

Dear Resident Physicians,

Welcome! I am pleased that you have chosen to further your professional career through residency training at Aultman Hospital. We are dedicated to your success! We will provide the resources that you will need to thrive while meeting the challenges in completing this phase of your professional development. Your faculty promises to set high standards and assist you in achieving them. You will practice along with others who value evidence-based, compassionate care of patients and their families.

The success of the Department of Medical Education is measured by your success. You are encouraged to actively participate in assessing our programs and to assist us in our goal of continually enhancing the experience of all learners in our institution. You will also have the opportunity to teach medical students and other residents during your tenure here. Thank you in advance for taking this responsibility seriously and thus contributing to the future of our profession.

We are all privileged to have been given the opportunity to study and achieve the status of physician. We look forward to working with you as you discover the rewards of service to others, the joy of touching the lives of patients in your care while assisting them toward improved health, and the sense of accomplishment when you have done all in your power to excel in meeting your professional goals.

Sincerely,

Susan Mercer, M.D.
Director of Medical Education

I. Administration and Governance of the Graduate Medical Education Program

The residents and faculty of Aultman Hospital and Mercy Medical Center comprise a community whose shared mission is the education and socialization of the health professional and the promotion of quality care in our community. To that end, the Hospitals endorse certain beliefs, which provide a context for learning and teaching.

Through its education programs, Aultman Hospital and Mercy Medical Center seek to ensure academic excellence by providing highly qualified faculty, residents and staff, the incentive necessary for excellence and the resources necessary to support the educational mission. The aims of this mission are to encourage personal growth and to facilitate the acquisition of the knowledge, skills, and attributes specific to the chosen profession in an environment characterized by openness and respect between the residents and faculty.

The Hospitals' academic programs are designed to build on the competencies of general education, emphasize the development of critical thinking abilities, to encourage curiosity, and instill a desire of lifelong learning. Learning is viewed as an active, dynamic process for which residents and faculty share responsibility. The educational experiences of all the residents are designed to incorporate opportunities for interdisciplinary dialogue and collaboration in classroom, clinical and social settings.

The Hospitals recognize and support individual differences in learning and teaching styles, values, interests and abilities, and believes that such variety enriches the academic climate. Embodied in the educational mission are the ideals of free expression, diversity, individual well-being, commitment to the common good, collegiality, tolerance, civility and equal opportunity for full and positive participation of each individual. The community of education bears responsibility for preserving the Hospitals' rich education heritage while also embracing opportunities for change and growth as the Hospitals move toward the future.

AULTMAN CORPORATE COMPLIANCE PROGRAM

Corporate Compliance means that Aultman's employees and medical staff will use their best efforts to understand and comply with all of the legal and ethical requirements related to their jobs.

The health care industry is very complex and subject to many rules and regulations, particularly regarding federal health care programs such as Medicare and Medicaid. The federal government has strongly encouraged health care providers to voluntarily enter into compliance programs designed to reduce health care fraud and abuse. As part of Aultman's effort to follow the laws that govern us, a Corporate Compliance Program was introduced in 1997.

Aultman is committed to conducting business legally and with integrity. We believe that Corporate Compliance is good business. It helps fulfill our caregiving mission to our patients and to the community. It is also evidence to our employees and the community of Aultman's strong commitment to honest and responsible conduct.

Aultman has appointed a Compliance Officer who is responsible for the daily oversight of the Corporate Compliance Program. The primary responsibilities of the Compliance Officer include:

- Providing an open line of communication for employees and others within our organization to submit concerns, issues or questions regarding compliance.
- Investigating and responding to concerns, issues, or questions.
- Maintaining auditing and monitoring mechanisms to ensure compliance.

Examples of the concerns and questions that the Corporate Compliance Program might address include, but are not limited to: Potential violations of Aultman's Code of Conduct, potential violations of policies and procedures, potential violations of laws and regulations; matters involving billing and coding; questions about accounting and auditing practices; quality of care issues; and patient safety matters.

Policy on Providing Information About False Claims Act

General Responsibility of Every Employee: Aultman is committed to complying with applicable federal, state and local laws and acting in an ethical manner consistent with its Code of Conduct.

Compliance is an important part of every employee's job. Each employee is responsible for having a general knowledge and understanding of Aultman's Corporate Compliance Program and Code of Conduct. Employees should also know (from a lay perspective) what laws apply to Aultman generally and to them specifically when performing their job.

Aultman believes that an effective way to prevent potential violations of legal and ethical standards is to encourage employees to ask questions and report concerns to management or to the Compliance Officer. Reporting to the Compliance Officer may be done in person, in writing, or anonymously by using the confidential Compliance Line (1-866-907-6901). Employees and other persons appropriately reporting concerns and potential violations may do so without fear of retaliation or disciplinary action.

Failure to report suspected violations could adversely affect Aultman's ability to identify, investigate, correct, and prevent potential or actual violations. For this reason, the deliberate failure by an employee to report a known or suspected violation will be considered unacceptable behavior.

Upon receiving a report of a suspected violation or non-compliant act, Aultman will conduct an investigation. If it determines that a violation has occurred, it promptly will take reasonable steps to: (1) Correct the violation or bring actions into compliance; (2) Prevent the same or similar violations from occurring in the future; and (3) Make any disclosures and repayments required by law.

Applicable Federal and State Laws for Preventing Fraud, Waste and Abuse: Aultman must comply with numerous federal, state, and local laws, including those aimed at preventing fraud, waste and abuse in Medicare in Medicaid.

One of the biggest risk areas for hospitals, in general, is preparing, coding and submitting claims for payment and reimbursement by federal and state health care programs. Section 6032 of the federal Deficit Reduction Act of 2005 requires hospitals to include in their employee handbooks policies to educate employees about the False Claims Act, as well as policies for detecting and preventing fraud, waste, and abuse.

False Claim Act: The False Claims Act is a federal law enacted to prevent fraud and abuse by government contractors, including health care providers under the Medicare and Medicaid programs. To combat fraud and abuse, the False Claims Act allows the federal government to bring legal action against health care providers who submit "false claims." A "false claim" arises when an individual or an organization: (a) Knowingly presents, or causes to be presented, to the federal government a false or fraudulent claim for payment or approval; (b) Knowingly makes or uses, or causes to be made or used, a false record or statement in order to have a false or fraudulent claim paid or approved by the government; or (c) Conspires to defraud the government by getting a false or fraudulent claim paid or approved. Any individual or organization that knowingly submits a false or fraudulent claim for payment may be liable for significant fines and penalties.

False Claim Defined: A false claim occurs when a provider "knowingly presents" a false or fraudulent claim for payment or reimbursement by Medicare or Medicaid. A false claim is different from an "honest mistake."

It is not necessary for the government to prove that a hospital or medical provider intended to defraud the government. The term "knowingly presents" includes reckless disregard for the truth or falsity of claims, or acting with "deliberate ignorance" (i.e., looking the other way, when one knew, or should have know, there is a problem with the truth and accuracy of claims at the time they are submitted).

Examples of false claims include inaccurate or incorrect coding, upcoding, unbundling of services, billing for medically unnecessary services, billing for services not done, duplicate billing, and insufficient or falsified documentation in the medical record to support the code. It is important that each employee who is involved in the preparation and submission of claims remains aware of and current on his/her legal obligations.

Investigations and Qui Tam Actions: The government may initiate a False Claims Act investigation. Investigations also may result from an audit by the Medicare Fiscal

Intermediary or Carrier or by government contractors that monitor accurate claims and reimbursement.

The False Claims Act also contains what is known as a “qui tam” or “whistleblower” provision that allows private individuals to bring to the government’s attention suspected violations of the False Claims Act. The False Claims Act permits lawsuits to be brought by whistleblowers, typically employees or former employees, who have knowledge of fraudulent activities. Those who act in good faith in bringing whistleblower claims are protected under the law.

Program Fraud Civil Remedies Act of 1986: The Program Fraud Civil Remedies Act of 1986 authorizes federal agencies to investigate and assess penalties when a provider submits false claims or statements to an agency. The conduct is similar to that prohibited by the False Claims Act.

Ohio Medicaid Law: Under Ohio law, a health care provider can be liable for obtaining or attempting to obtain payment for false claims submitted in an attempt to defraud Medicaid. Specifically, Ohio Revised Code section 2913.40 prohibits hospitals and medical providers from knowingly making, or causing to be made, false or misleading statements to obtain Medicaid reimbursement. Those who violate this statute may be found guilty of “Medicaid Fraud,” which is a criminal offense.

Additionally, Ohio Revised Code section 5111.03 prohibits hospitals from willfully receiving payments that they are not entitled to receive, or from willfully receiving payments in an amount more than what they should receive. Those who violate this statute must repay three times the value of excess payments, plus additional civil monetary penalties.

Ohio law also provides protection for whistleblowers reporting violations under certain circumstances. If an employee reports a violation of Ohio’s Medicaid laws in good faith to his/her supervisor or to another member of the management team, Aultman may not take disciplinary or other retaliatory action against the employee.

Penalties: Individuals and organizations who violate the False Claims Act are subject to civil monetary damages, including repayment of overpayments; payment of interest; a per claim fine of \$5,500 or \$11,000; trebling of damages (the amount of damages may be tripled); and payment of costs. Those who violate the Program Fraud Civil Remedies Act of 1986 may be assessed double to damages up to \$5,500 for each false or fictitious claim.

If a False Claims Act violation is serious, a health care provider may be subject to criminal prosecution under federal criminal statutes, including the fraud and abuse and anti-kickback laws, as well as HIPAA health care offenses. Besides criminal and civil penalties, those convicted of submitting a false claim or other program-related offenses may be excluded from participating in Medicare, Medicaid, and other federal health care programs.

A violation of the False Claims Act may also subject the violator to civil or criminal prosecution by the Ohio Attorney General under Ohio’s Medicaid laws. A health care provider who violates Ohio’s Medicaid laws must repay all excess amounts and interest.

A provider may also be subject to a \$5,000 or \$10,000 fine for each claim, in addition to the trebling of damages and repayment of costs.

Prevention: Duty to Report: Consistent with its mission and values, Aultman has policies in place to detect, identify, investigate, correct, and prevent fraud, waste and abuse. Aultman regularly conducts internal audits and engages qualified independent consultants to review its performance with the intent of complying with applicable laws.

One of the most essential components to assuring compliance is to maintain an open line of communication between concerned employees and Aultman. If any employee has a question or concern about compliance, including the proper preparation and submission of claims, or a potential violation of the False Claims Act, or Ohio statutes pertaining to the submission of claims to Medicaid, that employee has a responsibility to ask the question or report the concern. A question or concern may be made to the Compliance Officer, to his/her manager, to another member of the management team, or to Aultman's legal department.

A question or reported concern may be made in person, in writing, or anonymously by using Aultman's Compliance Line at 1-866-907-6901.

No Retaliation: Any employee who asks a question or appropriately reports a concern or suspected violation of any applicable law, including the False Claims Act or Ohio's Medicaid statutes, will not be subject to retaliation or disciplinary action.

Compliance Line: The Aultman Compliance Line is a convenient and confidential way for you to report compliance concerns that you may have. Aultman Hospital has contracted with an outside vendor to manage this reporting option. The Aultman Compliance Line is toll-free and is available 24 hours a day, 365 days a year.

What happens if I call the Aultman Compliance Line?

Your call to the Aultman Compliance Line will be answered by a trained Communication Specialist who listens to and makes notes of your concern. Calls are never recorded or traced. If necessary, the Communication Specialist will ask follow-up questions to gather further information. At the close of the call, you will receive a unique identification number and a follow-up date. You may check the status of your concern by referring to this identification number when you call back on the assigned date.

Do I have to give my name?

Although you may give your name if you want, you are not required to identify yourself. If you choose to remain anonymous, your identity will be protected throughout the process.

What happens after I call?

After your call, the Communication Specialist prepares a report which is forwarded to the Aultman Compliance Officer for review and, if warranted, an investigation. Aultman may also take action to fix any problems found during the investigation. The Aultman Compliance Office will provide feedback on your concern to the Communication Specialist so that this information can be relayed back to you when you call to check on the status of your concern.

Why does Aultman have a Compliance Line?

Having a method for employees to report compliance concerns anonymously without fear of retaliation is a good practice for any organization.

When should I call the Aultman Compliance Line?

As an Aultman employee, you have an obligation to report compliance concerns or issues that you become aware of. We encourage you to discuss these with your manager, another member of the management team, or the Aultman Compliance Office. If you feel more comfortable reporting your concerns to a neutral third party, you may do so by calling the Aultman Compliance Line.

Can I report my concerns online?

Yes, concerns can be reported online at <https://www.compliance-helpline.com/welcomepageaultman.jsp>.

What are some examples of concerns I should report?

- Improper coding and billing
- Violations of confidentiality
- Quality of care issues
- Discrimination/harassment
- Conflicts of interest
- Inappropriate gifts, entertainment, and gratuities
- Improper payments and referrals
- Workplace safety issues
- Financial reporting issues
- Theft and fraud
- Violations of the Code of Conduct
- Violations of the laws and regulations that affect us every day

AULTMAN COMPLIANCE LINE 1-866-907-6901

PROTECTING PATIENT PRIVACY

Why are we concerned about privacy?

