

Inspira Health Network
House Manual

*Academic Year
2023 - 2024*

Nothing in the policies contained in this Manual shall be construed to constitute a contract. Inspira Health Network at its discretion, may change, delete, suspend, or discontinue parts or the policy in its entirety, at any time without prior notice. In the event of a policy change, residents will be notified. Any such action shall apply to existing as well as to future residents.

TABLE OF CONTENTS

SECTION I: INTRODUCTION

WELCOME NEW RESIDENTS

DESCRIPTION AND PURPOSE OF THE GRADUATE MEDICAL EDUCATION MANUAL

SECTION II: POLICY PROCEDURES

GME.01 OVERSIGHT AND PARTICIPATING SITES

GME.02 GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)

GME.03 MISSION, VISIONS AND VALUES

INSPIRA HEALTH NETWORK CODE OF CONDUCT CC v4

GME.04 PROFESSIONALISM

INSPIRA HEALTH NETWORK SOCIAL MEDICAL (PR) POLICY

GME.05 PROGRAM OVERVIEW

GME.06 MEDICAL RECORDS COMPLETION

GME.07 EQUAL TRAINING OPPORTUNITY, DIVERSITY & DISABILITY ACCOMMODATIONS

GME.08 ELIGIBILITY AND SELECTION OF RESIDENTS

GME.09 NON-COMPETE POLICY

GME.10 RESIDENT TRANSFERS

GME.11 PRE-EMPLOYMENT PHYSICAL, ORIENTATION, AND RESPIRATORY FIT TEST

GME.12 SUPERVISION OF RESIDENTS

GME.13 COMMUNICATION

GME.14 RESIDENT GRIEVANCES (IN REVISION)

GME.15 EDUCATION/DIDACTICS

GME.16 CORE COMPETENCY COMPLIANCE, MILESTONES, AND EVALUATIONS

GME.17 THE RESIDENT LEARNING AND WORK ENVIRONMENT

GME.19 MOONLIGHTING POLICY FOR TRAINEE

GME.20 RESIDENT WELLNESS: RESIDENT FATIGUE AWARENESS AND PREVENTION

REQUIRED ON-LINE LEARNING MODULES

GME.21 RESPONSIBILITIES OF THE RESIDENT/FELLOW STAFF

GME.22 SCHEDULES

GME.23 GENERAL MEDICAL RULES AND REGULATIONS

TABLE OF CONTENTS

- GME.24 PHYSICIAN IMPAIRMENT**
- GME.25 INFORMAL MEDICAL CARE**
- GME.26 PROFESSIONAL LIABILITY**
- GME.27 LICENSURE**
- GME.28 STIPENDS, MEALS, AND PAYCHECK**
- GME.29 HEALTH INSURANCE**
- GME.30 LACTATION SUPPORT**
- GME.32 BADGES**
- SEC.1 IDENTIFICATION BADGES**
- GME.33 HOUSING**
- GME.35 LAUNDRY AND DRESS CODE**
- GME.36 MONETARY GIFTS**
- GME.37 PARKING**
- GME.38 RESIDENT LOUNGE/ON-CALL SUITE**
- GME.40 RECORDS RETENTION**
- GME.41 PERFORMANCE IMPROVEMENT**
- GME.43 RESIDENT USE OF EDUCATIONAL GRANT MONEY**
- GME.44 TIME AWAY FROM RESIDENCY POLICY**
- GME.50 TIME AWAY FROM RESIDENCY-EXTENDED LEAVE OF ABSENCE**
- GME.54 CONFIDENTIALITY, IMMUNITY AND REALEASES**
- GME.55 RESIDENT REQUEST FOR PROGRAM DIRECTOR'S LETTER**
- GME.56 PROGRAM CLOSURE OR REDUCTION REQUIREMENTS**
- GME.57 DISASTER RESPONSE POLICY**
- GME.58 GUIDELINES FOR PROMOTION, NON-PROMOTION, DISMISSAL AND RESIGNATION**
- GME.59 GRANTING OF CERTIFICATE-LETTER OF COMPLETION OF GME PROGRAM**
- GME.60 HOUSESTAFF CODE OF CONDUCT**
- GME.61 HIPAA AND EMTALA**
- GME.63 CASE/PROCEDURE LOGS**
- HR.05 ANTI-HARASSMENT AND NON-DISCRIMINATION**

TABLE OF CONTENTS

SECTION III: TIP SHEETS AND RESOURCE INFORMATION

INTELLIGENT OBSERVATION (IO) TIP SHEET

TIP SHEET – EXPENSE DELEGATION

COMMON ACRONYMS/ABBREVIATIONS USED IN GRADUATE MEDICAL EDUCATION

EMERGENCY CODES

SENIOR-LEADERSHIP-ORG-CHART-11

MH HOSPITAL DEPARTMENTS FAX NUMBERS

MH HOSPITAL EXTENSIONS

INSPIRA MEDICAL CENTER - ELMER POINTS OF INTEREST DIRECTORY

INSPIRA MEDICAL CENTER - MULLICA HILL POINTS OF INTEREST DIRECTORY

INSPIRA MEDICAL CENTER - VINELAND POINTS OF INTEREST DIRECTORY

Welcome new Residents!

On behalf of the administration, faculty, and your residents, I welcome you to Inspira Health Network and wish you every success here.

We believe that each resident contributes directly to the Inspira Health Network growth and success, and we hope you will take pride in being a member of our team.

This manual was developed to describe some of the expectations of our residents and to outline the policies, programs, and benefits available to them. Residents should familiarize themselves with the contents of this manual as soon as possible, for it will answer many questions about residency training with Inspira Health Network.

We hope that your experience here will be challenging, enjoyable, and rewarding. Again, welcome!

Sincerely,



**Michael J Geria, DO, MS, FACOOG (dist),
Vice-President of Academic Affairs/Designated Institutional Officer**



Description and Purpose of the Graduate Medical Education Manual

For the purposes of this manual, the term resident will be used here to indicate intern, resident, or fellow. This is a general manual which applies to all residency programs sponsored by Inspira Health Network. Each individual program will have a program specific manual to address program specific issues. No individual Program Manual may supersede this Manual.

The residency programs sponsored by Inspira Health Network are accredited by the ACGME, and the CPME. Policies specific to one accrediting body are labeled as such.



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Oversight and Participating Sites		NO: GME.01
ORIGINATING SOURCE: Graduate Medical Education		EFFECTIVE DATE: 05/15/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	SUPERSEDES: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 7
COMMITTEE APPROVALS: N/A		

I. POLICY:

Oversight

It is the policy of Inspira Health Network that oversight of all Graduate Medical Education programs is the responsibility of the Vice-President of Academic Affairs. Day to day administration of the programs will be the responsibility of the program directors of each specialty program.

The Vice-President of Academic Affairs will be accountable to the Chief Executive Officer of Inspira Health Network, and will be responsible for ensuring compliance with ACGME, and CPME guidelines, as well as requirements of the State of New Jersey. The Vice-President of Academic Affairs will collaborate with the CMO and COOs of all Inspira Health Network Hospitals.

The Vice-President of Academic Affairs will also function as the chair of the Graduate Medical Education Committee (GMEC). In doing so, the Vice-President of Academic Affairs will ensure that the GMEC adequately performs its monitoring and advisory functions.

The Vice-President of Academic Affairs will also ensure that all interdepartmental and interinstitutional agreements are in compliance with the educational goals of the ACGME, CPME, and Inspira Health Network.

Participating Sites

A participating site is an organization providing educational experiences or educational assignments/rotations for residents.

There will be a PLA (Program Letter of Agreement) in place between the program and each participating site that will govern the relationship between the program and the participating site providing the required assignment/s. Please see the Procedure section of this document.

II. FORMS/ATTACHMENTS:

Program Letter if Agreement

III. EQUIPMENT/SUPPLIES:

N/A

IV. PROCEDURE:

PLA (Program Letter of Agreement) in place between the program This PLA will:

1. Be renewed at least every 10 years.
2. Be approved by the Vice-President of Academic Affairs/DIO.
3. Ensure that each participating site has a designated faculty member, who will be held accountable for resident education at that site, in collaboration with the program directors.

V. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022

Attachment:

PROGRAM LETTER OF AGREEMENT

This Program Letter of Agreement (this “PLA”) is between **Inspira Medical Centers, Inc.** (“Sponsoring Institution”) and _____ (“Participating Site”) involved in Graduate Medical Education of medical residents/fellows.

1. Parties

1.1 **Sponsoring Institution:** Inspira Medical Center Vineland, 1505 W. Sherman Ave., Vineland, NJ 08360 Inspira Medical Center Mullica Hill, 700 Mullica Hill Road, Mullica Hill, NJ 08062

1.2 **Participating Site:** Name and Address

2. Faculty Responsible for Education and Supervision

2.1 **Sponsoring Institution:** Program Director

2.2 **Participating Site:** Site Director

2.3 (If other faculty are involved, list by name or group)

The above-named individuals are responsible for the education and supervision of the residents/fellows while rotating at the Participating Site. If this responsibility is assumed by another individual, the program director will receive prior notification in writing for approval of the successor.

3. Faculty Teaching, Supervision, and Evaluation Responsibilities

3.1 The faculty at Participating Site must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3.2 It is understood that Sponsoring Institution continues to have responsibility for the quality of this educational experience and must retain authority over the residents’ activities. Sponsoring Institution has the right to conduct an on-site review of the training policies and practices relevant to this training.

4. Content and Duration of the Educational Experiences

- 4.1 The Educational Goals and Objectives of the educational experiences are set forth on the attached **Attachment A** and have been developed according to ACGME Residency/Fellowship Program Requirements.
- 4.2 In cooperation with Program Director, Site Director and the faculty at Participating Site are responsible for the day-to-day activities of the Residents/Fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences at Participating Site.
- 4.3 Residents will rotate in **insert duration e.g. one month, 6 weeks, etc.** blocks, as scheduled by the Program Director and on site coordinator. Prior notice, when possible, will be made for any changes in these rotations. **(you may insert more specifics in terms of numbers of residents and blocks if appropriate)**

5. Policies and Procedures that Govern Resident Education

- 5.1 Residents/Fellows will be under the general direction of the Sponsoring Institution Program's policies and procedures regarding educational matters, which are incorporated herein by reference, and the site-specific policies, rules and regulations regarding patient care activities for the Participating Site.
- 5.2 This training will be in compliance with the requirements for duty hours and resident supervision requirements of the Accreditation Council for Graduate Medical Education.

6. Financial Responsibility (Select one of the three options below)

Sponsoring Institution Responsible Financially

Sponsoring Institution shall continue to employ the Residents/Fellows and is responsible for the payment of any salary and compensation to the Residents/Fellows, as well as providing or requiring health insurance coverage and workers compensation coverage, and withholding all applicable taxes. Sponsoring Institution understands that its Residents/Fellows will not be covered by or entitled to any social security, unemployment compensation, retirement, pension and/or any other benefits programs or workers' compensation program offered or provided by Participating Site, and no Resident/Fellow shall have any right, title or claim to participate in the same. Agreement to any additional sharing of expenses for any specific rotation shall be set forth in Exhibit A, attached or as follows: **none**.

Or

Participating Site Responsible Financially

Sponsoring Institution shall continue to employ the Residents/Fellows and is responsible for the payment of any salary and compensation to the Residents/Fellows, as well as providing or requiring health insurance coverage and workers compensation coverage, and withholding all applicable taxes. Sponsoring Institution understands that its Residents/Fellows will not be covered by or entitled to any social security, unemployment compensation, retirement, pension and/or any other benefits programs or

workers' compensation program offered or provided by Participating Site, and no Resident/Fellow shall have any right, title or claim to participate in the same. Since Sponsoring Institution cannot claim the Residents/Fellows on its cost report for graduate medical education reimbursement from the CMS, the Participating Site shall reimburse Sponsoring Institution for the applicable pro rata portion of any Resident's/Fellow's salary and benefits. Sponsoring Institution may provide the Participating Site an invoice for payment, which shall be paid by Participating Site within thirty (30) days of the date of such invoice. Any additional expenses for any specific Rotation shall be set forth in Exhibit ___, attached.

Or

Financial Responsibility

Sponsoring Institution and Participating Site agree to the following terms regarding cost sharing with respect to costs associated with the education of Residents/Fellows: **none**.

7. Term and Termination

- 7.1 This PLA shall be effective for an initial term of 10 years starting _____. Either party may terminate this PLA on ninety (90) days' written notice.
- 7.2 In the event this PLA is terminated by the Participating Site, all Residents/Fellows assigned to the Participating Site through the end of the current academic year (defined as July 1st thru June 30th) will be allowed to complete assigned rotations and all financial terms as defined above will remain in place. Furthermore, if such termination occurs after the deadline for match quota change in the National Residency Matching Program, this PLA be continued in full for the subsequent academic year.

8. Insurance and Indemnification

- 8.1 Each party agrees to maintain at its own expense commercial general liability insurance with minimum limits of \$1,000,000 per occurrence and \$2,000,000 annual aggregate, and professional liability insurance with minimum limits of \$1,000,000 per occurrence and \$3,000,000 annual aggregate covering itself, its employees, and agents and, as to the Sponsoring Institution, its Residents/Fellows against any and all claims from damages arising by reason of personal injury, death, or damage to persons or property in connection with the performance of its duties and responsibilities under this PLA. If the professional liability insurance is on a "claims made" basis, then appropriate tail coverage shall be purchased for claims, demands, or actions reported in future years for acts or omissions during the term of this PLA. Each party will provide certificate(s) of insurance evidencing such coverage upon request.
- 8.2 The policies required hereunder will not be canceled reduced or modified except after thirty (30) days written notice to the other party.
- 8.3 To the extent permitted by law, each party agrees to indemnify and hold the other parties harmless from and against any and all costs, expenses, claims, demands, causes of action, liabilities, and responsibilities to the extent arising out of or in any way connected with any negligent or willful act or omission of such party and their respective employees, directors, faculty, students, or agents in the performance of this PLA. In no event will any party be liable hereunder (whether in an action in negligence, contract, or tort or based on a warranty or

otherwise) for any indirect, incidental, special or consequential damages incurred by another party or any third party, even if the party has been advised of the possibility of such damages. This Section 8 shall survive the termination or expiration of this PLA.

9. Environment

- 9.1 Participating Site will provide a suitable environment at its premises for educational experiences for Residents/Fellows in accordance with mutually agreed upon educational objectives and guidelines. Participating Site will provide an orientation for each Resident/Fellow with respect to its applicable policies and procedures, patient rights, and general safety for its premises. Participating Site will permit the authority responsible for accreditation of Sponsoring Institution's curriculum to evaluate for consistency with institutional purpose, vision, values and mission the premises, services and all other items provided by Participating Site upon reasonable advance notice.
- 9.2 Participating Site will provide the facilities, equipment, and supplies which are necessary to achieve the educational objectives of the rotation and which may be required by federal and/or state law and regulations. Participating Site will provide all necessary personal protective equipment for Residents/Fellows while assigned to Participating Site's premises in compliance with OSHA Blood-Borne Pathogen Regulations and the Nuclear Regulatory Commission, as appropriate.
- 9.3 Participating Site will assume no responsibility for the medical treatment of Residents, with the exception of first aid required while on Participating Site's premises. Participating Site will, however, provide access to emergency medical care to Residents/Fellows who become ill or injured while on any of Participating Site's premises, if available at such facility. Residents/Fellows are responsible for their health care costs if medical care or treatment is necessary.
- 9.4 In the event of a Resident's/Fellow's accidental exposure to blood or bodily fluids, Participating Site shall, at the Resident's/Fellow's expense, (a) test Resident/Fellow in accordance with Participating Site's policy regarding such exposure; (b) assess potential risks and secure, if necessary, permission and a blood sample from Resident's/Fellow's for testing, and secure medication required for emergency treatment of high risk exposures; and (c) report any occurrence of accidental exposure involving Resident's/Fellow's to Sponsoring Institution.
- 9.5 In performing their respective obligations pursuant to this PLA, no party shall discriminate against any patient, Resident/Fellow, student, or employee on the basis of age, sex, sexual orientation, race, creed, color, national origin, religion, disability, health status, ability to pay, participation in a prepaid health care plan, publicly funded plan, or any other health insurance carrier, or any other protected class.

10. General

- 10.1 In the performance of their obligations under this PLA, the parties will comply with all applicable laws and regulations.
- 10.2 Each party represents to the other party that it and its officers, directors, and employees (a) are not currently excluded, debarred, or otherwise ineligible to participate in any federal health care programs or any state health care programs; and (b) have not been convicted of a criminal offense related to the provision of healthcare items or services where such conviction would result in any such party being excluded, debarred, or otherwise declared ineligible to participate in the federal health care programs or any state health care programs. Any breach of this paragraph shall give either party the right to terminate this PLA immediately.
- 10.3 All disputes relating to or arising under this PLA shall be resolved according to the laws of the State of New Jersey, without regard to its conflict of laws principles.
- 10.4 Each party agrees that it and its officers, employees, and agents, affiliates and subsidiaries shall not otherwise use the name, or any part thereof, logo or symbol, of the other party, or any component of the other party, in any publication, advertising, publicity, or fundraising, without the prior written approval by the other party.
- 10.5 No person or entity not a party to this PLA is intended to be a third-party beneficiary under this PLA.
- 10.6 Any modifications or changes to this PLA must be in writing and signed by all parties.
- 10.7 This PLA may be executed in any number of counterparts, each of which shall be deemed to be an original as against any party whose signature appears thereon, and all of which shall together constitute one instrument, and may be delivered via facsimile or electronic transmission.

IN WITNESS WHEREOF, the parties hereto have caused this Program Letter of Agreement to be executed by their duly authorized representatives.

SPONSORING INSTITUTION:
INSPIRA MEDICAL CENTERS, INC.

By: _____
Name: _____
Title: _____

Date: _____

PARTICIPATING SITE:

By: _____
Name: _____
Title: _____

Date: _____



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Graduate Medical Education Committee (GMEC)		NO: GME.02
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 05/24/2023
EXECUTIVE APPROVALS:	PERSONNEL: Faculty Residents Interns Fellows	Supersedes: 03/07/2022 07/01/2020
Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO		LOCATIONS: Vineland Mullica Hill Bridgeton Elmer Woodbury
COMMITTEE APPROVALS: N/A		Page: 1 of 2

I. PURPOSE:

The Graduate Medical Education Committee (GMEC) of Inspira Health Network is a delegation of physicians and other key individuals, which retains responsibility for monitoring the quality of resident education, as well advising the Vice-President of Academic Affairs regarding administration of GME. Committee membership will be comprised of the Vice-President of Academic Affairs who will chair the committee, Chief Medical Officer from each Inspira site, or his/her designee, program directors of each specialty training program, the director of the resident research program, faculty and administrative representatives, and resident representatives appointed by their peers.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

None

IV. POLICY:

This policy describes the functions of the GMEC, including committee charges, meeting logistics, membership, subcommittees, and applicable requirements. The GMEC performs all functions as required by the ACGME, including but not limited to:

- **Oversight:**

1. The GMEC will establish, approve, and implement policies and procedures related to resident and student education, as well as regulation of work environment for all residents and students at Inspira Health Network.
2. The GMEC will annually review resident resources and benefits, including but not limited to stipends and funding for licensure fees, conference attendance fees, and examination fees.
3. The GMEC will oversee resident duty hours, in compliance with ACGME, and CPME program requirements, and will develop and implement processes through which compliance will be monitored.
4. The GMEC will develop and implement policies for the selection, evaluation, promotion, and termination of residents, in compliance with ACGME, and CPME, and institutional guidelines. The Committee will also conduct reviews of resident misconduct when applicable and take appropriate action.
5. The GMEC will review correspondence with program accreditation agencies and will develop action plans to address areas of concern.
6. The GMEC will periodically perform internal reviews of each program and document

assessments of the programs' compliance with ACGME, and CPME, and institutional guidelines.

V. PROCEDURE:

Meeting Logistics:

- Frequency of meetings: quarterly
- Minutes from GMEC meetings will be approved by the Chair of the Committee and will be maintained by the Program Manager in the GME office.
- Location:
 - Remote (e.g., Microsoft Teams, etc.)
 - In-person meetings may be scheduled as needed.
- Attendee:
 - GME Voting members
 - May include guests invited by the committee chair
- Agenda:
 - The agenda is set by the committee Chair. Program directors, administrators, and GMEC members may request to add items to the agenda two weeks prior to a given meeting (or at the discretion of the committee Chair).
 - A tentative agenda and related materials are emailed to committee members prior to each meeting.
 - Some committee business items may be added to the consent agenda at the discretion of the committee Chair. Any materials related to these items should be emailed to committee members in advance of each meeting. Any member of the committee may move during a meeting to remove an item from the consent agenda and add it to the discussion agenda.

Membership:

- The GME voting members
 - Vice-President of Academic Affairs – Committee Chair: DIO
 - Chief Medical Officers from each Inspira site (or Designee)
 - Program Directors of each Specialty Training
 - Director of Resident Research Program
 - Faculty
 - Administrative Representatives
 - Peer-selected resident representative

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022.

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Mission, Visions, and Values		NO: GME.03
ORIGINATING SOURCE: Graduate Medical Education		Effective Date:
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 1
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The purpose of the Graduate Medical Education (GME) Office at Inspira Health Network is to provide a structured framework for all the educational programs to guide and supervise resident/fellow physicians. Our goal is to facilitate the residents' professional and personal development fostering an environment where they can excel in service, teaching, and research while demonstrating ethical and professional methods of practice.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. MISSION:

Why we are here The Graduate Medical Education programs at Inspira Health Network are committed to providing the highest quality education programs with proper mentoring of all residents, and students while fostering intellectual curiosity and diverse learning methods.

1. Train well-rounded physicians equipped to handle the healthcare demands of the twenty first century.
2. Explore new methods of training quality physicians.
3. Learn from new research on a foundation of experience.
4. Encourage good citizenship in the healthcare community.

V. VISION:

Where we are headed The residency programs at Inspira Health Network will promote personal and professional growth in the resident staff and will strive for excellence in patient care, medical education, and research. Residents, fellows, students, and faculty will work together to create a balanced culture of mutual education and quality patient care. Our goal is to have world class residency programs that not only trains outstanding physicians, but defines the future practice of medicine through innovation, and research.

VI. VALUES:

How we act:

1. Display caring, sensitivity and respect in all relationships.
2. Conduct ourselves in an honest, fair, and ethical manner.
3. Enable patients, physicians, and staff to make responsible decisions to improve work processes.
4. Build relationships with patients, community, employees, physicians, other healthcare providers to improve medical care and medical education.
5. Pursue the highest possible clinical and service standards of excellence

POLICY & PROCEDURE

SUBJECT: Inspira Health Network Code of Conduct
DEPT: RESIDENCY PROG - ADMIN *IHN*

POLICY: Refer to:

Inspira Code of Conduct CC *IHN*v.4
Effective Date: 7/1/2002

Review Date: 3/7/2022

STANDARDS OF CONDUCT

The Standards of Conduct are divided into four parts:

1. Integrity in Our Business Relationships
2. Integrity in Our Community Relationships
3. Integrity in Our Care and Service Relationships
4. Integrity in Our Workplace Relationships

Inspira employees furthermore have a mandatory responsibility to report concerns in a timely manner. Inspira prohibits retribution or retaliation against anyone who in good faith reports such concerns.

Compliance Concerns to Report:

- Patient Privacy Issues (HIPAA concerns)
- Stolen or lost Inspira Property (ex: cameras, computers, USB)
- Breach of confidentiality
- Unethical relationships with vendors or contractors
- Fraudulent or false actions (billing, falsified documentation)
- Improper billing practices
- Unethical behavior
- Suspected bribes or kickbacks

If the answer to any of these questions is **YES** or **MAYBE**, then call either number provided within 24 hours of the event so that we can provide proper direction to address the issue.

CONTACT INFORMATION:

Compliance Department:



856-507-7857

Compliance Hotline Reporting:

1-888-413-4313

"No adverse action or retribution will be taken against any employee for reporting in good faith a suspected violation of Hospital policy and procedure, Hospital Code of Conduct or government law and regulations." (Non-Retribution Policy A.155)



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Professionalism		NO: GME.04
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 3
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

It is the professional responsibility of faculty members, and residents to arrive for work adequately rested and ready to care for patients. It is also the responsibility of faculty, residents, and other members of the care team to observe, intervene, and/or to escalate their concern about resident and faculty fitness for work, depending on the situation, and in accordance with the institutional policies.

Inspira Health Network, program directors, core faculty and the Vice-President of Academic Affairs ensure a culture of professionalism that supports patient safety and personal responsibility, and that residents and faculty members must demonstrate an understanding and acceptance of their personal role in support of their patients' safety, including accurate reporting of work hours, patient outcomes, and clinical experience data.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

It is critically important to be aware and accountable for fitness for duty, as well as the responsibility of all residents and faculty members to display responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning care to another qualified and rested provider.

Although professionalism and ethics encompass broad concepts, some of the recognized components are (but not limited to):

- Non-maleficence – first, do no harm
- Acting as a positive role model
- Displaying respect in interactions with others
- Legal and ethical behavior
- Appropriate management of potential conflicts of interest
- Beneficence – a physician should act in the best interest of the patient/altruism/placing the needs of the patient first

- Autonomy – the patient has the right to refuse or choose their treatment
- Dignity – the patient (and the medical professional involved with their care) has the right to dignity, truthfulness, and honesty
- Participation in self-evaluation programs and acceptance of constructive criticism from others.
- Compassion, integrity, and respect for others
- Responsiveness to patient needs that supersedes self-interest
- Respect for patient privacy and autonomy
- Accountability to patients, society, and the profession
- Respect for diverse patient population

Failure to be professional can result in disciplinary actions in accordance with our policies.

V. PROCEDURE:

RESIDENTS ABILITY TO REPORT UNPROFESSIONAL BEHAVIOR-ANONYMOUS (ACGME REQUIREMENT)

Per the ACGME requirements:

1. Faculty members must be role models of professionalism (Core)
2. Programs and Institutions should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)
3. Program Directors must provide an environment in which residents could raise concerns and provide feedback in a confidential manner without fear of intimidation and retaliation. (Core)
4. Programs and Institutions must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercions of students, residents, faculty, and staff (Core)

Options for Confidential Reporting

Program Director

Vice-President of Academic Affairs/DIO

Chief Medical Officer

Human Resources

Compliance Department or Hotline (see below)

Inspira Corporate Compliance Web Reporting or RL6 (see below)

Compliance Department

856-507-7857

Compliance Hotline Reporting

1-888-413-4313

Inspira Corporate Compliance Web Reporting

https://rl6.ihn.org/RL_ProdProduction/Homecenter/Client/Login.aspx?ReturnUrl=%2fRL_Pr

1. “Corporate Compliance”
2. Then: [Inspira Corporate Compliance Web Reporting](https://rl6.ihn.org/RL_ProdProduction/Homecenter/Client/Login.aspx?ReturnUrl=%2fRL_Pr)
3. Then Click on: “Begin Report”

4. Followed by:

- “Key Category” then “Medical Staff
- Basic Information
- Additional Details

Conflicts and concerns involving physicians and patients or staff, or policy and procedure issues, contractual arrangements, and other business

YES! You may submit a report regarding serious concerns or violations while remaining anonymous. The only information My Compliance Report requires for a new report is brief details regarding the concern so the company in question may begin an investigation to determine the validity of the violation. Though our servers log some data for statistical purposes, My Compliance Report is under a strict Confidentiality Agreement with each of our clients. Therefore, only the information you provide is shared with My Compliance Report clients. If you would like to be contacted by the company you may provide your name, address, phone number or e-mail.

How do I check on a report I previously filed?

To follow-up on a report you have already submitted, Click here: [Inspira Corporate Compliance Web Reporting](#), then click on the button '**Follow-Up Report**' found on the homepage of MyComplianceReport.com. **Enter your Report Number** and **password**, then click 'Next'. If a resolution has been provided by your company it will be available.

Where do I get a Report Number if I do not already have one?

If you do not already have a Report Number, but do have knowledge of serious violations, perceived or known in the work environment, you will need to create a New Report. Once your report has been generated, you will be given a Report Number. You will then be able to check the status of your report by logging in at MyComplianceReport.com using your Access Code and Report Number.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022.

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022

POLICY & PROCEDURE	Page 1 of 4
SUBJECT: Social Media (PR) *IHN*	EFFECTIVE Date: 08/17/2020
DEPT: ADMINISTRATION, PUBLIC RELATIONS	REVIEW Date: 08/15/2022

I. Purpose

The purpose of this policy is to provide Inspira Health employees with guidelines for participation in social media, including engaging with Inspira Health's official channels, and non-Inspira Health social media in which the employee's affiliation is known, identified, or presumed.

This Social Media Policy focuses on avoiding the unique pitfalls online communications holds for professionals without unnecessarily restricting the ability of individual employees to be creative in taking advantage of technology.

II. Policy

This policy lists guidelines for employee's personal use of social media, including, but not limited to:

- Networking sites (i.e. Facebook, Instagram, LinkedIn, etc.)
- Blogs, wikis, online forums and review sites (i.e. Twitter, Reddit, Wikipedia, Yelp, etc.)
- Photo and video sharing sites (i.e. Flickr, YouTube, TikTok, etc.)
- Public and private (direct) messaging on all platforms

When using social media, be aware that existing Inspira policies still apply, especially those pertaining to patient privacy, electronic communications, confidential information, personal devices, media policy, and the Code of Conduct.

Inspira's Marketing and Public Relations department is responsible for, and always monitoring the use of, the Inspira brand. Inspira's Marketing and Public Relations department must approve all official Inspira Health social media accounts, groups, and statements before projects may commence. Marketing and Public Relations must also provide permission for any vendors or partners sharing information about the work they do with Inspira.

III. Guidelines:

You are personally responsible for all your posts and online activities that can be traced in any way to Inspira. Do not use your work email address or any Inspira assets for engaging in personal social networking activity. Be mindful that your comments and activities (including but not limited to pictures, videos, words, actions, gestures, music, etc.) have the potential to impact Inspira's image and relationships with patients and other employees, medical staff, vendors, and external parties.

IV. What You Share

When you participate in social media, be careful about the information you provide and distinguish personal from professional. Remember that online posts exist forever – even on platforms that limit visibility, the content remains on their servers and could be resurfaced at any time.

- Be respectful and professional in your word usage, actions, music, and tone of posts/responses. A good rule of thumb is to post only something you would want your manager (or future manager) to see.

POLICY & PROCEDURE**SUBJECT:** Social Media (PR) *IHN***DEPT:** ADMINISTRATION, PUBLIC RELATIONS**Page 2 of 4****EFFECTIVE Date:** 08/17/2020**REVIEW Date:** 08/15/2022

- Be conscious of confidentiality and share only publicly available information. Do not post any confidential information obtained due to your role, internal documents, information about our patients or other employees. When in doubt, share news from our official pages - Inspira carefully cultivates content for public dissemination and ensures it is accurate and free of errors.
- It is best practice, and sometimes legally required, to get permission from any person included in photo/video/audio. Employees are prohibited from publishing any content featuring other Inspira employees without their consent. Employees are prohibited from publishing any content featuring patients.
- HIPAA still applies. You may not use or disclose any patient identifiable, Protected Health Information (PHI) of any kind without the express written permission of the patient. Even if an individual is not identified by name within the information you use or disclose, if there is any conceivable basis to believe that the person could still be identified from that information, then its use or disclosure could constitute a violation of the Health Insurance Portability and Accountability Act (HIPAA) and Inspira policy. Give special attention to the background of photos/videos taken on Inspira property to ensure they do not contain any PHI, including patients in the distance, overheard voices, computer screens, charts, scans, etc.
- Be truthful and be accurate in all communications. Errors, omissions or unprofessional language or behavior reflects poorly on Inspira Health. Do not publish false reviews about Inspira (positive or negative).
- Share insight in your area of expertise. Do not share clinical advice beyond your scope of practice or share photos/video using clinical equipment in an inappropriate way.
- Use good judgement. If you're considering posting something but have doubts, it's best not to post it.
- Adhere to social media platform's official Terms and Conditions.

V. How You Identify Inspira

As an Inspira employee, you are the face of the organization when you're interacting with patients and our community while at work. Social media can expand on that perception and it is possible that your views may be interpreted as those of the organization.

- If you identify Inspira as your employer, also accurately identify your position and title.
- If you reference Inspira when using social media, you must make it clear that any posts represent your opinions and not those of the Company.
- Write in the first person (i.e. "In my opinion" or "I am not aware").

POLICY & PROCEDURE**SUBJECT:** Social Media (PR) *IHN***DEPT:** ADMINISTRATION, PUBLIC RELATIONS**Page 3 of 4****EFFECTIVE Date:** 08/17/2020**REVIEW Date:** 08/15/2022

- Use additional consideration for the content you're posting if you're wearing the Inspira brand (t-shirt, lanyard, etc.). For security purposes, do not share photos or video showing your employee badge.

VI. General

- It is discouraged for staff and their manager/supervisor to be connected on personal social media accounts as the information shared may have a negative impact on the work environment. One exception is if the account is specifically for professional networking, i.e. LinkedIn.
- Use your personal email address (not your ihm.org address) and personal devices. Inspira employee email addresses and Inspira employee email addresses and Inspira issued devices are only for work-related communication.
- Employees are encouraged to share work-related concerns with their manager, Human Resources, or on Inspira Talk before disclosing complaints in social media. This gives Inspira an opportunity to address and provide a solution to the issue.
- Ensure that your social networking activity does not interfere with your work or workplace. Check with your manager if you have questions.
- Consider how your social media activities, and how someone may perceive them, might reflect Inspira's Mission, Vision, and Values. Inspira does not tolerate hate speech of any kind.
- Adhere to the social media platform's official Terms and Conditions.
- Nothing in this policy is intended to preclude or dissuade employees from engaging in legally protected activity, including activity protected by the National Labor Relations Act (NLRA), such as discussing terms and conditions of employment or engaging in concerted protected activity. In all cases, employees must adhere to Inspira's HIPAA policies and applicable law.

VII. Violation

Violation of this policy may result in disciplinary action up to and including termination of employment. Inspira prohibits taking negative action against any employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any employee who retaliates against another for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

If you have a question or a concern about this policy or content you have seen on social media, please contact the Office of Compliance at 856-507-7857 or email compliance@ihm.org.

For general questions or suggestions for Inspira's official social media accounts, please contact the Marketing and Public Relations Department at socialmedia@ihm.org.

POLICY & PROCEDURE

SUBJECT: Social Media (PR) *IHN*

DEPT: ADMINISTRATION, PUBLIC RELATIONS

Page 4 of 4

EFFECTIVE Date: 08/17/2020

REVIEW Date: 08/15/2022

REFERENCES

- a. Telephone/Cell Phone Usage HR.83
- b. Inspira Code of Conduct
- c. Media Access Policy



GRADUATE MEDICAL EDUCATION

POLICY AND PROCEDURE

TITLE: Program Overview		NO: GME.05
ORIGINATING SOURCE: Graduate Medical Education		EFFECTIVE DATE: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents Fellows	SUPERSEDES: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer Bridgeton Woodbury	Page: 1 of 1
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The goals of the Graduate Medical Education (GME) programs at Inspira Health Network for the individual resident are as follows:

- To further the graduate medical education of the resident in preparation for state licensure eligibility, and where applicable, prepare for specialty board certification.
- To advance competency in the management of medical diseases.
- To advance skills in the performance of clinical procedures.
- To increase the medical knowledge base.
- To learn responsibilities of medical staff citizenship.
- To appreciate Quality Management/Process Improvement as a means of insuring optimal patient care.
- To be exposed to regulatory controls in the health care system.
- To provide resident care to patients under the direction of Teaching Faculty, and in so doing, provide benefits for the patient as well as giving the Resident medical educational experience.
- To teach peers and students assigned to educational programs of the medical centers, and in so doing, gain personal education and clinical, professional expertise.
- To conduct research under the direction of residents, fellows, medical staff members, and college faculty to gain additional medical education experiences.
- To experience the responsibility of practice in medical centers and offices and, in so doing, prepare for the medical records, reporting, committee responsibilities, etc., of the health care delivery system. Gain expertise in treating the variety of patient populations in our community, with a particular understanding for the medically underserved.
- To assume some administrative responsibilities within the residency training programs, and in so doing, prepare for responsibilities as a contributing member of a medical staff organization

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022.

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Medical Records Completion		NO: GME.06
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 05/22/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 2
	Bridgeton Woodbury	
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

To establish standards, notification, and enforcement processes to ensure prompt completion of medical records by residents and fellows.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Inspira Health Network Graduate Medical Education has established an institutional policy regarding the medical records system for the graduate medical education programs within the institution.

V. PROCEDURE:

A. Medical Record Completion

- Residents are to document all patient care activities in a legible, thorough, and timely manner. Failure to complete patient records within the time frame specified below will result in suspension of the resident's privileges until the records are completed.
- Residents will be given instruction in proper medical record documentation at orientation before they formally begin training. Proper procedure will be outlined and given to the residents in writing.
- Completion of medical records includes signing all orders, operative notes, and patient charts, as well as completing dictations for all patients for whom the resident provided care in the time frame stated below:
 - **History and Physical:** At the time of admission.
 - **Operative Notes:** At the completion of the procedure
 - **Discharge Summaries:** At the time of discharge, or no later than 24 hours post discharge.

B. Health Information Management (HIM):

HIM Department Weekly Suspension Guidelines

- **New Jersey 8:43G-15.2:** Medical records shall be completed within 30 days of discharge.

- Charts over 30 days old from discharge are considered delinquent and make the provider eligible for suspension.
- **TUESDAY:** A Potential Suspension List is created, charts are reviewed, and letters are faxed or emailed to the providers:
 - Residents: Suspension – **7 days' post discharge**
- **WEDNESDAY:** Each provider on the Potential Suspension List is reviewed to determine if the delinquent charts have been completed:
 - The list of residents being suspended is created and sent to:
 - The “Resident Suspension Team” – who may consist of the director of the program, chairs of the department, resident support staff, and the residents

C. Additional Information:

- Residents are placed on the delinquency list for incomplete records seven days discharge (as opposed to 30 days for other providers) – this is to allow ample time for their attendings to cosign and modify as needed.
- The residents do not get warning letters regarding their charts – they go right to suspension (same reason as noted above) – they receive the letter to the IHN email address.
- The residents are expected to have no charts in their message center to complete prior to leaving for any planned PTO.
- The potential delinquency list goes out on Tuesdays at noon and the final delinquency list goes out on Thursday at noon, allowing two days for delinquent charts to be completed.
- **The updated list is emailed out whenever a resident has completed charts and has been removed.**

HIM Locations: (updated 6/1/2025)

- **Bridgeton:**
Located on the ground floor, by physical therapy
Call directly at x54580 or 856-575-4580
- **Elmer:**
Located on the first floor across from the Physician’s Lounge.
Call directly at x31580 or 856-363-1580
- **Vineland:**
Located on the lobby level next to the Medical Staff Office & Physician Lounge.
Call directly at x17580 or 856-641-7580
- **Mullica Hill:**
Located on the first floor to the right of the cafeteria.
Call directly at x 80146 or 856-508-1000, x 80146

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Equal Training Opportunity, Diversity, & Disability Accommodations		NO: GME.07
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents Fellows	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer Bridgeton Woodbury		Page: 1 of 2
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

To provide equal residency training and advancement opportunities to all individuals, residency appointment and promotion decisions at Inspira Health Network will be based on merit, qualifications, and academic abilities. Inspira Health Network does not discriminate in residency training opportunities or practices based on race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Inspira Health Network will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of residency training, including selection, academic assignment, stipends, discipline, termination, and access to benefits and training.

Any resident with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their program director, the DIO, or the Human Resources Department. Residents can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of their training. (Refer to Inspira Policy HR.05, Anti-Harassment & Non-Discrimination).

V. PROCEDURE:

Disability Accommodations

Inspira Health Network is committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal opportunity in residency training for qualified persons with disabilities. All residency related practices and activities are conducted on a non-discriminatory basis.

Application and selection procedures have been reviewed and provide persons with disabilities meaningful training opportunities. Pre-selection inquiries are made only regarding an applicant's ability to perform the duties of the position.

