavement phone line (342-3573) to ensure follow up communication. If the family has not contacted anyone within 72 hours, the remains are then sent to Pathology.

7.7. Patient Placement Service

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. In order to provide the highest level of service for physicians, patients and their families, residents can call the Patient Placement Office at 343-2590 for direct admission of patients. “Direct Admit” patients are patients in a physician’s office that need to be admitted to an inpatient bed. Additional assistance, including answering questions about bed availability and confirmation that orders were received may also be given by the Patient Placement Staff or to the NHRMC Administrative Operations Director at extension 7091 or pager 254-2337 (254 BEDS)

7.8. Library

The Robert M. Fales Health Sciences Library offers electronic databases, as well as, a large selection of print books and DVDs. Additionally, the library makes the electronic content of the Health Sciences Library at UNC-Chapel Hill available to residents.

The Digital Library contains:
- e-Books
- e-Journals
- The Cochrane Database of Systematic Reviews
- OVID Medline
- Dynamed
- Up-To-Date

The online catalog is available here.
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. The library is staffed from 8:00am–5:00pm, Monday – Friday, although residents have access afterhours by swiping their badge at the library’s main entrance. One of the librarians serves as the liaison to each of our residency programs.

7.9. Behavioral Health Hospital

The Behavioral Health Hospital is a 62 bed psychiatric facility that provides a continuum of services to adults. Services include secure, acute inpatient units for acute psychiatric disorders and dual diagnosis.

The Behavioral Health Hospital is open twenty-four hours a day, seven days a week. The facility serves adults eighteen years and older. The inpatient units are secure and provide care for 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, PhD Psychologist, nurses, social workers, recreational therapists, nurse aides, nurse practitioners, physician assistants 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 and group therapies, and psycho educational groups. The patients that meet admission criteria come from varied backgrounds, but all are experiencing Behavioral Health and emotional conditions. Treatment includes process groups, skills training, introduction to DBT, medication education, and Case Management. Discharge planning includes referrals to appropriate outpatient services.

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 multiple treatment modalities. Members of the multi-disciplinary team conduct a comprehensive assessment of the 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 issues, steps to achieve goals and objectives, and establish criteria for discharge. The treatment modalities include, but are not limited to, group therapy, individual therapy, psycho educational groups, medications, and self-help groups.

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 quarterly, or more frequently as warranted, by changing patient care needs or outcomes associated with established standards (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/seclusion patients and patients with concurrent medical problems, 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
8. Appendices

A. House Staff Agreement of Appointment
B. Process for Resident Hearing
C. Responsibilities of the Graduate Medical Education Committee
D. NHRMC Resident Benefits
E. Reporting Violations; Law, Ethics, Policies and Procedures
F. Patient Compliments and Complaints
G. Reporting Discrimination and Harassment
H. Reporting Patient Safety Concerns
I. Website/Phone #’s Directory
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 North Carolina Medical Board (NCMB), 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 as well as the House Staff 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 Administration Office to obtain a resident training license from the NCMB 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 GME Administration 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 submitted and paid annually by the resident directly through the NCMB on his/her date of birth. If the resident is transferring to NHRMC and has a permanent North Carolina license, NHRMC will pay for the annual renewals up to the amount allowed for the annual renewal of a Resident Training License ($125).

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. Agrees that his contract is contingent upon the successful completion of a background check as well as a pre-employment physical examination, 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.
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. Agrees to provide legal proof of citizenship or legal immigrant status, and proper employment authorization document by the effective date of this agreement. Documentation will be provided to the GME Office Administrator. 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.

12. Agrees to participate in any Institutional committees or councils which the resident is appointed, assigned, or selected.

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, with a summary of pertinent information regarding the basics of the 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. Insurance benefits will be effective the first day of the month following the date of employment.

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. If the resident transfers from another program and has a permanent North Carolina license, NHRMC will pay for the annual renewals up to the annual cost of renewing a Resident Training License ($125).

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 NHRMC and the SEAHEC GME Administration Office 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.

This agreement verifies the information on salary, benefits, and working conditions in place at the time you begin employment. These may change in the future based on performance evaluations, benefit changes, and/or other changes necessary to fulfill the mission of the Medical Center.

