MANUAL OF POLICIES AND PROCEDURES FOR MEDICAL EDUCATION RESIDENT STAFF

HOUSE STAFF MANUAL
2016-17

GREENVILLE HEALTH SYSTEM
# 2016-17 Manual of Policies and Procedures
## Medical Education Resident Staff
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FOREWORD

The Greenville Health System (GHS) is a voluntary, community, nonprofit organization owned and operated by an independent, self-perpetuating Board of Trustees. Upon this Board rests the full responsibility for the operation of the Hospital, the quality of care rendered, and the relationship with the entire community.

MANUAL OF POLICIES AND PROCEDURES FOR GRADUATE MEDICAL EDUCATION RESIDENTS/FELLOWS *

Purpose

1. The Greenville Health System is an ACGME accredited Graduate Medical Education (GME) teaching institution. The GHS Medical Staff is responsible for assuring supervision of all resident/fellow educational activities including patient care. Through its by-laws, the GHS Medical Staff has delegated this responsibility to Graduate Medical Education. Graduate Medical Education fulfills this responsibility through its full time and volunteer faculty teaching staff.

2. Graduate Medical Education and the GHS Medical Staff supervise the residents/fellows in accordance with this Manual of Policies and Procedures for Graduate Medical Education, the Greenville Health System Medical Staff Bylaws, and the program policy manuals.

3. As a condition of his/her continuing participation in the Graduate Medical Education programs, each resident/fellow will comply with this Manual, all GHS Medical Staff Policies and Procedures, all GHS Policies and Procedures, and all policies and procedures specific to his/her teaching program.

* The House Staff Manual is located online and is subject to change. Please continue to refer to the online document at: [http://www.ghs.org/House_Staff_Manual](http://www.ghs.org/House_Staff_Manual).

HOUSE STAFF MANUAL AMENDMENTS

The GHS House Staff Manual may be edited and updated as needed. Any edit and/or update will be separately communicated to the House Staff Senate leadership prior to uploading on the GHS website.
Greenville Health System recognizes the value of and enthusiastically supports the provision of medical education and, consequently, has included this commitment in the Bylaws in the GHS Board of Trustees under Article II, Section 2.6-1(11) "To provide teaching and instruction programs and schools for physicians, nurses, allied health professionals, pharmacists, case workers, administrators, and other persons." In accord, Greenville Health System is committed to "providing the necessary financial support for administrative, educational, and clinical resources, including personnel" in order to support graduate medical education. Further, Greenville Health System is committed to and responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.

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Michael C. Riordan  
President and Chief Executive Officer

James C. Morton  
Chairman, Board of Trustees

May 13, 2015
RESIDENT PHYSICIANS/HOUSE STAFF TEACHING-LEARNING COMMITMENT

Emarking upon a career in medicine means you are accepting the responsibilities and unique privileges of the medical profession. Self-monitoring, self-governance, self-reflection, and our responsibilities for professional stewardship are essential to the learning and teaching environment of graduate medical education. We understand that it is a great honor and privilege to study and work in the health care profession. As members of the Greenville Health System University Medical Center community, we promise to uphold the highest standards of ethical and compassionate behavior while learning, teaching, caring for others, performing research, and participating in educational activities. We commit to the following values that will guide us during our years at the Greenville Health System University Medical Center and throughout our careers.

HONESTY
- We will maintain the highest standards of honesty.
- We will be considerate and truthful when engaged in patient care, and will accurately report all historical and physical findings, test results, and other pertinent information.
- We will conduct research activities in an unbiased manner, report the results truthfully, and credit ideas developed and worked on by others.

INTEGRITY
- We will conduct ourselves professionally; acting authentically and in truth.
- We will take responsibility for what we say and do.
- We will recognize our own limitations and will seek help; embracing individual and organizational learning.

RESPECT
- We will contribute to creating a safe and supportive atmosphere for teaching and learning.
- We will acknowledge and appreciate diversity; respecting the dignity of others, treating others with civility and understanding.
- We will regard privacy and confidentiality as core obligations.

LIFE-LONG LEARNING
- We will respect change; striving for continuous improvements and learning within discipline-specific and system-based practices.
- We will openly engage in meaningful dialogue, information sharing, and reflection exercises that contribute positively to organizational learning and self-mastery.
- We believe learning is an endless process throughout life; we will encourage intellectual adventures and contribute to innovations in healthcare.

The Graduate Medical Education Promise

Greenville Health System University Medical Center promises to create a professional environment that fosters excellence, encourages diversity, and values each individual’s unique contribution to our teaching-learning organization and community.

Approved by: House Staff Senate
May 12, 2015
RESIDENT PHYSICIAN PROFESSIONAL RESPONSIBILITY

GHS provides formal educational activities to create a shared mental model of physician and interdisciplinary team professionalism that contribute to high quality patient care. Resident physicians participate in graduate medical education including classroom and lecture sessions, patient care responsibilities, and other activities as determined by Resident Physician's specific graduate medical education programs. Resident physicians are to perform all duties and services in a competent, professional, and effective manner, consistent with the prevailing standard of care and shall at all times conduct himself/herself in a professional manner through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population as noted in the resident contract. Resident physician shall adhere to the policies, procedures, rules, and regulations of GHS, the Office of Graduate Medical Education & Residency Affairs, and Resident Physician’s academic department including but not limited to those set forth in the current House Staff Manual. Resident physician should also abide the Resident physician/House Staff values and guidance as reflected in GHS’ Manual of Policies and Procedures for Medical Education Resident Staff’s (“House Staff Manual”) Teaching/Learning Commitment. The resident physician shall at all times conduct himself/herself in a manner which does not disrupt the orderly operation of any GHS facility or adversely impact the public's perception of GHS, its employees, officers, facilities, or programs.

By signing the resident contract, residents specifically agree that he/she has read and understands the specific requirements of the House Staff Manual and the terms and provisions of professional employment. In addition, resident physicians must abide by the provisions of GHS’s current Medical Staff Bylaws and Rules and Regulations as they apply to members of the Resident Physician House Staff. Employment is dependent upon the Resident Physician obtaining a license to practice medicine in the State of South Carolina. Promotion and subsequent additional contracts are not guaranteed and will be based upon the performance evaluation process of the Resident Physician’s academic department and the resident’s professional conduct and behavior. The qualifications to be maintained by Resident Physician and the process for regular evaluation, promotion, and eligibility for specialty board examinations of Resident Physician's performance shall be as described in the House Staff Manual. GHS has the option to immediately terminate a resident contract “for cause.” Termination for cause includes, but is not limited to, the following events:

a. Resident Physician's physical or mental condition that (1) renders Resident Physician unable to perform the essential functions of his/her job or (2) poses a direct threat to Resident Physician or others and that inability or threat cannot be eliminated through reasonable accommodation; provided, however, that any such termination shall be in accordance with the Americans with Disabilities Act or other applicable law; or

b. failure by Resident Physician to abide by GHS, Office of Graduate Medical Education & Residency Affairs, or Resident Physician’s academic department policies, procedures, rules and regulations, the House Staff Manual, or the Medical Staff Bylaws, Rules, and Regulations; or

c. conduct by Resident Physician which violates GHS Policy; or

d. the initiation of formal criminal proceedings or civil exclusion proceedings by any governmental agency having jurisdiction over matters concerning controlled substances, Medicare fraud and abuse or federal healthcare offenses where such proceedings arise out of Resident Physician's own actions or knowing participation in the alleged activities; or

e. failure by Resident Physician to maintain satisfactory levels of academic and/or clinical (patient care) performance as determined through periodic evaluations performed by the appropriate Program Director or his/her designee;  
f. failure by Resident Physician to maintain appropriate licensure from the South Carolina State Board of Medical Examiners or South Carolina Department of Health and Environmental Control to practice medicine or write prescriptions under the state or federal controlled substances acts; or

g. Material breach of any provision of the Resident Physician contract.
Periodic monitoring of resident physician professionalism is essential to identifying vulnerabilities and designing actions to enhance patient care.

Resident physicians shall abide by the Greenville Health System Code of Excellence and the Greenville Health System Confidentiality Agreement. These documents will be included in every Resident’s Onboarding Checklist that will be distributed in New Innovations prior to arrival at GHS. Residents are required to sign Statements of Acknowledgement, Acceptance and Agreement of such Codes by the deadline set in New Innovations.

Physician Residents are to comply with ACGME Duty Hour rules (as applicable) and document his/her daily duty hours at least bi-weekly using the New Innovations Resident Management System.

Physician Residents are to comply with appropriate documentation of clinical care in the GHS electronic medical record and other forms of required and necessary clinical communications and documentation. Delinquency of medical record documentation is considered a non-professional behavior and will be addressed via your Program Director as outlined in the House Staff Manual.
Section I: Programs Overview
GME PROGRAM OVERVIEW

Greenville Memorial Medical Center is an Accreditation Council for Graduate Medical Education (ACGME) accredited Graduate Medical Education (GME) teaching institution. The Greenville Health System (GHS) Medical Staff accepts responsibility for assuring supervision of all resident/fellow educational activities including patient care. Through its by-laws, the GHS Medical Staff has delegated this responsibility to Graduate Medical Education. Graduate Medical Education fulfills this responsibility through its full time and volunteer faculty teaching staff.

Faculty members have the dual obligations of training residents/fellows progressively to independence and assuring provision of safe patient care. In order to fulfill these obligations all patients admitted to GHS have an attending physician who is a member of the Medical Staff. Residents/fellows participate in the care of these patients with the agreement and at the invitation of the attending physician. It is understood that residents/fellows have no independent Medical Staff privileges within Greenville Health System. Therefore, a resident/fellow may perform only those cares and procedures for which the patient's attending physician has privileges.

Fundamental to the GME process is the tenet that residents/fellows must be supervised in such a manner that allows them to assume progressively increasing responsibility and autonomy commensurate with their individual levels of education, ability, and expertise. While the resident/fellow credentialing process is implicit within the program description of resident/fellow responsibilities at each year level of training, it is a fact that resident/fellow peers progress at different rates due to individual abilities and variable experiences determined by timing of educational rotations. Consequently, only the attending physician is qualified to determine the capabilities of any individual resident/fellow at any given time. This requires that the teaching staff on-call arrangements be structured to ensure that appropriate supervision is readily available at all times to residents/fellows on duty. In accordance with the system’s recognized patient care chain of command policies and procedures, uncertainty regarding the qualifications of a resident/fellow to provide specific cares for a patient should be addressed to the attending physician or his/her medical staff designee.