Federal regulations on patient privacy and confidentiality took effect in April of 2003.

The privacy regulations addressed patient rights and the type of information that is protected. Additional security regulations became effective in April, 2005 that apply to electronic protected health information. Collectively, these regulations are known as the Health Insurance Portability and Accountability Act (HIPAA) and they set standards for protecting patient privacy.

Most of us at some point will have contact with patient information. For some it may be every day, for others, just once in a while. But regardless of how often, we all have a responsibility to protect the privacy and confidentiality of patient information.

Our patients and our community expect us to protect their information. If we don't quality of care can be compromised and our reputation could be damaged.

As healthcare workers, we have an ethical and moral obligation to protect patient health information.

What information is considered private?

Protected health information (PHI) is any information generated in the course of treating a patient that may allow identification of that individual.

How do we protect patient information?

Follow the Minimum Necessary Standard. This means that employees should only access information needed to do their job and disclose only the information that someone else needs to do their job.

How do we safeguard patient information?

- Discuss patient information privately.
- Use individual passwords
- Do not share or disclose your password
- Log off before you leave your workstation
- Use shredding containers
- Use common sense and good judgment

How can we use and disclose patient information?

- for treatment, payment, and operations purposes
- for legally mandated reporting
- with patient authorization
- for inquiries about patients, unless they have chosen to be excluded from the Patient Directory (also referred to as a DNP)
- to family and friends of the patient - with approval from the patient

What rights does HIPAA provide to patients regarding their health information?

- The right to access
- The right to request amendments
- The right to an accounting of disclosures
- The right to request alternative communications or restrictions
- The right to file a complaint without retaliation

- The right to receive written Notice of Privacy Practices

The HIPAA Privacy Rule

The HIPAA Privacy Rule was created to protect the privacy of health care patients. In summary, it:

- Sets boundaries on how we use and disclose patient information
- Provides patients with certain rights
- Includes penalties for violations of patient privacy

Aultman has always been committed to protecting our patients' privacy and will continue to do so by complying with the HIPAA Privacy Rule. Providing our patients with quality health care includes protecting their confidential information.

Where do I go for answers about protecting patient privacy or to report concerns?

- Talk to your manager
- Review HIPAA policies and procedures, forms, and guidelines on the Aultman Intranet in the HIPAA category under Knowledge Management
- Contact the Privacy Office at 330-363-3380, extension 33380, privacyoffice@aultman.com or the Privacy Officer, Tim Regula, at 330-363-7448, extension 37488, tregula@aultman.com.

II. TERMS OF CONTRACT

The resident agrees to perform satisfactorily, and to the best of his/her ability, those customary duties in the field of education and training, and to conform to all hospital policies, procedures, and regulations applying to residents.

Residents are not required to sign a non-competition guarantee.

HOURS ON DUTY

Duty assignment will be made on all services by the program director and/or chief resident of the service involved, and will include on call rotations as well as usual working hours.

The chief resident or program director of the service to which you are assigned is responsible for the rotation of your various duties on that service. You are responsible to your chief resident, since he/she is responsible for you. If you have any questions, check with your chief resident (or assistant chief resident).

Your chief resident or program director will arrange a schedule of nights and weekends off. **IF, BECAUSE OF AN EMERGENCY, YOU MUST LEAVE THE HOSPITAL AT A NONSCHEDULED TIME, YOU MUST REPORT TO YOUR CHIEF RESIDENT PRIOR TO SIGNING OUT. YOU CANNOT SIGN OUT TO A RESIDENT ON ANOTHER SERVICE WITHOUT PRIOR PERMISSION.** Before leaving the hospital at any time, sign out to the telephone operator. Inform the operator who is taking your calls. Inform the physician taking your calls of any matter that may require special attention, such as seriously ill patients that you are leaving in his/her care. When you return, inform the operator that you are back.

When assigned to a service, residents will complete histories and physicals on patients assigned to the service. All elective surgeries must have histories and physicals prior to going into surgery. Changes in patients' conditions should be called to the attention of the senior resident assigned to the service or to the attending physician, if the senior resident is not available. Residents should consult with the attending before ordering unusual procedures, medications or treatments.

Residents are to answer calls to the division promptly and courteously. While on night-call, "CODE BLUE" and "EMERGENCY" calls constitute the most urgent situations and are to be answered immediately by all assigned residents. The attending physician or resident assigned to the service the next day may handle calls of a non-urgent nature. Sleeping rooms are provided in designated areas. Unless an exception is made by the program director, when on call, a resident must stay in the hospital.

ECFMG CERTIFICATE

ECFMG certification is necessary for graduates of foreign medical schools to enter US residency or fellowship programs accredited by ACGME (excluding 5th Pathway residents).

LICENSE/TRAINING CERTIFICATE

All residents must obtain either a training certificate or a permanent state license to practice medicine in the State of Ohio. When starting the residency program, the hospital will provide the training certificate application and fees. If the resident obtains a permanent license, it is the

resident's duty to provide Medical Education with a copy of the permanent license immediately. Any cost and the renewal for the permanent license will be the responsibility of the resident.

PHYSICAL EXAMS

Each resident is required to have a pre-employment physical examination before his/her start date at no cost to the resident. Arrangements for the physical and lab work are made through the Medical Education Office.

All residents are required to have a TB skin test annually. Residents with a documented positive TB test will be required to have an initial chest x-ray and then annually complete a TB Reactor Update form.

CORPORATE COMPLIANCE

All residents are required to comply with all of the legal and other requirements related to his/her job. This includes, but is not limited to, completing yearly: a safety test, TB fit test, signing a corporate compliance agreement, confidentiality agreement, and an electronic communications agreement. All residents are required to be certified in Basic Life Support (BLS), and Advanced Cardiovascular Life Support (ACLS).

DRESS CODE

Residents are expected to maintain a standard of dress that projects an image of professional integrity and service excellence. Residents are expected to dress according to the service they are rotating on. Scrubs should not be worn in the office setting. Mustaches and beards must be kept neat and trimmed close to the face. The maximum beard length should not exceed ½ inch. Handlebar mustaches are not acceptable. Hosiery or socks must be worn at all times. Visible tattoos are unacceptable. Ear piercing is acceptable, however, should not be extreme. Other visible body piercing is unacceptable. Hair color must be natural shades.

III. STIPENDS AND BENEFITS

Each resident will be provided a stipend, as well as educational allowances, sick time, bereavement, jury duty pay, vacation, and health club/equipment reimbursement. These benefits represent compensation for patient care services and support for the educational components of the training program.

Salary and benefits are listed on the Resident Benefit Sheet, which are specific to each program. (See Exhibit A-1)

The annual stipends and benefits are reviewed and revised yearly. The appropriate stipend levels are recommended by the Designated Institutional Official and the Administrator of Medical Education and are subject to the approval of the GMERC and the CEO.

Each resident will be provided with health, dental, vision, life, disability, and professional liability insurance as described below. These benefits are provided at little or no cost to the resident to encourage health and wellness as well as cover any unforeseen illnesses and/or accidents. The residents are also provided with a meal allowance, lounge, lab coats, and lockers.

STIPEND

Residents' paychecks are distributed on alternate Fridays in the trainee's mailbox. The annual stipend is divided into 26 equal pay periods, each covering a two-week period.

Federal, state and local laws require the following deductions be made from the gross income of residents: federal withholding tax, Social Security, and State of Ohio tax. Any resident that is on a J-1 visa is exempt from Social Security and Medicare withholdings.

The resident will continue to be offered his/her appointment, with accompanying stipend and perquisites, only as long as his/her obligations, as described in this manual, continue to be performed in an acceptable and professional manner.

Chief residents will receive an additional annual stipend of \$1,500.00 that will be paid in a lump sum.

EDUCATIONAL ALLOWANCE & CONFERENCE TIME

Each resident will be allotted an educational allowance, in addition to the usual stipend, per academic year, based on his/her level of training. These monies must be used for educational purposes and will not be accrued yearly. The resident may purchase books, manuals, journals, and software that are medically related. The money can also be used for conference attendance including conference registration, airfare, mileage, parking, hotel, and meals. The PGY-2 educational allowance may be used for USMLE – Step 3, but cannot be used for other examination fees, such as the ABIM registration fee. Five days of conference time is allowed in addition to vacation time. Special exceptions may be made when there are schedule conflicts that prohibit a resident from taking his/her allowance and time.

CMEF Scholarship Award

Each year, a decision will be made to award scholarship monies to residents. This award is based on a number of items identified to demonstrate significant achievement in the Core Competencies. Each year the Administration will calculate the amount merited by each resident. Items included in the decision for scholarship are:

- medical record completion rate
- evaluation completion rate
- ITE quartile
- ITE improvement (for PGY-2 and 3)
- attending evaluation
- peer evaluation
- conference attendance

Monies from the scholarship are to be used for educational endeavors, as outlined under “Educational Allowance.” Scholarship awards may also be used to repay educational loans.

MEDICAL EDUCATION TRAVEL REIMBURSEMENT

All travel requests must be approved in advance. A request can be submitted using the “**Request to Attend Workshop, Seminar, or Other Event**” form to the Administrative Director of Medical Education for processing.

Individuals will be granted travel time depending upon the location of the conference and the schedule of the conference. Should the person choose to extend his/her time at the conference, further time off will be deducted from their vacation time.

Educational travel should be limited to the continental United States.

The following travel costs will be reimbursed:

- Air Flight (coach) for one
- Hotel stay (number of nights depends upon location of conference and start time of the event). Hotel stays should be minimized.
- Meals: Maximum \$58/day
- Registration and course fees
- Travel to and from the hotel (shuttle bus or taxi)
- Necessary expenses for travel from hotel to meeting site (maximum \$75/conference)
- Airport Care Parking Fees

The following are not reimbursable expenses:

- Car rental and all associated expenses***
- Entertainment
- Travel expenses for companion(s)
- PDA, computer, smartphone, laptops, tablet, or any other electronic devices

Employees who choose to drive rather than travel by air will be reimbursed for the actual mileage, or up to the airline fee, whichever is lower. In these situations, documentation of airline fees must be

submitted with the expense reimbursement form. These fees can usually be obtained from various travel web sites.

All reimbursements must be accompanied by a receipt. Itemized hotel bills should be attached to expense reimbursements – no credit card summarized statements. All expense reports must be turned in within 30 days of the trip to receive reimbursement.

***An individual may choose to rent a car, but reimbursement will be capped at \$50 (reflects saving for airport/hotel shuttles).

FINANCIAL SUPPORT FOR RESIDENT RESEARCH AND TRAVEL

Limited funds are available for the purpose of fostering and supporting resident/fellow research. These funds are administered through the Aultman Health Foundation Graduate Medical Education and Research Department..

These funds are available for the following research related needs:

- Research equipment or materials
- Special computer software
- Laboratory tests or equipment
- Travel expenses for the purpose of dissemination

Funds are only available by written request to the Director of Research.

Any Aultman Health Foundation resident/fellow is eligible to receive funding until funds are exhausted. Grants will be issued on a first-come-first-serve basis to residents meeting the criteria for a grant.

Limited amounts of money are available to support resident travel related to research conducted at the Aultman Health Foundation.

Background: The goal and purpose of the Aultman Health Foundation Resident Research Training Program is to integrate a practical research experience with basic science education and clinical patient care. This is accomplished through didactic lectures, careful research mentoring by experienced physician researchers, Ph.D. level basic scientists and allied health professionals and exposure to a rich clinical environment within which to carry out medically related research activities.

All resident physicians at the Aultman Health Foundation are expected to participate in the Resident Research Program. Each training program has established requirements for research in order to qualify for graduation from their program. Research projects may explore a variety of rehabilitation related topics in the form of a detailed literature review, case study, innovative device design, retrospective study, prospective study or a basic laboratory investigation. Residents are urged to use the most comprehensive research design possible in order to gain the widest research experience and maximize the quality of their research project within realistic budget and time constraints. Presentation of projects at national research meetings and publication within peer reviewed journals

is strongly encouraged to further enhance the resident's experience and career advancement, but are not required for graduation.

Didactic research education is provided through two venues. Research papers from the published literature are presented and critiqued by resident physicians at journal clubs under the supervision of attending physicians with expertise in the topic area. A House Staff lecture is devoted to covering basic statistical analysis, clinical research design, data management techniques, research ethics, scientific writing and critical review of scientific literature. This course provides practical information that will help residents design, implement and complete their individual research projects.

Individual statistical consultation is available to all resident physicians as are personal computer facilities equipped with word-processing, spreadsheet and software packages. Medline searches of medical literature are also available through the Health Science Library. Time is provided to work on research projects during all clinical rotations throughout the residency program. Some residents choose to use elective time for the purpose of conducting research under the supervision of a research mentor.

The Aultman Health Foundation Research Day is held annually and provides an opportunity for all residents to present their research projects to the Aultman Health Foundation community.

