

RESIDENT PHYSICIAN MANUAL

Diagnostic Radiology

Canton Affiliated Hospitals

NEOMED Radiology Residency Program

Emergency Medicine

Family Medicine

Obstetrics / Gynecology

Orthopaedic Surgery

EXHIBIT A





RESIDENT PHYSICIAN MANUAL



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,

JoAnn Krivetzky, M.D., D.I.O.

Vice President, Medical Education



TABLE OF CONTENTS

Page

I. Administration and Governance of the Graduate Medical Education Program	6
Aultman Health Foundation Mission Statement.....	7
Aultman Health Foundation Values	8
Aultman Hospital Statement of Commitment	9
Graduate Medical Education Organization Chart	10
Aultman GME Diversity, Equity & Inclusion Statement	10
Aultman Corporate Compliance Program	11
Protecting Patient Privacy	14
Board Eligibility.....	15
Graduate Medical Education Accreditation.....	16
 II. Terms of Contract	 16
Clinical and Educational Work Hours	16
ECFMG Certificate	17
License/Training Certificate	17
Pre-Employment Requirements	17
Annual Requirements	17
Corporate Compliance	17
Dress Code.....	18
 III. Stipends and Benefits	 18
Educational Allowance	18
Financial Support for Resident Research and Travel	18
Application for Resident Travel for Research Purposes Form	21

III. Stipends and Benefits *(continued)*

Sick Time and Leave of Absence	22
Bereavement	23
Jury Duty.....	24
Health Club Reimbursement	24
Hardship Loans	24
Healthcare Insurance - Medical, Dental and Vision	24
Life Insurance	25
Short-Term Disability	26
Long-Term Disability.....	26
Professional Liability Insurance.....	26
Retirement Plan.....	27
Workers' Compensation	27
Vacation	27
On-Call Rooms.....	27
Meal Allowance.....	27
Dining Options	28
Lounge.....	29
Lab Coats	29
Lockers.....	29
Parking.....	29
Aultman Fitness Center.....	29

IV. Policies and Procedures 29

Eligibility and Selection.....	29
Nonimmigrant Visas	31
Resident Transfers.....	32
Clinical Work and Education Hours	33
Explanation for Violation of Duty Hours Form	35
Moonlighting	35
Resident Supervision and Responsibilities	36
Resident Evaluation	39
Professionalism Policy	40
Promotion and Reappointment.....	41
Resident Away Elective Rotation Request Policy	41
Resident Away Elective Rotation Request Form	43
Discrimination, Harassment, Incivility Policy.....	44
Physician Impairment	46

IV. Policies and Procedures *(continued)*

Dismissal, Suspension, and Other Forms of Corrective Action	47
Grievance	48
Medical Services	49
Counseling/Psychological Services.....	50
Disability Accommodations for Residents.....	50
Final Clearance	51
Reduction/Closure.....	51
Substantial Disruptions in Patient Care Policy	52
Vendor Interactions	52
Non-Competition Policy Restrictions.....	53

V. Hospital Information 53

Medical Education Department	54
Health Sciences Library	54
Media Services.....	54
Medical Records	55
Transcription Services.....	57
Pharmacy	57
Autopsies.....	58
Pathology/Laboratory	58
Radiology	58
Pagers	59
Emergency Paging	59
Mail	60
Personal Status Change	61
Automatic Banking	61
Photo ID Badge	61
Personal Telephone Use.....	61

I. Administration and Governance of the Graduate Medical Education Program



The residents and faculty of Aultman Hospital 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 Hospital endorses certain beliefs that provide a context for learning and teaching.

Through its education programs, Aultman Hospital seeks 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 Hospital's academic programs are designed to build on the competencies of general education, emphasize the development of critical thinking abilities, encourage curiosity and instill a desire for 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 Hospital recognizes and supports individual differences in learning and teaching styles, values, interests and abilities; it also 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 Hospital's rich education heritage while also embracing opportunities for change and growth as the Hospital moves toward the future.

This Resident Manual is intended to help answer questions about the residency program and set forth information about what is expected from you and what you can expect as you complete your residency program. The language in this manual is not intended to constitute a contract between Aultman Health Foundation or the hospital and you, although it does summarize or address certain requirements under your separate residency contract. Should you have any questions about any provisions, please consult your program director or Aultman Human Resources.

Please note that all contents of this Resident Manual are to be interpreted in conjunction with, and are subject to, all applicable laws, regulations and accreditation and governing authority requirements.



MISSION: Lead Our Community to Improved Health

OVERVIEW

Aultman Health System is a nonprofit healthcare organization serving Stark and surrounding counties. The integrated healthcare system includes Aultman Hospital, Aultman Orrville Hospital, Aultman Alliance Community Hospital, the locally managed health insurance provider AultCare, The Aultman Foundation and Aultman College. With 1,032 beds, over 1,000 active providers and a team of more than 7,000 colleagues, Aultman is Stark County's largest provider of healthcare services.

OUR ORGANIZATION

- **Aultman Hospital** has been providing high-quality healthcare services since 1892. Accredited by the Joint Commission, Aultman is a teaching hospital that is committed to our patients, employees, the community and medical education. Located in Canton, it serves as the main campus of our health system.
- **Aultman Orrville Hospital** is a critical access facility that provides inpatient and outpatient services including diagnostic testing, obstetrics, medical/surgical care and emergency services.
- **Aultman Deuble Heart & Vascular Hospital (ADHVH)**, established in 2020, is the cardiovascular specialty hospital of Aultman Health System. With locations in eight counties, this 500-member team provides state-of-the-art heart and vascular services close to home.
- **Aultman Medical Group (AMG)** is made up of hundreds of providers dedicated to the betterment of the health and well-being of our patients, communities and health system.
- **AultCare** is the largest hospital-based preferred provider organization in Ohio, with more than 500,000 enrollees from over 2,100 employers. AultCare offers health plans for individuals and families, along with Medicare Advantage plans for seniors.
- **Aultman College** prepares students to become successful practitioners and leaders in the healthcare field. The college offers associate and bachelor's degree programs in health sciences, nursing and radiography.

- **The Aultman Foundation** provides grant funding to area nonprofit organizations that focus on health, education and human services.

SATELLITE FACILITIES

- **Aultman North Canton Medical Center (NMC)** is a multi-specialty practice that provides primary and specialty care, and diagnostic services.
- **Aultman North** offers imaging services, an outpatient lab, physical, occupational and speech therapy, sports medicine, cardiac rehab and more. In addition, Aultman North offers an AultmanNow Urgent Care Center on-site.
- **Aultman Carrollton** offers imaging services, an outpatient lab, physical and occupational therapy and a limited fitness center. There are also provider offices for primary care and many specialty services.
- **Aultman Massillon** offers 24/7 emergency services, pain management services, imaging services, an outpatient lab, physical, occupational and speech therapy, sports medicine and more.
- **Aultman Hartville** features primary care, cardiology and general surgery provider offices.
- **Aultman Orrville Doylestown Health Center** features primary care, women's health and cardiology provider offices.
- **Aultman Tuscarawas Regional Health** offers primary care and cardiology provider offices, along with outpatient lab and imaging services.

- **Aultman Woodlawn** features an inpatient rehabilitation unit and offices for home healthcare and hospice services. The Woodlawn campus is also home to the Women's Board of Aultman Hospital Compassionate Care Center inpatient hospice and grief center.
- **Aultman Tusc** offers outpatient physical and occupational therapy, occupational rehabilitation, balance and vestibular rehabilitation, lymphedema therapy, a speech therapy program and a limited fitness center.
- **Aultman Louisville** features outpatient physical and occupational therapy and lab services, along with provider offices for cardiology and primary care. In addition, Aultman Louisville offers an on-site AultmanNow Urgent Care Center.
- **AultWorks** treats work-related injuries and offers services including drug and alcohol screenings, physical exams, X-ray and lab services, and immunizations.
- **Aultman Home Medical Supply** manages the selection, delivery, setup and maintenance of home-care products including breathing support systems, walkers and wheelchairs, hospital beds and oxygen systems.
- **AultmanNow Urgent Care Centers** treat minor injuries and illnesses. They also offer full X-ray capabilities and several on-site lab test options. There are currently four locations in Stark County: Aultman North, Jackson Township, Louisville and Washington Square in North Canton.
- **Aultman Dover** features primary care, sleep and lab services.

SERVICE STANDARDS

We established the following standards to ensure we exceed expectations of the patients, visitors, health plan members, students and internal customers we serve.

Safety Is Our Top Priority: "Protecting You"

Attitude: "Creating Positive Impressions"

Appearance: "Looking the Part"

Competency: "Learning Never Ends"

Recognition: "Expressing Our Appreciation"

Service Recovery: "Making it Right"

Individualism: "Respecting Our Diversity"

Relationships: "Building on Trust"

Environment: "Providing a Place to Heal"

MISSION

Leading our community to improved health.

VISION

Aultman Health System will be the leading health system in the communities that we serve.

VALUES

Recognize and respect the unique talents of every Aultman team member

Exceed patient, enrollee and student expectations

Success through teamwork

Promote a highly reliable organization

Educate our community

Cost-effective management of resources

Trust, integrity and compassion in all relationships

STATEMENT OF COMMITMENT

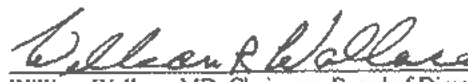
GME MISSION STATEMENT:

*"Educating today's physicians
through lifelong learning for
the challenges of tomorrow."*

Aultman Hospital is firmly committed to graduate medical education. Graduate medical education plays an integral role in providing high quality patient care in a humanistic care environment.

The Graduate Medical Education Committee, and the Medical Education Department oversee and direct all ACGME accredited residency training programs at Aultman Hospital, with the aim of producing programs that meet or exceed all accreditation requirements, and to include all elements of a competency based experience and program, faculty and trainee outcome assessment. The graduate medical education programs provide, through their faculty, comprehensive and coordinated, cost-effective graduate medical education that is responsive to the trainee and embodies the ethical and humanistic qualities required of all health care professionals. The programs also emphasize the delivery of health care with a strong community and humanistic orientation.