All residency/fellowship programs maintain a departmental manual specific to their requirements. Please refer to your departmental policy manual for further guidance. This manual also defines the department specific policies and procedures. Topics covered in each program manual are included on the following page. Information specific to the previous, current, or anticipated experience of an individual resident/fellow should be solicited on an as needed basis from the departmental Program Director and/or Program Coordinator and can be located on the individual department Web pages as follows:

- Family Medicine Residency Program: [www.ghs.org/CFM](http://www.ghs.org/CFM)
- General Surgery Residency Program: [www.ghs.org/Surgery-Residency](http://www.ghs.org/Surgery-Residency)
- Internal Medicine Residency Program: [www.ghs.org/Internal-Medicine-Residency](http://www.ghs.org/Internal-Medicine-Residency)
- Med-Peds Residency Program: [www.ghs.org/Med-Peds](http://www.ghs.org/Med-Peds)
- OBGYN Residency Program: [www.ghs.org/OBGYN-Residency-Program](http://www.ghs.org/OBGYN-Residency-Program)
- Orthopaedic Surgery Residency Program: [www.ghs.org/Orthopaedic-Surgery-Residency](http://www.ghs.org/Orthopaedic-Surgery-Residency)
- Pediatric Residency Program: [www.ghs.org/Peds-Residency-Program](http://www.ghs.org/Peds-Residency-Program)
- Psychiatry Residency Program: [http://www.ghs.org/Psychiatry_residency](http://www.ghs.org/Psychiatry_residency)
- Emergency Medicine Residency Program (pending):
- Dev-Behavioral Peds Fellowship Program: [www.ghs.org/Dev-BehevPeds](http://www.ghs.org/Dev-BehevPeds)
- Total Joint reconstructive Fellowship: (No website)
- Orthopaedic Sports Medicine Fellowship: (No Website)
PROGRAM POLICY MANUALS

Individual Residency/Fellowship Programs have their own Residency/Fellowship-specific Policy and Procedures Manual. All residency/fellowship-specific policies and procedures are congruent with the House Staff Manual and have a common set of contents:

Program Overview and Objectives
Curriculum and Training by Year
Learning Portfolios
Policies and Procedures
  • Performance Evaluations and Milestone Assessments
  • Duty Hours and professional documentation
  • Selection Criteria
  • Promotion
  • Discipline and Termination
  • Moonlighting Policy and Procedures of Residents/Fellows
  • Medical Staff Supervision of Resident/Fellow Patient Care Activities including procedure verification process
  • Communication and Transitions of Care
  • Sleep Deprivation and Fatigue
  • Patient Care Chain of Command
  • Patient Safety / Quality Improvement
  • Personal Problems and Concerns/Reporting Anonymity/Employee Assistance Program
  • PTO and Time-off Usage
    o PTO Request Procedures
    o Holiday PTO
    o Educational Leave
    o Maternity Leave
  • Anonymous Reporting

As referenced in applicable materials within the House Staff Manual, the residency/fellowship-specific policy and procedures manuals may provide further guidance in the following areas of interest:

• Conferences
• Research
• Emergency Medicine 1st Year Orientation
• Critical Care Rotation
• Keys
• Loan Deferments
• Change of Residency/Fellowship Program Procedure
• Dress Code/Uniforms
• Working Hours
• Resident/Fellow Vacation Statement
• Illness
• Vendor Policy
• International Electives

You are expected to be knowledgeable and to be able to reference both the House Staff Manual and your specific Residency/Fellowship Program’s Policies and Procedures Manual.
The Clinical University:
Activity & Relationship to GHS Management Structure

Legend:
- Organizational decision-making body/group
- Coordinates, recommends, communicates, vets, engages, advises and makes focused
- Functional (operational) unit/Organized activity
- RDC: Governance not determined
VISION, MISSION, AND VALUES

VISION
Transform health care for the benefit of the people and communities we serve.

MISSION
Heal compassionately. Teach innovatively. Improve constantly.

VALUES
Together we serve with integrity, respect, trust and openness.
MEDICAL STAFF

The Greenville Health System is an open staff hospital, which means that all qualified physicians are eligible to apply for staff privileges. The Staff is composed of Clinical, Clinical Administrative, Membership without Privileges, Medical Administrative, Consulting, Honorary, and Allied Health Professionals. The general qualifications and obligations of these categories may be found in the Medical Staff Bylaws and Credentials Procedure Manual, which is available online or in the office of the Vice President for Academics. Teaching Staff qualifications and obligations are included in that manual for your review.

MEDICAL STAFF SUPERVISION OF RESIDENT/-FELLOW PATIENT CARE ACTIVITIES

Graduate Medical Education and GHS Medical Staff will supervise resident staff in accordance with GHS Medical Staff Policy, Graduate Medical Education Manual of Policies and Procedures, and program specific policies and procedures. Please refer to your departmental policy manual for further guidance (patient care chain of command). Please see the GME Overview in Section I and the Communication and Hand-offs Policy in Section III of this manual.

Credentialing of residents is the responsibility of the Designated Institutional Official (DIO) and Associate Dean for graduate Medical Education and the Graduate Medical Education Committee (GMEC). Please see policy below.

The granting of a locum tenens which would require using GHS facilities is strictly forbidden to members of the resident staff. A resident staff member does not have the appropriate hospital privileges to cover for the patients or practice of a member(s) of the GHS Medical Staff. Resident staff implies that supervision is always available. A locum tenens implies that the resident staff member is practicing without this supervision. Failure to comply with this restriction is grounds for immediate dismissal.

GREENVILLE HEALTH SYSTEM-MEDICAL STAFF POLICY ON SUPERVISION OF RESIDENTS

Residents shall be supervised by the Medical Staff in accordance with the Manual of Policies and Procedures for Medical Education Resident Staff. The Manual is available to any interested medical staff member through the Office of Graduate Medical Education.

The review of safety and quality of services as rendered through the postgraduate medical education services shall be essentially the same as for all other patient care areas. The faculty staff member attending to those patients managed through an academic program is recognized to be the responsible party when quality of care is considered.
The Designated Institutional Official (DIO) and Associate Dean for graduate Medical Education with responsibility for the management of the post-graduate medical education program shall be a member of the Medical Executive Committee.

An annual report shall be made to the Medical Staff by the Designated Institutional Official (DIO) and Associate Dean for graduate Medical Education responsible for the management of the postgraduate medical education program. The report shall communicate information about the educational needs, performance of the participants in the program, and compliance with the standards as established by the appropriate graduate education accrediting body. This report will also be communicated to the Board of Trustees.

Approved by the Board of Trustees: July 27, 1999
Revised: December 17, 2001
Reviewed: September 23, 2002
December 6, 2005
January 29, 2010
Reapproved: September 11, 2007

GREENVILLE HEALTH SYSTEM
MANUAL OF POLICY DIRECTIVES

POLICY: S- 050-24
TITLE: Patient Care Chain of Command and Physician Notification
DATE: November 1, 2010 (Revised)
September 24, 2015 (Revised)

I. Policy. When a question arises concerning the appropriateness of any aspect of patient care, patient safety, or potential risk of injury or harm to a patient, professional licensed staff members should follow the patient care chain of command and physician notification policy.

In addition, patients or their families may request that their attending physicians be contacted at any time regarding their medical care. Staff should assess and address the needs of the patient and attempt to resolve those needs. If the staff is unable to resolve the patient’s needs, or if so requested by the patient or family, staff must contact the attending physician, or provide the patient with number to contact the physician in accordance with the SC Lewis Blackman Patient Safety Act (see policy S-015-02).

II. Desired Outcome. Implementation of the patient care chain of command policy will ensure that:
A. The appropriate people are aware of the situation
B. Issues progress from the level closest to the event and move up as the situation warrants
C. Accountability is maintained when issues are no longer being managed effectively

III. Procedure
A. The professional licensed staff member involved in caring for a patient about whom
there is a concern or who has had a significant change in his or her condition should notify
the resident physician (house staff) or the patient’s attending as appropriate and the charge
person, supervisor or manager for that department or area.

B. If there is continued concern or the patient’s condition warrants it, the resident physician or
patient’s attending physician as appropriate, or the registered nurse will activate the
physician’s chain of command (See Below [Policy S-050-24.A1])

C. If the attending physician cannot be reached immediately in an emergency situation, call a
code or the Rapid Response Team and then continue trying to reach the attending
physician.

D. In the event of urgent patient care matters, the resident physician and attending physician
are expected to respond immediately. In the event the attending or another member of the
medical staff does not respond immediately, appropriate for the patient’s condition, continue
up the physician chain of command (See Appendix A [Policy S-050-24.A1]).

E. Note: The aforementioned sequence for activating the physician’s chain of command does
not prevent a registered nurse from calling an attending physician directly at any time if
deemed necessary by the patient’s condition or circumstances.

F. All steps taken in the patient care chain of command for a clinical issue will be documented
in the patient’s medical record. Documentation shall include the date and time of attempted
contacts, name of the person contacted, response, orders/directions received, and any other
pertinent information.

G. The following steps should be implemented when a patient or family request to speak with
the attending physician about the patient’s medical care:

1. The staff member should attempt to resolve the patient’s or family’s concerns. If the
staff member is unable to resolve the concern, the staff member should contact the
attending physician or provide the patient or family with the number to contact the
physician if requested.

2. In the event the attending physician or designee does not respond, the staff member
will proceed up the physician’s chain of command as indicated in Appendix A (Policy
S-050-24.A1) as designated by your Medical Division/area of service.

H. Retaliation by any party against another is prohibited when the chain of command procedure
is activated.

I. Note: A patient’s clinical condition may compel a physician to order a diagnostic study,
procedure or treatment (including, but not limited to the administration of pharmaceutical or
therapeutic agents) that falls outside a GHS accepted protocol or policy, if doing so is in the
best interest of the patient. In such an event, effective communication between the physician
and licensed professional staff member facilitates safe and timely treatment. Accordingly,
the licensed professional staff member and the ordering physician will adhere to the
following:

1. The physician will clearly explain the clinical reasons for his order to the licensed
professional staff member involved in the patient’s care.

2. The licensed professional staff member will listen to the physician’s explanation, ask
appropriate questions, and exercise his or her independent critical thinking skills
within the legal scope of practice for that discipline.

3. If, in the licensed professional staff member’s judgment, the physician has offered a
sound clinical reason for ordering a study, procedure, or treatment outside of GHS
policy or protocol, the licensed professional staff member will take the necessary
steps to carry out the physician’s order in a timely manner. In addition:

a. Both the physician and the licensed professional staff member will document
fully the clinical reasons for providing care outside of protocol or policy in the
patient’s medical chart;
b. A physician should be present at the patient’s bedside when care outside of protocol or policy is administered; and,
c. The physician is expected to report the treatment decision to the appropriate department chair or designee (e.g. vice chair of quality, other vice chair, division chair)

4. If, in the licensed professional staff member’s judgment, the physician has not offered a sound clinical reason for ordering a study, procedure, or treatment outside of GHS policy or protocol, or if in such staff member’s judgment, the ordered care poses an unreasonable risk to the patient under the circumstances, the staff member will follow the chain of command procedures set forth in this policy, including the documentation requirements. The chain of command procedures will be implemented as expeditiously as possible to facilitate timely resolution and minimize delay in treatment.

5. Risk Management should be contacted if the event may require a disclosure pursuant to S-050-46, Disclosure of Unanticipated Outcomes Related to Medical Errors.

Please refer to your departmental policy manual for further guidance.

GREENVILLE HEALTH SYSTEM
MANUAL OF POLICY DIRECTIVES


TITLE: Physician’s Notification Sequence – Appendix A

DATE: November 1, 2010 (Revised)

Physician’s Notification Sequence

1. Resident/Fellow in charge of the patient’s care

2. Senior Resident, Chief Resident, or other physician as directed by division/department guidelines

3. Attending physician or member of his/her group

4. Unit Medical Director

5. Division Chair, if applicable, or department Vice Chair of Quality

6. Department Chair

7. Medical Staff Vice President

8. Medical Staff President

9. Chief of Medical Staff Affairs
TEACHING STAFF

Teaching Staff are responsible to the Department Chair of the residency/fellowship program in which teaching staff privileges have been granted. With the consent of the patient, all patients admitted by members of the Teaching Staff will be available for teaching purposes. Members of the Teaching Staff will enjoy their privileges and continue their appointment subject to satisfactorily carrying out their assigned duties as directed by the teaching staff of the individual departments.

