

2011-2012



Hennepin County **Medical Center**

[RESIDENT MANUAL]

[Hennepin County Medical Center has a long tradition in medical education since its establishment as the first teaching hospital in Minnesota. HCMC offers graduate medical education programs to train resident physicians to care for the population of the state.]

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INTRODUCTION

On behalf of the Office of the Medical Director, Program Directors and Coordinators, faculty, and staff, welcome to the Residency Program at Hennepin County Medical Center! We hope that the time you spend with us will be both educational and enjoyable. This manual is a reference guide for your Residency Agreement with Hennepin County Medical Center. It describes the policies, procedures and information that apply to you in your role as a resident. All materials are intended to be in accordance with the Accreditation Council for Graduate Medical Education.

All information outlined in this manual is subject to periodic review and change. A current copy of all Hennepin County Medical Center policies can be found on the Intranet. From any Hennepin County Medical Center computer, you can go to <http://infooncall/index.htm> and click on policies.

Residents are responsible for familiarizing themselves with and adhering to the policies and guidelines contained in this manual. **Again, welcome to the program!**

Hennepin County Medical Center Mission Statement

We are committed to provide the best possible care to every patient we serve today; to search for new ways to improve the care we will provide tomorrow; to educate health care providers for the future; and to ensure access to healthcare for all.

Goal for Graduate Medical Education

In order to meet the healthcare needs of the population of the society and community that HCMC serves, the HCMC Graduate Medical Education Committee:

1. Provides its programs the necessary financial and human resources support for education and training of resident physicians in biomedical sciences, academic medicine, and the art and science of practicing compassionate and competent care
2. Utilizes opportunities to collaborate with other hospital and educational institutions in fulfilling its educational mission
3. Ensures compliance with the Accreditation Council for Graduate Medical Education (ACGME) requirements.

Approved by GMEC 1/22/2010

Approved by MEC 2/16/2010

Benefits

This is just a brief overview of your benefits. For more information, check your certificate of coverage.

Employee Occupational Health and Wellness

Employee Occupational Health and Wellness will provide medical evaluation to all paid resident staff to promote timely and optimal care at the time of work related injury and to prevent the nosocomial spread of disease. EOHW will include pre-placement screening, immunization and exposure/injury assessment.

Residents starting at Hennepin County Medical Center are required to complete a Health History Questionnaire and receive required immunizations. Residents will be screened for tuberculosis on an annual basis.

Residents are required to report all on-duty injuries and significant blood or body fluid/infectious disease exposures to EOHW. Residents shall complete paperwork required for OSHA and Workers' Compensation, and shall be evaluated and referred for follow-up care if required. Residents shall update EOHW regarding any impairment, lost time or restricted duty as a result of an injury or significant exposure. EOHW is open Monday, Tuesday, Wednesday, and Friday: 7-9a, 11a-1p, and 2:30-4p, Thursday: 7a-12p. Appointments are also available during non-walk-in hours, call 873-2383. It is located in the lower level of the Purple Block. When EOHW is closed residents injured on duty shall receive medical care in the Urgent Care Center or Emergency Department.

Insurance: Health Insurance

Medica

Options Plan

- Two Tiers of Providers – (Tier I; HCMC/HFA and Fairview)
- Office visit co-pays \$10- Tier I providers (waived for HCMC/HFA); \$30- Tier II providers
- In-network preventive care covered at 100%
- Prescription drug copays: \$12/generic; \$35/brand

HRA Plan (Health Reimbursement Account)

- Annual Deductible: \$1450 Individual and \$2900 Single plus one Dependent and Family – In-Network
- HCMC helps to pay a portion of the deductible
- An HRA account is funded by HCMC annually - \$900 individual; \$1800 Single plus One Dependent and Family (pro-rated for mid-year hires)
- Annual Out-of-pocket maximum \$2,500 Individual and \$5,000 Single plus One Dependent and Family – In-Network

Contributions/Month – Resident	HRA	Options
Single	\$0	\$51.54
Single plus one Dependent	\$182.36	\$289.90
Family	\$258.98	\$389.44

Billing

All health insurance premiums due from residents are paid through a payroll deduction plan handled through Hennepin County Medical Center. The health insurance premium is a biweekly deduction

Questions on Coverage

Contact Medica Member Services at 952-945-8000; 800-952-3455 Toll Free, or the Benefits Service Center at 1-877-558-1177.

Extension of Coverage

Residents have the option to continue their coverage for a period of up to 18 months after leaving the program unless other conditions apply. You will be required to pay the full insurance premium plus a statutory administrative fee of 2%, for the months you choose to extend your insurance.

Eye Coverage

Please contact Medica Member Services directly for information on eye coverage.

Health Care Flexible Spending Account

Pre-tax dollars are used to pay for out-of-pocket medical, dental and vision expenses for you and your dependents. You can set aside up to \$5,000 annually, pre-tax, through automatic payroll deductions. For the 2011 calendar year, your annual election will be divided by 12 pay periods (July 1 – Dec 31, 2011). You will need to re-enroll in November for participation in the Plan for the period 1/1-12/31/2012.

Dependent Care Flexible spending Account

Pre-tax dollars are used for your eligible dependent care expenses, such as day care for your child or elder care. You can set aside up to \$5,000 annually, pre-tax (up to \$2,500 if you're married and filing separate tax returns) through automatic payroll deductions. For the 2011 calendar year, your annual election will be divided by 12 pay periods (July 1 – Dec 31, 2011). You will need to re-enroll in November for participation in the Plan for the period 1/1-12/31/2012.

Insurance: Dental insurance

HealthPartners Exceed Plan

Tier I

- No annual deductible for specific areas of care
- Out-of-pocket maximum \$1,000
- Preventative care 100% coverage
- Sealants 100% coverage
- Fillings 50% coverage
- NO OUT OF NETWORK COVERAGE

Tier 2

- \$25 per person deductible
- \$75 family deductible
- Out-of-pocket maximum \$1,000
- Preventative care 80% coverage
- Sealants 80% coverage
- Fillings 50% coverage
- NO OUT OF NETWORK COVERAGE

Contributions/Month – Resident	HP Exceed Plan Monthly Prem.
Single	\$29.30
Family	\$71.42

Insurance: Life Insurance

Basic Life Insurance

- Basic life amount is \$50,000
- 100% paid by HCMC

Supplemental Life Insurance

You will be have the opportunity to purchase additional life insurance in increments of \$10,000 up to a maximum of \$500,000 at age-rated, group rates. No evidence of insurability will be necessary for the first \$100,000. For amounts over \$100,000, you will be required to complete and Evidence if Insurability questionnaire. Coverage is also available for your spouse and/or dependent child(ren).

Employee Rates:

Age	Rate per \$1,000
<25	\$.03
25-29	.03
30-34	.04
35-39	.05
40-44	.07
45-49	.10
50-54	.15
55-59	.25
60-64	.43
65-69	.82
70+	1.30

Supplemental Spousal Life

Coverage	<i>Employee Cost per Pay Period (24)</i>
\$10,000	\$0.65
\$20,000	\$1.30
\$30,000	\$1.95

Supplemental Child Life

Coverage	<i>Employee Cost Per Pay Period (24)</i>
\$5,000	\$0.49
\$10,000	\$0.98
\$15,000	\$1.47
\$20,000	\$1.96

Insurance: Group Short-Term Disability

Income replacement program (provided through The Standard Insurance Company) available to employees who become disabled (unable to work because of a covered illness or injury) for a short period of time, up to 90 days.

- Employees will automatically be covered
- HCMC will pay 100% of the cost of the coverage!
- 14-day waiting period, benefits begin on 15th day of disability
- 60% benefit, to a max of \$2,000/ week

Insurance: Group Long-Term Disability

Income replacement program (provided through The Standard Insurance Company) available to employees who become disabled (unable to work because of a covered illness or injury) for a long period of time.

- Employees will automatically be covered
- HCMC will pay 100% of the cost of the coverage
- Monthly Benefit: 60% of Salary to max of \$10,000/month
- Benefits begin after 90 days of disability. The Maximum Benefit Period is determined by your age when the Disability begins.

457 Deferred Compensation Plan

You have an opportunity to supplement your retirement by participating in the MN State 457 Deferred Compensation Plan (MNDCPL). 457 deductions are taken pre-tax from your bi-weekly paycheck in lieu of the 6.2% social security deduction. The maximum contribution amount is \$16,500 annually. Unless exempt because of J1 VISA status, a resident must choose either enrolling in the 457 plan or having the social security deduction. Under either option, the resident is subject to the Medicare payroll tax. A resident may elect to contribute 3.75% of his/her “base pay” to the Minnesota Deferred Compensation Plan and HCMC will make a dollar-for-dollar matching contribution up to \$2,000 per calendar year and will not pay or withhold FICA taxes. No other matching contributions will be made. For purposes of these rules, “base pay” means the total stipend from HCMC. The resident may withdraw his/her contributions and the matching contributions from the state plan at the end of their employment. There is no age limit for distribution tied to this Plan. Detailed information will be given out during Orientation. Alternatively, the resident may participate in the employee Social Security program (FICA). The contribution will be at the statutory rate (currently 6.2% for Social Security and 1.45% for Medicare). It may not be withdrawn at the end of employment. IF A RESIDENT FAILS TO CHECK the State Section 457 Plan Option under VIII.F and complete the requisite enrollment form for the plan, the resident will be subject to FICA.

FOR QUESTIONS PLEASE CONTACT HCMC BENEFITS SERVICE CENTER AT 1-800-646-6417 WWW.HCMC.ORG/EMPLOYEE

Resident Loan

PURPOSE

This loan program, provided by the medical staff will:

- Be aimed to help those HCMC residents from countries outside the United States who are experiencing difficulty obtaining loans on their own due to lack of a credit history,
- Also be extended to residents who, for one reason or another, are having serious financial difficulties,
- Be used to meet a sudden unexpected commitment that cannot be delayed, such as unforeseen accident, health expenses, or family death.

Both the Residency Program Director and the Medical Director (*and Department Chief if loan request is more than \$2000 and/or an extended payment plan – see #4 below*) will determine the qualification of a resident for this program.

PROCEDURE

1. The resident is to submit their request to their Residency Program Director,
2. The Residency Program Director will determine appropriateness of the request (i.e. “all other options have been extinguished”) and that there is no evidence that the resident will leave the program prior to repayment.
3. If it is determined by the Residency Program Director that the resident has no other alternative, the Residency Program Director is to forward the signed application to the Medical Director.
4. *If the resident is requesting more than \$2000 and/or an extended payment plan (loans to be paid back over more than 12 months) approval/signature is needed by the Department Chief to guarantee the loan with departmental HFA Education and Research funds.*
5. The Medical Director will review the applicant’s request and Residency Program Director’s recommendation. If the Medical Director approves the loan, the Medical Director will contact the resident and set up a payment plan.
6. The resident will complete a Promissory Note and Warrant of Attorney to Confess Judgment Form.
7. Loans will be “interest free” and payments will be set up through HCMC payroll deduction.
8. The Office of the Medical Director will receive payments in the form of a check from HCMC Finance and will deposit payments directly back into the Medical Staff Dues Account.

CRITERIA

- The resident must be an HCMC employee.
- The resident has sought out all options to obtain a loan on their own (i.e. through bank, credit union, credit card, etc.).
- The resident must complete a Promissory Note and Warrant of Attorney to Confess Judgment Form with payments to be paid by payroll deduction.
- The loan must be paid in full during residency at HCMC, while an HCMC employee.
- *For an extended payment plan (loans to be paid back over more than 12 months) and/or loan amount requests for more than \$2000, the department's residency program agrees to co-sign** for the resident and guarantee the loan with HFA funds. **The Department Chief's signature is needed as well as the Residency Program Director's signature.*

Meals

The hospital provides food service for residents who are required to be physically present at Hennepin County Medical Center at times when they would otherwise be responsible for providing their own meals. Each resident will have an annual declining meal balance based on the number of assigned on-call and no-call rotations as determined by the Graduate Medical Education Department. Purchases will be deducted from the annual meal balance until the balance is depleted. The cashiers can give you a report of your account balance at any time or you may call Judi Shurson at 873-3922 for the balance.

If and when the declining balance reaches zero, a resident has two options:

- 1) pay cash for all meals purchased thereafter; or
- 2) bring a check to the Graduate Medical Education office on G2. The resident account will be credited with this amount.

The meal privilege is for the residents' private use and shall not be shared with other residents, medical students, families, or other hospital staff members. Purchases shall not be taken out of the hospital and bulk purchases are not allowed.

Each resident will receive a photo ID badge, which must be used for all food purchases in the hospital cafeteria. In the event that a resident does not have their ID badge, the cashier shall refuse service unless the resident pays cash for the purchase. **There shall be no advances.** Any unspent food allowance at the end of the year shall not be carried over to the next academic year. All food money will be proportioned in May of each year.

If a resident loses their badge, contact Judi Shurson, GME Administrative Coordinator at 612-873-3922, as well as the Parking Office at 612-873-2359. A replacement photo ID badge must be purchased by the resident for a cost of \$12.00 from the parking office.

Failure to comply with meal policies (i.e., bulk purchases, disrespectful behavior, etc.) shall result in the following actions:

- 1) First violation – written warning.
- 2) Second violation - written warning to the resident with copy to the Program Director. Such warning shall include a one-month suspension of meal privileges.
- 3) Third violation - termination of meal privileges.

The resident may file a written notice of appeal within 30 days with the Medical Director of the Medical Center.

Liability Insurance

All residents are covered for malpractice claims through the Hennepin County Employee Indemnification Plan, Plan #85-6-325. For more information on the plan, you may contact Claire Schnurr at the Office of the Hennepin County Attorney, Civil Division, A-2000 Government Center, Minneapolis, MN 55487, 612-348-5230.