Reasonable accommodation is available to all disabled residents, where their disability affects the performance of duties. All selection and promotion decisions are based on the merits of the situation in accordance with defined criteria, not the disability of the individual.

Qualified individuals with disabilities are entitled to equal stipends and other forms of compensation (or changes in compensation) as well as in training assignments, classifications, organizational structures, position descriptions, lines of progression, and seniority lists.

Leave of all types will be available to all trainees on an equal basis in accordance with ACGME and CPME policies.

Inspira Health Network is also committed to not discriminating against any qualified residents or applicants because they are related to or associated with a person with a disability. Inspira Health Network will follow any state or local law that provides individuals with disabilities greater protection than the ADA.

This policy is neither exhaustive nor exclusive. Inspira Health Network is committed to taking all other actions necessary to ensure equal residency training opportunity for persons with disabilities in accordance with the ADA and all other applicable federal, state, and local laws.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022

Inspira Health Network, Human Resources HR.05, Anti-Harassment & Non-Discrimination Policy, [Anti-Harassment and Non-Discrimination HR.05 *IHN* v.6 \(policytech.com\)](#)



GRADUATE MEDICAL EDUCATION

POLICY AND PROCEDURE

TITLE: Eligibility and Selection of Residents		NO: GME.08
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 5
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

To comply with the ACGME Common Program, The Council on Podiatric Medical Education (CPME), and Institutional Requirements, National Residency Matching Programs, and National Matching Service Match System policies and institutional processes. To assure fair, legal, and appropriate recruitment, selection, and hiring practices. This Resident Recruitment, Eligibility and Selection Policy is established to provide procedures for resident eligibility, selection criteria and selection processes in support of safe and high-quality patient care, educational excellence, scholarship, and professional and institutional integrity.

Resident physicians are selected on a fair and equal basis without regard to race, color, religion, sex, national origin, or sexual orientation. Selection is based on the applicant's preparedness, ability, aptitude, academic credentials, and interpersonal and written skills. Applicants must apply through ERAS - participate in the NRMP (the Match) or The Central Application Service for Podiatric Residencies (CASPR) and The Centralized Residency Interview Program (CRIP) Programs - participate in NMS Match System.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

The policy of Inspira Health Network - Office of Graduate Medical Education is to ensure programs select from among eligible applicants based on their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities including motivation and integrity. Programs will not discriminate regarding sex, race, age, religion, sexual orientation, gender identity, color, national origin, disability, creed, ancestry, marital status, veteran status, or any other applicable legally protected status.

Each residency/fellowship program is responsible for the recruitment of candidates that are eligible for appointment as resident physicians. Each program should have formal procedures for the application, evaluation, and selection of eligible candidates.

V. PROCEDURE:

Application Procedure:

Application

Application for PGY-1 positions must be submitted by the candidate using ERAS - the Electronic Residency Application Service or CASPR - The Central Application Service for Podiatric Residencies. **Paper applications will not be accepted.** The initiation of the application process shall be instituted by the applicant sending their application materials through ERAS or CASPR.

A. Deadline for Applications

Applications must be submitted through ERAS or CASPR by the published program specific deadline for the preceding the PGY year.

B. Application Content

Every resident/fellow who seeks or participates in any Inspira Health Network training program, at the time of appointment and continuously thereafter, must demonstrate, to the satisfaction of the teaching faculty and the Review Committee and where applicable the following qualifications:

- Official, verifiable transcripts showing date of completion of medical degree requirements from:
 1. **ACGME programs:**
 - a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
 - b. Graduates of colleges of Osteopathic medicine in the United States accredited by the AOA Commission on Osteopathic College Accreditation (COCA).
 - c. Graduates of medical schools outside the United States and Canada who meet the following qualifications:
 - i. Have received a currently valid certificate from the ECFMG and,
 - ii. Speak and write fluent English
 - d. Graduates of medical schools outside the United States and Canada who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

2. CPME program:

- a. CPME accredited school of Podiatric Medicine

- Scores:
 - ERAS: acceptable to the individual residency program on steps/levels I & II, of USMLE and COMPLEX. No substitutions are permissible.
 - CASPR: APMLE parts I & II Scores
- A minimum of three letters of recommendation in addition to the Dean's letter of recommendation.
- Personal Statement

- During the interview process the applicants are informed, in writing of the terms, conditions, and benefits of their appointment,
 1. Resident/Fellow responsibilities
 2. Duration of appointment
 3. Financial support
 4. Conditions for reappointment
- Successful completion of all appropriate licensure examinations.
- **Attitude:** A willingness and capacity, based upon current attitude and evidence of performance:
 1. to work, relate to, and cooperate with other interns, residents, fellows, students, medical staff members, members of other health disciplines, medical center management, and employees, visitors, and the community, in a professional manner that is essential for maintaining a medical center environment appropriate to quality patient care; and,
 2. to adhere to generally recognized standards of professional ethics, including proper dress, demeanor, and conduct at all times.
- **Restrictions:**

To have under adequate control any significant physical or behavioral impairment that might restrict or present a substantial probability of interfering with the qualifications required herein, such that patient care could directly or likely be adversely affected.
- **Obligations:**

Each Intern, resident, or fellow will:

 - Provide patients with care at the recognized professional level of quality and efficiency recognized as standard at the medical center.
 - Abide by these Rules and Regulations and by all other lawful standards, policies, and rules as they now exist or as they may be amended.
 - Discharge such functions for which he/she is responsible.
 - Prepare and complete, in timely fashion, all required medical records for all assigned patients and all service logs and evaluations.
 - Log duty hours using the system identified by the training program.
 - Prepare and complete all forms required by the training program.
 - Satisfy the educational requirements of the program.
 - Sit for COMLEX Part III, or USMLE Part III during the PGY-1 training year or other required licensure examinations and provide scores as proof.
 - Maintain all required certifications such as BLS, ACLS, etc.
 - Follow the directions of the attending physician, Program directors, Chairpersons, Directors of Medical Education, Chiefs of Service, Office of Graduate Medical Education, and all administrative persons responsible for the conduct of this program.

C. Effect of Application

By sending an application through ERAS/CASPR, the applicant:

- Attests to the correctness and completeness of all information furnished.
- Signifies his/her willingness to appear for an interview in connection with the application.
- Agrees to abide by the terms of the resident contract, the training program rules and regulations of the accrediting body, the rules and regulations of the training program, the medical center Bylaws, Rules and Regulations, policies, and procedures of the medical staff as they pertain to residents and agrees to abide by the terms thereof.
- Authorizes and consents to Inspira Health Network, and any consulting with those institutions and persons who have information regarding competence and consents to the inspection of all records and documents that may be material to evaluation of said qualifications.
- Releases from any liability all those who, in good faith and without malice, review, act on, or provide information regarding the applicant's competency, ethics, character, health status, and other qualifications for residency appointment.

D. Processing the Application

Applicant's Burden

- The applicant is required to produce adequate and correct information for a proper evaluation of his/her training, ability (knowledge and skills), ethical, and attitudinal conduct about the qualification for selection and appointment to the residency training program, and of satisfying any reasonable request for information or clarification made by appropriate request.
- The applicant further understands that should an appointment be granted, the burden of providing a verifiable diploma from the medical school, and all other requested documents prior to beginning the training program is the responsibility of the resident.
- The responsibility of attending all required orientation programs prior to the start of the residency shall be his/hers.
- The resident must submit to and satisfactorily pass a physical examination conducted by an agent of Inspira Health Network and submit to all state regulations regarding health standards including PPD, MMR, tetanus, polio virus, varicella, hepatitis B and influenza vaccinations.

E. Verification of Information

- The applicant is responsible for having signed letters of reference, a completed application, board scores, dean's letter, and transcripts sent through ERAS/CASPR by the application deadline. The completed application is submitted to the Inspira Health Network office of Graduate Medical Education. The Office of GME collects these references and documents sent in support of the application.
- The candidate designates to which residency program(s) the completed application should be sent.

- When possible, the Office of GME will notify the applicant of any problems in receiving the information required. Upon notification, it is the applicant's obligation to obtain the required information.
- When collection and verification is completed, the application is reviewed by the appropriate program director to determine individuals eligible for an interview.
- The application file is confidential and may not be reviewed by unauthorized personnel of Inspira Health Network or the applicant. Information submitted in support of an application for residency remains the property of the Office of GME and cannot be forwarded/released to other parties, nor the applicant.

F. Resident Selection Committee Action

The Resident Selection Committee is responsible for the following actions:

- Review the application file and credentials.
- Schedule and conduct an interview with appropriate applicants.
- Conduct a selection process from among the candidates, indicating selections for admission to the training program/s, and rank alternate candidates.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Non-Compete Policy		NO: GME.09
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: N/A
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 1
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The purpose of this policy is to comply with the ACGME Institutional Requirement requiring accredited residency or fellowship programs to adopt a policy expressly stating that neither the Sponsoring Institution nor any of its ACGME-accredited programs, nor programs under the Sponsoring Institution's GME oversight will require a resident/fellow to sign a non-competition guarantee or restrictive covenant. (ACGME Institutional Requirement Section IV.M.)

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

It is the Inspira Health Network (IHN) policy and its sponsored GME programs, follow ACGME and CPME requirements for Trainees pertaining to non-competition guarantees or restrictive covenants. This policy applies to all Graduate Medical Education sponsored by Inspira Health Network, including those accredited by the ACGME and CPME, and other programs/training that is under the oversight of IHN GMEC.

V. PROCEDURE:

Residents and fellows are advised they may not sign a non-compete or restrictive covenant clause as part of any GME or program documents, or as a contingency for employment as a resident/fellow in an ACGME-accredited or CPME program. Residents and fellows must immediately notify GME if they are asked to sign such a document.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Resident Transfer		NO: GME.10
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 05/15/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents Fellows	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer Bridgeton Woodbury	Page: 1 of 2
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The purpose of this policy is to ensure the exchange of information between residency programs involved in the transfer of a resident.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Defines the transfer process for Applicants wanting to transfer from an external Graduate Medical Education (GME) program to an Accreditation Council for Graduate Medical Education (ACGME)-accredited program at Inspira Health Network.

V. PROCEDURE:

RESIDENT TRANSFERS

Residents who transfer from other graduate medical education/residency programs to Inspira Health Network program/s must meet the same criteria as incoming PGY-I residents, with the additional requirements:

1. Written or electronic verification of educational experiences/list of rotations that were *Successfully completed*.
2. Summative competency-based performance evaluations.
3. List of procedures performed and passed.
4. Summative Milestone-based performance evaluations.
5. A statement from the “sending” program stating:

“(Resident name) is currently a PGY (level) intern/resident in good-standing in the (name of residency program) at (name of sponsoring institution). S/he has satisfactorily completed all rotations to date, and we anticipate s/he will satisfactorily complete her/his PGY (level) year on

(date). A summary of her/his rotations and a summative competency-based performance evaluation will be sent to you by (date)"

6. A written release form allowing Inspira to contact previous residency programs to discuss prior performance and reasons for leaving.

During the interview process the applicant is informed, in writing of the terms, conditions, and benefits of appointment, such as:

1. Resident responsibilities
2. Duration of appointment
3. Financial support
4. Conditions for reappointment

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Pre-Employment Physical, Orientation, and Respiratory Fit Test		NO: GME.11
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 05/15/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL:	Supersedes: 03/07/2022 07/01/2020
	Interns Residents	Fellows
	LOCATIONS:	
	Vineland Mullica Hill Elmer	Bridgeton Woodbury
COMMITTEE APPROVALS: N/A		

I. POLICY:

A resident's appointment or matriculation in the GME program is contingent upon the satisfactory completion of a background check. The background check will consist of verifying present and past employment, criminal history, social security verification and employment references. Additionally, educational, and professional credentials and motor vehicle records will be checked as position requirements demand. All background checks will be conducted in accordance with the Fair Credit Reporting Act (FCRA) and require a signed release by the applicant after an offer of appointment has been made. The signed release is a condition of acceptance into the residency training program of Inspira Health Network and shall not be waived for any reason. If a background check disqualifies an applicant for any reason, the applicant will be notified and given a reasonable opportunity to correct any inaccuracies contained in the background report.

Inspira requires each new employee to have a physical examination and certain diagnostic tests completed prior to the start of employment. A member of Inspira's Employee Health Office will conduct this exam; each resident must also pass the criminal background check before orientation.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. PROCEDURE:

Pre-Employment Physical and Orientation

Incoming residents will be screened with PHQ 2 and AUDIT-C. **This is mandatory for all incoming residents, and current residents.**

- a) If positive but NOT in danger to themselves or others, then the resident will be directed to follow up with their PCP, given **CareBridge information*, and will follow up with the Medical Director of Employee Health,

- b) If positive and in YES in danger to themselves or not deemed to be fit to care for patients, it will be brought to the immediate attention of the Program Director and DIO.

Current residents will be required to have screening by October 1 and seen by their PCP for annual physical and screening. All Inspira providers will need to be alerted of this. Any resident seen by a non-Inspira PCP will need to bring in proof that they were screened (could simply be on letterhead or script pad that patient was seen and screened).

Inspira also provides the following preventive health care to employees upon request, or as warranted:

- a) Influenza immunization
- b) Hepatitis B vaccine is offered to all employees who may have occupational exposure to blood or body fluids
- c) Optional physical examination is offered to all employees annually
- d) Pneumococcal vaccine is offered upon written request from the employee's private physician
- e) Inspira will provide the necessary testing and/or treatment for work-related exposure to communicable disease consistent with the NJDOHSS' current policy and others as appropriate (See Inspira Employee Communicable Disease Exposures and Work-Related Illness/Injuries EH.2).

Respirator Fit Test

It is the policy of Inspira Health Network, that all personnel entering rooms, transporting, or having contact during special procedures with patients diagnosed with or suspected of having active TB will be properly fitted for a NIOSH approved, high efficiency disposable particulate respirator.

Please refer to HR Policy OH.8 under the Department of Employee Health

*** Carebridge**

The Carebridge EAP provides help with personal and family issues through telephonic or face-to-face consultation, assistance, and resources available 24 hours a day, seven days a week. In addition to its EAP, Carebridge makes available to all employees its Work-Life Services Program to assist with managing childcare, elder care, college planning, parenting, adoption, time management, financial and retirement planning and much more. Carebridge EAP & Work-Life Services: Call: **1-800-437-0911** or Online: <http://www.myliferesource.com> Access Code: AGCA8

V. REFERENCES:

Inspira Health Network – Employee Health, OH.8 Respirator Fit Test Policy, Reviewed 03/07/2019, Respirator Fit Test OH.8 v.3 (policytech.com)

Inspira Employee Communicable Disease Exposures and Work-Related Illness/Injuries EH.2 Policy, Reviewed 08/19/2022, Inspira Employee Communicable Disease Exposures and Work Related Illness/Injuries EH.2 *JHN* v.4 (policytech.com)



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Supervision of Residents		NO: GME.12
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 05/22/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 4
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

Supervision in the setting of graduate medical education provides safe and effective care to Inspira Health Network patients and, ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine, and establishes a foundation for continued professional growth.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

It is the policy of Inspira Health Network to ensure that attending physicians actively supervise resident physicians and appropriately document this supervision in the medical record. Within the scope of the Graduate Medical Education (GME) program, all residents will function under the supervision of appropriately credentialed attending physicians.

The residency programs must ensure that adequate supervision is always provided for residents. An attending must be immediately available to each resident in person or by telephone, and able to be present within a reasonable period-of-time, if needed. Call schedules indicating the responsible attending to be contacted are to be published each month and placed in a prominent location.

The GME program will be structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual experience, skill, knowledge, and judgment. The program director will review performance evaluations and supervise progression from one training level to the next based on the guidelines set forth by the Accreditation Council for Graduate Medical Education (ACGME), or the Council on Podiatric Medical Education (CPME).

As resident's advance in training, they may be given increased responsibilities to conduct clinical activities with limited supervision or to act as teaching assistants to less experienced residents.

V. PROCEDURE:

Resident job descriptions (based on year of training), and competency-based evaluations will be available to accurately monitor resident's progression. Inspira Health Network adheres to current accreditation requirements as

set forth by the ACGME, CPME, or other applicable organizations for all matters pertaining to the training programs. For all clinic hours, there will be an attending physician present for immediate availability to the residents.

ROLES AND RESPONSIBILITIES

1. The Graduate Medical Education Committee (GMEC) is responsible for establishing and monitoring policies and procedures with respect to the institution's residency training programs.
2. The Program director is responsible for the quality of overall residency education and for ensuring that the program is in compliance with the policies of the ACGME, or CPME, and other certifying bodies. The Program director defines the levels of responsibility for each year of training by preparing goals and objectives, and job descriptions according to the year of training. The Program director monitors resident progress and ensures that problems, issues, and opportunities to improve education are addressed. The Program director is responsible for establishing program and rotation specific supervision policies.
3. The attending physician is responsible for and is personally involved in the care provided to individual patients. When a resident physician is involved, the attending physician continues personal involvement in the care of the patient.

The attending physician will provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised. Documentation of involvement includes at a minimum:

- 1) Attending physician progress notes written at least daily on all patients,
 - 2) Attending physician countersignature and attestation on daily progress notes
 - 3) Attending physician countersignature and attestation on history and physical exams,
 - 4) Attending physician countersignature and attestation on treatment plans,
 - 5) Attending physician countersignature and attestation on operative reports,
 - 6) Attending physician countersignature on discharge summaries.
4. Residents must be aware of their limitations and not attempt to provide clinical services or perform procedures for which they are not trained. They must know the level of responsibility for their level of training, and not practice outside the scope of service. Residents must notify the attending physician caring for the patient of any changes in patient status or significant clinical issues. Failure to function within graduated levels of responsibility or failure to communicate significant patient care issues to the responsible attending physician may result in disciplinary action.

Supervision and Accountability

Although the attending physician is ultimately responsible for the care of the patient, every physician share in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.

The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

Levels of Supervision:

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

- (1) **Direct Supervision:** the supervising physician is physically present with the resident during the key portions of the patient interaction.
 - PGY-1 residents must initially be supervised directly,
 - the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
- (2) **Indirect Supervision:** the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
- (3) **Oversight:** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

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

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

Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.

(Outcome) Background and Intent:

The ACGME Glossary of Terms defines conditional independence as: Graded, progressive responsibility for patient care with defined oversight. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility.

MEDICAL STUDENTS:

Medical students should only be doing procedures under direct supervision of an attending or resident who is credentialed to perform same. In the case of a resident, they are cleared by their program director as proficient in same. The only exception would be an H&P with physical exam limited to a basic physical, no pelvic or rectal exam. The medical student must properly identify themselves as a medical student and obtain the consent of the patient prior to the examination or procedure.

HOSPITAL MONITORING OF SUPERVISION

1. The Vice-President of Academic Affairs is responsible for ensuring that the institution fulfills all responsibilities identified within this section.
2. Along with the Vice-President of Academic Affairs, the program director is responsible for monitoring resident supervision, identifying problems, and devising plans of remediation.
3. At a minimum, the monitoring process will include:
 - A review of compliance with inpatient and outpatient documentation requirements, as part of the medical records reviews.
 - A review of all incidents and risk events with complications to ensure that the appropriate level of supervision occurred.
 - A review of all accrediting and certifying bodies' concerns and follow-up actions.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Communication		NO: GME.13
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents Fellows	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer Bridgeton Woodbury		Page: 1 of 12
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

Communication is one of the core competencies identified by the CPME and ACGME. Effective lines of communication are also linked to professionalism.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

CareAware Connect Messenger App

IV. POLICY:

As physicians, it is imperative that you are always available during regular duty hours and, in cases of emergency, even after hours.

1. All email communication between residents and the GME department which includes the DIO, PD's and Program Manager's will be conducted using only the assigned IHN email addresses.
2. Residents are required to respond to all emails other than general announcements within 24 hours. Exceptions will be made for residents who are on vacation and for those who are post call. For those who are post call, the time limit is extended to 36 hours.
3. Residents are required to be available during work hours including time spent in the outpatient setting either by cell phone or by **CareAware Connect**. Residents are required to respond to all calls or messages as soon as possible.
4. Cell phones, Pagers and **CareAware Connect** are used at all campus.

*****Failure to follow these regulations may result in disciplinary action.***

V. PROCEDURE:

1. Residents are required to respond to all emails other than general announcements within 24 hours. Exceptions will be made for residents who are on vacation and for those who are post call. For those who are post call, the time limit is extended to 36 hours.
2. Residents are required to be available during work hours including time spent in the outpatient setting either by cell phone or by CareAware Connect. Residents are required to respond to all calls or messages as soon as possible.
3. Cell phones, Pagers and CareAware Connect are used at all campus.

****Failure to follow these regulations may result in disciplinary action**

**CARE CONNECT WILL NOT BE USED AT THE INSPIRA ELMER AT THE PRESENT TIME,
UPDATES WILL BE GIVEN.**

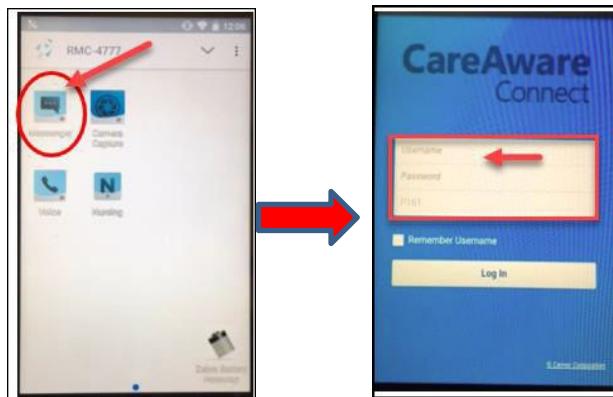
SEE INSTRUCTIONS ON THE FOLLOWING PAGES FOR SET UP



CareAware Connect Messenger Application is a communication tool used for secure texting & calling and a secondary alerting application linked to the nurse call system and Staff Link Cerner Nurse Assignment tool.

CareAware Connect Messenger App – Logging In

Log in to the Connect Messenger Application using your Cerner Millennium Username and Password.



Do not check the “Remember Username” checkbox.

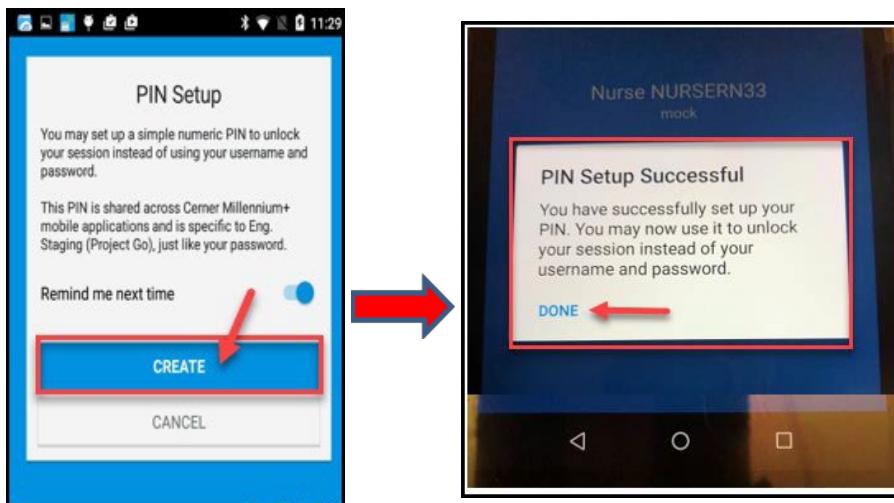
NOTE: You will need to Log into EACH of the applications separately, at the beginning of each shift.

When logging in for the first time, a prompt will display to create a PIN, if not already created.

WHY CREATE A PIN?

TO SAVE TIME! If your device is inactive for 15 minutes, you are able to access all applications by using your PIN, instead of having to re-enter your username and password.

Receive message “PIN Setup Successful” and click Done.



TIPS & KEY POINTS

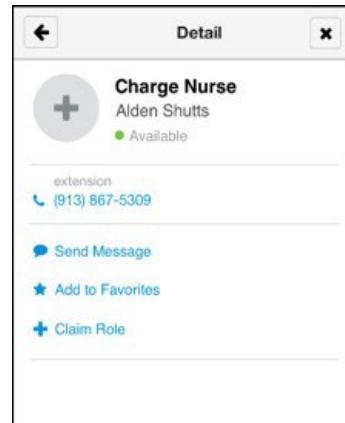
1. At the change of shift, locate Sign In/Out Workflow sheet and sign Spectralink device in/out. (if applicable)
2. Once you log in to CareAware Connect Messenger App an extension will display this will be your own personal extension.
3. Check volume second button on side of device.
4. If your device is inactivated for 15 minutes, you are able to access all Applications
5. by using your PIN.

CareAware Connect Messenger – Claimable Roles

Claimable Roles are responsibility-based profiles that users can assume, such as 4th Floor Charge Nurse or Cardiologist on Call.

Allows users to search for, and initiate communication with a resource based on responsibility without knowing who specifically they need to contact.

For staff not in the role of inpatient bedside nurse:
Claiming a role in the Messenger App is the key to receiving pertinent patient alerts.

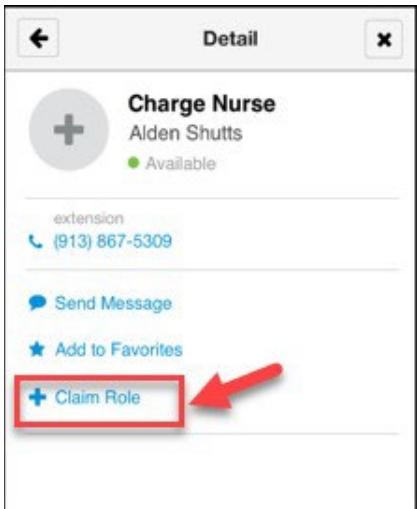


CareAware Connect Messenger – **Claiming a Role In-patient bedside nurse will not claim a role.**

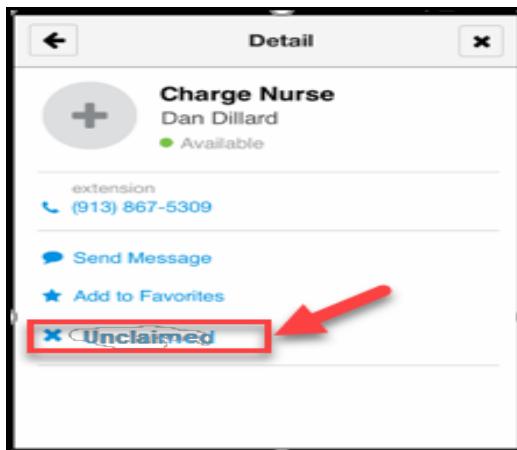
WHY? Patient alerts are driven by the StaffLink Nurse Assignments for this group of users.

HOW TO:

- Select Contacts from navigation list and then tap the Hospital icon at the top right.



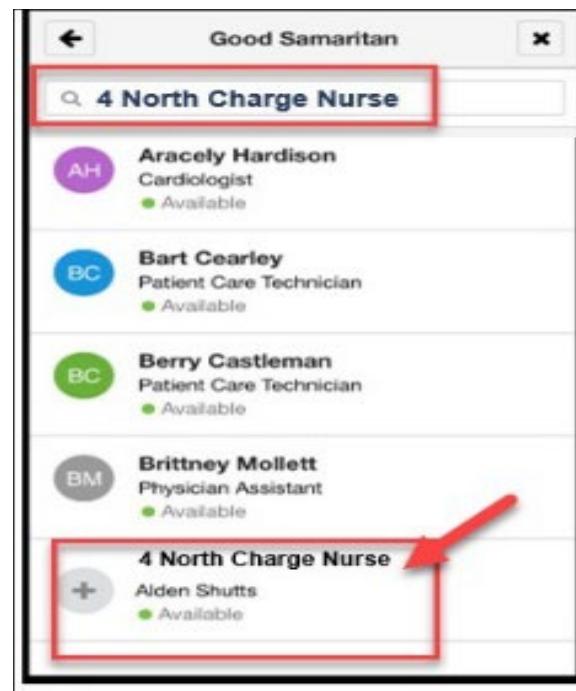
- Select the Facility
- Select the Location within that Facility
- From the Location/Unit screen, select the correct role
- On the Role Detail screen, select “Claim Role”
- To un-claim the role, simply select “Unclaim a Role”: See Below:



You can also search for a claimable role from facility directory.

Type the title of the role in the search field.

Once the role is found, click on the role and follow the steps for claiming a role.



the

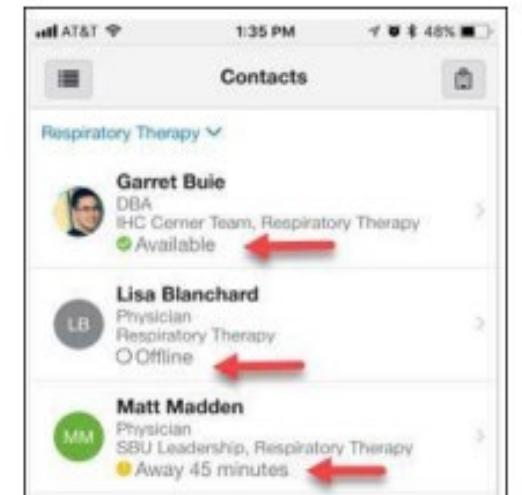
CareAware Connect Messenger –

User Presence: The following describes each presence status:

Available: The user is online and available to communicate.

Offline: The user is offline and unavailable to communicate.

Idle/Away: The user has been idle for an extended period.



CareAware Connect Messenger – Alerting

Alerts that will come to your phone:

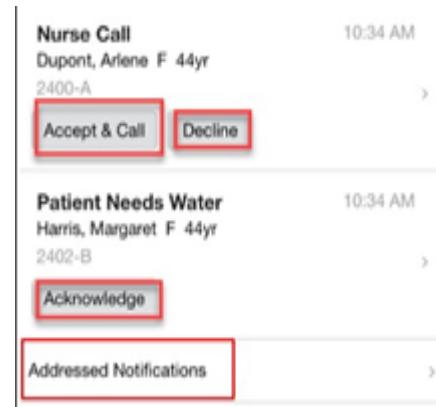
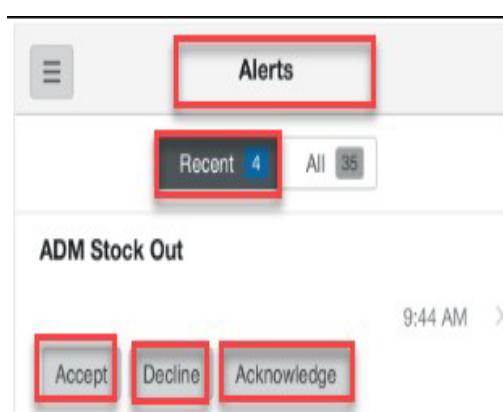
- Nurse Call (Pillow speaker & wall button) Codes
- Alerts can be critical or non-critical.
- Alerts will pop up at the top of the screen and then disappear.
- You will be able to address these from the
- ALERTS section of the Home Screen.

RESPONSES

- **Accept:** This means you are acknowledging and taking responsibility for the alert
- **Decline:** You are acknowledging the alert, but unable to address the immediate need of the patient at that time. Alert immediately goes to the secondary backup per escalation process. Declining an alert is not a bad thing, however, someone must still address the alert/patient need.
- **Ignore:** You are NOT acknowledging the alert. Alert goes to your secondary backup after 1 minute. If they do not Accept/Decline, it goes to the charge nurse after another 1 minute. Someone MUST still address the alert/patient call.

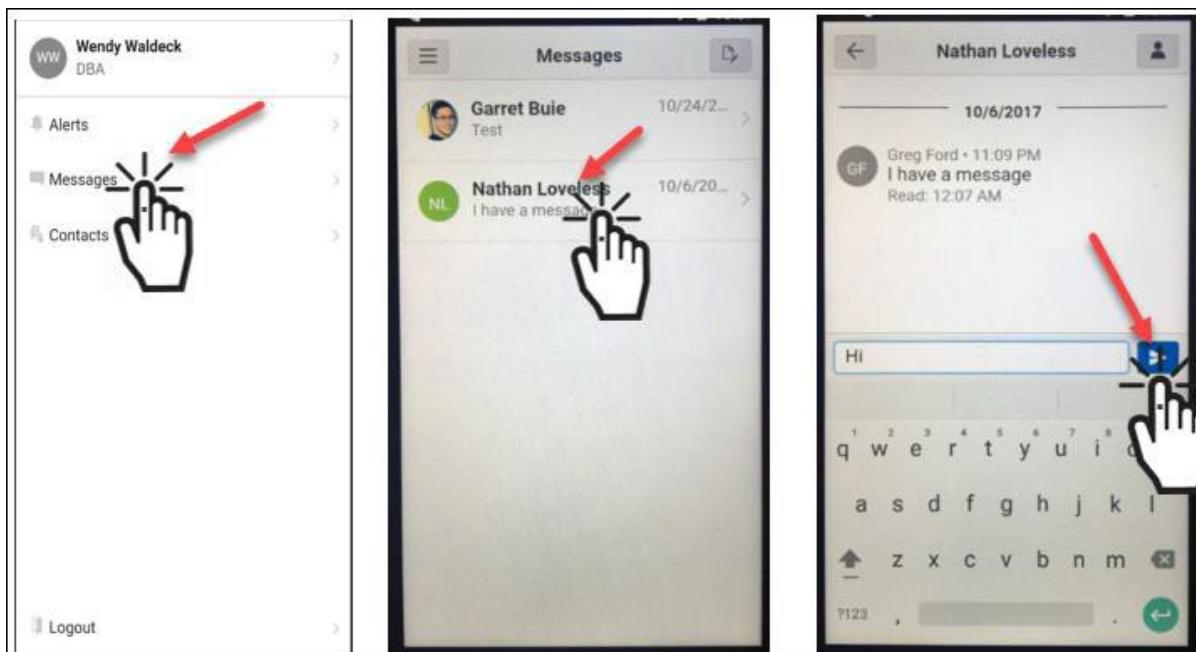
HOW TO ADDRESS AN ALERT

- Click on the Alerts section of the Messenger App.
- From the Alert list, you can select the Recent or All tabs
- Review the alert details, e.g., “Nurse Call” or “Patient Needs Water” and choose to Accept, Accept & Call, Decline or Acknowledge the alert.
- You can also view already addressed alerts from this window by clicking on Addressed Notifications.

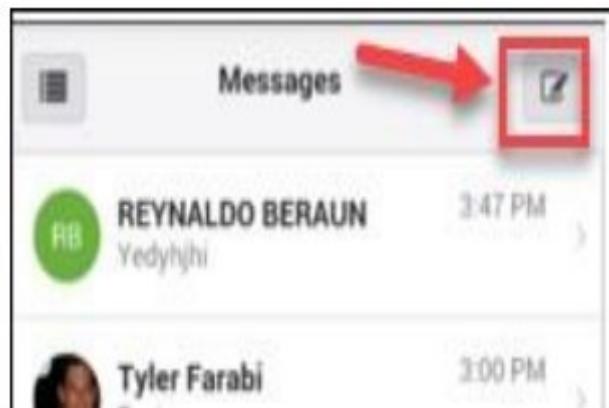


CareAware Connect Messenger - Messages

To view a conversation or respond to a text - click on Messages, select the specific conversation, free text type your message and click send.

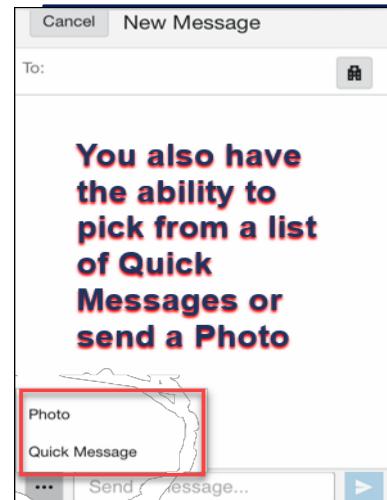


Create a new text message by clicking on the paper icon at the top right of the screen.



Inspira Quick Messages: pre-existing phrases,
to save you time

- Need assistance in room Call me when available
- Can I get a witness for meds?
- Check Blood Sugar in room Patient ready for Transfer in room Patient ready for discharge
- I will call you back
- Need a ventilator in room Huddle starting now
- Per Policy, orders cannot be accepted via text message

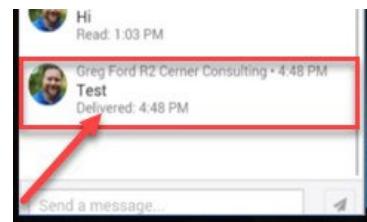


CareAware Connect Messenger – Message Statuses

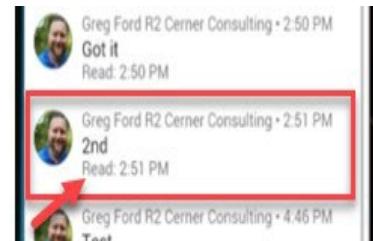
- Sent is right when you send the message.
If the recipient is offline this remains.



- Delivered is when the recipient is logged in but has not read the message.



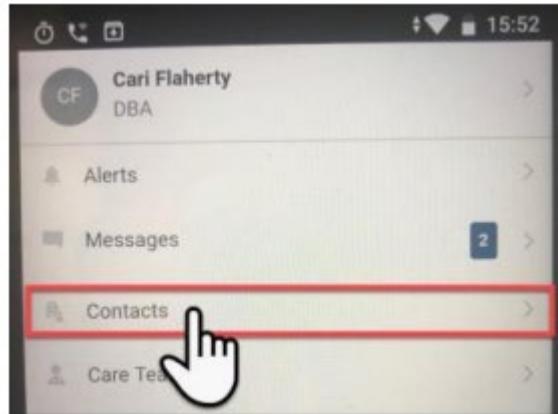
- Read is when the recipient has opened and read the message.



CareAware Connect Messenger – Using the Directory

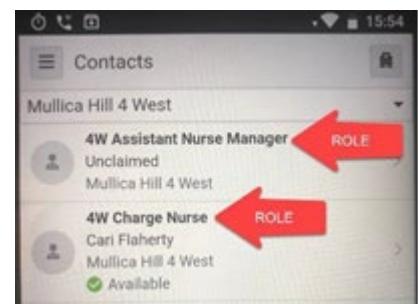
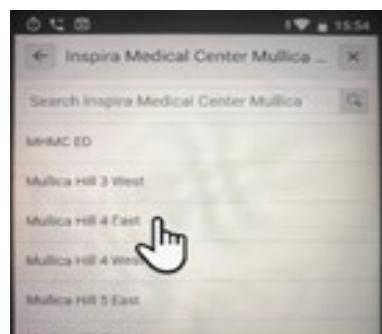
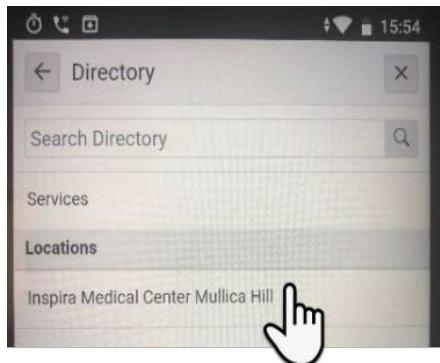
The Contact's list is a group of contacts within the organization.
Finding a contact by ROLE

- Tap on contacts



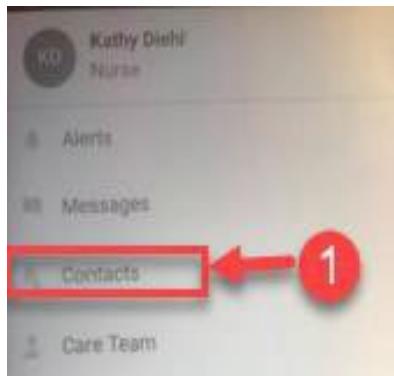
Tap on the Hospital Icon at the top and drill down to your location.

- Scroll through the roles in that location and check and see if the role is claimed by a person. Then, tap the contact to initiate the message.