RESIDENTS AS TEACHERS

As GHS physician residents, you will play a critical role in educating USC School of Medicine Greenville medical students. During your general orientation you will be provided important information you should know as a teacher of USC Greenville and other visiting students. You will receive information on Program Level Objectives for the medical school, the curriculum, teacher-learned contracts, and student checklists and assessment. The Residents as Teachers orientation and other instructor training opportunities will provide basic education that addresses the teaching skills needed and relevant to training our medical students in both clinical and non-clinical settings. You will be provided training on topics such as effective teaching methods, feedback, precepting and coaching skills, teaching at the bedside, teaching with simulations for instruction and facilitation of simulation-based trainings, and more.

USC SOM Greenville faculty is available to provide other resources to help enhance your competence as a teacher/educator. Resources may include books, articles, links to videos, and other useful websites. As a physician resident you wear many hats and the school’s leaders and faculty look forward to working with you to enhance the skills required when wearing your educator hat.

HOUSE STAFF SENATE

This leadership committee is composed of the elected house staff president, elected vice president, elected secretary, and a peer selected resident representative from each program. All residents holding an active appointment in the House Staff of the Greenville Health System are considered members of the House Staff Senate. House Staff Representatives on system-wide committees are also regular attendees. The Associate Dean for Graduate Medical Education serves as Advisor. The Administrator of Graduate Medical Education and the Manager of GME Curriculum serve as Administration Representatives and as staff support. The purpose of this committee is to address concerns of the house staff and act as a liaison between the house staff and administration. House Staff Senate By-laws are located online and in the Office of Graduate Medical Education. Meetings are held monthly.
HOUSE SENATE OFFICERS 2016- 2017

Elected Officers:

Richard O’Neal, MD - House Senate President
Arwa Zakaria, DO - House Senate Vice President
Laura Roache, DO - House Senate Secretary

Residency Representatives:

Family Medicine: Bettina Rodriguez; Brian Schutzbach
Gen Surgery: Mackenzie Bartz; Thekla Bacharach
Internal Medicine: Tim Maddux/Darion Showell
Med/Peds: Jeremy Loberger
Ob/Gyn: Kelly Kline, Margeaux McGraw
Orthopaedics: Aaron Creek
Pediatrics: Kym Do
Psychiatry: Jasita Sachar

Meets 2nd Tues every month @ 5:15 pm – 6:00 pm - CC6
Contact: Cindy Youssef, Office of Graduate Medical Education and Residency Affairs

CHIEF RESIDENTS 2016 – 2017

FAMILY MEDICINE
Amanda Palich, MD
Bettina Rodriguez, MD

MED/PEDS
Bernadette Wood, MD

ORTHOPAEDICS
Aaron Creek, MD
Richard “Trey” Gurich, Jr., MD

PSYCHIATRY
Louis Viamonte, MD

INTERNAL MEDICINE
Tim Maddux, MD
Darion Showell, DO

OB/GYN
Chelsea Fox, MD
Misty McDowell, MD

PEDIATRICS
Mark Krom, DO
Teresa Williams, MD

SURGERY
Michael Harling, MD
Megan Straughan, MD
SYSTEM COMMITTEES: RESIDENT REPRESENTATION
Academic Year 2016

Graduate Medical Education Committee
Richard O'Neal, MD - House Senate President (Internal Medicine)
Arwa Zakaria, DO - House Senate Vice President (Internal Medicine)
Laura Roache, DO - House Senate Secretary (Internal Medicine)
Meets 4th Thurs every other month @ 8:00 – 10:00 am - except 3rd Thurs Nov & Dec – CC3
Designated Institutional Official and Chair: Edward W. Bray III, MD
Contact: Cindy Youssef

Academic Council
Richard O'Neal, MD - House Senate President
Meets 2nd Thursday every other month @ 7:00 am – 9:00 am – MIPH Auditorium
Physician Chair: Dr. Spence Taylor/Dr. Jerry Youkey
Contact: Derek Payne 5-8213

Medical Staff Performance Improvement Committee
Margeaux McGraw (OB/GYN)
Meets 3rd Tues every other month @ 5:00 – 7:00 pm; 3rd Thurs – CC1
Purpose: To oversee the Medical Staff’s responsibility for ensuring the quality and safety of care, treatment, and services provided to patients.
Physician Chair: Dr. Austin Rauniker
Contact: Dianne Dempsey/Stephanie Cox 5-7125

Pediatrics Code Stat
Jeremy Loberger, MD (MedPeds)
Bekah Hovland (MedPeds)
Meets quarterly: Aug.; Oct. 12:00 -1:00 in CC 6
Physician Liaison: Eric Berning, MD
Contact: Casey Skinner (Interim CPS for Pediatrics)

Adult Code Stat
Katherine Whitfield, DO (Internal Medicine)
Mary Blumer (Internal Medicine)
Rachel Quaney, MD (Internal Medicine)
Meets 3rd Thursday each month @ 12:30 – 1:30 pm - ST 41
Physician Liaison: Dr. Kyle Meade
Contact: Sue Beswick 5-4884

Pharmacy & Therapeutics
Clay Evans (IM)
Meets 2nd Wed every month @ 5:30 – 7:30 pm – CC1
Physician Chair: Will Cobb, MD
Contact: Jenny Gurule, Medical Staff Office  5-3102; Lucy Crosby, R.Ph. 5-7948

Information Technology
Kyle Torni (Peds)
Meets 3rd Thurs every month @ 7:00 – 8:30 am – reminder to be sent of meeting and room
Physician Chair - Jeff Gerac MD
Contact: Barbara West  5-4707

Ethics Committee
Sheena Henry (IM)
Meets 3rd Thursday of every month in GHS Board Room.
Physician Chair: Dr. Matthew Hindman

Library Committee
Richard O'Neal (IM)
Meets twice a year (August 17th Noon CC-6, February).
Purpose: Evaluates material that is being considered for purchase (print and electronic) makes suggestions for journal and database subscriptions, reviews as needed policies and procedures on library services. Prefer to have a resident there for input.
Contact: Fay Towell, librarian

Accessibility Committee
Nahid Nadiri (Psych)
Meets Quarterly (just met in July 2016), Roger C. Peace Conference Room
Purpose: This committee is focused on accessibility for patients, employees and visitors with disabilities. The committee seeks out feedback from all employees to effectively meet the needs of everyone who comes to GHS. The committee works to eliminate barriers and enhance the quality of care for individuals with disabilities, limited financial means and limited English proficiency.
Chair: Kinneil Coltman, Chief Diversity Officer (5-9828)
Contact: Jessica Sharp, Diversity Coordinator

CMO’s Committees:

Quality
1. Clinical Outcomes and Efficiency - Clay Evans (IM)
2. Safe Care Committee - Mary Blumer (IM), Kym Do (Peds)
   Meets 1st Monday of the month 12:00-1:00 in GHS Board Room
   Chair: Dr. Mark Call, Contact: Lori Stanley
   Purpose: Evaluate trends of adverse events (CAUTIs, CLABSIs) at GHS

Throughput
1. Discharge Family Medicine (TBD)

Academic Council CLER Sub-committees: (Meetings called by the physician leaders as needed)

Transitions in Care, Duty Hours, Fatigue Management and Mitigation
JUST CULTURE

Just Culture is a movement in high consequence industries (such as aviation and healthcare) founded on a values-supportive model of shared accountability. It is about finding the right balance between asking individuals to report errors (or near misses) and appropriately holding individuals accountable for their actions. The basic principle is that when mistakes happen, responsibility rests with both the system and the choices of individuals within that system. It’s a culture in which the organization accepts accountability for the design of systems and answers the question, “How do we create systems in which individuals work to support our values and allow us to produce the outcomes we want to produce?”

In turn, staff, at all levels are accountable for the quality of their choices, knowing they may not be perfect but can strive to make the best choices available. Medical Staff are responsible for reporting both errors and system vulnerabilities. This movement addresses how we manage the risks of human fallibility and human error. A Just Culture is intended to reshape workplace accountability while ensuring fair and just responses to behavioral choices. A Just Culture meets the challenge to balance system and individual accountability.

Medical Staff responsibilities related to a Just Culture include:

- A willingness to practice within a learning environment in which individuals are capable and ready to constantly learn from each experience.
- Support of a culture that strikes a middle ground between punitive and blame-free. Advocating a system free of severity bias (where response is based on the severity of the outcome). Recognition of human fallibility without an expectation of human or system perfection.
- A commitment to proactive design of safe systems that anticipate and capture errors before they become critical.
- Appropriate management of behavioral choices. Staff and managers distinguish between human error (slips or lapses), at-risk behavior (a behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified), and reckless behavior (a conscious disregard of a substantial and unjustifiable risk). In a Just Culture, management response is based on the behavior: human error is consoled (while searching for system contributions); at-risk behavior is coached to help individuals make better behavioral choices; punitive responses are reserved for reckless or repetitive behaviors. Medical staff accepts the appropriate management of such behavioral choices.
Commitment to a personal responsibility for safety where individuals act to preserve, enhance and communicate safety concerns; strive to actively learn, adapt and modify (both individual and organizational) behavior based on lessons learned from mistakes.

Modeling open and honest communication, where the emphasis is on “team” rather than “individual” and standards and practices are developed in a multidisciplinary framework. Medical staff is helpful and supportive of each other; trust each other. Team members have a relationship emphasizing credibility and attentiveness; the environment is resilient. Each event improves patient care.

The inculcation of appropriate accountability into GHS’ culture is essential to improvement of patient safety and quality of care. We now embrace a different type of accountability: one that requires all employees to be transparent, accountable, and involved in the interests of safety. Not reporting the error, preventing the system and others from learning is now the “adverse outcome.”
Section II: Education & Competency Requirements
PRE-REQUISITES

New Resident Orientation

Orientation Requirements

All incoming physician residents and fellows, in both ACGME-accredited and non-accredited programs, starting in a GHS residency or fellowship program are required to attend GHS Graduate Medical Education (GME) New Resident Orientation. This Orientation is held annually to accommodate the vast majority of our incoming residents and fellows who begin residency on cycle with the start of the academic year on July 1.

All incoming residents and fellows who are new to GHS are expected to complete online onboarding checklist assigned to them in New Innovations; GME Pre-Orientation departmental-assigned American Heart Association coursework/completion, CITI Requirements, complete mandatory employee on-boarding and health screenings, attend the multi-day GHS GME general orientation including initial assessments, and complete assigned New Resident Orientation computer-based online training modules.

Off-Cycle Resident Trainees

Fellowships that begin after July 1, and trainees who will start off cycle for any reason (visa delays, late graduation from previous program, etc.) will complete steps below as well as departmental Orientation to be scheduled by their coordinator.