This plan, as revised, was approved by the County Board of Commissioners in 1985 in accordance with the County becoming self-insured for certain exposures.

This indemnification plan covers: all medical residents during the course of their employment duties while treating Hennepin County Medical Center patients and while treating patients at other facilities, within the State of Minnesota, if sanctioned as part of their medical training by the Medical Director of Hennepin County Medical Center (specifically and if the insurance is not provided by the other facility). If there is any doubt about insurance coverage in such situations, you must confirm coverage with your department head before the outside assignment begins.

The plan declares that the County of Hennepin will defend, save harmless and indemnify any officer, agent or employee, against any tort or professional liability claim or demand, whether groundless or otherwise, arising out of an alleged act or omission occurring in the performance of duty; that the County will compromise and settle any valid claim or suit and pay the amount of any settlement or judgment rendered thereon. The employee must cooperate fully in the defense of the claim or action, and must not have engaged in malfeasance (deliberate wrongdoing) with respect to the acts or omissions claimed.

As of July 1, 2009 and thereafter, the liability limitations for municipalities, which are set by state statute, are \$500,000 for any one individual claimant because of wrongful act or omission, or \$1,500,000 for any number of claims arising out of such single occurrence. These statutory limitations on municipal liability apply to all employees, and do not change, no matter how many employees are sued or how many claims arise from one occurrence.

If a claim otherwise covered under the plan is asserted against an employee and she/he has another valid insurance policy, bond or indemnification plan available covering the loss or damage alleged against her/him, such insurance, bond or other plan will be considered primary as to the payment of any such claim.

Every defense and indemnification benefit available to an employee under this plan shall continue to be available to the employee after the termination of her/his employment so long as the act or omission causing liability occurred during the course of her/his duties while an employee of Hennepin County, was not malfeasance, and the former employee cooperates in the defense of the claim or legal action.

Hospital Administration has a complete copy of the indemnification plan if you are interested in seeing it. If for any reason you anticipate that a claim may be made against you, you should immediately notify Michael Miller, Assistant County Attorney (612-348-5488) assigned to the Hennepin County Medical Center, his investigator or Arthur Gonzalez, Director of Operations at 612-873-2343.

Parking

Free parking is available 24 hours a day to Hennepin County Medical Center and University of Minnesota rotating residents in the parking ramp located at 8th Street and Chicago Avenue. Entrances to the ramp are on 8th Street and on 9th Street, off Chicago Avenue. To enter and exit the parking ramp you must have a Gate Access Control Card. To obtain a Gate Access Control Card, go to the Parking Office, located next to the mailroom in the Lower Level Orange Building. Parking office hours are from 8:00 am - 3:30 pm, Monday through Friday or by appointment (612-873-2359).

You must provide the parking office the following information to obtain a gate access control card:

- Make, model, color, year and license numbers of all vehicles you plan to park in the ramp
- Department name
- Department telephone number or Hennepin County Medical Center pager number
- \$50.00 deposit (cash or check)

University of Minnesota and visiting residents and fellows must return their Gate Access Control Card to the parking office on the last day of their rotation. A pass will be issued to allow you to exit the ramp that day. In consideration of these parking privileges, the resident agrees that parking information may be released to Hennepin County Medical Center.

For additional parking information, contact the Parking Office at 612-873-2359.

Resident Assistance Program (RAP)

Hennepin County Medical Center contracts with an outside agency, Sand Creek Associates, to provide resident assistance services. We encourage you to call them regarding any emotional and/or financial difficulties you may experience. Depending upon your needs, referrals to outside sources may be made. Your health insurance may cover portions of these services.

The Resident Assistance Program also provides services for impaired physicians seeking help for problems pertaining to drug and alcohol use and other impairments. The program works with “Physicians Serving Physicians” in cases where long-term case management or legal reporting is

required by licensure or state law. In these circumstances, the program continues to case manage the progress of residents throughout their residency program.

Contact: Chris Erickson at Sand Creek at 651-430-3383 or 1-800-632-7643 for more information.

Resident Leave Policies

GUIDELINES FOR PATIENT CARE RESPONSIBILITIES DURING RESIDENT VACATIONS AND LEAVE

Each residency program will "contract" annually with a department to have a predetermined number of resident-months on service where the department agrees to provide a patient care experience, and the program will be responsible to accept that patient care responsibility. The department agrees to allow **three weeks of vacation or academic leave for each 12 resident-months**. The department may allow for more vacation at its discretion. For vacation and leave beyond that limit, the program will provide another resident to take over the patient care responsibilities for the vacationing resident.

Each program has made individual agreements with each department to determine how to perform critical activities (such as on-call duties), when a program's resident takes a leave for medical, paternity, maternity or military reasons. This includes unpredictable sick days. You may be asked to help cover for some of your colleagues.

Residents need to inform the program and department as soon as possible to allow for the best planning and least inconvenience to the department and program. A program should extend the length of training for a resident who misses too many days. If a resident is too ill to perform their duties on short notice, they shall notify the department as soon as possible. The department will then notify the program.

These guidelines are for all post graduate resident years.

DEPARTMENT OF INTERNAL MEDICINE ACADEMIC LEAVE AND VACATION POLICY

Time away from the hospital is necessary for vacation, academic conferences and fellowship/employment interviewing. Prolonged periods of leave however, compromise the educational experience of the resident taking leave, and burden the remaining residents and services. This policy is an attempt to create a balance between necessary leave and educational goals, requirements for board certification, service responsibilities and patient care.

On any given clinical rotation the total amount of leave taken (vacation + academic leave + interview days) may not exceed 25% of the entire days of that rotation. If more than 25% of a clinical rotation is missed because of leave time, that clinical rotation must be repeated prior to graduation from the program.

Vacation:

G1 Residents: three weeks paid vacation (one in first six months, one in second six months and from June 24 to June 30)

G2/3/4 Residents: three weeks paid vacation

One week of vacation shall be taken from the first six months of the academic year, and one week of vacation shall be taken from the second six months of the academic year. Vacation shall be taken in one-week blocks. Special circumstances shall be reviewed by a Chief Resident.

Back-to-back vacations affecting two consecutive rotations may be approved only under exceptional circumstances, pending review by a Chief Resident or Program Director. Two weeks' vacation from a single rotation would (in most cases) exceed 25% of the time devoted to that rotation, and, therefore, is not allowed (except on non-required rotations, i.e., electives).

Requests for vacation must be made IN WRITING to the Internal Medicine Education Office at least SIX WEEKS in advance of the proposed leave. This requirement is strictly enforced. Conflicts among requests shall be resolved on a first-come-first-served basis.

Vacation requests must be approved by the Internal Medicine Education Office, as well as the head of the department or subspecialty from which the vacation is being taken.

The resident's clinic must be canceled with at least six weeks' notice. Requests must be made in writing to the clinic operations manager separately.

G1 Year: G1 residents may take vacation from non call rotations, including Emergency Medicine (provided the Emergency Medicine vacation quota has not been met).

G2/3 Years: There will be no "carry over" of vacation time from one academic year to the next.

G2/3 residents should schedule one vacation week from their elective period.

No vacations may be taken from inpatient medicine services. Vacations are not allowed from single resident services.

Interview and Academic Leave Policy:

Residents must apply for academic leave and interview days in the Internal Medicine Education Office. Residents shall find their own coverage for academic and interview days. Leave will be granted only with the approval of a Chief Resident and the Program Director.

NON-MEDICINE RESIDENTS ROTATING ON INTERNAL MEDICINE VACATION POLICY

Residents from other departments may take vacation from Internal Medicine wards, but only up to three weeks per year, per one resident full-time equivalent, rotating on Internal Medicine wards. The

Department of Medicine shall use the following criteria as a guideline for the approval of vacation requests:

BLUE

- Non-Internal Medicine interns may take vacation provided another G1 from their team is not taking vacation at the same time, and provided that the medical students are not on leave.

GREEN

- Non-Internal Medicine interns are discouraged from taking vacation from the Green rotations, but may take vacation if the medical students are not on leave.

YELLOW

- Family Medicine interns/residents cannot take vacation from the Yellow rotation. If they take vacation from a Medicine Ward rotation, it must be from the Green/Ward or Blue/Cardiology services.
- Emergency Medicine residents may, as a group, take up to three weeks per year of Internal Medicine vacations from the Yellow rotation.
- Non-Internal Medicine interns are strongly discouraged from taking vacation from the Yellow rotation, and may not take vacation if medical students are also on leave.

Internal Medicine will not allow vacations over major holidays or between December 15 and January 1.

ALL Non-Internal Medicine intern/resident vacation requests must be made in writing with at least six weeks' notice and approved by the Internal Medicine Education Office.

NON-MEDICINE RESIDENTS VACATION POLICY

Residents planning a vacation shall complete the appropriate vacation form, then get the approval signature of the involved Residency Director. **ONE WEEK OF VACATION MUST BE TAKEN IN THE FIRST HALF OF THE YEAR.** Vacations by G-1 residents are not allowed the last week of the academic year.

G-1: Two weeks of vacation (14 calendar days in total) may be taken during the year with the following considerations:

- The Division Chief (including Chief of outside assignments) from whom vacation is requested must approve the vacation.

- Emergency Medicine will not allow vacations over major holidays or between December 15 and January 1. Any unusual Emergency Medicine staffing problems that would restrict G-1 vacations shall be cleared through the Medical Director.
- Some residents, including Transitional G-1 residents, are assigned specific rotations in which to take their vacation based on their requests at the beginning of the year. The resident must still arrange the specific week within that rotation with the service office and receive approval.
- Vacations beginning on OB-GYN are taken for seven consecutive days, Monday to Monday. A vacation may be taken which begins on OB-GYN and ends on another service or vice-versa, providing both services approve. Vacations may not be taken between December 18 and January 7. Requests are considered in the order in which they are received by department secretary in the OB-GYN Service Office (P5). Do not submit a request before noon on the first day of the academic year.
- The Psychiatry Department requests three months advance notice for vacation. Requests of less than three months but at least six weeks may be reviewed, and if approved, would necessitate the requesting resident to trade scheduled call shifts.
- No vacations will be allowed between June 15-30.
- The resident is responsible for assuring adequate coverage for patients.
- Vacation requests will be considered in the order in which they are received. Each department must give out a pre-determined number of vacation weeks based on the number of assigned residents. After departments meet their obligation, it is their option to grant or deny vacation requests. These vacation guidelines may be modified or changed as necessary by the Hennepin County Medical Center GME Committee.

G-2 and above: Three weeks of vacation (21 calendar days in total) during the year. Contact the Department Chief's office or the Chief Resident for department policy.

FAMILY MEDICAL LEAVE POLICY, INCLUDING CHILDBIRTH OR ADOPTION

A Family Medical leave of absence for serious illness of the resident, serious health condition of a spouse, parent or child, or birth or adoption of a child, shall be granted through formal request to the Program Director. The length of the leave will be determined by the Program Director based upon an individual's particular circumstances and the needs of the department, but shall not exceed 12 weeks in any rolling 12 month period (12 months from the date the leave begins). Minnesota Statute requires that an employer allow up to 6 weeks of unpaid leave of absence.

The resident shall be granted up to six weeks PAID maternity leave and up to two weeks PAID paternity leave. For maternity leave, two weeks will be paid by Hennepin County Medical Center

and four weeks will be paid by short-term disability. After the six weeks of paid leave and any vacation time accrued, additional time will be without pay. During the unpaid portion of any leave, the resident may be required to pay full medical insurance premiums. Following adoption of a child, a resident shall be entitled to two weeks of paid parental leave.

The resident shall inform the Program Director as soon as possible of any Family Medical Leave to allow scheduling of curriculum plans to accommodate the leave. It is the responsibility of the resident and the Program Director to ensure that Board eligibility requirements are met within the original residency period or that alternative arrangements are made.

LEAVE DUE TO MAJOR ILLNESS

A major illness is defined as a continuous absence from service for more than 7 calendar days. For a continuous absence due to personal illness or disability while under the care of a physician, full pay will be provided for an additional 21 calendar days beyond the normal 7 days of sick leave (28 days total). Written confirmation by the resident's physician of the need for absence from the program may be requested by the program director at any time but definitely after 14 days of absence.

If a major illness/disability extends beyond the initial 28 days, upon receipt of a statement from a physician, an additional period of sick leave may be granted. (*FML – 12 weeks*) However, the amount of stipend would be reduced to 50% of the resident's monthly earnings. This 50% appointment may be renewed at 31-day intervals upon the receipt of a statement verifying the resident's status and inability to work. The maximum amount of time (continuous) that the hospital will cover the stipend is 90 days (3 months). This amount of time is calculated from the initial onset of the illness/disability. The resident may take an additional 3 months of unpaid sick leave. The hospital will continue to pay its share of health insurance premiums. If at the end of this time period the illness/disability continues, the resident would become eligible for Long-Term Disability if all conditions have been met according to the Plan. At this time, the resident would have a medical lay-off and the resident contract would be terminated. At a future time, the resident could re-apply to the program for re-admission.

It is essential that the resident communicate with the residency program director/coordinator and the Payroll contact when it appears that the major illness/disability will be long term. The resident will then be directed to the appropriate individual at the company responsible for the Disability Plan.

Approved by the GMEC 11/19/2002

ACADEMIC LEAVE AND CONFERENCES

Time away from the hospital for academic leave and conferences may be granted in addition to regular vacation time. This is under the jurisdiction of the residency program, which must ensure that the time away is well spent and fits within the curriculum and content of their residency program. A resident may be allowed a maximum of seven (7) calendar days off per year. If the resident is assigned to an off-service rotation, the residency program needs to make mutually

agreeable arrangements with any affected department. If requested, the residency program shall provide a replacement, either with another resident or with payment for moonlighters.