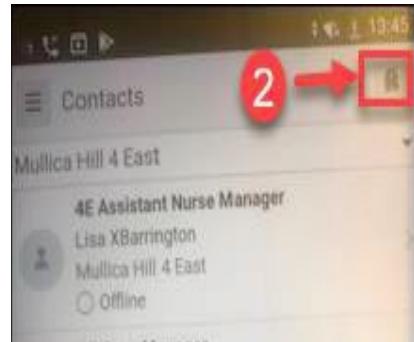


Finding a contact by SEARCHING

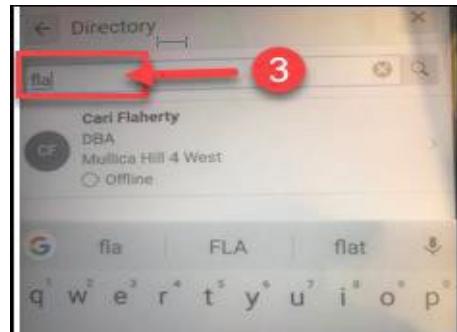
- Tap on contacts



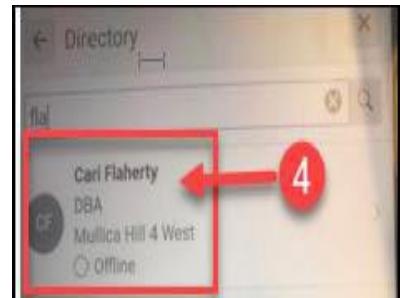
- Tap on the Hospital Icon at the top right.



- Type the name into the Search Bar



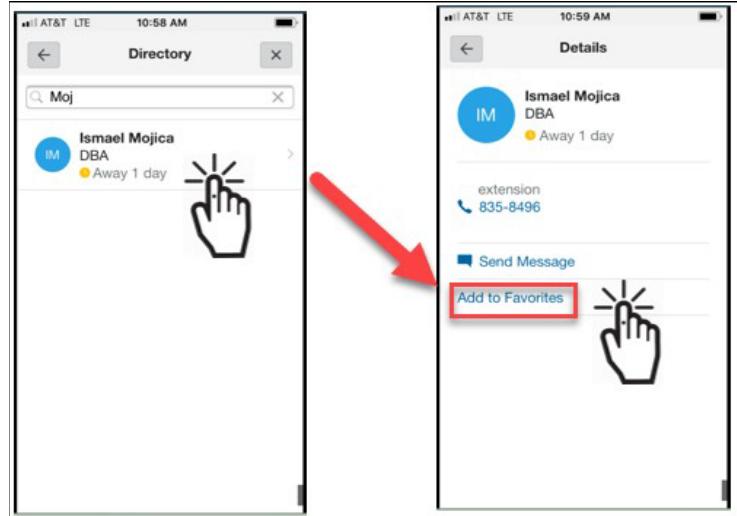
- Tap the name of the person to initiate the message



CareAware Connect Messenger – Adding a Favorite

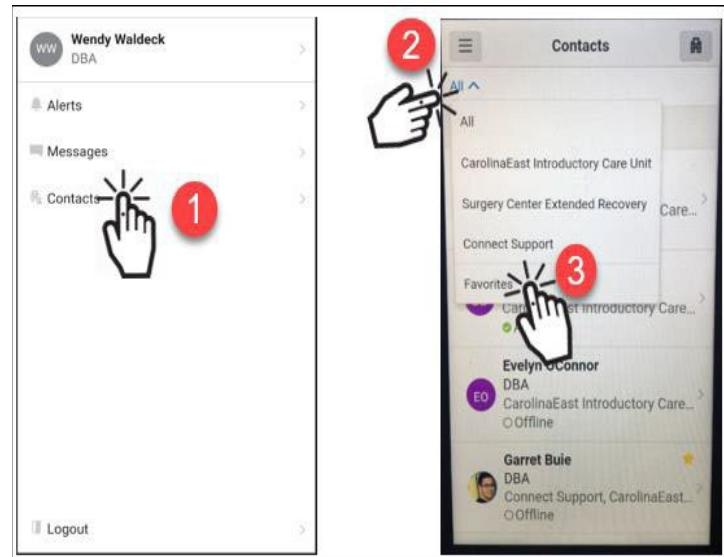
A Favorite is a contact that you communicate with frequently.

You can add or remove any contact as a Favorite.



Viewing Favorites

From the Contacts tab, select the contact list drop-down menu and select **Favorites**.



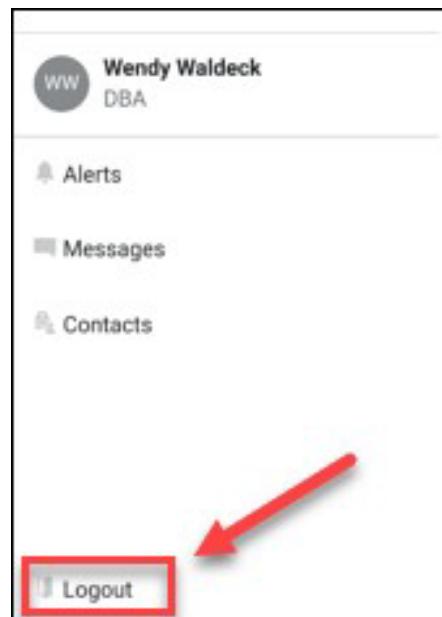
Logging Out

IMPORTANT, YOU MUST LOG OUT OF ALL APPLICATIONS AT THE END OF EACH SHIFT!

[Logging out from the Application Log-in Page:](#)
Tap the vertical dots in the upper right corner. Then tap Log Out.



Logging out from within the MESSENGER application:
From the home page, tap Logout in the bottom left of the screen.



VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022

POLICY & PROCEDURE	POLICY: GME #14 Page 1 of 4
SUBJECT: GME #14 RESIDENT GRIEVANCES Grievances, 10/5 and No Venting	EFFECTIVE Date: 03/01/2021
DEPT: RESIDENCY PROG - ADMIN *IHN*	REVIEW Date: 04/01/2021

RESIDENT GENERAL GRIEVANCE POLICY (also refer to Performance Improvement)

*Please refer to HR policy# HR.37 *IHN* for the entire Inspira employee policy.*

The purpose of this policy is to set forth a fair, reasonable and readily accessible policy for residents in Graduate Medical Education (GME) training programs accredited by the ACGME to resolve concerns and grievances (referred to herein as *concerns*).

All GME programs at Inspira will promote fair, reasonable, efficient and equitable resolution of concerns that may arise during residency or fellowship training. Inspira prohibits retaliation against any individual who, in good faith, reports a concern or participates in the review or resolution of a concern under this policy.

Inspira Health Network believes that the training, stipends, and benefits it offers to its residents are competitive with those offered by other programs in this geographic area and in this industry. If residents have concerns about training or stipends, they are strongly encouraged to voice these concerns openly and directly to their Program director or the DIO.

Experience has shown that when residents deal openly and directly with program directors or the DIO the training environment can be excellent, communications can be clear, and attitudes can be positive. We believe that Inspira Health Network amply demonstrates its commitment to residents by responding effectively to resident concerns.

The resident should first attempt to resolve the concern informally by consulting with the *1) chief resident or senior fellow*, and the *2) program director*. The complaint or grievance must be in writing with as much detail as possible. If the resident is unable to resolve the concern informally, he or she may submit the concern in writing to the *3) Vice-President of Academic Affairs/DIO*. The concern should include a description of the concern and the desired resolution. The Vice-President of Academic Affairs, and the program director will meet with the resident at a mutually agreeable time within seven (7) business days (Monday-Friday) of the receipt of the concern, and thereafter within a reasonable amount of time allowing the Vice-President of Academic Affairs sufficient time to fully review and consider the matter will issue a written decision to the resident regarding the concern, and provide a copy to the program director.

Residents also have the option of utilizing the Compliance at (856) 507-7857, on the anonymous Compliance hotline (888) 413-4313, or by e-mailing compliance@ihn.org All reports are treated in a confidential fashion and are routed to the institutional compliance officer.

Copies of all concerns, review requests and decisions mentioned above will be maintained by the GME Office.

Organized, pre-planned (as to not interfere with resident responsibilities) assemblage of residents is permitted.



POLICY & PROCEDURE

SUBJECT: GME #14 RESIDENT GRIEVANCES
Grievances, 10/5 and No Venting
DEPT: RESIDENCY PROG - ADMIN *IHN*

POLICY: GME #14 Page 2 of 4

EFFECTIVE Date: 03/01/2021
REVIEW Date: 04/01/2021

RESIDENT GENERAL GRIEVANCE POLICY (also refer to Performance Improvement)

*Please refer to HR policy# HR.37 *IHN* for the entire Inspira employee policy.*

The purpose of this policy is to set forth a fair, reasonable and readily accessible policy for residents in Graduate Medical Education (GME) training programs accredited by the ACGME to resolve concerns and grievances (referred to herein as *concerns*).

All GME programs at Inspira will promote fair, reasonable, efficient and equitable resolution of concerns that may arise during residency or fellowship training. Inspira prohibits retaliation against any individual who, in good faith, reports a concern or participates in the review or resolution of a concern under this policy.

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Copies of all concerns, review requests and decisions mentioned above will be maintained by the GME Office.

Organized, pre-planned (as to not interfere with resident responsibilities) assemblage of residents is permitted.



POLICY & PROCEDURE

SUBJECT: GME #14 RESIDENT GRIEVANCES
Grievances, 10/5 and No Venting

DEPT: RESIDENCY PROG - ADMIN *IHN*

POLICY: GME #14 Page 3 of 4**EFFECTIVE Date: 03/01/2021****REVIEW Date: 04/01/2021****10/5 RULE**

What is 10/5?

At Inspira Health Network, the 10/5 rule:

- is used to produce consistent, quality experiences for our patients, their families, and our employees each day.
- is a simple method of personal contact that supports our mission and vision and allows every employee to anticipate a visitor's needs (whether that visitor is lost, confused, or simply needing reassurance).
- conveys to our patients, visitors, and employees that —you're in the right place, with the right team of caregivers!!!

Within 10 feet = make eye contact

Within 5 feet = acknowledgement the other person

“NO VENTING” POLICY

At Inspira Health Network there is a strict policy of “No Venting”.

QUESTION: What is venting?

ANSWER: Venting is when any of us talk about each other in a negative way in a public space. It can be personal: “I hate working with him”. Or, it can be professional: “She has no idea what to do”. Or “He just started here last week”. It can be interdepartmental: “If they call me one more time asking for something” … or “They take soooo long”. It can be interdisciplinary: “Nursing thinks they can do anything they want around here”. Or “When will the physicians have to do it?” it can be within a team or department: “Night shift never has the work station ready when I come in as shift change.” It can be based on workplace frustration: “Here it comes again, more work, fewer people to do it.” Or “We’re short staffed today.” Or “They don’t pay me enough to do this.” These are some obvious forms of venting that we might hear from our staff. There are other, more subtle (and even innocent-sounding) examples, such as, “I’m sorry, I’ll be right back. I need to see if I can find your chart.”

Notice that these phrases probably sound familiar. In fact, venting has become so commonplace that we have accepted the comments as the norm, so common in fact that we have a blind spot and most of us don’t even hear the words consciously anymore.

At the same time, we’ve forgotten the powerful, negative impact these common phrases have on the co-workers, patients, and family members who hear them. Bottom line is that these negative phrases scare and frighten

patients, families, other residents and hospital employees. Amid the negative media headlines espousing the failures of health care, we ourselves contribute to this negative opinion simply by our day-to-day venting. We may also forget that while venting, we are using our time to reinforce the negative instead of recognizing the very important work that we accomplish every single day at our facility. Venting is something we control 100% and can decide to eliminate.

POLICY & PROCEDURE

SUBJECT: GME #14 RESIDENT GRIEVANCES
Grievances, 10/5 and No Venting
DEPT: RESIDENCY PROG - ADMIN *IHN*

POLICY: GME #14 Page 4 of 4

EFFECTIVE Date: 03/01/2021
REVIEW Date: 04/01/2021

QUESTION: Are you trying to suppress my freedom of speech?

ANSWER: As citizens living in the United States of America, we are entitled to free speech publicly. As resident physicians of this facility, we are bound by our mission, our training program objectives, and the expectations that are set for our behavior at all locations. The expectation is that the use of any words, phrases, or communication that cause anxiety and distress to patients, families, fellow residents or hospital employees will not be tolerated at any level, from any resident or employee, at any time.

QUESTION: How will I be held accountable to No Venting?

ANSWER: The two most important actions for your personal accountability are:

1. Be aware of your own venting habits. For example, you might ask, “What do I do when I need to get something off my chest?” Most venting is based on a frustration, some ongoing and unresolved complaint, distrust, or job dissatisfaction. Venting typically does nothing to improve the situation, but the venting feels better than nothing. Venting is also easier than facing the challenges of doing something to resolve the issue. Venting is usually complaining, and the venting is typically directed to those least equipped to influence change. If you want a difference outcome, you have to act differently too.
2. Proactively disengage when others want to vent to you. This is a common question “What do I do when someone starts venting to me?” This is also the most challenging issue related to venting because most of the time, people only vent with those they trust or see as an ally from whom they expect support. And simply taking the time to listen is enough to confirm that you agree with whatever the other person is venting about. The challenge is that most of us in health care tend to be empathetic, and we rarely want to risk offending anyone, especially someone we work with closely every day. In most cases, do your best not to be available as soon as the venting starts. Would it help to be proactive and remind them of No Venting? Yes, but let’s at least start with what we can control. We can disengage our physical presence, and therefore, our consent.

QUESTION: Does No Venting mean that leadership doesn't care about my concerns?

ANSWER: There is a difference between venting and problem-solving. Venting is typically based on personal feelings being revealed or assumptions being disclosed. Venting is also normally an accumulation of pent-up frustration expressed in general terms like, “We-they, he said/she said, he never, she always, they can’t, it happens all the time”. The intent of venting rarely includes realistic solutions or an action plan to address the issues.

On the other hand, problem-solving requires open, transparent communication. Problem-solving requires problem definition with evidence-based parameters. It is focused on clear expectations, defined roles and responsibilities, and rigorous accountability. Leaders are not expected to react to rumors; they are expected to respond to issues and concerns.

There are safe zones in which residents or employees can raise concerns and work, collaboratively, to solve any pressing issues. These safe zones include a supervisors or manager’s office, Open Forums, and facility-specific committees or task forces.



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Education and Didactics		NO: GME.15
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 05/15/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 2
	Bridgeton Woodbury	
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

In compliance with ACGME Common Program Requirements Section IV., CPME accredited programs are expected to define their specific program aims to be consistent with the overall mission of their Sponsoring Institution, the needs of the community they serve and that their graduates will serve, and the distinctive capabilities of physicians it intends to graduate.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

The GME department, and Medical Staff of Inspira Health Network, strive to provide quality educational experiences for all residents and medical staff. These experiences include but are not limited to Morning Report, Tumor Board, CME lectures and symposia, and departmental lectures.

Attendance for residents is mandatory depending on the service assignment. Residents are to be released from service responsibilities to attend these programs in a timely fashion; attendance policies are Program specific, but 100% attendance is expected.

Regarding the Core Competencies, attendance would fall under the categories of Medical Knowledge, Patient Care, Practice Based Learning and Professionalism. Of these, Professionalism is of special importance. A great deal of time and effort go into developing these activities. Any unexcused absence or tardiness is extremely rude and unprofessional.

Attendance is documented by sign in sheets or electronically and kept on file by the GME office. These sheets will only be available until the start of the lecture.

V. SCOPE:

All Inspira Health Network GME programs' curriculum must contain the following educational components:

- A set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates; the program's aims must be made available to:
 - Program applicants

- Residents and fellows
 - Faculty members
- Competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice
 - These must be distributed and made available to residents/fellows and faculty members to review.
 - Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision.
 - A broad range of structured didactic activities:
 - Residents and fellows must be provided with protected time in which to participate in core didactic activities
 - Advancement of residents' and fellows' knowledge of ethical principles foundational to medical professionalism.
 - Advancement in the residents' and fellows' knowledge of the basic principles of scientific inquiry, including how research is designed, conducted, evaluated, explained to patients, and applied to patient care.

Please refer to individual service descriptions for more details.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Core Competency Compliance, Milestones, and Evaluations		NO: GME.16
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 4
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

All residents at Inspira Health Network are expected to strive for excellence in the six core competencies:

- **Patient Care and Procedural Skills,**
- **Medical Knowledge,**
- **Practice-Based Learning,**
- **Interpersonal Skills,**
- **Professionalism,**
- **Systems-based Practice**

Evaluation in each of these areas will determine resident advancement or need for remediation. Residents will be evaluated by multiple methods including but not limited to: End of Service Evaluations, Faculty Meetings, Peer Reviews, 360 Degree evaluations and Patient Surveys.

Residents will have access to their training evaluations, as well as the opportunity to evaluate the program, faculty, and specific rotations. Evaluations are completed through the New Innovations Software.

II. FORMS/ATTACHMENTS:

New Innovations Evaluations - <https://www.new-innov.com/login>

Milestones - <https://apps.acgme.org/ads/Program/Milestone/Milestone>

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

The ACGME and CPME require the DIO and program directors to implement training, and program evaluators to assess the Core Competencies in all training programs.

- **Medical knowledge:**

Residents are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.

- **Patient care and Procedural Skills:**

Residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion. Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

- **Interpersonal and communication skills:**

Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

- **Professionalism:**

Residents are expected to uphold the highest standards in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, and collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population.

Residents should be cognizant of their own physical and mental health to care effectively for patients. This includes the recognition that under certain circumstances, the interests of the patient may be best served by transitioning care to another provider. Examples include fatigue, conflict, or duality of interest, not connecting well with a patient, or when another physician would be better for the situation based on skill set or knowledge base.

- **Practice-based learning and improvements:**

Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

- **System-based practice:**

Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

- **Osteopathic philosophy, principles, and manipulative treatment: (Osteopathically Recognized Programs)**

V. PROCEDURE:

Residents are expected to demonstrate and apply knowledge of accepting standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine. Osteopathic concepts are also incorporated into all the above competencies. The core competencies shall be taught and assessed throughout the year by a variety of methods.

MILESTONES

When the ACGME made the move to continuous accreditation, specialty groups worked together to develop outcomes-based **Milestones** as a framework for determining resident and fellow performance within the six ACGME Core Competencies.

What are Milestones?

Simply defined, a milestone is a significant point in development. The Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.

Who developed the Milestones?

Each specialty's Milestones Working Group was co-convened by the ACGME and relevant American Board of Medical Specialties (ABMS) specialty board(s), and was composed of ABMS specialty board representatives, program director association members, specialty college members, ACGME Review Committee members, residents, fellows, and others.

Why Milestones?

First and foremost, the Milestones are designed to help all residencies and fellowships produce highly competent physicians to meet the health and health care needs of the public.

How are the Milestones used by the ACGME?

Resident/fellow performance on the Milestones provides a source of specialty-specific data for each specialty Review Committees to use in assessing the quality of residency and fellowship programs nationally, and for programs to use in facilitating improvements to curricula and resident performance when needed. The Milestones are also used by the ACGME to demonstrate accountability of the effectiveness of GME within ACGME-accredited programs in meeting the needs of the public.

Milestone Reporting:

Refer to: <http://www.acgme.org/Portals/0/MilestonesGuidebook.pdf> for complete guide to Milestones.

General Description of Milestone Levels:

Milestone Description: Template				
Level 1	Level 2	Level 3	Level 4	Level 5
What are the expectations for a beginning resident?	What are the milestones for a resident who has advanced over entry, but is performing at a lower level than expected at mid-residency?	What are the key developmental milestones mid-residency? What should they be able to do well in the realm of the specialty at this point?	What does a graduating resident look like? What additional knowledge, skills & attitudes have they obtained? Are they ready for certification?	Stretch Goals – Exceeds expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Be sure to review your specialty Milestones on an ongoing basis, especially at the start of each academic year, to deepen your understanding of the Milestones to help in your own professional development.

Perform a self-assessment twice a year around the same time your program's Clinical Competency Committee (CCC) meets.

Review and compare your self-assessment with the CCC Milestone ratings with your program director, faculty advisor, or mentor.

Write an individualized learning plan at least twice a year, and discuss it with your program director, faculty advisor, or mentor.

The following is a list of assessment methods that may be used, (based upon the ACGME Toolbox of Assessment Methods") but not limited to:

- Record Review
- Procedure, Operative, or Case Logs
- Written Exam (ABFM)
- Simulation & Models (Procedure Workshops)
- 360-Degree Evaluation
- Standardized Patient Exam (Pelvic Workshop)
- Direct Observation

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: The Resident Learning and Work Environment		NO: GME.17
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 3
	Bridgeton Woodbury	
	COMMITTEE APPROVALS: N/A	

I. PURPOSE:

The purpose of this policy is to support the physical and emotional well-being of resident physicians at Inspira Health Network programs, promoting an educational environment, and facilitate safe patient care.

Inspira Health Network will ensure that residents are given a work environment conducive to proper patient care and optimal resident education opportunities. The GME office will ensure that:

Residents are supervised by attending physicians and other qualified healthcare providers who can provide an optimal learning experience.

- Each residency program consistently meets residents' needs relative to hours, call schedules of residents and attending physicians, and continuity of care.
- Residents are provided with coverage options when patient care related responsibilities become difficult or prolonged for any reason.
- Residents will be given access to areas of the hospital in which breaks, or periods of rest can be taken periodically.
- The GMEC will be responsible for ensuring that resident hours adhere to the guidelines established by GME policy # 20.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Inspira Health Network will regularly monitor clinical and educational hours for compliance with this Policy and the ACGME Institutional and Program Requirements and CPME regulations.

Maximum Hours of Clinical and Educational Work per Week: Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

V. PROCEDURE:

Scheduling: While the ACGME acknowledges that, on rare occasions, a resident may work in excess of 80-hours in a given week, all programs and residents utilizing this flexibility will be required to adhere to the 80-hour maximum weekly limit when averaged over a four-week period. Programs that regularly schedule residents to work 80 hours per week and still permit residents to remain beyond their scheduled work period are likely to exceed the

80-hour maximum, which would not be in substantial compliance with the requirement. These programs should adjust schedules so that residents are scheduled to work fewer than 80 hours per week, which would allow residents to remain beyond their scheduled work period when needed without violating the 80-hour requirement.

Programs may wish to consider using night float and/or adjusting the frequency of in-house call to ensure compliance with the 80-hour maximum weekly limit.

Work from Home: While the requirement specifies that clinical work done from home must be counted toward the 80-hour maximum weekly limit, the expectation remains that scheduling be structured so that residents are able to complete most work on site during scheduled clinical work hours without requiring them to take work home.

Mandatory Time Free of Clinical Work and Education: The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being. Residents should have eight hours off between scheduled clinical work and education periods.

There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

Residents must have at least 14-hours free of clinical work and education after 24 hours of in-house call. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks).

At-home call cannot be assigned on these free days.

Maximum Clinical Work and Education Period Length: Clinical and educational work periods for residents must not exceed 24-hours of continuous scheduled clinical assignments.

Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

Clinical and Educational Work Hour Exceptions

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

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

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

A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution's GMEC and DIO.

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

- Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.
- **PGY-1 residents are not permitted to moonlight.**

In-House Night Float

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

Maximum In-House On-Call Frequency

Residents 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 on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly 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 clinical work and education, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

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

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Moonlighting Policy for Trainee		NO: GME.19
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 05/30/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 2
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The purpose of this policy is the expectation that the Graduate Medical Education (GME) Office maintain a policy regarding professional activities outside the educational program per Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements and The Council on Podiatric Medical Education (CPME).

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

The Graduate Medical Education Committee (GMEC) recognizes that **moonlighting is not an activity associated with part of the formal education experience**. Moonlighting is a privilege not a right and can be revoked at any time. The resident must be in good academic standing and must, at all times put their residency duties first. Moonlighting must not interfere with work hour restrictions and must not contribute to resident fatigue or burnout for the safety of the residents and the patients the resident will be encountering.

V. PROCEDURE:

1. All moonlighting shifts MUST be approved prior to the shift. Ideally this is 2 weeks in advance, however there is an understanding that shifts may become available, and the resident may be able to moonlight at short term notice HOWEVER the program director must be notified prior to ensure resident work hours are not violated. Failure to do so will result in moonlighting privileges being revoked.
2. All moonlighting shifts must be logged in New Innovations.
3. Each program has more specific standards as to maximum moonlighting hours and rotations where moonlighting is not permitted. Please see specialty specific guidelines but under no circumstances should the 80-hour work week be violated.
4. Residents are not permitted to “double dip”. During normal work hours if you are scheduled to be on rotation you must not excuse yourself. For example, if on Tuesday you are scheduled to be in clinic, but

your preceptor is on vacation, then this does not constitute a “free day.” You must report to GME for reassignment of duties.

5. Any resident that is found to be moonlighting during normal work hours when he or she has not filed the proper process for PTO will have their moonlighting privileges revoked and further disciplinary actions as deemed necessary by the Program Director and DIO up to and including dismissal from the residency training program. (Also refer to Program Specific Moonlighting Policy)
6. Failure to comply with the above set rules and restrictions or recognition of resident fatigue, failure to fulfill resident duties or for any other reason deemed by the program director will result in loss of moonlighting privileges.

Residents must provide proof of medical malpractice coverage for any moonlighting activities. The malpractice coverage provided to residents by Inspira Health Network as part of the formal residency training program does not extend to any “outside” moonlighting activities with exception of when they work at Inspira Urgent Care, or moonlight for the Hospital, other than that they are responsible for their own coverage

7. **PGY1 Residents cannot Moonlight.**

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION

POLICY AND PROCEDURE

TITLE: Resident Wellness: Resident Fatigue Awareness and Prevention		NO: GME.20
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS:	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 5
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

In the current healthcare environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Inspira Health Network is committed to enhance the meaning that each resident finds in the experience of being a physician including, but not limited to:

- protecting time with patients
- minimizing non-physician obligations
- providing administrative support
- promoting progressive autonomy and flexibility
- enhancing professional relationships
- attention to scheduling, work intensity, and work compression that impacts resident well-being
- evaluating workplace safety data and addressing the safety of residents and faculty members
- policies and programs that encourage optimal resident and faculty member well-being

Residents are given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. They also have free access to the Inspira Health Network Fitness Connection to maintain their health and fitness.

Residents and faculty are required to attend lectures and do modules that focus on burnout, physician wellness and recognizing physician impairment.

V. PROCEDURE:

Each program has a resident who sits on the Well-being Resident Committee. This resident can bring concerns about well-being, workplace safety, burnout, and any other issues to the committee. A designated committee member will bring these concerns to the DIO and or program director. Each Program will have at

least one resident representative, and one faculty representative.

There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. During this time, the chief resident in accordance with the program director will find coverage for the resident during this time without fear of punishment or negative consequences.

Residents are given the opportunity (within policy guidelines) to attend medical, mental health, and dental care appointments, including those scheduled during their work hours, with prior approval, without fear of retaliation. When a resident or faculty member suspects another resident is depressed, anxious, suffering from any other mental illness, abusing drugs or alcohol, or is impaired in any other way the resident or faculty member should alert the program director.

The program director will provide access to appropriate tools for self-screening and provide access to confidential, affordable mental health assessment, counseling, and treatment from **Care Bridge Support Phone: 1-800-437-0911, Access Code: AGCA8**, Inspira Urgent Cares or ER services. If the program director feels the resident is not suitable to perform patient duties the resident will be placed on a paid leave of absence.

All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. They must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

There is a growing awareness that fatigue has an adverse effect on performance. Symptoms of fatigue and/or stress are normal and expected to occur periodically during residency as well as after, just as it would in other professional settings. In residency training, impaired performance means missed opportunities for learning and the potential of harm to patients. Faculty and residents shall be educated to recognize the signs of fatigue. Policies and procedures shall be developed to prevent and counteract the potential negative effects of fatigue. Every faculty member and resident will receive a copy of the policy.

All training programs are required to educate faculty and residents to recognize the signs of fatigue and apply policies to prevent and counteract their potential negative effects.

- **Responsible Parties:** faculty and residents of Inspira Health Network, Graduate Medical Education Department.
- **Inspira Health Network Resources:** Attending physicians or designated covering physicians, and program director are available 24 hours/day.
- **Signs of Fatigue Include:** Involuntary nodding off, waves of sleepiness, problems focusing, lethargy, irritability, labile mood, poor coordination, difficulty with short-term recall, tardiness or absences at work, inattentiveness to details, impaired awareness (falling back on rote memory).

Fatigued residents typically have difficulty with appreciating a complex situation while avoiding distraction, keeping track of the current situation, and updating strategies, thinking laterally and being innovative, assessing risk and/or anticipating consequence, maintaining interest in outcome, controlling mood, and avoiding inappropriate behavior.

High Risk times for fatigue-related symptoms: midnight to 6 am, early hours of day shift, first night shift or call night after a break, change of service, first 2 to 3 hours of a shift or end of shift, early in residency or when new to a night call.

- Processes to limit fatigue-related problems include: 80-hour work week (60 hours for Emergency Medicine) Many physical illnesses can present as fatigue and should be ruled out when daytime

fatigue seems out of proportion to the resident workload through medical evaluation with possible sleep study. Depression and other psychiatric syndromes may first be manifested as fatigue. Proper diagnosis and treatment are needed.

Prevention

The Inspira Health Network Graduate Medical Education Program:

- a. Incorporates discussions regarding the management of fatigue into the program conference curriculum for both faculty and residents.
- b. Monitors resident and program compliance with Institutional and Program-specific duty hour policies
- c. Protects periods designed to address sleep debt (i.e., the ACGME Duty Hour Policy)
- d. Where appropriate, assist residents to identify co-existent medical issues which impair their sleep (i.e., undiagnosed sleep disorder, depression, stress)
- e. Provides safe and secure call rooms for residents on call or who elect to rest before driving post-call.
- f. Arrange for transportation of residents that have been identified as being too fatigued to drive.

(If no one is available to transport the resident to home, a taxicab will be provided at the hospital expense.

Inspira will also pay for the ride back to work. Taxi, Uber, or Lyft, must show receipts etc.)

Fitness Connection

As part of the Resident Wellness initiative all Inspira residents have access to the Inspira Health Network “Fitness Connection” free of charge. Present your Inspira ID at the main desk and identify yourself as a resident. The staff will know what to do. If you are currently paying for the membership, please do the same and you will no longer be charged. If you experience any difficulties, please contact the GME office.

Recognition

Restricting duty hours alone does not preclude fatigue. The Inspira Health Network Graduate Medical Education Program must identify the presence and effects of persistent fatigue and strategies to ameliorate the impact. We have a responsibility to ensure that faculty and residents are educated to become knowledgeable about sleep science as it applies to resident performance and health. Resident stress may increase if residents are concerned about losing significant learning opportunities, procedural experience, and interaction with colleagues. Residents may feel support is lacking from senior residents and faculty who may have an inadequate understanding of the rules surrounding duty hour mandates.

As has been reported widely, fatigue, like the effects of alcohol, slows reaction time, saps energy, diminishes attention to detail and degrades communication, and decision-making skills---all things that hinder patient safety and the safety of our residents. Fatigue, called by some authors “excessive daytime sleepiness”, may be due to a variety of factors. These may exist alone or in combination and include too little sleep, fragmented sleep, disruption of the circadian rhythm (such as may occur with night float work), other conditions which may masquerade as fatigue such as anxiety, depression, thyroid disease or other medical conditions, or medical side effects, primary sleep disorders.

Too little sleep may be the most common reason for sleepiness among residents, occurring when residents get less sleep than optimal. Although there is individual variation, most adults require an average of 8 hours of sleep each night. Residents may not have developed good sleep habits in college and medical school for adequate sleep even on their nights off. Further, sleep deprived subjects are often unaware of the severe degradation of their decision-making skills.

Resident Self-Care

Residents need to consider the following:

- a. Refrain from driving if drowsy; contact resident leadership to arrange for transportation, if necessary, utilize one of the call rooms to take a nap prior to driving, and/or pull over and take a nap if necessary
- b. Become educated and learn to recognize the signs of fatigue. Do not be embarrassed to discuss these issues openly.
- c. Make sleep a priority; be appropriately selfish about needed sleep time. Excessive fatigue can affect every facet of life.
- d. Keep to routine as much as possible.
- e. Get adequate exercise but avoid exercising directly before sleep.
- f. Protect sleep time. Turn off phone. Ask your family/significant others, friends to help you. Make efforts not to incur a sleep debt from non-work activities.
- g. Get as much light exposure as possible when awake.

Excessive fatigue and/ or stress may occur in patient care settings as well as non-patient care settings such as lecture and conference. In patient care settings, patient safety and well-being of the patient mandates implementation of an immediate and proper response sequence. In non-patient care settings, the response may vary based on the severity of and the demeanor of the resident's appearance and perceived condition.

The following is a general guideline for those recognizing or observing excessive resident fatigue and stress.

Identification of the fatigued resident when involved in patient care: faculty, residents and other members of the care team are to report such concerns of sleepiness, tardiness, resident absences, inattentiveness, or other indicators of possible fatigue or excessive stress to the supervising attending or Program director.

Responsibilities of the Attending Physician:

If the attending physician notices evidence of excessive fatigue and/or stress and appears to be disabled, the chief resident or residency director (or his designee) must be called, and the resident should be released from any further patient care responsibilities at time of recognition. If a supervising resident notices this, he or she must make the attending aware so that this process may be initiated.

The attending or supervising resident should privately discuss his/ her opinion with the resident, attempt to identify the underlying reason for the fatigue, and discuss the amount of rest needed to alleviate the situation. The resident will be relieved of clinical duties.

Decisions related to staff replacement will consider the remaining staffing level and volume and acuity of patients.

The resident should rest at the hospital (call room) prior to driving home. In addition, the resident should be advised that someone should pick him/ her up for transportation home. If no one is available to transport the resident to home, a taxicab will be provided at the hospital expense. Inspira will also pay for the ride back to work. Taxi, Uber, or Lyft, must show receipts etc.

The resident who has been released from further patient care cannot appeal the decision and must have permission to resume work from the supervising attending or residency Program director.

Responsibilities of the Residents:

Other residents who notice a colleague's fatigue have the professional responsibility to notify the supervising attending, chief resident, or residency program director without fear of reprisal. A resident who feels fatigued has the professional responsibility to notify the supervising attending, chief resident, or residency program director without fear of reprisal.

Additional Responsibilities of the Program Director:

If the removed resident's absence results in immediate impact on other residents, this should be accounted for immediately and resolved where required. The resident's schedule, patient care responsibilities, and personal problems/ stressors will be discussed. When necessary, the rotation will be reviewed for potential changes. If the problem is recurrent or not resolved in a timely manner, the resident may be removed from patient care responsibilities indefinitely. A medical evaluation may be requested or required as the situations warrant.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022

Online Learning Modules

Resident Research Modules

The Resident Research Training Modules were developed by Michigan State University to assist residents in the basics of medical research.

The online modules discuss research in a stepwise self-directed learning program. These modules are part of the general curriculum for research and are available to all programs.

To access the modules:

- Log into an Inspira computer using your log in credentials.
- Go to “Documents” then “This “PC””.
- Click on the “IHN Residents” or “N” drive.
- Open file labeled “Research Training Course for Residents”

HealthStream

“HealthStream” is an online platform used by Inspira for various educational activities. There are specific modules required each year to be completed by all employees. The modules are tailored to each employee’s role within the organization. Residents are assigned various modules to be completed at different times throughout the year.

Occasionally, a specific module may be added during the year and a deadline for completion will be sent with the assignment.

For the GME program, HealthStream helps meet curricular requirements for various ACGME mandated topics.

Access to HealthStream: www.healthstream.com/hlc/ihn [healthstream.com]

Med IQ

“Med IQ” is an online platform used by Inspira for various educational activities. It is mostly used to address topics dealing with ACGME requirements. These topics may or may not be covered in HealthStream. Med IQ gives some insight into topics such as Risk Management, Communication Skills, and Health Care Disparities. Please see the following for a list of topics.

Access to Med IQ

<https://ihn.med-iq.net/Security/Authentication/Login> [ihn.med-iq.net]

Academic Year Healthstream Modules

The following online modules are mandatory for all residents. These modules address many of the topics outlined by the ACGME as required elements of all residency curriculums regardless of specialty. To access these modules, log in on an Inspira computer, click on the “InspiraNet” icon. At the bottom of the page, you will see Healthstream under links. Click on Healthstream

- INSPIRA COVID-19 SAFE PRACTICES FOR REUSING PPE
- INSPIRA CPC Awareness
- INSPIRA EMTALA
- INSPIRA Fraud Waste and Abuse Training
- INSPIRA Gender Inequity
- INSPIRA HAND HYGIENE
- INSPIRA Hospital Bracelets
- INSPIRA Impaired Practitioner
- INSPIRA Information Security Awareness
- INSPIRA LIFE PROGRAM OVERVIEW
- INSPIRA MCH LOSS
- INSPIRA Oxygen Cylinder Safety
- INSPIRA RESTRAINTS EDUCATION RESIDENTS
- INSPIRA Safety Codes
- INSPIRA SEPSIS EDUCATION CLINICAL
- INSPIRA STANDARD PRECAUTIONS FOR COVID 19
- INSPIRA STROKE AWARENESS
- INSPIRA Workplace Violence
- Active Shooter Response in Healthcare Settings - KnowledgeQ
- Cultural Competence: Providing Culturally Competent Care (PA) - KnowledgeQ
- Diversity in the Workplace (PA) - KnowledgeQ
- Identifying and Assessing Victims of Abuse and Neglect (PA) - KnowledgeQ
- Smart Rapid Regulatory Compliance: Licensed Professionals - KnowledgeQ Adaptive Learning
- Workplace Violence – KnowledgeQ

Med IQ Modules

PGY1

- Infection Control: The Responsibility of Every Provider
- Sexual Harassment: Applied Concepts in Cultural Humility
- Enhancing Care Transitions
- Resident Fatigue: Risk Management
- New Provider Pitfalls: Mitigating Risks
- Racism and Implicit Bias: Legacies and Applied Concepts

PGY2

- Post-Event Documentation and Compassionate Communication
- Cultural Competency: Transgender Issues in Healthcare
- Team Communication
- The Dark Side of Graduate Medical Education: Burnout in Internship, Residency, and Fellowship
- PHI: Appropriate Access and Digital Distractions
- Challenging Resident Paradigms
- Resident Fatigue: Risk Management
- Racism and Implicit Bias: Legacies and Applied Concepts

PGY3+

- Surgical Outcomes: Anticipating Risk and Response to Unanticipated Events
- Racism and Implicit Bias: Legacies and Applied Concepts
- Incidental Findings
- Volume 1: Mitigating Risk: Communication Strategies for Providers Experiencing Burnout
- and
- Volume 2: Mitigating Risk: Documentation Strategies for Providers Experiencing Burnout
- Professional Conduct: Patient and Co-Provider Experiences
- Navigating the Attending-Resident Divide
- Resident Fatigue: Risk Management



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Responsibilities of the Resident/Fellow Staff		NO: GME.21
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 4
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

This policy defines the responsibilities of Residents/Fellows attending Accreditation Council for Graduate Medical Education (ACGME) and The Council on Podiatric Medical Education (CPME), and Institutional Requirements -accredited graduate medical education programs at Inspira Health Network.

The policy also defines Program Leadership responsibilities to maintain specific descriptions for progressively increasing levels of patient care responsibility for Residents, under the supervision of qualified faculty.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

- A. Provide responsible patient care under the authority of members of the medical staff to patients assigned to their service. The number of patients assigned to the resident shall not exceed those published by the accrediting body.
 - Be immediately available to provide emergency care during the hours on duty and night/weekend call unless otherwise specified by the Chief of Service.
 - Provide care for only those patients within the State of New Jersey for whom the resident is directly responsible as directed by the attending physician. The Resident may not provide care out-of-state without proper permission from the GME Office, licensure in that state, and training requirements of that state where service is being completed.
 - Examine all patients admitted to the service as soon after admission as possible, to determine immediate needs of the patient, and to assess the patient's condition.
 - Perform a complete history and physical examination, which includes an osteopathic structural exam where appropriate, and record such on the chart of all patients assigned to the service.