1. Trainee must complete onboarding checklist found in New Innovations;
2. Trainee must complete the GME Pre-Orientation departmental-assigned American Heart Association coursework/completion and CITI Requirements;
3. Trainee must complete mandatory employee on-boarding and health screenings, including respirator fitting;
4. Trainee must schedule with GHS Learning and Development (L&D) and attend the two-day GHS New Employee Orientation (NEO);
5. Trainee must complete select New Resident Orientation computer-based online training (CBT) modules not covered in NEO and as assigned by the L&D orientation facilitator;
6. Trainee must attend a department orientation that includes computer software and electronic medical record trainings;
7. Trainee must complete with their Program Director and/or schedule with the Simulation Center the mandatory initial assessments as required;
8. The trainee’s Program Coordinator sends documentation of off-cycle trainees orientation record of completing the outlined steps above to the GME Office within the first month of the resident’s hire;
9. Trainee documents completion as directed in the RMS onboarding checklist and New Innovations learning portfolio.
**LICENSURE**

A resident/fellow must be able to be licensed to practice medicine in the State of South Carolina to participate in residency/fellowship training. **Residents/fellows must be licensed to practice medicine by the State of South Carolina in order to begin residency/fellowship training and must maintain a valid license throughout residency/fellowship training.** Residents and Fellows will receive licensing applications and instructions in New Innovations Onboarding Checklists. It is the Resident/Fellows responsibility to complete license application per Onboarding Checklist and to maintain licensure throughout Residency/Fellowship. The initial temporary licensing fee will be reimbursed to PGY1 residents.

**ADVANCED CARDIAC LIFE SUPPORT**

American Heart Association Life Support Competency Guidelines for Registration

The following chart will show required American Heart Association training (ACLS and/or BLS) Residents and Fellows are required to have in place PRIOR to your arrival at GHS. Initial NRP, ATLS, ALSO and PALS or other training required by your program is done through the Department of Learning and Development at no charge to GHS employees usually prior to House Staff Orientation. Renewals of certification during your residency/fellowship will be completed through HealthStream at no cost to you. Questions about requirements and access to training may be directed to your Program Coordinator, Program Director. If your current card falls within the timeframe for acceptance, a copy of the AHA card must be submitted in the New Innovations Onboarding Required Information form.

*(Certification will only be accepted from the American Heart Association)*

<table>
<thead>
<tr>
<th>Pediatrics</th>
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<tbody>
<tr>
<td>• BLS for Healthcare Providers Course by American Heart Association</td>
</tr>
<tr>
<td>• Pediatric Advanced Life Support (PALS)</td>
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<tr>
<td>• Neonatal Resuscitation Program (NRP) formerly NALS</td>
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</tbody>
</table>

**BLS requirements upon hire:**
New residents are to have a current BLS Certificate before they begin work. **Once you are here:** Renewals will be completed in HealthStream prior to certification expiry.

**PALS requirements upon hire:**
PALS will be provided for you during orientation in June. **Once you are here:** Renewals will be completed in HealthStream prior to certification expiry.

**NRP will be provided for you during orientation in June. You will be scheduled a renewal session prior to your third year of residency.**
### Family Medicine

- BLS for Healthcare Providers Course by American Heart Association
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Advanced Trauma Life Support (ATLS)
- Advanced Life Support Obstetrics (ALSO)

**BLS requirements upon hire:** You must come with a current BLS card that will not expire within 12 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**ACLS requirements upon hire:**
You must come with a current ACLS card that will not expire prior within 12 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**PALS requirements upon hire:**
PALS will be provided for you at your time of employment at a scheduled time during the month of July.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**NRP requirements upon hire:**
NRP will be provided for you during Orientation.

**Once you are here:**
You will be scheduled for a renewal session prior to your third year of residency.

**ATLS requirements upon hire:**
ATLS will be provided for you at your time of employment at a scheduled time during the month of July.

**ALSO requirements upon hire:**
ALSO will be provided for you at your time of employment at a scheduled time during the month of July.

### Internal Medicine

- BLS for Healthcare Providers Course by American Heart Association
- Advanced Cardiac Life Support (ACLS)

**BLS requirements upon hire:**
You must come with a current BLS card that will not expire within 12 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**ACLS requirements upon hire:**
You must come with a current ACLS card that will not expire within 12 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.
### Med Peds

- BLS for Healthcare Providers Course by American Heart Association
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Neonatal Resuscitation Program (NRP)

**BLS requirements upon hire:**
You are required to have a current American Heart Association BLS for Healthcare Providers card that will not expire within 9 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**ACLS requirements upon hire:**
You must come with a current American Heart Association ACLS card that will not expire within 9 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**PALS requirements upon hire:**
PALS will be provided for you during Orientation.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**NRP requirements upon hire:**
NRP will be provided for you during Orientation.

**Once you are here:**
You will be scheduled for a renewal session prior to your third year of residency.

### OB/GYN

- BLS for Healthcare Providers Course by American Heart Association
- Advanced Cardiac Life Support (ACLS)
- Neonatal Resuscitation Program (NRP)

**BLS requirements upon hire:**
You must come with a current BLS card that will not expire within 6 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**ACLS requirements upon hire:**
ACLS certification is not required, but, if you choose to recertify in ACLS, the time and money for that will be provided to you.

**Once you are here:**
You will not be required to maintain ACLS certification, you may choose to renew. That may be completed in HealthStream prior to certification expiry.

**NRP requirements upon hire:**
NRP will be provided for you during Orientation.

**Once you are here:**
You will be scheduled for a renewal session prior to your third year of residency.
<table>
<thead>
<tr>
<th>Orthopaedic Surgery</th>
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<tbody>
<tr>
<td><strong>BLS</strong> for Healthcare Providers Course by American Heart Association</td>
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<tr>
<td>Advanced Cardiac Life Support (ACLS)</td>
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<tr>
<td>Advanced Trauma Life Support (ATLS)</td>
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</tbody>
</table>

**BLS requirements upon hire:**
You must come with a current BLS card that will not expire within 6 months of hire date.

*Once you are here:*
Renewals will be completed in HealthStream prior to certification expiry.

<table>
<thead>
<tr>
<th>Orthopaedic Surgery Sports Medicine</th>
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<tbody>
<tr>
<td><strong>BLS</strong> for Healthcare Providers Course by American Heart Association</td>
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<td>Advanced Cardiac Life Support (ACLS)</td>
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**BLS requirements upon hire:**
You must come with a current BLS card that will not expire within 12 months of hire date.

*Once you are here:*
Renewals will be completed in HealthStream prior to certification expiry.

<table>
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<td>Pediatric Advanced Life Support (PALS)</td>
</tr>
</tbody>
</table>

**BLS requirements upon hire:**
You must come with a current BLS card that will not expire within 12 months of hire date.

*Once you are here:*
Renewals will be completed in HealthStream prior to certification expiry.

**ACLS requirements upon hire:**
You must come with a current ACLS card that will not expire within 12 months of hire date.

*Once you are here:*
Renewals will be completed in HealthStream prior to certification expiry.

**PALS requirements upon hire:**
PALS will be provided for you during Orientation.

*Once you are here:*
Renewals are not required.
### Developmental/Behavioral Pediatrics & Primary Care Sports Medicine

- **BLS for Healthcare Providers Course by American Heart Association**

**BLS Requirements upon hire:** You must come with a current BLS card that will not expire within 12 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

### Surgery

- **BLS for Healthcare Providers Course by American Heart Association**
- **Advanced Cardiac Life Support (ACLS)**
- **Advanced Trauma Life Support (ATLS)**

**BLS requirements upon hire:**
You must come with a current BLS card that will not expire within 12 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**ACLS requirements:**
You must come with a current ACLS card that will not expire within 12 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**ATLS** will be scheduled after hire.

Renewal Requirement: ATLS renewal will be scheduled by coordinator prior to expiry

### Vascular Surgery

- **BLS for Healthcare Providers Course by American Heart Association**
- **Advanced Cardiovascular Life Support (ACLS)**
- **Advanced Trauma Life Support (ATLS)**

**BLS requirements upon hire:**
You must come with a current BLS card that will not expire within 12 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**ACLS requirements upon hire:**
You must come with a current ACLS card that will not expire prior within 12 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.
### Minimally Invasive Surgery

- Basic Life Support (BLS) for Healthcare Providers Course by American Heart Association
- Advanced Cardiovascular Life Support (ACLS)
- Advanced Trauma Life Support (ATLS)

**BLS requirements upon hire:**
You must come with a current BLS card that will not expire within 12 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

### Emergency Medicine

- BLS for Healthcare Providers Course by American Heart Association
- Advanced Cardiac Life Support (ACLS)
- Advanced Trauma Life Support (ATLS)
- Pediatric Advanced Life Support (PALS)

**BLS Requirements upon hire:** You must come with a current BLS card that will not expire within 12 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**ACLS Requirements upon hire:** You must come with a current ACLS card that will not expire prior within 12 months of hire date.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**PALS requirements upon hire:**
PALS will be provided for you at your time of employment.

**Once you are here:**
Renewals will be completed in HealthStream prior to certification expiry.

**NRP requirements upon hire:**
NRP will be provided for you during Orientation.

**Once you are here:**
You will be scheduled for a renewal session prior to your third year of residency.

**ATLS** will be scheduled after hire.

NOTE: ACLS, BLS, PALS and NRP cards are all good for two years. ATLS cards are good for 4 years.

BLS is required prior to ACLS and PALS. There are no AHA course requirements for ATLS or NRP. Certification must be through the American Heart Association.
RESEARCH REQUIREMENTS

Residents/Fellows may participate in research through the Greenville Health System as well as through Greenville Health System Cooperative Collaborative Agreements. Such research programs aid the residency/fellowship programs in complying with accreditation requirements that residents/fellows become actively involved in research. Research assists residents/fellows in gaining a better understanding of the scientific method and may lead to advances in patient care, patient safety, quality of care, quality of education, and cost containment. All resident/fellow research ventures will be coordinated through an appropriate Department Chair and registered with the Office of Human Research Protection of the Greenville Health System. Resident/Fellow/Researchers will comply with the Greenville Health System policies and procedures which pertain to research (for example, intellectual property, misconduct in science, etc.) and the policies and procedures of the Office of Human Research Protection (IRBs), which includes the pre-requisites of CITI Training. Your departmental manual may provide further guidance.

Research Training before Conducting Human Subjects Research

*Research Education, both initial and continuing, is required of all researchers (principal investigators, co-investigators, other research staff, and students) involved in human subjects research before a requested study protocol is approved and prior to research being conducted, as directed by the Office of Human Research Protection (OHRP) Policies and Procedures and GHS’ Federal-wide Assurance.* The OHRP has subscribed to a web-based research education program, Collaborative Institutional Training Initiative (CITI), to meet this education requirement.

The online CITI training offers various levels of learner group training modules. All incoming physician residents are required to complete CITI training as assigned by your residency department. Your residency’s Program Coordinator will instruct you on which learner group training has been designated as your pre-requisite training. Most modules can be completed in about 6 - 8 hours. The completion of your assigned CITI learner group modules will permit you to participate in the various levels of research conducted at GHS.

Upon completion of your assigned CITI training, print your completion report. Please upload this to New Innovation Onboarding Checklist.