PERSONAL LEAVE OF ABSENCE

A resident may arrange with the residency Program Director for a personal unpaid leave of absence. If the resident is assigned to an off-service rotation, the residency program needs to make appropriate arrangements with any affected department. The resident shall continue to be included in health and disability insurance policy for up to three months, but will be responsible for payment of the premiums. Arrangements for premium payment shall be made with the payroll manager. Responsibility for meeting the certification requirements of the relevant American Board rests with the individual resident and Program Director.

FELLOWSHIP AND JOB INTERVIEWS

Fellowship and job interviews are personal activities. A service may grant a leave or may insist that this activity be done on a resident's own time or vacation time.

MILITARY LEAVE GUIDELINES

Employees in the County service shall be entitled to military leaves of absence without pay for services in the armed forces of the United States and reinstatement at the expiration of leave. Such leave shall be authorized only in cases where the employee has been officially called to active duty in the military service and shall be authorized only as long as the employee is in the service as required by the government.

In the event a resident/fellow is called to active military duty, it is incumbent upon the Program Director to notify both the individual RRC and the Board of this change in status.

Stipends and Payroll

The Payroll Office is located in the Life Sciences Building on the 2nd floor. Payroll hours are from 7:30 am to 4:30 pm, Monday through Friday, with the exception of payroll Friday when the office will be open from 7:30 am to 4:00 pm. The office is closed Saturday, Sunday and holidays.

Residents are paid through a process called "E-Stub." This system allows the resident to view their payroll information on-line in a secured computer location. Paper checks are no longer issued.

Workers' Compensation

Hennepin County Medical Center employees have full protection under the Minnesota Workers' Compensation law in case of work-related illness or injury. The County self-insures its Workers' Compensation program, i.e., all claims are paid directly by the county, with claims administration and evaluation handled by the County's Workers' Compensation Unit. Workers' Compensation

insurance provides partial pay for lost work time and pays all medical expenses connected with the work-related illness or injury. All County employees are covered, and coverage starts immediately and automatically on the employee's first day on the job.

Questions regarding coverage should be addressed to the County's Workers' Compensation Unit, 612-873-4965.

Professional Conduct and Behavior

Consumption of Food/Beverages in Patient Care Areas

There shall be no consumption of food or beverages or chewing of gum/snuff by health care workers in any area of the hospital where patient care procedures are being conducted. This includes, but is not limited to, patient rooms, team centers, ICU desks, charting areas, equipment reprocessing areas, and all laboratories and diagnostic departments where patients are transferred as a result of a medical order. Departmental supervisors have designated break areas where food/beverages may be consumed.

This policy is regulated by the Minnesota Occupational Health and Safety Administration (OSHA) under the Blood Borne Pathogens Standard. Noncompliance with this and other components of the Standard are subject to substantial fines to the hospital by OSHA and disciplinary action to the health care worker by HCMC management.

Delinquent/Incomplete Medical Records

PURPOSE

To ensure quality patient care and minimize the adverse financial impact on Hennepin County Medical Center.

POLICY

Medical records are to be completed in a timely and efficient manner. Any resident or member of the medical staff who has incomplete charts that are more than 28 days old shall be subject to penalties determined by the HCMC Medical Director including, but not limited to, suspension of meal or clinical privileges.

DEFINITIONS

Delinquent Chart: Any chart that is incomplete for more than twenty-eight days post discharge.

PROCEDURE

Health Information Management (H.I.M.) shall:

- notify providers, via in-basket notifications, who have chart deficiencies.
- notify the OMD of any permanent chart deficiencies that will require the medical staff to authorize the medical record as incomplete. Reasons for such authorization include, but are not limited to:
 - a provider has permanently left HCMC and cannot be contacted, and an alternate provider cannot be identified for reassignment of the chart; or
 - a provider is now deceased, and an alternate provider cannot be identified for reassignment of the chart.

OMD staff shall:

- make contact with those practitioners for whom a decision has been made to impose a penalty on their meal/clinical privileges.
- when medical staff privileges are suspended, notify both the practitioner and their department chief in addition to other appropriate hospital personnel.
- when meal privileges are suspended, notify the resident.
- if a resident's clinical activity is suspended, notify the resident, their program coordinator and their program director.

Approval by Med Exec: 09/01/99

Reviewed/Revised: 10/28/09

Duty Hours Logging Policy

PURPOSE

To accurately record and approve residents and fellows hours for all training related activities in accordance with the Accreditation Council on Graduate Medical Education (ACGME) and Centers for Medicare and Medicaid Services (CMS) requirements.

POLICY

Residents and fellows shall accurately log and update their hours in the Duty Hours module of Residency Management Suite (RMS) on a daily basis. All duty hours for a given month must be entered and approved by the 3rd working day of the following month, e.g. January duty hours logged and approved by 3rd working day of February.

Cafeteria stipends and parking privilege benefits are contingent upon compliance with duty hours logging and approval. Cafeteria stipends and parking privileges will not be provided for the current month unless the previous month's duty hours are logged and approved. Non-compliance for two consecutive months for any resident may result in a one day suspension without pay.

DEFINITIONS

Duty Hours: All clinical and academic activities related to the program for which there are assignments; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as

conferences, and Time Away, e.g. vacation and leaves of absence. Duty hours do not include reading and preparation time spent away from the duty site.

RMS: The community-wide, electronic, web-based tool that is used to gather data required for monthly billing to CMS for graduate medical education/teaching reimbursement and to track duty hours to meet requirements of the ACGME.. Residents and fellows are required to track their duty hours in RMS.

PROCEDURE

OMD shall:

- Provide oversight of duty hours logging.
- Generate and/or communicate a report near month end to the individual programs in order to notify them of potential non-compliance.
- On the 3rd working day of the month notify Programs whenever a resident/fellow is non-compliant with logging their duty hours.
- Notify via pager any resident/fellow that they are non-compliant with duty hours logging.
- Not activate cafeteria stipends and/or Parking privileges for the upcoming month or until duty hours are logged and approved for the previous month. Reactivation will not occur for at least 24 hours.

The Involved Department shall:

- Generate daily and/or weekly reports to track compliance throughout the month.
- In follow up to notification from OMD regarding non-compliant residents, contact those residents/fellows in your program to remind them of the policy and that these benefits have not been provided.

Inappropriate Personal Conduct, Harassment and Discrimination

PURPOSE

To ensure and maintain an environment free of harassment and discrimination for all Hennepin County Medical Center (Hennepin County Medical Center) staff, students, patients and visitors.

POLICY

Hennepin County Medical Center is committed to maintaining a work and treatment environment that is free from prohibited harassment and discrimination, including sexual harassment and other prohibited harassment.

DEFINITIONS

Harassment: any unwelcome verbal, physical or visual conduct (including written and electronic communications) that tends to belittle or provoke, and includes jokes, gestures and derogatory remarks on the basis of race, color, creed, religion, age, gender, national origin, sexual orientation, disability, marital status, public assistance status or any other protected class status.

Sexual Harassment: any unwelcome sexual advance, request for sexual favors or other verbal or physical conduct of a sexual nature, including sexual jokes, sexual innuendoes, obscenities and the display of sexually suggestive photographs when:

- submission to unwelcome conduct or communication is made either as an express or implied condition of employment, or
- submission to or rejection of unwelcome conduct or communication used as a factor affecting that individual's employment, or
- unwelcome conduct or communication interferes with the individual's employment or creates an intimidating, hostile, or offensive work environment.

PROCEDURE

See procedures for focused review and investigation in Medical Staff Bylaws, Article 7, 7.1 – 7.2-3. These procedures shall be initiated by a report to the Office of the Medical Director.

Drug Testing

PURPOSE

To communicate Drug and Alcohol Testing policies and procedures. The policies and procedures apply to all HCMC employees except where such policies and procedures conflict with a provision in an applicable collective bargaining agreement or state or federal law.

If any information in the policies and procedures conflict in any way with applicable collective bargaining agreements or legal requirements, the collective bargaining agreement and/or legal requirements supersede the information in the policy and/or procedure; otherwise, HCMC's decisions as to the interpretation of this information will be final and binding.

DEFINITION

“Illegal drugs” means controlled substances, and includes prescription medications which contain a controlled substance and which are used in a manner or by a person for which they are not prescribed or intended.

POLICY

A. Policy

HCMC prohibits the use, possession transfer and sale of alcohol and/or illegal drugs while working, while on all premises owned and operated by HCMC, and/or while operating any HCMC vehicle, machinery or equipment. HCMC also prohibits reporting for work and working anywhere on behalf of HCMC under the influence of alcohol and/or illegal drugs.

B. Scope

This policy applies to employees of HCMC and its subsidiaries, except those employees subject to mandatory drug testing by federal law or regulation. Except for the possession, sale or transfer of illegal drugs, this policy does not apply to off duty employees while on HCMC premises solely for the purpose of receiving medical treatment or visiting a person who is receiving treatment.

C. Grounds for Testing

Testing will be requested or required only under the circumstances described below. All tests are conducted by a laboratory certified in accordance with state law. No tests will be conducted by a testing laboratory owned and operated by HCMC. The laboratory will notify HCMC only of the presence or absence of alcohol, illegal drugs, or their metabolites in the sample tested.

D. Reasonable Suspicion

An employee may be requested or required to undergo a drug and/or alcohol test if there is a reasonable suspicion that the employee:

1. Is under the influence of alcohol and/or illegal drugs;
2. Has violated the Policy statement in Section A above;
3. Has sustained a personal injury arising out of and in the course of employment;
4. Has caused a patient or another employee to sustain a personal injury arising out of and in the course of employment;
5. Has caused a work related accident; or
6. Has operated or helped operate machinery, equipment or vehicles involved in a work related accident.

E Treatment Program Testing

An employee may be requested or required to undergo drug and/or alcohol testing if the employee has been referred by HCMC for chemical dependency treatment or evaluation or is participating in a chemical dependency treatment program under the employee benefit plan. The employee may be requested or required to undergo drug and/or alcohol testing without prior notice during the evaluation or treatment period and for a period of up to two years following completion of any prescribed chemical dependency treatment program.

F. Notification

Before requesting or requiring an employee to undergo drug and/or alcohol testing, HCMC will provide the employee with a copy of this policy and provide the employee with a reasonable opportunity to read the policy.

G. Right to Refuse to Undergo Drug and/or Alcohol Testing and Consequences Thereof

An employee has the right to refuse to undergo drug and/or alcohol testing. An employee who refuses to be tested or whose behavior prevents meaningful completion of drug and/or alcohol testing may be terminated. If an employee refuses to undergo drug and/or alcohol testing, no test will be administered.

H. Rights of Employee to Explain Test Results and Request a Retest

1. The testing laboratory will provide a written report indicating the drugs, alcohol, or metabolites tested for, along with the test results. The report should be sent to the Human Resources Department within three working days following a positive confirmatory test or a negative initial test.
2. Within the three working days following the receipt of the written report of the test results from the testing laboratory, the Human Resources Department will inform the employee in writing of the following:
 - a. A negative test result on an initial screening or a positive test result that has been verified by a confirmatory test;
 - b. The right to request and receive a copy of the test results report;
 - c. The right to request, within five working days after a notice of a positive test result, a second confirmatory test of the original sample at the employee's expense at the original testing laboratory or another licensed test laboratory;
 - d. The right to submit further information to the Medical Review Officer within three working days after notice of a positive test result to explain that result, including but not limited to information regarding any over-the-counter or prescription medications that may have affected the result;
 - e. The right of an employee who has been suspended without pay to be reinstated with back pay if the outcome of the initial test, confirmatory or employee-requested confirmatory retest is negative and other rights of Minnesota Statutes Section 181.953, subd. 10;
 - f. The right of an employee who has made a timely request for a confirmatory retest to suffer no adverse employment action if the confirmatory retest does not confirm the result of the original confirmatory test.

I. Actions in Case of Positive Result

If the initial result on the drug and/or alcohol test is positive, the sample which was tested will be subject to a confirmatory test. No employee will receive corrective action or be terminated, discriminated against, or requested or required to undergo rehabilitation solely on the basis of an initial test result which is positive.

If the confirmatory test result is also positive, the employee may be subject to corrective action, up to and including termination in accordance with the following:

1. First Positive Test Result on Confirmatory Test: An employee will not be terminated based on a first time positive result on a confirmatory test for drugs and/or alcohol requested or required by HCMC unless he or she has been given the opportunity to participate in a drug or alcohol counseling or rehabilitation program and has refused to participate or has failed to successfully complete the counseling program as evidenced by withdrawal from the program before its completion or by a positive test result on a confirmatory test after completion of the program.
2. An employee testing positive may be referred for an evaluation, and required to comply with any recommended treatment, and subject to testing without notice, all in accordance with Section E. above.
3. Subsequent Positive Test on Confirmatory Test: An employee who receives a positive result on a confirmatory test for drugs and/or alcohol requested or required by HCMC and who has previously received a positive result on a confirmatory test for drugs and/or alcohol requested or required by HCMC may be terminated.

J. Confidentiality

The fact that an employee has been requested or required to take a drug and/or alcohol test, the results of the test, and other information acquired in the drug and/or alcohol testing process will be treated in a manner consistent with HCMC's treatment of other private information concerning employees. This information may not be disclosed by HCMC to individuals inside or outside of HCMC without the employee's consent, except for those who need to know this information to perform their job functions and as permitted or required by law or regulation. Evidence of a positive test result on a confirmatory test may be used in an arbitration proceeding pursuant to a collective bargaining agreement, an administrative hearing, or a judicial proceeding.