- Write a problem-oriented progress note on the patient's EMR chart on admission; daily thereafter, and more often as conditions demand.
- Write and review admission and daily orders on assigned patients only after review of such orders with the patient's staff physician.
- Complete all other medical chart responsibilities on patients seen within 24 hours.
- Complete all charting responsibilities on the date of discharge.
- Conduct rounds on all assigned patients at the beginning of and conclusion of duty.
- Properly report to peers or supervisors at the time of leaving duty and returning to duty to ensure continuity of care or at any time that a patient's condition may warrant.
- Properly communicate any change in the patient's condition or changes to plan of care to all those involved in the care of the patient. This includes but is not limited to the attending physician, consulting physicians, fellow residents, and nursing.
- Date and time all materials recorded on the patient's chart.
- Complete all medical record responsibilities prior to proceeding to the next rotation.
- Complete all logs and evaluations prior to proceeding to the next rotation, including ACGME Duty Hour requirements.

B. Always conduct oneself in a professional manner.

- Abide by the Bylaws, Rules and Regulations, Policies and Procedures of the Residency Training Program, the department, the medical center, the medical staff, the New Jersey Department of Health, State Board of Medical Examiners, and the Code of Ethics of the Accreditation Council for Graduate Medical Education a currently exist and as they from time to time may be amended.
- Accept patient care responsibilities and additional call (not to exceed the current work hour limit) as assigned by the Vice-President of Academic Affairs, program director, other staff in the office of Graduate Medical Education or chief resident.
- Dress Code: All residents are expected to maintain high professional standards of dress and behavior. Appropriate male attire includes button down shirt, trousers (not blue jeans), and a white lab coat, or program defined equivalent with name tag and identification badge. Appropriate female attire includes dresses, skirts or slacks with tops, and a white lab coat with name tag and identification badge. No sandals or open toed shoes are allowed. Personal scrub suits are permitted to be worn on specific rotations. Scrub suits are the property of the medical center and are to be worn only when required in the medical center. Scrub suits are not to be worn outside the medical center unless specifically instructed to do so by the hospital. Please refer to Inspira Health Network Dress Code.

C. Provide clinical teaching and direct supervision to all students assigned to the Service.

- Review, correct and approve all materials entered by the student on the appropriate history and physical form and progress record.
- Specifically review all student-performed history and physical exams, editing and commenting on the recorded observations.
- Constructively teach from clinical resources available on the service.

- D. Participate in all assigned quality assurance activities of the hospital or medical staff, and as specifically assigned.
- E. Attend assigned formal teaching programs and scheduled meetings with administrators of the Program.
 - Attend 100% of Core Lecture Series, unless otherwise specified by Program.
 - Attend 100% of the department formal education programs while assigned to the service.
 - Sign the Attendance Sheet at every program/meeting or provide proof of attendance.
 - Remediate (by assignment of the Program director) any lecture not attended.
 - Obtain excused absence from the program director for any departmental formal education programs.
- F. Provide written documentation and obtain written approval from the Office of Graduate Medical Education for the following:
 - legitimate illnesses
 - personal days,
 - compensatory days,
 - vacation days,
 - requests to attend conferences, CME programs, etc., which will require your absence,
 - changes in your rotation schedule,
 - changes in the on-call schedule,
 - other leaves or absences other than scheduled vacation weeks. Approvals must be made in advance. In the case of illness or personal tragedy, notification as soon as possible is required.
- G. Residents must notify the Office of Graduate Medical Education in writing and in advance for the need of verification of malpractice insurance; verification of enrollment for loan deferments or permit/licensing information; or other similar requests.
- H. The Resident is responsible for completing any evaluation forms that are required by the program, ACGME, CPME, or any other governing or certifying body or organization within the required time. These forms are needed for conducting periodic appraisals as well as graduation from the training program. Submit all reports on the quality of the faculty, quality of the training program, and registry of educational experiences (performance evaluations, program service evaluations and clinical logs) on a timely basis.
- I. Service/Faculty Evaluation by Resident: Constructive critique by the Resident of the service and of the faculty. (TO BE COMPLETED AND RETURNED WITHIN FIFTEEN (5) DAYS OF THE LAST DAY OF THE ROTATION).

- J. Residents who are dissatisfied with the performance evaluation of their service rotation may appeal the evaluation. The Resident should first notify the Office of Graduate Medical Education of his/her request to challenge the evaluation. The GME staff will then inform the service attending of the Resident's wish to challenge the evaluation and will make an appointment to discuss the evaluation with the attending physician and the Resident. A Resident who disagrees with an evaluation shall be allowed to submit written comments which shall become part of the evaluation and placed in the Resident's permanent file.
- K. Residents are released from service to attend their graduation ceremony. Residents are expected to attend as a requirement of the program. Any excused absence must be approved by the Office of Graduate Medical Education. Failure to complete any of the responsibilities noted above can be considered as a first offense for Corrective Action as outlined in these Rules and Regulations and may lead to suspension from the program for a second offense.

V. PROCEDURE:

If the resident is on an “off-site” rotation, and for any reason the site or attending is closed/not available, i.e., holidays, then the resident is expected to report to their program director or the GME coordinators for instruction. Program Managers will contact outpatient rotations/site during the holidays to find out their availability. Under no circumstances should the resident assume that they can take a PTO day.

The program director or GME Office may become aware of the occurrence of an unexcused absence or absences at any time after the absence(s) has happened. Notification most commonly occurs at the end of a rotation where absences have occurred. It is also common for unexcused absences from assignments to be discovered much later.

The program director or GME Office may become aware of unexcused absence/s from multiple sources such as rotation supervisors, rotation staff, faculty, or other residents.

Whether the unexcused absence, is a half-day or portion of a day it is still an unexcused absence. This does not excuse the absence; a residency experience is still missed and is unexcused.

Once the program director or GME Office is informed of a possible unexcused absence, it takes time for the program to contact and communicate with those involved such as the informant, program administrator and rotation supervisors. In the event the program director and/or GME office becomes aware of and confirms that unexcused absence(s) have occurred, appropriate action will be taken by the program.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Schedules		NO: GME.22
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 3
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The purpose of this Schedule Policy is to ensure that residents and fellows participating in Programs (individually a “resident” or collectively “residents”) understand the definition of the schedules or clinical assignments for ACGME accredited or CPME regulated graduate medical education program sponsored by IHN.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Each Program is required to establish and maintain a written policy governing resident Clinical and Educational Work Hours consistent with this Policy and ACGME Institutional, Common Program and Specialty/Subspecialty requirements applicable to the Program.

This policy is specifying the schedule definitions and procedures.

V. PROCEDURE:

Rotation Schedules

The monthly rotation schedules are available through the GME office, on the hospital intranet., and on New Innovations. All rotations, except for Night Float begin and end on Monday. Please note that you must check with the chief of the service for the time to report. Service assignments will be available in advance. Night Float begins on Sunday at 6:00 PM the day preceding the start of the new rotation.

Call Schedules

On-call schedules will vary based on the program and rotation. Call schedules are made in advance by the chief intern or resident. All requests for time off, including vacation, which will affect the call schedule, must be sent to the chief intern or resident in writing.

Rules and Regulations Governing Service Assignments

➤ Standard Services

Residency programs will comply with the standards set forth by the appropriate ACGME and CPME Residency Committee unless changed by a program director. All members of the house staff are expected

to be available to their service in-house during these hours unless other arrangements are made and approved by their attending physician.

➤ **Weekend Coverage**

Residents must provide coverage for all services unless otherwise directed by the attending physician. Those on weekend coverage may sign out to the on-call intern or resident once released by their attending physician, and no earlier than 5 PM. Weekend coverage will vary by service.

➤ **Elective Services (When applicable and if available/Program Specific)**

- a. The resident must complete the Elective Request form in full, including providing the educational value of the elective rotation, and preferred schedule for office hours.
- b. The resident will provide at least 90 days' lead time in scheduling the rotation, for the required paperwork.
- c. The Office of Graduate Medical Education must approve the elective service, which must be an ACGME or CPME recognized service.
- d. Using elective time for research must be approved by faculty.
- e. It is the resident's responsibility to arrange coverage in advance for clinical duties while they are away, and coverage indicated on the request form.
- f. Once the above guidelines are met, and the proper signatures obtained the elective approval form will be submitted to the Program Coordinator, and a copy will be given to the resident.
- g. Residents are not excused from attending didactics, unless pre-approved by the program director.
- h. If a Resident has not made a choice of an elective 90 days in advance, the program director or Office of Graduate Medical Education will designate a service and division to be covered. This may be altered only by written permission of the program director or Office of Graduate Medical Education and approval by the service that will no longer be covered. The Office of Graduate Medical Education reserves the right to change or alter service rotations for educational or other purposes.

➤ **On Call**

- 1) In-House Call: Nights, Weekends and Holidays
 - a) Residents will not leave the hospital while on call unless on home call. Please refer to Program specific guidelines.
 - b) Call will be assigned from the full Resident group not to exceed the number of calls allowed by the current work hour restrictions.
 - c) The Graduate Medical Education staff, Vice-President of Academic Affairs, Program director, and the Chief Residents are empowered with the authority to assign Residents to in-house call to meet patient care standards.
- 2) Regular assignments to in-house call shall not exceed in excess of an average of every third night in each and every 30-day period, Per ACGME Policy.
- 3) In cases of emergency, where it is deemed necessary for patient care standards to be met, the Chief Resident, Program director, and Vice-President of Academic Affairs have the authority to request a Resident not in-house to be on-call and to respond if needed.
- 4) All hospital duties and regulations regarding call must be adhered to strictly.
- 5) If patient care demands so dictate, the staff in the Office of Graduate Medical Education are authorized to give weekdays off in lieu of scheduling weekend duty so long as such scheduling does not significantly affect the educational aspects of the Resident's experience.
- 6) Emergency/Unusual Situation; The Vice-President of Academic Affairs, and program director, have the responsibility of ensuring the educational experiences of the Resident and the patient care obligation of the medical center. As such, he/she is authorized to temporarily alter any schedule to ensure a better educational experience or to provide emergency patient care.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: General Medical Rules and Regulations		NO: GME.23
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 1
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

This policy is intended to provide a process for programs to follow for general medical rules and regulations intended for residents/fellows.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

- **Telephone Orders:** Protocol for telephone orders is in accordance with Inspira Health Network policy. PGY-1 trainees are not permitted to give telephone orders.
- **Time/Date:** Accurately reflect the date and time of service on chart documentation or will be considered invalid.
- **Informed Consent:** The Resident will abide by the intent of the Informed Consent Policy and Procedure of Inspira Health Network.
- **"No Code" or "DNR":** The Resident will abide by the intent of the Policy and Procedure of the "No Code Policy" of Inspira Health Network
- **Consultations:** A resident shall not perform an independent consultation. The resident's activities may include obtaining a history and physical examination and reports of necessary evaluations but shall not include rendering medical opinion or recommendations. All activities of the resident in this request shall be supervised by the consultant.
- **First Assist for major and minor surgery:** In elective major surgery, a resident may serve as a First Assist only when under the direction of a licensed physician credentialed by Inspira Health Network to perform said procedure and in full compliance with state regulations.
- **Invasive Procedures:** A resident shall perform invasive procedures only under the supervision of a licensed physician on the Medical Staff of Inspira Health Network who is granted such privilege by the Governing Board.

V. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Physician Impairment		NO: GME.24
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents Fellows	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer Bridgeton Woodbury	Page: 1 of 4
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

This policy is intended to ensure that resident/fellow well-being is appropriately monitored and addressed. To ensure the existence of counseling programs for all residents/fellows. To ensure a drug-free and alcohol-free environment which is safe for resident/fellows, patients, and all other potentially impacted individuals. To ensure that required documentation procedures for handling physician impairment are followed and that an educational program on the subject is included in all resident/fellow's training.

II. DEFINITION

In accordance with Article III, Section 3.8 of the Medical Staff Bylaws, an "impaired practitioner" is defined as: "A practitioner whose professional performance has been impaired as a consequence of alcohol abuse, abuse of drugs other than alcohol, mental or emotional illnesses, dementia, or a physical disability severe enough to have a negative impact on the professional performance of such practitioner". **Refer to: Impaired Practitioner Policy # MSO 57 (IHN)**

III. FORMS/ATTACHMENTS:

None

IV. EQUIPMENT/SUPPLIES:

N/A

V. POLICY:

Physician health is essential to quality patient care. Inspira Health (IHN) strives to create an environment to assist resident/fellow in maintaining wellness and in proactively addressing any health condition that could potentially affect their health, well-being, and performance. Most health conditions do not affect workplace performance or impair the practice of medicine. For the purposes of this policy and procedure, a health condition is defined as including (but not limited to) any physical health, mental health, substance use/abuse, or behavioral condition that has the potential to adversely affect the practice of medicine and/or impair the resident/fellow's performance in the program.

VI. PROCEDURE:

A. Monitoring of Resident/Fellow Well-Being

1. It is the responsibility of each training program director to monitor resident/fellow stress, including sleep deprivation and other mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction.

2. Program directors shall ensure that program faculty and trainees are educated to recognize the signs of fatigue by implementing institutional fatigue education plans as available and/or other program-based fatigue education plans. Round trip transportation reimbursement is available to any resident/fellow that elects to use a transportation service to get home instead of driving their vehicle while fatigued.
3. Situations that demand excessive service or that consistently produce undesirable stress on resident/fellow's, must be evaluated and modified.

B. Institutional/Program Support & Counseling

1. **Employee Assistance Program** provides a full range of confidential and free counseling and referral services to resident/fellows. The services have been tailored to meet the needs of the resident/fellows, and include services relating to dealing with impairment due to drugs or alcohol, or with any emotional difficulty irrespective of the nature or degree of seriousness of the problem. Please see Employee Assistance Section in this document.
 - Utilization of counseling and related services is generally at the discretion of the resident/fellow, however, the Program Director or the DIO have the right to require an individual's participation.
2. **Occurrence Reporting:** Patient and employee safety reporting for actual events and near misses. All resident/fellows are educated during general orientation on how to file an incident report in RLD for adverse events, near misses, and/or unsafe conditions. An accessible link to the incident reporting system is available on the intranet for residents. All reporting can be done anonymously.

Occurrence Reporting: Navigating the Icon Wall

The Icon Wall contains links to the submission forms used to create new files. An administrator configures the arrangement of the icons on this page and the forms they access. The administrator can also decide to bypass the Icon Wall if the user has access to only one form. This page must be used in order to create a new file.

Prerequisites: You must have the 'File Entry' function enabled for your role.

To navigate the icon wall:

1. Click the **New File** navigation button to access the Icon Wall. (Alternatively, the Icon Wall can be accessed by clicking New File in patient search results, [Viewing Patient Center Search Results](#)).
2. If necessary, use the Search field to find a specific form. **Forms** that include the text in the form name, keywords or in a section title will appear in the results.
3. If the Icon Wall was accessed through Patient Center, the Patient Details banner appears with the details that will populate the Person Affected Details section of the form.
4. Hover over an icon to view a description of the form in a tooltip.
5. Check **Anonymous Mode** box (not shown) to submit a file anonymously.
6. Click an icon to open the associated submission form.
7. Click the **Settings** button and choose to hide or display icon titles.

Note: See the section [Form Attributes](#) for details on completing the form.



3. There are circumstances in which Resident/Fellows may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program has procedures in place to ensure coverage of patient care in the event that a Resident/Fellow may be unable to perform their patient care responsibilities. These procedures will be implemented without fear of negative consequences for the Resident/Fellow who is unable to provide the clinical work.
4. Resident/Fellows can attend medical, mental health, and dental care appointments, including those scheduled during their work hours. Resident/Fellows must follow the program's procedures for scheduling and notification of these appointments.
5. Resident/Fellows are encouraged to alert the Program Director, a faculty mentor, or Chief Resident when they have concern for themselves, a Resident/Fellow colleague or a faculty member displaying signs of Burnout, depression, substance abuse, suicidal ideation, or potential for violence.

C. Physician Impairment & Drug and Alcohol-Free Environment

1. Inspira Health Network (IHN) maintains a drug and alcohol-free workplace for the safety of employees, patients, and visitors. Unlawful solicitation, manufacture, distribution, dispensing, diversion or use of controlled or dangerous substances or alcohol is prohibited. No employee may report to or remain at work impaired by any substance, lawful or unlawful, or if the employee is unable to perform his or her work duties and may endanger his or her own health or safety, and the health or safety of others. Violations of this policy are serious and will result in appropriate discipline which may include immediate termination. Appropriate licensing authorities will be notified where appropriate or required.
2. Resident/Fellow's should refer to Impaired Practitioner Policy # MSO 57 (IHN), which outlines the protocol and actions to follow when employees are suspected to be under the influence of drugs and/or alcohol.

Employee Assistance Program

The Employee Assistance Program (EAP) is a benefit available to all employees, regardless of status, that provides confidential counseling services to help manage the stress and strain of balancing personal needs and work responsibilities. This program can assist with issues such as relationship problems, substance abuse, stress, grief, emotional difficulties and much more.

These are options offered by Inspira Health Network for *all* employees (Refer to Employee Assistance Program (EAP) HR.23 *IHN* Policy):

Carebridge

The Carebridge EAP provides help with personal and family issues through telephonic or face-to-face consultation, assistance, and resources available 24 hours a day, seven days a week. In addition to its EAP, Carebridge makes available to all employees its Work-Life Services Program to assist with managing childcare, elder care, college planning, parenting, adoption, time management, financial and retirement planning and much more.

Carebridge EAP &

Work-Life Services

Call: 1-800-437-0911

Online: www.myliferesource.com

Access Code: AGCA8

SOME SIGNS & SYMPTOMS

- Irritability, depression, mood swings
- Difficult to contact, will not answer phone or return calls
- Missed appointments, unexplained absences
- Complaints by patients & staff
- Neglect of patients, incomplete charting, or neglect of other medical staff duties
- Inappropriate treatment or dangerous orders
- Excessive prescription writing: unusually high doses or wastage noted in drug logs
- Irresponsibility; poor memory; poor concentration
- Intoxication or odor of alcohol on breath while on duty
- Blood shot or blurry eyes
- Trembling, slurred speech

VII. REFERENCES:

MSO.57 Impaired Practitioner Policy (IHN): [Impaired Practitioner Policy MSO.57 \(IHN\) v.6 \(policytech.com\)](http://Impaired%20Practitioner%20Policy%20MSO.57%20(IHN)%20v.6%20(policytech.com))

HR.23 Employee Assistance Program (EAP) *IHN* Policy: [Employee Assistance Program \(EAP\) HR.23 *IHN* v.5 \(policytech.com\)](http://Employee%20Assistance%20Program%20(EAP)%20HR.23%20*IHN*%20v.5%20(policytech.com))

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



**GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE**

TITLE: Informal Medical Care		NO: GME.25
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 2
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

Inspira Health Network and the Graduate Medical Education established and implements a policy regarding informal medical care for the residents in all programs accredited by ACGME and CPME.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Residents must remember that any personal medical advice or treatment including Osteopathic Manipulative Therapy (OMT) given to any individual outside of the formal residency training program, regardless of state licensure, creates a doctor-patient relationship, and makes the provider responsible for any adverse patient outcome that may result from such advice or treatment. The provision of such "Informal Medical Care" not only creates legal liability issues but also fails to promote effective, comprehensive health care for the patient.

Informal medical care includes but is not limited to:

- a. Calling in or writing a prescription for a friend, relative or any other person, outside of the formal residency training program or where appropriate, a moonlighting situation.
- b. Writing a doctor's note for a friend, relative or any other person, outside of the formal residency training program or where appropriate, a moonlighting situation.
- c. Acting as a person's attending physician when no such doctor patient relationship formally exists.

The provision of such care by any resident is strictly prohibited and makes the individual providing such care subject to disciplinary action, up to and including dismissal from the program. It should also be noted that Inspira Health Network provides no professional liability coverage for residents for any medical care provided outside of the formal residency training program.

V. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Professional Liability		NO: GME.26
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 1
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

Residents/Fellows enrolled in a GME sponsored residency training program are provided with professional and general liability insurance for activities falling within the course and scope of their training program.

Residents/Fellows rotating within the Inspira Health Network system have a responsibility to report any adverse occurrence or circumstance to the Risk Management Department of Inspira Health Network as well as their Program Director and the Graduate Medical Education Office.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Per ACGME requirements (IV.E.) and CPME, the Sponsoring Institution must provide residents/fellows with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited programs/CPME programs, or after completion of the program(s) if the alleged acts or omissions of a resident/fellow are within the scope of the program(s).

The Sponsoring Institution will provide professional liability insurance. This insurance only covers residents for the scope of the training program. The defense of all claims, actions, and proceedings on behalf of the resident shall be conducted by counsel for the Hospital. The resident will be expected to fully cooperate in aiding the Hospital to investigate, adjust, settle, or defend each claim, action or proceeding. If resident suspects he/she might be named in any action involving a patient, the program director must be notified immediately. All summons or notices pertaining to claims received or served upon the resident should be sent promptly to the program director who will forward them to the Risk Management Department of Inspira Health Network.

V. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Licensure		NO: GME.27
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 03/07/2022
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 2
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

To provide a policy and procedure for assistance with requirements for licensure forms requiring signatures of the Program Directors and approval by the GME office, payment of medical licensure application fees and the process when a resident does not possess a valid license.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Residents should follow the guidelines for registrations, permits and licenses.

V. PROCEDURE:

Registrations for PGY-I:

New Jersey State law requires that residency programs register first-year residents. Without a registration, you cannot be employed. The following information is needed for registration:

- Residents Social Security number
- Date of birth
- Medical school attended and year of graduation
- It is the individual resident's responsibility to provide any additional documents in a timely manner.

It is the responsibility of Program Coordinators to submit the paperwork for Registrations.

Permits for PGY-2:

New Jersey State law requires residents to have a Permit before the second year of a GME program. Refer to N.J.A.C. 13:35-1.5. <http://www.state.nj.us/lps/ca/bme/faq>

The program is required to submit the application no later than four months (March 1) before the date on which the resident is scheduled to begin participating in the second year.

The residency program requires PGY-1 residents to complete a permit application and submit to the program coordinators all documents needed for their permit application.

Failure to do so is cause for corrective action. Residents will not be reimbursed for any expenses related to the Permit process, i.e., fingerprinting, retrieval of transcripts (not deducted from education stipend).

The program director must ascertain, through official documentation that the resident has:

- Completion of Medical Education Verification Form or the original, official transcripts showing courses taken, dates of attendance and degree conferred for each medical school and college attended.
- Under special circumstances, the Board reserves the right to request additional medical school documents.
- Copy of the resident's ECFMG certificate if he or she is an International medical school graduate.
- Completed at least three credits in biology, physics, and chemistry during pre-medical school.
- Documentation of any name changes

It is the responsibility of the resident to complete the application for a Training Permit. Program Managers can assist with the process and complete necessary documents.

Unrestricted License:

All eligible residents CAN apply for an unrestricted New Jersey license. The New Jersey State Board of Medical Examiners requires "An applicant who has graduated from medical school after July 1, 2003, to demonstrate to the Board that after receiving a medical degree, the applicant has completed and received academic credit for at least two years of post-graduate training in an accredited program and has a signed contract for a third year of post-graduate training in an accredited program."

A resident whose NJ Training Permit has been in effect for over 5 years, must apply for or have a New Jersey license, at their own expense. A NJ Training Permit is valid for only 5 years. If your training extends beyond 5 years, you must apply for a NJ license in time to have that license by the time your permit expires. You cannot continue your training without a valid NJ training permit or a valid NJ license. Please contact the GME office with any questions.

The resident is responsible for completion of application and payment of fees, the Graduate Medical Education Department will not reimburse for fees, and education stipends cannot be used for payment of license fees.

Applications can be obtained from: <http://www.state.nj.us/lps/ca/bme/faq/training.htm> or:

New Jersey State Board of Medical Examiners
PO Box 183
Trenton, New Jersey 08625-0183
(609) 826-7100

Additionally, a Controlled Dangerous Substance license and DEA registration are required for writing prescriptions for all controlled substances and narcotics.

Applications for a Controlled Dangerous Substance license are included in the New Jersey License application.

Be advised that the licensure process in the state of New Jersey may take months.

All documents needed for licensure should be secured as early as possible.

All residents must obtain a federal National Provider Identifier (NPI) number.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Stipends, Meals, and Paycheck		NO: GME.28
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 05/11/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Residents Interns	Supersedes: 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 5
Bridgeton Woodbury		
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

To define how the Accreditation Council for Graduate Medical Education (ACGME) accredited and The Council on Podiatric Medical Education (CPME) training programs at Inspira Health Network determine the appropriate stipend level for all Residents/Fellows.

II. FORMS/ATTACHMENTS:

Attachment A: 2023 Pay Period Schedule

Attachment B: QuickCharge Payroll Deduction

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

MEAL STIPENDS

Meals are not provided at institutional expense except for house staff that are officially on-call in house. To simplify record keeping, all residents are given a monthly stipend for meals, which roll over from month to month. Please see the GME office for the specific amount.

⇒ You can check your spending on: **QUICKCHARGE**.

STIPENDS AND PAYCHECKS

Residents are paid biweekly (26 times per year) on Fridays. Payroll deductions for insurance premiums, tax-deferred annuities, and other employee benefits will be deducted in equal installments from each of the 26 pay periods.

This shall be the Resident's/Fellow's sole source of compensation. The Resident shall not accept from any other source of fees of any kind for services to patients. Direct deposit is encouraged, and a direct deposit authorization form needs to be completed prior to utilizing this option. Residents should review paycheck discrepancies with the Program Managers. The managers may refer paycheck questions or issues to the Human Resources Department or Payroll Department.

The program managers must be notified of any change in address, dependent status, marital status, name, telephone number, and direct deposit bank name and account number as soon as possible. Direct deposit information such as bank name and account number are managed directly by the resident/fellow in Oracle.

The employee should access employee self-service to change any personal information. Name changes require that residents show their social security card with the new name for verification. The Sponsoring Institution will not cash paychecks for any reason.

- When residents register for any educational activity, and do not attend, the registration fee will be deducted from their Education stipend.

V. PROCEDURE:

The Quickcharge program enables employees to use their ID badges to make cash free purchases at any Inspira facilities, such as Cafeterias & Gift Shops. All Quickcharge participants receive a 10% discount when using their badge for cafeteria purchases!

Follow the instructions below:

Login to Quickcharge: users will go to the link on InspiraNet under Applications, then select Quick charge

- The username is your Inspira E-mail WITHOUT @ihn.org
- The password is your employee ID # (which can be found in Employee Self Service or Kronos)



Carefully Read and Accept the Inspira Payroll Deduction Authorization Statement and you will be able to use your ID badge for Quickcharge instantly!

Questions or concerns regarding Quickcharge Payroll Deduction may be directed to the Payroll Department by email: InspiraPayroll@ihn.org

Attachment A:

 2023 Pay Period Schedule*			
P.P. #	BEGINNING DATE	ENDING DATE	CHECK DATE
1	December 25, 2022	January 7, 2023	January 13, 2023
2	January 8, 2023	January 21, 2023	January 27, 2023
3	January 22, 2023	February 4, 2023	February 10, 2023
4	February 5, 2023	February 18, 2023	February 24, 2023
5	February 19, 2023	March 4, 2023	March 10, 2023
6	March 5, 2023	March 18, 2023	March 24, 2023
7	March 19, 2023	April 1, 2023	April 7, 2023
8	April 2, 2023	April 15, 2023	April 21, 2023
9	April 16, 2023	April 29, 2023	May 5, 2023
10	April 30, 2023	May 13, 2023	May 19, 2023
11	May 14, 2023	May 27, 2023	June 2, 2023
12	May 28, 2023	June 10, 2023	June 16, 2023
13	June 11, 2023	June 24, 2023	June 30, 2023
14	June 25, 2023	July 8, 2023	July 14, 2023
15	July 9, 2023	July 22, 2023	July 28, 2023
16	July 23, 2023	August 5, 2023	August 11, 2023
17	August 6, 2023	August 19, 2023	August 25, 2023
18	August 20, 2023	September 2, 2023	September 8, 2023
19	September 3, 2023	September 16, 2023	September 22, 2023
20	September 17, 2023	September 30, 2023	October 6, 2023
21	October 1, 2023	October 14, 2023	October 20, 2023
22	October 15, 2023	October 28, 2023	November 3, 2023
23	October 29, 2023	November 11, 2023	November 17, 2023
24	November 12, 2023	November 25, 2023	December 1, 2023
25	November 26, 2023	December 9, 2023	December 15, 2023
26	December 10, 2023	December 23, 2023	December 29, 2023
2023 HOLIDAYS			PAYWEEK
12/25/2022	Christmans Day	Sunday	Yes
1/1/2023	New Year's Day	Sunday	No
5/29/2023	Memorial Day	Monday	Yes
7/4/2023	Independence Day	Tuesday	No
9/4/2023	Labor Day	Monday	Yes
11/23/2023	Thanksgiving	Thursday	No
12/25/2023	Christmas	Monday	Yes

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



QuickCharge Payroll Deduction Authorization

By participating in the QuickCharge Payroll Deduction program, I authorize Inspire Health Network to deduct from my bi-weekly net earnings all required minimum balances due and owed as a result of swiping my ID Badge for purchases. I understand that each badge swipe will be treated as a separate purchase/transaction.

In the event my employment with Inspira Health Network should end, I agree to have all monies owed for my QuickCharge purchases deducted from any earnings due to me.

- I wish to participate in the QuickCharge Payroll Deduction program.
- I wish to discontinue my participation in the QuickCharge Payroll Deduction program. I understand that my badge will not be valid for purchases.

Print Name

Last 4 digits of S.S. #

Signature

Date

Forward completed form to one of the following:

Fax: 856-575-4235

E-Mail or Scan to: Payroll

Questions regarding QuickCharge Payroll Deduction should be directed to the Payroll Department at (856)-575-4230.

It will take approximately 5 business days before your QuickCharge will be active.



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Health Insurance		NO: GME.29
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 05/26/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL:	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS:	Page: 1 of 1
	Vineland Mullica Hill Elmer	
	Bridgeton Woodbury	
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

To identify individual benefits available to Housestaff in graduate medical education programs sponsored by Inspira Health Network.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Inspira Health Network provides benefits to residents consistent with the benefits offered to hospital employees. The employee must complete an enrollment form at orientation. It is the resident's responsibility to enroll for health insurance for individual and family coverage.

V. PROCEDURE:

Benefits must be renewed on an annual basis. Notices each year for open enrollment/renewal of benefits are sent out each year via IHN email.

Representatives from the Inspira Health Network Human Resources Department are available at GEO to answer any questions and to assist in completing the enrollment form, and through 44T the HR Service Center, 44T45T 856-641-MYHR (6947), or Email: HRSERVICECENTER@ihn.org

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Lactation Support		NO: GME.30
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 2
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

Inspira Health Network, Graduate Medical Education is committed to establish and maintain a healthful and safe environment for our residents, fellows, and students, in part by creating a culture which is supportive of wellness efforts across all life events.

This policy provides support for residents, fellows, and students who choose to continue breastfeeding after returning to work. By implementing this policy, GME strives to create an exceptional environment conducive to working and learning and attuned to both professional and personal needs.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

This policy is consistent with federal and New Jersey state health initiatives and statutes. Inspira provides an environment that supports and protects employees that choose to breastfeed, such as:

1. Ensuring availability of lactation rooms
2. Provision of breast pumps, for use in lactation rooms

V. PROCEDURE:

Contact information for all Inspira Lactation Consultants:

- **Vineland and Elmer** Lactation Consultants:
 - Lauren Bortner BSN, RNC, IBC
 - Extension# 18189
- **Mullica Hill** Lactation Consultant:
 - Deborah A Frye, BSN, RN, IBCLC, RLC
 - Extension# 81288

Inspira offers free Zoom breastfeeding classes monthly:

- Register at: educationregistration@ihn.org

Lactation room:

Mullica Hill

Located on 2w outside the LDRP and labeled “Employee Lactation”

Vineland

Located in the NICU

Elmer

Located on the maternity unit

- You may also bring your own pump.
- There is not a refrigerator to store milk, but we encourage you to bring a small insulated cooler bag with gel packs to keep your milk cool while at work. When milk is stored in a cooler bag with 2 gel packs, it will stay sufficiently cool to prevent bacterial growth for up to 24-hours.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Badges		NO: GME.32
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 1
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The purpose of the badge policy is to standardize badging practices across the Inspira Health Network. Photo identification (ID) badges provide a safe and more secure environment for all employees by means of identifying the role of the ID Badge holder.

II. FORMS/ATTACHMENTS:

Please see Section V. Procedures.

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Residents must wear identification badges in a manner that is fully visible in all hospital facilities. Badges are issued by the Inspira Human Resources Department.

Failure to wear the badge may result in disciplinary action. No one shall be admitted to the hospital during a crisis without a proper identification badge.

If your badge is lost, stolen, or misplaced you must notify the Security Department immediately. Damaged or defective badges will be replaced free. Return I.D. Badge to the Human Resources Department, or Program Manager at the time of termination of employment or prior to graduation. Residents must also carry the New Jersey Healthcare emergency code card.

V. PROCEDURE:

Employee Badge Information: [Employee Badge Information \(corporate.lan\)](#)

- To request an ID Badge Authorization form, please click on the icon (Scan to HR via the HR Scan button on any IHN Network Copier): [ID Badge Authorization Form-revised.doc \(corporate.lan\)](#)
- For Lost or Damaged Badge please fill out form here: [Lost Badge Form \(corporate.lan\)](#)

VI. REFERENCES:

Identification Badges SEC. *IHN*, [Identification Badges SEC.1 *IHN* v.7 \(policytech.com\)](#)

<u>POLICY & PROCEDURE</u>	Page 1 of 4
SUBJECT: Identification Badges SEC.1 *IHN*	EFFECTIVE Date: 06/01/2010
DEPT: SECURITY	REVIEW Date: 11/15/2022

I. **POLICY**

While working at an Inspira Health facility, all employees, volunteers, medical staff, contractors, contracted staff, clergy and medical students are required to visibly wear an Inspira identification badge.

II. **RESPONSIBILITY**

All personnel

III. **PROCEDURE**

A. General Guidelines

1. While working at an Inspira Health facility, all employees, medical staff, residents, contractors, contracted staffs, students and volunteers are required to wear their identification badge visibly above the waist.
2. Everyone working at an Inspira Facility must present their badge for inspection when requested.
3. Badges cannot be altered or deface in any way.
4. Employees, medical staff and contracted staff who forget their badge must report to Security for a temporary ID Badge.
A Temporary Badge Log Out form must be completed, and the temporary badge must be returned to Security at the completion of their shift.
5. Contractors, volunteers, medical students and clergy who forget their identification badge must report to the leadership of their responsible department.
6. Photo identification badges for employees, volunteers, residents and contracted staff will be updated as needed.
7. Failure to follow the guidelines of this policy may result in a disciplinary action or other sanction.

B. Employee Identification Badges

1. Identification of new employees shall be made via a government-issued photo identification issued by a state or federal agency (i.e., driver's license or passport) prior to issuance of an Inspira Health photo identification badge.
2. Identification badges will be white in color and shall show the full first and last name, licensure credentials, title and department.
 - a) Identification badges for employees assigned to Maternal Child Health will be pink in color.
3. When an employee term of employment is terminated for any reason, the employee's Director or designee should make every effort to recover the identification badge. If not recovered by the Director or designee, the HR Representative handling the exit interview should make every effort to recover the badge. The recovered badge should be turned over to HR Staffing and the badge must always be invalidated.
4. Access to restricted areas must be approved by the employee's Director or designee and the Director of Security or designee.



<u>POLICY & PROCEDURE</u>	Page 2 of 4
SUBJECT: Identification Badges SEC.1 *IHN*	EFFECTIVE Date: 06/01/2010
DEPT: SECURITY	REVIEW Date: 11/15/2022

5. Employee ID Badges shall not be older than 5 years.

C. Contractor Identification Badges

1. For the purpose of this policy, contractors are non-credentialed individuals who provide a service on a contract basis and who are not employed by the Inspira Health.
2. Contractor identification badges will be provided upon receipt of an ID Badge Authorization Form approved by the Director of the department who is responsible for issuing, tracking and recovering their inventory of contractor identification badges.
3. Contractor badges will be white in color with Contractor and responsible department name printed on the face.
4. Contractors coming to hospital buildings will report to the responsible department or designee to be issued a contractor badge.
5. The responsible department will determine the location of contractors at the end of each day and effect proper notification, if contractors will be remaining in the hospital after hours.
6. Recovery of contractor identification badges will be the responsibility of the issuing department.
7. Access to restricted areas must be approved by the responsible Director or designee and the Director of Security or designee.

D. Contracted Staff Identification Badge

1. For the purpose of this policy, contracted staffs are credentialed individuals who provide a service on a contract basis and who are not employed by Inspira Health. (See Contracted Staff Service Requirements Policy HR.16)
2. Contract Staff photo identification badges will be provided upon receipt of an ID Badge Authorization Form approved by the Director responsible for the contracted individuals or will be approved via the GEO list. All contracted/agency staff must be approved through the online HR process.
3. Contracted Staff photo identification badges will have a red "A" (Agency) on the face to distinguish it from an employee identification badge.
4. Access to restricted areas will be assigned on an as need basis approved by the Director or designee responsible for the Contracted Staff and the Director of Security or designee.
5. The Director responsible for the Contracted Staff must notify HR Staffing to invalidate the identification badges of Contracted Staff members who are no longer providing service to the Hospital and must recover the identification badge(s), returning them to HR Staffing.

E. Volunteer Identification Badge

1. Volunteer photo identification badges will be provided upon receipt of an ID Badge Authorization Form approved by the Director responsible for Volunteer



POLICY & PROCEDURE	Page 3 of 4
SUBJECT: Identification Badges SEC.1 *IHN*	EFFECTIVE Date: 06/01/2010
DEPT: SECURITY	REVIEW Date: 11/15/2022

- Services.
2. Access to restricted areas will be assigned on an as need basis approved by the Director responsible for Volunteer Services and Director of Security or designee.
 3. The Director responsible for Volunteer Services must make every effort to recover the badges of Volunteers who have ended their service and must notify HR Staffing to invalidate the badge.

F. Student Identification Badge

1. For the purposes of this policy a student is a non-employee, who is on site for an educational rotation for a limited period of time.
2. Inspira Student non-photo identification badges will be provided upon receipt of an ID Badge Authorization Form approved by the Director of the department who is responsible for issuing, tracking and recovering their inventory of student identification badges.
3. Inspira Student non-photo identification badges will be gray in color with Student and the name of the responsible department printed on the face.
4. In addition to the Inspira Student non-photo identification badge, students will be required to visibly wear the identification badge issued to them by the educational institution sponsoring their rotation.
5. Access to restricted areas must be approved by the Director responsible for the Student identification badges and the Director of Security or designee.
6. Students who are not required to wear an Inspira identification badge by the Director responsible for their oversight, must wear the identification badge issued by the educational institution sponsoring their rotation.

G. Resident Identification Badge

1. For the purposes of this policy a Resident is an employed physician, performing a rotation of graduate medical training, for a limited period of time.
2. Inspira Resident Identification Badges will be provided upon receipt of an ID Badge Authorization Form approved by the Program Director.
3. Inspira Resident Identification Badges will be yellow in color and shall show the full first and last names, licensure credentials, department and title (Resident).
4. Access to restricted areas must be approved by the Program Director or designee and the Director of Security or designee.
5. The Program Director will be responsible for recovering the identification badge and notifying HR Staffing when a Resident is removed from or completes the program.

H. Clergy Identification Badge

1. Clergy identification badges will be provided upon receipt of an ID Badge Authorization form approved by the Pastoral Care Supervisor.
2. The Clergy photo ID badge will be colored coded with red lettering will have a color-coded expiration date, the full name and religious denomination.
3. Clergy identification badges will have a 2-year expiration date assigned and there



POLICY & PROCEDURE	Page 4 of 4
SUBJECT: Identification Badges SEC.1 *IHN*	EFFECTIVE Date: 06/01/2010
DEPT: SECURITY	REVIEW Date: 11/15/2022

will be a \$5.00 renewal or replacement fee.

4. Clergy identification badges will not have access ability.
5. The recovery of Clergy Identification Badges will be the responsibility of the Pastoral Care Supervisor.