Eligibility: Travel expenses are only available to current residents/fellows who have had research abstracts accepted at national meetings for presentation. Only one resident/fellow may receive funding per abstract accepted and that individual must demonstrate significant involvement with the project.

The resident must be:

- First author of a research paper, and
- Presenting original research

In the event the "first author" is unable to attend the meeting, then another resident who worked on the project may be designated to present the research.

Presentation: Resident research presentation may include presentations of papers, abstracts, and/or poster.

Conference: Appropriate conferences for presentation include national college and academy meetings and other conferences regarded as major peer review conference within the Continental U.S. and Canada. International meetings may be considered unusual circumstances, at the discretion of the Program Director, Director of Medical Education and Vice-President of graduate Medical Education and Research.

Resident Time Off: This will be determined at the discretion of the Program Director; however, time off may be deducted from the resident's vacation or education time.

Travel/Meeting Allowance Time: The resident will be granted one day travel to the conference, one day for the research presentation, and one day travel home from the conference. Should the resident choose to extend his time at the conference, further time off will be deducted from their vacation and education time.

Resident Conference Funds: Should the resident choose to extend his time at the conference to further his own education, the resident may be required to expend conference monies for those days at the Program Director's discretion.

Covered Expenses: The following travel costs will be reimbursed:

- Air flight (coach fare) for presenter
- Hotel (single occupancy) during convention [up to 3 days]
- Meals (\$10-Breakfast; \$15-Lunch; \$25-Dinner)
- Registration and course fees
- Travel to and from hotel (Shuttle Bus Preferred)
- Necessary expenses for travel from hotel to meeting site (maximum \$75 per resident per conference)[†]

The following travel costs will not be reimbursed:

- Travel expenses for spouse or friend
- Rental cars
- Entertainment

Application for Travel Expenses: A request for a travel grant must be made **in advance** on the "Application for Resident Travel Fund Approval" form by the responsible Program Director. A copy of a) the abstract of the presentation, and b) the letter of acceptance should accompany the request. A request must be submitted three (3) weeks prior to travel departure date.

Procedure: Complete the "Application for Resident Travel Fund Approval" form.

Once the form is completed and appropriate signatures have been obtained, the resident/fellow will forward it to the Aultman Health Foundation Graduate Medical Education and Research Department for approval.

If approved, the resident/fellow will fill out a Travel Request Form in accordance with all Aultman Health Foundation travel guidelines.

No monies will be available until travel is completed and appropriate original receipts are turned in.

SICK TIME

At the beginning of the academic year each resident is given 180 hours of non-accrued sick time. This time is to be used to provide continued income when the resident becomes sick or injured. Sick time will be paid 15 working days of full pay and an additional 15 working days at half pay.

BEREAVEMENT

Each resident is granted up to three working days with regular pay in the event of death in his/her immediate family. Immediate family is defined

as mother, father, spouse, children, stepchildren, sister, brother, stepparent, grandchildren, grandparents, mother-in-law and father-in-law. Any additional time may be granted without pay that is reasonably required.

JURY DUTY

The GMERC and AOA recognize the obligation of US citizens to serve on a jury when summoned. Any resident called to jury duty will be paid his/her regular stipend. If he/she is excused or not seated as a juror, it is expected that he/she be available to work. A written notice confirming the jury duty is necessary for any compensation.

HEALTH CLUB/EQUIPMENT REIMBURSEMENT

All residents are given a taxable allowance of \$235.00 per academic year to spend on membership at an area health club or the purchase of exercise equipment. Requests for reimbursement with a copy of the receipt should be made to the Medical Education Office.

HARDSHIP LOANS

Hardship loans are available to aid residents to offset the expenses of relocation and to assist with the start/continuation of the education in the residency program when financial pressures might prevent them from doing so. The loans are available anytime after his/her contractual start date. Written requests are made to the Office of Medical Education. The request must state the reason for obtaining the loan. The request requires the approval of the Administrative Director of Medical Education and the Program Director of the residency program. Residents may request interest-free loans up to \$2,000. No interest is charged and loans must be repaid within a maximum twelve-month period. They are repaid via payroll deductions. Loan balances will become repayable in full should the resident terminate his/her contract or otherwise leave the residency program.

HEALTHCARE INSURANCE- Medical, Dental, and Vision

Eligibility

Health Insurance coverage through AultCare is provided starting the first day of July for residents and their families that follow the standard academic year. For off cycle residents, the coverage starts on their contractual start date. AultCare is provided at no cost to the resident.

AultCare is provided to the resident and his/her eligible family members. The resident must fill out the AultCare enrollment form when starting residency in order to activate coverage. In general, eligible family members are spouses (unless legally separated) and any unmarried dependent children under the age of 19. Children are considered dependent if the resident provides at least half of their support as defined by the Internal Revenue Code of the United States. Unmarried children over the age of 19, but under 25, may be eligible dependents providing

they are full-time students in regular attendance at a fully accredited university of secondary school and are chiefly dependent on the resident for support, not employed on a regular full-time basis and not covered under any other health care plan. If the resident's spouse has medical health care coverage offered through his/her employer, he/she is required to take that coverage on himself/herself as primary. If the spouse's birthday comes first in the calendar year, his/her insurance must also be primary for any children. A divorce decree naming someone responsible for health care expenditures for natural and stepchildren who live in the home will be honored.

Dental Insurance coverage is provided to the resident through the hospital's AultCare Dental Plan and is provided following the same guidelines as above. The resident has to choose either Plan 1, Plan 2, or Plan 3 (Orthodontia Plan). The cost of the dental coverage is contingent on the plan and family coverage that the resident chooses.

Vision reimbursement is provided to the resident and family through the Office of Medical Education.

Change in Coverage

If a marital status or number of dependents changes, the Human Resources Department must be notified within 30 days of the date of change in status. The coverage will then become effective on the first day of the following month. An exception is made for the birth of a child or divorce, for whom coverage will take effect on the date of birth or date of divorce. A change from family to individual coverage may be made at any time. However, a change from individual to family coverage cannot be made until the next open enrollment period, unless there is a change in family status. Open enrollment is usually in November or December.

Coverage Ends

Health care coverage terminates when the residency program is finished, either by graduation or termination. Coverage may be continued through a period of time under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Cost of continued coverage is the resident's responsibility after they leave the residency program.

**Benefit coverage is attached.

LIFE INSURANCE

Claim

All active residents are provided with a group term-life insurance policy of \$10,000.00. The life insurance policy is in affect the first day of active training. A beneficiary must be designated at the time of hire. If a change of beneficiary is needed to be made at anytime while insured, a request must be made in writing. To receive benefits the resident or the beneficiary must make a claim by providing notice and Proof of Claim.

For Employee Life Insurance:

- Due proof that resident died while insured.
- Notice and Proof within 12 months.

For Accidental Death and Dismemberment Insurance:

- Due proof that resident died accidentally while insured.
- Notice and Proof within 12 months after the date of loss.

Beneficiary

Benefits payable upon the resident's death are payable to the beneficiary living at the time. Unless otherwise specified, if more than one beneficiary survives the resident, all Beneficiaries will share equally. If no beneficiary is alive on the date of the resident's death, payment will be made to the resident's estate. The resident's insurance will cease on the date of Termination of Employment.

Coverage

The amount of Insurance is \$10,000.00. This benefit is paid according to the type of claim as follows;

Life	- 100%
Sight of One Eye	- 50%
One Limb	- 50%
More than One Limb	- 100%

(Loss of limb means severance of hand or foot, at or above the wrist or ankle. Loss of sight must be total and irrecoverable).

Payment will not be made for a loss, which is due to, or results from:

- Suicide or intentionally self-inflicted injuries.
- Bodily or mental infirmity or disease of any kind, or infection unless due to an accidental cut or wound.
- Committing or attempting to commit an assault, felony or other illegal act.
- War or active duty in the armed service during time of war.
- Participation in a riot, rebellion, or insurrection.

Elective Life Insurance

Additional life insurance is available through UNUM Provident Life Insurance Company. Evidence of insurability is required.

SHORT-TERM DISABILITY

Short-term disability is provided to any resident that becomes totally and continuously disabled because of (1) injury; (2) sickness; or (3) complicated pregnancy (excluding delivery and maternity leave).

Under Short-Term Disability, the resident can receive benefits if he/she becomes totally and continuously disabled. The resident will be paid a weekly disability benefit of 50% of his/her weekly earnings, not to exceed a weekly benefit of \$300.00. These benefits will commence on the 61st day of disability and will continue through a maximum period of 26 weeks. No benefit will be payable for any day that the resident is not under the care of a physician. The maximum benefit will be reduced by any benefits that are payable on account of disability by any Workers' Compensation, employer's liability or similar law.

No benefits shall be paid for any of the following:

- Any injury, sickness, or pregnancy that is not treated by a legally qualified physician or surgeon.
- Any loss caused or contributed to by:
 1. War or act of war
 2. Sickness contracted or injury sustained while in the armed forces
- Any loss caused by intentionally self-inflicted injuries, suicide or attempted suicide.
- Any sicknesses that Workers' Compensation benefits are paid, or may be paid.
- Any injury sustained as a result of doing work for pay or profit.

Insurance will terminate on the date the resident's employment terminates.

LONG-TERM DISABILITY

Long-term disability is an optional insurance plan for the protection of income in the event of a continuous disability that a resident may elect to purchase.

Enrollment may be done at the time of hire, with no medical exam or during open enrollment during the month of November, at which time he/she will be medically underwritten. The cost of the premium is based on age per \$100 of covered salary. 30

To be eligible to receive benefits, the resident must be continuously disabled for 180 days. The resident will receive 50% of his/her monthly earnings up to a maximum of \$5,000. The resident is not required to pay the premium while receiving benefits. This benefit may be reduced by the amount of other income replacement the resident receives for the same disability, i.e. Social Security, Workers' Compensation, etc.

The benefits will be paid for the period during which the resident meets the definition of disability up to age 65.

Definition of Disability

- The resident is limited from performing the material and substantial duties of his/her regular occupation

- The resident has a 20% or more loss in indexed monthly earnings due to the same sickness or injury.
- **Benefit coverage to follow

AFLAC ELECITVE BENEFITS

Aultman entered a joint partnership with AFLAC to bring voluntary elective benefits for all employees. These are benefits that will cover a variety of areas that you as an employee can pick and choose for your individual needs. These plans will offer “Case-in-Pocket” needed to cope with the tremendous medical and non-medical expenses that always occur when a serious illness or accident strikes you or a family member. These benefits are paid directly to you, regardless of any other coverage you might have.

Voluntary Short Term Disability:

- This disability benefit is offered in addition to the company sponsored benefit.
- This benefit is a replacement of income in the event of loss of work.

Accident Indemnity Plan:

- This benefit offsets indirect costs that may be caused by a cancer diagnosis.
- It also provides in addition to Aultman Hospital Plan cancer screening exams.

Voluntary Personal Accident Plan:

- This benefit plan helps protect from unexpected expenses due to accidents.

Voluntary Personal Critical Illness:

- This benefit offsets indirect costs related to critical illness.

PROFESSIONAL LIABILITY INSURANCE

During the term of this agreement, Aultman Hospital shall provide Physician professional liability coverage through Aultman’s self insurance program, with limits of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Upon termination or expiration of this agreement for any reason, CMEF will provide Physician with tail coverage, or the functional equivalent thereof, through a self-insurance program or a commercially available “tail coverage” policy.

If a resident is served a subpoena, he/she should report the fact to the Medical Education Office, Risk Management, or to his/her Program Director immediately so that efforts may be made to assist the resident in responding to the legal requirements of the subpoena. Occasionally, the hospital is able to help the resident avoid the need to appear.

Aultman Hospital reserves the sole right to settle any claim or lawsuit out of court, without the consent of the physician.

This insurance coverage does not extend to resident physicians for any activity, which is not an assigned part of the formal residency program, such as moonlighting. Professional liability insurance is also provided by the Mercy Medical Center while residents are at that facility. Residents should consult Mercy Medical Center to learn the details of malpractice coverage by that entity.

WORKERS' COMPENSATION

The State Workers' Compensation Act provides compensation for all accidental injuries that occur while at work. Aultman Hospital pays the entire cost of this benefit for all residents.

VACATIONS

Each resident is entitled to 120 hours (15 working days) of non-cumulative vacation time per contract year. Vacation time cannot be applied from one contract year to the next.

Vacations in all cases are to be scheduled well in advance and only with concurrence of the Chief Resident and/or Program Director. Vacation requests should be made by the established deadline for each department.

Requests are to be made in writing by completing a vacation request form available in the Residency Departments. Ordinarily, no vacations will be permitted during the first two weeks or the last two weeks of any academic year.

Residents are encouraged to fully utilize this benefit during the contract year it is provided. Any unused vacation time will not be paid upon completion of training and/or upon termination of employment.

National and religious holidays are not considered automatic holidays for residents.