Minnesota Board of Medical Practice: Residency Permit/Licensure

The Minnesota Board of Medical Practice is the state entity that regulates physicians practicing in Minnesota. Minnesota Statute 147.0391 requires all residents to have a residency permit with the Minnesota Board of Medical Practice. While this permit does not allow a resident to practice medicine independently, it is required for being enrolled in a residency program in the state. Having this permit does not allow an individual to moonlight outside of the residency program.

The state imposed this permit requirement because hospitals must now report, to the state board, resident activities such as: 1) engaging in unethical conduct, 2) engaging in conduct with a patient which is sexual or may reasonably be interpreted by the patient as sexual, 3) inability to practice medicine because of illness, drunkenness, use of drugs, narcotics, chemicals or any other type of material, 4) becoming addicted or habituated to a drug or intoxicant, 5) prescribing a drug or device for other than medically accepted purposes, etc.

There is a one-time \$20.00 fee for this permit, which is valid for the duration of the residency program. However, an additional second \$15.00 fee is required for each change in residency programs. For example, a change from a transitional program to a radiology or anesthesia program will require you to fill out a separate permit for each separate program. An additional permit is also required when going from a residency program to a fellowship program.

All residents are required to complete such a permit. Failure to do so may result in disciplinary action by the Minnesota Board and the possibility that the Board may not issue a license to you to practice medicine in the future. If you have further questions, please call the Minnesota Board of Medical Practice at 612-617-2130.

Pagers

PURPOSE

To provide guidelines for proper staff use, criteria requiring the use, and care of alpha or numeric pagers. If any information in this policy and procedure conflicts in any way with applicable collective bargaining agreements or legal requirements, the collective bargaining agreement and/or legal requirements supersedes the information in the policy and/or procedure; otherwise, Hennepin County Medical Center's decisions as to the interpretation of this information will be final and binding.

DEFINITIONS

Alphanumeric pager: receives both text messages and digital/numeric messages.

Numeric pager: displays only numeric messages.

Business need will dictate pager type assigned.

POLICY

Criteria to Carry a Pager

Justification for an employee to carry a pager includes:

1. Physicians/Medical Providers
2. Employees who would need to be activated for Emergency Preparedness
3. Employees who are required to be on-call
4. Employees involved in group activations (Trauma Team, Code Team, Rapid Response Team, Cath Lab Activations, etc.)
5. Employees who need immediate communication for patient safety (House Supervisor, Infection Control staff, Administrators, etc.)

6. Employees who would need immediate communication for a staff/patient/family and visitor safety concern and no other means of communication would allow for timely action
7. Employees who are required by their department to use them as a means of receiving necessary information (Environmental Services, Facilities Management)
8. Employees integrally involved in downtime procedures.

The above mentioned staff members are required to wear a pager to facilitate communication in performance of duties and/or delivery of service.

Pagers may be assigned to an individual user or to a department for use by multiple employees as a pass pager.

Although temporarily assigned to an individual or department, the pager remains the property of Hennepin County Medical Center and will be used for business reasons only.

Employees must be responsible for the handling of their pagers and the information on them. Pagers shall be kept secure with the person, and not left on tables, desks, etc. Please turn pagers off when not in use and report pager loss immediately to the Hospital Operators so the pager can be deactivated, protecting information that may be paged to that unit.

Pager Replacement Procedures:

Pagers are the property of Hennepin County Medical Center. Report lost or damaged pagers to the Hospital Operators. Replacement cost will be assessed to the individual or department cost center as appropriate.

PROCEDURE

A pager request will be submitted through RequestIT by the Supervisor/Manager of the department and must include the business justification for the employee to carry a pager. Pager requests will be fulfilled within seven working days.

The requestor will be notified when the pager is ready. The employee or a designee can pick up the pager in either the Contact Center or HIM in the lower level of the Red Building. It is the responsibility of the employee or department to return the pager upon dissolution of employment or when the pager is no longer in use.

The Hospital Operators maintain adequate inventory to replace a defective pager. A pager which ceases to work due to normal wear and tear will be exchanged incurring no expense to the employee. If however, the pager is no longer usable due to abuse or misuse, it will be the responsibility of the employee to pay the loss before they will be issued a new pager.

An employee can also contact the Hospital Operators 24/7 to secure a loaner/replacement pager should the need arise. Unless otherwise negotiated, loaners are available for 24 hours and must then be returned. In the instance that a loaner pager is not returned, the Manager/Director of that area will be notified within 48

hours to assist. If the pager is not returned within the following 24 hours, the organization will determine that the original pager is lost and the employee must purchase the loaned pager.

Battery replacement is the responsibility of the employee or their department.

Resident's Telephone Protocol

INTERNAL MEDICINE

- During normal business hours (8:00 am – 5:00 pm), all patient-related calls for Internal Medicine residents will be transferred to the clinic and handled by clinic staff.
- After business hours, patient-related calls will be transferred to *HealthConnection* or directed to the Medicine Staff on call.
- If a caller identifies himself/herself as a physician, home health, or other health care professional, the requested resident will be paged directly.
- If a call is not patient-related, it will be transferred to the Internal Medicine residency office or equivalent during normal business hours (8:00 am – 4:30 pm).

EMERGENCY MEDICINE

Calls for Emergency Medicine residents will be transferred to the Emergency Medicine Service Office during the day and referred to the Emergency Department after 4:30 pm.

SURGERY

All Surgery residents will be paged when any caller requests to speak with them.

OTHER RESIDENTS

For all other residents, patients will be referred to the appropriate clinic during business hours. After business hours and during the weekend, patients will be transferred to *HealthConnection*, unless they strongly object, at which time the resident will be paged directly. If a caller identifies him/herself as a physician, home health, or other health care professional, the requested resident will be paged directly.

The hospital operators will not take messages for residents.

County telephones may not be used for personal long distance calls. Personal calls made from a county telephone must be charged to your home telephone by using a calling card or operator assistance, or you may use a pay telephone.

EMERGENCY CALLS

It is imperative that all residents respond immediately to all emergency calls.

Treating Self and Family Members

Hennepin County Medical Center
Title: Treating Self and Family Members
Policy Champion: Bylaws Review and Revision Committee
Policy Sponsor: Dr. Belzer
Stakeholder: Medical Staff
Final Approval Body: Med Exec
Original Approval Date: 12/15/09
Reviewed/ Revised: NEW

PURPOSE

To avoid compromising the provider/patient relationship where there is a personal, emotional relationship beyond that of the provider/patient relationship.

POLICY

Objective decision-making is critical to medical care, and objectivity is compromised for individuals emotionally involved with the patient. Therefore providers should not treat themselves or family members because:

- There is a risk that the personal relationship will affect the provider's ability to provide good quality care.
- It can be very difficult for a provider to maintain clinical objectivity when providing medical care for him/herself.
- It may prevent the patient from developing a good relationship with his/her own doctor.

Providers may treat themselves or family members for limited episodic care for minor conditions and in emergency situations where there is no one else qualified to do so.

DEFINITIONS

Provider: any member of the medical staff, a trainee or any other dependent provider credentialed by the Office of the Medical Director.

PROCEDURE

The Provider shall:

- When providing care to a family member, instruct the family member to advise his/her primary care provider of the treatment received.
- When providing care to self, notify his/her primary care provider of the treatment received.
- When providing care to him/herself, or a family member, transfer care to another qualified health professional as soon as practical.

The Office of the Medical Director shall:

- Discuss the issue with the provider, if a concern is raised that a medical staff member is managing care for a family member.

Treating and Prescribing to Hospital Employees

To assure continuity of care for employees, resident staff, if they receive a request, shall not offer nor give any diagnosis or treatment nor prescribe medications to hospital employees. Employees may seek treatment for their occupational injuries from the Employee Health Service.

Personal and Social Internet Communications

PURPOSE

This policy is designed to provide direction regarding personal and social Internet communications that involve Hennepin County Medical Center (HCMC) information.

It is intended to make individuals aware and compliant with current practice obligations as HCMC employees and as licensed, accredited, and certified professionals. And to alert individuals to the fact that blogs and websites are searched and viewed by current and prospective employers or academic facilities and may affect your current/future employment or educational pursuits.

If any information in the policy and procedure conflicts in any way with applicable collective bargaining agreements or legal requirements, the collective bargaining agreement and/or legal requirements supersedes the information in the policy and/or procedure; otherwise, Hennepin County Medical Center’s decisions as to the interpretation of this information will be final and binding.

DEFINITIONS

Blogging: Writing a blog. A blog (short for web log) is a personal online journal that is frequently updated and intended for general public consumption.

Social Networks/Websites: Social networks are a broad class of web sites and services that allow you to connect with friends, family, and colleagues online, as well as meet people with similar interests or hobbies. Examples are Facebook, MySpace, U-Tube, Twitter, etc.

Private Personnel Data: Data on employees which is not public

Protected Health Information (PHI): Individually identifiable information,(Link) including all medical and financial information that is created, collected, or maintained relating to past, present, or future health care or payment for health care. Information may be gathered at the time of interview, examination, diagnosis, intervention, or treatment of the patient, and will be comprised of data in the institutional health (medical) record, medical images, specimens marked with patient identifiers, and other ancillary material and is subject to protection by law.

POLICY

Employees, physicians, allied health providers, contracted services workers and consultants, researchers, academic advisors and teachers, students/trainees, and volunteers of Hennepin County Medical Center are subject to strict confidentiality policies for patient information obtained through employment/engagement. Therefore, using protected health information in any context on the Internet is strictly prohibited, whether activity takes place during work or non-work time.

Expressed permission from your Chief or manager and HCMC Public Relations must be granted prior to using the name of Hennepin County Medical Center, Hennepin County, HCMC or Hennepin followed by an HCMC department or unit in the titling of any of these sites/logs.

If you represent yourself as an HCMC employee, physician, researcher, academic advisor and teacher, students/trainee, and volunteer, you are expected to maintain a professional demeanor including writing on a blog or social network/website. Note the following examples:

- Assuring your readers that the views you express are yours alone and that you are not representing Hennepin County Medical Center. Suggested declaration: *The views expressed on this website/weblog are mine alone and not those representing my employer.*
- Refraining from disclosing information that is proprietary to HCMC.
- Being respectful to patients, employees, and customers and consider their personal privacy.
- Complying with the Prohibited Harassment and Discrimination Policy.
- Writing accurately, acknowledging and correcting mistakes promptly.
- Abstaining from using ethnic slurs, personal insults, obscenity, potentially harmful or disparaging comments, and engaging in any conduct that would not be acceptable in HCMC's workplace.

Writing about private, confidential, proprietary, competitive or other protected information obtained through your HCMC role in a public blog or social network is a violation of this policy and may result in corrective action.

PROCEDURES

1. To receive expressed permission to use the HCMC, Hennepin County Medical Center name, the following is required:
 - a. Employees/physicians, contracted services workers and consultants, researchers, academic advisors and teachers, students/trainees, and volunteers need approval from their managers/Chiefs or have contract language which allows for this.
 - b. Once approved, the requestor will complete a request form and send it to Public Relations.
 - c. Public Relations will review the request based on the information provided and approve or deny and convey this to the requestor.
2. If a blog or Social Networking site input is discovered to be out of compliance with this policy, please contact the Information Security & Privacy Officer at 873-6324.

Individually Identifiable Information

Information in which the patient can be identified as the subject of any health records by themselves or others. Information used alone or in combination with other information to identify an individual, or relatives, employers, or household members of the individual including the following:

- Names;

- All geographic subdivisions smaller than a state, including street address, city, county, precinct, and zip code and their geocodes (except that the initial three digits of a zip code may be used if more than 20,000 people reside within the area included in all zip codes sharing those initial three digits, and, if fewer than 20,000 people reside within such area, the number “000” may be used instead);
- All elements of dates (except the year) for dates directly related to an individual, including birth date, admission date, discharge date, and date of death;
- All ages over 89 and all elements of dates (including the year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
- Telephone numbers;
- Fax numbers;
- Electronic mail addresses;
- Social Security numbers;
- Medical record numbers;
- Health plan beneficiary numbers;
- Account numbers;
- Certificate/license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) address numbers;
- Biometric identifiers, including finger and voice prints;
- Full face photographic images and any comparable images; and
- Any other unique identifying number, characteristic, or code (other than a code that enables the information’s creator to re-identify the information).

General Policies and Procedures

Scope of Practice

PURPOSE

To assure that Hennepin County Medical Center residents perform appropriate duties which meet requirements for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Accreditation Council for Graduate Medical Education (ACGME) and individual Residency Review Committees for specific residency programs.

POLICY

Hennepin County Medical Center shall train resident physicians in the art and science of practicing compassionate and competent care for the population of the state. Special emphasis shall be placed on training resident physicians in the special areas of excellence of Hennepin County Medical Center with consideration to the needs of the society and the community that Hennepin County Medical Center serves.

Except in an emergency, residents' service responsibilities shall be limited to patients for whom the teaching service has diagnostic and therapeutic responsibility. Any resident or fellow shall limit their scope of practice to coincide with privileges held by (a) member(s) of the Hennepin County Medical Center medical staff who is (are) responsible for their supervision.

DEFINITIONS

Fellow: A fellow is a resident in a subspecialty-training program and is considered a resident in every way. A fellow is often the senior resident on a given service.

Senior Resident: The resident on each service who has the most training and is given the most responsibility by the medical staff.

Junior Resident: A resident who has more than one year of residency training but is under the supervision of a member of the medical staff and a senior resident.

G1 Resident: A resident in the first year of residency training.