I. Emergency Medical Squad Badge

1. Identification badges for EMS squads will be provided when requested by the Emergency Squad Chief.
2. The EMS badge will be white in color and will show the name of the EMS squad and the assigned vehicle number.
3. The EMS badges will be assigned access to the Emergency Department and ambulance entrance, any additional access must be approved by the Emergency Squad Chief and the Director of Security or designee.

J. Law Enforcement Badge

- 1 Emergency access badges (10) are available for use by Law Enforcement agencies requiring emergency access to the facility and maintained by each Security Department in a locked container.

K. Lost, Misplaced, Defaced or Stolen Inspira Identification Badge

1. Notify your department leadership and the Security Director or HR staffing immediately to invalidate the badge. Employees shall pay a fee for the replacement of lost, misplaced, defaced or stolen identification badges. Replacement badges can be requested by completing the badge request form on the Inspira Intranet.
2. If an Emergency Medical Squad Badge is lost, the notification process as described in #1 above must be followed, and a fee will be charged to replace it.

L. Replacement of a damaged Inspira Identification Badge

1. If an identification badge is damaged it will be replaced, however the damaged identification badge must be turned in prior to the new badge being issued.

Reference: New Jersey Board of Nursing, Identification Tags, 13:37-6.4



**GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE**

TITLE: Housing		NO: GME.33
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 1
	Bridgeton Woodbury	
COMMITTEE APPROVALS: N/A		

I. FORMS/ATTACHMENTS:

None

II. EQUIPMENT/SUPPLIES:

N/A

III. POLICY:

Housing is not provided.

IV. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Laundry and Dress Code		NO: GME.35
ORIGINATING SOURCE: Graduate Medical Education		Effective Date:
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 1
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

All residents are expected to maintain high professional standards of dress and behavior.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Inspira Health Network: Graduate Medical Education does not provide laundry services. Laundry is the responsibility of the trainee other than for the hospital issued scrub attire.

Dress Code:

- Appropriate male attire includes button down shirt, trousers (not blue jeans), and a white lab coat, or program defined equivalent with name tag and identification badge.
- Appropriate female attire includes dresses, skirts or slacks with tops, and a white lab coat with name tag and identification badge.
- No sandals or open toed shoes are allowed.
- Personal scrub suits are permitted to be worn on specific rotations.
- Hospital issued scrub suits are the property of the medical center and are to be worn only when required in the medical center. Hospital issued scrub suits are not to be worn outside the medical center unless specifically instructed to do so by the hospital.

V. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



**GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE**

TITLE: Monetary Gifts		NO: GME.36
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents Fellows	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer Bridgeton Woodbury	Page: 1 of 1
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

This policy establishes guidance for the acceptance of gifts. This policy provides guidance regarding conflicts of interest and is intended to supplement, but not replace, state and federal laws governing conflicts of interest for nonprofit and charitable organizations.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Residents are not to receive money or substantial gifts or other compensation from patients, family, or friends of the patients for any service performed at Inspira Health Network, or as part of their residency program.

V. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



**GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE**

TITLE: Parking		NO: GME.37
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS:		Page: 1 of 5
	Vineland Mullica Hill Elmer	Bridgeton Woodbury
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

Inspira Health Network offers free parking to all residents/fellows at no cost. Please see the policy below for more information on parking and to view the maps by location.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Parking is available to all residents in all Inspira Health Network campuses lots.

PARKING

• **Vineland Campus**

All Interns, Residents, Fellows are required to park in the employee parking lot. This is the lot adjacent to the helipad. Please refer to the map shown for details. The front lots (#279 and #36) are reserved for patients and visitors.

• **Elmer Campus**

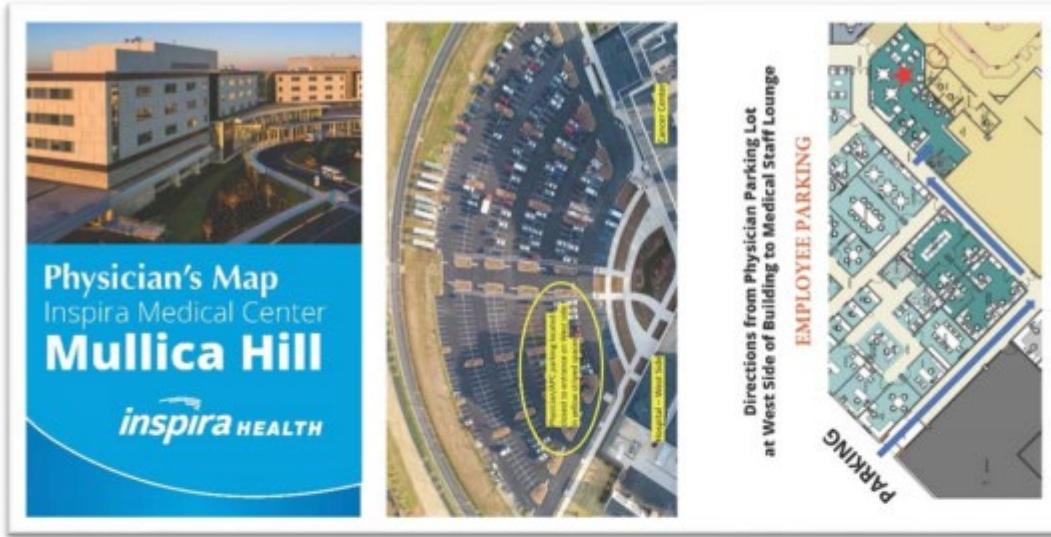
Residents are required to park in the employee parking lot.

• **Mullica Hill Campus**

Residents are required to park in the employee parking lot in the rear of the hospital.

Please see the map of each campus on next page:

Mullica Hill Campus



E Rooms 301-320 401-432 501-532	(32) Bed Med Surg Unit			Inpatient Rehab			(32) Bed Med Surg Unit												
	(32) Bed Step-Down Unit			Care Coordination			(32) Bed Step-Down Unit												
	(20) Bed ICU			Respir Therapy	Critical Care	Infusion Control	Patient Transport	Dialysis	(32) Bed Observation Unit										
	Interventional Platform			2nd Floor Lobby / Waiting			Intermediate Care Nursery		Maternal Child Health										
	Pediatrics	Emergency Dept.	Imaging	Lobby	Pharmacy	Lab	Reg	IT	Gift Shop	Health+ Wellness	Food & Nutrition	Bio Med	MATS MGMT	EVS	Facilities	Admin	Conference & Education		
Bistro Hours: Open 6:30am-2:00am Closed 2:00am – 6:30am																			
1st Floor		Ext.		2nd Floor		Ext.		3rd Floor		Ext.		4th Floor		Ext.		5th Floor		Ext.	
Pediatric Emergency & Inpatient/Observation		80205		Surgical & Interventional Services		81224		Intensive Care Unit		81334		Step-Down Patient Unit		81447		Acute Medical Surgical			
				<ul style="list-style-type: none"> • GI • Procedure Rooms • Operating Rooms • Cardiac Catheterization • Interventional Lab • Pre-Recovery • Post Anesthesia Care Unit 		81277						#4 East		81471		Patient Unit:		81507	
				81227		81246		81274				#4 West				#5 East		81559	
Emergency Department		81123		Maternity		81235		Respiratory Therapy		81370		Step-Down Patient Unit		81447		Acute Medical Surgical			
Imaging, Cardiology/ECG, Pulmonary Function Testing, EEG, EKG		81118		Intermediate Care Nursery		81233		Infusion Control		81376		#4 East		81471		Patient Unit:		81507	
Registration		80269														#5 West		81559	
Pharmacy		81995																	
Laboratory/Pathology		80570																	
Information Services		81470																	
Medical Records/CRM		80199																	

Main Phone Number: 856-508-1000 Nursing Supervisor: 71045 Security/Badge Access Issues: 80018

Vineland campus



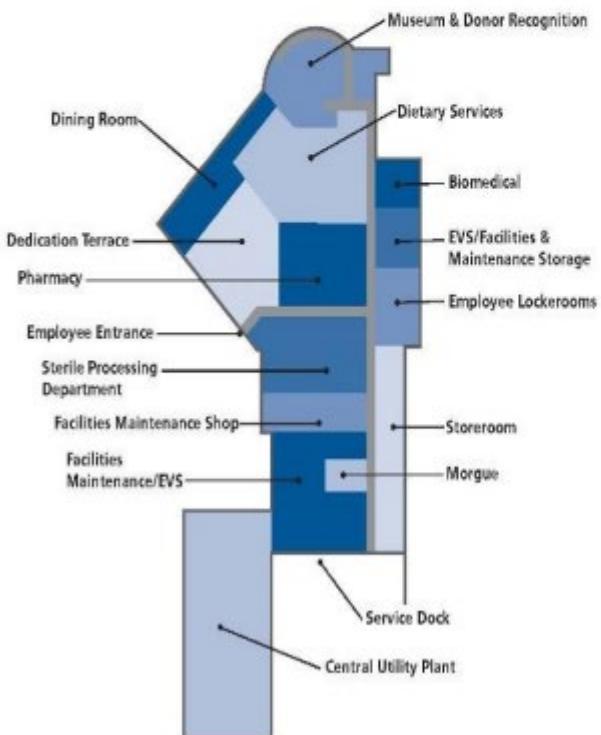
Garden Level

Museum and Donor Recognition Wall	Pharmacy
Dietary	Storeroom
Dining Room	Facilities Maintenance
Biomedical	Environmental Services
Sterile Processing	Morgue
	Central Utility Plant

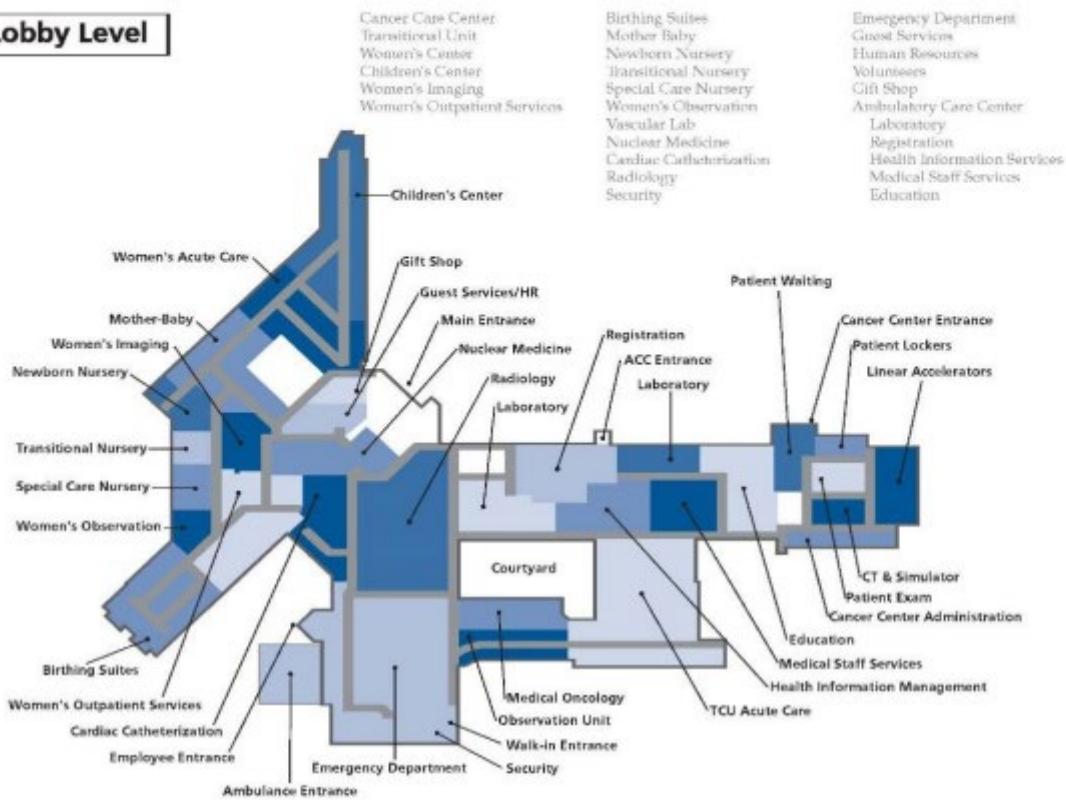
Staff Guide



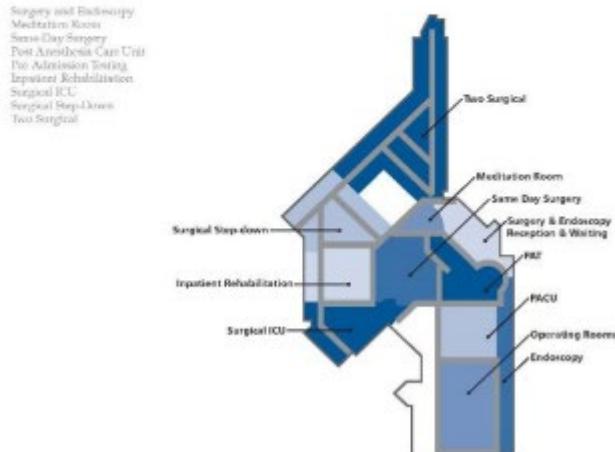
1505 West Sherman Avenue
Vineland, NJ 08360
(856) 641-8000



Lobby Level



Second Level



Elmer Campus

ELMER CAMPUS
501 West Front Street, Elmer, NJ 08318



V. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



**GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE**

TITLE: Resident Lounge/On-Call Suite		NO: GME.38
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 1
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

To assure that residents/fellows have sleep quarters that safe, comfortable, and private (one person per room).

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

The resident lounge and on call suites are designated as a private quiet area for all residents. Entry access is limited to residents, faculty, GME staff and housekeeping/maintenance.

Lavatory and shower facilities are in close proximity to the sleep rooms. All house staff, faculty and medical students needing overnight sleep rooms are eligible to use the on-call rooms.

The GME House Staff Office is responsible for the management of room allocations, in consultation with Hospital Administration. Utilization of beds will be reviewed at least annually, and re-assignments made, as necessary.

Access is limited for your safety and privacy. Please be mindful of others who are there to study or rest. Please report any suspicious persons or activity to the GME staff or Security.

Note: Please help to keep the area clean.

V. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Records Retention		NO: GME.40
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 2
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

To delineate the way in which Accreditation Council for Graduate Medical Education (ACGME), and relevant Residency Review Committee (RRC) regulations or Council on Podiatric Medicine (CPME) accredited Graduate Medical Education (GME) programs will maintain resident/fellows records. The GMEC assures compliance via its oversight function.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

This Policy applies to all ACGME accredited post-graduate training programs sponsored by Inspira Health Network (IHN) and CPME programs.

V. PROCEDURE:

A. **Residency Files:** Each residency or fellowship must permanently maintain manually, electronically, or in the residency management system (New Innovations) resident personnel files that include, at a minimum, if applicable:

- Application ERAS file
- ECFMG documentation
- Visa documentation (if applicable)
- Copy of the medical school diploma
- Copy of annual resident contracts
- In-training exam scores (ITE)
- USMLE/COMLEX transcript
- Documentation of required added training, such as ACLS, PALS, etc.
- Documentation of scholarly activity and quality improvement projects, including records of presentations, abstracts, and publications
- Annual verification of current Training and any Permanent License
- Semi-annual milestone evaluations
- Semi-annual written evaluations by the Program Director
- Final written evaluation by the Program Director

- Final milestone evaluations
 - Final procedure or case logs
 - Records of the resident's/fellow's rotations, training experiences
 - Documentation of any adverse action, such as probation, dismissal, or nonrenewal of contract
 - Verification request information release
 - For residents/fellows engaged in moonlighting, a prospective, written statement of permission from the program director
 - Copy of the graduation diploma
- B. Document verification of program completion for all program graduates within 30 days of graduation.
- C. Provide verification of program completion on resident's request within 30 days.
- D. ACGME and CPME require that the program and institution only retain a permanent record of individuals who have been accepted into the program. Individual program requirements may vary on policies regarding the retention of information on applications not chosen by the program.
- E. Residents/fellows who do not complete the program or who are not recommended for Board certification, programs should keep the entire file for a minimum of seven years in case of subsequent legal action.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



**GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE**

TITLE: Performance Improvement		NO: GME.41
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents Fellows	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer Bridgeton Woodbury	Page: 1 of 3
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The purpose of this policy is to state Inspira Health Network's position on administering equitable and consistent corrective action for unsatisfactory conduct and/or academic performance during residency training. The best corrective measure is the one that does not have to be enforced and comes from good leadership and fair supervision at all residency training levels. Inspira Health Network's own best interest lies in ensuring fair treatment of all residents and in making certain that corrective actions are prompt, uniform, and impartial.

The major purpose of any corrective action is to correct the problem, prevent recurrence, and prepare the resident for satisfactory performance in the future. Corrective action may call for any of the actions listed in this section, depending on the severity of the problem and the number of occurrences. There may be circumstances when one or more steps are bypassed. Progressive corrective action means that, with respect to most disciplinary problems, these steps will normally be followed. Inspira Health Network recognizes that there are certain types of resident problems that are serious enough to justify either a suspension, or, in extreme situations, termination from the training program, without going through the usual progressive corrective action steps. By using progressive corrective action, we hope that most resident problems can be corrected at an early stage, benefiting both the resident and Inspira Health Network.

A Resident's appointment is expressly conditioned upon satisfactory performance of all Program elements by the Resident. If the actions, conduct, or performance, professional or otherwise, either within or outside of the medical center, of the Resident are deemed by Inspira Health Network to be inconsistent with the terms of the Resident Agreement, Inspira Health Network's standards of patient care, patient safety or welfare, or the objectives of Inspira Health Network, or if such actions, conduct, or performance reflects adversely on the Program or Inspira Health Network or disrupts operations at the Program or Inspira Health Network level, corrective action may be taken by Inspira Health Network. Corrective action against the Resident may be initiated by any Inspira Health Network administrator, officer of the medical staff, by the Program director or his/her designee of any Residency program, by the Chief Executive Officer of the corporation, Administrator of the Division, or corporate officer.

Each residency program is responsible for assessing and monitoring each resident's academic and professional progress including specific knowledge, skills, attitudes, and educational experiences required for residents to achieve competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, as well as adherence to departmental policies concerning resident education and the hospitals graduate medical education policies. Failure to demonstrate adequate fund of knowledge or professional decorum adequately in any of these areas may result in

remediation or more stringent disciplinary and corrective action if deemed appropriate.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

This policy has been developed in accordance with ACGME guidelines to provide fair informative remedy, with due process, for residents failing to meet expectation in the core competencies. The objective of this policy is to provide constructive feedback and encouragement to overcome deficiencies. If a deficiency is persistent and inconsistent with the practice of medicine, this policy also provides guidance for due process leading to adverse actions such as extension of training, probation, or dismissal from the program. Apart from this policy, if a resident physician commits an egregious act, he or she may be dismissed from direct patient care or from the program.

This policy also reflects Inspira Health Network Graduate Medical Education Program's corrective action policy such that corrective action is not punitive. Instead, it emphasizes correcting the problem while maintaining the resident's dignity and respect. Depending on the severity of the offense or deficiency, appropriate steps will be taken to work with the resident through a process that provides for increasingly serious steps if not resolved. A program director or his/her designee may seek confidential counsel of the DIO or the Graduate Medical Education Committee (GMEC) at this point or as he/she considers any graduated serious action or subsequent levels. In addition, program director or his/her designee may initiate an offense or deficiency at his/her discretion at any level as defined below.

V. PROCEDURE:

If resident is identified as failing to meet the minimum requirements for progression in the program in any core competency, faculty or residents will notify the Program director and disclose the details of the concern. A Program director or his/her designee may take any of the following action and does not have to move through these actions in a consecutive manner. A representative from Human Resources may be involved at any level of the process but will be required to be involved at Level III or higher.

Level I – Constructive Advice:

- A. **Meeting and Basic Documentation:** The Program director or his/her designee will meet with the resident to discuss the deficiency or offense. Documentation of the concern, all discussions regarding same, and plan for remedy will be placed in the resident's file. If remediation is successful, documentation will be removed from the resident's file upon graduation. If remediation is not successful, further action will be taken. In any case, the documentation produced at this level is not reportable for future licensure and credentialing purposes.
- B. **Follow Up:** if any action, as defined in a level I deficiency or offense occurs, at least one follow-up meeting is required between the resident and Program director or his/her designee to assess progress.

Level II - Performance Improvement Plan:

If the resident has previously met with the Program director or his/her designee and he/she is providing basic documentation and a similar concern is again raised or if a more serious infraction occurs, the Program director or his/her designee will document the additional details of the deficiency or offense using the GMEC approved performance improvement plan.

The plan which may also be termed a remediation plan, or a Personal Improvement Plan should include the program director's or his/her designee's recommendations and conclusions prescribed to the resident, along with any accompanying corrective action plan or possible Personal Improvement Plan. Program director should inform the Vice- President of Academic Affairs of any corrective action remediation plans as soon as possible. The program director or his/her designee will then meet with the resident to discuss the action plan. The resident will be required to sign the formal action plan and is able to write a rebuttal to the plan. A copy of the plan and any accompanying rebuttal letter will be forwarded to the DIO for review and additional recommendations, if any. Once the Vice-President of Academic Affairs has reviewed all the documents, they will be placed in the resident's file. The status of the resident in correcting the deficiency will be reevaluated at a time commensurate with the severity of the deficiency, usually between one and three months.

Any decision to implement an improvement plan should be based on timely evaluation of the resident by the Program director or his/her designee and must be supported by appropriate documentation. The resident should have received warning of deficiency (ies) prior to the problem(s) reaching a Level II improvement plan unless the infraction is of a more serious nature. The program director or his/her designee may seek confidential counsel of the GMEC as he/she considers any graduated serious action or subsequent levels.

If progress through the improvement plan is successful, all documentation will be removed from the resident's file upon graduation.

Level III – Formal Probation:

If, during evaluation, it is found that a deficiency or offense has not been corrected satisfactorily, the resident would be placed on formal probation, (hereinafter "probation"). Curriculum credit may be withheld pending the outcome of formal probation. Moonlighting privileges, if previously granted, will be suspended.

1. The program director or his/her designee must inform the Vice-President of Academic Affairs of formal probation plans as soon as possible and present his or her recommendation for probation to the GMEC for formal action prior to implementation.
2. The recommendation for probation, along with prescribed corrective action, will be documented in an addendum to the original letter of counseling (if started at level I). Documentation will include a statement that formal probation is reportable on all future state licensing and credentialing forms in most states and signature blocks for the Program director, the resident and the Vice-President of Academic Affairs. Specifically, the statement should include:
 - a. the nature of the offense or deficiency(ies).
 - b. A summary of due process and remediation opportunities during a probationary period (i.e., constructive advice, improvement plan, etc.).
 - c. Statement of failure to succeed to successfully remediate the offense or deficiency(ies) during the probationary period.
 - d. Final recommendations for corrective action must be met with in the probation to avoid

- prolongation of training, inability to sit for boards, dismissal from the program or other adverse action.
- e. A statement that failure to meet recommendations for corrective action and three months will result in permanent dismissal from the program if this is intended
 - f. A statement that probation is reportable on all future state licensing and credentialing forms in most states
 - g. And signature blocks from the Program director, the resident and the Vice- President of Academic Affairs. The resident signature box will be placed below a checkbox stating (I accept the terms of probation as outlined in this letter).
3. Final recommendations for corrective action must be met within the probationary period to avoid prolongation of training, inability to sit for boards, dismissal from the program or other adverse action.
 4. A prescribed date of reevaluation for final disposition commensurate with the severity of the deficiency, usually between one and three months. At this time, the status of the resident's correction of the deficiency will be reevaluated. Comments may be solicited from involved individuals and compiled along with other evidence of successful improvement while on probation into a reevaluation addendum to the letter of counseling.
 5. Once the resident physician has successfully demonstrated adequate correction of documented deficiency(ies) this reevaluation letter will state that probation was successful and will be maintained in the resident's file.

Any decision to place a resident on probation shall be based on timely evaluation of the resident by the program director or his/her designee and must be supported by appropriate documentation. The resident should receive sufficient warning of the deficiency or the offense prior to the problems reaching a Level III formal probation. If the resident refuses to sign and/or accept the terms of probation, the terms will go into effect from the date that the program director signature is placed on the letter. The resident may choose to appeal a recommendation for Level III probation by initiating the formal resident grievance process (see policy on grievance and due process). If the terms and conditions of probation are met, the resident will be retained by the program and, if no further adverse events transpire, will be eligible to graduate from the program. ***However, probation is reportable for all future licensure credentialing purposes, and could adversely affect future employability.***

If a resident's deficiency is believed by the program director to potentially compromised patient safety, the resident will be removed from direct patient care responsibilities and placed on administrative leave for the duration of the investigation of the deficiency. Upon completion of the investigation, corrective action may occur, if warranted.

Level IV – Suspension:

If a resident's deficiency is believed by the program director or his/her designee to potentially compromised patient safety, or to reduce the substantial likelihood of injury or damage to the health or safety of any patient, employee or other person present in the medical center, the CMO, Vice-President of Academic Affairs, program director, or their respective designated representative has the authority to summarily suspend the Resident.

The resident will be removed from direct patient care responsibilities and placed on administrative leave/suspension for the duration of the investigation of the deficiency. Upon completion of the investigation, corrective action may occur, if warranted. As soon as possible, however no longer than within **5 working days** after a summary suspension is imposed, the DIO (or his respective designee) will discuss and

recommend continuation, modification, or termination of the suspension.

Unless the recommendation is to terminate or modify the suspension to one of lesser levels described above, the resident will remain suspended until an investigation is completed. Documentation will include a statement that formal probation is reportable on all future state licensing and credentialing forms in most states and signature blocks for the program director, the resident, and the DIO. Specifically, the statement should include:

- a. the nature of the offense or deficiency(ies)
- b. A summary of due process and remediation opportunities during a probationary period (i.e., constructive advice, improvement plan, etc.) if applicable.
- c. Statement of failure to succeed to successfully remediate the offense or deficiency(ies) during the probationary period if applicable.
- d. A statement that suspension is reportable on all future state licensing and credentialing forms in most states.
- e. A statement that the resident will surrender his/her hospital identification badge along with any hospital owned property in his/her possession.
- f. A statement that the resident will not discuss his/her suspension or remediation with any other Inspira resident.
- g. A statement that the resident will immediately leave Inspira property and not return unless notified to do so by the GME office or to seek medical care for themselves or their dependent children.
- h. Signature blocks from the program director, the resident and the DIO. The resident signature box will be placed below a checkbox stating (I accept the terms of probation as outlined in this letter).

Level V – Dismissal:

If a resident physician has been placed on probation and/or suspension and fails to successfully complete all expectations as outlined in his/her plan for a known offense or documented deficiency, or if the problem recurs after apparently a successful probationary period, or he/she commits an act of a grave nature, he or she will be dismissed from the program. The program director will compile a letter of recommendation for dismissal that includes:

- a. the nature of the offense or deficiency(ies) with clinical and/or professional context for the severity of the offense or deficiency.
- b. A summary of due process and relevant remediation of probation opportunities (i.e., constructive advice, improvement plan, probation, suspension, etc.)
- c. Statement of failure to successfully remediate the offense or deficiencies.
- d. A statement that dismissal from the program is reportable on all future state licensing and credentialing forms in most states; and
- e. Signature blocks for the program director, the resident and the /DIO. The resident signature box will be placed below a checkbox stating, “I accept the terms of dismissal as outlined in this letter”.

If the resident refuses to sign and/or accept the terms of dismissal, the terms will go into effect from the date the program director signature is placed on the letter. The resident may choose to appeal the recommendation for dismissal by initiating formal resident grievance process (see policy on grievances and due process).

Any information, materials, incident reports, statements, memoranda, or other data which are determined to be privileged are not to be copied or release without the prior authorization of the DIO and his/her designee with advanced notification and/or upon request.

Investigation:

If the nature of the deficiency warrants an investigation (usually resident suspension or dismissal), the DIO (or his/her designee) will conduct, or order to be conducted, an investigation concerning the grounds for the corrective action request. The investigation is not a "hearing," but may include a discussion with the person(s) initiating the request, and with other individuals who may have knowledge of the events involved. The Resident is entitled to make a personal appearance before the investigative person(s) at a time scheduled to discuss the matters pertaining to his/her standing.

During that appearance before the investigative person(s), the Resident may be accompanied by one fellow Resident and one or two other faculty members. A Resident may not be represented by an attorney or any other individual. Upon completion of the investigation, a written report will be prepared. The DIO may then direct subordinates to proceed with the appropriate level of action described previously.

Appeals:

The Resident may appeal any decision for corrective action in the above process to the GMEC. During the appeals process, The Vice-President of Academic Affairs will convene an Ad Hoc Appeals Committee and will respond to the complaint within five business days. Any request for an appeal must be in writing and submitted to the GME office within five business days of receiving the results of any decision for corrective action. **No appeals will be considered after five business days.**

The request must include supporting documentation. During that appearance, the Resident may be accompanied by one fellow Resident and one or two other faculty members. A grievant may not be represented by an attorney or any other individual. The decision of the GMEC and Ad Hoc Committee is final.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Resident Use of Educational Grant Money		GME.43
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents Fellows	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer Bridgeton Woodbury	Page: 1 of 4
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The purpose of this policy is to define available funding to residents and programs, including how the funding can be used and reimbursed. There are four different types of funding available; they are Program, Graduate Medical Education, Educational Grant Money, and Research Presentation. All funding is issued concurrent with the fiscal year (July 1 – June 30) and must be spent on items purchased during that academic year.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Inspira Health Network will provide an educational allowance for all Residents for each year of training. The educational allowance is a reimbursable benefit. Housestaff must pay the expense or cost initially and then submit the proper documentation for reimbursement. The only exception is payment for travel. The allowance must be used in the current academic year. Any unused funds cannot be carried over from year-to-year.

The academic year runs from July 1 to June 30.

V. PROCEDURE:

A. Conference Attendance

1. Required by the Program Director- GME will reimburse up to a predetermined level based on conference location and associated expenses. Resident can augment with their CME stipend.
2. Education conference of your choice (PGY 2 and higher) - must use education stipend (\$1900.00) and PTO time.
3. Research presentation- GME will reimburse up to \$1500.00. Resident can augment with their CME stipend.

B. Education Stipend:

1. The current educational allowance is:
 - PGY-1: One thousand (1,000) dollars.
 - PGY-2: One thousand nine hundred (1,900) dollars.
 - PGY-3: One thousand nine hundred (1,900) dollars.

C. Educational Grant Money

Resident's use of educational grant money:

Any grants provided to Inspira Health Network residents by other institutions will be given to the hospital to cover educational expenses such as conferences/travel and books.

Any other purchases made by the resident with money provided by a grant/scholarship will be acknowledged as property of Inspira Health Network, and not of the resident. Any purchases of electronic equipment (computers, smart phones, etc.) or other items using money provided by a grant/scholarship will be immediately reimbursed to the resident.

The equipment will be given to the resident for his/her personal use for the duration of training but is expected to be returned to Inspira Health Network upon completion of the training program

D. Research Presentation:

Inspira Health Network will reimburse residents who attend a conference to present their research, attend a Program required conference, or Resident chooses a conference ***with prior approve from the GME office.*** Any resident wishing to attend a conference to present research must obtain approval from the Vice President of Academic Affairs/DIO, the program director, and the program coordinator, before confirming (reservations, airfare, or registration).

- **Only three (3) residents, per program, per academic year will be approved for presentations.**

E. Expenses covered:

1. Residents must use PTO for any day(s) they stay past the day(s) they are presenting.
2. The resident may use educational funds, if available for any expenses exceeding the amount allotted for specific conference
3. Conference registration (The Graduate Medical Education Office will, at the resident's request, pay the conference registration fee in advance)
4. Coach or economy airfare
5. Hotel expenses (room and tax) for the required dates of presentation
 - Conference syllabus and presentation requirements must be submitted with receipt
 - Extra days will not be covered.
 - Any room upgrade may be made, **but the increase in the charges will be the responsibility of the resident making the upgrade.**
 - All incidental charges (Room Service, mini-bar, massages, spa, etc.) will be the responsibility of the resident.
6. Rental car, standard class car or lower (**Must be approved in advance**)
7. Other transportation expenses
 - Shuttle bus, taxi, or train
 - Fuel for rental car
 - Parking
8. Reimbursement for personal auto use will be made at the standard IRS rate.
9. Meals \$50 per day (alcoholic beverages are not covered)
 - Detailed restaurant bill and receipt required
10. No reimbursement will be provided with respect to any costs incurred in connection with a companion (spouse or otherwise) who accompanies the resident.

11. Reimbursement will only be paid upon presentation of a receipt and the credit card statement (if applicable) for the associated expense.
12. All receipts related to specific travel dates must be submitted together, at the same time within 30 days of the event.

Note:

Resident guidelines for educational expense reimbursement:

No electronic devices may be purchased after December 31st of your PGY 2 year (or PGY 3 year for surgical specialties).

Membership fees for specialty organizations may be paid up to December 31st.

F. Other Expenses (courses)

The cost of BLS, ACLS, ATLS, PALS, NRP and other such required courses, along with any recertification required to maintain your standing in the residency program, while enrolled in the residency program, will be covered by the residency program on a onetime basis. This means that if you do not pass the first time and are required to remediate or retake the course for any reason, the resident will be responsible for the additional cost. If you allow your certification to lapse and do not qualify to recertify as opposed to retake the initial course, you will be responsible for the cost of retaking the initial certification course

This protocol will remain in place regardless of the source of funding; any scholarships/grants will be added to the resident's existing stipend offered by the hospital and will be subject to the terms outlined above.

VI. LIST OF APPROVED ITEMS:

List of Approved items for resident reimbursement using education stipend:

- Medical textbooks (electronic or printed material)
- Medical Journal Subscriptions (electronic or printed material)
- Journal Articles (electronic or printed material)
- Subscriptions to medical information services i.e., "Up To Date", medical podcasts, (electronic or printed material)
- Medical Conferences
 - Registration
 - Travel expenses per policy
- Online or in person courses i.e., Medical Spanish Class or other classes related to medicine or research.
- Board review courses or materials (electronic or printed)
- Board examinations
- Medical journal publication fees
- Electronic device per existing policy

VII. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022

**GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE**

TITLE: Time Away from Residency Policy		NO: GME.44
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 5
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The purpose of this policy is to outline the leave time that residents are eligible for and highlight the processes and procedures that need to be undertaken with **various leave types**.

II. FORMS/ATTACHMENTS: None

III. EQUIPMENT/SUPPLIES: N/A

IV. POLICY:

Pursuant of the Inspira Health Leave of Absence Family/Medical Leave of Absence Policy and the ACGME Institutional Requirements, CPME regulation and the office of Graduate Medical Education provides Physician Residents with job protection, service continuation and compensation continuation when they are absent from work that qualifies for leave under federal and state law.

DEFINED LEAVES: PAID TIME OFF (PTO)

A. Holidays

- All time off, including holidays, is scheduled at the discretion of the program director.
- Residents do not receive paid holidays; however, those who work on official hospital holidays will receive a Compensation day.
- Official Hospital Holidays are **not automatically** observed as time off for house staff, those scheduled will be expected to work on their assigned rotation.
 - New Year's Day
 - Memorial Day
 - Fourth of July
 - Labor Day
 - Thanksgiving
 - Christmas Day

B. Vacation

- All residents are given 20 PTO days per academic year. These days can be used according to each residency program's policy. This time **does not** carry over from year to year, nor are residents eligible for PTO payout for unused time. Sick days and vacation days are counted as PTO days. Compensation days for working a hospital recognized holiday are not counted as PTO days

(Starting the shift, not ending it on the holiday constitutes working on the holiday).

- To receive credit for working a holiday, residents must complete the comp day form and submit to the GME office within 7 days of working the holiday.
- If a conference or other educational activity is mandated by the program that time does not count as PTO and the hours will not be deducted from the residents PTO bank. (**Educational Leave**)
- Interns and residents are discouraged from taking more than one week of vacation during any individual rotation unless special circumstances arise. There are rotations during which vacation is not permitted. Requesting a week of vacation does not guarantee that the individual will have both the weekend preceding and the weekend following the vacation week off.
- All requests for PTO must be submitted at the beginning of every quarter and approved by the program director and the rotation director. All requests must be in writing using the PTO request form which is available in the GME office. Coverage for your PTO time must be indicated and verified (initialled by the individual(s) providing coverage) on the PTO form including weekend coverage. Failure to notify the GME office of vacation time off is unprofessional and grounds for disciplinary action up to and including dismissal from the GME Program.

C. Leave of Absence

Refer to GME.50 Leave of Absence Policy.

D. FMLA

- Time off due to illness must be reported to the chief medical residents, the supervising Attending, the program director, and program manager.
- Residents are not paid for unused PTO and does not carry over to the next appointment year, if applicable.
- INSPIRA provides job-protected family and medical leave to eligible residents for up to 12 work weeks of unpaid leave during a 12-month period based on the following qualifying events:
 - For incapacity due to pregnancy, prenatal medical care, or childbirth;
 - To care for the employee's child after birth, or placement for adoption or foster care;
 - To care for the employee's spouse, son, daughter, or parent who has a serious health condition; or
 - For a serious health condition that makes the employee unable to perform the employee's job.
- Residents are eligible for FMLA leave if they have:
 - Worked for Inspira Health Network for at least one year,
 - Worked 1,000 hours over the previous 12 months, and
 - A qualifying event occurs as outlined above.
- Direct all questions to and inquire about the most current FMLA leave information with the Inspira Health Network Human Resources Department.

E. Sick Time

- It is obvious that illnesses cannot be scheduled but sick time must be reported to the GME office immediately. If you are ill and unable to report for your assigned duties, you are required to notify the attending physician, the GME office and the chief resident via telephone and email. (no texting).

- *Failure to notify the GME office of unscheduled time off is unprofessional and grounds for disciplinary action up to and including dismissal from the Program.*

F. Bereavement Leave

- In the event of a death in the family, the resident may need to be absent from work to attend the funeral and to take care of family and related matters. The resident should notify the Program director, and GME office immediately.
- Employees will be eligible to be paid a maximum of twenty-four (24) hours for all days off on which they were scheduled to work during the six (6) consecutive days immediately following the death of an Immediate Family Member. Immediate family is defined as mother, father, stepmother, stepfather, mother-in-law, father-in-law, sister, brother, stepsister, stepbrother, spouse, child and stepchild or other family member living in the same household as the employee. Other relationships that fall outside the guidelines of this policy will be reviewed on an individual basis by Human Resources.
- Full-time and part-time employees will also be eligible for one (1) regularly scheduled day off (to a maximum of 12-hours) with pay for the death of a **grandparent, grandchild, sister-in-law, brother-in-law, daughter-in-law, son-in-law, stepparent-in-law, and grandparent-in-law**.
- Bereavement leave shall be taken **within one week** of the death of the family member. Any exceptions to this timeframe must be reviewed and approved by the program director and GME office. If additional leave is necessary, an employee may request approval for PTO. Employees are eligible for this benefit after they have satisfactorily completed their new hire introductory period.

G. Return to Duty

- For leave due to parental or serious health conditions of the resident or a family member, a physician's written "Release to Return to Duty" or equivalent is required with the date the resident is expected to return to resume his or her residency. This information is submitted to the Human Resources Department (HR).
- When applicable, the residency program director will record in writing the adjusted date required for completion of the PGY or the program because of Extended Resident Leave. One copy is placed in the resident's educational file and a copy is submitted to the Office of Graduate Medical Education (GME) to process the appropriate Personnel Action.

H. Educational Leave

- Educational leave must be approved by the GME and Program Director; – also refer to individual Program Specific Policy.
- For unapproved requests or requests that extend beyond the allowable days, the resident may use vacation days, but this must have PD approval.
- GME encourages resident presentations at state, regional, and national meetings. Days spent at such a conference do not count as leave.
- Residents will be allowed to also use Educational Leave for essential examinations, such as Step III of the USMLE/ COMLEX Level 3.
 - A resident is not required to use any portion of their annual PTO to sit for exams required to maintain their status in their training program.