Aultman Hospital has a long history of providing the necessary financial support for administrative, educational, and clinic resources, including personnel. This tradition of support continues as a commitment to the future of graduate medical education at Aultman Hospital. Aultman Hospital's commitment to graduate medical education is supported by the Board of Directors, Administration, the Medical Staff of the Hospital and the Graduate Medical Education Committee.


William Wallace, MD, Chairman, Board of Directors
Aultman Hospital

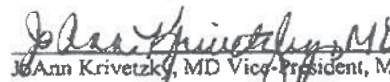
4/16/2025
Date


Anne Gunther, DNP, RN, NEA-BC, CENP
President, Aultman Hospital

4/14/2025
Date

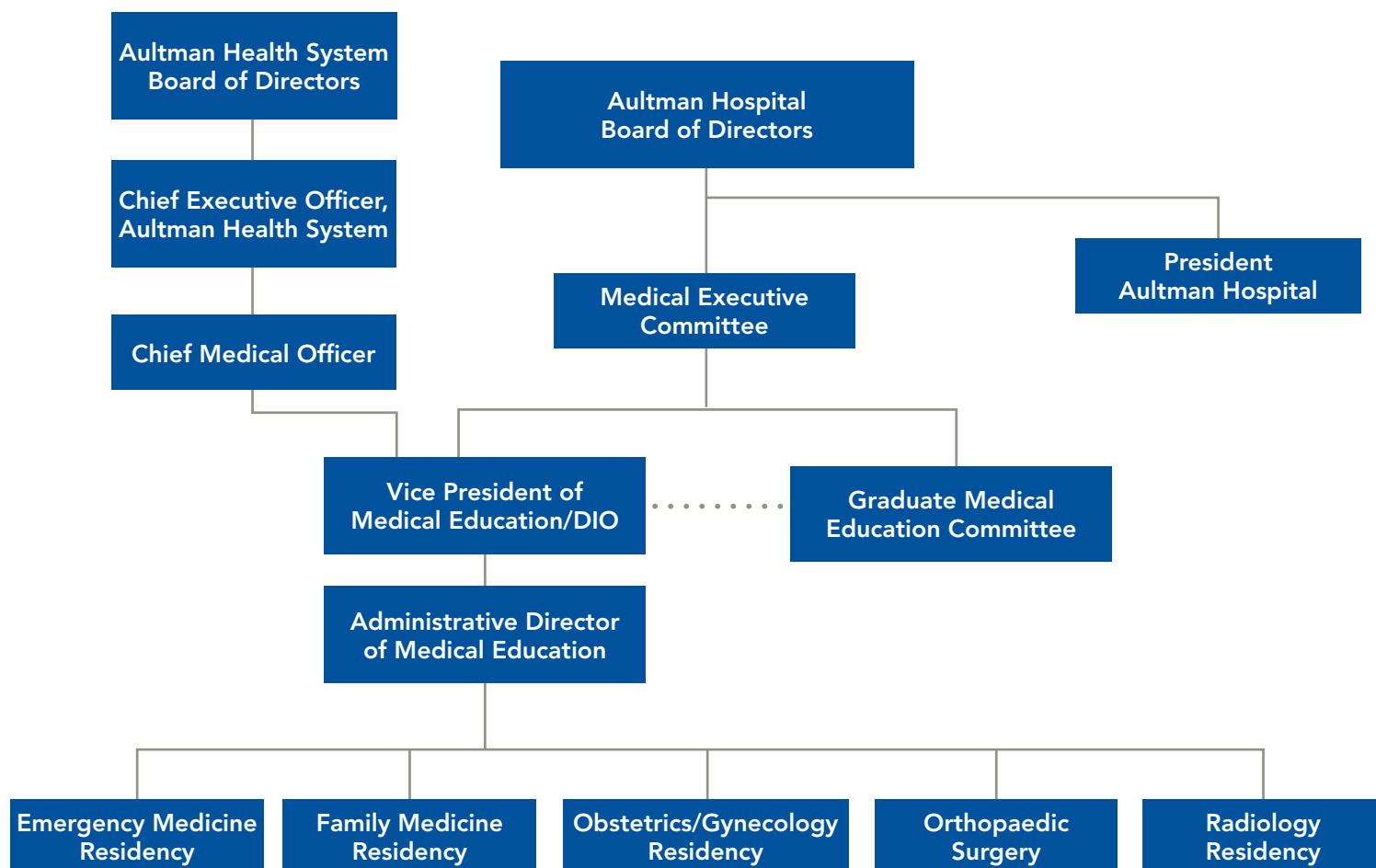

Indira Narunapanont M.D., President, Medical Staff
Aultman Hospital

4/11/25
Date


JoAnn Krivetzky, MD Vice-President, Medical Education
Designated Institutional Official,
Chair, Graduate Medical Education Committee
Aultman Hospital

4-7-25
Date

GRADUATE MEDICAL EDUCATION ORGANIZATION CHART



AULTMAN GME DIVERSITY, EQUITY & INCLUSION STATEMENT

The practice of medicine requires a team-based approach to patient care in every setting, augmented by a spirit of cooperation, compassion, understanding and respect. The Aultman Graduate Medical Education Department is dedicated to fostering an inclusive environment. We celebrate diversity, including race, sex, gender identity, sexual orientation, age, socioeconomic background, national origin, political ideology and religious beliefs. We pledge to provide a safe environment for our residents, faculty and patients.

We acknowledge and embrace that racial, cultural and language concordance improves the care we provide to our patients and creates an opportunity to address the issue of disparity in healthcare. We dedicate ourselves to recognizing systemic biases and advocating for change.

We commit to our efforts to recruit, train, mentor, support and retain residents and faculty from all backgrounds to reflect the rich diversity of the community we serve. We will champion a mission to collaboratively develop and lead formal curricula addressing healthcare inequities, social determinants of health, cultural competency and cultural humility. We acknowledge our vital role in institutional change and commit to embracing the needs of our community.

AULTMAN CORPORATE COMPLIANCE PROGRAM

Corporate Compliance means that Aultman Health Foundation's colleagues 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 mandated that health care providers have compliance programs designed to reduce health care fraud and abuse. As part of Aultman Health Foundation's effort to follow the laws that govern us, a Corporate Compliance Program was introduced in 1997.

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

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

- Providing an open line of communication for colleagues 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 Health Foundation'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 Colleague

Aultman Health Foundation 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 colleague's job. Each colleague is responsible for having a general knowledge and understanding of Aultman Health Foundation's Corporate Compliance Program and Code of Conduct. Colleagues should also know (from a lay perspective) what laws apply to Aultman Health Foundation generally and to them specifically when performing their job.

Aultman Health Foundation believes that an effective way to prevent potential violations of legal and ethical standards is to encourage colleagues to ask questions and report concerns to management or to the Chief Compliance Officer. Reporting to the Chief Compliance Officer may be done in person, in writing, or anonymously by using the confidential Compliance Line (1-866-907-6901). Colleagues 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 Health Foundation's ability to identify, investigate, correct, and prevent potential or actual violations. For this reason, the deliberate failure by a colleague 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 Health Foundation will conduct an investigation. If it determines that a violation has occurred, it promptly will take reasonable steps to:

- Correct the violation or bring actions into compliance;
- Prevent the same or similar violations from occurring in the future; and
- Make any disclosures and repayments required by law.

Applicable Federal and State Laws for Preventing Fraud, Waste and Abuse

Aultman Health Foundation must comply with numerous federal, state, and local laws, including those aimed at preventing fraud, waste and abuse in Medicare and 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 colleague handbooks policies to educate colleagues about the False Claims Act, as well as policies for detecting and preventing fraud, waste, and abuse.

False Claims 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 known, 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 colleague 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 colleagues or former colleagues, 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 a colleague reports a violation of Ohio's Medicaid laws in good faith to his/her supervisor or to another member of the management team, Aultman Health Foundation may not take disciplinary or other retaliatory action against the colleague.

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 \$13,946 to \$27,984; 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 a penalty of up to \$10,781 for each false claim or statement made with a maximum penalty of up to \$11,001 per violation.

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 \$13,946 to \$27,984 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 Health Foundation has policies in place to detect, identify, investigate, correct, and prevent fraud, waste and abuse. Aultman Health Foundation 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 colleagues and Aultman Health Foundation. If any colleague 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 colleague 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 Health Foundation's legal department.

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

No Retaliation

Any colleague 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.

REPORTING CONTACT INFORMATION:

Chief Compliance Officer: Aria Walker: 330-363-3199; Aria.Walker@aultman.com

Aultman Compliance Office: 330-363-3380

Aultman Compliance Email: compliance@aultman.com

Aultman Independent and Confidential Compliance Line: 1-866-907-6901

PROTECTING PATIENT PRIVACY

Federal privacy regulations establish patient rights, protections and access of their health information in both paper and electric formats. Collectively, these regulations are known as the Health Insurance Portability and Accountability Act (HIPAA), and they set standards for protecting patient privacy.

We are consistently in contact with patient information, and 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. As healthcare workers, we have legal, ethical and moral obligations 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. PHI can be as simple as a prescription linked to a person's name or in-depth as records listing someone's complete medical history. Patient pictures, dates of service, address and diagnosis are just a few examples of the many data points protected under HIPAA.

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.
- Do not share or disclose your password.
- Log off before you leave your workstation.
- Use shredding containers.
- Use common sense and good judgment.
- Never post anything about a current or former patient online.
- Be mindful of those around you when discussing a particular patient.

How can we use and disclose patient information?

- Treatment, payment and healthcare operations purposes.
- Legally mandated reporting.
- With proper patient authorization and consent.
- To family and friends of the patient only with approval from the patient.

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

- The right to request access to and copy of PHI.
- The right to request amendments to PHI.
- The right to request an accounting of certain disclosures.
- The right to request alternative communications or restrictions to PHI.
- 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 healthcare 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 and Security Rules. Providing our patients with quality healthcare includes protecting their confidential information.

The HIPAA Breach Notification Rule: A "breach" is the acquisition, access, use or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule, which compromises the security or privacy of PHI.

