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
☐ Transitional Skilled Unit
☐ Lehigh Valley Home Care
☐ Lehigh Valley Hospice
☐ Pocono VNA / Hospice
☐ Lehigh Valley Home Care – Schuylkill
☐ Lehigh Valley Home Care – Hazleton
☐ Fairgrounds Surgical Center
☐ LVHN Children’s Surgery Center
☐ LVHN Surgery Center – Tilghman

Medical and Dental Resident and Fellow Physicians

II. POLICY:
It is an ACGME institutional requirement that the sponsoring institution develop a Disaster Policy for graduate medical education (GME) activities. This policy defines the process for allowing graduate trainee transfer in the event of a disaster that prevents the Network from continuing the operation of graduate training programs.

III. DEFINITIONS:
Disaster: An event or set of events deemed by the DIO, in consultation with appropriate GMEC members, LVHN disaster response coordinators and Senior Management, to cause significant disruption or alteration to the educational experience at one or more LVHN campuses for an extended period.

DIO- Designated Institutional Official

Senior Management – Chief Executive Officer, Chief Financial Officer, Chief Medical Officer, Chief Academic Officer, Appropriate governing accreditation body or committee: The ACGME, RRC, AOA, or AOA Committee, or CODA Committee which oversees the inspection and approval of the program in which the graduate trainee is currently contracted.

ACGME – Accreditation Counsel for Graduate Medical Education
CODA – Commission on Dental Accreditation
AOA – American Osteopathic Association
RRC – Residency Review Committee
GMEC – Graduate Medical Education Committee

IV. PROCEDURE:

PROCEDURE FOR TRANSFER TO AN OUTSIDE INSTITUTION AND PROGRAM RECONFIGURATION

If because of a disaster, an adequate educational experience cannot be provided for each graduate trainee, LVHN will:

a.) arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its graduate trainees or

b.) cooperate in and facilitate permanent transfers to other programs/institutions.

c.) make keep/transfer decisions expeditiously so as to maximize the likelihood that each graduate trainee will have a timely completion of the trainee year.

Within ten days after the declaration of a disaster, the Designated Institutional Official (DIO) and Osteopathic Director of Medical Education (ODME) of LVHN will contact the appropriate accrediting body to discuss due dates that the accrediting body will establish for the programs (a) to submit program reconfigurations to each respective accrediting body and (b) to inform each program’s graduate trainees of graduate trainee transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by the accrediting body.

Temporary Graduate Trainee Transfer. At the outset of a temporary graduate trainee transfer, a program must inform each transferred graduate trainee of the minimum duration of his/her temporary transfer, and continue to keep each graduate trainee informed of the minimum duration. If and when the LVHN program decides that a temporary transfer will continue to and/or through the end of a graduate training year, it must so inform each such transferred graduate trainee.

Communication with accrediting bodies. The DIO/ODME or designee will call or e-mail the appropriate governing accreditation body (for the ACGME the Institutional Review Committee Executive Director) with information and/or requests for information.

The Program Directors or designee will call or email the appropriate governing accreditation body or committee (for the ACGME the appropriate Review Committee Executive Director) with information and/or requests for information.

Graduate Trainees should call or email the appropriate governing accreditation body or committee (for the ACGME the appropriate Review Committee Executive Director) with information and/or requests for information.
Of note, all of the above parties should check the websites of the accrediting bodies for updates and information prior to direct contact.

**Approved by the Graduate Medical Education Committee**

If because of a disaster, an adequate educational experience cannot be provided for each resident/fellow, the sponsoring institution (DIO or designee) will:

- Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows
- Cooperate in and facilitate permanent transfers to other programs/institutions
- Inform each transferred resident of the minimum duration of his/her temporary transfer.
- Call or email the appropriate governing accreditation body or committee with information regarding resident/fellows status.

Within 10 days after declaration of a disaster, DIO will contact the governing accreditation body or committee to discuss due dates that the governing accreditation body or committee will establish for the programs.

To submit programs reconfigurations to the appropriate governing accreditation body or committee.

To inform each program’s residents of resident transfer decisions.

Due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by the appropriate governing accreditation body or committee.

Disaster Policy Flow Chart

If and when a program decided that a temporary transfer will continue to and/or through the end of a residency year, it must so inform each such transferred resident.

Program Director

Residents

Contact the appropriate accreditation body or committee regarding resident/fellows status.

Call or email the appropriate accreditation body or committee with information and/or requests for information.
V. REFERENCES: N/A

VI. ATTACHMENTS / FORMS: N/A

VII. DISCLAIMER:
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. REVIEW:
Origination: 11/2011
Review / Revision: 11/11/2019

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