- Exam Leave requests can only be requested to take exams, not to prepare for exams.
- In addition, residents must submit requests for all exams so that they are not inadvertently scheduled for call.
- Residents may present information at professional meetings regardless of their current clinical responsibility provided they notify their APD to identify adequate coverage and the activity is approved by the Program Director.
 - It is the resident's responsibility to find coverage for his or her clinical duties if chiefs are unable to assign coverage.
 - The resident should limit his or her absence from his or her clinical responsibility to the shortest time necessary to travel to the meeting, make the presentation, and return to assigned rotation.
- Residents may have **three (3) days** of Educational Leave for interviews.
 - Although it is recognized that days off for interviewing may be necessary, these should be kept to a minimum.
 - All requests for days off for interviewing must be approved by Program Director.
 - Interview days should not be scheduled during Program Specific Rotations.
 - If the resident applying for fellowship/resident position does not request time off during program specific rotations during interview season, **THE LEAVE CAN BE DENIED. Refer to Program Specific Policies.**
 - Time required beyond three (3) days will be taken from vacation.
 - It is recommended that residents pay close attention to using vacation time if planning on taking vacation at year end. Residents must manage their educational days effectively. It is expected that residents will be responsible and make sure they have planned well.
- **NOTE: Leave requests for professional meetings must be submitted to the program director using the Application for Education Leave Form.**

I. Military Leave /Jury Duty

- Residents will be granted military leave or leave for jury duty as required by applicable law.
- Please contact the IHN Human Resources for specific questions about such leave.

J. Graduation

- Graduating residents are excused from clinical duties on the day of graduation to attend the graduation ceremony. If not attending, they must use a PTO day.

K. Inclement Weather

At no time are residents expected to put themselves at risk due to severe weather. For inclement weather purposes, residents are considered “essential personnel” and are expected to report to assigned rotations that day and office hours, unless advised otherwise by the Program Director or attending that your presence is not needed. You are responsible to contact the attending for your service to clarify responsibilities for the day. If Morning Report or other educational activities are cancelled for inclement weather by the Chief Resident and the Program Director, then

residents will be notified. Residents on call must report for their shift despite inclement weather. Accommodations in the hospital will be offered for those who need to stay on campus, prior to shifts in anticipation of inclement weather.

Also, refer to Inspira employee policy for Emergency Staffing HR.21 *IHN* and Weather Inclement ADM.144 *IHN

V. PROCEDURE:

The procedure for requests for leave shall be defined by the Institutional protocols and the Human Resource Department. All requests must be approved by the Program Director and/or the DIO. If any days off exceeds your previous approved duration, an institutional Request for Extended Leave of Absence Form must be submitted to HR by the Program Director.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022; Latest revision effective July 1, 2023

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022

Bereavement Leave Policy: HR.09, [Bereavement Leave HR.09 *IHN* v.7 \(policytech.com\)](#)

Leave of Absence Family/Medical Policy: HR.49, [Leave of Absence Family/Medical Leave of Absence HR.49 v.6 \(policytech.com\)](#)

Military Leave of Absence: HR.56, [Military Leave of Absence HR.56 *IHN* v.5 \(policytech.com\)](#)

Jury Duty Policy: HR. 46, [Jury Duty HR.46 *IHN* v.5 \(policytech.com\)](#)

Department of Labor and Workforce Development: <https://nj.gov/labor/myleavebenefits>

SUBJECT: GME#50 Time away from Residency-Extended Leave of Absence

DEPT: RESIDENCY PROGRAM ADMINISTRATION

GRADUATE MEDICAL EDUCATION

Effective Date: 07/01/2022

Review Date: 3/22/2023

I. POLICY

Pursuant of the Inspira Health Leave of Absence Family/Medical Leave of Absence Policy and the ACGME Institutional Requirements, the office of Graduate Medical Education provides Physician Residents with job protection, service continuation and compensation continuation when they are absent from work that qualifies for leave under federal and state law.

II. RESPONSIBILITY

Physician Resident, Graduate Medical Education, Human Resources

III. PROCEDURE

Leave of Absence requests from Residents will follow the protocols outlined by Human Resources in accordance with the Leave of Absence Family/Medical Leave of Absence HR Policy and ACGME Institutional Requirements.

IV. ELIGIBILITY

Residents and Fellows are eligible for up to 6 weeks of fully paid leave total during their residency specialty program with Inspira Health in accordance with the ACGME Institutional Requirements. These 6 weeks can be taken consecutively or intermittently. Eligibility for this leave begins the first day of employment. Additional time and compensation will be subject to the Inspira Health Leave of Absence Family/Medical Leave of Absence Policy and applicable law. When an Inspira Resident/Fellow, or a close family member under their care, is suffering from a serious illness or injury, they may be eligible for disability pay (Up to 6 weeks) under NJ Temporary Disability Insurance or New Jersey Family Leave Insurance. This benefit is paid through the State of NJ Disability Office. The Resident/Fellow is responsible for submitting documentation regarding their disability pay from the State of NJ to Inspira Health Human Resources and exhausting PTO time with the exception of 40 hours dedicated for vacation purposes. Inspira will then allocate the necessary funds required to provide 100% of their weekly salary, following the normal bi-weekly pay schedule. All Inspira Employees are still responsible for paying their benefit deductions throughout their leave.

The ACGME leave may be used only **one-time during the resident's training period (not on an annual basis)**, but once any leave time is used, it exhausts and does not renew.

V. COMPENSATION

Residents and Fellows will be paid 100% of their salary during the first 6 weeks of their leave of absence. Inspira helps facilitate disability pay (when applicable) from the State of NJ Disability Office and the Resident's PTO time with the exception of 40 hours dedicated for vacation time. Inspira will pay the difference between the disability provided by the state and the Resident/Fellow's weekly compensation.

VI. PROGRAM EDUCATION EXTENSION

It is the responsibility of the Program Director to verify and communicate the impact of the training absence on the Physician Resident's educational success. Based on their assessment of the Physician Resident's level of clinical competency, that Resident may be subject to meet make-up requirements that meet the board requirements of the specialty. The Program Director will provide the Physician Resident with a written outline specifying the length of time his or her training will be extended.



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Confidentiality, Immunity, and Releases		NO: GME.54
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 3
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The purpose of this policy is to provide guidance for confidentiality, immunity, and releases for all GME programs in the Inspira Health Network as per ACGME and CPME regulations to assure appropriate measures are taken to minimize the risks.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

A. Definitions: The following definitions shall apply:

- **Information:** record of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, actions, dates and other disclosures or communications whether in written or oral form relating to any of the subject matter specified in this manual.
- **Representative:** an official of a medical school, Board of any medical center and any director, administrator, or committee thereof; a medical center Chief Executive Officer or his designee, a College/University or medical school faculty member, an officer of any clinical or academic training program, or any individual authorized by any of the forgoing to perform any specific information gathering, analysis, use or disseminating function.
- **Activities:** all acts, communications, proceedings, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, or disclosures performed or made in connection with this or any health care facility or organization's activities.

B. Authorizations: By applying for admission to any of the Inspira Health Network GME Training Programs, the applicant:

- Authorizes representatives of the Inspira Health Network a to solicit, provide and act upon information bearing on his/her training and qualifications.
- Agrees to be bound by the provisions of this manual.
- Agrees to be bound by the provisions of this article in the release of information by Inspira Health Network, as recorded during the GME training program, and described in this Article an Information covered, to any agency requesting such information in accordance with his/her written consent.

- Acknowledges that the provisions of this Article are conditions to any application for GME training.

C. Confidentiality of Information:

Information with respect to any applicant for GME training submitted, collected or prepared by any representative of this or any other health care facility or organization, or medical staff, or medical school for the purpose of evaluating the candidate for acceptance to any Inspira Health Network GME Training Program or for concurrent evaluation of the Resident with regard to progress to fulfill requirements of graduation from the GME Training Program, and as such information regards evaluation toward advancement toward further training or the documentation of competency to treat conditions or perform medical procedures shall be confidential and shall not be disseminated to anyone other than a representative.

This information shall not be used in any way except as provided herein or except as otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall not become part of any patient's records.

D. Immunity from Liability

No representative of Inspira Health Network or medical staff and no third party shall be liable to a resident for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of the medical centers or medical staff or to any other health care facility or organization of health professionals concerning a resident who is or has been a member of the GME staff, provided that such representative or third party acts in good faith and without malice and provided further that such information is related to the performance of the individual as it relates to attitude, knowledge and skills of the resident, and is reported in a factual manner.

E. Activities and Information Covered

- **Activities:** The confidentiality and immunity provided by this Article applies to but is not limited to:

- Periodic reappraisals for progress in the GME Training Program.
- Verifications of completion of the residency training program or any portion thereof.
- Application for further training in residency or fellowship fields.
- State licensure boards.
- Applications for appointments, clinical privileges, or specified service to this or other health care facilities.
- Profiles and profile analysis.
- Quality assurance activities.
- Other medical center and staff activities related to monitoring and maintaining quality and efficient patient care and professional conduct.

F. Information

The information referred to in this Article may relate to the resident's professional qualifications, clinical ability, judgment, character, physical or mental health, emotional stability, professional ethics, or any other matters that might directly or indirectly affect patient care.

G. Releases

Each applicant for any residency training position shall execute general and specific releases in accordance with the tenor and import of this Article, subject to such requirements, including those of good faith, absence of malice and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this State.

H. Program Director Letters/Verifications

The DIO or Program director is responsible for signing Program director Letters and verifications for Inspira Health Network's Resident's.

The Resident must complete the request for Program director's letter and release for immunity form. Requests must be made at least four (4) weeks in advance of the date the letter(s) are needed. See instructions for "GME Program director's Letters" and "Authorization for Release of Information for Resident's Program director's Letters" in the Appendices section of this manual

V. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Resident Request for Program Director's Letter		NO: GME.55
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 1
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The purpose for this policy is to provide guidelines on how to request a letter from program directors.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

The Program Director or DIO is responsible for preparing program director's Letters for all Inspira Health Network Interns/Residents.

V. PROCEDURE:

Be anticipatory. You must allow a minimum of four (4) weeks from the time of applying for a Program director's Letter for it to be sent to your requested sources. Letters will be written in the order that applications are received. Please plan.

The Authorization for Release of Information Form for program director's Letters can be obtained from the Office of Graduate Medical Education. You must indicate the dates of your internship and residency and reason for the letter. No letter will be written without this authorization. You should also submit a short vita or autobiographical sketch with your major accomplishments. You must also indicate where you desire the letters to be sent.

The program director's letters will include dates of attendance, as well as specific information from your Resident file. Comments made on your evaluations by the clinical faculty will be included in the letter.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Program Closure or Reduction Requirements		NO: GME.56
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 05/22/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of: 2
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

This policy delineates the responsibilities of leadership when the closure of the Accreditation Council for Graduate Medical Education (ACGME)-accredited Sponsoring Institution, The Council on Podiatric Medical Education (CPME), at Inspira Health Network, or one of its training programs, is necessary, or should one of its programs be required to reduce its complement.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

The policy applies to the Designated Institutional Official (DIO), Graduate Medical Education Committee (GMEC), departmental ACGME-accredited program and CPME leadership at Inspira Health Network.

V. PROCEDURE:

- In the event of a discontinuation of a training program, Inspira Health Network agrees that it will make every effort to place displaced interns/residents/fellows in another appropriate GME program.
- The training institution shall immediately notify the appropriate accrediting body and its trainees of a program closure or reduction in positions, which would impact trainees prior to program completion.
- If a training institution reduces in size or closes a program every attempt should be made to permit the current interns/residents/fellows enrolled in the program to complete their training prior to such action.
- In the event of a hospital or program closure or reduction in positions which would impact trainees prior to program completion, the training institution shall immediately notify the appropriate accrediting body to aid in placement of the enrolled interns/residents/fellows in other programs.

- Severance pay shall be provided per the terms of the residency training contract when institutional program closure or reduction decisions prevent the interns/residents/fellows from program completion in that or another geographically proximate program arranged by the institution

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



**GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE**

TITLE: Disaster Response Policy		NO: GME.57
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 05/22/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of: 3
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The purpose of this policy is to define the basic procedures and assigned responsibilities to efficiently restructure housestaff training experiences following a disaster. ACGME and CPME requires that Sponsoring Institutions have a Disaster Response policy for GME programs.

II. SCOPE:

This policy is inclusive to all Graduate Medical Education programs at Inspira Health Network. This policy is in addition to the Emergency Management policies for Inspira Health Network.

Inspira Health Network now uses the Swift 911 Emergency Communication application.

- Text “Swift911” to 99538 to download the Swift 911 Public App and follow the steps received via Text (messaging rates may apply) *or*, Search Swift911 Public App directly in the App Store.
- Please be sure to register with your Inspira work address and your Inspira email address. Next, if prompted, select “Inspira” as your home publisher.
- If you work in multiple locations, be sure to select each region. Most will register under one of following: Bridgeton Region, Elmer Region, Vineland Region, or Woodbury Region.
- A 4-digit Pin code will be sent to you. That pin is required to complete the registration process. You will be asked to enter your phone number and address. Please use your cell phone number and you Inspira address.

“Inspira Health Network is committed to being prepared to deal with disasters; whether from man-made, natural, internal, or external sources. The safety and well-being of every patient and employee in our charge is our focus.

Inspira uses the Hospital Incident Command System (HICS) to manage all incidents/disasters. HICS is an incident management system based on the Incident Command System (ICS) that assists hospitals in improving their emergency management planning, response, and recovery capabilities for unplanned and planned events. HICS is consistent with ICS and the National Incident Management System (NIMS) principles. “

III. FORMS/ATTACHMENTS:

None

IV. EQUIPMENT/SUPPLIES:

N/A

V. POLICY:

This policy applies to resident physicians who are under fully executed agreements for ACGME and CPME accredited programs at the time a disaster occurs. Should a disaster occur from the time an offer letter is executed with a potential resident until the actual start date begins, the Sponsoring Institution will not be responsible for the resident's graduate medical education program.

IMPLEMENTATION:

The implementation of this Policy and the monitoring compliance of this policy is the responsibility of the ACGME Designated Institutional Official (DIO). The DIO will notify the appropriate academic and employment leadership officials at the institution as needed (i.e., CEO, CFO, General Counsel, COO, etc.).

This policy includes three (3) disaster scenarios:

1. A disaster at the Sponsoring Institution or at the Sponsored Program sites.
2. A disaster at training sights or facilities that result in the interruption of training while repairs are made.
3. A disaster for the entire region, i.e., South Jersey or Delaware Valley region.

Disaster resulting in temporary destruction of the Sponsoring Institution:

The DIO and appropriate leadership will meet to implement this policy and develop specific plans for any given situation, as well as involve other representatives from the respective institutions and programs as deemed necessary.

General Principles:

1. Residents in ACGME and CPME accredited programs will have a continuation of salary, benefits, and malpractice coverage continued by the Sponsoring Institution.
2. If the duration of the disaster should exceed 30 days, then every attempt will be made to relocate residents to an alternate training facility/institution.
3. The receiving facility/institution must have access to review the credentials of the residents proposed for temporary transfer to their facility, and based on such review, will have the right to accept or decline individual residents.
4. An affiliation agreement or program letter of agreement will be necessary and expedited during the disaster using the PLA specifically developed for disasters.
5. Institutions receiving residents during a disaster will be able to claim the training time on their CMS cost report. The Sponsoring Institution will adjust its CMS cost report accordingly.
6. Once the Sponsoring Institution can resume its training activities, the residents will immediately resume training at their Sponsoring Institution.

Disaster resulting in permanent destruction of the Sponsoring Institution/s:

The DIO and appropriate leadership will meet to implement this policy and develop specific plans for any given situation, as well as involve other representatives from the respective institutions and programs as deemed necessary.

General principles:

1. Residents in ACGME and CPME accredited programs will have a continuation of salary, benefits, and malpractice coverage continued by the Sponsoring Institution.
2. Residents will be "orphaned" by the Sponsoring Institution to the receiving institution, with the following guidelines:

- A. Residents are eligible to be orphaned due to the closing of a program or hospital.
- B. The Program director and/or DIO of the receiving institution will contact the appropriate accrediting body to request an increase in their resident complement during the disaster period.
- C. The receiving institution will agree to take the orphaned resident/s.
- D. The Sponsoring Institution sends a letter to the receiving institution indicating the “orphan” status of the resident/s.
- E. The receiving institution signs the letter and returns to the Sponsoring Institution.
- F. The DIO from the Sponsoring Institution and CFO send a copy of this letter to CMS noting the “orphan” status of the resident/s, and a statement that the Sponsoring Institution will be claim reimbursement on their cost report for the remainder of the resident’s training.
- G. For cost reporting purposes, the Sponsoring and receiving institutions will adjust their FTE counts.

Disaster for the Entire Region:

Due to the size of the New Jersey/ Philadelphia region, should a disaster occur for the entire region, it is impossible to have all programs encompassed in a single area or institution. For this reason, an agreement might be necessary for institutions outside the New Jersey/Philadelphia region.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Guidelines for Promotion, Non-Promotion, Dismissal and Resignation		NO: GME.58
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 3
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

To establish a policy for all GME Programs regarding promotion of trainees and advancement in training level leading to completion of the program. We anticipate every resident who enters the program will graduate in the anticipated time frame; however, satisfactory performance is needed each year for continuation in the program and/or advancement to the next level.

- All GME agreements are renewed on a yearly basis, and as with any educational program, is based on the successful completion of all program requirements.

Background

Progression through the residency program must be based on documentable educational goals and objectives.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Through the course of training, a resident is expected to acquire increasing competence in the discipline in which he/she is training. Promotion to the next level of training (e.g., R-1 to R-2) is based on the achievement of Program specific competencies, performance parameters and specialty-specific Milestones. These can include specific cognitive, clinical, technical, interpersonal and communication skills, professional behaviors and ethical conduct as determined by the Program as level appropriate completion of curricular objectives, mastery of clinical materials and/or technical skills, and satisfaction of additional applicable ACGME Program competencies or The Council on Podiatric Medical Education regulations.

Residents must have completed and passed the series (in their entirety) of applicable licensing exams, COMLEX or USMLE, prior to the start of PGY3. Failure to do so is grounds for dismissal from the residency training program. If you do not pass by the start of your PGY3 year, the Inspira Health Network GME program is not obligated to hold your position in the residency training program.

Residents who satisfactorily meet all requirements for promotion in each year as well as expected specialty

Milestones benchmarks are expected to be advanced to each successive level until all Program requirements for graduation from the Program have been completed.

Promotion to successively higher levels within a training program shall be based on the decision of the Program Director who may be guided and informed by the Program faculty and who shall receive input from the Clinical Competency Committee.

Programs must communicate to residents' expectations of performance/achievement required for advancement. This can be done through appropriate Program and/or rotation specific written curricula (electronically, through New Innovations) which are reviewed with residents at the beginning of their training and/or in each individual year and/or at the start of each rotation or quarterly reviews.

The Graduate Medical Education Committee (GMEC) reviews overall promotion activity and any adverse actions taken by Programs as part of the program annual report process.

This Policy does not apply to individuals appointed in a training track or to a program expected or intended to be of limited duration (e.g., one-year preliminary positions).

V. PROCEDURE:

Non-renewal of appointment or non-promotion: In instances when a resident will not be promoted to the next level of training including graduation from the Program or if a resident's agreement will not be renewed, the Program must provide the resident with a written notice of intent no later than four months prior to the end of the resident's current agreement. If the primary reason(s) for the nonrenewal or non-promotion occurs within four months prior to the end of the current agreement, the Program must provide the resident with as much written notice of the intent not to renew or not to promote as circumstances reasonably allow, prior to the end of the agreement. The DIO and GME Office must be informed of any decision to non-renew or non-promote a resident.

Extensions: If a resident's performance has been significantly deficient, and additional training time is required, the Program Director may elect to authorize an extension of the resident's contract. No resident may remain at the same level of training for more than 24 months, exclusive of leave. Funding for any such extension cannot be assured by GME, and it is the Department's responsibility to make a good faith effort to acquire funding from available sources such as affiliated participating hospitals, grants, practice plan, etc. for any such extension.

An extension of training does not ensure subsequent promotion or successful completion of a training program (Review your program specific policy).

The training level within a residency or fellowship program may not necessarily correspond to the trainees post graduate year (PGY) level.

Resignation: Resignation is a voluntary act initiated by a resident to terminate participation in the residency training program with Inspira Health Network. Although notice is not required, Inspira Health Network requests at least 4 weeks' written resignation notice from all residents. Although resignation will end your participation in the training program, it is not implied that resignation will terminate the obligations contained within the resident contract. Unless you are granted a release from the training program, you may not be eligible to participate in some other residency training programs.

Notice of Due Process. Residents are entitled to and must be informed of their right to receive due process and implement the grievance and appeals procedures in the Academic Performance or other applicable Due Process Policy if they receive written notice either of:

- (i) the intent not to renew their agreement(s), or
- (ii) of intent to not promote or not graduate the resident.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

Accreditation Council for Graduate Medical Education, Common Program Requirements,
<https://www.acgme.org/what-we-do/accreditation/common-program-requirements/>

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



**GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE**

TITLE: Granting of Certificate/Letter of Completion of GME Program		NO: GME.59
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 2
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

To provide the resident with verification of satisfactory achievement and time spent in a residency/fellowship program.

To provide evidence that the resident has been discharged of responsibilities to the residency/fellowship program and the institution.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Completion certificates will be issued to residents/fellows who complete periods of training satisfactorily.

V. PROCEDURE:

On satisfactory completion of a residency training program, Inspira Health Network shall award the resident a certificate of completion.

All Program specific graduation requirements must be met by June 30th, or other date, if an off-cycle resident.

Such certificates or letters will be granted to the Resident only after the following requirements have been met:

- Performance Evaluations are received and satisfactorily documented all fifty-two weeks of each year of training in accordance with ACGME or CPME regulations and the training program.
- Any remediation recommended on Resident Performance Evaluations has been satisfied, verified by the program director, and reported to the Office of Graduate Medical Education.
- Any remediation required for attendance at core lectures or departmental progress is satisfied and reported to the Office of Graduate Medical Education.
- Any corrective action measures taken have been satisfied and reported to the Office of Graduate Medical Education.
- Any fair hearing proceedings have been completed and corrective actions satisfied and reported to the Office of Graduate Medical Education.

- All service evaluations by the resident, faculty evaluations by the resident, and all logs are completed and submitted to the Office of Graduate Medical Education.
- All medical center supplies, materials, equipment, books, beepers, passes, and records have been satisfactorily returned and verified.
- All medical records for patients assigned to the resident have been satisfactorily completed at each division of the medical center.
- You must have completed and passed the series (in their entirety) of applicable licensing exams, COMLEX or USMLE, prior to the start of PGY3. Failure to do so is grounds for dismissal from the residency training program. If you do not pass by the start of your PGY3 year, the Inspira Health Network GME program is not obligated to hold your position in the residency training program.
- Fulfillment of all scholarly activities as required by your specific program.
- Graduating residents are excused from clinical duties on the day of graduation.

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: House Staff Code of Conduct		NO: GME.60
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 5
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

To establish a policy and protocol for residents (where "residents" refers to both residents and fellows) participating in the Inspira Health network (IHN) Graduate Medical Education (GME) programs, to clarify the expectations of all house staff when interacting with others. All residents working at IHN, and its affiliates must treat others with respect, courtesy, and dignity, and must report conduct that is disruptive or otherwise inappropriate.

II. FORMS/ATTACHMENTS:

Attachment A: Professional Pledge

Attachment B: Manual Acknowledgement

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

Principles of Partnership

A. Preamble: The physicians including Interns, Residents and Fellows, and the Inspira Health Network medical staff recognizes their considerable interdependence in the rapidly changing health care environment. They acknowledge that their success in competing in the marketplace and their ability jointly to deliver high quality health care depend in large part upon their ability to communicate well, collaborate effectively, and work as a team to optimize and monitor outcomes

Physicians and staff further acknowledge that there are many participants in the process of effective health care, including patients, their families, health system staff, allied health professionals, and others, and that working harmoniously with them is a necessary aspect of modern health care. Both parties affirm that everyone, both recipients and providers of care, must be treated in a dignified, respectful manner always for their mutual goal of high-quality health care to be accomplished.

Physicians and staff further affirm that it is their mutual responsibility to work together in an ongoing, positive, dynamic process that requires frequent, continual communication and feedback. Both agree to devote the necessary time and resources toward achieving these goals and maintaining a positive, collaborative relationship between them and with other providers and recipients of care.

B. Principles: To accomplish these goals, physicians and staff agree to the following principles and guidelines and to work collaboratively to promote them in the organization and in the community.

1. Respectful Treatment

All members of the health care provider team (physicians, hospital staff, vendors, contract personnel, etc.) and all direct and indirect recipients of health care (patients, their families, visitors, etc.) shall be treated in a respectful, dignified manner always. Language, nonverbal behavior and gestures, attitudes, etc. shall reflect this respect and dignity of the individual and affirm his/her value to the process of effective, efficient health care.

2. Language

Physicians and staff agree not to use language directed toward physicians, staff or patients that is profane, vulgar, sexually suggestive, or explicit, intimidating, degrading, or racially/ethnically/religiously slurring in any professional setting related to the hospital and the care of its patients.

3. Behavior

The parties agree to refrain from any behavior that is deemed to be intimidating or harassing, sexually or otherwise, including but not limited to unwanted touching, sexual touching, sexually oriented or degrading jokes or comments, requests for sexual favors, obscene gestures, physical throwing of objects, or making inappropriate comments regarding physicians, hospital staff, other providers, or patients.

4. Confidentiality

Physicians and staff agree to always maintain complete confidentiality of patient care information, in a manner consistent with generally accepted principles of medical confidentiality. The parties further recognize that physicians and hospital staff have the right to have certain personal and performance problems and concerns about competence dealt with in a confidential manner in a private setting.

Physicians and staff agree to maintain this confidentiality and to seek proper, professional, objective arenas in which to deal with these issues.

5. Feedback

Physicians and staff agree to give all parties prompt, direct, constructive feedback when concerns or disagreements arise. The parties recognize the necessity of describing such behavior in objective, behavioral terms and that such feedback should be given directly to the person(s) involved through the appropriate channel, in a confidential, private setting.

6. Clarification of Roles

Physicians and staff agree that the delivery of health care involves a complex, dynamic set of roles and responsibilities and that clarity and agreement on these roles and responsibilities are necessary. Both parties agree to work together to achieve and maintain clarity and agreement on these roles and to support each other in the carrying out of these responsibilities.

V. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022

Attachment A:

PROFESSIONALISM PLEDGE

In order to meet the goals of residency training in **PROGRAM NAME**, it is acknowledged that standards for professionalism are important and necessary. As a resident in this program at Inspira Health Network, I agree and commit to the following behaviors and actions:

ATTITUDE:

- Acknowledge my fundamental obligations is to place my patients' welfare uppermost; quality health care and patient safety will always be my prime objective
- Create a team atmosphere to support my colleagues in the endeavor to provide high quality patient-centric care
- Recognize medical students and other learners as important members of clinical teams and facilitate their learning whenever possible with a commitment to teaching and providing feedback
- Be compassionate towards patients, their family members, and colleagues
- Show appreciation of others' skills and talents
- Acknowledge that there are always areas for personal improvement
- Lead by example, with positive attitude and calm temperament
- Recognize the rapid pace or change in the medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetime
- Strive for professional excellence and seek opportunities to improve my performance
- Accept the obligation to secure direct assistance from faculty or appropriately experienced residents/fellows when confronted with high-risk situations or with clinical decisions that exceed my confidence or skill

COMMUNICATION:

- Address patients, visitors, and colleagues in a respectful and courteous manner consistent with a culture of patient safety
- Welcome constructive feedback of my performance from faculty and all others who observe my performance
- Provide honest and constructive feedback of my fellow residents/fellows, students, and faculty when requested
- Complete all EMR documentation in an accurate and timely manner in accordance with departmental policy
- Ensure that social media activity is consistent with my standing professional practitioner in training and never violates patient privacy

RESPECT:

- Guide and counsel patients to help them make informed decisions and autonomous choices, consistent with their goals and values, and free from coercion and manipulations
- Be sensitive to the impact of age, gender identity, sexual orientation, religion, culture, ethnicity, socioeconomic status, beliefs, behaviors, and disabilities on patients' experiences and decision-making
- Recognize I have my own unconscious biases and take steps to learn about them and mitigate them
- Speak up on behalf of patients, colleagues, students, and others when they are the target of discriminatory or offensive language
- Create and maintain appropriate ethical and professional boundaries between patients, staff and colleagues
- Treat every employee, patient, and visitor within the health system with respect

- Adhere to my department's professional appearance code, where applicable
- Follow standards for patient privacy of individually identifiable health information as required under the Health Insurance Portability and Accountability (HIPAA)
- Maintain the confidentiality of information of all types (e.g. that which relates to students, faculty, staff, and others with whom I work)

ACCOUNTABILITY:

- Recognize that residents' mental and physical wellness has an impact on patient safety, quality of care and education
- Be attentive to these aspects of my own life and those of my colleagues
- Seek and provide help for myself and others when deficiencies in physical and mental wellness are noted
- Hold myself and colleagues accountable to our professional code as outlined above

I, _____, as a resident in **PROGRAM NAME** at Inspira Health Network, pursuant to GME Policy: Housestaff Code of Conduct, will embrace the principles outlined above and assume the delineated responsibilities for the safe, effective, and compassionate care of patients, consistent with my level of education and experience. This care will be provided under supervision of the department faculty and in accordance with ACGME institutional and program requirements.

Resident Signature

Date

Program Director

Date

Attachment B:



**GRADUATE MEDICAL EDUCATION
RESIDENT MANUAL
ACKNOWLEDGEMENT FORM**

I have received the 2023-2024 Inspira Health Resident Manual, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Employee's Signature

Employee's Name (Print)

Date



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: HIPAA and EMTALA		NO: GME.61
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 05/24/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
LOCATIONS: Vineland Mullica Hill Elmer		Page: 1 of 3
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

To ensure that the privacy and confidentiality of information about patients treated at Inspira Health Network is maintained by all personnel to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

To ensure that Inspira Health Network comply with the Emergency Medical Treatment & Active Labor Act (EMTALA) and subsequent federal interpretive guidelines and state regulations. If a patient “Comes to the Emergency Department.”

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

HIPAA

It is the policy of Inspira Health Network to ensure the confidentiality, integrity, and availability of information, using the supporting principals of:

- DENY - limiting use & disclosure of PHI to the minimum necessary
- DETECT- use system log auditing
- DETER- grant information on a need-to-know basis only

Workforce Responsibilities

Every member of the workforce who is an authorized user shall:

- Maintain the confidentiality of Inspira Health Network information.
- Safeguard Inspira Health Network information and assets placed within their control.
- Only use Inspira Health Network information and system resources for their intended purpose based on a justifiable business need.
- Receive security training before accessing any system containing sensitive data, including ePHI.

EMTALA was enacted because of growing concern that hospitals were “dumping” or turning away patients in need of emergency medical care because they were unable to pay for their care or their insurance plan did not cover the care.

The original act was intended to protect patients from discrimination based on ability to pay. Its scope has been

broadened to include protection against discrimination toward any patient Group based on race, religion, sex, age, diagnosis, ability to pay or insurance status.

The law applies to any person who “comes to the Hospital” for emergency medical care.

“Comes to the Hospital” is described as Hospital property or “campus” including the main hospital buildings, emergency department, parking lots/garage, public sidewalks and driveways and any buildings owned by the Hospital that are located within 250 yards of the Hospital.

EMTALA requires three duties of the Hospital:

1. Provide a Medical Screening Exam (MSE)
2. Provide Stabilizing Treatment
3. Appropriately Transfer

V. PROCEDURE:

HIPAA

Duty to report:

Any workforce member, who observes, becomes aware of or suspects a wrongful use or disclosure of PHI is required to report their suspicion as soon as possible to their Department Manager.

A workforce member who fails to report either a suspected or actual violation will have violated this policy, and may be subject to disciplinary action, up to and including termination. If a workforce member is found to violate any policy or procedure relating to privacy and security, Inspira Health Network has the right to implement its corrective action procedures. Additionally, workforce members may be subject to civil and criminal penalties if form is appropriation of PHI.

There are several types of Breaches:

- **Level 1, Privacy Breach:** Personal **Gain or Malice** occurs when a workforce member accesses, reviews, or discusses PHI or other sensitive information for personal gain or with malicious intent such as reviewing a patient record for personal reasons, compiling a mailing list for personal use or for sale, or providing PHI belonging to a public personality to the media for monetary reparation. Disciplinary Sanctions are termination and reporting to applicable law enforcement officials, regulatory, accreditation, and licensure organizations.
- **Level 2 is Curiosity**, which occurs when a workforce member intentionally accesses or discusses PHI or other sensitive information for purposes other than the care of the patient but not for personal gain. (workforce member intentionally looks up birth dates, weights, or diagnosis), shares his/her system password, accesses, and reviews a record of any patient out of concern or curiosity, including their own record or a family member; reviews a public personality’s record or a workforce member prints a copy of a lab report for a friend to make it more convenient for him/her. Disciplinary Sanctions are contingent on the facts surrounding the incident. Sanctions may be verbal counseling, written corrective action, final written corrective action that may also include suspension and termination.
- **Level 3 is Carelessness**, which occurs when a workforce member unintentionally or carelessly accesses, reviews, or reveals PHI or other sensitive information to him/herself or others without a legitimate need to know the information, such as discussing PHI in a public area, leaving documentation containing PHI in a public area, leaving a computer unattended and unlocked in an accessible area with PHI.

EMTALA

If a person asks you where he/she can get medical care, direct or escort the person to the Emergency Department. All residents must complete the EMTALA Self-Learning packet at orientation and sign an “Attestation Form” stating that they have read and understood the Inspira EMTALA.

VI. REFERENCES:

U.S. Department of Health and Human Services, Health Information Privacy, HIPAA for Professional,
Reviewed May 17, 2021, <https://www.hhs.gov/hipaa/for-professionals/index.html>

U.S. Department of Health and Human Services, Emergency Medical Treatment & Labor Act (EMTALA),
Issued by: Centers for Medicare & Medicaid Services (CMS), Issue Date: March 26, 2021, Date Published: December 31, 2020, Unique ID: HHS-0938-2016-F-8527,
<https://www.hhs.gov/guidance/document/emergency-medical-treatment-labor-act-emtala-0>



GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE

TITLE: Case/Procedure Logs		NO: GME.63
ORIGINATING SOURCE: Graduate Medical Education		Effective Date: 06/01/2023
EXECUTIVE APPROVALS: Michael J. Geria, DO, MS, FACOOG (Dist) Vice President of Academic Affairs/DIO	PERSONNEL: Interns Residents	Supersedes: 03/07/2022 07/01/2020
	LOCATIONS: Vineland Mullica Hill Elmer	Page: 1 of 22
COMMITTEE APPROVALS: N/A		

I. PURPOSE:

The Accreditation Council for Graduate Medical Education (ACGME) requires many specialties to track trainee experiences in the ACGME Resident Case Log System to track clinical experiences. This data is used to verify individual trainee competence in patient care including to monitor and ensure the adequacy of overall clinical volumes for their programs. The number of cases performed by a trainee is viewed as a surrogate for work experience, which might correlate with patient care, quality, safety, and outcomes.

The Council on Podiatric Medical Education (CPME) specific guidelines to be followed. The members of the Council's Residency Review Committee (RRC) reviewed the Guide to Proper Logging of Surgical Procedures and accepted recommended clarifications and revisions to the Guide, to be effective July 1, 2018. The memorandum is attached to this policy for review.

The purpose of this policy is to set the way case/procedure logs for the Inspira Health Network patients are to be maintained to assure appropriate measures are taken to minimize the risk to patient privacy.

II. FORMS/ATTACHMENTS:

The Council on Podiatric Medical Education (CPME) Memorandum: **Attachment A**

III. EQUIPMENT/SUPPLIES:

N/A

IV. POLICY:

The case/procedure logs maintained by trainees to document their clinical experience requirements must be protected so that only authorized individuals have access to patient information that reside in those logs. Each Program Director of training programs that rotate at the Inspira Health Network sites is responsible for establishing a standardized process and documentation requirements for trainees to maintain case/procedure logs. Some programs are required by the ACGME to have trainees maintain the case/procedure logs electronically in the ACGME Resident Case Log System. Other programs may use the ACGME Resident Case Log System, the New Innovations Residency Management System or Residency Review Committee (RRC) for tracking purposes.

V. PROCEDURE:

Accreditation Council for Graduate Medical Education (ACGME) [Resident/Fellow Portal Sign Up](#)

The Resident/Fellow Portal provides residents and fellows access to:

- Profile information (and the ability to edit some information)
- Graduate Medical Education History
- Program-level aggregated Resident/Fellow Survey Reports
- Milestone Evaluations

Residents/Fellows in programs that use Case Logs already have access to these features by default and do not need to sign up.

Residents/Fellows in programs that *do not* use Case Logs must opt-in by providing the information below to create a Portal account.

Users in receipt of login credentials may access the system via the <https://apps.acgme.org/ads>

First Name: **Last Name:**

Date of Birth: **National Provider ID (NPI):**

Select type of medical school from which you graduated:

- COCA Accreditation College of Osteopathic Medicine
- Canadian Medical School
- Non-US Medical School
- US Non-Accredited Medical School

Select your medical school from the drop box:

Use the email address from your residency or fellowship program:

The Case Log System utilizes Common Procedural Terminology (CPT) codes. The five-character codes and descriptions included in the system are obtained from CPT, copyright 2021, by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures.

New Innovations

<https://www.new-innov.com/logger>

Log Procedure on Desktop

To log a procedure, follow these steps:

1. Go to **Logger > Procedure > Add tab**
2. Complete the necessary fields. Those with a red asterisk are required.
3. To save the procedure, you have various options:
 - **Add Procedure** - Allows you to add another procedure for this same patient for the same day. Once you have added all procedures, click Save or Save & Retain.
 - **Save** - Saves this procedure and refreshes the page so you can enter a new procedure
 - **Save and Retain** - Saves this procedure and retains the procedure information so you can enter the same procedure for a different patient

Log Procedure

Add Confirm View

Status: PRG 2 Department: Emergency Medicine

— Patient —

Patient ID: No names please

Visit Type: Complication: Remaining Characters: 500

— Procedures/Diagnoses —

* Date Performed: 6/28/2013 Location: ...

Group: All Procedures CPT® Code: Find

* Procedure: ...

* Supervisor: ... * Role: ...

Group: All Diagnoses ICD Code: Find

Diagnosis: ...

+ Add Diagnosis

Clinical Conditions: ... Consent: Verbal Consent
 Written Consent
 Unable to collect consent

Patient Statistics: All | None | Invert

Patient Hospitalized after treatment
Patient admitted to Critical Care
Patient taken to OR
Patient Death in ED

Continuity OB: Yes
 No

Service Type: ...

+ Add Procedure

— Comments —

Remaining Characters: 3,500

Save Save & Retain Cancel View Log Listing

Log Procedure on Mobile Web



1. [Log in to mobile web](#)
2. Tap **Procedure Logger**
3. Tap **Status** to verify your Status Type
4. Tap **Patient Info** to enter data about your patient
5. Tap **Procedure** to enter information that may include:
 - Location
 - Role
 - Procedure Group
 - Procedure
 - Supervisor
6. Tap **OK**
7. Tap **Diagnosis** (if required)
8. Tap **Additional Information** (if required)
9. Tap **Comments**
10. Tap **Save**

Council on Podiatric Medical Education (CPME) specific guidelines (See Attachment A)

VI. REFERENCES:

Accreditation Council for Graduate Medical Education, Institutional Requirements: Revision September 26, 2021; effective July 1, 2022

The Council on Podiatric Medical Education (CPME), CPME 330, Procedures for Approval of Podiatric Residencies: April 2022

Attachment A:



9312 Old Georgetown Road
Bethesda, Maryland 20814
P 301.581.9200 | F 301.571.4903
www.cpme.org

MEMORANDUM

June 14, 2018

TO: Program Directors and Residents

FROM: Council on Podiatric Medical Education

SUBJECT: Proper Logging Guide

During its March 9, 2018 meeting, members of the Council's Residency Review Committee (RRC) reviewed the *Guide to Proper Logging of Surgical Procedures* and accepted recommended clarifications and revisions to the Guide, to be effective July 1, 2018. The surgical portion of the *Guide* resulted from an ongoing collaborative review by the Committee and the American Board of Foot and Ankle Surgery (ABFAS). The *Guide* was further revised to include guidelines related to the logging of biomechanical examinations and history and physical examinations. As such, the new document is titled *Proper Logging Guide*. Please note the following clarifications to the document:

- Ø The new guidelines are effective July 1, 2018 to allow for updates to the CLAD report in Podiatry Residency Resource.
- Ø All revisions, clarifications, and additions to the *Guide* are highlighted in yellow.
- Ø New sections added include the following:
 - Category 6 – Other Podiatric Procedures
 - Category 7 – Biomechanical Examinations
 - Category 8 – History and Physical Examinations

All logged procedures, biomechanical examinations, and history and physical exams must comply with these guidelines beginning July 1, 2018.