The Breach Notification Rule provides requirements for notifying affected patients, the U.S. Department of Health and Human Services Secretary and the media in the event of a breach of unsecured PHI.

Breaches are often a consequence of unsecured information. To avoid breaches, always follow approved procedures for encrypting information or making it unreadable.

Breaches most often occur when someone sends a misdirected e-mail message containing PHI in an unencrypted attachment or when PHI is redirected or stored on consumer grade file sharing systems or in personal e-mail accounts. Contact your manager immediately if:

- You believe PHI is being transmitted or stored improperly.
- A device is lost or stolen.
- You become aware of a breach.
- If you think there is even a slight chance that a breach occurred.

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 Aultman Medical Group Compliance Officer at 330-433-1493, or extension 46493.
- Email compliance@aultman.com.
- Contact Aria Walker, Chief Compliance and Privacy Officer, at 330-363-3199 or by emailing aria.walker@aultman.com.

BOARD ELIGIBILITY

Graduates of ACGME residency and fellowship programs are prepared to take certification exams given by American Board of Medical Specialties (ABMS) specialty boards, AOA specialty boards, and other organizations. Maintenance of Certification (MOC) is conducted by ABMS member boards; Osteopathic Continuous Certification (OCC) is conducted by AOA certifying boards. Certification requirements for each specialty may be reviewed on the [ABMS website](#) [ABMS | American Board of Medical Specialties](#) or [AOA website](#) [American Osteopathic Association | AOA](#).

GRADUATE MEDICAL EDUCATION ACCREDITATION

The Accreditation Council for Graduate Medical Education (ACGME) currently accredits all Graduate Medical Education Programs at Aultman Hospital.

Aultman Hospital has continued accreditation by ACGME and has been commended by the Review Committee for its demonstrated substantial compliance with ACGME's Institutional Requirements. The Institution completed its Self-Study in June 2023 and anticipates its 10-year site visit in June 2025.

II. SUMMARY OF TERMS OF CONTRACT

PERFORMANCE AND COMPLIANCE

Residents are expected to perform their duties satisfactorily and to the best of their abilities. This includes engaging in customary activities associated with education and training, and adhering to all hospital policies, procedures, and regulations relevant to residents. It is important to note that residents are not required to sign a non-competition agreement.

CLINICAL AND EDUCATIONAL WORK HOURS DUTY ASSIGNMENTS

Duties will be assigned by the Program Director or the Chief Resident of the service, incorporating on-call rotations and standard working hours. The Chief Resident or Program Director is responsible for managing the rotation of tasks within the service. Residents should consider the Chief Resident their primary point of contact for any questions or concerns regarding their duties.

EMERGENCY PROCEDURES

If a resident needs to leave the hospital during a non-scheduled time due to an emergency, they must first inform and obtain approval from their Chief Resident before signing out. Residents may not sign out to a colleague from another service without prior permission. Additionally, residents must always sign out through the hospital's telephone operator, informing them of who will handle their duties during their absence, especially in the case of critically ill patients. Upon returning, residents must also notify the operator.

PATIENT CARE

Residents are required to complete histories and physical examinations for all patients assigned to their service, particularly prior to any elective surgeries. Any changes in patient conditions must be promptly reported to the Senior Resident or the Attending Physician if the Senior Resident is unavailable. Residents should seek approval from the Attending Physician before initiating any non-standard procedures, medications, or treatments.

RESPONSIVENESS AND ON-CALL REQUIREMENTS

Residents must respond to division calls promptly and courteously. Urgent calls, including "CODE BLUE" and "EMERGENCY" alerts, must be addressed immediately. Non-urgent matters can be handled by the resident or Attending Physician on duty the following day. Designated sleeping areas are provided for residents on call. Except under special circumstances approved by the Program Director, residents are required to remain in the hospital while on call.

ECFMG CERTIFICATE

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

LICENSE/TRAINING CERTIFICATE

It is the responsibility of the residents to 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 instructions on how to access the application online and will reimburse 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.

PRE-EMPLOYMENT REQUIREMENTS

All job offers are contingent upon satisfactory completion of a screening examination that includes screening for drugs. Aultman Health Foundation will also check an applicant's references and background. Aultman Health Foundation will bear all costs of the background check and screening (medical/physical examination when required by a governing body). If an applicant has a disability, the screening/medical/physical examination will take into consideration any reasonable accommodation(s) that the applicant may voluntarily request. All screening/medical/physical examination results will be kept confidential as required by federal and state law.

The screening/examination includes but may not be limited to the following: a 2-step tuberculosis skin test or TSpot, rubella/rubeola/varicella and a urine drug screen. Certain positions within Aultman which are subject to the Ohio Department of Health regulations will require a medical/physical examination with a physician/physician assistant/nurse practitioner. Integration agreements will be reviewed and may supersede this policy.

Pre-employment screenings/examinations are scheduled and provided by Aultman at no cost to the applicant.

The conditional offer of employment will be revoked if the applicant declines to undergo a medical examination, fails to meet the minimum physical requirements for the job or fails a urine drug screening.

ANNUAL REQUIREMENTS

All OB/GYN and Family Medicine residents are required to complete a Physician Health Assessment questionnaire annually. This is required by the Ohio Department of Health.

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, 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). The residency will pay for all first time certification courses and materials, as well as the first recertification course. All ACLS/BLS certifications/recertifications must be endorsed by the American Heart Association (AHA) per hospital guidelines. If a resident fails to pass the certification/recertification course on the first attempt, the resident is responsible for paying for the additional courses. Additional life support classes may be mandatory for some residencies.

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 except when simultaneously covering OB/GYN service. Lab coats must be kept clean and worn in all clinical areas. Scrubs are not to be taken outside of the hospital.

Please also consult the dress code policy in the main employee handbook regarding other dress code requirements.

III. STIPENDS AND BENEFITS

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

Salary and benefits are listed on the Resident Benefit Sheet, which are specific to each program. (See Exhibit A-1). The stipend and benefits are reviewed yearly and approved by GMEC. This is sent as a recommendation to the CEO for approval.

STIPEND

Residents' payments are made on alternate Fridays and are paid through automatic deposit. The annual stipend is divided into 26 equal pay periods, each covering a two-week period. All employees are required to sign up for direct deposit.

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

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 up to \$1,500.00 depending on the program.

EDUCATIONAL ALLOWANCE

Each resident will be allotted an educational allowance, in addition to the usual stipend, per academic year, based on his/her level of training within the residency program. Approved expenditures for this allowance will be at the discretion of the individual residency program. These expenditures cannot be carried over to the next academic year. Five days of conference is allowed in addition to vacation time per academic year. Special exceptions may be made when there are schedule conflicts that prohibit a resident from taking his/her allowance and time. Each program has specific policies regarding educational allowance and conference time. Please refer to them for more details.

FINANCIAL SUPPORT FOR RESIDENT RESEARCH AND RELATED TRAVEL

Funds are available for the purpose of fostering and supporting resident research. These funds are administered through the Aultman Hospital Graduate Medical Education Department.

These funds are available for the following research related needs:

1. Research equipment or materials
2. Special computer software
3. Laboratory tests or equipment
4. Travel expenses for the purpose of presentations

Funds are only available by written request to the Administrative Director of Medical Education.

TRAVEL POLICY FOR RESEARCH PRESENTATION

Eligibility:

Travel expenses are only available to current residents who have had research abstracts accepted at national and regional meetings for presentation. Only one resident 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.

EXCEPTION: A second resident with significant involvement in the project may receive funding for the presentation if this is the only presentation the resident will attend during the entire residency.

Presentation

Resident research presentation may include presentations of papers, abstracts, and/or posters.

Conference

Appropriate conferences for presentation include national college and academy meetings and other conference regarded as major peer review conference within the continental U.S. and Canada. International travel will be allowed only if it is a U.S. national organization meeting overseas.

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 for approved travel will be reimbursed:

1. Air flight (coach fare) for presenter
2. Hotel (single occupancy) during convention [up to three days]. This may be extended if the posters are to be “up” for multiple days. Consult with ADME.
3. Meals (\$58 per day)
4. Registration and course fees
5. Travel to and from hotel (shuttle bus preferred)
6. Necessary expenses for travel from hotel to meeting site (maximum \$75 per resident per conference) e.g., bus or taxi rides. Does not include travel for recreation. A resident may choose to rent a car, but reimbursement will be capped at \$75.

NOTE: Reimbursement is limited to two conferences per academic year. There is a maximum of \$2,500 for one conference, with a maximum total reimbursement of \$4,000 in an academic year. If expenses run over, the resident may submit for reimbursement out of their Travel & Education Allowance.

The following travel costs will not be reimbursed:

1. Travel expenses for spouse or friend
2. Rental cars (capped at \$75)
3. 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 will forward it to the administrative director of Medical Education for approval.
- If approved, the resident will fill out a Travel Request Form in accordance with all Aultman Hospital travel guidelines.

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

APPLICATION FOR RESIDENT TRAVEL FOR RESEARCH PURPOSES

Aultman Hospital Graduate Medical Education

2600 Sixth Street SW, Canton, Ohio 44710 | Telephone: 330-363-5434 | FAX: 330-580-5513

Applicant must be full-time in a residency program. This application must be completed.

A copy of the abstract and confirmation of acceptance of the paper must be attached.

Applicant Name: _____

Residency Program: _____

Title of Abstract: _____

Meeting: _____

Destination: _____

Dates of Meeting: _____

Expenses

Travel: _____

Accommodations: _____

Meals: _____

Ground Transportation: _____

Registration Fee: _____

Total _____

Applicant's Signature [Date]: _____

Program Director's Signature [Date]: _____

Request: _____

☐ Approved

☐ Not Approved

_____ Date _____

Maria Vaughn, M.A.

Administrative Director, Medical Education

SICK OCCURRENCE AND LEAVE OF ABSENCE POLICY

The sick time deposited into a resident's "sick bank" at the beginning of the contract year should be used to provide a resident with continued income if the employee personally becomes sick or injured. Sick time is not to be used when taking time off for other instances such as: to care for ailing family members, family emergencies, or time lost for travel.