LEAVE OF ABSENCE

Each resident may be permitted to take a leave of absence from their work for one of the following types of leaves:

1. Medical/Disability
2. Maternity
3. Adoption/Family/Paternity
4. Personal I/II
5. Professional- Military/Educational

To apply for a leave, the resident must contact his/her Program Director and the Administrative Director of Medical Education to complete the necessary forms. The Office of Graduate Medical Education follows the Aultman Health Foundation guidelines and the Federal Family and Medical Leave Act for leaves of absence.

Health care benefits will remain in effect for the resident and their family for any leave excluding Personal II and Professional leaves.

Any leave that a resident takes may affect the necessary requirement for fulfillment of board certification that is set by the specialty board. Residents may be required to make up any educational experiences that were missed due to a leave of absence. Residents must contact their Program Director to determine if they are required to make up any time to assure the leave of absence will not interrupt Board eligibility. This leave of absence policy should be used in conjunction with specific residency program leave policies.

Medical/Disability

This type of leave may be granted for any resident who has a physical condition or illness that prevents him/her from performing his/her job duties. A health care provider's statement is required. The Aultman Health Foundation retains the right to require an examination by a health care provider of the Foundation's choice during any disability leave. The length of a disability leave may be up to 90 days. If required, the resident may request three extensions of 30 days each for an additional 90 days. The maximum disability leave may not exceed 180 days for the total leave. The resident's sick time will be paid 15 days full pay and 15 days of half pay. Beyond this 30-day period, the resident may use any unused vacation time or have no pay. On the 61st day of a disability leave, the resident may apply for short-term disability (see short-term disability policy). The resident must give a written notice to the Administrative Director of Medical Education as soon as the resident's health care provider certifies that he/she is able to return to work, as well as a written statement from the health care provider.

Maternity

This type of leave may be granted to women residents for pregnancy and maternity reasons. A health care provider's statement is required. Length of leave is not to exceed 90 days; however, employees may apply for additional time under disability leave for complicated pregnancies. The Foundation reserves the right to require an examination by a health care provider of the Foundation's choice. The resident's sick time will be paid 15 days full pay and 15 days of half pay. Beyond this 30-day period, the resident may use any unused vacation time or have no pay. A maximum of 90 days is granted under this leave. Any additional time must be requested under a disability leave. A resident on a maternity leave must give written notice to the Administrative Director of Medical Education when they are returning to work.

Adoption/Family/Paternity

This type of leave may be granted to residents who:

- Adopt a child
- Care for their spouse, child or parent with a serious health condition
- Care for a child in foster care
- Care for their new born infant

A health care provider's statement is required for serious health conditions. Length of leave is not to exceed 90 days. The resident may opt to use their vacation time or have no pay for this type of leave. No sick time may be used.

Personal I/II

Personal leaves may be granted to employees for unusual and pre-approved reasons or for any situations not covered under the Family and Medical Leave Act. For Personal Leave I, no forms need to be filled out; however, it must be documented with a memo from the resident's Program Director and may not exceed two calendar weeks. Personal Leave II may be granted no longer than 60

days and may not be extended. Due to the nature of this type of leave, the resident will have to pay the premium of their health insurance through COBRA, if they wish to have continued coverage throughout their leave.

Professional- Military

A military leave may be granted to employees who enlist (including reserves and National Guard) and/or are drafted in to the U.S. Armed Forces. This leave may be granted for the period of time equal to the employee's length of service with the armed forces and may not be extended for any length of time. This policy is in accordance with the Federal Veterans' Re-Employment Rights Statute. Due to the nature of this type of leave, the resident will have to pay the premium of their health insurance through COBRA if they wish to have continued coverage throughout their leave.

Educational

Being that this is an educational program, no leaves will be granted for any other educational endeavors.

ON-CALL ROOMS

On-call rooms are assigned by the program coordinator. These rooms are to be used whenever the resident is on call. Housekeeping provides fresh linens and towels at least daily, or more often as needed. They will also provide cleaning service. Any problems with on-call rooms should be brought to the attention of the Administrative Director of Medical Education.

MEAL ALLOWANCE

A meal allowance is provided to all residents for call coverage. The stipend given is \$125/block.

Note: When a resident is assigned to Mercy, Akron, or other outside rotation, they will receive a reduced amount.

The meal allowance for the month/block is electronically added to the food registers at the start of the new rotation/block. The resident can access their allowance by using their name badge. When swiped through the registers, the Cafeteria, 7th Street Café, or Seasons Cafe deducts the meal that is purchased from the allowance. Meal allowances will be zeroed at the beginning of each month/block. Balances cannot be carried over. Negative balances will not be allowed, so budgeting accordingly should be done.

The Cafeteria is open 24 hours, with the following serving times:

6:00 a.m. – 10:00 a.m. Breakfast

10:45 a.m. – 2:00 p.m. Lunch Entree

4:30 p.m. – 7:00 p.m. Dinner Entree

Grill and Cold Foods available 24 hours

The 7th Street Café is open weekdays from 7:00 a.m. to 8:00 p.m. Breakfast is served until 11:00 a.m.

The Seasons Café is open Monday through Friday from 6:00 a.m. to 3:00 p.m.

LOUNGE

The resident lounge is located on Harter 2. This room is equipped with a refrigerator, pop machine, T.V., pool table, foosball table, couches, dinette and computer. The lounge is provided as an area of relaxation and fun. The bulletin boards are in the lounge for posting Housestaff activities, items for sale, conferences, etc.

All residents are expected to maintain the appearance of the lounge area and to keep the area clean, neat and professional in appearance.

LAB COATS

Each resident is issued three embroidered white lab coats annually at no cost. To help keep the lab coats clean and neat, free laundering is provided. Contact the Program Coordinator as to the location of the drop off and pick up locations. Lab coats should be replaced if they become too soiled or torn. This can be done through the Office of Medical Education at a minimal cost.

LOCKERS

Lockers can be obtained for any resident upon request. Internal Medicine, Transitional and Osteopathic residents/interns need to contact the Medical Education Department for a locker assignment. Family Medicine and Radiology residents need to contact their Program Coordinator for a locker assignment. Ob/Gyn resident lockers are provided in the Ob/Gyn call room. Locker rooms are to be kept clean and neat.

PARKING

Parking spaces are provided to the residents in the lot at the corner of Seventh Street and Dartmouth Avenue (surrounding the Ambulatory Care Building) at no cost. The name badge that the resident receives will allow access into the lot. Residents are not to park in the parking deck. This area is for patient parking.

AULTMAN FITNESS CENTER

All residents may use the Aultman Fitness Center located in the basement of the Morrow House. The Center is open 24 hours a day, seven days a week and can be accessed using the name badge. Residents who wish to use the Center must sign a waiver form.

IV. POLICIES AND PROCEDURES

All policies and procedures are in accordance with the Aultman Health Foundation and have been approved by the Graduate Medical Education and Research Committee (GMERC). These policies and procedures are subject to change with the approval of the GMERC.

If you need to see any administrative policies not covered in this manual or to see a more complete explanation, they can be obtained in the Medical Education Office.

ELIGIBILITY & SELECTION POLICY FOR ALLOPATHIC PROGRAMS

Residents are selected on a fair and equal basis without regard to age, race, color, religion, sex, disability, veteran status, sexual orientation, national origin or any other applicable legally protected status. Selection is based upon preparedness, ability, aptitude, academic credentials, personal characteristics, and ability to communicate verbally and in writing.

The applicant applies to the residency program through the Electronic Residency Application Service (ERAS).

The applicant must submit three (3) letters of recommendation, his/her Medical School Dean's Letter, transcripts and ECFMG Certificate (if applicable).

The applicant **MUST** meet one of the following criteria by the beginning of their employment contract:

- A) Graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME).
- B) Graduate of a medical school outside the United States or Canada which meets one of the following criteria:
 - a) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG); or
 - b) Have full and unrestricted license to practice in a U.S. licensing jurisdiction.
- C) Graduate of medical school outside the United States and completed a Fifth Pathway Program provided by an LCME-accredited medical school.

The individual residency program reviews the applications, recommendation letters, Dean's Letter and the ECFMG certificate. Based on criteria specific to the individual program, a decision is made whether to invite the applicant to a personal interview with their program in Canton. The interviewing criteria will be reviewed annually at a quarterly meeting held between the Program Directors, the Administrative Director of Medical Education and the Designated Institutional Official. J1 and H1B visas will be considered at the discretion of the individual programs. Other visas will be considered on an individual basis.

The Program Director and Faculty are to follow the policies of the National Resident Match Program (NRMP) that are published each year in the NRMP Institutional Officials, Institutional Administrators, and Program Director's User Guide.

During the interview, the applicant receives instructions as to how to access the following documents from the website: the Eligibility & Selection Policy, Nonimmigrant Visas Policy, employment contract for residents, a Resident Physician Manual, and benefits for that program. Hard copies of these documents are available upon request. The applicant should sign a receipt that they received instruction and/or copies of the information and the signed receipt is sent to the Office of Medical Education.

The program will assess all the applicants that have been interviewed and rank the applicants based on the recruiting criteria developed by the program. Each program prepares its match list and submits it to the National Resident Match Program (NRMP).

Upon completion of the NRMP ranking process, Aultman Hospital is notified regarding the residents that have matched.

Incoming residents are provided with a contract, a Resident Physician Manual, and a Benefits Sheet. The term of appointment specified in the contract is restricted to a maximum of twelve (12) months, with no implied promise of extension. Each resident is required to sign this contract, signifying acceptance of the appointment. The residents must set up a time to have a pre-employment interview with the Administrative Director of Medical Education and a pre-employment physical. This should be completed two weeks before the contracted start date. New residents are required to attend a full day orientation to train the residents on Aultman Hospital policies.

All information received from individuals through ERAS will be retained for seven years. All information received from an eligible individual who is invited for an interview and accepted into one of our program will be retained permanently.

NONIMMIGRANT VISAS: ALLOPATHIC PROGRAMS

J-1: The J-1 Exchange Visitor Program's purpose is to provide foreign nationals with opportunities to participate in educational and cultural programs in the United States and return home to share their experiences. The Educational Commission for Foreign Medical Graduates (ECFMG) is designated by the U.S. Department of State to sponsor J-1 physicians in clinical training.

Aultman/CMEF will assist in the coordination of communication among the ECFMG, the program and the trainee. The J-1 is valid for one (1) year, and is renewed annually.

In order to obtain the J-1 Visa, the physician and Aultman/CMEF will provide to the ECFMG:

- Valid ECFMG Certificate

- Contract
- Statement of Need from the Ministry of Health
- CV
- Copy of Passport(s)
- Fee (provided by Aultman/CMEF)

The J-1 physician must understand and comply with all laws and regulations pertinent to foreign nationals such as:

- Address reporting (SEVIS)
- Special registration
- Obtain and maintains J-1 visa status (J-2 for dependents)
- Fulfills contractual obligations to US training program
- No outside remunerative work (moonlighting)

H-1B: H-1B visas are temporary worker visas issued to professional level foreign nationals performing services in a “specialty occupation”.

As a sponsor to H-1B residents, CMEF maintains wage requirements. The annual AAMC Survey of Housestaff Stipends, Benefits & Funding **or** Hospital & Healthcare Compensation’s Physician Salary Survey Report is used as the prevailing wage source. CMEF will also maintain the public examination files. The typical H-1B application is for a period of three (3) years, with an extension for a second three (3) year period possible. CMEF pays the application fee.

In order to be eligible, the residents must be ECFMG certified, have successfully completed Step 1, 2, and 3 of the USMLE and have a valid training certificate issued by Ohio Medical Board.

The documentation required for the application process, including the Labor Condition Application (LCA) can be burdensome. We require that the documents be completed by an attorney familiar with immigration law. The Office of Medical Education can make recommendations. As long as the resident contractual wage less the attorney fee is 100% or more of the AAMC prevailing wage, the resident must pay the attorney fee. If it is less, the Department of Medical Education will pay a portion to make it 100% of the AAMC prevailing wage. Exceptions for bypassing a lawyer to process the application must be approved by the Administrative Director of Medical Education.

Due to delayed and growing processing times, we encourage all residents to initiate the visa process as far in advance as possible. Premium processing is an option available to the resident, and the fee is the responsibility of the resident. To ensure enough time so that the H1-B can be processed by July 1, a passing STEP 3 score must be submitted by the time of the NRMP. If a passing STEP 3 score has NOT been obtained, then the resident must be prepared to proceed with a J-1 application.

Being that an H-1B visa is employer-specific, these residents are prohibited from engaging in any outside remunerative work of any kind or nature.

If CMEF terminates an H-1B employee before the end of that employee’s period of authorized stay, we will be liable for the “reasonable costs” of return

transportation for the employee to his or her last country of residence. This liability does not extend to the cost of relocating family members or property.

OPT/CPT: Optional Practical Training or Curricular Practical Training are employment authorization documents obtained by students during/after the conclusion of university studies in the United States. The students will be responsible for obtaining their own OPT/CPT status when eligible.

Additionally, CMEF will accept medical residents who demonstrate valid Optional Practical Training (OPT) or Curricular Practical Training (CPT) status to join residency training provided the aforementioned employment authorizations specifically permit the resident physicians to accept such employment. In circumstances where OPT/CPT permits are issued for purposes other than training with CMEF, these documents will not be accepted as valid proof of employment authorization and the affected resident will be required to secure other means of employment authorization.