Proper Logging Guide
(Effective July 1, 2018)

GENERAL GUIDELINES:

- 1) For the procedure codes listed below, the program director must review each entry to determine proper usage. The following surgical codes may only be used if a more appropriate procedure does not exist. A full documentation in the “Procedure Note” is required to justify use.

1.13 other osseous digital procedure not listed above
2.3.10 other first ray procedure not listed above
3.14 other soft tissue procedures not listed above (limited to the foot)
4.18 other osseous procedures not listed (distal to the tarsometatarsal joint)
5.1.9 other elective reconstructive rearfoot/ankle soft-tissue surgery not listed above
5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above
5.3.7 other non-elective reconstructive rearfoot/ankle soft tissue surgery not listed above
5.4.8 other non-elective reconstructive rearfoot/ankle osseous surgery not listed above

- 2) In cases where a subchondroplasty procedure is performed as part of another procedure, only the index procedure must be logged. For example, a talar dome or distal tibial subchondroplasty may only be logged as:

5.2.1 Operative arthroscopy
5.2.7 open management of talar dome lesion (with or without osteotomy) or
5.2.8 ankle arthrotomy with removal of loose body or other osteochondral debridement.

If subchondroplasty is performed in isolation, the appropriate logging mandates use of the following subcategories:

1.13 other osseous digital procedure not listed above
2.3.10 other first ray procedure not listed above
4.18 other osseous procedures not list (distal to the tarsometatarsal joint)
5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above

- 3) Laterality (left or right) must be selected for all surgical procedures in categories 1 through 5.

- 4) The “Procedure Notes” must always reflect additional procedures that were performed but not logged individually.
- 5) Procedures may not be fragmented or unbundled into individual component parts to allow more than one resident to claim first assist.
- 6) Any reference in this document to “midfoot” entails any osseous or soft tissue procedure that is performed proximal to but not including the tarsometatarsal/Lisfranc joint.

Category 1: Digital Surgery (lesser toe or hallux)

A procedure performed at the PIPJ and DIPJ can only be logged once. Include both procedures in the procedure notes.

- ✓ A resident **may** only log one category 1 procedure per toe (the Procedure Note may reflect additional procedures performed) and no more than one resident may claim a first assistant on a single toe.
- ✓ The digit (toe) number must be documented for all digital surgical procedures.

1.6 Phalangeal Osteotomy

Ø **May not** be used in conjunction with:

- 2.1.1 bunionectomy (partial osteotomy/Silver procedure) – (use 2.1.3 bunionectomy with hallux osteotomy)
- 2.1.3 bunionectomy with phalangeal osteotomy
- 2.1.7 metatarsophalangeal joint (MPJ) fusion
- 2.1.8 MPJ implant (with phalangeal implantation)
- 2.2.1 cheilectomy
- 2.2.2 joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement)
- 2.2.6 MPJ fusion
- 2.2.7 MPJ implant (with phalangeal implantation)
- 2.3.4 amputation

Ø **May** be used as an “add on” in conjunction with:

- 2.1.4 bunionectomy with distal first metatarsal osteotomy
- 2.1.5 bunionectomy with first metatarsal base or shaft osteotomy
- 2.1.6 bunionectomy with first metatarsocuneiform fusion
- 2.1.8 MPJ implant (when used, a metatarsal component implantation only)
- 2.1.9 MPJ arthroplasty
- 2.1.10 bunionectomy with double correction with osteotomy and/or arthrodesis
- 2.2.3 joint salvage with distal metatarsal osteotomy
- 2.2.4 joint salvage with first metatarsal shaft or base osteotomy
- 2.2.5 joint salvage with first metatarsocuneiform fusion
- 2.2.7 MPJ implant (when used, a metatarsal component implantation only)
- 2.2.8 MPJ arthroplasty
- 2.3.1 tendon transfer/lengthening/procedure
- 2.3.2 osteotomy (e.g., dorsiflexory)
- 2.3.3 metatarsocuneiform fusion (other than for hallux valgus or hallux limitus)
- 2.3.5 management of osseous tumor/neoplasm (with or without bone graft)
- 2.3.7 open management of fracture or MPJ dislocation
- 2.3.8 corticotomy/callus distraction
- 2.3.9 revision/repair of surgical outcome (e.g., non-union, hallux varus)
- 2.3.10 other first ray procedure not listed above (only as indicated)

1.8 Amputation

- Ø **May not** be used in conjunction with:
- 1.10 management of bone/joint infection
 - 2.3.4 amputation
 - 2.3.6 management of bone/joint infection (with or without bone graft)
 - 3.8 incision and drainage of soft tissue
 - 4.4 metatarsal head resection (single or multiple)
 - 4.10 amputation (lesser ray, transmetatarsal amputation)

1.10 Management of Bone/joint Infection

- Ø **May not** be used in conjunction with:
- 1.8 amputation (if done on the same digit)
 - 3.8 incision and drainage of soft tissue infection (includes foot, ankle or leg)

Category 2: First Ray Surgery

In general:

- Ø The soft tissue component of **all First Ray Surgery** repair is inclusive and is **not** separately claimed as an additional procedure for all subcategories. The use of 2.1.1 is limited to isolated soft tissue repair/partial osteotomy of the first MPJ when no other osteotomy or fusion procedure is completed on the first ray.
- Ø A resident **may** only log one 2.2.1-2.3.10 procedure per foot and no more than one resident may claim a first assistant procedure per foot.

Hallux Valgus Surgery

- Ø Osteotomy (Akin) of the proximal phalanx treatment, see above in Digital Surgery
- Ø Use of suture and button construct as the primary method to repair a bunion deformity should be logged as 2.1.1
- Ø 2.1.10 can only be used when two separate osteotomies and/or arthrodesis are performed on the same first ray to correct the bunion deformity. **EXAMPLE:** A first tarsometatarsal arthrodesis and a head osteotomy on the same metatarsal should be logged as 2.1.10.

Hallux Limitus Surgery

- Ø All of these procedures **shall be inclusive** and count as **one First Ray Surgery** procedure

Other First Ray Surgery

2.3.1 Tendon Transfer/lengthening Procedure

- Ø This procedure **shall be inclusive**. The soft tissue component of all first ray surgery repair is inclusive and is not separately claimed as an additional procedure.

2.3.4 Amputation

- Ø **May not** be used in conjunction with:
 - 2.3.6 management of bone/joint infection (with or without bone graft)
 - 3.8 incision and drainage of soft tissue infection (**includes foot, ankle or leg**)

2.3.5 Management of Osseous Tumor/neoplasm (with or without bone graft)

- Ø **May not** be used for removal of simple bone cyst

2.3.6 Management of Bone/joint Infection (with or without bone graft)

- Ø **May not** be used in conjunction with:
 - 1.8 amputation (if the amputation involves the great toe)
 - 2.3.4 amputation
 - 3.8 incision and drainage of soft tissue infection (**includes foot, ankle, or leg**)

2.3.10 Other First Ray Procedures Not Listed Above

- Ø When two separate procedures are performed on the same first ray to correct the bunion deformity, please use 2.1.10.
- Ø **EXAMPLE:** A first tarsometatarsal arthrodesis and a head osteotomy on the same metatarsal should be logged as 2.1.10.

Category 3: Other Soft Tissue Foot Surgery:

3.1 Excision of Ossicle/sesamoid

- Ø Can only be used if it is performed as an isolated primary procedure
- Ø **May not** be used in conjunction with First Ray Surgery or tendon transfer/augmentation
- Ø **May not** be used in conjunction with Other Osseous Foot Surgery
- Ø **EXAMPLES:** os peroneum, os tibiale externum, os vesalianum

3.4 Plantar Fasciotomy

- Ø May include open or endoscopic approach
- Ø TOPAZ and PRP injection are logged as 6.14
- Ø Includes localized lipectomy and associated soft tissue excision
- Ø Includes plantar heel spur/exostosis resection
- Ø Includes local nerve (i.e. Baxter's nerve) release or ablation
- Ø **May not** be claimed as Reconstructive Rearfoot/Ankle Surgery
- Ø **May not** be used in conjunction with:
 - 3.9 plantar fasciectomy /Plantar fibroma resection

3.5 Lesser MPJ Capsulotendon Balancing

- Ø Excludes percutaneous tenotomy/capsulotomy
- Ø **May not** be used in conjunction with:
 - 3.6 tendon repair, lengthening, or transfer involving the forefoot (including digital flexor digitorum longus transfer)
 - 3.7 open management of dislocation (MPJ/tarsometatarsal)
 - 4.2 lesser MPJ arthroplasty
 - 4.3 bunionectomy of the fifth metatarsal without osteotomy
 - 4.5 lesser MPJ implant
 - 4.6 central metatarsal osteotomy
 - 4.7 bunionectomy of the fifth metatarsal with osteotomy

3.6 Tendon Repair, Lengthening, or Transfer Involving the Forefoot (including digital flexor digitorum longus transfer)

- Ø **May not** be used in conjunction with
 - 3.5 lesser MPJ capsulotendon balancing
 - 3.7 open Management of dislocation (MPJ/tarsometatarsal)
 - 4.2 lesser MPJ arthroplasty
- Ø **May not** be used if percutaneous

3.7 Open Management of Dislocation (MPJ/tarsometatarsal)

- Ø **May** be claimed as an additional procedure in conjunction with Digital Surgery.
- Ø **Includes** plantar plate repair
- Ø **May not** be used if percutaneous
- Ø **May not** be used in conjunction with
 - 3.5 lesser MPJ capsulotendon balancing
 - 3.6 tendon repair, lengthening, or transfer involving the forefoot (including digital flexor digitorum longus transfer)
 - 4.2 lesser MPJ arthroplasty
- Ø Can be used with digital procedure and lesser metatarsal osteotomy

3.8 Incision and Drainage/wide debridement of Soft Tissue Infection (includes foot, ankle, or leg)

- Ø Full documentation in the “Procedure Note” to justify use of procedure 3.8 with another procedure is required.
- Ø If an I&D performed at a different site as an amputation, can be logged separately.

EXAMPLE: an I&D of a first interspace with a 5th digit amputation

- Ø If the I&D, amputation, and bone biopsy are all occurring at the same surgical site, only one of these procedures may be logged.

- Ø **May not** be used in conjunction with:

- 1.8 amputation
- 1.10 management of bone/joint infection
- 2.3.4 amputation
- 2.3.6 management of bone/joint infection (with or without bone graft)
- 3.17 decompression of compartment syndrome (includes foot or leg)
- 4.4 metatarsal head resection (single or multiple)
- 4.10 amputation (lesser ray, transmetatarsal amputation)
- 4.11 management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft)
- 5.4.6 management of bone/joint infection (with or without bone graft)
- 5.4.7 amputation proximal to the tarsometatarsal joints

- Ø This is inclusive of distal plantar space infection and therefore **may not** be claimed as Reconstructive Rearfoot/Ankle Surgery

3.9 Plantar Fasciectomy

- Ø Includes localized lipectomy or soft tissue excisions and includes the heel spur (exostectomy) resection
- Ø **May not** be claimed as Reconstructive Rearfoot/Ankle Surgery
- Ø TOPAZ and PRP injection are logged as 6.14
- Ø **May not** be used in conjunction with:
 - 3.4 plantar fasciotomy

3.10 Excision of Soft Tissue tumor/mass (without reconstructive surgery; includes foot, ankle, or leg)

- Ø **EXAMPLES:** Excision of a ganglion cyst in the foot, sinus tarsi decompression
- Ø Excision of verrucae or other skin lesion is excluded (use 6.2)

3.12 Plastic Surgery Techniques (including skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures limited to the forefoot)

- Ø Excludes synthetic/Biologic grafts (use 6.7)
- Ø Excludes elliptical or wedge excisions
- Ø Full documentation in the Procedure Note to justify the extent of 3.12 is required
- Ø The harvesting and application of skin graft/flap count as one procedure
- Ø **May be** used in conjunction with Digital Surgery and in conjunction with 3.5 (lesser MPJ capsulotendon balancing), when **extensive**, such as to correct severe digital deformities, i.e. Muir-Ruiz

3.13 Microscopic Nerve/vascular Repair (forefoot only)

- Ø Requires the use of microscopic equipment

3.14 Other Soft Tissue Procedures Not Listed Above (limited to the foot)

- Ø Harvesting of split thickness skin grafts (STSG) from any source (i.e., foot, ankle, leg, or thigh) and application of the graft to the foot or ankle should be logged as 3.12, 5.1.1 or 5.3.4

3.16 External Neurolysis/decompression (including tarsal tunnel)

- Ø Multiple nerve decompressions of the same extremity are logged as **one** procedure

Category 4: Other Osseous Foot Surgery:

- Ø **One procedure per metatarsal. Exceptions are noted below.**

4.1 Partial Osteotomy (includes foot, ankle, or leg)

- Ø **May** include calcaneal osteotomies, i.e. simple Haglund's excision, retrocalcaneal exostectomy and resection of os trigonum (see 4.19 below)
- Ø **May not** be used in conjunction with:
 - 3.4 plantar fasciotomy if associated with plantar calcaneal exostosis (see 3.4 above)
 - 3.9 plantar fasciectomy if associated with plantar calcaneal exostosis (see 3.9 above)
 - 4.2 lesser MPJ arthroplasty, if associated with the same metatarsal
 - 4.3 bunionectomy of the fifth metatarsal without osteotomy, if associated with the same metatarsal
 - 4.5 lesser MPJ implant, if associated with the same metatarsal
 - 4.6 central metatarsal osteotomy, if associated with the same metatarsal
 - 4.7 bunionectomy of the fifth metatarsal with osteotomy, if associated with the same metatarsal

4.2 Lesser MPJ Arthroplasty

- Ø **May not** be used in conjunction with:
 - 3.5 lesser MPJ capsulotendon balancing
 - 3.6 tendon repair, lengthening, or transfer involving the forefoot
 - 3.7 open management of dislocation (MPJ/tarsometatarsal)
 - 4.1 partial osteotomy (includes foot, ankle or leg)
 - 4.3 bunionectomy of the fifth metatarsal without osteotomy
 - 4.4 metatarsal head resection (single or multiple)
 - 4.5 lesser MPJ implant
 - 4.6 central metatarsal osteotomy
 - 4.7 bunionectomy of the fifth metatarsal with osteotomy

4.4 Metatarsal Head Resection (single or multiple)

- Ø single, multiple, or adjoining metatarsal head resections are considered as one procedure
- Ø non-adjoining metatarsal head resections can be counted as two procedures with procedure note documentation.

EXAMPLE: 1st and 5th metatarsal head resection

- Ø adjoining metatarsal head resections are considered as one procedure

4.6 Central Metatarsal Osteotomy

- Ø May be used in conjunction with 3.7, plantar plate repair, if performed at the same location

4.8 Open Management of Lesser Metatarsal Fracture(s)

- Ø Repair of multiple metatarsal fractures is logged as individual procedures

4.10 Amputation (lesser ray, transmetatarsal amputation)

- Ø Transmetatarsal amputation is considered as one procedure
- Ø Amputation of adjoining metatarsals or rays are considered one procedure
- Ø Non-adjoining metatarsal ray amputations can be counted as two procedures

EXAMPLE, 1st and 5th ray amputations

- Ø Lesser ray amputation **includes** the amputation of the toe(s) and metatarsal(s) segment(s)
- Ø **Includes** the incision and drainage

4.11 Management of Bone/joint Infection Distal to the Tarsometatarsal Joints (with or without bone graft)

- Ø Full documentation in the “Procedure Note” to justify use of procedure 4.11 with another procedure is required.

4.13 Open Management of Tarsometatarsal Fracture/dislocation

- Ø Claimed as one procedure for repair of the metatarsal cuneiform and cuboid joints. Also inclusive of the first metatarsal cuneiform joint

4.14 Multiple Metatarsal Osteotomy Management of Metatarsus Adductus

- Ø One procedure for the correction of metatarsus adductus (independent of the number of osteotomies performed)

4.15 Tarsometatarsal Fusion

- Ø Fusion of the tarsometatarsal joints (complete or partial) is **one** procedure
Ø This code is to be used in cases of Lisfranc joint ORIF or osteoarthritis
Ø This code is not to be used for bunion correction (use 2.1.6 or 2.2.6 or 2.3.3)

4.17 Revision/repair of Surgical Outcome in the Forefoot

- Ø Full documentation in the “Procedure Note” to justify use of procedure 4.17 with another procedure is required.

4.19 Detachment/reattachment of Achilles Tendon with Partial Ostectomy

- Ø **May not** be used in conjunction with:
4.1 partial ostectomy (includes foot, ankle or leg)
5.3.1 repair of acute tendon injury

Category 5: Reconstructive Rearfoot/Ankle Surgery:

- ✓ Any reference in this document to “midfoot” entails any osseous or soft tissue procedure that is performed proximal to, but not including the tarsometatarsal/Lisfranc joint.
- ✓ The rule of thumb to follow when logging ankle procedures is, “an ankle is an ankle.” This means that all procedures performed within a single case must be logged as a single procedure, even if one could log multiple procedures if they were performed at different times. Exceptions are noted below.

Elective – Soft tissue:

5.1.1 Plastic Surgery Techniques Involving the Midfoot, Rearfoot, or Ankle

- Ø **May not** include skin plasty repair that utilizes just ellipses/wedges.
- Ø Documentation of details in the procedure note is required.
- Ø The harvesting and application of skin graft/flap count as **one** procedure.

5.1.2 Tendon Transfer Involving the Midfoot, Rearfoot, Ankle, or Leg

- Ø Any tendon transfer except plantaris with an Achilles tendon repair is acceptable (logged as two procedures)
- Ø **May not** be used in conjunction with:
 - 5.1.4 soft tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus)

See 5.1.5

- Ø **Does not** include digital tendon transfers i.e., FDL, Hibbs procedure etc.

5.1.3 Tendon Lengthening Involving the Midfoot, Rearfoot, Ankle, or Leg

- Ø **May** include percutaneous or “stab” type lengthening (e.g., percutaneous tendon Achilles lengthening)
- Ø **Does not** include digital tendon transfers i.e., FDL, Hibbs procedure etc.

5.1.5 Primary or Secondary Repair of Ligamentous Structures

- Ø **May** be used in conjunction with:
 - 5.1.2 tendon transfer involving the midfoot, rearfoot, ankle or leg
 - 5.1.6 ligament or tendon augmentation/supplementation/restoration

5.1.6 Tendon Augmentation/supplementation/restoration

- Ø Includes excision of an ossicle or ostectomy

EXAMPLE: Os peroneum with a peroneal tendon repair and Os tibiale Externum with a kidner

- Ø Repair of both peroneal tendons at the same time is counted as one procedure
- Ø **May not** be used in conjunction with:
 - 5.1.2 tendon transfer involving the midfoot, rearfoot, ankle or leg
- Ø **Does not** include digital tendon transfers i.e., FDL, Hibbs procedure etc. (see 3.6 above)

5.1.7 Open Synovectomy of the Rearfoot/ankle

- Ø **May not** be used in conjunction with:
 - 5.2.1 operative arthroscopy
 - 5.2.7 open management of talar dome lesion (with or without osteotomy)

- 5.2.8 ankle arthrotomy with removal of loose body or other osteochondral debridement

Elective – Osseous:

5.2.1 Operative Arthroscopy

- Ø Cannot be separately counted when converted into an open ankle procedure
- Ø Can be logged with a lateral ankle stabilization as long as the lateral ankle stabilization was not performed through the scope
- Ø **May not** be claimed as a diagnostic arthroscopy or if the arthroscopy results in an “open” procedure.
- Ø **May not** be claimed in conjunction with:
 - 5.1.7 open synovectomy of the rearfoot/ankle
 - 5.2.7 open management of talar dome lesion (with or without osteotomy)
 - 5.2.8 ankle arthrotomy with removal of loose body or other osteochondral debridement
 - 5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above (i.e. subchondroplasty)**

5.2.4 Midfoot, Rearfoot, or Ankle Fusion

- Ø multiple procedures count as one procedure
- Ø** “Midfoot” entails any osseous or soft tissue procedure that is performed proximal to, but not including the tarsometatarsal/Lisfranc joint.
- Ø **EXAMPLES:** double arthrodesis, triple arthrodesis, pan talar arthrodesis, talonavicular with a calcaneocuboid arthrodesis are all logged as one procedure

5.2.5 Midfoot, Rearfoot or Tibial Osteotomy

- Ø** “Midfoot” entails any osseous or soft tissue procedure that is performed proximal to, but not including the tarsometatarsal/Lisfranc joint.
- Ø **May not** be claimed in conjunction with the following procedures if the osteotomy was performed to access pathology:
 - 5.2.4 midfoot, rearfoot or ankle fusion
 - 5.2.7 open management of talar dome lesion (with or without osteotomy)
 - 5.2.9 ankle implant

NOTE: 5.2.5 can be claimed in conjunction with 5.2.4, 5.2.7 and 5.2.9 when an osteotomy was done to correct RRA deformity.

- Ø** **May** be used if two separate osteotomies are performed to correct a deformity i.e. Evans and Cotton or Evans and medial sliding calcaneal osteotomy.

5.2.6 Coalition Resection

- Ø **Can not** be used if it is done as part of an arthrodesis or arthroeresis procedure
- Ø **May not** be claimed in conjunction with:
 - 5.2.3 subtalar arthroeresis
 - 5.2.4 midfoot, rearfoot, or ankle fusion
 - 5.2.5 midfoot, rearfoot, or tibial osteotomy
- Ø **May** be claimed when an osteotomy was done to correct RRA deformity

5.2.7 Open Management of Talar Dome Lesions (with or without osteotomy)

- Ø **Includes associated:**
 - 5.2.1 operative arthroscopy (does not include STJ arthroscopy)
 - May not be used in conjunction with
 - 5.2.4 midfoot, rearfoot, or ankle fusion (may be used other than with ankle fusion)
 - 5.2.5 malleolar osteotomy
 - 5.2.8 ankle arthrotomy
 - 5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above (i.e. subchondroplasty)

5.2.8 Ankle Arthrotomy with Removal of Loose Body or Other Osteochondral Debridement

- Ø **Includes:**
 - 5.2.1 operative arthroscopy (does not include STJ arthroscopy)
 - May not be used in conjunction with
 - 5.2.4 midfoot, rearfoot, or ankle fusion (may be used other than with ankle fusion)
 - 5.2.5 malleolar osteotomy
 - 5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above (i.e. subchondroplasty)

Non-Elective – Soft Tissue:

5.3.2 Repair of Acute Ligament Injury

- Ø **May not** be used in conjunction with fracture repair
 - 5.3.6 open repair of dislocation (proximal to tarsometatarsal joints)
 - 5.4.1 open repair of adult midfoot fracture
 - 5.4.2 open repair of adult rearfoot fracture
 - 5.4.3 open repair of adult ankle fracture
 - 5.4.4 open repair of pediatric rearfoot/ankle fractures or dislocations
- Ø **Claim** only **one** procedure per foot/ankle

5.3.4 Excision of Soft Tissue Tumor/mass of the Foot, Ankle or Leg (with reconstructive surgery)

- Ø The harvesting and application of related skin graft/flap count as **one** procedure

5.3.6 Open Repair of Dislocation (proximal to the tarsometatarsal joints)

- Ø **May not** be used in conjunction with fracture repair
- 5.4.1 open repair of adult midfoot fracture
 - 5.4.2 open repair of adult rearfoot fracture
 - 5.4.3 open repair of adult ankle fracture
 - 5.4.4 open repair of pediatric rearfoot/ankle fractures or dislocations
- Ø **May not** be used in conjunction with
- 5.3.2 repair of acute ligament injury
- Ø **Claim** only **one** procedure per foot/ankle

Non-Elective – Osseous:

5.4.1 Open Repair of Adult Midfoot Fracture

- Ø **Claim** only **one** procedure per foot

5.4.2 Open Repair of Adult Rearfoot Fracture

- Ø **Claim** only **one** procedure per foot

5.4.3 Open Repair of adult Ankle Fracture

- Ø Repair of ligaments is included in the repair
- Ø Repair of syndesmosis is included in the repair
- Ø Uni/Bi/Tri malleolar fracture repairs are considered one procedure
- Ø **Claim** only **one** procedure per ankle

5.4.4 Open Repair of Pediatric Rearfoot/ankle Fracture or Dislocation

- Ø **Claim** only **one** procedure per foot/ankle

5.4.9 Application of Multiplanar External Fixation Midfoot, Rearfoot, and Ankle

- Ø Does not include application of a monorail, mini-rail, or purely static frame
- Ø To be used for cases requiring deformity correction or manipulation
- Ø **May not** be used with 4.8, 4.13, 5.4.1, 5.4.2, 5.4.3, and 5.4.4

Additional Guidelines

Although not a surgical category, the RRC determined the following related to **Category 6: Other Podiatric Procedures** (these procedures **cannot** be counted toward the minimum procedure requirements):

- Ø For a PMSR, 150 of the 300 podiatric surgical cases may come from procedures logged in category 6 (6.1-6.8 only); the remainder must come from categories 1-5.
- Ø For a PMSR/RRA, the 300 podiatric surgical cases may come only from categories 1-5.

Category 6: Other Podiatric Procedures

- ✓ These procedures cannot be counted toward the minimum procedure requirements, but will allow residents to have these procedures in their logs for possible future reference
 - ✓ Surgical cases performed outside of the United States may be logged as category 6, other procedures (6.13).
- 6.1 Debridement of superficial ulceration or wound by any means in the operating room or clinic. May not be used in conjunction with I&D, metatarsal head resection, or bone biopsy (see 3.8) unless performed at a different site
- 6.2 Excision or destruction of skin lesion (i.e. verruca) by any means. Includes biopsy of skin lesion.
- 6.4 Matrixectomy (partial or complete, by any means). Use this for procedures performed in the clinic or operating room.
- 6.5 Removal of hardware. Includes External Fixation removal.
- 6.7 Application of a biologic dressing, i.e., Integra, Epifix, Theraskin, etc. in the operating room or clinic. Includes debridement of wound.
- 6.13 Other clinical experiences (i.e. application of a static external fixation frame or closed reduction of fracture/dislocation).
- 6.14 percutaneous procedures (i.e., coblation, cryosurgery, radiofrequency ablation, platelet-rich plasma).

Category 7: Biomechanical Examinations

A biomechanical case is identified as procedure code 7. 1

- ✓ Biomechanical case must include diagnosis, evaluation (biomechanical and gait examination), and treatment.
 - Ø Demonstrates understanding of pathomechanics of biomechanical condition
 - Ø May include variety of pathology requiring various treatment options (conservative, surgical)
- ✓ A biomechanical exam includes static and dynamic exam of the area of chief complaint.
- ✓ The biomechanical exam and gait analysis must be comprehensive **relative to the diagnosis** and consistent with the clinical findings.
- ✓ Patient encounters such as taping and padding, orthotics, prosthetics, and other biomechanical experiences that do not include a biomechanical examination and gait analysis are not counted as biomechanical cases.
- ✓ Gait analysis may range from basic visual gait analysis to complex computerized gait analysis. An interpretation of the gait analysis must be documented.
- ✓ Treatment plans must be justified and supported by findings of the biomechanical exam.

Category 8: History and Physical Examinations

Admission, preoperative, and outpatient medical H&Ps, performed mostly with MD and DO faculty, may be used as acceptable forms of a comprehensive H&P. Some comprehensive H&Ps with DPM faculty are acceptable. **A focused history and physical examination does not fulfill this requirement.**

8.1 Comprehensive History and Physical Examination:

- Ø Comprehensive medical history: Past medical history, past surgery history, family history, social history, medications, allergies, and review of systems
- Ø Vital signs
- Ø Physical exam: Head, Eyes, Ears, Nose, Throat, Neck, Chest/breast, Lungs, Abdomen, GU, rectal, upper extremity, and neurological
- Ø Performed with MDs and Dos, and some DPMs.

8.2 Problem-Focused History and Physical Examination:

- Ø Problem-focused history
- Ø Problem focused exam: vascular, dermatological, neurological, and musculoskeletal exam
- Ø Biomechanical examination
- Ø Gait analysis.

POLICY & PROCEDURE

SUBJECT: Anti-Harassment and Non-Discrimination HR.05 *IHN*

DEPT: HUMAN RESOURCES

Page 1 of 4

EFFECTIVE Date: 11/01/2010

REVIEW Date: 11/30/2022

I. POLICY

Inspira Health is committed to providing a working environment that is free from harassment or discrimination. We believe that all employees deserve to be treated fairly and with respect, and we will not tolerate any occurrence of harassment or discrimination. Inspira expects all of its employees to treat each other with the utmost respect and courtesy at all times.

All forms of harassment or discrimination, whether verbal, physical, or visual, constitute employee misconduct and are prohibited. Actions, words, jokes, or comments based on an individual's gender, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated. Any employee who is determined, after an investigation, to have engaged in harassment or discrimination will be subject to disciplinary and/or corrective action, up to and including termination.

I. RESPONSIBILITY

This policy applies to all employees of Inspira Health. To that end, we expect each employee to do his or her part to maintain a work environment free of harassment and discrimination by exhibiting sound judgment and respect for the feelings and sensitivities of others. Each member of leadership is responsible for creating and ensuring an atmosphere free of harassment and discrimination of any kind in the workplace. They must also ensure that all personnel under their supervision understand and follow this policy.

II. PROCEDURE

Definition of Harassment and Discrimination

Workplace harassment and discrimination can take many forms. It may be, but is not limited to, the following: words, signs, offensive jokes, cartoons, pictures, e-mail jokes or statements, pranks, intimidation, physical assaults or contact, or violence. Harassment is not necessarily sexual in nature. It may also take the form of other vocal activity including derogatory statements not directed to the targeted individual but taking place within their hearing. This is the case even if the offending employee did not mean to be offensive. Other prohibited conduct includes written material such as notes, photographs, cartoons, articles of a harassing or offensive nature, and taking retaliatory action against an employee for discussing or making a harassment complaint.

Offensive verbal, physical, or visual activity rises to the level of harassment when it is either, or both, sufficiently pervasive or severe enough to reasonably interfere with an employee's job performance or to create an intimidating, hostile, or offensive working environment. Depending on the nature of the conduct and/or the circumstances surrounding the conduct, harassment may be based on a single incident, an aggregate of multiple incidents, or a pattern or practice of behavior on the part of one or more individuals.



POLICY & PROCEDURE

SUBJECT: Anti-Harassment and Non-Discrimination HR.05 *IHN*

DEPT: HUMAN RESOURCES

Page 2 of 4

EFFECTIVE Date: 11/01/2010

REVIEW Date: 11/30/2022

Discrimination can also take the form of an employee being treated differently and worse than another employee based on a characteristic such as sex, age, disability, race, etc.

Definition of Sexual Harassment

Some examples of types of behavior that are considered sexual harassment in violation of this policy include, but are not limited to:

- Sexually offensive jokes or comments;
- Physical assault or physical conduct that is sexual in nature;
- Unwelcome sexual advances or comments, or requests for sex or sexual activities linked to one's employment or advancement, regardless of whether they are based on promises or threats;
- Sexual displays or publications, such as calendars, cartoons, or graffiti;
- Other verbal or physical conduct of a sexual nature which has the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment;
- Punishing or retaliating against an employee for complaints of sexual harassment.
- Sexual propositions;
- Sexual innuendo;
- Sexually suggestive comments;
- Sexually-oriented "kidding," "teasing," or "practical jokes";
- Non physical or verbal activity such as: staring, gawking, body language;
- Jokes about gender-specific traits;
- Foul or obscene language or gestures;
- Displays of foul or obscene printed or visual material;
- Physical contact, such as patting, pinching, or brushing against another's body;
- Reading or otherwise publicizing in the work environment materials that are sexually

POLICY & PROCEDURE

SUBJECT: Anti-Harassment and Non-Discrimination HR.05 *IHN*

DEPT: HUMAN RESOURCES

Page 3 of 4

EFFECTIVE Date: 11/01/2010
REVIEW Date: 11/30/2022

suggestive or revealing. This includes signs, cartoons, pictures, posters, articles, E-mail jokes, or other electronic materials, pictures, or statements.

- Non sexual but offensive conduct aimed at a specific gender.

Other types of Harassment and/or Discrimination

Harassment based on other protected class traits also is strictly prohibited. These traits include age, race, color, religion, national origin, gender, ancestry, disability, and/or sexual orientation. Harassment may also include retaliation or harassment against an employee who has reported a workplace injury, an unsafe condition, a violation of law, or who is protected under New Jersey's whistleblower law. Some examples of the types of behavior that will be considered harassment, in addition to the examples stated previously, include:

- Jokes or negative comments about these characteristics;
- Displays of reading materials or pictures containing negative material about these characteristics, including electronic materials;
- Vandalism or "pranks" based on these characteristics;
- Name-calling based on these characteristics;
- Punishing or retaliating against an employee for complaining of harassment based upon these characteristics.

Responsibility to Report

Any employee who believes that he or she has been subjected to harassment or discrimination should report the alleged conduct immediately to a Human Resources employee for his or her campus. Even if you witnessed or only heard about acts that could be seen as possible discrimination or harassment, you owe it to yourself and others to report this conduct to INSPIRA HEALTH. We cannot investigate alleged harassment or discrimination unless we know about it. All information disclosed in the procedure will be held in confidence to the extent practicable and will only be disclosed to the extent needed to investigate and resolve the matter.

Any incident of possible harassment or discrimination should immediately (preferably within 48 hours) be reported to a Human Resources staff member.

If a Supervisor or Manager receives a report of harassment or discrimination, or observes or hears about conduct that could be seen as possible harassment or discrimination, they must report the incident to Human Resources as soon as possible.



POLICY & PROCEDURE

SUBJECT: Anti-Harassment and Non-Discrimination HR.05 *IHN*

DEPT: HUMAN RESOURCES

Page 4 of 4

EFFECTIVE Date: 11/01/2010
REVIEW Date: 11/30/2022

Resolution of Complaints

After investigating the matter, a determination will be made concerning whether reasonable grounds exist to believe that harassment or discrimination has occurred. Corrective action will be taken promptly upon the conclusion of the investigation when appropriate. Disciplinary action, up to and including discharge, will be taken against any employee who is found to have engaged in harassment or discrimination.

An employee should never be fearful of making a report of harassment or discrimination as this is the only way we can address the problem. Any employee making a report of harassment or discrimination should do so without fear of reprisal. If an employee believes that they are being retaliated against for reporting conduct under this policy, he or she should report such conduct to Human Resources as set forth above.

An employee should not wait until behavior reaches the level where it is interfering with his/her work performance or creating an intimidating, hostile, or offensive working environment in order to complain. Employees who feel that someone's workplace behavior is negatively affecting them in any way must bring it to the attention of Human Resources. This will allow appropriate prompt, corrective action to be taken where necessary to prevent the behavior from becoming harassment.

Retaliation Prohibited

Regardless of the complaint or the outcome of an investigation, it is a violation of this policy to retaliate against anyone who has made a complaint of harassment/ discrimination or has cooperated in an investigation. Disciplinary action, up to and including discharge, will be taken against any employee who is found to have engaged in retaliatory conduct. If an employee believes that they are being retaliated against for reporting conduct under this policy, he or she should report such conduct to Human Resources as set forth above.



Intelligent Observation (IO)

Electronic Hand Hygiene Monitoring System



TIP SHEET

How it Works:

- IO Smart badge reels communicate with sensors located above door ways and soap and hand sanitizer dispensers to collect Hand Hygiene Compliance.
- Hand Hygiene Compliance (if you washed your hands or not) is tied to the Inspira policy of Hand Hygiene being performed on entry and exit of patient rooms. If you did not enter or exit a room within 20 seconds, your hand hygiene will not be captured.
- **IO Smart badge reels are NOT a GPS and will not be used to ‘track’ an employee’s movements for punitive purposes.**

To ensure hand hygiene is captured as compliant with IO:

- Hand Hygiene with **either** soap and water **OR** alcohol-based hand sanitizer must be performed **within 20 seconds** (before or after) **of entry or exit** of a patient room.
- When using **soap and water** to wash hands, you must wash hands with your body remaining **within 18 inches** of the sink for **at least 20 seconds** to be counted as compliant, which is the CDC recommended time for an effective hand wash.
- When using the alcohol-based **hand sanitizer**, you must remain present within **30 inches** of the dispenser for **0.5 seconds** (half of a second), which is the duration of time to dispense the recommended amount of product onto your hands. You may walk away to rub your hands.

Best Practices for Wearing IO Smart Badge Reels:

- Use IO Smart badge reel to hold your Inspira issued ID badge, RLTS tag and other badge buddies.
- Wear ID badge with IO Smart badge reel at **chest level** to ensure proper data collection.

Questions? Reach out to our on-site Account Manager, Steven Nolte. Steven.nolte@intelobserve.com

What happens if hand washing is not performed when it should be:

- The data is collected and will be sent to leaders in push reports to share for educational and improvement purposes.
- In the future, we may elect to turn on an audible tone as a reminder for missed hand hygiene opportunities. For now, we want to collect baseline data that will serve as a foundation for future improvement initiatives.

Important Information:

- The sensors have intermittent LED lights with different meanings for Account Support's use. Ignore these LEDs, as they do **NOT** indicate proper capture or function.
- This system is designed to **capture EVERY entry and exit**, regardless of patient census, medical emergencies, etc. The goal is not to take away from patient care striving for 100% compliance, but rather to capture our baseline compliance, and **strive to improve 1% every day** forward.

Lost or Broken Tag:

- **Notify your manager** immediately, who will reach out to our IO Account Manager to obtain a **replacement**.

If leaving a qualifying position or terminating employment with Inspira:

- **Place your name** on a post-it note and wrap it around the **badge reel** with a rubber band.
- Surrender the tag to the **Human Resources Dept.**

IO Smart badge reels are hospital property:

- Store securely when not in use.
- **Return** to the **Human Resources Dept.** if one is found.

TIP SHEET



Expense Delegation

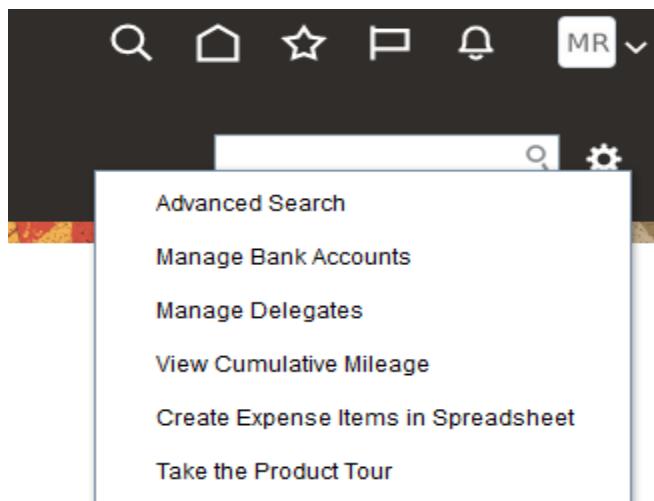
Accessing the Expense module

As of April 2022, identified frequent travelers for work purposes will be able to submit for reimbursement in the Expense module. Please [click here](#) and refer to the Creating Expense Reports Video – Introducing the Expense Work Area or OGL Step Guide for accessing the Expense module and creating expense items. If you are a frequent traveler and/or submitter of other expense reimbursements and would like to apply for utilization of this module, please submit an IS ticket addressed to the Lawson/Oracle team. User licenses are limited. For those who do not have access, please continue to utilize the forms we have used prior to Oracle by [clicking here](#) and e-mail forms to accountspayable@ihn.org.