Aultman recognizes that during your employment, you may need to take an extended period of time off from work (generally four or more calendar days) for medical or other reasons. Each resident may be eligible to take a leave of absence for medical, parental, and caregiver leave(s) of absence consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the first day the resident/fellow is required to report.

At the beginning of the academic year, each resident will be allotted 40 hours (5 days) of non-accrued sick days and 140 hours (17.5) days of non-accrued LOA hours.

Sick Days: This time is to be used to provide continued income if/when the resident becomes sick or injured. Sick time will encompass 5 work days at full pay.

Each instance a resident calls off sick is considered an "occurrence." An occurrence can consist of one day, or multiple days. To be considered one occurrence, the multiple days must be concurrent. A Friday and Monday are NOT considered concurrent. The program Coordinator/Administrator will track the number of occurrences that each resident takes. Excessive absenteeism is part of the professionalism competency and will be considered part of the longitudinal evaluation. Sick days taken due to a qualifying disability under the law or under FMLA will not be considered an occurrence.

Generally, sick days taken abutting a weekend, vacation, conference or holiday will be deducted from vacation time, not sick time.

The Program Director may require a meeting to discuss sick occurrences. After the third occurrence, the resident must meet with the Program Director upon returning to work. If the Program Director feels that the number of occurrences is excessive, he/she has the discretion to assign extra make-up duties or other corrective measures. Programs may have additional requirements in their program policies.

LOA: This time is to be used to provide continued income when the resident is on a qualifying leave of absence. If the qualifying LOA is due to the resident's own illness or maternity leave, then sick time from the sick days balance will be automatically used first. Residents will then have an additional 12 working days at full pay and 11 working days at half pay. The other half days can be no pay or vacation at the discretion of the resident. If the qualifying LOA is due to paternity leave or caregiver LOA, the resident's vacation time will be used and the sick time cannot be used in accordance with the institutional policies. The rest of the time off will be unpaid. Residents must reserve one week of vacation time for use outside of the approved LOA. *The first qualifying approved LOA during residency/fellowship may be granted up to an additional 100 hours of LOA in order to ensure the first six weeks are paid at 100% of their salary.

The above LOA pay sources follows the ACGME statement that Sponsoring Institutions may use vacation and other pay sources to provide paid time off during leaves of absence, provided that doing so is consistent with institutional policy and applicable laws, and that one week of paid time off is reserved for use outside of the first six weeks of leave and making sure that the resident is paid 100% of their salary for the first six weeks of their first qualifying LOA.

To apply for a leave, the resident must contact his/her Program Director and the Administrative Director of Medical Education (ADME). From that point, the ADME will instruct the resident to submit the LOA request through the Aultman Portal and work with Human Resources and the resident to complete the paperwork requirements. The Office of Graduate Medical Education follows the Aultman Health Foundation guidelines, the Federal Family Medical Leave Act, and ACGME requirements for leaves of absence.

More detailed information about Basic and Active Duty FMLA, Military Caregiver, Intermittent, and Military leaves, may be found in the Aultman Health Foundation Leave of Absence policy. A copy may be obtained from either the office of the Administrative Director of Medical Education or Aultman Hospital Human Resources. This policy is to be used in conjunction with specific residency program leave policies.

Notice of Need for FMLA Leave

If the leave is foreseeable (including birth or placement of a child, planned medical care, leave due to active duty of immediate family member, etc.), the resident must provide at least thirty (30) days advance notice to their manager. If circumstances prevent providing the thirty (30) days advance notice, then the resident should provide notice to their Program Director/ADME as soon as practicable after learning of the need for leave (normally within two business days). For an extension of requested leave, the resident must inform the Program Director/ADME of the qualifying reason for the extension as soon as practicable after learning of the need for the extension (normally within two business days). The resident must make every reasonable effort to schedule medical treatments so as not to disrupt the ongoing operations of their department.

If a resident fails to give the required notice for foreseeable leave with no reasonable excuse, the resident may be denied the taking of the leave until the resident provides adequate notice of need for the leave.

Health care benefits and disability insurance benefits will remain in effect for the resident and their family for any approved leave. Arrangement for payment of dental premiums must be made. If a resident does not return from FMLA Leave, COBRA will be triggered when FMLA Leave ceases for any reason.

NOTE: Sick time and extended LOAs may affect the necessary requirement for fulfillment of board certification that is set by the specialty board and may impact the time required to complete the program. Residents may be required to make up any educational experiences that were missed due to a leave of absence.

During orientation for new residents, and again annually, Program Directors shall present information to their trainees concerning the specialty-specific Board requirements related to the effects of leave on the ability to complete the program as planned. This shall also be included in the program-specific handbook. At the time an extended leave is requested (i.e. maternity), the Program Director shall discuss implications of the planned time off.

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 that is reasonably required may be granted without pay. NOTE: Time off for bereavement counts towards time away from the program and may impact the time required to complete the program and may impact the resident/fellow's eligibility to participate in examinations by the relevant certifying board.

JURY DUTY

The GMEC recognizes the obligation of U.S. citizens to serve on a jury when summoned. Any resident called to jury duty will be paid his/her regular stipend (less any compensation received for serving on the jury). If s/he is excused or not seated as a juror, it is expected that s/he be available to work. A written notice confirming the jury duty is necessary for any compensation.

HEALTH CLUB REIMBURSEMENT

Residents are eligible for a taxable allowance for health club membership. The benefit covers 50% of the cost of a basic individual health club facility membership up to \$120 per year. If an Aultman facility is used, the benefit will cover \$150 per year. All health club facilities are eligible for reimbursement. Residents will need to supply a yearly contract or proof you have paid for ONE year of payments in order to be reimbursed.

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 Department 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. Residents may request interest-free loans up to \$2,000. No interest is charged and loans must be repaid within a maximum 12-month period via payroll deductions. Loan balances will become repayable in full should the resident terminate his/her contract or otherwise leave the residency program, and the resident agrees to such deductions.

HEALTH CARE INSURANCE: Medical, Dental and Vision

The following sets forth a summary of health care insurance benefits that are currently provided and/or offered to residents. Please note that all benefits are subject to the terms of the applicable benefit plans, which may change from time to time.

Health insurance coverage through AultCare is provided starting the first day of July for residents and their families. For off-cycle residents, the coverage starts on their contractual start date. If residents are required to report before their contractual start date, they will be given advance access to information regarding the purchase of interim/gap coverage if desired.

The residents choose between two High Deductible plans or a Traditional plan offered by AultCare. Premiums and coverage details can be found on the employee portal or are available upon request.

Bee Healthy is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others.

Employees who choose to participate in the wellness program may qualify for reduced health premiums for having an annual physical with a primary care physician, age- or gender-specific screening, having a dental and/or vision screening and completing an Online HRA. There will also be an additional incentive offered to employees who complete a voluntary verified biometric screening.

Dental insurance coverage is provided to the resident through the hospital's Dentemax Dental Plan and is provided following the same guidelines as above. The resident chooses between Premier and Premier/Orthodontia Plans. The cost of the dental coverage is contingent on the plan and family coverage that the resident chooses.

Vision insurance is also provided to the resident and family through VSP. The cost of the coverage is contingent on those covered.

For more information regarding health, dental and vision, please refer to the employee portal.

Eligibility: The resident will make insurance selections via the Aultman employee portal. Human Resources will provide instructions on how to access the employee portal to make these selections. The resident must make insurance selection within 30 days from employment date in order to be eligible. In general, eligible family members are spouses (unless legally separated) and dependent children up to 26 years of age. If the resident's spouse has medical health care coverage offered through his/her employer, s/he 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.

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, for whom coverage will take effect on the date of birth. 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 s/he leaves the residency program.

LIFE INSURANCE

The following summarizes life insurance benefits that are currently provided and/or offered to residents. Please note that all benefits are subject to the terms of the applicable benefit plans, which may change from time to time.

Claim

All active residents are provided with a term-life insurance policy of \$30,000.00. The life insurance policy is in effect 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.

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 estate. The resident's insurance will cease on the date of termination of employment.

Elective Life Insurance

Additional life insurance is available through Reliance Standard. Evidence of insurability is required. Enrollment forms are available in Human Resources.

SHORT-TERM DISABILITY

The following summarizes short-term disabilities that are currently provided and/or offered to residents. Please note that all benefits are subject to the terms of the applicable benefit plans, which may change from time to time.

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 s/he becomes totally and continuously disabled under the plan. The resident approved for benefits will be paid a weekly disability benefit of 50 percent 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. This benefit has a buy-up option.

Insurance coverage and any benefits will terminate on the date the resident's employment terminates.

LONG-TERM DISABILITY

The following summarizes long-term disability benefits that are currently provided and/or offered to residents. Please note that all benefits are subject to the terms of the applicable benefit plans, which may change from time to time.

Long-term disability is an optional insurance plan for the protection of income that a resident may elect to purchase in the event of a continuous disability. 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 s/he will be medically underwritten. The cost of the premium is generally based on age per \$100 of covered salary.

To be eligible to receive benefits, the resident must be continuously disabled for 180 days. The resident approved for benefits will receive 50% of his/her monthly earnings up to a maximum monthly amount. 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.

PROFESSIONAL LIABILITY INSURANCE

During the term of the resident's contract, 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 of employment or expiration of the resident's contract, Aultman 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, s/he should report the fact to the Medical Education Department, 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.

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 that is not an assigned part of the formal residency program, such as moonlighting. Professional liability insurance is also provided by the Cleveland Clinic Mercy Hospital while Radiology residents are at that facility. Residents should consult Cleveland Clinic Mercy Hospital to learn the details of malpractice coverage by that entity.

RETIREMENT PLAN

The GMEC believes that all residents deserve an employer contribution retirement plan. Each resident may participate in a retirement plan under which they will receive a contribution equal to 3 percent of his/her gross wages in a retirement account.

All residents have a 401(k)/403(b) retirement plan available to them. This plan contributes 3 percent of their biweekly gross wages into a retirement account. Residents may also contribute to this plan at any time and can deduct a range from 1 – 75 percent of their pay up to any applicable statutory limits.