PROCEDURE

General Responsibilities of the Senior Resident on each service:

Under the direction of the medical staff, the Senior Resident on each service shall:

- provide overall supervision of the resident physicians and medical students assigned to the service.
- provide direct patient care as outlined for junior and G-1 residents.
 - act as the liaison with Administration and Nursing Administrative Services.

- shall be responsible for such administrative and teaching duties as assigned by the Program Director or his/her designee.
- plans and participates in conferences and other teaching activities.
- implement and enforce hospital policies including duty hour requirements for junior residents.
- contact the faculty when there are questions about patient care.

The Program Director or his/her designee shall assign the Senior Resident to more specific duties relating to management of the service. All residents shall abide by individual regulations of the specific service to which they are assigned. While on ward services, they are responsible for the care of patients assigned to them, and they shall participate in departmental conferences.

General Responsibilities of Junior (G-2 and above) Residents

Under the supervision of the senior resident and medical staff, the junior resident will perform all of the responsibilities of the G-1 residents and also supervise the G-1 residents and students as assigned by the medical staff.

General Responsibilities of Graduate Level 1 (G-1) Resident Physician:

Under the supervision of the senior resident and medical staff, the G-1 resident shall:

- have direct responsibility for care of patients.
- perform such tasks assigned to them by the senior resident and the medical staff.
- abide by the schedule of the particular service through which they are rotating.
- obtain time-off approval from their supervising resident.
- be responsible for the work-up, care and clinical records of their assigned patients.
- perform and record a complete history and physical examination.
- write orders for patients including ordering of diagnostic testing and medications.
- be responsible for completion of the patient's medical record.
- attend assigned clinics.
- make rounds as scheduled with their supervising resident and medical staff. Absence from rounds shall be allowed only in the case of personal illness or with specific permission from their senior resident. Prior to making rounds, the G-1 shall assure that all significant data is available, including laboratory and x-ray reports, etc.
- be knowledgeable of all significant information related to their patients.
- contact the senior residents and medical staff any time when questions arise pertaining to patient care.
- participate in didactic sessions.
- evaluate the rotation, program and medical staff as requested.

Performance of Procedures

Resident physicians, including G1 residents, may perform the following procedures independently with a supervisor available to be called:

Sterile technique (e.g. gloving, sterile dressing change)
 Application of Universal Precautions
 Basic venipuncture
 Venipuncture to obtain blood cultures
 Insertion of an intravenous cannula
 Obtaining an arterial puncture

Injection of a local anesthetic block
Interrupted suture closure of a simple skin laceration
Subcutaneous suture closure of a wound
Basic wound care
Basic burn care
Obtaining a throat swab
Stool occult blood (Hemoccult) testing
Urinalysis by dipstick
Removal of cerumen from external ear canal
Placement of Foley catheter, male
Placement of Foley catheter, female
Performance of routine STD testing, male and female
Performance of a speculum exam
Performance of a PAP smear
Microscopy for "ferning" of amniotic fluid
Microscopy of vaginal smear "wet prep" and KOH exam
Basic Life Support (cardiopulmonary resuscitation)
Positive pressure ventilation
Use an automated external defibrillator (AED)
Temporary immobilization of a cervical spine fracture
Control of gross external hemorrhage and stabilization of bleeding patient
Management of a simple nose-bleed
Application of a temporary splint or simple cast
Performance of injections (i.e. as intradermal, subcutaneous, intramuscular and intravenous)
Lumbar puncture
Fluorescein staining and examination of the eye
Insertion of a nasogastric tube
Incision and drainage of a superficial abscess
Evaluation of patients for restraints and sedation
Resident physicians may perform additional procedures with direct supervision by medical staff or a more experienced resident who is determined by the program to be competent to perform the procedure.

Relationship to Medical Students:

Hennepin County Medical Center plays an important role in the clinical teaching program of the University of Minnesota Medical School. Medical students are assigned to most services, and the medical staff or senior resident of those services defines their responsibilities. A medical student's duties include:

- histories and physical examinations; and
- writing orders (all orders must be countersigned).

Those duties may also include:

- drawing blood and taking urines;
- administering intravenous medications (under direct supervision of housestaff); and
- starting intravenous infusions without added medications.

The degree of responsibility to be assumed by medical students in assisting with care of patients is determined on an individual basis by the medical staff of the department involved.

Resident Evaluation:

Resident evaluation is the responsibility of the Program Director or his/her designee. A resident is evaluated at the end of each resident rotation by the medical staff and this is sent to the Program Director or his/her designee. In addition, other feedback to the Program Director or his/her designee may include the results of standardized tests, patient simulations, input from patients and other hospital staff. The Program Director or his/her designee must meet with each resident at least twice a year and, based on the resident's progress, may promote the resident to the next year of training. Residents may also be placed on suspension, probation or dismissed based on the judgment of the Program Director or his/her designee. Residents have access to an appeal mechanism and due process in accord with their contract.

Participation on Hospital/Medical Staff Committees:

The hospital encourages and expects resident physicians to learn about and become active in hospital policy-making. Therefore, residents are encouraged to become resident members of medical staff and hospital committees. If a resident is interested in participating on a committee:

- they may contact the Associate Medical Director for Medical Education in the Office of the Medical Director, 873-3418.
- their residency Program Director or his/her designee shall write a letter to the Hennepin County Medical Center Medical Director stating the program's support and willingness to free up the resident's time to attend committee meetings.

The Hennepin County Medical Center Medical Director shall make all appointments to medical staff committees.

PROCEDURE ADDENDUM

Once competence has been determined by their residency program, resident physicians, at the appropriate level, may perform the following procedures with a supervisor available to be called:

DERMATOLOGY

G2 Residents (upon successful completion of G1 year)

KOH exam for skin fungi

Microscopic exam for scabies/lice

Superficial wound debridement

Intralesional injections

Cryotherapy of common skin lesions

Electrodesiccation of benign lesions

Electrodesiccation and curettage of skin cancers

Skin biopsy (punch or excision)

Simple excision of benign skin lesions

UVB and UVA phototherapy

G3 Residents (upon successful completion of G2 year)

EMERGENCY MEDICINE

G2 Residents (upon successful completion of G1 year)

Use of the ophthalmic slit lamp

Large joint aspiration or injection

Tube thoracostomy

Endotracheal intubation
Nail trephination

G3 Residents (upon successful completion of G2 year)

Rapid sequence intubation

Insertion of central lines

Fracture and dislocation reduction and immobilization

FAMILY MEDICINE

G2 Residents (upon successful completion of G1 year)

Skin biopsy (punch or excision)

Cryotherapy of common skin lesions

Large joint aspiration or injection

Nail trephination

Initiation of minor surgical cases (e.g. lipoma removal, breast biopsy)

Episiotomy repair or perineal laceration repair

Assisted vaginal delivery (vacuum)

Dilatation and curettage (D&C)

Assess and monitor normal and abnormal labor

G3 Residents (upon successful completion of G2 year)

Insertion of central lines

Fracture and dislocation reduction and immobilization

Thoracentesis

Paracentesis

Use of the ophthalmic slit lamp

GERIATRIC MEDICINE

G4 Residents

Internal Medicine – all procedures listed for G2 and G3 Internal Medicine Residents

Family Medicine – all procedures listed for G2 and G3 Family Medicine Residents

INTERNAL MEDICINE

G2 Residents (upon successful completion of G1 year)

Insertion of an arterial canula

Large joint aspiration or injection

NG tube placement

Paracentesis

Central venous citrate placement

Lumbar puncture

G3 Residents (upon successful completion of G2 year)

Placement of Swan-Ganz catheter

Thoracentesis

OBSTETRICS & GYNECOLOGY

G2 Residents (upon successful completion of G1 year)

Episiotomy repair or perineal laceration repair
Assisted vaginal delivery (vacuum)
Dilatation and curettage (D&C)
Assess and monitor normal and abnormal labor

G4 residents (Chief Resident) (upon successful completion of G3 year)
Cesarean section

ORTHOPEDICS

G2 Residents (upon successful completion of G1 year)

Remove previously placed hardware
Reduction of dislocated joints
Reduction of closed fractures
Insertion of skeletal traction pin
Application of external fixation for simple fractures

G3 – G4 Residents (upon successful completion of G2 year)

Measurement of compartment pressure
Application of external fixation for complex open lower extremity fractures
Application of external fixation for selected complex upper extremity fractures
Irrigation and debridement of open simple (Type I and Type II) lower extremity fractures
Open and close wounds of complex surgery

G5-G6 Residents (upon successful completion of G5 year)

Initiation of open reduction and fixation
Irrigation debridement of open complex (Type III-A and Type III-B) tibial fractures
Closed reduction of dislocated hip prostheses
Performance of arthrocentesis for suspected joint infections
Performance of uncomplicated routine total hip and total knee arthroplasties

PATHOLOGY

G1 Residents (upon successful completion of appropriate rotations)

Autopsy prosection (must complete competency assessment checklist)
Dissection and sampling of routine surgical specimens
Cutting cryostat sections in surgical pathology
Fine needle aspiration of palpable masses

G2, 3 & 4 Residents (upon successful completion of appropriate rotations)

Autopsy prosection
Bone marrow aspiration and biopsy
Dissection and sampling of routine surgical specimens
Fine needle aspiration of palpable masses

Cytopathology Fellows (upon successful completion of appropriate rotations)

Fine needle aspiration of palpable masses
Rapid interpretation of CT or US-guided aspirations

PEDIATRICS

G2 Residents (upon successful completion of G1 year)

NG cannulation

Lumbar punctures

G3 Residents (upon successful completion of G2 year and only with direct supervision from pediatric intensivist)

Endotracheal intubation

Needle Thorocostomy

Wart cryotherapy

PSYCHIATRY

G2 Residents (upon successful completion of G1 year)

No additional procedures to those listed on pages 2-3 of this policy.

SURGERY, GENERAL

G1 Residents

Initiation of minor surgical cases (e.g. lipoma removal, breast biopsy)

Nasogastric and nasoduodenal tube placement

Bladder scan

Incision and drainage of wounds

Drainage of seroma

G2 Residents (upon successful completion of G1 year)

Initiation of laparoscopy

Initiation of open abdominal surgery (e.g. appendectomy, laparotomy, hernia repair)

Tube thoracostomy

Thoracentesis

Paracentesis

Closure of complex lacerations

Escharotomy

Clinical clearance of spinal injuries

Compartment measurements

Moderate sedation

Needle biopsy

G3 – G6 Residents & Surgical Critical Fellow (upon successful completion of G2 year)

Thoracotomy

Median sternotomy

Bronchoscopy

Endoscopy

Elective endotracheal intubation

Pericardiocentesis

Initiation of all major surgical cases

Elective cardioversion

Placement of Halo traction device

Updated 5/28/08

Duty Hours/On Call Schedules

Individual training programs are required to establish policies on resident duty hours, which comply with applicable requirements of the Accreditation Council for Graduate Medical Education (ACGME) and/or the relevant American specialty board. The structuring of duty hours and on-call schedules will focus on the needs of the patient, continuity of care, and the educational needs of the resident. Training programs must ensure that residents are provided appropriate back-up support when patient-care responsibilities are especially difficult or prolonged.

While each resident is responsible to their patients and the service 24 hours a day, this responsibility may be delegated during off-duty hours to the physician on call for the service. The programs will follow ACGME guidelines, and hours in excess of the guidelines should be reported to the Medical Director. Attending staff are available for consultation at all times. The degree of responsibility delegated to the G-1 on inpatient services is determined by each service.

Each service provides the switchboard operator (612-873-2121) with the current call schedule, which indicates the personnel on call each day and the exact times of day that the schedule is operative.

A resident who is on call the last night of a rotation has the responsibility to notify their next scheduled rotation, the first week of the rotation, to avoid being placed on call the first night of their next rotation.

During duty hours and until completion of your responsibilities, each resident is expected to be in the hospital and available at all times. For short periods of time, it is permissible to sign out to another resident of equivalent position on the same service.

Residents who are on call outside the hospital must remain accessible at all times by telephone or long range pager. Whenever an on-call resident receives a call requesting them to come to the hospital at once, they shall comply immediately with the request without question or delay.

Duty Hours

The following is the maximum duty hours allowed by the ACGME and Hennepin County Medical Center:

Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time spent by residents in Internal and External Moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit. PGY-1 residents are not permitted to moonlight. See Moonlighting policy for further details.

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length

Duty periods of PGY-1 residents must not exceed 16 hours in duration.

Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.

Residents may be allowed to remain on-site in order to accomplish effective transitions these tasks for a maximum of 28 hours.

Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must:

- Appropriately hand over the care of all other patients to the team responsible for their continuing care
- Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

Minimum Time Off between Scheduled Duty Periods

PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

Intermediate-level residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

- This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
- Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float.

Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At-Home Call

Time spent in the hospital by residents who are on home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

In addition, the programs must meet the additional requirements for each specialty:

Emergency Medicine

PENDING

Family Medicine

PENDING

Internal Medicine

PENDING

Neurology

PENDING

Obstetrics/Gynecology

PENDING

Orthopaedic Surgery

PENDING

Otolaryngology

PENDING

Pediatrics

PENDING

Psychiatry

PENDING

Transitional

PENDING

Resident On-Call the Last Night of a Rotation

The ACGME requires that a resident not be on-call (in the hospital) more than every third night on average. Because they must never work more than 26 continuous hours, a resident must never have in-hospital call two days in a row, (although they may occasionally have every other night call if the average is less than every third night.)

Services must have adequate and timely information to coordinate schedules to prevent two days of over-night call in a row. The resident is the person most aware of his or her own call schedule and must be responsible for communicating conflicts to the necessary individuals.