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)
Appendix B

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 Policy 3.22, 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 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 Policy 3.22, Grievance/Adjudication, in the NHRMC House Staff Manual, the House Staff Manual will supersede.
Responsibilities of Graduate Medical Education Committee (GMEC)

The GMEC review and approve:
- Annual recommendations to NHRMC’s administration regarding resident/fellow stipends and benefits, and the number of funded positions in each ACGME accredited program (Core)
- Institutional GMEC policies and procedures (Core)
- All applications for ACGME accreditation of new programs (Core)
- Requests for permanent changes in resident/fellow complement (Core)
- Major changes in ACGME-accredited programs’ structure or length of training education (Core)
- Additions or deletions from each ACGME-accredited Program’s list of participating sites (Core)
- Appointments of new program directors (Core)
- Progress reports requested by any a Review Committee (Core)
- Responses to all proposed adverse actions
- Responses to interim Clinical Learning Environment Review (CLER) site visit reports (Core)
- Requests for exceptions of resident to duty hours requirements (Core)
- Voluntary withdrawal of ACGME program accreditation (Core)
- Requests for an appeal of an adverse action by a Review Committee; and, (Core)
- Appeal presentations to an ACGME Appeals Panel. (Core)

GMEC Process 1: Annual Institutional Review (AIR)
The GMEC must demonstrate effective oversight of NHRMC’s accreditation through an Annual Institutional Review (AIR).
- Institutional performance indicators:
  - ACGME notification of institutional accreditation
    - Results of most recent CLER visit
    - Results of institutional self-study
    - Aggregate results of ACGME surveys
      - Faculty
      - Residents
    - Aggregate results of program performance indicators
- Monitoring procedures for action plans
- Executive summary to the governing body and the Senior Institutional Executive (SIE)

GMEC Process 2: Annual Program Review (APR)
The GMEC must demonstrate effective oversight of ACGME program accreditation through an Annual Program Review (APR) process.
- Components of an APR protocol and template should include:
  - The ACGME Common, specialty/subspecialty specific Program, and Institutional Requirements in effect at the time of the evaluation
  - The most recent accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective Review Committees;
  - The most recent APR report
  - Reports from previous GMEC Special Reviews of the program
  - Results from internal or external resident/fellow, faculty, and patient surveys; and, annual performance data provided by the ACGME.
- The APR protocol should outline the reporting structure and monitoring procedures after the APR is completed.
GMEC Process 3: Special Review
The GMEC must provide evidence of quality improvement efforts by maintaining a GMEC Special Review process for programs that warrant intervention beyond the APR.

- Minimum components of a GMEC Special Review protocol and template must include: (Core)
  - Criteria for initiating a GMEC Special Review; (Core)
  - Committee membership from within NHRMC but not from within the department of the ACGME-accredited program under review that is comprised of: (Core)
    - At least one faculty member; (Core)
    - At least one resident/fellow; and, (Core)
    - Additional internal or external reviewers and
    - Administrators which may include the DIO, as determined by the GMEC.
- Interviews with:
  - The program director; (Core)
  - At least two core faculty members; (Core)
  - At least one peer-selected resident/fellow from each PGY-level in the ACGME accredited program; and, (Core)
  - Other individuals as deemed appropriate by the GMEC Special Review committee, depending on the circumstances of the review.
- Specific outcome measures. (Core)

The GMEC Special Review protocol must outline a reporting structure, monitoring procedures, and a timeline, including written recommendations and procedures for follow-up to improve ACGME-accredited program performance in specified areas. (Core)

Institutional GME Infrastructure and Operations
NHRMC must ensure that the DIO has sufficient financial support and protected time to effectively carry out his or her educational and administrative work.

NHRMC must ensure sufficient salary support and resources to allow for effective administration of the GME Office.

NHRMC, in collaboration with each ACGME-accredited program, must ensure that the DIO and the program directors pursue continuing professional development education applicable to their roles as educational leaders.

NHRMC, in collaboration with ACGME-accredited program, must ensure that:
- Program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities as designated in the Institutional, Common, and specialty/subspecialty-specific Program Requirements
- Resources, including program coordinators, time, space, technology, supplies, are available to allow for effective administration of ACGME-accredited programs
NHRMC Resident Benefits

Call Rooms
- Sleeping provisions
- Private shower facilities
- Computers, printers and telephones

Allowances
- Annual fund for book purchases
- Personal Digital Assistant reimbursement
- On-call meal cards
- Off-campus housing allowance for required off campus rotations

Resident Lounge
- Large screen television
- Variety of coffee, tea and soda selections
- Complimentary Refreshments

Lab Coats
- Two personalized, embroidered lab coats in the first year
- One lab coat provided as requested annually

Campus
- Tobacco free grounds
- Three on-site dining facilities with discounted healthy options
- Physician designated, free parking in a covered garage
- Employee Pharmacy located in main concourse

Electronic Medical Record System
- Efficient reporting for research studies
- Eliminates illegible medical records
- Increases consistency in the hand-off process

Library Resources
- Access to the statewide AHEC Digital Library
- Access to UNC Chapel Hill’s Health Sciences Library
- Librarians assigned to specific residency programs
- Hard copy resources available for check-out and reference

Travel
- Opportunities for formal away rotations to supplement learning experiences
- Funding for research presentations at regional and national conferences
- Medical mission trips available in some programs