Enrollment for Aultman Residents: Go to www.vanguard.com to register and follow the easy on-screen instructions. You will need your plan number: 093714

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.

VACATION

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

Vacations in all cases are to be scheduled well in advance and only with the 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.

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 stipends are as follows:

- OB/GYN, ORTHO: \$167/month
- EM, FM, RAD: \$150/Block

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

The meal allowance for the month/block is electronically added to your name badge at the start of the new block/month.

Residents can access their allowance by using their name badge. When swiped through the registers, the Breakaway Café (cafeteria), Express Café and Seasons Café deduct the meal that is purchased from the allowance. A maximum of \$40.00 can be carried over to the next month/block. Negative balances will not be allowed, so please budget accordingly.

DINING OPTIONS

Breakaway Café (cafeteria) is open 6 a.m. to 7:30 p.m.

Seasons Café is open Monday through Thursday from 6 a.m. to 5 p.m. and Friday from 6 a.m. to 3 p.m.

Express Café is open 6 p.m. to 6 a.m. Anyone with an employee badge can access the Aultman Express Café and choose grab-and-go items. Additionally, a hot item will be available daily starting at 12:30 a.m. Payment methods are payroll deduction, declining balance, and credit/debit card only.

Vending options have expanded and now include machines that accept credit cards as well as offer sandwiches and other perishable food items. These vending machines are located at:

BEDFORD BUILDING	BEVERAGES	COFFEE	FOOD	SNACKS
Emergency Room – Near Waiting Area	√*	√	√	√*
2nd Floor – Main Elevators/Stairs	√			√
3rd Floor – Main Elevators/Stairs	√			√
4th Floor – Main Elevators/Stairs	√*	√	√	√
Lower Level – Radiology	√			√
Basement - Engineering	√			√
Basement – Sterilization Area	√			√
1st Floor – Administration/Laundry	√			√
2nd Floor – ICU Waiting	√			√
2nd Floor - Surgery	√			√
2nd Floor – Surgical Waiting	√	√	√	√
3rd Floor – Service Elevator	√			√
4th Floor – Purchasing Department	√			√
4th Floor – Microbiology Break Room	√			√
4th Floor – Service Elevator	√	√		√
4th Floor - Solarium	√			√
5th Floor – Service Elevator	√	√		√
5th Floor - Solarium	√			√
6th Floor – Service Elevator	√	√		√
6th Floor - Solarium	√			√
AULTMAN COLLEGE	BEVERAGES	COFFEE	FOOD	SNACKS
3rd Floor	√			√
On Bridge	√			√

√* indicates credit cards accepted for these items

LOUNGE

The resident lounge is located on Harter 2. This room is equipped with a refrigerator, T.V., pool table, ping pong table, couches, dinette and computers. 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

Medical Education will provide three lab coats when a resident begins the program. After that, two additional lab coats will be available upon request before the start of each academic year (varies per each program).

LOCKERS

Lockers can be obtained for any resident upon request. OB/GYN residents need to contact the Medical Education Department for a locker assignment. Family Medicine, Radiology, and Orthopaedic Surgery residents need to contact their Program Coordinator for a locker assignment. 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 receive instruction and sign a waiver form, which is located on the Aultman Employee Portal.

III. POLICIES AND PROCEDURES

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

If you would like to request other administrative policies not covered in this manual or to receive a more complete explanation, please contact the Medical Education Department.

ELIGIBILITY & SELECTION POLICY

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

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

The applicant must submit three letters of recommendation, transcripts and his/her Medical School Dean's letter (if available).

To be eligible, the applicant MUST have passed USMLE II or COMLEX II and 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 college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- C) Graduate of a medical school outside the United States or Canada which meets one of the following criteria:
 - a. Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or,
 - b. Holds a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in his or her current ACGME specialty/subspecialty program.

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. Applicants with a J1 or H-1B visa will be eligible for admission to the programs. Other visas will be considered on an individual basis.

The residency program director must comply with the criteria for resident eligibility as specified in the ACGME Common Program requirements.

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 Directors 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 sheet which includes stipends, benefits, professional liability coverage, and disability insurance for that residency 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.

All residency programs MUST participate in the match. The programs 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 resident on Aultman Hospital policies. All information received from individuals through ERAS or ResidencyCAS will be retained for seven years. All information received from an eligible individual who is invited for an interview and accepted into our program will be retained indefinitely or as required by law.

NONIMMIGRANT VISAS

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

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

- Valid ECFMG Certificate.
- Contract.
- Statement of Need from Ministry of Health.
- CV.
- Copy of Passport(s).
- Fee (provided by Aultman).

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 maintain J-1 visa status (J-2 for dependents).
- Fulfills contractual obligations to US training program.
- No outside or internal 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/fellows, Aultman maintains wage requirements. The annual AAMC Survey of Resident/Fellow Stipends & Benefits or Hospital & Healthcare Compensation's Physician Salary & Benefits Report is used as the prevailing wage source to set wages. Aultman will also maintain the public examination files. The H-1B application is for up to a period of three years, with an extension for a second three-year period possible. Aultman pays the application and anti-fraud fees.

In order to be eligible, the residents/fellows 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 prefer that the documents be completed by an attorney familiar with immigration law and chosen by the office of Medical Education. The lawyer fees, and premium processing filing fees if necessary, will be paid for by the residency/fellowship program. 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/fellows to initiate the visa process as far

in advance as possible. To ensure enough time so that the H1B can be processed by July 1, a passing STEP 3 score must be submitted by the time of the NRMP match date. If a passing STEP 3 score has NOT been obtained, then the resident must be prepared to proceed with a J1 application.

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

If Aultman 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.

RESIDENT TRANSFERS

According to the ACGME Glossary, residents are considered as transfer residents under several conditions including:

- Moving from one program to another within the same or different sponsoring institution
- When entering a PGY-2 program requiring a preliminary year even if the resident was simultaneously matched right out of medical school
- Before accepting a transfer resident, the program director of the receiving program must obtain written or electronic verification of prior education from the current program director. This includes:
 - Evaluations
 - Rotations completed
 - Procedural/operative experience
 - Summative competency-based performance evaluation
 - Milestone evaluations upon matriculation

Meeting the requirement for verification BEFORE accepting a transferring resident is complicated in the case of a resident who is completing one year just prior to starting the next/transfer year. In this case, the "sending" program should provide the "receiving" program a statement regarding the resident's current standing as of one to two months prior to anticipated transfer along with a statement indicating when the summative competency-based performance evaluation will be sent to the "receiving" program.

An example of an acceptable verification statement is:

"(Resident Name) is currently a PGY (level) intern/resident in good standing in the (residency) program at (sponsoring institution). S/he has satisfactorily completed all rotations to date, and we anticipate s/he will satisfactorily complete her/his PGY (#) year on June 30, (year). A summary of her/his rotations and summative competency-based performance evaluation will be sent to you by July 31, (year).

The "sending" program director must provide timely verification of residency education, summative performance evaluations, and milestones for residents who leave the program prior to completion.

CLINICAL WORK AND EDUCATION HOURS

HOURS OF WORK PER WEEK

Residents must not be scheduled for more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. Individual programs may apply to the GMEC for a rotation specific increase in this limit, up to 10 percent, or a maximum of 88 hours, by following the procedure for Granting Resident Clinical Work & Educational Hours Exceptions.

FREE TIME

Residents must be given at least one (24 hours) day in seven free of clinical work and required education, averaged over a four-week period, inclusive of at-home call.

Residents should have eight hours off between scheduled clinical work and educational periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This **MUST** occur within the context of the 80-hour and the one-day-off-in-seven requirements.

Residents must have at least 14 hours free of clinical work and required education after 24 hours of in-house call.

PERIOD LENGTH

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

Residents may be allowed additional time for activities related to patient safety, such as providing effective transitions of care and/or resident education. However, this period of time must not exceed an additional four hours (28 hours total). Additional patient care responsibilities must not be assigned to a resident during this time.

CLINICAL & EDUCATIONAL WORK HOURS EXCEPTION

In unusual rare circumstances, after handing off all other responsibilities, residents, on their own initiative, may elect to remain or return to the clinical site under the following circumstances:

- to continue to provide care to a single severely ill or unstable patient,
- humanistic attention to the needs of a patient or family.
- to attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour weekly limit.

IN-HOUSE NIGHT FLOAT

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirement.

Please note that the number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified within each program.

IN-HOUSE CALL

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

AT-HOME CALL

At-home call is defined as call taken from outside the assigned institution. This call is not subject to the every third night call limitation. However, at-home-call must not be so frequent as to interfere with reasonable rest and personal time of the resident and the one-day-in-seven-off rule. Time spent on patient care activities by a resident on at-home call must count toward the 80 hours maximum weekly limit.

Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

The Program Director and faculty will monitor the demands of at-home call to guard against excessive demands and make adjustments as necessary.

NOTE: Clinical work and education hours encompass all time spent in meeting the educational objectives of the residency 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.
- Clinical work and education hours DOES 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 clinical work and education hours that are consistent with this institutional policy and the program requirements that apply to each 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.

MONITORING

To help monitor clinical work and education hours compliance, the residents will continuously record their work/education hours by using the resident management system New Innovations. The Program Director will review each violation when notified by New Innovations. The response/correction action must be documented using the "Explanation for Violation of Clinical Work & Education Hours" form.

The program will review the clinical work and education usage, compliance and violations reports at the end of each block/month to assure that the residents are submitting their times. These reports will be reviewed by the Program Director at the end of each block. Violations for the block/month will be summarized using a "Duty Hours Scorecard" The scorecard will be presented to GMEC, along with the explanation form for monitoring/oversight.

Each resident is expected to complete an annual 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 Designated Institutional Official.

EXPLANATION FOR VIOLATION OF CLINICAL WORK AND EDUCATION HOURS

Resident Name: _____ Block/Month _____

Program: _____ Date of Violation: _____

Violation: _____

Explanation: _____

Program Director Response/Corrective Action: _____

Justification (if applicable):

- ☐ Continuity of severely ill/unstable patient
- ☐ Academic importance of event
- ☐ Humanistic attention to the need of patient/family

Program Director

MOONLIGHTING

The GMEC 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 written permission of the Program Director and must adhere to the following guidelines.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.

