

## **Disaster/Interruption in Patient Care**

### Introduction:

Recognizing the consequences of tragic events with which our nation has had to deal in recent years (e.g. 9/11/01; hurricane Katrina), the ACGME requires institutions that sponsor GME to have in place a policy for “assistance for continuation of resident assignments for implementation under these kinds of circumstances.” This ACGME standard became effective on 7/1/07.

The lack of preparedness to meet a catastrophe (urban, in the case of New Orleans) was exemplified – indeed greatly magnified, by Katrina and the devastation which it left behind. All city services were impacted but none more grievously than health care, including medical care for inpatients and outpatients; sanitation; the availability of an adequate number of health care providers; thousands of abruptly homeless citizens, many without recourse to basic life-sustaining resources; an acute, critical shortage of hospital beds due to the inoperability of key inpatient facilities; and disruptions in the training of medical students and residents. The ACGME recognizes the potential for other natural or man-made disasters that can disrupt entire communities. It is for all these reasons that this new standard has been incorporated in the latest ACGME institutional requirements.

### Principle

The JCESOM regards any community disaster or catastrophic situation which threatens disruption of residents’ educational/training experience as a major institutional responsibility. In this type of scenario, the needs and well-being of faculty, staff and trainees must be considered and resources reallocated or redeployed as circumstances necessitate consistent with accreditation standards.

### GMEC Policy:

Upon notification of the imminence or actual occurrence of a situation which threatens to interrupt medical care involving residents/fellows, the Joan C. Edwards School of Medicine via the Dean or his designee and the Senior Associate Deans for Clinical Affairs and GME in collaboration with the DIO will take the lead in working with chairs and training directors of affected departments. They will consult with medical directors of major affiliated institutions (e.g. St. Mary’s Medical Center, Veterans Affairs Medical Center, Cabell Huntington Hospital). Acting collaboratively the aforementioned will arrange, to the extent possible, a redeployment of trainees either on a temporary or permanent basis from their regular assignments at inoperable clinical sites to the sponsorship of local functioning affiliates with services that are capable of meeting the training and clinical needs of affected residents.

To this end, each faculty member, staff and trainee has the responsibility to check with the JCESOM website for specific instructions, guidance and other pertinent information

in the event of an emergency situation which threatens or is actually disruptive of clinical services/training. In order to assure effective implementation of this GMEC policy it is necessary for all faculty, staff and trainees to ensure that their personal contact information is current and on file with their department.

Institutions will collaborate in providing whatever administrative support is needed for residents' well-being by helping them cope with the kinds of highly stressful conditions that are common to disaster/catastrophic situations including meals; environments made as safe as possible; electronic direct salary deposit; adequate rest periods; and other forms of necessary assistance as they continue their training while caring for patients insofar as clinical circumstances permit. To assure maintenance of program accreditation, the steps taken will be communicated to the ACGME for guidance and, if necessary, approval.

To the extent feasible, the GMEC policy references and will relate to community-wide disaster contingency plans, e.g. the Cabell County Emergency Operations Plan; as well as the Health and Medical Coordinator, Cabell County/Office of Emergency Services; emergency management plans of major affiliated institutions; and Marshall University.