Once employed at GHS, there will be different research level needs that may require additional training. *You should consult with your Program Director regarding specific CITI learner group requirements for the type of research in which you will be participating.*

Continuing Research Education

All researchers (principal investigators, co-investigators, and research staff) actively involved in human subject research must complete continuing education training every two years. This requirement must be accomplished via CITI Training at the same Web site CITI Training Course. Ninety (90) days prior to the Basic Course Completion expiration date, you will be automatically reminded that the Refresher Course is due. You will receive an email reminder directly from the CITI Program via the email address you provided during the initial registration.
If any information has changed since your initial registration, remember to update your profile information on the CITI Program Website, Main Menu page.

After login, please remember to click on the link directly below My Courses – Status to avoid being redirected to the basic course again.

Researchers who do not intend to engage in further research may choose not to complete continuing education. However, should that researcher later decide to conduct a study, he/she and staff would have to complete the entire research education program.

**Instructions for CITI Learners**

Initial access to the CITI Program Web site should be gained through the CITI’s Web site at [www.citiprogram.org](http://www.citiprogram.org).

Once you have logged on, click on the New Users ‘Register Here’. Under participating Institutions, select Greenville Health System from the drop down box. Next, proceed to create your own username and password and enter your Email address. **Please note, in order for your CITI course completion record to pull to the eIRB smartform application for new study submission, you will need to ensure your first and last names match exactly in each system, along with the primary CITI email to the one listed in your eIRB profile.**

**Before clicking submit on any page with drop down menus, please verify that the information is accurate.**

**To Start the Course:**

1. You will be presented with a series of questions options to enable you to enroll in the Learner Group appropriate to your interests or your role in human subject research.
2. Your institution has prescribed your course curriculum.
3. The next page is the Learner’s Menu. The page lists the courses you have chosen. The Learner menu also provides a number of Course Utilities designed to help you.
   - You may affiliate with another institution. The software will sum the requirements of both institutions so that you need not retake modules common to the requirements of both institutions.
   - You may “Add a course or update your learner groups” This link will take you to the enrollment questions and permit you to change your “Learner Group” by providing new responses to the enrollment questions.
4. The red link (Enter or Re-Enter) will permit you to Begin/Continue the Course.
5. Please complete the Integrity Assurance module presented at the top. The system will allow you to start taking the courses after completing it.
6. Compete the required modules and associated quizzes.
8. When you complete all Required Modules in your curriculum, you will be shown a link to “Optional Modules”. You may return to the course site at a future time to review these modules.
9. When you complete all required modules successfully, you may print your completion record through the “Print” link in the Learner’s menu.

The **Basic Course** for Human Subjects Research may require 4-6 hours to complete depending on the curriculum prescribed by your organization. You are encouraged to multiple log on sessions.
To Complete the Course:

- The minimum “passing” aggregate score of the quizzes has been set by your institution (GHS OHRP requires a passing score of 80% or above). A running tally is compiled in the Grade Book. You want to improve your score on a quiz you may repeat any quiz in which you didn’t score 100% correct.
- Print or download your Course Completion Record as evidence that you have met your institutional requirements. A copy will be sent automatically to your institutional administrator. You may return to the course site in the future to obtain a copy of the completion report.
- Submit a voluntary, anonymous user satisfaction survey.

<table>
<thead>
<tr>
<th>GROUPS</th>
<th>STAGE</th>
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</thead>
<tbody>
<tr>
<td>Conflicts of Interest</td>
<td>1 - Stage 1 (ID: 165702)</td>
</tr>
<tr>
<td>Biomedical/Clinical Research</td>
<td>1 - Basic Course (ID: 42722)</td>
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<tr>
<td></td>
<td>2 - Refresher Course (ID: 42723)</td>
</tr>
<tr>
<td>Social and Behavioral Research</td>
<td>1 - Basic Course (ID: 42726)</td>
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<tr>
<td></td>
<td>2 - Refresher Course (ID: 42727)</td>
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<tr>
<td>IRB Members, IRB and ORCA staff</td>
<td>1 - Basic Course (ID: 42734)</td>
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<tr>
<td></td>
<td>2 - Refresher Course (ID: 42735)</td>
</tr>
<tr>
<td>FDA-Regulated Research - Optional</td>
<td>1 - Basic Course (ID: 177309)</td>
</tr>
</tbody>
</table>
LEARNING PORTFOLIO

A learning portfolio is a flexible, reflective process tool that engages residents in ongoing and collaborative analysis of their learning. The resident combines documentation and reflection to create a collection of scholarly activities and other learning milestone items known as a learning portfolio. These portfolio items focus on purposeful, selective outcomes for both improving and assessing the resident's individual learning. The various GME departments utilize New Innovations software to capture competency-based learning and reporting that can be used by the Clinical Competency Committees for mid- and end-of-year performance evaluations.

Program Directors use the multi-source feedback and data points captured within the portfolio, evaluations, conference attendance, and duty hours documentation to aid in determining a resident's progression or remediation of residency learning experiences. The portfolio becomes the tool that engages a “connect the dots” communication approach between the resident and the Program Director regarding the variety of competency-based learning activities experienced and the developing competence of the resident.

ACGME (the accreditation body for medical residency programs) will use an electronic portfolio for national comparative analyses of GME practices and for insight into curricula improvements. You will increasingly learn more and utilize the electronic learning portfolio to track milestones of which advance residency progress. These continuous competency-based learning activities and milestones reflection documentations will benefit your life-long learning skills and your professional development.

MANDATORY TRAINING

In order to maintain system accreditation and ongoing compliance through OSHA, DHEC, and Joint Commission, residents and fellows may be required to complete mandatory training such as microscope training, respiratory fit testing, etc.

It is the responsibility of each employee to complete GHS Assigned Training and other training designated as mandatory by GHS management. Compliance to GHS Assigned Training will be demonstrated by the employee's successful completion of the training, assessments or through competency validation.

The learning platform that GHS uses to deliver online assigned training is called HealthStream. This system also has a transcript management system where completion to required and other training can be documented. GHS Department of Learning and Development manages this system. Links to HealthStream may be found on Plexus. Program Coordinators will assist with user name and password access.
**EPIC**

Epic is GHS’ Electronic Medical Record (EMR) and billing system which will integrate patient health records throughout the continuum of care. This system seeks to improve patient care by reducing duplication, streamlining processes and providing more integrated care.

With Epic, we are able to better integrate our patient data, meaning that once Epic is deployed at all GHS locations (est. completion in 2016), we will be able to have one unified medical chart that follows the patient everywhere.

Epic includes many applications that service our staff and patients:

<table>
<thead>
<tr>
<th>Epic Application</th>
<th>GHS Department</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADT</td>
<td>Registration</td>
<td>ADT is Epic’s admission, discharge and transfer application. ADT covers the full cycle for the patients. Included are preadmission, admission, bed planning, transfers, transport and EVS. It is also used to identify and fix registration errors for billing purposes.</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Anesthesia</td>
<td>Intraoperative application for recording OR medication administration, documentation of intraoperative events, etc. Primarily used by Anesthesiologists, CRNAs and Operative Clinical Support Teams.</td>
</tr>
<tr>
<td>ASAP</td>
<td>Emergency</td>
<td>Emergency Department (ED) application that encompasses an ED &quot;greaseboard&quot;, clinical functionality for all ED clinical Team Members.</td>
</tr>
<tr>
<td>Beacon</td>
<td>Oncology</td>
<td>Oncology focused application that focuses on chemotherapy treatment plan &amp; supportive therapy management. This will be utilized by Oncologists, the clinics, Oncology units, as well as Outpatient (and IP) Infusion Centers.</td>
</tr>
<tr>
<td>Beaker</td>
<td>Laboratory</td>
<td>Epic’s laboratory application.</td>
</tr>
<tr>
<td>Cadence</td>
<td>Scheduling</td>
<td>Epic’s scheduling application; used to schedule and track patient appointments</td>
</tr>
<tr>
<td>Clin Doc</td>
<td>Clinical Documentation</td>
<td>Clin Doc is Epic’s application for documentation in the inpatient world. Charges, rules, Flowsheets, etc.</td>
</tr>
<tr>
<td>Cupid</td>
<td>Cardiology</td>
<td>Epic’s cardiology applications</td>
</tr>
<tr>
<td>EpicCare Ambulatory</td>
<td>Ambulatory</td>
<td>EpicCare Ambulatory is Epic’s ambulatory electronic medical record application for outpatient settings, or the Epic division that produces this application. Ambulatory generally encompasses all functionalities related to an outpatient clinic / Physician Practice.</td>
</tr>
<tr>
<td>HIM</td>
<td>Health Information Management</td>
<td>Epic’s application for mode coding and medical record ownership</td>
</tr>
<tr>
<td>MyChart</td>
<td>Patient Portal</td>
<td>Epic’s online and mobile patient portal allows patients to contact their care provider, view test results and immunization records, ask for prescription refills and much more.</td>
</tr>
<tr>
<td><strong>OpTime</strong></td>
<td><strong>OR/Surgery</strong></td>
<td><strong>OpTime</strong> focuses on everything Operating Room (Department) related. This includes Pre-Assessment Testing, Pre-Op, Intra-Op as well as Post-Op / PACU. The application covers OR timing events, orders for surgery, documentation (events, implants, etc.) Slightly different from Anesthesia that focuses on the Anesthesiology specific workflows.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
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</tr>
<tr>
<td><strong>Orders</strong></td>
<td><strong>Orders</strong></td>
<td><strong>Orders</strong> Procedural Orders for the inpatient world</td>
</tr>
<tr>
<td><strong>Prelude</strong></td>
<td><strong>Registration</strong></td>
<td><strong>Prelude</strong> is Epic's registration application.</td>
</tr>
<tr>
<td><strong>Radiant</strong></td>
<td><strong>Radiology</strong></td>
<td><strong>Radiant</strong> is the application for all Radiology workflows including work queues, documentation, order transmittal, etc.</td>
</tr>
</tbody>
</table>
| **Resolute** | **Billing** | **Resolute** Hospital Billing: Resolute encompasses all billing related functionality including claims, payment processing, etc. Hospital Billing, or HB, specializes on the Hospital billing functions.  
**Resolute** Professional Billing: Resolute encompasses all billing related functionality including claims, payment processing, etc. Professional Billing, or PB, specializes on the Physician Practice billing functions. |
| **Stork** | **Obstetrics** | **Stork** is Epic's obstetric system. |
| **Willow** | **Pharmacy** | **Willow** Inpatient encompasses all pharmacy related functionality, specializing in medications build and maintenance. |

Some key reasons why GHS leadership selected Epic and launched the EpiCenter initiative:

**Total health:** GHS delivers comprehensive coordinated care, which requires that all providers be able to access patient information from all sites. Epic will enable clinicians to compile and use patient data in a meaningful way that presents the patient’s health “story.”

**Widely used, proven system:** Epic has won numerous industry awards, regularly tops the list of EHR systems in surveys and is used by the Cleveland Clinic, Allina, Kaiser Permanente, the Mayo Clinic and others.

**Industry best practices:** Epic doesn’t re-invent the wheel. It’s “Foundation System” is based on lessons learned from previous healthcare organizations that contain flow sheets, order sets and documentation templates. As a result, GHS needs less customization—and that means reduced costs and a shorter timeline. GHS also will benefit from Epic’s experience with previous client implementations.