RESIDENT/INTERN DUTY HOURS

Resident duty hours must ensure that educational goals and clinical objectives may be met. They must reflect and reinforce the physician's obligation to provide adequate continuity of care. At the same time, duty hours must recognize that prolonged and difficult hospital duties detract from this obligation. It is further recognized that adequate leisure time is important for the resident's personal development and health.

Resident work hours will be dictated by the institutional and common program requirements of the ACGME.

Residents must not be scheduled for more than 80 duty hours per week, averaged over a four-week period, inclusive of call. Individual allopathic programs may apply to the GMERC for an increase in this limit of up to 10 percent by following the procedure for Granting Resident Duty Hour Exceptions.

Residents must be given at least one (24 hour) day in seven free of patient responsibilities, averaged over a four week period, inclusive of call. A 10 hour minimum rest period should be provided between daily duty periods and after in-house calls.

In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution. In-house call shifts should be no more frequent than every third night, averaged over a four week period.

There will be a 24 hour limit on continuous duty time, including in-house call, with an added period of up to 6 hours for continuity and transfer of care, educational debriefing, didactic activities, and to conduct outpatient clinics. No new patients may be accepted after 24 hours.

When applicable, at-home call is defined as call taken from outside the assigned institution. This call is not subject to the every third night call or 24+6 limitation.

However, this must not be so frequent as to interfere with reasonable personal time of the resident and the 1 day in 7 off rule. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80 hour limit. The Program Director and faculty must monitor the demands of at-home call to guard against excessive demands and make adjustments as necessary.

NOTE: Duty hours encompass all time spent in meeting the educational objectives of the residency/internship program, including:

- All patient care activities, both inpatient and outpatient.
- Administrative duties related to patient care
- The provision for transfer of patient care
- Time spent in-house during call activities
- Didactic activities, such as conferences, grand round, and one-on-one and group learning in clinical settings.
- When residents take call from home and are called into the hospital, the time spent in the hospital is counted.
- Moonlighting that occurs within the residency program and/or the sponsoring institution. (Internal Moonlighting)
- Duty hours DO NOT include reading and preparation time spent away from the duty site.

Some programs may have more stringent requirements. Each residency program will develop policies and procedures concerning resident duty hours that are consistent with this institutional policy and the program requirements that apply to the program. Please check your departmental policy. The program will monitor the residents work hour schedule and arrange back-up support as needed for patient care responsibilities that are especially difficult or prolonged.

These policies and procedures will be reviewed annually at a Quarterly Program Director's Meeting.

To help monitor duty hours compliance, the Office of Graduate Medical Education will conduct a time study semiannually for each residency program. The study will be conducted over a period of 1 month, or block, whichever is appropriate for the program. The residents will record their work hours by filling out weekly time sheets. The GME office will collect the sheets. The results will be tabulated and forwarded to the GMERC.

Each resident is expected to complete an end-of-year evaluation of the program and submit this to the GME office. This survey will give the residents an opportunity for providing feedback on duty hours to the Director of Medical Education.

During the Internal Review, the Committee will verify that the individual program is in compliance with the Institutional and Program policies dealing with duty hours.

MOONLIGHTING

The GMERC subscribes to the belief that residency training is a full-time experience. Residents are NOT required or encouraged to engage in professional and patient care activities that are external to the educational program (moonlighting). This policy provides guidelines for any resident who wishes to engage in moonlighting activities.

Residents have a primary responsibility to achieve maximum performance in their educational endeavors and provide optimal care to the patients in their charge. Therefore, residents may not participate or engage in any outside work, medical or non-medical, without the knowledge and permission of the Program Director and must adhere to the following guidelines.

The resident must notify the Program Director, in advance and in writing, of the intention to moonlight. The Program Director must provide written approval before the moonlighting can begin. This documentation is made part of the resident's file. The resident will be monitored for the effects of moonlighting on performance. The Program Director may prohibit the resident from moonlighting if it is deemed to interfere with the resident's obligations or performance in the program. Approval may also be rescinded if such activity violates the rules and regulations of any federal agency, accrediting organization, and/or the hospital's credentialing policies.

All PGY-1 residents are prohibited from moonlighting outside the program. It is highly recommended that residents have time that is spent in furthering his/her training and education through attendance at meetings, conferences, journal clubs, the library and self-study.

Residents working under J-1 sponsorship or H-1B visas are prohibited from engaging in any outside remunerative work of any kind or nature whatsoever in accordance with the ECFMG and Homeland Security regulations. Both visas are employer specific and any resident found in violation is immediately considered in violation of status and is subject to disciplinary action up to and including termination from the program and deportation.

While engaging in any medical "moonlighting" activities, residents must have a state license to practice medicine in the state of Ohio and the resident must acknowledge that they are not covered by Aultman's self-insurance program, unless those activities are performed at an Aultman facility or Aultman has agreed by separate contract to provide such coverage. It is the responsibility of the institution hiring the resident for moonlighting to determine whether licensure is in place and liability coverage is provided.

Moonlighting that occurs within the residency program, the sponsoring institution and/or the non-hospital sponsor's clinical site (internal moonlighting) is acceptable, and must be counted toward the 80 hour weekly limit on duty hours. The exception is that J-1 Visa residents cannot do internal moonlighting (per ECFMG).

SUPERVISION

The Department of Graduate Medical Education has established a policy to ensure all post-graduate programs provide increasing levels of responsibility with appropriate supervision of housestaff.

Patient safety and quality of medical care are the responsibility of the medical staff. An appropriate level of supervision is required of all residents during all clinical educational activities.

Resident responsibilities are delineated in the annual contracts, which include this Resident Physician Manual. They are also included in individual program manuals and rotation goals and objectives.

Resident supervisors must be licensed independent practitioners and hold clinical privileges at Aultman and/or Mercy Medical. These privileges must reflect the patient care responsibilities given to the residents. Teaching physicians may only supervise, teach or perform procedures for which they are appropriately credentialed.

Responsibilities of the supervising physician include:

- The ultimate responsibility for all patient care rests with the attending physicians. Supervision of housestaff is considered a 24 hour, 7 days a week responsibility. The supervising physician must always be accessible to answer questions and supervise on site when necessary. Faculty call schedules are structured to assure that support and supervision are readily available to residents on duty.
- Teaching physicians must establish an educational climate in which the trainee is comfortable asking for help or education at any time.
- If the teaching physician is unable to be accountable for the supervision of residents due to illness or absence, he/she must designate an appropriate teaching physician to take his/her place.
- The teaching physician remains responsible for patient safety when supervising procedures. Competency of the housestaff for a given procedure is not based solely on the number performed. Once a resident is certified to perform a procedure independently, this information will be readily available in the individual hospital computer system (Vision).
- The teaching physician participating in care of patients shall make appropriate entries in the medical records in accordance with Aultman Hospital/Mercy Medical regulations and policies of the respective residency program.
- Supervision of the housestaff is accomplished through many modalities, which includes intern and junior resident supervision by a hierarchy or senior residents and attending faculty. Mentoring programs and faculty judgment are all utilized in determining appropriate individual resident levels of responsibility.
- Teaching faculty physicians must ensure that patient care delivered by residents is appropriate in content, is safe, and is consistently high

quality. Quality monitoring is accomplished through patient satisfaction surveys, variance reports and attending evaluations of the resident.

The quality of housestaff supervision and adherence to the above guidelines are monitored by the Program Director through the review of the resident's evaluations of their faculty and rotations. In order to continue teaching, the rating of teaching ability must remain favorable.

For any significant concerns regarding an attending or resident, the appropriate Program Director will inform the GMERC of the problem and propose a plan of action. The Program Director will follow up with progress reports until the situation is resolved.

Each residency program develops specific guidelines concerning resident supervision in accordance with the respective requirements. These must include the following key principles:

- Clinical responsibilities must be conducted in a carefully supervised and graduated manner, tempered by progressive levels of independence to enhance clinical judgment and skills.
- This supervision must supply timely and appropriate feedback about performance. When the feedback describes deficiencies, these will be addressed in accordance to the individual residency policy.
- Resident supervision must support each program's written educational curriculum.
- There must be a mechanism for communicating to the attending physician the level of responsibility and patient care activities of the resident(s).

The Departmental policies on resident supervision will be reviewed annually at the Quarterly Program Director's meeting, and then taken to the GMERC for review and approval if changes are needed. The Institutional Supervision Policy will be forwarded to the Medical Policy Board for approval whenever a revision is made.

To keep the medical staff informed, GMERC meeting minutes are sent to the Medical Policy Board for review and approval. The Medical Policy Board reports to the Aultman Health Foundation Board of Trustees.

The Chairman of the GMERC is a member of the Medical Policy Board. This facilitates the flow of information between Graduate Medical Education and the medical staff. Concerns of the organized medical staff and instances when residents have failed to meet standards of patient care can be presented to the Chairman and be taken to the GMERC.

The Designated Institution Official (DIO) and/or Chair of the GMERC shall present an annual report to the Medical Policy Board and the Aultman Health Foundation Board of Trustees. This report may include information such as:

1. Summary of activities during the past year
2. Education and/or supervisory needs

3. Resident evaluation, responsibilities, and/or duty hours
4. RRC accreditation letters received during that year, including actions taken in response to citations
5. Evaluation of educational and financial resources available for the programs
6. Safety and quality of patient care
7. Effectiveness of the programs as related to the mission and goals of Aultman Health Foundation

RESIDENT EVALUATION FOR ALLOPATHIC PROGRAMS

Evaluation is a key component of any residency program. It helps to assess individual performance and needs, which can be used to improve resident performance.

Residents are evaluated in writing at the end of each clinical rotation by their attending faculty. In addition, they are evaluated at least semiannually by their own faculty and/or Program Director and progress reported to the GMERC for review.

Each department will use an evaluation method in compliance with its RRC requirements. They must use dependable measures to assess residents' competence in:

Patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice

Attending faculty must assess resident performance and document this evaluation in a timely manner upon completion of the clinical rotations. These forms are signed by the faculty member(s) and the resident and are placed in the resident's file.

The Program Director, or designated faculty member, will meet semiannually with each resident to discuss evaluation of performance with feedback. At that time, the Program Director, or his/her designee, will provide objective assessments of the core competencies as indicated by the evaluations. Multiple evaluators such as faculty, peers, patients and other professional staff, must be used in the assessment. The resident's strengths as well as areas for improvement are noted at this time. Any corrective measures are also discussed. The evaluation must document progressive performance improvement appropriate to educational level. A written summary, signed by both the Program Director (or his/her designee) and the resident, of this meeting is placed in the resident's file. The progress of each resident will be reviewed by the GMERC annually.

The Program Director must provide a summative evaluation for each resident upon completion of the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The summative evaluation must become part of the resident's permanent record maintained by the institution. This summative evaluation is accessible for review by the resident.

A resident may review any part of their permanent file upon request. This review of a file must be in the presence of an individual who is part of the residency program and designated by the Program Director.

PROMOTION AND REAPPOINTMENT

Residents are promoted on the basis of acceptable periodic clinical evaluations, which may be supplemented by other evaluation methods.

In most instances, contractual reappointment is equated with academic promotion. Under some circumstances, a resident may be reappointed to repeat an academic year.

The decision to reappoint at the same level or promote to the next level of post-graduate training shall be done annually. The decision will be made after review of the resident's performance.

The following factors are used in the decision to promote:

1. All evaluations of the resident's performance
2. Pass the USMLE II to be promoted to a PGY-2 (excluding Transitional) for allopathic programs
3. Pass the USMLE III to complete the allopathic residency program.
4. Any other criteria deemed appropriate by the Program Director

The Program Director will communicate reappointment and promotional decisions to the GMERC. All appointments (same and next academic year) are restricted to a maximum period of 12 months with no implied promise of extension. Each resident is required to sign a contract, signifying acceptance of the appointment.

If significant deficiencies in the resident's performance are identified, a decision may be made not to promote. The program will provide written notice of intent not to promote no later than four months prior to the end of the resident's current contract. However, if the primary reason(s) for the non-promotion occur(s) within the four months prior to the end of the contract, the program must provide the resident with as much written notice as the circumstances will reasonably allow, prior to the end of the contract.

When remediation is decided upon rather than promotion, the Program Director, when appropriate, may arrange a plan which includes monitoring performance. The Program Director may choose to extend the existing contract for the length of time necessary to complete the remediation process. The resident may use the grievance procedure to appeal the decision not to promote.

HARASSMENT

Aultman Hospital is committed to providing a professional work environment that maintains employee quality, dignity, and respect. In keeping with this commitment, the hospital strictly prohibits discriminatory practices, including sexual harassment. Any harassment, whether verbal, physical, or environmental, is unacceptable and will not be tolerated. This policy was written to define the forms of harassment and give guidelines for reporting any such situations.