Delegating Report Submissions

The employee designating a delegate for this responsibility **MUST** complete the below process for another employee to submit expense reports on their behalf. This is a **one-time set up** that will give that delegate employee the ability to submit all expense reports moving forward.

Once on the main screen for Travel and Expenses, you will notice a gear icon to right of the search bar at the top right side of the screen. Click on that icon for a dropdown menu, then select Manage Delegates.



Delegates and Permissions

On this screen, select the plus icon for Add and a search Person bar will appear.

Clicking on the magnifying glass icon will bring up a search menu. The best setting for finding the employee to delegate is by clicking the Any option and then typing in their first and last name. This is case sensitive, so both the first and last name must start with a capital letter. If unsure of the spelling of the delegate's last name, you can type in the first letter of the last name, but that also must be capitalized i.e. **John S**. If you know their Email, that option is available as well and is also case sensitive i.e. **SmithJ@ihn.org**. If a name is not in the search list, they do not have an Expense User license. Please reach out to that employee for submitting an IS request form requesting access.

Search and Select: Person

Advanced

Search

Match All Any

Person: John S

Email:

Search Reset

Person	Email
John Shute	shutej@ihn.org
John Saffioti	saffiotij@ihn.org
John Sumler	SumlerJ@ihn.org
John Stetser	StetserJ@ihn.org
John Schweibinz	schweibinj@ihn.org
John Scarpitti	ScarpittiJ@ihn.org

OK Cancel

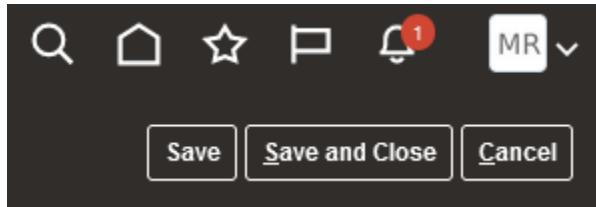
TIP SHEET



Expense Delegation

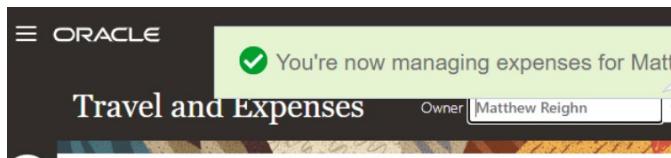
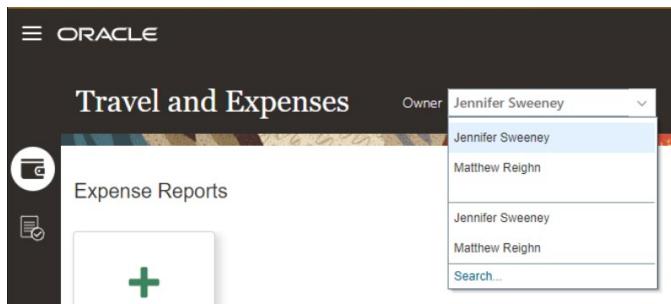
Click on the delegate's name at the bottom of this search screen, then select OK.

If you now see the delegate's name in the search bar, you are okay to either click on Save (will then show employee's contact information and job code/position) or Save and Close, depending on whether you would like to add additional delegates.



Delegate Submissions

When the delegate has been activated, they can go to the Travel and Expenses home screen. At the top, they will see a dropdown list for selecting an "Owner". This will allow the delegate to select all employees for which they've been designated as a delegate. There currently is no notification or e-mail that will show when a delegate has become active, so the employee designating the delegate will need to notify the delegate when they've been activated.



When the delegate is in the designator's expense report creation, there will be a message that pops up to confirm.

Contact Info

If you have any questions regarding documents required as support for reimbursement, please contact our Accounts Payable Manager Christine Charlesworth at charlesworthc@ihn.org ext. 54761 or (856) 575-4761.

COMMON ACRONYMS/ABBREVIATIONS USED IN GRADUATE MEDICAL EDUCATION

AAMC - Association of American Medical Colleges
ABMS - American Board of Medical Specialties
ACCME - Accreditation Council for Continuing Medical Education
ACGME - Accreditation Council for Graduate Medical Education
ADS (WebADS) - Accreditation Data System
AHA - American Hospital Association
AMA - American Medical Association
AMA -CME American Medical Association – Council on Medical Education
AOA - American Osteopathic Association
CAAR - Computer Assisted Accreditation Review
CCC - Clinical Competency Committee
CBE - Competency-Based Education
CLER - Clinical Learning Environment Review CMO-Chief Medical Officer
CMS - Centers for Medicare and Medicaid Services
CMSS - Council of Medical Specialty Societies
COMLEX - Comprehensive Osteopathic Medical Licensing Examination of the United States
CPME - Council on Podiatric Medical Education
CRCC - Council of Review Committee Chairs
CRCR - Council of Review Committee Residents
DIO - Designated Institutional Official
ECFMG - Educational Commission for Foreign Medical Graduates
ERAS - Electronic Residency Application Service
FREIDA - Fellowship and Residency Interactive Database (AMA)
FS - Accreditation Field Staff
FSMB - Federation of State Medical Boards
GME - Graduate Medical Education
HIPAA - Health Insurance Portability and Accountability Act
IRC - Institutional Review Committee
IRD - Institutional Review Document
JC - Joint Commission on Accreditation of Healthcare Organizations
LCME - Liaison Committee on Medical Education
LON - Letter of Notification
NBME - National Board of Medical Examiners
OGME - Osteopathic Graduate Medical Education
OPTI - Osteopathic Postgraduate Training Institute
PD - Program director
PGY - Post Graduate Year
PLA - Program Letter of Agreement (for residency and fellowship program)
NRMP - National Resident Matching Program
RC - Review Committee
RRC - Residency Review Committee
SV - Site Visitor
SSV - Specialist Site Visitor
TYRC - Transitional Year Review Committee
USMLE - United States Medical Licensing Examination

Emergency Codes

**Emergency
Number**
77777

Poison Control
1-800-POISON1
1-800-764-7661

Patient / Visitor Safety
Incident Hotline
1-888-310-255

Code	When to Use
Code RED	 Fire (listen for location and stage)
Code BLUE	 Adult Medical Emergency – If you need help for an adult and it is medical in nature
Code WHITE	 Pediatric Medical Emergency – If you need help for a child and it is medical in nature
Code AMBER	 Infant/Child Abduction – Man all exits until code cleared – no one leaves the building or comes in until cleared
Code YELLOW	 Bomb Threat
Code ASSIST with Location	 Assistance with a patient
Code GRAY –Exit Block	 Patient Elopement – When leaving poses a danger for the patient; man all exits until patient found
Code GRAY –Security with Location	Security for Unruly Situation.
Code SILVER	 Hostage or Weapon situation
Code ORANGE	 Hazardous Material Incident (Use for spill greater than a quart)
Code TRIAGE	 Disaster – Internal or External
Code Magenta (Elmer Only)	Radiologic Exposure
Code CVA (IMC Only)	 Stroke Team Needs to Be Mobilized
Code CLEAR	Code Situation Is Clear (resolved)

In Case of Fire

R = Rescue

A = Alarm

C = Contain

E = Extinguish

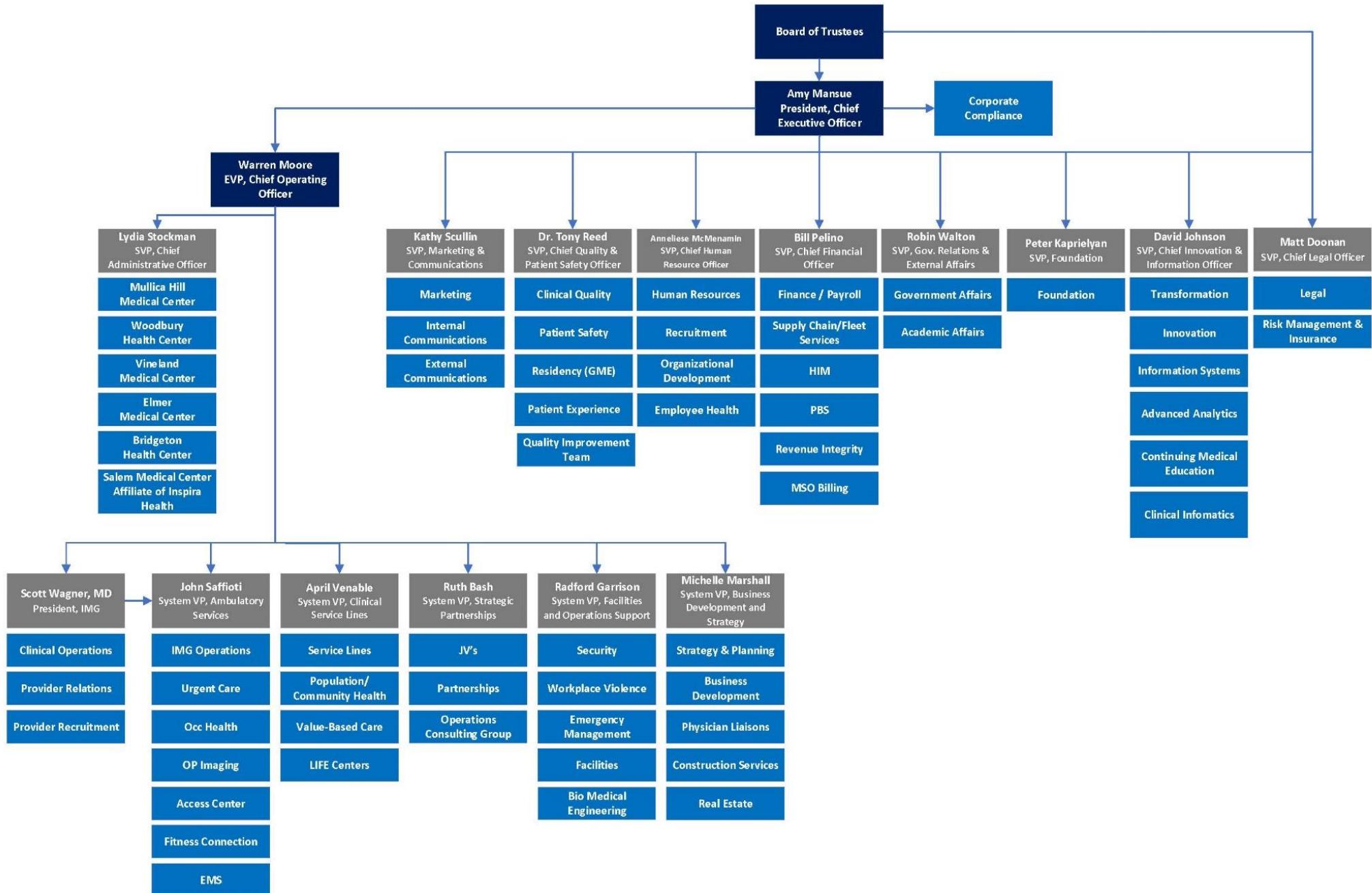
Extinguisher Use

P = Pull

A = Aim

S = Squeeze

S = Sweep



*Senior Leadership consists of President, Executive Vice President and Senior Vice Presidents

FAX NUMBERS
MULLICA HILL HOSPITAL DEPARTMENTS

Acute Care		Registration	856-221-4155
Nurse Station 1	856-221-4159	Respiratory	856-221-4181
Nurse Station 2	856-221-4160	Security - Control Room	856-221-4156
Teamwork Area	856-221-4161	Step Down	
Administration - Assistants	856-221-4142	Nurse Station 1	856-221-4165
Behavioral Health ED - Team Center	856-221-4185	Nurse Station 2	856-221-4163
Care Coordination	856-221-4143	Teamwork Area 1	856-221-4164
Central Monitoring	856-221-4194	Teamwork Area 2	856-221-4162
Central Sterile		Structural Heart	856-221-4183
Materials Manager	856-221-4192	Surgery	
Central Sterile - Prep-Pack	856-221-4193	Control Center	856-221-4189
Dialysis - Nurse Station	856-221-4168	Dictation Area 1	856-221-4190
Emergency Department		Dictation Area 2	856-221-4191
Workroom Area	856-221-4178	Team Center 1	856-221-4151
Workstation Area	856-221-4177	Team Center 2	856-221-4186
Education	856-221-4184	Team Center 3	856-221-4187
Employee Health	856-221-4140	Team Center 4	856-221-4188
Environmental Services	856-221-4176	Volunteer Services	856-221-4158
Facilities	856-221-4182	Team Center 2	856-221-4186
Health Information Management	856-221-4180	Team Center 3	856-221-4187
Intensive Care Unit			
Teamwork 1	856-221-4169		
Teamwork 2	856-221-4170		
Imaging			
Clerical Work Room	856-221-4174		
Control	856-221-4172		
Passage	856-221-4173		
Supervisors	856-221-4175		
Team Station	856-221-4141		
Infection Control	856-221-4148		
Laboratory			
AC-SO	856-221-4147		
Admin	856-221-4146		
Blood Bank	856-221-4145		
Maternity	856-221-4150		
Medical Staff			
Hospitalist	856-221-4157		
Workroom Area	856-221-4144		
Mother Child	856-221-4149		
Observation			
Nurse Station 1	856-221-4166		
Teamwork Area 1	856-221-4167		
Pediatric ED	856-221-4179		
Pharmacy			
Coordinator	856-221-4154		
Med Dispensing	856-221-4153		
Storage	856-221-4152		
Quality			

MULLICA HILL EXTENSIONS

MULLICA HILL

DEPARTMENTS	Ext.	DEPARTMENTS	Ext.
Administration	82162	Pharmacy	81996
Admissions Front Desk	80068	Physical Therapy	80547
Anesthesia	81261	Pre - Admission Testing	80282
Bio-Medical	82135	Quality/Patient safty	82174
Boiler Room	81139	Radiology	82118
Cardiac Cath Lab	81227	Retail Pharmacy	81996
Cardiac Stress	81160	Risk Management	82177
Cardio Pulm.	81371	Room Service	81999
Care Coordination	81468	Security - Command Center	82138
Cat Scan	80003	Security Director - Kim Cavallaro	82139
Cath Lab	81227	Sterile Processing (Central Supply)	81250
CBIZ (Adreima)	80051	Store Room	80117
Central Monitoring	80305	Volunteers	82116
Dialysis	81383		
Dietary	82150		
Education	80382	FLOORS / UNITS	Ext.
Employee Health	80563	3 West - Observation	82030
File Rm Reports & Information	82111	ICU	82035
Financial Counselors	80050	4 West (SDU)	82040
Gift Shop	82108	4 East (SDU)	82045
Guest Services	80171	5 West (Acute)	82050
Hospitalist	80108	5 East (Acute)	82055
House Doctor	81372	LDRP	82020
Housekeeping	82153	ED Peds	82016
Human Resources	82170	ED Senior	81123
Infection Control	81378	ED Acute	82015
Information Desk	80067	ED NICU	81233
Laboratory	81670	Endoscopies	81277
LifeLine/CEED Coordinator	82116	ER Pat. Relations	81199
Linen Room	82149	Emergency Room	82015
Maintenance	82147	ED Behavioral Health	82017
Materials Management	80117	SIS/OR Front Desk	82025
Medical Records	80146	OR Waiting Room	81275
Medical Staff Office	82178	PAT Scheduling	80282
MRI	80006	Birth Certificates	81282
Nuclear Medicine	80007		
Nursing Office Scheduling	81375		
Nursing Supervisor	81374		
PACS	80057		
Palliative Care	81387		
Pastoral Care	82105		
Patient Relations	82113		
Radiology Control Room	80004		
Radiology Dr.	81156		
Reading Room - Physicians	81156		
Ultrasound - Vascular	81170		



**Inspira Health Medical Center – Elmer
Indoor Hospital Navigation
Points of Interest
Directory**

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And then:

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ID (Internal Use Only)	Campus Location	Level	Point of Interest
****	All Areas	All Floors	Restrooms (When a Restroom is selected as a destination distance is displayed to determine nearest to start location selected.)
6306	Emergency Department	1st Floor	Emergency Patient Beds #1-16
6249	Emergency Department	1st Floor	Emergency Room Check-in
6251	Emergency Department	1st Floor	Emergency Room Entrance
6247	Emergency Department	1st Floor	Emergency Room Waiting
6250	Emergency Department	1st Floor	Security
6234	Emergency Department	1st Floor	Vending Machines near ER Waiting
6233	Emergency Department	1st Floor	Vendor Check-in Kiosk, Rep Trax Sign In
6219	Hospital	1st Floor	ATM, Vending Machines near Main Lobby
6229	Hospital	1st Floor	Balance Center, EMG
6266	Hospital	1st Floor	Cafeteria
6237	Hospital	1st Floor	Cardiac Pulmonary Rehabilitation, Nuclear Cardiology, Cardiac Stress Testing, Routine Stress Testing, Stress ECHO, Tilt Table Test, Echocardiograms, ECHO, Bubble Study, Pulmonary Function, Complete PFT, ECG, EKG, Holter Monitoring, Heart Testing, ABG, Pulse Oximetry, Cardiac Pulmonary Rehab Check-in, Cardiopulmonary, 6 Minute Walk Testing, Balance Testing, Respiratory Testing, Breathing Test, Lung Testing, Brain Testing, Neuro Testing, Seizure Testing
6261	Hospital	1st Floor	Classroom B
6268	Hospital	1st Floor	Clinical Dietician Office

6215	Hospital	1st Floor	Elmer Community Hospital History
6224	Hospital	1st Floor	Elmer Heart and Lung Center, Cardiac and Pulmonary Rehab
6263	Hospital	1st Floor	Employee Health
6203	Hospital	1st Floor	Financial Information, Financial Assistance
6256	Hospital	1st Floor	Gift Shop
6253	Hospital	1st Floor	Health Information Management
6200	Hospital	1st Floor	Healthcare Concierge Hotline
6246	Hospital	1st Floor	Hyperbaric Room
6244	Hospital	1st Floor	Hyperbaric Therapy Check-In
6248	Hospital	1st Floor	Hyperbaric Therapy Consult Room
6217	Hospital	1st Floor	Labwork, Lab Client Services, Lab Patient Services
6194	Hospital	1st Floor	Main Entrance
6214	Hospital	1st Floor	Main Lobby
6272	Hospital	1st Floor	Maternity Department - DISABLED
6225	Hospital	1st Floor	Men's Locker Room
6195	Hospital	1st Floor	Patient Registration, Main Lobby Welcome Desk, Visitor Information
6213	Hospital	1st Floor	Pre-Admission Testing, Same Day Surgery
6238	Hospital	1st Floor	Radiology, CT Scan, Medical Imaging Registration, XRAY, Interventional Radiology, MRI, Ultrasounds, CAT Scan, DEXA Scan, Mammogram, Vascular Lab, Thyroid Scan, Thyroid Biopsy, Video Swallow Studies, Barium Swallow Testing, Upper GI's, Nuclear Medicine, STAT Lab Work after 5 PM, General Ultrasounds, Venous Doppler, Arterial Doppler, Carotid Doppler, General OB, Ultrasound Guided Procedures, Arthrogram, Scoliosis, Thoracentesis, Paracentesis
6260	Hospital	1st Floor	Staff Development, Nursing Education, Employee Education
6257	Hospital	1st Floor	Volunteer Office
6226	Hospital	1st Floor	Women's Locker Room
6297	Hospital	2nd Floor	2-East Patient Rooms 243 - 263
6280	Hospital	2nd Floor	2-South Patient Rooms 200 - 216
6291	Hospital	2nd Floor	Administrative Conference Room
6279	Hospital	2nd Floor	Chapel, Meditation Room
6287	Hospital	2nd Floor	Classroom A
6284	Hospital	2nd Floor	Community Room
6286	Hospital	2nd Floor	Human Resources (HR)
6293	Hospital	2nd Floor	ICU Consultation Room
6296	Hospital	2nd Floor	ICU Patient Rooms
6294	Hospital	2nd Floor	ICU Waiting
6283	Hospital	2nd Floor	Solarium Family Waiting Room
6301	Wound Care Center	1st Floor	Wound Care Center, Wound Care Center Lobby, Wound Care Center Registration

If any changes are required, please notify:

Jason Kelley at kellyj1@ihn.org

Kay Via at kvia@intraprisehealth.com

Thank you!



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****	All Areas	All Floors	Restrooms (When a Restroom is selected as a destination distance is displayed to determine nearest to start location selected.)
8074	Emergency Department	1st Floor	Behavioral Health Emergency Exam Rooms 1 - 6
8042	Emergency Department	1st Floor	ED Vending
8128	Emergency Department	1st Floor	Emergency Department Check-in, Emergency Department Registration
8033	Emergency Department	1st Floor	Emergency Department Waiting
8049	Emergency Department	1st Floor	Emergency Department Walk-in Entrance
8540	Emergency Department	1st Floor	Emergency Discharge Lounge
8045	Emergency Department	1st Floor	Emergency Discharge Office
8038	Emergency Department	1st Floor	Emergency Discharge Reception Desk
8066	Emergency Department	1st Floor	Emergency Exam Rooms 1 - 9
8068	Emergency Department	1st Floor	Emergency Exam Rooms 10 - 14
8067	Emergency Department	1st Floor	Emergency Exam Rooms 15 - 19
8069	Emergency Department	1st Floor	Emergency Exam Rooms 20 - 24
8043	Emergency Department	1st Floor	Emergency Exam Rooms 39 - 50
8061	Emergency Department	1st Floor	Pediatric Activity / Multipurpose Room
8059	Emergency Department	1st Floor	Pediatric Consult Room
8047	Emergency Department	1st Floor	Pediatric Emergency Department Waiting
8053	Emergency Department	1st Floor	Pediatric Emergency Exam Rooms 1 - 6
8057	Emergency Department	1st Floor	Pediatric Family Lounge
8063	Emergency Department	1st Floor	Pediatric Inpatient / Observation Rooms 7 -10

8034	Emergency Department	1st Floor	Security - Emergency Department
8070	Emergency Department	1st Floor	Senior Emergency Exam Rooms 25 - 31
8071	Emergency Department	1st Floor	Senior Emergency Exam Rooms 32 - 38
8031	Emergency Department	1st Floor	Vending Machines, Emergency Department Vending , ED Vending
8947	Emergency Department	Parking	Parking E West (To Emergency Entrance)
8120	Hospital	1st Floor	Administration Offices, Hospital Administration Offices
8121	Hospital	1st Floor	Administrative Conference Room 1
8115	Hospital	1st Floor	Administrative Conference Room 2
8117	Hospital	1st Floor	Administrative Conference Room 3
8112	Hospital	1st Floor	Administrative Conference Room 4
8125	Hospital	1st Floor	Administrative Conference Room 5
8084	Hospital	1st Floor	Cafeteria, Dining Room, The Bistro, The Servery
8025	Hospital	1st Floor	Chaplain
8093	Hospital	1st Floor	Classroom 1
8090	Hospital	1st Floor	Classroom 2
8092	Hospital	1st Floor	Classroom 3
8089	Hospital	1st Floor	Classroom 4
8087	Hospital	1st Floor	Classroom 5
8098	Hospital	1st Floor	Classroom A
8099	Hospital	1st Floor	Classroom B
8100	Hospital	1st Floor	Classroom C
8086	Hospital	1st Floor	CPR Classes, Baby Sitting Courses, Skills Fair, Birthing Classes, Parenting Classes, Breastfeeding Classes, Education Center
8537	Hospital	1st Floor	Education Center (Staff Entrance)
8020	Hospital	1st Floor	Foundation Donor Wall
8076	Hospital	1st Floor	Gift Shop
8104	Hospital	1st Floor	Human Resources
8017	Hospital	1st Floor	Inspira Health History
8078	Hospital	1st Floor	Inspira Health+
8077	Hospital	1st Floor	Lobby Conference Room, Hospital Lobby Conference Room
8006	Hospital	1st Floor	Main Entrance, Hospital Main Entrance
8021	Hospital	1st Floor	Main Lobby - 1st Floor, Hospital Main Lobby - 1st Floor
8528	Hospital	1st Floor	Medical Imaging & Cardio Diagnostics Check-in, Medical Imaging & Cardio Diagnostics Waiting
8110	Hospital	1st Floor	Medical Records, Health Information Management
8109	Hospital	1st Floor	Medical Staff Lounge
8123	Hospital	1st Floor	Medical Staff Office
8534	Hospital	1st Floor	Patient Registration, Main Lobby Welcome Desk, Guest Services, Hospital Main Lobby Welcome Desk
8009	Hospital	1st Floor	Radiology, CT Scan, Nuclear Medicine, MRI, XRAY, Cardiac Cath, Heart Catherizations, Interventional Radiology, Ultrasounds, CAT Scan, DEXA Scan, Mammogram, Angiograms, Vascular Lab, Thyroid Scan, Thyroid Biopsy, Breast Biopsy, Video Swallow Studies, Barium Swallow Testing, Upper GI's, Vascular Studies, General Ultrasounds, Venous Doppler, SAVI Scout Procedures, Cardiopulmonary Registration, Nuclear Cardiology, Cardiovascular Services, Cardiac Stress Testing, Routine Stress Testing, Stress ECHO, Tilt Table Test, Echocardiograms, ECHO, Bubble Study, Pulmonary Function,

			Complete PFT, Routine EEG, ECG, EKG, Holter Monitoring, Heart Testing, ABG, Pulse Oximetry, Cardiopulmonary, 6 Minute Walk Testing, Balance Testing, Respiratory Testing, Breathing Test, Lung Testing, Seizure Testing, Sterotactic Breast Biopsy, Arterial Doppler, Carotid Doppler, General OB, Ultrasound Guided Procedures, Sleep EEG
8018	Hospital	1st Floor	Reflection Room
8126	Hospital	1st Floor	Volunteer Office
8148	Hospital	2nd Floor	Birth Certificate Office
8146	Hospital	2nd Floor	Employee Lactation Room
8147	Hospital	2nd Floor	Intermediate Care Nursery Rooms 1 - 6
8150	Hospital	2nd Floor	Lactation Consultant
8151	Hospital	2nd Floor	Maternal Child Health Department, Labor & Delivery Rooms 1 - 20
8153	Hospital	2nd Floor	Maternal Child Health Waiting
8145	Hospital	2nd Floor	PACU/Recovery Rooms 1 - 14
8138	Hospital	2nd Floor	Prep / Recovery Rooms 1 - 10
8161	Hospital	2nd Floor	Prep / Recovery Rooms 11 - 32
8131	Hospital	2nd Floor	Security - Main Lobby (1st Floor), Concierge
8133	Hospital	2nd Floor	Surgery & Endoscopy Reception
8132	Hospital	2nd Floor	Surgical & Interventional Services Lobby - 2nd Floor
8166	Hospital	3rd Floor	Elevator Lobby - 3rd Floor
8175	Hospital	3rd Floor	ICU Conference Room, 3E Multipurpose 1
8172	Hospital	3rd Floor	ICU Consult Room
8170	Hospital	3rd Floor	ICU Family Locker Rooms
8169	Hospital	3rd Floor	ICU Family Lounge - 3rd Floor, ICU Waiting - 3rd Floor
8967	Hospital	3rd Floor	Inpatient / Observation Unit Rooms 333 - 364
8180	Hospital	3rd Floor	Intensive Care Unit Rooms 301 - 320
8915	Hospital	3rd Floor	Palliative Care
8190	Hospital	4th Floor	Conference Room - 4th Floor
8185	Hospital	4th Floor	Elevator Lobby - 4th Floor
8191	Hospital	4th Floor	Step Down Unit Rooms 401 - 432
8187	Hospital	4th Floor	Step Down Unit Rooms 433 - 464
8209	Hospital	5th Floor	Conference Room - 5th Floor
8196	Hospital	5th Floor	Elevator Lobby - 5th Floor
8211	Hospital	5th Floor	Employee Health
8203	Hospital	5th Floor	Medical Surgical Unit Rooms 501 - 532
8200	Hospital	5th Floor	Medical Surgical Unit Rooms 533 - 564
8210	Hospital	5th Floor	Rehab Gym
8977	Hospital	Parking	Parking A East (To Hospital Main Entrance)
8971	Hospital	Parking	Parking A North (To Outpatient or Hospital Entrances)
8832	MOB - Leading Edge Cancer Center	1st Floor	Cancer Center Elevator Lobby - 1st Floor
8814	MOB - Leading Edge Cancer Center	1st Floor	Cancer Center Entrance
8811	MOB - Leading Edge Cancer Center	1st Floor	Cancer Center Patient & Visitor Information
8809	MOB - Leading Edge Cancer Center	1st Floor	Patient and Family Resource Center

8833	MOB - Leading Edge Cancer Center	1st Floor	Radiation Oncology
8840	MOB - Leading Edge Cancer Center	2nd Floor	Cancer Center Elevator Lobby - 2nd Floor
8843	MOB - Leading Edge Cancer Center	2nd Floor	Infusion Center (Suite 200)
8846	MOB - Leading Edge Cancer Center	2nd Floor	Infusion Center Waiting
8876	MOB - Leading Edge Cancer Center	3rd Floor	Cancer Center Elevator Lobby - 3rd Floor
8878	MOB - Leading Edge Cancer Center	3rd Floor	Inspira Medical Group Specialty Services (Suite 300), IMG Hematology Specialty Services (Suite 300), IMG Oncology Specialty Services (Suite 300), IMG Breast Cancer Specialty Services (Suite 300), IMG Rectal Colon Specialty Services (Suite 300)
8935	MOB - Leading Edge Cancer Center	Parking	Parking B East (To Cancer Center Entrance)
8790	MOB - Outpatients	1st Floor	Avenue Café Vending
8787	MOB - Outpatients	1st Floor	Inspira Health Pharmacy (Suite 130)
8788	MOB - Outpatients	1st Floor	Outpatient Elevator Lobby - 1st Floor
8783	MOB - Outpatients	1st Floor	Outpatient Entrance
8793	MOB - Outpatients	1st Floor	Outpatient Lab Services (Suite 120), OP Imaging/XRAY Services (Suite 120), Pre-Admission Testing (Suite 120)
8786	MOB - Outpatients	1st Floor	Outpatient Patient & Visitor Information
8777	MOB - Outpatients	1st Floor	Premier Orthopaedics Radiation Oncology, Premier Orthopaedics Spine Associates, Premier Orthopaedics (Suite 150)
8779	MOB - Outpatients	1st Floor	Rehabilitation Services (Suite 140)
8923	MOB - Outpatients	2nd Floor	Advocare West Deptford Pediatrics (Suite 210)
8852	MOB - Outpatients	2nd Floor	IMG OB/GYN (Suite 220), Inspira Medical Group Obstetrics & Gynecology (Suite 220)
8868	MOB - Outpatients	2nd Floor	Maternal Fetal Medicine & Women's Imaging (Suite 240), MFM & Women's Imaging (Suite 240)
8854	MOB - Outpatients	2nd Floor	Outpatient Elevator Lobby - 2nd Floor
8914	MOB - Outpatients	3rd Floor	Cardiac and Pulmonary Rehabilitation (Suite 350)
8899	MOB - Outpatients	3rd Floor	Cumberland Nephrology Associates (Suite 310), ESA South Jersey Bariatrics (Suite 310), Warmouth Institute of Dermatology (Suite 310), Suite 310
8906	MOB - Outpatients	3rd Floor	Inspira Medical Group Bariatric Surgery (Suite 330), Inspira Medical Group Cardiology (Suite 330), Inspira Medical Group General & Vascular Surgery (Suite 330), Inspira Medical Group Pulmonology (Suite 330), Suite 330
8884	MOB - Outpatients	3rd Floor	Outpatient Elevator Lobby - 3rd Floor
8907	MOB - Outpatients	3rd Floor	Wound Care Services (Suite 340)

If any changes are required, please notify:

Jason Kelley at kellyj1@ihn.org

Kay Via at kvia@intraprisehealth.com



**Inspira Health Medical Center – Vineland
Indoor Hospital Navigation
Points of Interest
Directory**

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1094	Hospital	Garden Level	ATM, Public Telephone
1101	Hospital	Garden Level	Cafeteria
1102	Hospital	Garden Level	Dining Room
1099	Hospital	Garden Level	Garden Level Conference Room
1088	Hospital	Garden Level	Garden Level Museum
1103	Hospital	Garden Level	Vending Machines
1047	Emergency Department	1st Floor	Emergency Patient Beds #1-11, Senior Emergency Patient Beds #1-11, Emergency Patient Beds #12-19, Emergency Trauma Patient Beds #1-4, Emergency Pediatric Patient Beds #20-27, Emergency Room Check-in
1044	Emergency Department	1st Floor	Emergency Patient Beds #31-42, Side-D Emergency Patient Beds, Emergency Patient Beds #43-49
1049	Emergency Department	1st Floor	Emergency Room Entrance
1218	Emergency Department	1st Floor	Emergency Room Waiting, Senior Emergency Room Waiting
1045	Emergency Department	1st Floor	Vendor Check-in Kiosk, Security
1040	Hospital	1st Floor	1-East Patient Rooms 1 - 24
1030	Hospital	1st Floor	Birth Certificate Office
1038	Hospital	1st Floor	Birthing Suites 101 - 110, Labor & Delivery Rooms 101 - 110, Obstetrical Emergency Department - DISABLED
6304	Hospital	1st Floor	CK Classroom A

6191	Hospital	1st Floor	CK Classroom B
6190	Hospital	1st Floor	CK Conference Room
1010	Hospital	1st Floor	Coffee Cart
1214	Hospital	1st Floor	CT/MRI
1064	Hospital	1st Floor	Education Reception, CPR Classes, Residency Program, Mentoring Program, Shadowing Program, Graduate Medical Education, Weight Loss Counseling, Baby Sitting Courses, Skills Fair, Birthing Classes, Parenting Classes, Health Education, Maternity Tours, Breastfeeding Classes
1027	Hospital	1st Floor	Gift Shop
1056	Hospital	1st Floor	Health Information Management
9646	Hospital	1st Floor	Human Resources (HR)
1028	Hospital	1st Floor	Inspira Health+
1002	Hospital	1st Floor	Main Entrance
1005	Hospital	1st Floor	Main Lobby - 1st Floor
999	Hospital	1st Floor	Main Lobby Welcome Desk
1025	Hospital	1st Floor	Medical Imaging Registration
1014	Hospital	1st Floor	Memorial Garden
1016	Hospital	1st Floor	Memorial Garden Family Waiting
1031	Hospital	1st Floor	Mother Baby Patient Rooms 111 - 124 - DISABLED
1201	Hospital	1st Floor	Neonatal Intensive Care, Special Care Nursery - DISABLED
7114	Hospital	1st Floor	Outpatient Entrance
1061	Hospital	1st Floor	Outpatient Registration, Patient Business Services, Charity Care, Medicaid, Bill Payment, Financial Information, Diabetes Education, Nutrition Counseling, Labwork, Outpatient Waiting Room
1012	Hospital	1st Floor	Pediatric Patient Rooms 131 - 144 , 1-West Patient Rooms 125 - 130, 1-West Patient Rooms 145 - 152
1212	Hospital	1st Floor	Radiology, XRAY, Cardiac Cath, Heart Catherizations, Interventional Radiology, MRI, Ultrasounds, CAT Scan, CT Scan, DEXA Scan, Mammogram, Angiograms, Vascular Lab, Thyroid Scan, Thyroid Biopsy, Breast Biopsy, Video Swallow Studies, Barium Swallow Testing, Upper GI's, Nuclear Medicine, Fistulograms, STAT Lab Work after 5 PM, Heart & Vascular Same Day Surgery, Vascular Studies, General Ultrasounds, Venous Doppler, SAVI Scout Procedures, Cardiopulmonary Registration, Nuclear Cardiology, Cardiovascular Services, Cardiac Stress Testing, Routine Stress Testing, Stress ECHO, Tilt Table Test, Echocardiograms, ECHO, Bubble Study, Pulmonary Function, Complete PFT, Routine EEG, Sleep Deprived EEG, ECG, EKG, Holter Monitoring, Heart Testing, ABG, Pulse Oximetry, Cardiopulmonary, 6 Minute Walk Testing, Balance Testing, Respiratory Testing, Breathing Test, Lung Testing, Brain Testing, Neuro Testing, Seizure Testing, Sterotactic Breast Biopsy, Arterial Doppler, Carotid Doppler, General OB
1037	Hospital	1st Floor	Women's & Children's Outpatient Reception, Outpatient Children's Services Waiting Room, Maternal Fetal Medicine, Fetal Echoes, First Screen, Sequential Screen, Antenatal Testing Unit (ATU), Non Stress Testing, Monitoring, Rhogam Injection, Preconception Consultation, Genetic Testing, Amniocentesis,

			Chorionic Villus Sampling, Version, External Cephalic Version, CHOP Cardiology
1033	Hospital	1st Floor	Women's Imaging Reception, Vascular Lab Reception, Breast Imaging Center
6186	Hospital	2nd Floor	2-East Conference Room A
6188	Hospital	2nd Floor	2-East Conference Room B
6187	Hospital	2nd Floor	2-East Family Waiting Room
6189	Hospital	2nd Floor	2-East Patient Rooms 263 - 298
1121	Hospital	2nd Floor	Chapel, Meditation Room
1133	Hospital	2nd Floor	ICU Family Waiting - 2nd Floor
1123	Hospital	2nd Floor	Spiritual Care, Chaplain
1113	Hospital	2nd Floor	Surgery & Endoscopy Reception, Pre-Admission Testing, Surgical Greeting Station
1124	Hospital	2nd Floor	Surgical Acute Patient Rooms 227 - 262
1204	Hospital	2nd Floor	Surgical Care Center Lobby - 2nd Floor
1111	Hospital	2nd Floor	Surgical Care Conference Room
1135	Hospital	2nd Floor	Surgical ICU Patient Rooms 201 - 212
1130	Hospital	2nd Floor	Surgical Step Down Patient Rooms 211 - 226
1117	Hospital	2nd Floor	Wi-fi Bar
1166	Hospital	3rd Floor	Employee Health
1168	Hospital	3rd Floor	ICU Family Waiting - 3rd Floor
1162	Hospital	3rd Floor	Medical Acute Patient Rooms 326 - 362
1173	Hospital	3rd Floor	Medical Care Center Lobby - 3rd Floor
1155	Hospital	3rd Floor	Medical Conference Room
1170	Hospital	3rd Floor	Medical ICU Patient Rooms 301 - 312
1164	Hospital	3rd Floor	Medical Step Down Patient Rooms 313 - 325
1184	Hospital	4th Floor	Cardiac Acute Patient Rooms 426 - 462
1189	Hospital	4th Floor	Cardiac Care 4th Floor Conference Room
1176	Hospital	4th Floor	Cardiac Care Center Lobby - 4th Floor
1202	Hospital	4th Floor	Cardiac Care Reception, Volunteer Greeting Station
1198	Hospital	4th Floor	Cardiac ICU Patient Rooms 401 - 412
1191	Hospital	4th Floor	Cardiac Pulmonary Rehab Check-in
1193	Hospital	4th Floor	Cardiac Pulmonary Rehabilitation
1194	Hospital	4th Floor	Cardiac Step Down Patient Rooms 413 - 425
1196	Hospital	4th Floor	ICU Family Waiting - 4th Floor
1078	Scarpa Pavilion	1st Floor	Radiation Oncology, Lauren Krill, MD, Glenda Smith MD, Joseph Fanelle MD , Cancer Treatment Center, PET SCAN
1074	Scarpa Pavilion	1st Floor	Scarpa Cancer Pavilion Entrance
1138	Scarpa Pavilion	2nd Floor	Cancer Pavilion Reception - 2nd Floor, NJCEED Cumberland County
1146	Scarpa Pavilion	2nd Floor	Gus J. Slotman MD, Nandini N. Kulkarni, MD, Peter J. Senatore, Jr., MD, Vinay Gundlapalli, MD
1141	Scarpa Pavilion	2nd Floor	Medical Outpatient Services
1076	SOHA	1st Floor	SOHA Reception, Southern Oncology Associates, Southern Hematology Associates, Rama Sudhindra MD, Kush Sachdeva MD, Shailja Roy MD, Benjamin Negin MD, Omar Al Ustwani MD, Vijay Sandilya MD, Mysti Blizzard, APN, Jennifer Clark APN
1075	SOHA	1st Floor	Southern Oncology Associates Entrance, Southern Hematology Associates Entrance

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Kay Via at kvia@intraprisehealth.com

Thank you!