**Quick transformation:** Epic is assisting to transform GHS’ workflow as quickly as possible without jeopardizing success. Early workflow decisions are made by key users during Validation Sessions. The scope and timeline help everyone involved to stay actively engaged. This helps ensure that each phase can be completed in a timely manner so that GHS can more quickly realize benefits.
Streamlined processes: One system, one login! Epic encourages reduced duplication of logins, information and orders. For instance, duplication of orders will be reduced because GHS staff will be able to see the care that a patient received at other facilities and physicians can confirm which tests and exams already have been ordered.

Feedback: The biggest factor for go-live success is people—not software. The EpiCenter team engages a wide mix of people in each phase of the Epic implementation. Feedback from physicians and staff from departments and physician offices across GHS is vital to the initiative’s success.

Patient access: Epic provides many tools that encourage patient engagement. For instance, MyKiosk streamlines registration and check-in, while MyChart lets patients access their accounts online.

How to get access to Epic: During Orientation, users will be scheduled for relevant Epic training. Users will only be given access to the system once they have passed a proficiency exam.

Notes Policy: Because charges don’t drop until notes are closed and data available to patients in MyChart will be impacted by open notes, notes should be closed on the same day of service. If that cannot be achieved, the best practice recommended by the EpiCenter Physician Advisory Council (EPAC) is to close notes within 48 hours. There will be penalties reinforced by UMG starting in October 2015 if physicians haven’t closed their notes within 10 days. The exception to the rule would be that the note can be held for a longer time if waiting for path results.

CONFERENCES

Resident/Fellow attendance and participation are expected at applicable departmental staff and divisional meetings. The conferences will be scheduled and posted by the department. Your departmental manual and Program Director will provide further guidance and attendance requirements.

PATIENT SAFETY

The Graduate Medical Education Committee addresses patient safety through an annual report to the Medical Staff, the residency/fellowship program annual report, and through discussions during the year. Patient safety is emphasized in each program during rounds, grand rounds, M&Ms and other medical education offerings/rotations. Your departmental manual may provide further guidance.

Annually, GHS implements a culture and patient safety survey. Resident and fellow participation are encouraged to measure clinical learning environment patient safety focus. Resident and fellow survey results are shared with the Academic Council, Patient Safety and Quality Sub-Committee for improvement initiatives around quality and patient safety.
The Greenville HealthCare Simulation Center (GHSC) is an initiative of the Health Sciences South Carolina collaborative and was the first of ten simulation centers that have been opened across the state as part of the collaborative. The GHSC is located in the Health Sciences Education Building (HSEB) on Greenville Memorial Medical Center’s main campus. The center is made up of two distinct, but complementary sections. The Simulation Center is approximately 11,500 square feet of space that includes 11 simulation rooms, 1, 48-seat procedure room, 2 classrooms, 2 debriefing rooms, administrative offices, and a break area. The Simulation Center utilizes computerized human manikins to provide realistic patient scenarios in a realistic hospital environment. The Clinical Skills Suite is approximately 8,500 square feet of space and includes 14 doctor’s office-style exam rooms, a monitoring/control room, two class-rooms and a standardized patient training/ lounge area. The Clinical Skills Suite utilizes human actors who are trained to be standardized patients. Students assess and examine the standardized patients just as they would in a real doctor’s office setting.

Simulation in graduate medical education is used to improve the educational process in both efficacy (how well) and efficiency (how fast) a resident physician/fellow learns a given skill. Simulation training methods are designed to substitute simulated training exercises for high-risk, high-stakes, patient-based training. The simulation activities chosen for your residency’s / fellowship’s curriculum have the potential to improve patient outcomes and to reduce risk for healthcare institutions and individual practitioners.

Participants, with the supervision of qualified content experts and competent facilitators, utilize patient care scenarios and simulators to enhance the learning process and to provide the greatest level of realism as students learn to perform clinical treatment and diagnostic skills.

Educational integrity is maintained by requiring each resident physician/fellow participant, facilitator, content expert, or course director to complete a Registration and Confidentiality Form the first time they participate in an activity at the center.

**Keeping the GHSC and its many simulators and task trainers in top-notch condition is the responsibility of all who use, work, and learn in this center.** Facilitators are expected to obtain a working knowledge of the equipment required for and prior to the scheduled learning activity.

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**GROSS ANATOMY LAB**

The Gross Anatomy Lab is located in the Health Sciences Education Building (HSEB) on the Greenville Memorial Medical Center’s main campus. The Anatomy Lab is housed in the Gross Anatomy Suite and includes of a set of men and women’s locker rooms, Autopsy Suite/donor storage and the Anatomy Lab that spans 5,444 square feet. The Anatomy Lab utilizes human anatomical donations to provide real human anatomy for students to review and dissect under the supervision of qualified content experts and competent facilitators by the Anatomy Professor for the USC School of Medicine or the Willed Body Program Coordinator. The Gross Anatomy Lab has 20 workstations equipped with 60” touch screen monitors to access the internet and access pertinent information over a stainless steel downdraft anatomy table to control odors. Large windows line two sides of the lab providing large amounts of natural light. The lab also
contains a number of anatomical models for review and study. The anatomy lab is designed to meet curriculum standards for the students of the USC School of Medicine Greenville, as well as meet the needs of the Greenville Health System community for continued education of current practicing health care providers.

*Educational integrity is maintained by requiring each resident physician/fellow participant, facilitator, content expert or course director to complete an Activity Request form and Rules & Respect Pledge the first time they participate in an activity in the lab.*

*To schedule time in the lab or to inquire about additional details contact the Willed Body Program Coordinator at 864-455-9838 or dstone@ghs.org.*

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**INTERNATIONAL ELECTIVES**

It is the policy of the Greenville Health System Graduate Medical Education Committee that residency programs may provide elective educational opportunities at international sites. Each rotation must be acceptable within the individual residency program curriculum and the related ACGME/RRC requirements. Approved residents:

- Must meet minimum competency-based academic standards as determined by the related residency program.
- May be required to present her/his experience to the Department.
- Are responsible for obtaining all appropriate vaccinations as designated by an international health clinic and providing certification of emergency out-of-country medical care coverage.
- Are responsible for formal medical clearance by their personal physician for travel to the specific area.
- May use their individual education allowance money at the discretion of the Program Director. Any remaining finances beyond the education allowance resource will be the responsibility of the resident physicians.

A formal application (supplied through the residency program office) will be completed and must be submitted three (3) months prior to the anticipated beginning of the international elective. The application must receive signatory approval by the Program Director and the Designated Institutional Official. The resident physician will not be insured through the Greenville Health System malpractice coverage and must obtain separate malpractice coverage, if available.

For a copy of the referenced three-part application form, see Residency Program Coordinator.
PERFORMANCE EVALUATIONS AND MILESTONES ASSESSMENTS

Your performance will be evaluated on a regular basis as determined by your residency/fellowship Program Director and no less frequently than at the end of each resident/fellow rotation. These evaluations will become a part of your Graduate Medical Education record and will be used as a reference for promotion, counseling, remediation, disciplinary action, contract renewal, board certifications, and hospital staff appointments. Please refer to your departmental policy manual for further guidance.

Each residency/fellowship program has developed outcomes-based **milestones** as a framework for determining resident and fellow performance within the six ACGME Core Competencies. 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. Your performance will be evaluated on a regular basis as determined by your residency/fellowship Program Director and no less frequently than at the end of each resident/fellow rotation. Your residency will use New Innovations electronic evaluations or other assessment tools to measure your performance and milestone development.

The educational milestones are designed to help all residencies and fellowships produce highly competent physicians to meet the health and health care needs of the communities they serve. Performance evaluations will become a part of your Graduate Medical Education record. Your residency’s Clinical Competency Committee will review your performance evaluations and assess significant points in your development during mid- and end-of-year evaluations. These milestone reviews will be used as a reference for promotion, counseling, remediation, disciplinary action, contract renewal, board certifications, and hospital staff appointments. Please refer to your departmental policy manual for further guidance.

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CERTIFICATES

Certificates verifying residency/fellowship training are issued at the completion of the required years of training. Should a resident/fellow leave prior to completing the program, a formal letter of completion will be issued for the amount of time deemed appropriate by the Residency/Fellowship Program Director.
Section III: System–based Practice / Communication / Medical Information / Other
Safe and effective clinical care depends upon reliable and flawless communication between patients and their families and between interdisciplinary team members. Therefore, GHS has adopted two shared mental models for effective information transfer. These two communication models provide a standardized structure for concise factual communications important for quality patient care. AIDET is used for initial and standardized customer service communications, and SBAR is used for effective clinical teamwork interactions. The use of each model enhances patient safety and patient satisfaction as required strategies to build the GHS culture of Commitment to Excellence.

**AIDET**

Within Commitment to Excellence, GHS provides AIDET (Acknowledge-Introduce- Duration-Explanation-Thank You) as a resource to improve your skill set as a professional health care provider. This critical communication practice aids in reducing patient anxieties, improving patient compliance, improving clinical outcomes, and increasing patient satisfaction. AIDET is not only a framework for staff to communicate with patients and their families, but also a simple acronym that represents a powerful way to share our professional experience, knowledge and training that can be used when engaging with other staff to provide an internal service.

Utilized by all GHS employees, the AIDET five fundamentals of patient communication are:

- **A** – Acknowledge: Show positive attitude and put patients at ease
- **I** – Introduce: Manage yourself up by outlining your professional expertise
- **D** – Duration: How long will patient interaction last and when will patient receive results
- **E** – Explanation: What should be expected and why; what is the plan for the future
- **T** – Thank you: Thank family for using GHS and for entrusting us with the patient’s care

**SBAR**

Because clinical teamwork often involves hurried interactions between human beings with varying styles of communication, a standardized approach to information sharing is required in order to ensure that patient information is consistently and accurately communicated. The SBAR (Situation-Background-Assessment-Recommendation) technique provides such a framework for communication between members of the health care team regarding a patient’s condition. SBAR is an easy-to-remember, concrete mechanism useful for framing any conversation, especially critical ones requiring a clinician’s immediate attention and action. It allows for an easy and focused way to set expectations for what will be communicated between members of the health care team. SBAR is a key tool for assuring patient safety.

Utilized extensively by clinical teams, SBAR stands for:

- **S** – Situation: What is happening at the present time?
- **B** – Background: What are the circumstances leading up to this situation?
- **A** – Assessment: What is the assessment of the problem?
- **R** – Recommendation: What actions should occur to correct the problem?

**Commit to implementing AIDET and SBAR**
TRANSITION OF CARE COMMUNICATIONS AND RESPONSIBILITIES

Improving the quality of care is a public health emergency and a national challenge for all health care delivery systems. One of the Institute of Medicine’s established measures for quality is that care is safe. According to the Joint Commission, communication failures are the most common root cause of sentinel events in U.S. hospitals. Patient safety is of utmost importance at GHS. GHS is committed to providing a safe environment in which quality patient care is delivered. Because poor sign-out practices have been directly linked to adverse events, residents must recognize that successful hand-offs in sign-out situations are critical to the development of a safe environment for our healing patients. In July 2003, the Accreditation Council for Graduate Medical Education (ACGME) mandated that residency programs decrease resident work hours in an effort to improve patient care and safety. Reduced duty hours have the effect of increasing the number of hand-offs of patient responsibility. Hand-off of patients from one physician to another in the hospital environment presents the opportunity for a vulnerable gap in the patient’s care. Poor and inadequate communication during this critical time can lead to patient harm. The residency programs are charged with preparing residents for practice in the 21st century with professional competencies that allow for maintaining continuity of care under team- and shift-based approaches. Transitions of care address patient care and communication skills competencies and are important system level interventions for improving the quality and safety of patient care.