The resident must notify the Program Director in advance in writing of the intention to moonlight. The form "Notification of External & Internal Moonlighting Activities" must be completed and signed by the Program Director. This documentation is made part of the resident's file. The resident will be monitored by the Program Director 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. It is highly recommended that residents have time available to spend in furthering their training and education through attendance at meetings, conferences, journal clubs, the library and self-study.

While engaging in any medical external 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 external moonlighting to determine whether licensure is in place and liability coverage is provided.

Residents working under J-1 sponsorship or H-1B visas are prohibited from engaging in any outside remunerative work of any kind or nature (e.g., external moonlighting) whatsoever in accordance with ECFMG and Homeland Security regulation. 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.

Moonlighting that occurs within the residency program, the sponsoring institution and/or the non-hospital sponsor's clinical site; (internal moonlighting) is acceptable for the H-1B resident. J-1 Visa residents are prohibited from engaging in internal moonlighting. (per ECFMG)

All moonlighting, internal and external, must be counted toward the 80-hour weekly limit on duty hours.

SUPERVISION

Patient safety and quality of medical care are the responsibility of the medical staff. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

Resident supervisors must be licensed independent practitioners and hold clinical privileges at Aultman. 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.

- This information is available to residents, faculty members, other members of the health care team and patients through the medical staff office.
- Residents and faculty members must inform patients of their respective roles in that patient's care when providing direct patient care.

Responsibilities of the supervising physician include:

- The responsibility and accountability for all patient care rests with the attending physician. Supervision of housestaff is considered at a 24-hour, 7-days-per-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 participating in care of patients shall make appropriate entries in the medical records in accordance with Aultman Hospital regulations and policies of the respective residency program.
- Teaching faculty physicians are responsible for the patient care delivered by residents including the care that is appropriate in content, safe, and consistently high quality. Quality monitoring is accomplished through patient satisfaction surveys, variance reports and attending evaluations of the resident.
- Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to him/her the appropriate level of patient care responsibility.
- 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 is readily available using New Innovations.

This electronic residency management system serves as an official source for verification of procedure certification.

Any nurse or healthcare professional may gain access and can verify procedure verification in New Innovations. Please contact the Medical Staff office or Medical Education for instructions on accessing resident procedure privileges.

The residency programs must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (The RRC may specify which activities require different levels of supervision.)

For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member, fellow or senior resident physician, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.

To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision.

Direct Supervision:

- The supervising physician is physically present with the resident during the key portions of the patient interaction. PGY-1 residents must initially be supervised directly with the supervising physician present.
- The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect Supervision:

- The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident to provide appropriate direct supervision.

Oversight:

- The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members.

Each resident must know the limit of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. In particular, a PGY-1 resident must be supervised either directly or indirectly with direct supervision immediately available. Refer to the RRC requirements for details.

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

The clinical responsibilities for each resident must be based on patient safety, the resident's competency and education, severity and complexity of patient illness/condition, and available support services.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow must be assigned by the Program Director and faculty members.

- The Program Director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.
- Faculty members functioning as supervising physicians must delegate portions of care to residents, based on the needs of the patient and the skills of the residents.
- Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident/fellow.

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 Graduate Medical Education Committee (GMEC) 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:

- This supervision must supply timely and appropriate feedback about performance. When the feedback describes the deficiencies, these will be addressed in accordance to the individual residency program.
- There must be a mechanism for communicating to the attending physician the level of responsibility and patient care activities of the resident(s). This can be accomplished by distributing the competency-based goals and objective for each assignment at each education level. This must be done at least annually, in either written or electronic form.

Aultman Medical Education will use their best efforts to promote adherence with supervision requirements and adequate supervision is provided so that the residents can perform their jobs to the highest quality. The residency programs will use their end of the rotation evaluation to monitor the adequacy of the supervision. They can also report

inadequate supervision issues to their chief residents, Housestaff President, faculty advisor/mentor, Program Director, or Designated Institutional Official. A resident can report any issues anonymously using the Aultman Compliance Line 1-866-907-6901 or by completing a variance report.

To keep the medical staff informed, GMEC meeting minutes are sent to the Medical Executive Committee for review. The Medical Executive Committee reports to the Aultman Hospital Board of Directors.

The Designated Institutional Official (DIO) 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 DIO from the vice president of Medical Affairs and be taken to the GMEC.

The DIO must submit a written annual executive summary of the Annual Institutional Review (AIR) to the Aultman Hospital Board of Directors.

RESIDENT EVALUATION

Evaluation is a key component of a 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, with a summative evaluation prepared at the completion of the program.

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 of each program must appoint a Clinical Competency Committee (CCC). At a minimum, the CCC must be composed of three members of the program faculty. Additional members may be appointed as outlined by the ACGME Common Program Requirements. The Clinical Competency Committee should:

- review all resident evaluations semi-annually
- prepare and ensure the reporting of Milestones evaluations of each resident semiannually to ACGME
- advise the Program Director regarding resident progress, including promotion, remediation and dismissal.

Each residency program will use evaluation methods in compliance with its RRC requirements. They must use specialty-specific Milestones to assess residents' competence in: Patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. The residency programs must:

- use multiple evaluators: faculty, peers, patients, self and other professional staff.
- document progressive resident performance improvement appropriate to educational level.

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. The resident's strengths as well as areas for improvement are noted at this time. Any corrective measures should be 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/evaluation will then be placed in the resident's file. The progress of each resident will be reviewed by the GMEC 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 specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program. 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.

PROFESSIONALISM POLICY

Purpose: To educate and monitor residents and core faculty members' fulfillment of educational and professional responsibilities.

Procedure: Along with the Sponsoring Institution, the program director is responsible for:

1. Educating residents, fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.
2. Promoting patient safety and resident/fellow well-being in a supportive educational environment.
3. Ensuring residents/fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
4. Structuring the learning objectives of the program to be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events without excessive reliance on residents and fellows to fulfill non-physician obligations, while ensuring manageable patient care responsibilities.
5. Providing a culture of professionalism that supports patient safety and personal responsibility.
6. Providing a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty and staff. The confidential process for reporting, investigating, and addressing of such concerns, includes event reporting via submission of a variance report through the Aultman intranet. Events can also be reported to the Aultman Compliance Line (1-866-907-6901), and communicating directly with Aultman's Compliance Officer and/or the Designated Institutional Official.
7. Residents and faculty members must demonstrate an understanding of their personal role in the following:
 - a) Provision of patient- and family-centered care.
 - b) Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events.
 - c) Assurance of their fitness for work, including
 - Management of their time before, during, and after clinical assignments.
 - Recognition of impairment, including illness, fatigue, and substance abuse in themselves, their peers, and other members of the health care team.
 - d) Commitment to lifelong learning.
 - e) Monitoring of their patient care performance improvement indicators.
 - f) Accurate reporting of clinical and educational work hours, patient outcomes and clinical experience data.
 - g) Demonstrate responsiveness to patient needs that supersedes self-interests. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

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. A passing USMLE III/COMLEX III score is required for graduation. An individual residency program may require earlier passage for promotion. Refer to the individual residency program promotion policy.
3. Any other criteria deemed appropriate by the Program Director.

The Program Director will communicate reappointment and promotional decisions to the GMEC. 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 must provide the resident with as much written notice of intent to not promote 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.

RESIDENT AWAY ELECTIVE ROTATION REQUEST POLICY

Definition of Away Rotation: Any elective rotation at other institutions to meet the education needs of the trainee.

1. Residents may request, with the program director's permission, to participate in training programs outside of the affiliated hospital system by completing the Away Elective Rotation Request Form.
2. It is up to the program director's discretion to approve the elective rotation request. Appropriate justification for the request should be provided on why the resident is unable to get the training experience within the hospital system.
3. It is the responsibility of the program director to ensure that the accreditation standards including supervision, working hours, and safety are followed at the requested institution.
4. The resident must submit the completed Away Elective Request Form to the program director for approval a minimum of 90 days prior to the start date of the rotation. Individual programs may choose to require more advance notice.
5. It is the requesting resident's responsibility to complete any visiting resident applications, forms, and state licensure requirements (if applicable).
6. The coordinator or program director will report assignments and revisions in writing to the Administrative Director of Medical Education on a timely basis.
7. The Administrative Director of Medical Education will work with the away institution to create an affiliation agreement or memorandum of understanding.

8. Residents must be in good standing to participate in away electives.
9. Away elective rotations may not exceed one month or four weeks.
10. Residents and fellows are limited to one away elective rotation during their training program. Exceptions to this are at the Program Director and GME office's discretion and must show a critical need for justification of a second away elective rotation.
11. The appropriate evaluations must be received in order for the resident to receive credit for the rotation.
12. The resident should check with their individual program for any additional requirements based on the needs of the program.
13. See attached Away Elective Rotation Request Form.

RESIDENT AWAY ELECTIVE ROTATION REQUEST

NAME: _____ PROGRAM: _____

Dates Requested: _____ Rotation: _____

Attending/Preceptor: _____ Practice/Hospital Name: _____

Practice/Hospital Address: _____

Contact Name: _____ Contact Phone #: _____

Contact Email Address: _____

PURPOSE OF AWAY ELECTIVE: _____

Educational Goals and Objectives:

1. _____

2. _____

3. _____

Advisor's Approval (FM only) _____
Signature Date

Program Director's Approval _____
Signature Date

Administrative Dir of Med Ed Approval _____
Signature Date

Medicare Cost Report Letter Sent _____ ACGME BAA Sent _____

RESIDENT IS _____ APPROVED _____ DENIED

Program Coordinator's Checklist:

- _____ Vacation/Conference Schedule
- _____ Office Schedule
- _____ Previously Scheduled Rotation Cancelled (if applicable)
- _____ Visiting Resident Application Sent with
- _____ Proof of Malpractice
- _____ Letter of Good Standing
- _____ Medical Records Contacted with Away Dates
- _____ Evaluation Sent
- _____ Evaluation Received

Resident's Checklist:

- _____ Complete Rotation Change Request Form (if applicable)
- _____ Complete Resident Away Elective Request Form
- _____ Complete Visiting Resident Application Form
- _____ Approved State License/Training Cert. if needed for out of state.
- _____ J1 Resident must notify ECFMG

Requested information including the Away Elective Request Form must be turned in at least 90 days prior to the start of the rotations.

