I. **SCOPE:**
Lehigh Valley Health Network (LVHN) adopts this policy for the following selected licensed entities:
- Lehigh Valley Hospital
- Lehigh Valley Hospital – Hazleton
- Lehigh Valley Hospital – Pocono
- Lehigh Valley Hospital – Schuylkill
- Lehigh Valley Home Care
- Lehigh Valley Hospice
- Transitional Skilled Unit
- Fairgrounds Surgical Center
- LVHN Children’s Surgery Center
- LVHN Surgery Center – Tilghman

**Medical and Dental Resident and Fellows Physicians**

All ACGME, AOA, and CODA approved postgraduate training programs at Lehigh Valley Health Network (LVHN).

II. **POLICY:**
It is an ACGME Institutional Requirement that the Sponsoring Institution's GMEC develop and implement a formal written policy governing work environment.

III. **DEFINITIONS:**

- **ACGME**
  Accreditation Council for Graduate Medical Education
- **CODA**
  Committee on Dental Accreditation
- **AOA**
  American Osteopathic Association
- **GMEC**
  Graduate Medical Education Committee
- **Sponsoring Institution**
  The institution that assumes the ultimate responsibility for a program of GME
- **Participating Institution**
  The institution that provides some part of the resident's training outside of LVH.

IV. **PROCEDURE:**
A. The institution and the residency programs (within LVHN and all participating institutions) must provide for the safety of residents and develop health care delivery systems to minimize residents' work that is extraneous to their GME programs' educational goals and objectives and to ensure that resident experience is not compromised by excessive reliance on residents to fulfill non-physician service obligations.
1. Residents on duty in the hospital must be provided adequate and appropriate food services 24 hours a day.

2. Residents on call must be provided with adequate and appropriate sleeping quarters that are private and quiet.

3. Patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transporter services must be provided in a manner appropriate to and consistent with educational objectives and patient care.

4. An effective laboratory and radiologic information retrieval system must be in place to provide for appropriate conduct of the educational programs and quality and timely patient care.

5. A medical records system that documents the course of each patient’s illness and care must be available at all time and must be adequate to support quality assurance activities, and provide a resource for scholarly activity.

6. Appropriate security and personal safety measures must be provided to residents in all locations including but not limited to parking facilities, on call quarters, hospital and institutional grounds, and related clinical facilities (e.g., medical office building)

7. Educational materials to support patient care in the working environment (e.g. computer with internet access, biomedical library materials, etc.) must be available at all times.

8. Patient Safety: LVHN must ensure that residents have:
   - Access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal
   - Opportunities to contribute to root cause analysis or other similar risk-reduction processes.

9. Quality improvement: LVHN must ensure that residents have:
   - Access to data to improve systems of care, reduce health care disparities, and improve patient outcomes
   - Opportunities to participate in quality improvement initiatives.
B. The institution and the residency programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. This includes the availability of elected officers of the Lehigh Valley Residents' Association (LVRA), the annual Resident Satisfaction Survey, and the following:

1. Provision of an organizational system for residents to communicate and exchange information on their work environment and their ACGME/AOA/CODA accredited programs.

2. A process by which individual residents can address concerns in a confidential and protected manner. An example of such a process is the Resident Grievance Policy.

V. REFERENCES: N/A
VI. ATTACHMENTS: N/A
VII. DISCLAIMER: N/A

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the Departments of Risk Management and/or Legal Services and the Ethics Committee, as appropriate.

VIII. REVIEWS:

Origination: [June/2004]
Review / Revision: [April/2019]

Approved by the Graduate Medical Education Committee

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