The Joint Commission requires hospitals to adopt a standardized approach to hand-off communications, and the ACGME includes requirements to enhance hand-off quality and safety in residency teaching settings. Residents must hand over patient care verbally and with written documentation. The resident’s team members can only be as effective as the sign-out information received from the off-going resident. Off-going residents will perform a procedural-specific hand-off. Residents will sign-out using a process that contains complete and accurate information to allow for smooth transitions in care. Hand-off transition processes outline information regarding care across the continuum, the identification of the physician authority, and the delegated responsibilities to advance the patient care plan. The opportunity for the clinical care team to ask questions, clarify and confirm information is the closing step for an effective hand-off process. During general resident orientation, information regarding the importance of appropriate hand-offs for patient safety will be addressed via lecture and simulation exercises. During departmental orientation, Program Directors will discuss, observe, and evaluate discipline-specific responsibilities of appropriate hand-offs.

GHS COMMUNICATION AND HAND-OFFS POLICY

HTTP://GHSNET.GHS.ORG/MEDSTAFF/WEBDOCUMENTS/POLICIES/PATIENT_MANAGEMENT_POLICY.PDF

The GHS Manual of Medical Staff Policies (specifically page 48) and the Medical Staff Patient Management Policy outline patient management and safety methodologies, which include the following communication and hand-offs expectations, to which residents are expected to adhere:

1. Practitioners are expected to communicate information to all others involved in a patient’s care in a clear and timely manner, whether the communication is verbal or written.
2. All communication among care-givers is expected to be collegial and professional, in keeping with the Medical Staff and GHS Code of Conduct Policies.
3. When hand-offs occur between practitioners (physicians and/or Allied Health Practitioners),
such as sign-outs, sign-ins, call coverage changes and transfers of care from one practitioner to another, the following processes should be part of the hand-off:

a. The communication should be interactive in order to afford the opportunity for questioning and clarification of information between the parties. If written or electronic communication is used, there should be an opportunity for either party to clarify any confusing or conflicting information (e.g. contact information to reach the author or other person who can provide clarification).

b. Sufficient information must be conveyed in order to transfer responsibility of the care of the patient safely. At minimum, pertinent up-to-date information regarding the diagnosis, condition and treatment of the patient and any anticipated changes should be conveyed. Any necessary interventions, treatment plans or anticipated testing results should also be communicated.

c. If the hand-off is for routine matters, repeating back the information is not necessary; however, if the situation is emergent or if there is information that is critical to patient care, confirming or repeating back that information should be considered.

d. Ideally, the hand-off process should be as free as possible from interruptions so as to minimize the chance of failure to convey important information. Answering pages and performing other duties during hand-offs should be kept to a minimum.

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**ELECTRONIC COMMUNICATIONS**

GHS provides electronic communications to its employees to assist and facilitate business communications and respects the privacy of users. Nonetheless, subject to the requirements for authorization, GHS may deny access to electronic services and may retrieve, inspect, monitor, or disclose electronic information when required by law, when there is reason to believe that violations of policy or law have taken place, or, in exceptional cases, when required to meet time dependent, critical operational needs.

Keep in mind that the Company owns any electronic communications sent by or on company equipment. Management and other authorized staff have the right to access any material in a resident's/fellow's email or on his/her computer at any time. Please do not consider electronic communication, storage or access to be private if it is created or stored at work.

Whenever you login to a GHS PC with your user id, you are responsible for the protection of that PC including any patient information (HIPAA), financial information or other sensitive information you have access rights to.

Be Safe With Your Computer, remember (where appropriate):

- Lock your GHS PC when walking away.
- Lock you GHS PC or logout when you leave for the day.
- Always transport your laptop in the trunk of your vehicle and never in plain sight.
- Never leave your laptop unattended.

I. Definition
   Electronic communications include, but are not limited to, e-mail, voicemail, Electronic Data Interchange (EDI), and other forms of electronic communications media.
II. Specific Prohibitions:
- Impersonating other individuals in communication, e.g., forging e-mail.
- Using electronic media for any form of solicitation.
- Using electronic media to broadcast personal messages to groups or individuals.
- Transmitting sensitive, proprietary or protected health information (PHI) to unauthorized persons or organizations.
- Transmitting of threatening, harassing, obscene, or offensive material.
- Creating or forwarding chain letters.
- Conducting any illegal activity or any activity which could adversely affect the company.
- Sharing company confidential information outside of company without authorization.
- Conducting personal business using company computer or email.

III. System Security:
- User should choose strong passwords to minimize unauthorized use.
- PHI information transmitted outside of GHS must be encrypted.
- Application of Mobile Iron required on all electronic devices.

COMMUNICATION DEVICE

Each year communication devices will be provided for all incoming residents and fellows. Sensible use and appropriate protection of the unit is recommended. Damage to communication devices may result in replacement of the communication device at cost to the resident/fellow. Residents/fellows leaving before completion of training will be required to return the device to Graduate Medical Education.

Prevent Loss or Theft of Protected Health Information

A growing number of health care facilities, employers, government agencies and other organizations have acknowledged that the protected health information (PHI) of thousands of patients’ information has been stolen or lost. Many times such loss or theft occurs when PHI is stored on a laptop or other mobile electronic device that is removed from a healthcare facility and left unattended in an automobile.

Storing PHI on a laptop or other mobile device and removing it from GHS premises should never be done unless necessary to perform job functions. In no case should PHI be removed from a GHS office, hospital, physician practice or other GHS location unless the information is encrypted or password protected. Even if the PHI is encrypted or password protected, do not leave laptops or mobile electronic devices in an unattended automobile. Even locked automobiles may be burglarized.
Patient Care Text Messaging/Internet Emailing Prohibited

Text messaging/internet emailing any protected health information (PHI) over company-issued or other electronic devices are not permitted at GHS. Texting/internet emailing features are not secured through the corporate network; therefore, any text/internet email communications of PHI risk HIPAA violations and patient safety. Employees’ communications using corporate resources may be monitored for violation of text messaging/internet emailing PHI. Patient consults should be conducted from physician to physician and not through staff texting/internet emailing and verbal communications to residents.

If you have questions about this policy, please discuss it with your supervisor. If you have questions about encrypting or password-protecting portable devices, please contact Information Services at 455-8000.

GME Communication Devices Directives

iPhones
1. Using the designated Education Allowance Funds (CME), incoming resident physicians/fellows will be provided an Apple iPhone – 16GB
2. Current resident/fellow physicians may upgrade iPhones after 2 years or replacing dysfunctional phones will be allowed to use their Education Allowance Fund to upgrade or replace. The opportunity to use the individual Education Allowance Fund is at the discretion of the respective Program Director. Program Coordinator can let you know when you are eligible for an upgrade.
3. Using your phone outside of the US requires that you contact Stan Long or Toni Teal at least a week before you leave the States to set up a Global Plan on your phone. You will be responsible for all voice/data/messaging charges incurred while out of the country.
4. Telephone upgrades that result in a service contract longer than the term of the resident’s/fellow’s employment will be the responsibility of the residents/fellows to resolve by termination or continuation under a different plan with the service carrier.

Electronic Education Technology
Individual education allowance funds are available for resident/fellow physicians for the purchase of iPads for education technology. The iPad technology will be used for email and continuing education. Any specific licenses for possible clinical data access will be the responsibility of the resident/fellow physician and must be coordinated through GHS Information Services. Any financial difference between authorized education allowance funds and purchase price(s) is the responsibility of the resident/fellow physician. Any applicable service plans are wholly the responsibility of the resident/fellow. The opportunity to use the individual Education Allowance Fund is at the discretion of the respective Program Director.

Passwords
All Medical Students/Residents/Fellows are expected and required to activate and monitor individual passwords for ALL communication devices.....per GHS Policy S-010-21: Protection of Data on Portable Devices and Removable Media.
Purchasing
Residents/fellows are restricted to upgrade telephone purchase and/or iPad purchase through GHS Information Services.

PAGER NUMBER ASSIGNMENTS

Each resident/fellow will be issued a pager number. The resident/fellow will be personally responsible for the communication equipment that utilizes the paging system during his/her tenure (i.e. cell phone). Each resident/fellow will be required to sign a commitment affirming his/her responsibility for utilization and care of the equipment.

Incoming residents/fellows will be instructed as to the procedures for paging within the paging system utilizing the 455-9500 paging line, and web paging. The GHS Call Center in Charge Operator can be reached at 455-8760 and can be of assistance with all communication questions. Proper utilization of the communication device and the paging system is critical to successful communication and patient care/safety.

SOCIAL MEDIA AND SOCIAL NETWORKING

GREENVILLE HEALTH SYSTEM
MANUAL OF POLICY DIRECTIVES

POLICY: S-104-12

TITLE: Social Media and Social Networking

DATE: October 1, 2009
September 29, 2015 (Revised)

I. Policy Statement. With the rise of new media and next generation communications tools, internal and external communication continues to evolve. While this creates new opportunities for communication and collaboration, it also creates new responsibilities for individuals using the Internet.

This policy applies to GHS employees, credentialed medical staff members, faculty, medical students, residents, interns, fellows, volunteers, clergy, contract employees/registered vendors who use the Internet which includes but is not limited to the following:

- Multi-media and social networking websites such as Twitter, Instagram, Snapchat, Vine, Facebook, Foursquare, Pinterest, Yahoo! Groups YouTube, and similar sites
- Blogs (Both external to GHS and GHS blogs)
- Wikis such as Wikipedia and any other site where text can be posted
- All of these activities including multi-media, social networking sites, blogs, photo sharing, video sharing, microblogging, podcasts, and posted comments are referred to as "Internet postings".
GHS reserves the right to suspend, modify, or withdraw this Internet Postings Policy, and you are responsible for regularly reviewing the terms of this Internet Postings Policy.

For GHS employees, violation of this policy may result in disciplinary action up to and including termination.

II. Guidelines. Common sense is the best guide should employees decide to post information in any way relating to GHS. Employees should contact their supervisor, Human Resources, or the Office of Corporate Integrity if they are unsure about any particular posting. For instance, if you are writing about GHS operations where you have responsibility, you should make sure your supervisor is comfortable with your taking that action.

A. External Internet Postings

1. Internet postings should not disclose any information that is confidential or proprietary to GHS or to any third party that has disclosed information to GHS. Employees are prohibited from posting any patient information which may include, but is not limited to, name, photograph, social security number, address, diagnosis or prognosis, treatment, date of admission or discharge, or any other identifying information which may be protected by HIPAA. Further, no employee should post any comments or materials that could be interpreted as demeaning, humiliating, or negative towards GHS’s patient(s) or a patient’s family. Employees are cautioned to avoid engaging with patients and patients’ families through social media as these interactions may increase the likelihood of the unintentional release of confidential or patient information protected by HIPAA. Compassion and respect for privacy towards GHS’s patients and their families is paramount in any Internet activity. Individuals who identify themselves as GHS employees and post or associate with any comment that is negative towards GHS’s patient population (individual or as any group) may face disciplinary action up to and including termination of employment.