**** Any Changes in Location, Attending/Preceptor, Goals, Etc... Must be Approved Prior to Departure ****

DISCRIMINATION, HARASSMENT, ANTI-BULLYING, AND INCIVILITY

Aultman recognizes the importance of maintaining a positive working environment free from any form of harassment and unlawful discrimination. Aultman Hospital is committed to having a diverse work force where every person is treated with dignity and respect.

Aultman does not discriminate against residents, fellows, customers, colleagues, job applicants, patients, physicians, students, vendors, visitors, or volunteers based on race, religion, ethnicity, sex, gender-identity, sexual orientation, age, national origin, disability, veteran status, or any status or condition protected by applicable local, state, or federal laws, except where a bona fide occupational qualification applies.

Aultman will not tolerate any form of behavior that could be reasonably interpreted as harassment, bullying, or discrimination against or by any Aultman Health Foundation residents, fellows, customers, colleagues, job applicants, patients, physicians, students, vendors, visitors, or volunteers. This policy was written to define forms of harassment and give guidelines for reporting any such situations.

Definitions and Prohibited Conduct:

Bullying is defined under this policy as repeated, health-harming mistreatment of one or more people by one or more perpetrators. It is abusive conduct that includes threatening, humiliating, or intimidating behaviors; work interference/sabotage that prevents work from getting done; and verbal abuse. Prohibited conduct under this policy includes but is not limited to:

- Verbal bullying – slandering, ridiculing, or maligning a person or his or her family; persistent name-calling that is hurtful, insulting, or humiliating, using a person as the butt of jokes, abusive, and offensive remarks.
- Physical bullying – assault or threat of physical assault, damage to a person's work area or property.
- Gesture bullying – nonverbal gestures that can convey threatening messages.
- Exclusion – socially or physically excluding or disregarding a person in work-related activities.

Harassment is defined under this policy as intimidation by threats of or actual physical violence; the creation, by whatever means, of a climate of hostility or intimidation; unwanted touching; or the use of language, conduct, or symbols in such a manner as to be commonly understood to convey hatred, contempt, or prejudice or to have the effect of insulting, intimidating, or stigmatizing an individual or group of individuals.

Any sexually harassing or offensive conduct is unacceptable at all times. Prohibited conduct under this policy includes but is not limited to:

- Derogatory, vulgar, or graphic written or oral statements regarding one's sexuality, gender, or sexual orientation;
- Unwelcome sexual flirtation, advances, or propositions;
- Unnecessary touching, patting, pinching, or attention to an individual's body;
- Physical assault;
- Unwanted sexual compliments, innuendos, suggestions, or jokes;
- Display of sexually suggestive pictures or objects.

Aultman also prohibits the use of racial or ethnic slurs, or statements or conduct directed toward a person's race, religion, age, gender, disability status, ethnicity, national origin, or any other classification protected by federal, state, or local laws that demean or diminish that person or that have the effect of creating a hostile work environment.

Incivility is defined under this policy as taking on the characteristics of rude and/or continuous behaviors or actions

including, but not limited to:

- gossiping and spreading rumors or refusing to help a co-worker
- name calling
- condescending tones
- public criticism

These behaviors are offensive and can cause feelings of belittlement for co-workers and they violate the professional standard and our value of respect. The negative impact can be significant and affect the target and many others including, but not limited to, bystanders, peers, stakeholders, and organizations. Unresolved, this could lead to violence and other threatening situations.

As a matter of policy, we will not tolerate any behavior that could be reasonably interpreted as bullying, harassment, or discrimination. Colleagues of any level who engage in prohibited bullying, harassment, or discrimination (including, but not limited to, executives, managers, and physicians) or knowingly allow such behavior to continue, will be subject to remedial and/or disciplinary action, up to and including termination of employment.

As a rule, we will not honor discriminatory requests for patient care. However, a limited exception may be permitted when accommodating a patient's legitimate privacy concerns relating to gender-specific providers.

If any resident or fellow believes they are being bullied, harassed, or subjected to bullying, harassment, or unlawful discrimination by anyone in the workplace or in any business setting outside of the workplace, the following steps must be taken:

- a. Any resident or fellow that believes they are being harassed or subjected to bullying, harassment, or unlawful discrimination, either directly or indirectly, should promptly report such incidents to their Program Director, Administrative Director of Medical Education, DIO, or Human Resources director. (Note: colleagues experiencing a threat of violence or other imminent threat to safety should immediately contact Security and/or law enforcement depending on the resources available at the facility.)
- b. All bullying/harassment/discrimination complaints will be promptly investigated. Information received will be maintained confidential, to the extent possible/practical.
- c. All substantiated complaints against other colleagues will result in appropriate disciplinary or corrective action, termination (See Disciplinary Process & Rules of Conduct).
- d. Resident and fellow complaints or incidents involving patient, customer, or vendor bullying/harassing/discriminatory conduct will be promptly and appropriately addressed. The Program Director, Administrative Director of Medical Education, DIO, or Human Resources director receiving such complaints should coordinate with Patient Relations/ Risk Management to ensure that proper consideration is given to patient-care obligations while addressing the colleague report/complaint. At all times safety will be a priority.
- e. Supervisors, managers, and executives who observe bullying/harassing/discriminatory conduct, or who receive any complaints under this policy must report the conduct or complaint to Human Resources so that an investigation can be made, and corrective action be taken, if appropriate. No corrective action or retaliation of any kind will be taken or tolerated against any individual because of making a good faith report or complaint, providing information, or otherwise assisting in an investigation under this policy. Any colleague who retaliates against anyone involved in

a bullying harassment/discrimination complaint or investigation will be subjected to disciplinary action up to and including termination of employment. Colleagues who believe that they have been subject to such retaliation should inform Human Resources immediately.

PHYSICIAN IMPAIRMENT

The GMEC 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.

A 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 policy violations 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 and employment. If the investigation concludes that there was no violation of policy, the resident will be returned to active status. If the investigation concludes that there was a violation, the resident/intern 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 request and be willing to seek professional help, which may include entering an inpatient treatment program.
2. The treatment undertaken by the resident/intern 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, due to the impairment as determined by the committee, the resident's contract will be terminated except where otherwise required by law.
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/intern from the program, provided such actions are in compliance with applicable law.

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, Designated Institutional Official 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 7 working days, the corrective action must be communicated in writing to the resident, along with a copy of the 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 may 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
- 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, Designated Institutional Official, 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 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 must provide the resident with as much written notice of the intent 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 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 Designated Institutional Official 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 Designated Institutional Official, 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 and an Aultman Hospital administrator, which will serve as an appellate body. The Chief of the Medical Staff and the Chairman of the Graduate Medical Education Committee shall appoint the committee. The request shall be addressed to the Administrative Director of Medical Education or the Designated Institutional Official. Failure to request an opportunity to be heard within seven days shall operate as a waiver of the right of appeal.

The resident 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 Designated Institutional Official 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 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.

AULTMAN HOSPITAL 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 immediately report to Health Services. Health Services is located on the first floor of the Main Hospital in the hallway beside the information desk. Hours of Operation are Monday through Thursday from 7 a.m. to 5:30 p.m. and Friday 7:30 a.m. to 4 p.m. If employees are injured or have a medical problem 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, he/she is required to notify the Unit Director/charge person on the floor immediately. The resident then fills out the Illness Report/Exposure online under the safety tab on the employee portal

within 24 hours.

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

1. Notify the Unit Director/charge person. He/she will contact the patient and order the corresponding lab work.
2. Notify the Program Director.
3. Complete the Illness Report/Exposure online under the safety tab on the employee portal within 24 hours.
4. Health Services will then contact the resident regarding any follow-up.

Cleveland Clinic Mercy Hospital *(for Radiology only)*

For injuries and illnesses, the residents should go to the Emergency Department for treatment, if necessary, and follow the policies of the residency program for any follow-up.

The only exception is that while assigned there, Employee Health Services will do the follow-up for any of the residents that have blood and body fluid exposures (splashes or contaminated sharps injury). They are located on the 5th floor of the Medical Office Building (MOB) Suite #520. The phone number is 330-489-1322. The office hours are 7:30 a.m. to 4 p.m., Monday through Friday.

COUNSELING/PSYCHOLOGICAL SERVICES

The GMEC 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 GMEC to provide constructive, rather than punitive, direction to residents having personal problems.

Counseling/psychological services are available to our residents. A referral to a 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 330-363-6254. 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 fundamental requirements outlined in the Institutional and Program Specific Selection & 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. The determination as to whether a resident with a disability poses a direct threat will be made by the Director of Medical Education in accordance with applicable legal guidelines.

Notification: All qualified residents with a disability who are seeking a reasonable accommodation should notify their Program Director or Designated Institutional Official.

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. 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 Designated Institutional Official will be responsible for determining – in accordance with legal guidelines – the reasonableness of any requested accommodation.

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 confidential as required by law.

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 residents should submit the appeal in writing to the Designated Institutional Official.

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 and termination, 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 in person to the Medical Education Department.

REDUCTION/CLOSURE

If for some unseen 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 ACMGE 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 GMEC, DIO, Program Directors 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 program, the Office of GME will notify the GMEC, DIO, Program Directors and the residents in that program immediately. Every effort will be made to accomplish the reduction without adverse effect on residents currently in the training. If that is not possible, the Office of the GME, in conjunction with the department, will assist the residents in attempting to obtain a position in another accredited training program.

SUBSTANTIAL DISRUPTIONS IN PATIENT CARE OR EDUCATION

To provide guidelines for communication with and assignment/allocation of housestaff in the event of a disaster.