The program director is responsible for encouraging and enforcing communication and professional behavior for their residents.

Resident expectation:

When a resident is on-call the last night of a rotation (the departing service), it is the resident's responsibility to notify the next service (the accepting service) that they will not be able to be on-call for the first night of that next service (the accepting service). This notification must occur within one week of starting the rotation on which they have last night call (the departing service).

If the accepting service does not have adequate notice from a resident that they are not available to be on-call, the accepting service should notify the resident's program director or Hennepin County Medical Center site director who will provide feedback and appropriate disciplinary measures to the resident as necessary. In addition, the resident's program is responsible for the expense of hiring a moonlighter, if necessary for covering the absent resident.

If the accepting service is the emergency department, a resident may be scheduled for a ten-hour night shift after a ten-hour period away from the hospital, or a twelve-hour night shift after a twelve-hour period.

If the departing service is the emergency department, a resident after a night shift may stay until noon or the usual time of departure for the post-call resident of the accepting service.

Approved GMEC 5-3-2004

RESIDENT SELECTION, ELIGIBILITY, RECRUITMENT

Our institution has formal procedures for the recruitment and appointment of residents that comply with the requirements listed below. Programs must monitor the compliance of each program with these procedures. To be eligible for a residency program at Hennepin County Medical Center, all applicants must meet the following qualifications:

- A. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- B. Graduates of medical schools in the United States and Canada accredited by the American Osteopathic Association (AOA).
- C. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - 1. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or:
 - 2. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- D. U.S. citizen graduates from medical schools outside the United States and Canada who cannot qualify under "C" (noted above), but who have successfully completed the licensure examination in a U.S. jurisdiction in which the law or regulations provide that a full and unrestricted license to practice will be granted without further examination after successful completion of a specified period of graduate medical education.
- E. Graduates of medical schools in the United States and its territories not accredited by the LCME but recognized by the educational and licensure authorities in a medical licensing jurisdiction who have completed the procedures described in paragraph "D" (noted above). Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school (U.S. or Canadian School).

Residents who meet the eligibility requirements and are selected by the faculty shall receive a contract confirming their appointment for one-year to the resident staff. Resident appointments are for a one year time period.

RESIDENT EVALUATION

Resident evaluation is the responsibility of the Program Director or his/her designee. A resident is evaluated at the end of each resident rotation by the medical staff and this is sent to the Program Director or his/her designee. In addition, other feedback to the Program Director or his/her designee may include the results of standardized tests, patient simulations, input from patients and other hospital staff. The Program Director or his/her designee must meet with each resident at least twice a year and, based on the resident's progress, may promote the resident to the next year of training. Residents may also be placed on suspension,

probation or dismissed based on the judgment of the Program Director or his/her designee. Residents have access to an appeal mechanism and due process in accord with their contract.

The evaluations of resident performance must be accessible for review by the resident. A request for review shall be directed to the Program Director or designee. The Program Director or designee may be present at the file review.

RESIDENT PROMOTION

All residents enter into annual contracts with Hennepin County Medical Center, regardless of the expected duration of their training program. Most training positions are ongoing "categorical" positions, while some programs may use a small percentage of "preliminary" or temporary slots. Residents in categorical positions will be promoted from each level of training after satisfying all requirements for that training level and offered subsequent annual contracts through program completion unless:

- They are dismissed or their contracts are not renewed with four (4) months notice based on academic performance which is below satisfactory;
- They are dismissed or their contracts are not renewed based on non-academic behavioral violations;
- They are ineligible for a continued appointment at the time renewal decisions are made based on failure to satisfy licensure, visa, immunization, registration or other eligibility requirements for training; or
- Their residency program is reduced in size or closed.

It is unlikely that existing residents will be displaced by a program closure or reductions. However, if this occurs, Hennepin County Medical Center will make every effort for the residents to complete their program or to assist the residents in locating another training program where they can continue their education.

RESIDENT DISMISSAL

A. The following actions shall entitle the resident to a hearing upon timely and proper request.

1. Non-renewal of contract;
2. Suspension of over 30 days from residency program;
3. Termination from residency program;
4. Other actions that could significantly threaten a resident's intended career development.

B. Prior to the imposition of any action which entitles a resident to a hearing, the resident shall be given written notice which:

1. States the specific grounds upon which the action is based;
2. Advises the resident of the opportunity to meet with the Residency Director, Department Head or his/her designee;
3. Advises the resident of his/her right to request a hearing;
4. Informs the resident he/she has 14 days, after receipt, to request a hearing;
5. Informs the resident a written request for hearing is to be directed to the Medical Director; and
6. States that failure to request a hearing constitutes waiver of all rights to appeal.

- C. Following the receipt of a request for hearing the Medical Director shall convene a hearing panel consisting of one member of the medical staff and one resident.
- D. The appeal hearing shall be informal as opposed to an evidentiary hearing. At the appeal, the resident shall have the right to an advisor, who may be a fellow resident, faculty member, an attorney or any other advisor of the resident's choice.
- E. The resident and program director shall have the right to present information, including written or oral statements from individuals whose attendance he/she is able to arrange if pertinent to the issues at hand. Personal attendance of fact evidence is preferred so that questions may be asked.
- F. The panel shall have the right to adopt, reject, or modify the previous decision and shall make a recommendation to the medical director. The medical director shall make a final decision and notify the resident and program director of his/her decision in writing.
- G. The medical director's decision shall be final. No further appeal process is available.
- H. The Medical Center and the resident's department shall impose immediate suspension upon a resident if they determine that the resident's continued participation in the program is detrimental to patient safety or the delivery of quality patient care

Impaired Resident Policy

PURPOSE

To decrease the risk of patient harm and provide guidance and direction on how to proceed when confronted with a potentially impaired resident.

POLICY

Hospital and medical education leadership shall address issues of resident disability and/or impairment in a manner that enhances patient safety, provides for fair assessment of resident impairment, and, where possible, supports the rehabilitation of the resident.

DEFINITIONS

Impaired resident: one who is unable to practice medicine with reasonable skill and competence because of a psychiatric or medical condition, loss of motor skill, or the use or abuse of drugs including alcohol.

PROCEDURE

Specific needs and varying circumstances preclude a single, inflexible mechanism for dealing with all impaired residents. The number of incidents with the resident, for example, and their seriousness may dictate a different response by the hospital. In addition, if there is any risk of patient harm, immediate action may be necessary.

One exception to the following procedure is irreversible illness, or other factors not subject to rehabilitation. In such cases, the section of this procedure dealing with rehabilitation and reinstatement of the resident are not applicable.

1. Any employee, staff member, or medical staff at Hennepin County Medical Center who believes that a resident is functioning while impaired for any reason shall report such concerns to their supervisor or to the program director of the appropriate department or the Office of the Medical Director's Graduate Medical Education Office.
2. The Program Director shall obtain as much detailed information as possible at the time of report and if the information warrants investigation, shall begin an inquiry into the facts. The Program Director is free to determine whether the investigation should be carried out by the Program Director, by a committee, by an outside consultant or by some other appropriate person(s) or agency. As part of any inquiry, the subject of the report shall be contacted and interviewed. If an investigation reveals possible impairment, the Hennepin County Medical Center Medical Director will be notified by the Program Director. If the initial investigation concludes that the report cannot be substantiated, that fact will be noted and the materials relating to the investigation shall be maintained by the investigator for a period of two years. In any case, the results of the investigation shall be communicated to the Hennepin County Medical Center Medical Director. The Medical Director may inform others, including the CEO, as-needed.
3. Based upon the inquiry, the following determinations may be made:
 - a. Impairment is not likely – monitor only. In this case, the report shall remain confidential. It shall remain in the performance review file under the control of the program director and be considered confidential information. If there is concern of possible impairment, an appropriate referral for evaluation to the Resident Assistance Program, Health Professionals Service Program, Physicians Serving Physicians, Dentists Concerned for Dentists, or other health care provider organization shall be made.
 - b. Impairment is likely – take further action. If it seems that impairment is present, there shall be 1) an immediate referral to the Resident Assistance Program, Health Professionals Service Program, Physicians Serving Physicians, Dentists Concerned for Dentists, etc.; 2) an appropriate determination made as to the need for rehabilitation or treatment; 3) restriction of privileges based on the impairment and the privileges of the resident; or 4) other appropriate action.
4. If action as noted in 3b. above is taken, an immediate report shall be made to the Minnesota Board of Medical Practice, Minnesota Board of Dentistry, Board of Psychology or other appropriate organization as required by law.
5. A formal report shall be made of the findings of the investigation, interview and any action taken as noted in item 3b. If action has been taken, a report shall go into the subject's file and the performance review file, and the subject of the report shall be so notified. In addition, there shall be a confidential communication to the reporter, without details, that action has been taken.

6. If action is taken, an appropriate individual shall be identified by the program director as a medical staff monitor to monitor performance of the individual involved. This shall include at least monthly meetings and written performance evaluations from individuals working closely with the resident. These individuals need not be limited to members of the medical staff, but shall make their reports confidentially and directly to the program director, Department Chief or the Hennepin County Medical Center Medical Director.
7. Further monitoring and recommendations shall be implemented based upon the recommendation of outside treatment programs, the Board of Medical Practice, Physicians Serving Physician, Resident Assistance Program, etc.
8. If restriction of privileges or temporary suspension is undertaken, the resident in question shall be required, before reinstatement, to provide documentation regarding their change of behavior or conditions which resulted in impairment. This shall include a written statement from the resident as well as a written statement from the director of the rehabilitation program, if any, and the resident's personal physician or counselor. Such letter from the director, physician, or counselor shall address the resident's current status, their compliance with all conditions of rehabilitation, and their commitment to ongoing appropriate interventions.
9. The resident in question shall provide authorization to contact all of the above mentioned providers for all of this information.
10. An agreement to return to work may include an agreement to submit to drug or alcohol screening as needed.
11. Failure to comply with conditions established based on this procedure may result in removal from the residency program.

Moonlighting Policy

Residents must not be scheduled for more than 80 hours per week for all patient care and educational activities averaged over a 4 week period. This includes hours spent moonlighting within Hennepin County Medical Center or any sites used for the educational program and hours within the hospital when taking call from home. This does not include hours of call at home when the resident does not come in.

PURPOSE

To clarify the responsibilities of the hospital and the resident physician when a resident physician chooses to "moonlight" and to ensure that activity complies with the Minnesota Board of Medical Practice, Immigration and Naturalization Service and JCAHO regulations, laws and standards.

POLICY

Hennepin County Medical Center has established the following guidelines with regard to the practice of moonlighting during the period of residency training. Residents must not be required to moonlight.

Residents in training may moonlight in the community if it does not interfere with resident activities. These activities include research, administration, teaching and on-call responsibilities in addition to time spent in direct patient care. Residents shall be sensitive to the needs of Hennepin County Medical Center for moonlighting assistance by residents prior to accepting other employment opportunities.

DEFINITIONS

Moonlighting: Any practice of medicine by a resident physician outside that resident's formal department/training program assignment. It includes work within Hennepin County Medical Center and work in other institutions. Accepting extra hours within a resident's specific training program to enhance learning or cover for another resident is not moonlighting.

PROCEDURE

1. Residents shall notify their residency director prior to starting any employment, including moonlighting. Reports of the amount of time spent moonlighting within and outside Hennepin County Medical Center will be required by the Program Director. The Program Director shall withdraw permission to moonlight at any time they feel it is having a detrimental effect on the resident's training or the training program.
2. The hospital malpractice insurance covers all resident moonlighting activities at Hennepin County Medical Center and other county facilities, but it does not cover moonlighting at non-county institutions.
3. Residents who do not have a Minnesota license should be aware that under Minnesota law they are not permitted to moonlight in other institutions. They can only moonlight at Hennepin County Medical Center in their role as a resident under faculty supervision.
4. Certain specific community medical services may be performed by resident physicians, with or without remuneration, but must have the express approval of the Hennepin County Medical Center Medical Director to ensure that the activity is covered by the conditions of liability insurance.
5. Non- Hennepin County Medical Center residents may moonlight at Hennepin County Medical Center when the following requirements have been fulfilled:
 - Resident shall have a valid Minnesota license.
 - Resident shall apply for temporary privileges with the Office of the Medical Director.
 - Sponsoring department shall write a letter to the Hennepin County Medical Center Medical Director explaining the need for this individual to receive malpractice coverage.
6. Residents with a J-1 visa sponsored by the ECFMG are not permitted to be employees outside of their residency or fellowship program and are, therefore, not allowed by the Immigration Service to moonlight within or outside Hennepin County Medical Center.

Out of Country Rotations

Rotations out of the country can be valuable for some residents if they cannot receive the same experience in the United States. The hospital will support 12 months of away rotations under the following guidelines:

- Experience cannot be duplicated within the United States.
- Resident must provide specific written educational objectives that cannot be met by a rotation within the United States. Volunteer community service, going to visit a country where they already have had medical training, trying out a potential job and language training are not valid objectives.
- The program must assure that the learning experience will be of high quality, i.e., send Hennepin County Medical Center faculty along, previous rotation site with a favorable experience, faculty is a graduate of an Hennepin County Medical Center program, favorable site visit, or other long-term relationship with the clinic/faculty.
- Resident is at their own risk for safety, health and any malpractice insurance.
- Each program has an annual quota of out-of-the-country rotations. If they receive requests above their quota, they must request a rotation position from another program. If no additional rotations are available, residents over the quota can take an unpaid leave for the time they are on an out-of-the-country rotation.
- A resident cannot do a second month out-of-the-country rotation until all other residents have had the opportunity to apply for one month. A Program Director, in their judgment, may prioritize a resident to do a second month within that program's quota.
- The resident has completed 12 months at Hennepin County Medical Center, is not on probation and is in good standing. Medical records and other requirements are complete prior to departure.
- There is a formal signed agreement with the outside site processed through the Office of the Medical Director.
- The rotations are approved by the Program Director and the Hennepin County Medical Center Medical Director.
- The number of residents allowed by the hospital will be reviewed annually.