Retirement Savings
- Authorized payroll deduction
- 403b and 457(b) options
• Transferable upon graduation

Confidential Counseling, Medical, and Psychological Support Services
• Employee Assistance Program (EAP) managed by independent, off-site counseling service
• Access to individual counseling sessions with the Director of Behavioral Medicine
• Employee Health and Clinic for health assessments, immunizations and illnesses

Career Planning Resources
• Professional development seminars (CV Writing, Employment Contracts, etc)
• Access to regional hospital recruiters

Core Benefits
• Dental Insurance to help pay for preventive, basic and major care
• Long-term Disability Insurance to replace 60% of base salary
• Life Insurance up to $10,000.00 with the option of purchasing additional coverage
• Vision Insurance that includes a $150 annual expenditure for eyewear
• Health Coverage effective the first of the month following the hire date
• First year residents receive 22 paid days off; all other residents receive 27 paid days off
• For salary information, visit FREIDA

Employee Fitness Center
• Open 24 hours, seven days a week exclusively for employees and their eligible dependents
• Equipped with a variety of cardio, strength and conditioning machines
• Includes an indoor walking/running track and group exercise classes
• Drop-in childcare

Additional Benefits
• Good For You Initiative
• Employee Discounts
• Children’s Learning Center - a Five-Star rated facility for hospital employees
• Adoption Assistance – Receive up to $3,000 to apply to adoption fees
• LegalShield
• College Savings Plan
Reporting Violations: Law, Ethics, Policies and Procedures

Examples

- HIPAA
- Fraudulent Billing or Coding
- Kickbacks for Referrals
- Research Fabrication or Falsification
- Alteration of Medical Record
- Harassment and Discrimination
- Theft/Misuse of Property

Step 1: Report issue to Program Director or Chief Resident

(If the matter is not resolved promptly)

Step 2: Access one of the following:

- Compliance Office
- Compliance Hotline

Resolution Process

- Compliance Office investigates
- Department involved is notified
- Report sent to NHRMC CEO

Methods for Follow-up

1. Compliance Office: Call or write back to inquire about the status of the report.
2. Compliance Hotline: The caller will be given a reference number and a date to call back for follow-up (2 weeks if the issue is not urgent).

Final Status

- Founded: Addressed based on policies
- Unfounded: Unsubstantiated
- Forwarded: To Human Resources

When reporting compliance violations provide detail:
- Names
- Dates
- Location
- Specific conduct
- Relevant documents (written report)
Patient Compliments and Complaints

The food was good.
The doctor didn’t explain enough.
The physician had no compassion.
I just wanted to say thank you!
The doctor was great!

RESOLUTION PROCESS

Complaint logged

Notification
- Department management
- Medical Staff Office
- 7 Day Card to patient

Investigation
- Talk to patient
- Review medical record
- Discuss with director

Resolution
- Written report to patient
- Issue addressed based on policy

Reducing Patient Complaints
PAL logs are reviewed globally by a leadership team to identify trends. Strategies are then implemented to prevent common patient complaints.

At NHRMC, the emphasis is on a culture of Service Excellence, which means the primary focus is on patient satisfaction, retaining and rewarding valuable staff and operating in a fiscally, efficient, responsible manner.

Jack Barto
President and CEO

7 Day Card
Dear Patient,
We acknowledge:
Here is our plan and timeline.
Thank you

Dear Patient,
We investigated your complaint.
Outcome/Result:
- Issue addressed based on policy
  OR
- Claim unsubstantiated
Thank you

Patient Advocate Liaison (PAL)

External PAL 910.343.7771
Internal PAL Extension 6655
Spanish PAL 910.815.5369
Cape Fear Campus PAL 910.343.4888

Hours: 8:00am – 4:30pm
(leave a voice message after hours)

Patient or family member feedback can be reported in the following ways:
1. Directly with staff or management
2. Through the Patient Advocate Liaison (PAL)
Reporting Discrimination and Harassment

NHRMC strives to create and maintain a work environment in which people are treated with dignity, decency and respect.

NHRMC will not tolerate unlawful discrimination or harassment.

Report issue to Program Director or Chief Resident.

If the matter is not resolved promptly

Contact the HR Business Partner assigned to residents to file an anonymous written complaint.

John P. McGrogan
HR Business Partner
910.815.5325
8am – 5pm (Monday – Friday)
Leave a voicemail

The HR Business Partner will collaborate with appropriate department leaders to investigate and determine the appropriate action.

- The investigation process is confidential (shared on a need to know basis).
- Any employee found to violate NHRMC policy is subject to appropriate disciplinary action.

The HR Business Partner will contact the employee to let them know that the issue has been addressed.