Sexual harassment is defined as harassing another employee, male or female, by: any sexual advances, requests for sexual favors, and other verbal or physical contact, or written or pictorial material of a sexual nature when:

1. Submission to such conduct is made explicitly or implicitly a term or condition of progress; or
2. Submission or rejection of such conduct by an individual is used as the basis for progress decisions affecting such individuals; or
3. Such conduct has the purpose or effect of unreasonably interfering with an employee's performance or creating an intimidating, hostile, or offensive learning environment.

Sexual harassment does not refer to behavior or occasional complaints of a socially acceptable nature. It refers to behavior on or off Aultman premises that is not welcome, is personally offensive, that fails to respect the rights of others, and/or lowers morale, which in turn interferes with work effectiveness.

It is also the policy of the hospital to prohibit harassment of any person on the basis of race, color, national origin, disability, religion, or age.

Any resident who has a workplace harassment complaint against a supervisor, co-worker, visitor, patient, guest, or other person must bring the complaint to the attention of the Administrative Director of Medical Education, the Program Director or the Human Resources Department. It is the right and responsibility of the resident to report any harassment. All complaints will be immediately and thoroughly investigated in a professional manner.

Actions taken to investigate and resolve any harassment complaints shall be conducted confidentially to the extent practical and appropriate in order to protect the privacy of the parties involved.

Any person who has been found by the Hospital to violate this policy will be subject to appropriate disciplinary action, depending on the circumstances, including termination of employment.

PHYSICIAN IMPAIRMENT

The GMERC has established this physician impairment policy in coordination with Aultman Health Foundation's policy to establish and maintain a safe, healthy, working environment for all employees.

Physician is considered to be impaired when problems (e.g., chemical addiction, physical disabilities, or neuropsychiatric difficulties) interfere with his/her ability to function professionally or personally. This policy details Aultman's rules on substance abuse and requirements for drug and alcohol testing and provides a corrective action procedure for substance abuse.

The key to recognizing impairment is knowing the behaviors that commonly emerge in the impaired physician.

Because physicians usually do not diagnose their own impairment, colleagues, staff and family members need to heighten their awareness of the signs of

impairment and be willing to take the steps necessary to assist the physician in getting help.

Early detection, treatment and rehabilitation are essential to getting the physician on the road to recovery and to reducing the risk to patients.

Most physicians do not drink or use drugs on the job, so a problem is not always easily recognized. Due to stress in the medical profession, practitioners are often granted more leeway in their behavior and appearance.

It is important to look for trends in attitude, actions and appearance. Signs of impairment typically emerge in six areas of a physician's life: physical appearance, family and home, community, office, hospital, and employment history.

The appearance of one of these signs does not necessarily indicate impairment, but a combination of signs may signify a problem.

Physicians impaired by addictive disease or by neuropsychiatric disorders are offered assistance by intervention, referral to treatment, monitoring and other support services. (See Counseling Services Policy)

Rules- The following represent the rules of Aultman Hospital and apply to residents.

- All employees are prohibited from working under the influence of alcohol or illegal drugs.
- The sale, possession, transfer, or purchase of illegal drugs on Aultman Health Foundation property or while performing hospital business is strictly prohibited and will be reported to the appropriate law enforcement officials.
- The use, sale, possession of, or intoxication by an illegal drug, controlled substance, or alcohol while on duty may be cause for termination.
- Employees cannot bring or consume alcoholic beverages on hospital property except in connection with a company-authorized event.
- Only the person for whom a prescription drug is issued can bring a medication on to hospital premises. Employees must use a prescription only in the manner, combination, and quantity prescribed.
- Any employee whose off-duty abuse of alcohol or illegal or prescribed drugs results in excessive absenteeism, tardiness, accidents, or performance problems will face termination for refusal to seek rehabilitation, if requested by the Impaired Physicians' Committee.

Testing- Drug and alcohol tests will be administered for the following reasons:

- At hiring time, when all residents will be required to pass a pre-employment drug screening and alcohol test as a condition of employment;
- When the hospital has reasonable suspicion that a resident may be abusing drugs and/or alcohol;
- When a resident shows signs of impairment or intoxication on the job;

- After any accident or occurrence that results in significant injury or damage on the job.

Residents who refuse to submit to drug and alcohol testing, if required to do so under this policy, will be terminated.

Corrective Action- Substance abuse will subject a resident to corrective action. Suspected offenders will be suspended indefinitely pending an investigation. A team of two physicians (one from the Impaired Physicians' Committee) and a member of Administration will conduct the investigation. This Corrective Action Committee, headed by the member of Administration, will designate corrective action, if necessary. Notwithstanding anything to the contrary elsewhere in this policy, the Corrective Action Committee may take whatever actions it deems necessary to protect the patients, the public, and the resident, including but not limited to termination, suspension or restriction of responsibilities.

If the resident is unwilling to cooperate with the investigation, this alone will be grounds for termination of his/her contract. If the investigation concludes that there was no violation of policy, the resident will be returned to active status. If the investigation concludes that a dependency is present, the resident may be offered the opportunity to seek professional evaluation and treatment.

The Corrective Action Committee will be governed by the following guidelines.

1. The resident must acknowledge substance abuse and impairment and must be willing to seek professional help, which may include entering an inpatient treatment program.
2. The treatment undertaken by the resident must be acceptable to the Committee.
3. The Committee reserves the right to request and receive medical documentation at any time and the resident must execute release forms to accomplish this.
4. If the resident is medically certified by a physician as unable to return to work at the end of the approved time, as determined by the Committee, the resident's contract will be terminated.
5. If a leave from the residency can no longer be justified by medical reasons, the resident is expected to return to work that is consistent with the determination of the Committee.
6. In order to be considered for reinstatement to the residency, all requirements that have been set by the Committee must be met.
7. Periodic status reports, physical exams and random drug and alcohol testing may be requested by the Program Director or the Corrective Action Committee.
8. Nothing in this policy shall prevent the Corrective Action Committee from taking any action, including termination of the resident from the program.

DISMISSAL, SUSPENSION AND OTHER FORMS OF CORRECTIVE ACTION

The Department of Graduate Medical Education has developed a procedure that, in most cases, offers the resident an opportunity for remediation prior to an adverse action.

Immediate Dismissal/Suspension:

Whenever a resident's professional conduct or behavior appears illegal, requires reporting to a regulatory agency or licensing board, is disruptive, presents the potential of harm or serious disruption to patients or others, substance abuse is involved, or in cases involving any type of harassment, the Program Director, Director of Medical Education, or a member of hospital administration or designee, may take immediate corrective action. This action may include immediate dismissal/suspension of the resident without pay pending an appeal.

Within seven (7) working days, the corrective action must be communicated in writing to the resident, along with a copy of this Resident Grievance Policy. It may either be hand-delivered to the resident, in which case the resident shall sign a receipt, or sent by certified mail, return receipt required. The notice shall inform the resident of the action and briefly describe the basis for it. It shall also inform the resident of the opportunity to implement the institution's grievance policy.

Corrective Action

If a resident's educational performance and/or professional conduct appears unsatisfactory, deficient, or not conducive to the Residency Program, the Program Director, or member of hospital administration and/or designee, where circumstances warrant, will attempt through discussion with the resident to resolve the problem informally. The resident should be evaluated, informed of deficiencies and given the opportunity to respond.

A remediation plan can be formulated. The remediation plan should be conveyed to the resident in writing. The resident should acknowledge, by signature, receipt of and understanding of the plan. The remediation plan should include:

*Identification of the problem, requirements to correct the deficiency, duration of remediation, and options at the end of the plan.

If this does not result in resolving the problem within a reasonably acceptable period of time, or if any problem is so serious that it presents the potential of harm or serious disruption to patients or others, then the Program Director or member of hospital administration or designee shall request that corrective action be taken by the appropriate committee within the resident's individual program.

Formal corrective action may include, but is not limited to, dismissal, suspension, reappointment to the same academic year, non-renewal of contract, probation, counseling, rehabilitation or other appropriate action.

Grounds for corrective action should be detailed in writing and supported by evidence.

Any formal corrective action taken must be communicated in a timely fashion in writing to the resident, along with a copy of the Resident Grievance Policy. It may either be hand-delivered to the resident, in which case the resident shall sign a receipt, or sent by certified mail, return receipt required. The notice shall inform the resident of the action and briefly describe the basis for it. It shall also inform the resident of the opportunity to implement the institution's grievance policy.

If the decision is made to not renew a contract, or to reappoint the resident to the same academic year, the program will provide written notice of intent no later than four months prior to the end of the resident's current contract.

However, if the primary reason(s) for the non-renewal or non-promotion occur(s) within the four months prior to the end of the contract, the program must provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract.

GRIEVANCE

The Department of Graduate Medical Education has developed a grievance procedure to provide guidelines for fair and equitable treatment of residents when problems arise or in the case of an adverse action that could result in dismissal or significantly threaten a resident's career development. The purpose is to minimize conflict of interest by adjudicating parties. To allow that resident complaints and grievances related to the work environment, program or faculty to be heard, the Department of Graduate Medical Education has developed a grievance procedure. This procedure incorporates due process in the event of an adverse occurrence.

A grievance is any dispute or controversy about the interpretation or application of the resident's contract, any rule or regulation, or any policy or practice. If a grievance arises, the resident may contact the housestaff president, chief resident, the faculty advisor/mentor, or the Director of Medical Education in an attempt to resolve the issue confidentially.

If resolution is unsuccessful, the resident will formally present his or her grievance in writing to the Program Director of that department, the Director of Medical Education, or the Administrative Director of Medical Education. Hopefully, through mediation, the issue can be resolved. If resolution is not achieved, the matter should follow the same due process for a resident following a formal corrective action.

The resident, following receipt of a notice of formal corrective action, shall have seven (7) calendar days to request in writing an opportunity to be heard before an independent five member committee, comprised of four physicians on active Medical Staff at Aultman Hospital or Mercy Medical Center and an administrator, which will serve as an appellate body. The CMEF Chairman of the Board and the

Chairman of the Graduate Medical Education and Research Committee shall appoint the committee. The request shall be addressed to the Administrative Director of Medical Education or the Director of Medical Education. Failure to request an opportunity to be heard within seven days shall operate as a waiver of the right of appeal.

The resident's opportunity to be heard shall be conducted within a mutually convenient time set to give each side a reasonable opportunity to prepare. The meeting should take place within 30 days of the request for appeal by the resident. The Program Director or his designee shall present the position of the Program. The resident shall represent himself or herself. No attorneys shall be present. Both sides have the right to present evidence supporting their respective positions, and may bring one witness. A written request for additional witnesses can be submitted to the Director of Medical Education or Administrative Director of Medical Education. The request must include the name(s) of the additional witness(es) and the justification. Each side shall have an opportunity to question the supporting and/or opposing witness(es), if any. The Program Director and resident will be informed in advance if a witness will be present. The resident has the option of bringing a fellow employee for observation and support. He/She shall not participate in the proceedings. The proceedings need not be conducted according to technical rules of evidence. A permanent record of the meeting will be maintained.

The appellate body may affirm, modify or overturn the corrective action taken, based on the evidence before it. Its decision shall be rendered as soon as practicable after the hearing. The appellate body shall notify the resident and the Program Director in writing of its decision, which shall be final.

The resident's stipend and benefits are usually maintained until a final decision is rendered, unless circumstances warrant a suspension without pay, as outlined in the dismissal policy.

MEDICAL SERVICES

For all injuries or minor medical problems, the Health Services Department provides treatment. Minor illnesses are covered by standing orders. Any medical treatments that cannot be treated by Health Services will be referred to a physician.

All residents that incur an injury or have a minor medical problem while on duty are to report to Health Services. Health Services is located in the Human Resource Department and is staffed by a registered nurse from 7:30 am until 4:00 pm. If employees are injured after these hours, they are to report to the Emergency Department.

Injuries and illnesses other than minor conditions will be directed to the Emergency Department, private family physician or other selected health care facilities.

If a resident receives an injury while on duty, it is required that he/she notifies the Program Director immediately and completes an Employee Occupational Injury/Illness Report.

If the resident has a significant exposure, they should follow the following protocol.

1. Notify the Unit Director. He/she will contact the patient and order the corresponding lab work.
2. Notify the Program Director.
3. Complete an Employee Occupational Injury/Illness Report.
4. Complete a Significant Exposure Communication Form.
5. Turn both forms into Health Services within 24 hours.
6. Health Services will then contact the resident regarding any follow-up.

COUNSELING/PSYCHOLOGICAL SERVICES

The GMERC has developed this policy to help residents that develop personal problems regarding marriages, finances, and the ability to cope with stress and chemical dependency.

Many residents do not seek help for their problems due to the anxiety that this will become part of their records and follow them throughout their career. There is also the anxiety that this would inhibit their ability to progress through their residency program. It is the sincere commitment of the GMERC to provide constructive, rather than punitive, direction to residents having personal problems.

Counseling/psychological services are available to our residents. A referral to Dr. Devies at Psychological and Family Consults or to another counseling service may be obtained by contacting his/her Program Director. This may also be done by contacting Health Services or by calling Aultman's physician referral line at 330-944-2608. To retain confidentiality, all visits will be scheduled at the counseling service office. No visits will be allowed at the hospital.