A minimum of six weeks' notice is needed for the Office of the Medical Director to process all paperwork.

Do not purchase any transportation until the rotation is approved.

Program Evaluation

Review by GMEC

As the sponsoring institution, Hennepin County Medical Center must ensure the effectiveness of each program in meeting its objectives. One of the ways Hennepin County Medical Center accomplishes this is through individual program reviews conducted by the Graduate Medical Education (GME) Committee, consistent with requirements of the Accreditation Council for Graduate Medical Education (ACGME).

Review by Program with Resident Input

In addition, each training program is required to self-evaluate the educational effectiveness of its program on a regular basis. As part of this process, all residents shall be given an opportunity annually to submit confidential written evaluations of the program. Each program shall provide an evaluation instrument for use by the residents which covers, at a minimum, the performance of teaching faculty, the substantive content of the educational program and the experiences at each training site.

For more information on this process, please see your Program Director.

Hennepin County Medical Center
Title: Medical Staff Responsibilities – Policy # 001976
Policy Champion: Bylaws Review and Revision Committee
Policy Sponsor: Dr. Belzer
Stakeholder: Medical Staff
Final Approval Body: Med Exec and HHS Board
Original Approval Date: 06/01/99
Reviewed/ Revised: 10/27/09

PURPOSE

To ensure that each patient receives appropriate, necessary and quality medical care and treatment in an environment inclusive of optimum medical education for students, residents and fellows.

DEFINITIONS

Attending Medical Staff: The medical provider ultimately responsible for supervising and coordinating the direct day-to-day care of hospitalized patients.

Admitting Medical Staff: The medical provider responsible for making the decision to admit a patient to the hospital.

Consulting Medical Staff: The medical provider who is asked to assist with care of a patient for a defined problem or problems. Consulting medical staff function in an advisory role.

Faculty Medical Staff: A medical staff member who is qualified to teach, supervise and evaluate trainees for an educational program and meets criteria for faculty appointment to an appropriate professional school.

Supervising Medical Staff: The medical staff member who is directly responsible for the actions and oversight of the student, resident, and fellow trainees. Attending medical staff and consulting medical staff are faculty when they oversee the work of trainees caring for patients.

Resident Physician: Physician trainees, who, unless credentialed to function independently, shall only function under the supervision of attending medical staff.

Fellow: Physician trainees who have typically completed a residency training program, but are still trainees in a specific specialty. While they have more autonomy than a resident physician, they are still trainees unless credentialed to function independently; they shall only function under the supervision of medical staff identified as faculty.

Trainees: Students, residents, or fellows.

Intensive Care Unit (ICU): For the purposes of this policy only, the term ICU refers to the adult, pediatric, and neonatal medical/surgical intensive care units.

Suitable Alternative for Care: Responsibility for patient care may be assigned to another member of the medical staff of Hennepin County Medical Center. Each member of the medical staff must provide the names of at least two additional members of the medical staff who have agreed to provide coverage in the first member's absence. (NOTE: Licensed physicians or other independent health care providers who are not members of the medical staff of Hennepin County Medical Center shall not provide coverage for patients at HCMC. Resident physicians or physicians in fellowship training programs, unless they have specifically been granted privileges and/or membership on the medical staff, are not members of the medical staff and may not provide coverage for patients of an attending or consulting physician.)

Write, Writing or Written: For the purpose of this policy, all forms of the term "write" are meant to express either handwritten or electronically documented information in the paper or electronic medical record, as appropriate.

POLICY

Attending medical staff shall be responsible for: assuring that the patient record is complete, accurate and maintained concurrently with the patient's stay; communicating appropriately with the patient, referring practitioners and relatives of the patient; requesting appropriate consultations as described in the medical staff consultation policy; and assuring the continuous care of their patients or designating a suitable alternative for such care. Medical staff shall be responsible for the direct supervision and education of the resident, fellow and student trainees.

PROCEDURE

Admissions: Any credentialed and privileged member of the medical staff may admit a patient to the hospital after obtaining approval from the Admitting Department or the Patient Flow Coordinator/Administrative Nursing Supervisor. The Patient Flow Coordinator/Administrative Nursing Supervisor has the authority to decide whether the hospital can accommodate additional patient admissions. . After leaving the Emergency Department, the admitting medical staff on the floor/unit shall also serve as the attending medical staff until an alternate attending medical staff is identified.

Call: All members of the medical staff shall have some level of call responsibility defined by their department or division chief. When on call, medical staff members are expected to promptly respond to all pages and service requests.

Attending: Attending members of the medical staff shall:

- Discuss any new admissions with the resident trainees in a timely fashion. (This activity may be delegated to fellows within the appropriate training program.)
 - Medically/Surgically unstable patients will be discussed after the initial resident assessment.
 - Stable admissions to the general services shall be discussed with the supervising/attending medical staff no more than 10 hours after admission.

- Stable admissions to the intensive care units shall be discussed with the supervising/attending medical staff no more than 10 hours after the admission.
- See new admissions in a timely fashion.
 - See any new patients in a timely fashion if there are no house staff caring for that patient.
 - Admissions to the general teaching services shall be seen and staffed no more than 18 hours after admission.
 - Medically/Surgically unstable admissions to the intensive care units shall be seen and staffed no more than 4 hours after admission. (This activity may be delegated to fellows within the appropriate training program or the appropriate consultant.)
 - Stable admissions to the intensive care unit shall be seen no more than 18 hours after admission.
- Attend to their patients on a daily basis unless given a specific departmental waiver granted by the Medical Executive Committee.
- Participate in the education of patients and families.
- Complete a note in the patient chart, documenting patient care, every day of the patient's hospitalization.
- Be available at all times for supervision of resident and student trainees unless arrangement for alternate supervision has been made (see below).
 - Attending medical staff shall be available at all times by telephone or pager and directly assist in patient care activities when requested by the resident, fellow and student trainees.
 - Attending medical staff (or the appropriate consultant) must be able to be present to assist trainees at the bedside within one (1) hour of the trainees' request.
 - Approve patient care plans with resident, fellow and student trainees on a daily basis.
 - Attending medical staff, or an alternate, must be present during procedures that fall outside of the resident trainee/fellow scope of practice. (See policy #003185 Resident and Fellow Scope of Practice)
- Be responsible for designating alternate providers on days when they will not be in the hospital. The alternate provider shall be identified by either:
 - Placing an order identifying the current attending, the name of the medical staff member who will be assuming attending responsibilities, and the dates when the new attending will be covering, or
 - Making a generally available, up to date call list of rotating departmental attending physicians who will assume care for the patient.
- Ensure that documentation is present which allows appropriate justification for a continued stay in the medical center.
 - If medical center utilization review staff indicate that further documentation is necessary in order to justify continued stay in the medical center, attending medical staff shall be responsible for assuring that such documentation is made, or that the patient is discharged from the medical center.
- Document their involvement in the management of unanticipated events or disputes regarding patient care.
 - A countersignature on a resident's note shall not be considered sufficient documentation.

- Comply with HCMC’s death protocol (policy #002234).
- Complete the medical record within 30 days after discharge. After 30 days, the record shall be noted as delinquent, and appropriate action, including suspension of hospital privileges, may be initiated through the Office of the Medical Director.

Consulting: Consulting members of the medical staff shall:

- Abide by policy #001968; Consultation.
- Provide consultation services within the timeframe requested by the attending medical staff member.
- Supervise resident, fellow and student trainees under their direction.
- Approve patient care plans with resident, fellow and student trainees on a daily basis.

Supervision: Faculty medical staff shall oversee all activities of students, residents, and fellows as they relate to direct care of patients at Hennepin County Medical Center and affiliated training sites.

Responsibilities include but are not limited to:

- Clinics:
 - All HCMC clinics with residents, fellows and/or medical students in attendance shall have a supervising staff present for the full duration of the clinic. The supervising medical staff shall not schedule other commitments (i.e. surgery, backup call, meetings, etc.) that may conflict with their being present to staff the clinic and supervise trainees. If conflict arises, supervising staff shall be responsible for designating alternate staff to cover. Supervising staff shall be available and visible in clinic to discuss each patient’s management with the trainees.
- Operations and Procedures:
 - Supervising staff shall provide supervision to residents and fellows during all surgeries in the operating room and invasive procedures outside of the operating suites that do not fall under the Resident and Fellow Scope of Practice policy.
 - When a member of the medical staff is required to be “physically present” in the operating room for the critical portion of the operation or procedure, it means that the teaching physician is located in the same room (or same partitioned/curtained area if the room is subdivided to accommodate multiple patients) as the patient, and/or performs a face-to-face service.
 - When a member of the medical staff is required to be “immediately available,” it means the teaching physician has the ability to arrive at the patient and ready to assist with patient care within 15 minutes.
 - When a member of the medical staff is required to be “physically present” outside of the operating room, it means that the teaching physician is located in the same room (or same partitioned/curtained area if the room is subdivided to accommodate multiple patients) as the patient, and/or performs a face-to-face service.

Medical Record Documentation: The attending medical staff member shall be responsible for assuring that all necessary components of the medical record are completely documented in an accurate and timely fashion. All written documentation shall be legible (JCAHO standard MS.8.2.3). A signature shall be legible or shall be accompanied by a legible printed name.. In the electronic health record only an authenticated signature that is dated and time stamped represents an acceptable signature. The medical record shall contain timely entries including, but not limited to, the following:

- Orders - All orders for any aspect of patient care shall be entered in the medical record. For detailed procedures, see policy no. 030001; Patient Care Orders.
- Admission H&P - The admission history and physical shall be appropriate for the nature of the admission. The H&P shall be completed within 24 hours of admission (JCAHO standard PE.1.7.1 & MS.6.2). If the patient is readmitted within 48 hours of a discharge, an interim readmission note shall be made (see policy no. 120069; History and Physical).
- Preoperative H&P - An appropriately thorough preoperative history and physical examination shall be recorded and present in the medical record prior to any emergent and non-emergent operative or other procedure (JCAHO standard TX.5). In the case of an extreme emergency operation for a life-saving procedure, a brief preoperative note may suffice, but an appropriately thorough history and physical shall be recorded promptly thereafter.
- Narrative documentation of progress during the hospital stay.
- Documentation of all invasive procedures performed, including affirmation of verbal consent for those procedures not requiring specific written consent.
- Operative and procedure reports which shall be completed immediately after the operation or procedure. (JCAHO standard IM 7.3.2). If the complete report is not able to be completed immediately after completion of the operation or procedure, an immediate post-op or post-procedure note must be written before the physician leaves the patient's vicinity, with the more complete note to follow.
- Acknowledgement of the results of laboratory and radiology studies performed.
- Documentation of a discharge summary. The discharge summary shall be dictated for all patients with a length of stay greater than 48 hours. For all patients, a written discharge summary form shall be completed at the time of discharge of the patient from the hospital. Discharge summaries for patients being transferred to other health care facilities shall be completed and available by the time the patient leaves Hennepin County Medical Center. Documentation of consultations requested – Documentation of the consult shall be completed and signed by the consulting medical staff within 24 hours of request. Documentation for emergency consultations shall be completed immediately.
- Prenatal record - Obstetrical records shall include a legible prenatal record if one exists.
- Clinic / ambulatory visit documentation - Written and/or dictated ambulatory visit documentation shall be completed by the end of the patient's visit day.(Policy 100048 Ambulatory Visit Documentation)

Transfer of Patient Care: No patient shall be transferred to another service or another facility without the approval of the attending medical staff responsible for the patient. A resident physician or attending medical staff shall document approval of the transfer in the narrative notes. There shall be direct communication from the transferring service medical staff or resident physician to the receiving service/facility medical or resident staff regarding the current condition and treatment of the patient.

Discharge Planning: Attending medical staff shall assure that appropriate communication and input for discharge planning occurs as soon as possible after admission. Any modification of discharge plans shall be communicated to nursing staff as soon as possible.

Unanticipated Patient Outcomes: Patients have the right to receive information about all outcomes of care, including errors and unanticipated outcomes where the result differs significantly from expected. The responsible attending medical staff shall be promptly informed of all unanticipated outcomes, whether or not the outcome was adverse to the patient. The attending medical staff shall be responsible for the full communication of such events to the patient or, when appropriate, the patient's family. The attending

medical staff shall have visible, ongoing and active involvement in the management and resolution of such events. When resident physicians are involved in direct patient care, they may share in the communication and management of unanticipated outcomes.

Use of Approved Formulary Drugs: The Hennepin County Medical Center Pharmacy and Therapeutics Committee has authority to establish an approved formulary for use in the medical center. Medical staff shall utilize drugs as approved by the Pharmacy and Therapeutics Committee. If a special medication is required and is not currently in the formulary, current pharmacy procedure shall be used to obtain needed non-formulary pharmaceuticals.

INPATIENT NURSING PERSONNEL

The organizational chart of Nursing Administrative Services is available to each new resident. All problems shall be directed to the Supervisor of the Station. On evening and nights, problems are directed to the charge nurse on the station. The evening or night house supervisor is also available for consultation and as a resource person on nursing and administrative problems. The resident physician shall coordinate activities and patient care plans with the nursing staff.