Details regarding disciplinary action are not shared to respect confidentiality

Retaliation
No hardship, loss or benefit, and no penalty may be imposed on an employee as punishment for:
- Filing or responding to a bona fide complaint of discrimination or harassment
- Appearing as a witness in the investigation of a complaint
- Serving as an investigator

Retaliation or attempted retaliation is a violation of NHRMC policy.

Harassment/Discrimination Policy 30.0
http://caplive/caplive/homepage.cfm
From the Policies & Procedures dropdown menu, select HR Policies.
Reporting Patient Safety Concerns and Suggestions

All NHRMC staff members are encouraged to discuss patient safety issues and solutions freely without fear of reprimand or punishment.

If you...

...suspect that a process or systems issue might be causing patient harm

...recognize a verbal or written communication failure resulting in a medical error

...identify a behavior that is interfering with the provision of safe care

...have a suggestion to improve a particular aspect of patient safety

...call the Patient Safety Hotline

910.342.3416

Helpful details to report:
- Caller name & number (optional)
- Date/time/location (if applicable)
- Description of concern or idea

ANONYMITY
Anyone who reports a patient safety concern or suggestion has the option of remaining anonymous.

The concern or suggestion will be reviewed and addressed based on the nature of the issue. The resolution process may include any of the following:

- Report to involved department leadership
- Use an interdisciplinary team to conduct a LEAN project
- Conduct a process assessment

Remaining Anonymous
- Report as much detail as possible
- Explanations about solutions can be found in the Patient Safety newsletter

Sharing Contact Information
Patient Safety Services will keep it confidential and solely use it to:
- Clarify information
- Send an email to communicate resolution

Improved Patient Safety
Together we make a difference.
# Website/Phone #'s Directory

<table>
<thead>
<tr>
<th>Service</th>
<th>Website/Phone Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHRMC Benefits Website</strong></td>
<td><a href="http://www.nhrmcbenefits.com/">http://www.nhrmcbenefits.com/</a></td>
</tr>
<tr>
<td><strong>GME Office</strong></td>
<td>Joseph Pino, MD, MHA, Designated Institution Official</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:joseph.pino@seahec.net">joseph.pino@seahec.net</a></td>
</tr>
<tr>
<td></td>
<td>910.667.9223</td>
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<tr>
<td></td>
<td>Joyce Dobson, Director, GME</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:joyce.dobson@seahec.net">joyce.dobson@seahec.net</a></td>
</tr>
<tr>
<td></td>
<td>910.667.9331</td>
</tr>
<tr>
<td></td>
<td>Lindsay Whitaker, GME Administrator</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:lindsay.whitaker@seahec.net">lindsay.whitaker@seahec.net</a></td>
</tr>
<tr>
<td></td>
<td>910.667.9222</td>
</tr>
<tr>
<td><strong>Employee Assistance Program</strong></td>
<td>Phone: 800.822.4847</td>
</tr>
<tr>
<td></td>
<td>Username and password (contact Employee Health and Clinic)</td>
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<tr>
<td><strong>Supplemental Insurance</strong></td>
<td>George Chadwick Insurance</td>
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<tr>
<td></td>
<td>3301 Wrightsville Avenue</td>
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<tr>
<td></td>
<td>Wilmington, NC 28403</td>
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<tr>
<td></td>
<td>attn: Claude Bridger</td>
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<tr>
<td></td>
<td>910.762.2489 ext. 308</td>
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<tr>
<td><strong>Risk Management</strong></td>
<td>Laura Festa</td>
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<tr>
<td></td>
<td><a href="mailto:laura.festa@nhrmc.org">laura.festa@nhrmc.org</a></td>
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<td></td>
<td>910.815.5315</td>
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<tr>
<td><strong>Director of Behavioral Health</strong></td>
<td>Joseph Kertesz, MA, LPC</td>
</tr>
<tr>
<td></td>
<td>910.332.3606</td>
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<tr>
<td><strong>Employee Health and Clinic</strong></td>
<td>910.667.7445</td>
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<td></td>
<td><a href="http://www.nhrmc.org/EmployeeHealthandClinic">http://www.nhrmc.org/EmployeeHealthandClinic</a></td>
</tr>
<tr>
<td><strong>NC Physicians Health Program</strong></td>
<td>919.881.0585</td>
</tr>
<tr>
<td><strong>NC Medical Board</strong></td>
<td><a href="http://www.ncmedboard.org/">http://www.ncmedboard.org/</a></td>
</tr>
<tr>
<td><strong>State Health Director</strong></td>
<td>Chief, Communicable Disease Control Branch</td>
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<tr>
<td></td>
<td>1902 Mail Service Center</td>
</tr>
<tr>
<td></td>
<td>Raleigh, NC 27699-1902</td>
</tr>
<tr>
<td><strong>Patient Safety Hotline</strong></td>
<td>910.642.3416</td>
</tr>
</tbody>
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