In the event of Physician Impairment, counseling may be a condition of reappointment and/or continuation of program. (See policy on Alcohol and Substance Abuse).

DISABILITY ACCOMMODATIONS FOR RESIDENTS

An individual with a disability is someone who has a physical or mental impairment that substantially limits one or more major life activities.

A qualified individual with a disability is an individual with a disability who satisfies the requirements outlined in the Institutional and Program Specific Selection and Eligibility Policies and who, with or without reasonable accommodation, can perform the essential functions of the position.

An individual who poses a direct threat to the health or safety of the individual or others in the workplace is not considered a qualified individual with a disability. A direct threat means a significant risk of substantial harm to the safety of the individual or others that cannot be eliminated or reduced by reasonable

accommodation. The determination as to whether a resident with disability poses a direct threat will be made by the Director of Medical Education.

The term “essential functions” generally means the fundamental job duties of the position the individual with a disability holds or desires. The term “essential functions” does not include the marginal functions of the position.

Reasonable accommodations include the following: 1) modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position the qualified applicant desires; 2) modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position; and 3) modifications or adjustments that enable a qualified individual with a disability to enjoy equal benefits and privileges of residency as are enjoyed by other similarly situated qualified individuals without disabilities. Reasonable accommodations do not include those accommodations that would impose an undue hardship on Aultman Hospital’s operations.

Notification: All qualified residents with a disability who are seeking a reasonable accommodation should notify their Program Director or Director of Medical Education.

Interactive Process: To determine if there is an appropriate reasonable accommodation, Aultman Hospital may need to engage in an informal, interactive process with the qualified individual with a disability who is seeking the accommodation. This process is intended to identify the potential reasonable accommodation(s) that could overcome those limitations. Accommodations that impose an undue hardship on Aultman Hospital’s operations are not considered reasonable. Qualified individuals who request an accommodation may be required to provide certain information and documentation regarding their disabilities and functional limitations to assist in that process. The Director of Medical Education will be responsible for determining the reasonableness of any requested accommodation.

Written documentation of the interactive process should be maintained, including records of any reasonable accommodations that are considered and/or implemented as well as the associated costs. All such documentation shall be kept strictly confidential.

Aultman Hospital may request written documentation from residents seeking an accommodation. In such instances, the resident will be responsible for providing the requested medical documentation.

All such medical and disability related information shall be kept strictly confidential.

Appeal Process: Residents have the right to appeal the denial of a request for reasonable accommodation within 15 business days of receipt of notification of the denial. The appeal should be made to the Director of Medical Education.

Note: This policy is made pursuant to the Americans with Disabilities Act (ADA) and applicable state and local laws.

FINAL CLEARANCE

Upon expiration of the residency contract, the resident must return all hospital property including books, keys, and ID badges, complete all medical records, and settle his/her professional and financial obligations. A clearance list is provided for final clearance and must be completed and returned to the Medical Education Office. This must be completed before receiving the final paycheck.

REDUCTION/CLOSURE

If for some unforeseen circumstances a residency program must close or reduce its complement of residents, arrangements will be made to accommodate the current residents within the program.

Closure

If the ACGME withdraws accreditation of a program, or if a decision is made voluntarily to close a residency program, the Office of Graduate Medical Education will notify the GMERC, DIO, and the residents at the earliest possible time. The Office of GME will work with the department to establish a phase-out plan that allows currently enrolled residents to complete their training. If that is not possible, the Office of GME, in conjunction with the department, will assist the displaced residents in attempting to obtain positions in another accredited program.

The Program will not recruit, and Aultman will not hire any residents after the date that the program is notified of termination.

Reduction

In the event Aultman decides to reduce the number of positions in any residency training programs, the Office of GME will notify the GMERC, DIO, and the residents in that program immediately. Every effort will be made to accomplish the reduction without adverse effect on residents currently in training. If that is not possible, the Office of GME, in conjunction with the department, will assist the residents in attempting to obtain a position in another accredited training program.

DISASTER RESPONSE POLICY

In the event of a disaster impacting the graduate medical education programs sponsored by CMEF, the GMERC establishes this policy to protect the well being, safety and educational experience of residents enrolled in the training programs.

The definition of a disaster as determined by the ACGME is defined as an event or set of events causing significant alteration to the residency experience in one or more residency program. Following declaration of a disaster, the GMERC working with the DIO and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster.

As quickly as possible and in order to maximize the likelihood that residents will be able to complete program requirements within the standard time required for certification in that specialty, the DIO and GMERC will make the determination if transfer to another program is necessary.

Once the DIO and GMERC determine that the sponsoring institution can no longer provide an adequate educational experience for its residents, the sponsoring institution will, to the best of its ability, arrange for the temporary transfer of the residents to programs at other sponsoring institutions until such time as CMEF is able to resume providing the experience. Residents who transfer to other programs as a result of a disaster will be given written or electronic communication provided by the Program Director with an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the resident will be notified by their Program Director using written or electronic means identifying the estimated time of the extension.

If the disaster prevents the sponsoring institution from reestablishing an adequate educational experience within a reasonable amount of time following the disaster, then permanent transfers will be arranged.

The DIO will be the primary institutional contact with the ACGME Executive Director regarding disaster plan implementation and needs within the sponsoring institutions.

In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at CMEF will use reasonable efforts to work collaboratively with the DIO of that organization to determine our ability to accept transfer residents. This will include the process to request complement increases with the ACGME that may be required to accept additional residents from training.

Programs currently under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer residents.

V. HOSPITAL INFORMATION

Aultman Hospital was founded in 1892 and is the largest healthcare provider, with 808 licensed beds, in our five-county service area. The Hospital is a locally managed, not-for-profit, teaching facility, and is part of the Aultman Health Foundation. The Foundation was formed in 1995 as the not-for-profit parent organization for six healthcare-related companies.

The following information applies to Aultman Hospital. Internal Medicine residents doing rotations at Mercy Medical Center must receive additional hospital information and policies for that hospital.

MEDICAL EDUCATION OFFICE

The Medical Education Office is located in the Aultman Education Center on the first floor. In addition to responsibility for the overall administrative coordination of graduate, undergraduate and continuing medical education, the office provides the following services:

- The Office keeps a supply of forms regarding travel, request and reimbursements; end-of-contract-year clearance forms; residency applications and resident's contracts; and health club memberships.
- The Office holds a file on every resident presently under contract, in addition to past residents, interns and fellows.
- The monthly conference calendar containing Continuing Medical Education conferences is produced and distributed by the Office.
- Information regarding ECFMG requirements, the National Resident Matching Program, and state requirements, etc. is kept on file.

RESEARCH DEPARTMENT

All resident physicians are encouraged to do research while in their programs. Certain programs require research and all programs find it a useful educational experience. Please discuss a potential project with your Program Director or the person designated in your program as the research supervisor. You are also encouraged to discuss the project with the Chair of the Human Research Review Board. Specific information regarding forms and procedures can be obtained on the Aultman Intranet Office of Research & Human Research Review Board.

HEALTH SCIENCES LIBRARY

The Health Sciences Library is a comprehensive library supporting the needs of the teaching facilities at Aultman Hospital. The Library is staffed with one professional librarian (Master in Library Science Degree) and one paraprofessional (Bachelor of Arts Degree) for a total of 1.8 FTEs.

The Library is normally staffed from 8 am until 4:30 pm Monday through Friday. Medical Staff, interns, and residents have 24:7 access to the Library via a card reader at the door (or via Security).

The Library provides interns, residents, and faculty with a comprehensive local collection, including online access to many of its journals. It also provides access to much larger collections (both print and online) through agreements with NEOUCOM (Northeastern Ohio Universities College of Medicine and Pharmacy), NEOLINK (a local consortium of area hospitals and NEOUCOM), and OhioLINK (a consortium that includes most of the public and private colleges and universities in the state of Ohio). Most of these resources are accessible within the Library, anywhere on campus, and even from home. These resources include online databases and full-text programs such as PubMed (with Linkout and Lonesome Doc), Medline, AccessMedicine (full text medical books), AccessPharmacy (full text pharmacy books), over 4,000 electronic books via OhioLINK, images.MD (an online encyclopedia of medical images), Cochrane Databases (including Cochrane Systematic Reviews), citation databases, psychology databases, and databases from all disciplines, as well as thousands of online journals through the EJC (Electronic Journal Center via OhioLINK and the full text citation databases). Additionally, onsite access is available anywhere on campus for *UpToDate* (web version) and Lexi-Comp (pharmaceutical database).

Library staff are available to perform online mediated searches upon request and are able to obtain copies of any articles in a timely matter (both from our collections and any other participating libraries throughout the United States and abroad). All of these services, as well as unlimited photocopying, are provided to the user at no cost to him/her.

MEDIA SERVICES

Media Services is located on the main floor that is around the corner from Administration heading toward the Morrow House. The office hours are 8:30 am to 5:00 pm, Monday through Friday. You can reach Tom Davis at extension 35429.

Media performs the following services:

- Consultation and preparation of visual presentations for educational purposes;
- Line copy or X-rays; overhead transparencies; original artwork and color copies;
- Production of PowerPoint slides;

Media Services needs at least seven working days to complete the above services, longer for detailed layouts. The Aultman Hospital Media Services is proud to offer you professional quality media services. When you conduct a conference,

the quality of your visuals reflects directly on this department and the Hospital. To ensure maximum quality, we ask that you help us by adhering to our guidelines.

MEDICAL RECORDS

Medical Records is located on the main floor of the East Wing of the Hospital.

Physician Chart Room Hours

The chart room is staffed Monday-Friday 7:00 a.m.-4:30 p.m. Access is available 24/7 via your ID badge. (Personnel are available 24/7 to pull charts only.)

During business hours the telephone extension is 36139 and during off-hours the extension is 36256. Please call in advance to have records pulled to expedite your visit to the chart room.

Residents who call three times without showing up to complete their records will have their pull-ahead privileges revoked. Once records are pulled, they are made available for 48 hours. If they are not completed within the 48 hours, they will be re-filed.

A record is considered delinquent if documentation requirements have not been met within 30 days from discharge. This is a standard established by the Joint Commission on Accreditation of Healthcare Organizations (JC). Residents with excessive delinquent charts are reported to their respective program directors.

All transcribed documents are sent to your inbox for electronic signature. All verbal and telephone orders are also sent to your inbox for electronic signature.

It is perfectly acceptable to type your own History & Physical examinations, Discharge Summaries and Progress Notes in the computerized medical record.

Hospital approved abbreviations may be documented in the medical record. An Approved Hospital Abbreviation List is available on all nursing units, and can also be accessed via the Intranet and PIN systems to reduce the risk of any misinterpretations. Aultman Hospital also has a list of unapproved abbreviations that CANNOT be used under any circumstances. DO NOT use unapproved abbreviations including anything that resembles a text message.

Medical Record Documentation Requirements

1. History and Physical Exam Requirements

- Inpatient, ambulatory surgery/invasive procedures and observation bed visits
- Dictated/written within 24 hours of admission
- H&Ps must be dictated according to individual program rules
- H&Ps must be dictated and posted prior to surgery; if H&P is completed prior to admission, an update to the H&P is required.
 1. H&P update content includes date, time, and signature of entry, and any changes to the patient's condition include lack of changes.
- For OB and nursery the following pre-printed forms may be used:
 1. Doctor's Summary Notes OB patient
 2. Doctor' Summary Notes Well-Baby Nursery

- H&P must include

Chief Complaint	Allergies
History of Present Illness	Impression
Past Medical History	Treatment Plan
Family/Social History	Present Medications
Review of Systems	Admit Date

2. Discharge Summary Requirements

- Dictated summary as required by individual program rules
- Dictated summary for all deaths
- Transfer summary when a patient is sent to another facility or discharged to another level of care within the facility (i.e. MICU to Psych)
- For OB and nursery the following pre-printed forms may be used:
 1. Ambulatory Surgery Summary Report
 2. Doctor's Summary Notes OB patient
 3. Doctor' Summary Notes Well-Baby Nursery
- Any delivery requiring more than four (4) days of hospitalization must have a dictated discharge summary.
- Any delivery with a surgery must have a dictated discharge summary.
- JC Requirements for a Discharge Summary
 - Reason for admission
 - All applicable diagnoses
 - Hospital course
 - Procedures performed
 - Abnormal lab values/tests
 - Care/treatment/services provided
 - Diet, activity, medications and follow-up
 - Condition/Disposition at discharge
 - Information provided to patient and/or family as appropriate
 - Discharge Date

3. Operative Report Requirements

- a. Dictated immediately after surgery
- b. Progress note indicating outcome immediately after surgery
- c. JC Requirements for Operative Report

Preoperative diagnosis	Technical procedure used
Postoperative Diagnosis	Specimen removed and disposition
Indications	of these
Findings	Estimated blood loss
Name of primary surgeon and assistants	
Date of Procedure	

4. Progress Notes Requirements

- a. Progress notes written with continuity, reflecting the steps taken to arrive at a proper diagnosis and justifying the management and care given to the patient
- b. Must be dated, timed, and signed
- c. Students must be co-signed by supervising resident

5. Physician Orders Requirements

- a. Physician orders must be dated, timed and signed

A chart assessment form is used to identify all deficiencies. The form is added after discharge to facilitate chart completion. A database is maintained in Medical Records to track all incomplete records. A weekly chart notification letter is sent to Program Directors showing all charts to be completed with the chart age date. General Notification letters are sent to every resident on Monday's of each week stating any incomplete charts that the resident has.