Transferring Programs

The resident who chooses to switch residency programs shall adhere to the following procedure:

- The resident must notify the current Program Director of his/her wish to transfer programs as soon as possible. The resident must also formally request transfer to the receiving Program Director in writing.
- The current Program Director must communicate in writing that he/she is willing to release the resident from their contract. The receiving Program Director must confirm that he/she is willing to accept the incoming resident.
- The receiving Program Director must have access to the resident's evaluations and to current faculty for references prior to accepting the resident.
- The date a resident transfers programs has to be agreeable to both Program Directors and should coincide with the new rotation.
- The Office of the Medical Director shall be notified and copies of all correspondence shall be sent to the GME Coordinator, OMD G2. The Office of the Medical Director will facilitate any paperwork that needs to be done.
- If applicable, correspondence shall also be sent to the Payroll departments of both institutions that are affected

Unacceptable Abbreviations

Hennepin County Medical Center
Title: Unacceptable Abbreviation - 002108
Policy Champion: Jean Kohs
Policy Sponsor: Information Management
Stakeholder:
Final Approval Body: PCLC
Original Approval Date: 12/26/2000
Reviewed/ Revised: 01//14/2010

PURPOSE

To prevent errors due to misinterpretation of abbreviations.

POLICY

The following abbreviations shall not be used in any patient-specific documentation in the patient medical record.

Unacceptable Abbreviation	Potential Problem	Preferred Term
U, u (for unit)	Mistaken as zero, four or cc.	Write "unit"
IU (for international unit)	Mistaken as IV (intravenous) or 10 (ten).	Write "international unit"
ug (for microgram)	Mistaken as mg (milligram) resulting in ten-fold dosing overdose	Write "mcg"
A.S., A.D., A.U., O.S., O.D., O.U.	Latin abbreviations may be mistaken for each other (A.S. for O.S., A.U. for O.U., etc.)	Write "left ear", "right ear", "both ears"; "left eye", "right eye", "both eyes"
Q.D., QD, q.d., qd	Mistaken for QID or QOD. The period after the Q can be mistaken for an "I" or "O"	Write "daily"
Q.O.D., QOD, q.o.d, qod	Mistaken for QD or QID. The period after the Q can be mistaken for an "I" and the "O" can be mistaken for "I".	Write "every other day"
Trailing zero (X.0 mg),	Decimal point is missed.	*Never write a zero by itself after a decimal point (X mg)
Lack of leading zero (.X mg)	Decimal point is missed.	Always use a zero before a decimal point (0.X mg)

MS	Confused for one another.	Write "morphine" or "magnesium"
M ₂ SO ₄	Can mean morphine sulfate or magnesium sulfate.	
MgSO ₄		
Chemotherapy agents (e.g. ARA-C, 5FU, MTX)	Name of medication can be confused with another medication.	Write drug names (either brand or generic) in full, with no abbreviations.

*Note: A trailing zero may be used only when required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report the size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.”

SUMMARY OF PROCEDURE

Caregivers: Unacceptable abbreviations shall not be used in notes or orders in the medical record. Epic SmartText helps to prevent providers from using these abbreviations in the electronic medical record.

Pharmacy: If an order is received in Pharmacy with an unacceptable abbreviation, the prescriber shall be notified. Unclear orders shall be verified with the prescriber prior to dispensing.

USMLE Step III Completion

Updated: 9/10/2010

PURPOSE

Completion of Step III is vital to a resident’s future. The examination is easiest to pass soon after the resident’s exposure to their broad-based clinical experiences. Residents who do not pass Step III are not eligible for licensure in any state. Those who do not pass Step III within seven years of taking Step I are required to repeat and pass Step I, Step II and Step III.

POLICY

All residents must take and pass the USMLE Step III examination before the end of their PGY-2 year. Residents who do not have a pass confirmation by the end of their PGY-2 year will not have their contracts renewed for the PGY3 year.

Should a resident transfer into an HCMC program, they will be required to report their USMLE Step III results upon application to the program.

PROCEDURE

All residents must report their passing score prior to the end of their PGY-2 year to their department. If the score is not received prior to March 1, a letter stating that this score is needed or the contract will not be renewed will

be sent to the resident. This letter will be rescinded if the score is received before the end of the PGY-2 year. Residents will be reminded during their PGY-1 and PGY-2 with a formal notification of the policy and reminder of the deadline date and contract consequences of not taking and passing Step III.

It is the resident's responsibility to assure that this test is scheduled with enough time for the results to be reported before the end of the PGY-2 year.

Residents will need to schedule the test and give the department granting the time off six weeks' notice (before beginning of the rotation) using a Resident Request for Time Away from Service request form. Residents are asked to take call schedules into consideration when scheduling their test so as not to create undue hardships for the department.

Post Call Fatigue and Cab Voucher Policy

We are committed to educate faculty and residents to recognize the signs of fatigue, to prevent and counteract its potential negative effects. We recognize that a fatigued individual is often not able to recognize their own limitations.

POLICY

In order to provide for the well being of trainees, all residents and fellows at Hennepin County Medical Center who feel they are too impaired (or are identified by their peers as being impaired) to drive home safely will have the opportunity to return home using a cab voucher. The maximum voucher amount will be \$35.00 per post call date and any additional cab fare will be borne by the resident. The maximum reimbursement will be to the resident's home or to a closer destination if the resident so chooses.

PROCEDURE

For resident that would like a cab ride after a call shift, they should call Yellow Cab directly at 312-788-8888 and tell them that this is a non-patient transport for account Hennepin County Medical Center, Taxi MR#612-873-3922 and give your name.

Resident Services

Resident Exercise Room

All residents may use the Resident Exercise Room. This facility contains both aerobic and weight-lifting equipment and is located on G2. During office hours (8:00 am to 5:00 pm), we ask that the TV and stereo volume be kept down since there are offices next door. Contact Judi Shurson, GME Administrative Coordinator, 612-873-3922.

Library Services

Health Sciences Library – Hours: Monday through Friday, 8:00 a.m. – 5:00 p.m.

Audiovisual equipment - AV equipment, laptops, and LCD data projectors are available to be checked out.

Circulation - Books and audiovisual materials are available to be checked out of the Library.

Journals must be used in the Library.

Photocopying of materials from the Library's collection – Individuals need to make their own copies.

Literature searches - Self-service access throughout Hennepin County Medical Center to the OVID databases, including MEDLINE, is accessible via the *Clinical Portal* link on the Intranet. If assistance is needed, the Librarian is available for work-related topics.

Resident Committees

Residents are encouraged to participate in all institutional and medical staff committees. Schedules and descriptions are discussed at Resident Council and GMEC meetings at the beginning of each academic year. The chair of the resident council is an ex-officio member of the Medical Executive Committee. Surgery residents participate in Trauma, Cancer and Blood Banking committees, Psychiatry residents are on state society committees and the resident selection committee, the geriatric resident is on the ethics committee, an EM resident is on the ED operations committee and FM residents are on the curriculum committee.

List of Hennepin County Medical Center Committees with Resident Representation

1. Biomedical Ethics Committee
2. Bylaws Review and Revision Committee
3. Cancer Committee
4. Continuing Education Committee
5. Graduate Medical Education Committee (all peer-elected residents are members, all other Resident Members of the Resident Leadership Team are guests)
6. Medical Executive Committee (Chair of Resident Council)
7. Infection Control Committee

8. Medical Informatics Committee
9. Pharmacy and Therapeutics Committee
10. Transfusion and Lab Utilization Review Committee
11. Trauma Multidisciplinary Committee

Resident Leadership Team

The Resident Leadership Team is a group that meets regularly to discuss resident issues and is the vehicle for resident complaints and suggestions to be discussed and resolved. Any resident may bring an issue to a member of the council to be put on the next agenda.

The Resident Leadership Team consists of the Chief Residents of each Hennepin County Medical Center -based program, plus a peer-elected resident from each program. Meetings are held the first Friday of each month at noon in O2.202. The Resident Leadership Team regularly discusses duty hour issues and brings any hour/time off issues to the GMEC. Other projects that the Resident Leadership Team has worked on include the call room suites, the team rooms, safety in parking ramps and serving as a communication tool for information to and for residents.

Scrubs

All new residents receive three pairs of jade green scrubs and a lab coat. They can either be laundered at home or turned in to the storeroom, GL.320 for a clean pair of scrubs or a clean lab coat. Soiled scrubs can be exchanged for clean ones in the R2 men's locker room and the G6 call room suites.

Call Rooms

All on-call rooms are single rooms and have a bath or shower facility incorporated or nearby. Call rooms are assigned by the GME office and most are located near the patient care areas to minimize transit time. The GME office routinely examines the call rooms and there are signs in each call room asking the resident to call if anything is amiss. The G-6 call room suite area has signed and unassigned rooms. The unassigned rooms can be accessed by filling out the form on the door of the unoccupied room.

Environmental Services concerns shall be directed to 612-873-4807 24 hours a day. Call room cipher lock combinations may be obtained from program coordinators or from Judi Shurson in the GME Office, 612-873-3922. Ms. Shurson is also responsible for authorizing lock combination changes. Facilities Management will only accept requests submitted by the GME Office.

Administrative Contact List

DEPARTMENT	COORDINATOR	MAIL CODE	PHONE#	FAX#	PROGRAM DIR	PHONE
Anesthesia	Tracy Danielson	P4	873-3458	904-4218	Christopher Robert	873-3458
Cardiology	Cheryl Christenson	O5	873-2875	904-4224	Bradley Bart	873-2875
Dentistry	Ruth Anderson	P7	873-6275	904-4234	Mary Seieroe	873-6275
Dermatology	Lynda Gilbertson	O9	873-2332	904-4245	Bruce Bart	
Direct Care Clinic	Joni Loomer	P7	873-3306	904-4262	Mobin Malik	873-2082
Emergency Medicine	Mary Hirschboeck	825	873-5645	904-4241	Marc Martel	873-2669
					Eric Gross	873-9366
Emergency Medicine/ Internal Medicine	Mary Hirschboeck	825	873-5645	904-4241	Marc Martel	873-2669
					Anne Pereira	873-2691
Family Medicine	Mindy Chatelle	618	873-8082	545-9259	Allyson Brotherson	545-9275
	Peg Sullivan	618	873-8085	545-9259		
Internal Medicine	Michelle Herbers	G5	873-4733	904-4577	Anne Pereira	873-2691
	Megan Foy	G5	873-8723	904-4263	Kevin Larsen	873-4637
	Jessica Norles	G5	873-8722	904-4263		
Addiction Medicine	Leigh Hamersten	G5	873-4051	904-4299	Gavin Bart	873-4051
Clinical Pharmacology	Leigh Hamersten	G5	873-4051	904-4299	Paul Pentel	873-7381
Critical Care	Wendy Yates	G5	873-2625	904-4680	Robert Shapiro	873-2625
Endocrinology	Leigh Hamersten	G5	873-7381	904-4299	David Stuart	873-7381
Gastroenterology	Sherli Wafer	O1	873-8582	904-4366	Craig Peine	873-8582
Geriatric	Mary Schuefftan	S5	873-7490	904-4243	Lawrence Kerzner	873-4217
Hematology/Oncology	Leigh Hamersten	G5	873-4051	904-4299	Douglas Rausch	873-6229
Infectious Diseases	Leigh Hamersten	G5	873-7381	904-4299	Ron Schut	873-2705
Pulmonary	Wendy Yates	G5	873-2625	904-4680	Robert Shapiro	873-2625
Rheumatology	Leigh Hamersten	G5	873-7381	904-4299	Peter Schlesinger	873-2704
Medical Examiner	Joan Jung	L870	215-6320	215-6330	Andrew Baker	215-6300
	Michael Rossman	L870	215-6328	215-6330		
Neurology	Jean Jones	U of M	626-6519	625-7290	Fred Langendorf	873-2610
	Cindy Farr	P5	873-6288	904-4270		
Nephrology	Bern Larson	S5	347-5871	347-2003	David Dahl	347-5871
OB/GYN	Leslie Booker	P5	873-2750	904-4274	Virginia Lupo	873-2750
	Sylvia Lotz	P5	873-2544			
Ophthalmology	Julie Gallant	P7.200	873-6085	630-8230	Kevin Engel	873-6085
Otolaryngology	Julie Gallant	P7	873-2425	630-8230	Robert Maisel	873-2425
Orthopaedics	Claudia Miller	G2	873-4220	904-4280	Thomas Varecka	873-8595
Pathology	Linda Moyer	PL	873-6479	904-4282	Gretchen Crary	873-3976
					Brad Linzie	873-3031
Pediatrics/NBICU	Lisa Loehr	G7	873-2679	904-4295	Margie Hogan (Peds)	873-4528
					Sonja Coliani (Peds)	873-2074
					Raul Cifuentes (NBICU)	873-2064
Podiatry	Claudia Miller	G2	873-4220	904-4280	Mindy Benton	873-2812
Psychiatry (HCMC)	Sandy Robinson	B5	873-7571	904-4350	Christine Stanson	873-7548
Psychiatry (Regions)	Mary Barraclough	11302C	651-254-3103	651-254-2915		
PM&R	Lynda Gilbertson	O9	873-8700	904-4236		
			873-2036			
Radiology	Pamela Thompson	P4	530-8650	904-4567	Tony Severt	873-2787
	Hiltje Braam Loyd	P4	873-2718	904-4567		

Sleep Disorders	Cindy Farr	G8	873-6288	904-4207	Conrad Iber	873-2432
Surgery	Phyllis Squiers	P5.734	873-2849	904-4297	Joan Van Camp	873-2810
Transitional	Judi Shurson	G2	873-3922	904-4401	Meghan Walsh	873-9644
	Kelly Napolitano	G2	873-4093	904-4401		
Urology	Phyllis Squiers	O9	873-5479		Carl Smith	873-5479