In the event of a disaster, or other substantial disruption of patient care education impacting the graduate medical education programs sponsored by Aultman Hospital, the GMEC established this policy to protect the well-being, safety and educational experience of residents enrolled in the training programs.

Following declaration of a disaster, the GMEC 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. In the event of a disaster or other substantial disruption, the sponsoring institution will continue to provide the same level of financial and administrative support to the extent possible (including continuation of salary, benefits, professional liability coverage, and resident/fellow assignments) as it did prior to the extraordinary circumstance until transfer of financial and/or administrative support is documented in writing with the receiving institution by executing a memorandum of understanding.

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 GMEC will make the determination if transfer to another program is necessary.

Once the DIO and GMEC 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 Aultman Hospital 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 their Program Directors 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 Directors using written or electronic means identifying the estimated time of the extension.

If the disaster prevents the sponsoring institution from re-establishing 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 institution.

In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at Aultman Hospital 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 for training.

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

VENDOR INTERACTIONS

Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment as well as on-site training of newly purchased devices. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the institution. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, and the integrity of our education and training programs.

The purpose of this policy is to present guidelines for residents, faculty and staff to follow in interactions with vendors and sales representatives. This policy meets the institutional requirements promulgated by the ACGME so that residency training programs are not compromised through vendor influence.

At all times the Department of Medical Education and the Residency programs will follow the Aultman Vendor & Health Care Industry Representatives (HCIR) policy regarding how vendors and sales representatives should conduct business within the system.

It is the faculty responsibility to determine which contacts between residents and vendors, or promotion of vendors' products, is appropriate.

Industry representatives are allowed to make sales calls by appointment/invitation only. Upon entering the hospital, vendors and sales representatives should report to the materials management department to obtain a visitor's badge. The visitor badge should be worn at all times.

New vendors or sales representatives should produce a photo identification and current business card from the company they represent.

Consistent with the guidelines established by the American Medical Association statement on Gifts to Physicians, residents and faculty are not permitted to accept personal gifts or gratuities from vendors or suppliers. Vendors and suppliers are not permitted to distribute or post any type of printed materials, advertisements, signs or promotional materials. The materials may be offered to a specific residency program. These materials may then be distributed or posted if approved by a faculty member or the department of Medical Education.

NON-COMPETITION POLICY RESTRICTIONS

The purpose of this policy is to provide guidelines and oversight of the Graduate Medical Education policy for non-competition in Aultman Hospital's sponsored residency programs. The goal of this policy is to ensure that Aultman Hospital and its sponsored ACGME-accredited training programs cultivate a fair and comprehensive learning and working environment that does not require residents to sign a non-compete agreement at any time during their training. This policy is aligned with the ACGME's most up-to-date institutional requirements.

A non-compete clause or restrictive covenant not to compete are terms used in contract law under which one party (usually an employee) agrees not to enter into or start a similar profession or trade in competition against another party (usually the employer). Resident refers to all residents and fellows participating in a graduate medical education training program.

Neither Aultman Hospital nor any of its ACGME accredited programs will require residents to sign a non-competition guarantee or restrictive covenant at any time, before or during, the duration of the training program.

IV. HOSPITAL INFORMATION

Aultman Hospital was founded in 1892 and is the largest healthcare provider 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 its healthcare-related companies. The following information applies to Aultman Hospital residents. Radiology residents doing rotations at Cleveland Clinic Mercy Hospital may receive additional hospital information and policies for that hospital.

MEDICAL EDUCATION DEPARTMENT

The Medical Education Department is located on the third floor of the Harter building in the hospital. In addition to responsibility for the overall administrative coordination of graduate, undergraduate and continuing medical education, the office provides the following services:

- The Department 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 Department holds a file on every resident presently under contract, in addition to past residents.
- Information regarding ECFMG requirements, the National Resident Matching Program, the Intern Resident Registration Program and state requirements, etc. is kept on file.

HEALTH SCIENCES LIBRARY

The Aultman College Health Sciences Library is an academic library with a focus on health science literature, journals, books, and materials. The library supports the needs of the academic programs of Aultman College and supports the teaching facilities, residents, and educators at Aultman Hospital. The library is staffed with a Health Sciences librarian and a paraprofessional experienced in library support systems.

The library is normally staffed from 8 a.m. until 4:30 p.m. Monday through Friday. Access to the Library is available 24/7 with a badge swipe. The Aultman College Health Sciences Library provides 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 NEOMED (Northeast Ohio Medical University), NEOLINK (a local consortium of area hospitals and NEOMED), and OhioLINK (a consortium that includes most of the public and private colleges and universities in the state of Ohio).

Library resources include online databases, ebooks, ejournals and research launching point known as the discovery layer. Examples of databases scoped from the discovery layer include: CINAHL, ProQuest Nursing & Allied Health, and Science Direct. Combined search capabilities of the discovery layer also include full text medical books, over 4,000 electronic books via OhioLINK, the 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).

Library Staff are available to assist with online mediated searches upon request or advanced PICO inquiries via the library's homepage <https://aultman.libguides.com/home>. Library services are often able to obtain copies of nearly any articles in a timely matter (from our own collection or from other DOCLINE participating libraries throughout the United States and abroad). Aultman College Health Sciences Library is a member of the National Network of Medical Libraries and an affiliate member of OhioLINK. All these services are at no cost to members of the Aultman Foundation.

MEDIA SERVICES

Media Services provides assistance with PowerPoint slides, presentation displays, original artwork, color copies and similar needs.

Contact: Barb Tschantz, Corporate Communications, ext. 31608 or barbara.tschantz@aultman.com.

Residents should contact their program coordinator to help with requests for media services, including cost center and account number for approved requests with corporate communications. Barb will then coordinate your request with Media Services.

Media Services requires at least seven days for printing projects, at least 14 days for items involving original design, and longer for more involved projects. Aultman Media Services is proud to offer you professional-quality media services. To ensure maximum quality, we ask that you help us by adhering to our guidelines.

You will be notified when completed requests are ready for pickup. Items can be picked up from 8 a.m. to 4:30 p.m. Monday through Friday in the Media office on the ground level of the main hospital, just past Wound Care.

MEDICAL RECORDS

All physicians must complete medical records according to CMS regulations and Hospital policy. A medical record is considered delinquent if it is not fully completed within thirty (30) days following discharge. Medical records must be maintained for every individual who is evaluated or treated at the hospital. Medical records must be accurately written, promptly completed, properly filed and retained and accessible. All entries must be legible and complete, and they must be authenticated and dated promptly by the person who is responsible for ordering, providing or evaluating the service furnished. The responsible resident will receive a notice of the incomplete records each week. Residents with excessive delinquent charts are reported to their respective program directors. Failure to complete the medical record will impact your attending physician services since a physician's medical staff privileges will be temporarily suspended for a period of up to 30 days in either of the following situations:

- a. The physician has ten (10) or more delinquent records; or
- b. The physician has one or more records that remain delinquent more than ninety (90) days following discharge.

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 expected that residents enter their History & Physical examinations, Discharge Summaries, and Progress Notes in the electronic health 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. Refer to the appropriate content below for documentation requirements.

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 including lack of changes.
 - For OB and nursery the following pre-printed forms may be used:
 1. Doctor's Summary Notes OB patient
 2. Doctor's 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's 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	Care/treatment/services provided
All applicable diagnoses	Diet, activity, medications and follow up
Hospital course	Condition/Disposition at discharge
Procedures performed	Abnormal lab values/tests
Discharge date	Information provided to patient and/or family as appropriate

3. Operative Report Requirements:

- Dictated immediately after surgery.
- Progress note indicating outcome immediately after surgery.
- JC Requirements for an Operative Report:

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

4. Progress Notes Requirements

- 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.
- Must be dated, timed, and signed.

5. Physician Orders Requirements

- 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 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 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. 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 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.

TRANSCRIPTION SERVICES

The Transcription Department is located within the Medical Records Department. Transcription is staffed 24 hours a day, seven 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. 34230 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 physician 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.

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.

Radiology residents: Cleveland Clinic Mercy Hospital 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 for Emergency Room and Chest Pain Center patients and a satellite laboratory is located at Aultman West.

All laboratory work is performed at the written or electronic request of a physician or lawfully authorized person. The laboratory does not accept verbal orders for any patient 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 send to the Laboratory for testing. All test results are available in the HIS for viewing by authorized individuals. Inpatient critical results are called to the floor. Outpatient critical results are called to the physician's office during office hours or paged to the ordering physician or the physician on call.

Further information may be obtained by calling the Laboratory Office at ext. 36311.

RADIOLOGY

The department is located on the ground level of the hospital. Hours: 7 a.m. to 6 p.m.

Technologists are on duty 24 hours per day. A Radiology Resident is on duty from 5 p.m. to 8 a.m. Monday – Friday, and 1 p.m. to 1 a.m. Saturday and Sunday. A staff radiologist is in-house or remote 24 hours 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.

Radiology Library

Residents are welcome to use the Radiology departmental library during the hours of 7 a.m. to 3:30 p.m., Monday – Friday. (The library is locked after hours and on weekends.)

Conferences

All radiology conferences on the weekly conference schedule are open to all rotating 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, s/he 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. s/he 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, s/he will pay the amount for the replacement of the pager at that particular time. Please inform Telecommunications at ext. 36366 as soon as possible so that we can replace the pager. If batteries are needed, these can be obtained through the Department 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)

This is 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)

This is 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.

Code Red

This is 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

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

Code Adam (Baby)

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 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. Notify the Spill Consulting Team at extension 36238.

Code Violet

This is used to alert the staff of a violent/combative 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.

Code Blue

This is used to alert staff of a medical emergency to secure immediate medical assistance for adults experiencing a cardiac or pulmonary arrest.

Code Lavender

This is used to provide emotional support for patients and staff. Code Lavenders are often called after a series of stressful events occur in the hospital.

Code White

This is used to alert staff to extended periods of severe weather that may adversely impact staffing levels for critical services, such as a severe snowstorm.

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 Aultman Human Resources, the Medical Education Department and 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 Security 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.

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