Medical Records requires a 48-hour notice to pull charts for studies. Any request received after 8:00 a.m. is considered the next working day, and weekend and holidays do not count in the 48-hour notice. When requesting records, the patient name, medical record number and dates of service must be provided.

It is mandatory that residents have all charts completed before leaving for vacation, conference time, or the completion of their residency program.

TRANSCRIPTION SERVICES

The Transcription Department is located within the Medical Records Department. Transcription is staffed 24 hours a day, 7 days a week. The dictation system is accessible by using any touch-tone telephone and entering the necessary fields of information when prompted. All transcribed reports are uploaded to CERNER and are also available for viewing in MPAC via the PIN System.

Dictation Instruction

You will be provided with a wallet-sized dictation instruction card. The card includes how to access the dictation system, work type codes for each report, and system function instructions.

Stat Reports

Should you need to have a report transcribed as a stat, call ext. 36142. When a patient is being transferred to another facility, please allow time for the report to be transcribed prior to the patient being discharged.

Problems

Should you encounter any problems while dictating or have any questions regarding the status of a dictated report, please call Transcription at ext. 36142.

Heart Lab and Radiology Reports

Should you have questions regarding either Heart Lab or Radiology reports, please contact those departments. (Heart Lab ext. 34232 and Radiology ext. 36200)

PHARMACY

Prescribing Narcotics and Dangerous Drugs:

All residents are required by the Hospital to obtain a temporary license to practice within the limitation of the Hospital, unless the physician is a fully licensed physician in Ohio.

After the training license number has been issued or proof of permanent Ohio Medical License has been provided, a special DEA number will be assigned by the Pharmacy Department. This number will permit the resident to write prescriptions for narcotics and controlled substances (barbiturates, hypnotics, certain tranquilizers and stimulant drugs), which are under special controls by the federal government. These prescriptions may be written only for inpatients and outpatients cared for as part of the physician residency responsibilities.

The prescription is to be completed in the usual manner, including the signature of the physician. Under signature, the name must be printed and the DEA number written. The name and number must be completely legible. This requirement is part of the federal regulations. If a new narcotic or controlled substance is ordered, all previous narcotic/controlled substances must be cancelled in writing.

Physicians without a special or regular DEA number may not write prescriptions for the drugs which require it. Another physician **MUST** sign the prescription.

Hospital Formulary

A computer formulary listing of the drugs approved for use at Aultman is available in each patient care area. Another reference, which provides a comprehensive description of drug indications, dosage, side effects, etc. is also available on each nursing unit such as the American Hospital Formulary Service. The AHFS book is designed to provide unbiased information useful to physicians, nurses and pharmacists. It is not to be removed from the nursing units. A copy is available in the Health Sciences Library.

The drugs approved for the Hospital formulary have been evaluated for indications, quality, standardization and cost. The formulary is broad in scope and there should be little necessity to special order drugs not included in the formulary.

Mercy Medical Center has a separate formulary.

AUTOPSIES

Please refer to the Hospital Policy for Autopsies. A copy can be obtained from your department.

PATHOLOGY/LABORATORY

The Clinical Laboratory is located on McKinley 4, while the Anatomic Pathology and Blood Bank and morgue facilities are located on McKinley 3. A Stat Lab is located on the ground floor in Building A and a satellite laboratory is located at Aultman West.

All laboratory work to be performed at the written or electronic request of a physician or lawfully authorized person. The laboratory does not accept verbal orders for any patient's work. Tests may be ordered on a manual requisition or electronically via the Hospital Information System (HIS). Orders placed into the HIS are sent to the Laboratory Information System (LIS) via an interface. Physicians, nurses or phlebotomists collect specimens upon the physician request and sent to the Laboratory for testing. Test results print to the floors when

completed for stat, timed and urgent specimens. All test results are available in the HIS for viewing by authorized individuals.

STAT/Emergency orders, when labeled, are given priority over all routine work. Please restrict the use of stat and emergency orders for critical patient care only so as not to disrupt the routine workflow. Unusual test requests should be discussed with the Director of Laboratories or a Pathologist "On Call".

Further information may be obtained through the Laboratory Department, extension 36311.

THE INTEGRATED CLINICAL ACCESS NETWORK (I-CAN)

In May of 2006, Aultman Hospital initiated the largest information systems project in the hospital's history – computer –automated systems for all Nursing Units, Radiology, the Emergency Department, Surgery, Quality, Patient Care, Risk Management and Physician Credentialing. The ultimate goal of this integration was to eliminate unnecessary paper trails by using shorter methods through computer processing, while ensuring that the new systems communicate accurately with the existing systems via interfaces (computer “translators”).

With the I-CAN implementation, the following time-saving functions are available:

- Performing all functions from any workstation in the hospital
- Completing patient data displayed in an integrated fashion that facilitates medical decision making
- Entering orders, notes, data at the same workstation
- Eliminating double entry of information
- Immediate availability of test results
- Easily viewable and updated medication and allergy lists
- Tracking patient transfers and discharges
- Rapid access to ancillary service documents (i.e. physical therapy, dietary)
- Simultaneous users accessing the same medical record
- Accessing from on-site or remote locations
- Eliminating loss of patient information
- Customizable interface to allow for easier access

In addition, the I-CAN systems benefit our valued patients in the following ways:

- Improving patient safety
- Providing the best care available
- Improving continuity of care
- Lowering repeat procedures
- Decreasing wait time
- Providing better explanations of medical conditions
- Participating in treatment decisions
- Improving customer satisfaction

- Discharge planning, including educational materials, follow up instructions and prescriptions

The I-CAN systems meet HIPAA patient identifier and confidentiality requirements.

RADIOLOGY

This department is located on the ground level of the Hospital.

Hours: 8:00 am to 5:00 pm

Technologists are on duty 24 hours per day. A Radiology Resident is on duty 6:00pm to 12:00 midnight.

A staff radiologist is in-house 24 hrs and is available for consultations.

Requisitions

To avoid misunderstandings, a "Request for radiological consultation" should be completed by a resident (to include pertinent clinical data) and is not to be delegated to the ward clerk or other personnel. All examinations are scheduled. Unnecessary "emergency" exams raise the cost of medical care and decrease overall efficiency.

Reports

Except in an emergency, no "phone call reports" will be given to residents. It is considered an important part of graduate training to review radiographic studies on your patients by direct consultation with radiology residents or staff.

Films

NO FILMS MAY BE REMOVED FROM THE DEPARTMENT UNTIL THEY ARE CHECKED OUT AT THE OFFICE. The original film envelope is the permanent location of the film and must never be removed from the department.

Radiology Library

Residents are welcome to use the Radiology departmental library during the hours of 8:30 a.m. to 5:00 p.m. Monday through Friday (locked on weekends) but cannot remove books or journals from the library except by special arrangement with departmental librarian.

Conferences

All radiology conferences listed on the weekly conference schedule are open to all residents.

PAGERS

Upon employment, the Program Coordinators will assign residents a long-range alphanumeric pager. The pagers are furnished through the Telecommunications Department, located on the ground level of the Hospital. Once a pager is assigned to the resident, he/she will keep it during the completion of the entire residency and will be responsible for it.

If the resident's pager is broken, needs repair, etc. he/she should take it to the Medical Education Department to exchange it for a new pager which will have the same number. If the resident's pager is lost, he/she will pay the amount for the replacement of the pager at that particular time. Please inform Kathy Roth in

Telecommunications as soon as possible so that we can replace the pager. If batteries are needed, these can be obtained through the Office of Medical Education.

Instructions for operating pagers will be available to the resident upon request from the Telecommunications Department.

EMERGENCY PAGING

Situations of a medical or non-medical nature can arise anywhere within the hospital and may involve patients, employees, or visitors. The most important element in an emergency situation is time, which means professional help (physicians, nurses, security, police, firemen, etc.) must be summoned immediately to the scene. Aultman Hospital has special coded pages for medical and non-medical emergencies.

CODE BLUE (Dial 35222)

Used when an individual collapses and you are unable to arouse that person or the person appears not to be breathing. By dialing 35222 on the phone, you get through to the PBX operator. You should give the operator the exact location of the emergency (building and floor) and ask to page "CODE BLUE".

This will bring a special team of physicians, nurses and technicians to the scene, as well as emergency equipment.

RAPID RESPONSE TEAM (RRT)

Nursing staff can activate the RRT when concerned that a patient is exhibiting signs of deterioration or change in condition; a call is then placed to the attending physician. The team is composed of an Intensivist nurse or clinical care-experienced RN and Respiratory Therapist. A Hospitalist also has the option to respond or may be called in by the team after triage of the patient. The RRT relies heavily on the attending; however, should the need for immediate orders/treatment arise, the RRT may contact the on-call Hospitalist until the attending physician has returned the page/assumed care.

EMERGENCY REQUEST FOR SECURITY OR MEDICAL ASSISTANCE (Dial 36777)

Used when there is an emergency request for security personnel or when a patient, visitor, or employee in the Hospital or on Hospital grounds appears to need medical aid but is not serious enough for a Code Blue. Dial 36777, give the Security Officer the exact location and say "WE NEED MEDICAL ASSISTANCE". The security officer will page for Medical Assistance. Help will be on the way.

ASSISTANCE PLEASE (Dial 35222)

Used when there is an emergency request for all male employees in the Hospital. This is usually when immediate help is needed to control and/or restrain a patient. You should dial 35222 on the phone. When PBX operator answers, say "ASSISTANCE PLEASE" and give the exact location (building and floor).

CODE RED

Used to alert the Hospital of a fire. Review the appropriate procedures in your work area. Fire pull stations are located near the exits and stairwells. Please locate the one closest to your unit.

CODE YELLOW

This is used to alert the Hospital that an External Disaster has occurred. Each department or unit has a specific plan. Refer to the Red Emergency Preparedness Manual in your work area.

CODE GRAY

This is used to alert the Hospital that a Tornado or severe weather has been sighted or reported in the hospital zone. Review the appropriate procedures in the Red Emergency Preparedness Manual in your work area.

CODE PINK

Used when a Newborn is in Medical Distress in L&D, NICU, or OB. Dial 35222 to activate.

CODE BABY (CODE ADAM)

This is used to alert the staff of an infant abduction. Dial 36777 if an infant or child is missing or known to be kidnapped. Staff should immediately secure all halls, stairwells, exits and bridges leading to and from the hospital. Stop anyone carrying a package large enough to conceal an infant and inspect it.

CODE BLACK

This is used to alert the staff of a bomb or bomb threat. Keep the caller on the line, signal to a fellow employee to notify Security immediately at extension 36777, and begin asking the caller the questions on the back of the green Bomb Threat sign.

CODE ORANGE

This is used to alert the staff of a hazardous material spill/release. Contain the hazardous material and refer to the yellow Hazmat/Hazcom manual for further instructions.

CODE VIOLET

This is used to alert the staff of a violent/combatative patient. Dial 36777 for assistance from Security.

CODE SILVER

This is used to alert the staff of a person with a weapon or a hostage situation. Dial 36777 for assistance from Security. Isolate patients, visitors, and staff, if possible.

CODE BROWN

This is used to alert the staff of a missing adult patient. Dial 36777 and all units on the floor where the patient was last seen. Post staff at all entrances/exits to floor. Security will monitor remainder of hospital.

MAIL

Residents are assigned a mailbox in their residency department. Please pick up mail daily if possible.

PERSONAL STATUS CHANGE

Any change in your personal status such as address, telephone number, marital status, dependents, etc. must be given immediately to the Medical Education Office and to your Residency Department. The information is required in order to satisfy legal requirements and also to allow for quick communication in the event of an emergency.

AUTOMATIC BANKING

Easy access to banking services is provided with an Automatic Teller Machine in the lobby of the Hospital.

PHOTO I.D. BADGE

You will be issued a clip-on I.D. badge at orientation that must be worn at all times during working hours and displayed on a visible area of clothing above the waist. Your I.D. badge helps identify unauthorized persons in certain areas of the Hospital and provides for identification of employees attempting to get to the Hospital during a disaster. If you lose your I.D. badge, report to Human Resources for a replacement. A \$20.00 charge will be assessed.

PERSONAL TELEPHONE USE

Public telephones are located in various parts of the Hospital. Personal calls through the Hospital switchboard are discouraged. Personal long distance phone calls are prohibited. Any such calls will be charged to you.

SOCIAL EVENTS

Human Resources and Medical Education offer free and/or discounted tickets to amusement parks, performing arts, and special events.

Information regarding upcoming events can be found in the Medical Education Office.

Medical Education also sponsors social events throughout the year. Look for advertisement flyers posted on resident bulletin boards and in the Medical Education Office.