2. To guard against inadvertent HIPPA violations and to otherwise protect the privacy rights of patients, their family members, employees, or other invitees, a properly completed Publicity Consent Form is required prior to posting of work-related interviews, videotape/film, audio record, or photograph of employees, patients, or patient family members on social media. The Publicity Consent Form may be obtained through GHS Marketing and Communications. Publicity Consent Form authorizations shall be maintained by the department manager and a copy forwarded to the Marketing and Communications department.

3. An employee who comments on any aspect of the hospital system’s operations or any policy issue in which GHS is involved and in which the employee has responsibility must clearly identify himself or herself as a GHS employee in postings or blog site(s) and include a disclaimer that the views are his or her own and not those of GHS. In addition, a GHS employee should not circulate postings he or she knows are written by other GHS employees without informing the recipient that the author of the posting is a GHS employee. Further, unless the Internet is being used for the limited purpose of conveying to a governmental agency responsible for enforcement over a particular practice or Act, GHS employees shall not use the Internet to denigrate GHS’s product or service.

4. An employee’s Internet posting should reflect the employee’s personal point of view, not necessarily the point of view of GHS. Because an employee is legally responsible for his or her postings, the employee may be subject to liability if his or her posts are found defamatory, harassing, or in violation of any other applicable law.
An employee may also be liable if he or she makes postings which include confidential or copyrighted information (music, videos, text, etc.) belonging to third parties. All of the above mentioned postings are prohibited under this policy.

5. When an employee posts his or her own point of view, the employee should neither claim nor imply he or she is speaking on GHS’s behalf, unless the employee is authorized in writing by GHS to do so.

6. Internet postings should not include GHS’s logo or trademarks, and should respect copyright, privacy, fair use, financial disclosure, and other applicable laws.

7. Employees should be mindful that their actions on the Internet have consequences. GHS reserves the right to discipline or terminate the employment of any person whose actions on the Internet result in a disruption of the workplace or compromises the integrity of GHS as a professional, compassionate, trustworthy healthcare organization who treats all patients with respect and dignity, regardless of their race, sex, color, religion, creed, ability to pay, political views, or other characteristics.

B. GHS Blogs

GHS reserves the right to create blogs which require corporate approval in which employees may blog about GHS and the healthcare industry. Only GHS blogs may include the company’s logo. GHS blogs may also include links back to GHS web destinations.

1. GHS may request employees to avoid certain subjects or withdraw certain posts from a GHS blog if it believes that doing so will help ensure compliance with applicable laws, including securities regulations.

2. GHS reserves the right to remove any posted comment on GHS blog site(s) that is not appropriate for the topic discussed or uses inappropriate language. GHS also reserves the right to post particular communications on a GHS blog.

III. Responsibility

A. GHS will provide ongoing training related to the proper use of social media at New Employee Orientation, through Assigned Training, and regular employee communications.

B. Supervisors shall ensure each of their employees is familiar with the contents of this policy and shall investigate reported violations of same.

C. Employees are responsible for compliance with this policy as it related to Internet postings. An employee’s Internet posting shall not violate any other applicable policy of GHS, including those set forth in the employee handbook, the Code of Business Conduct policy, Harassment Policy, and the Inappropriate Conduct and Disruptive Behavior policy.

D. Employees who are contacted by a member of the news media or a blog site about an Internet posting that concerns the operations of GHS are required to refer that person to GHS Marketing and Community Relations.

E. Employees who engage in social media or social networking Internet postings must agree that GHS shall not be liable, under any circumstances, for any errors, omissions, loss or damages claimed or incurred due to any of their Internet postings.
TELEPHONE CALLS

Official patient related long distance calls may be placed by using selected telephones located at the nursing stations. Nurse clinicians and head nurses can identify the selected phones. If a resident/fellow needs to make a personal long distance call, the person or department responsible for the telephone should be notified so that the call can be documented. Upon receipt of the telephone bill, the resident/fellow is responsible for the expenses related to the personal call.

Provided communication device training will include the availability and restriction of telephone calls related to personal and patient care issues. Residents/Fellows are responsible for personal International phone charges.

EMERGENCY CODE PROCEDURES FOR HOUSE STAFF


When a code is called, the message will be announced on the overhead paging system and each resident/fellow on the roster will be paged. The message on the communication device will indicate the location of the code.

MSG#  Alphanumeric Message text

1  Code Stat - 3D as in Delta
2  Code Stat - 3D as in Delta
3  Code Stat - 2T as in Tango
4  Code Stat - 4th floor - ICU 1
5  Code Stat - 4th floor - ICU 2
6  Code Stat - 4th floor - ICU 3
7  Code Stat - 4th floor - ICU 4
8  Code Stat - 4th floor - ICU 5
9  Code Stat - 4th floor - ICU 6
10 Code Stat - 4th floor - ICU 7
11 Code Stat - 4th floor - ICU Special Procedures
12 Code Stat - MRI – 1st floor
13 Code Stat - Radiology - Room 9
14 Code Stat - Radiology - Room 10
15 Code Stat - Cat Scan 1st floor
16 Code Stat - Ultra Sound 1st floor
17 Code Stat - Radiology Inpatient Observation 1st floor
18 Code Stat - Nuclear Medicine 1st floor
19 Code Stat - Hemodialysis - 5th floor
20 Code Stat - 6A as in Alpha
21 Code Stat - 6B as in Bravo
22 Code Stat - 6C as in Charlie
23 Code Stat - 6D as in Delta
24 Code Stat - Labor & Delivery - 6th floor
25 Code Stat - 5A as in Alpha
<table>
<thead>
<tr>
<th>Code Stat</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>5B as in Bravo</td>
<td></td>
</tr>
<tr>
<td>5C as in Charlie</td>
<td></td>
</tr>
<tr>
<td>5D as in Delta</td>
<td></td>
</tr>
<tr>
<td>OB Triage - 5th floor</td>
<td></td>
</tr>
<tr>
<td>EEG Dept. - 5th floor</td>
<td></td>
</tr>
<tr>
<td>Hyperbaric Dept. - 5th floor</td>
<td></td>
</tr>
<tr>
<td>4A as in Alpha</td>
<td></td>
</tr>
<tr>
<td>4B as in Bravo</td>
<td></td>
</tr>
<tr>
<td>4C as in Charlie</td>
<td></td>
</tr>
<tr>
<td>4D as in Delta</td>
<td></td>
</tr>
<tr>
<td>Bronchoscopy Lab - 5th floor</td>
<td></td>
</tr>
<tr>
<td>3A as in Alpha</td>
<td></td>
</tr>
<tr>
<td>3B as in Bravo</td>
<td></td>
</tr>
<tr>
<td>3C as in Charlie</td>
<td></td>
</tr>
<tr>
<td>3D as in Delta</td>
<td></td>
</tr>
<tr>
<td>Cast Room - 2nd floor</td>
<td></td>
</tr>
<tr>
<td>Roger C Peace - 2nd floor</td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery - 2nd floor</td>
<td></td>
</tr>
<tr>
<td>GI Lab Recovery - 1st floor</td>
<td></td>
</tr>
<tr>
<td>GI Procedure Room - 1st floor</td>
<td></td>
</tr>
<tr>
<td>Physical Therapy Dept. - 1st floor</td>
<td></td>
</tr>
<tr>
<td>Radiology - 1st floor</td>
<td></td>
</tr>
<tr>
<td>Radiology - Room 8 - 1st floor</td>
<td></td>
</tr>
<tr>
<td>Radiology Room 3 - 1st floor</td>
<td></td>
</tr>
<tr>
<td>3C as in Charlie</td>
<td></td>
</tr>
<tr>
<td>3B as in Bravo</td>
<td></td>
</tr>
<tr>
<td>3A as in Alpha</td>
<td></td>
</tr>
<tr>
<td>5th Floor - ICU</td>
<td></td>
</tr>
<tr>
<td>West Tower - 1st floor EKG</td>
<td></td>
</tr>
<tr>
<td>West Tower - 2nd floor CVICU North</td>
<td></td>
</tr>
<tr>
<td>West Tower - 2nd floor CVICU South</td>
<td></td>
</tr>
<tr>
<td>West Tower - 3rd floor Cath Lab 1</td>
<td></td>
</tr>
<tr>
<td>West Tower - 3rd floor Cath Lab 2</td>
<td></td>
</tr>
<tr>
<td>West Tower - 3rd floor Cath Lab 3</td>
<td></td>
</tr>
<tr>
<td>West Tower - 3rd floor Cath Lab 4</td>
<td></td>
</tr>
<tr>
<td>West Tower - 3rd floor Cath Lab 5</td>
<td></td>
</tr>
<tr>
<td>West Tower - 3rd floor EP Lab 1</td>
<td></td>
</tr>
<tr>
<td>West Tower - 3rd floor EP Lab 2</td>
<td></td>
</tr>
<tr>
<td>West Tower - 3rd floor Cath Lab Recovery</td>
<td></td>
</tr>
<tr>
<td>West Tower - 4th floor CCU North</td>
<td></td>
</tr>
<tr>
<td>West Tower - 4th floor CCU South</td>
<td></td>
</tr>
<tr>
<td>West Tower - 5E as in Echo</td>
<td></td>
</tr>
<tr>
<td>West Tower - 5F as in Foxtrot</td>
<td></td>
</tr>
<tr>
<td>West Tower - 5th Floor - Pediatric ICU</td>
<td></td>
</tr>
<tr>
<td>West Tower - 6E as in Echo</td>
<td></td>
</tr>
<tr>
<td>West Tower - 6th floor - Labor &amp; Delivery</td>
<td></td>
</tr>
<tr>
<td>West Tower - 4F as in Foxtrot</td>
<td></td>
</tr>
<tr>
<td>Ultrasound – 1st floor</td>
<td></td>
</tr>
<tr>
<td>Nuclear Medicine – 1st floor</td>
<td></td>
</tr>
<tr>
<td>CT Scan 1st floor</td>
<td></td>
</tr>
<tr>
<td>Inpatient Observation Radiology 1st floor</td>
<td></td>
</tr>
</tbody>
</table>
EMERGENCY PAGING CODES FOR GREENVILLE HEALTH SYSTEM

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE STAT</td>
<td>Emergency adult page for cardiac and respiratory arrest giving location.</td>
</tr>
<tr>
<td>(Adult)</td>
<td></td>
</tr>
<tr>
<td>CODE STAT JUNIOR</td>
<td>Emergency Pediatric page for cardiac and respiratory arrest giving location.</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Abduction of infant</td>
</tr>
<tr>
<td>Code Pink Junior</td>
<td>Abduction of child</td>
</tr>
<tr>
<td>Code Pink Alert</td>
<td>Suspicious person or conditions identified</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Fire alarm notification – specific location will be announced.</td>
</tr>
<tr>
<td>Code Black</td>
<td>Power failure; location to be paged</td>
</tr>
<tr>
<td>Code 5</td>
<td>Tornado Warning</td>
</tr>
<tr>
<td>Code 5 Alert</td>
<td>Tornado Watch</td>
</tr>
<tr>
<td>Code 99</td>
<td>Bomb threat</td>
</tr>
<tr>
<td>Code 66</td>
<td>Suspicious Package Identified</td>
</tr>
<tr>
<td>Code 10</td>
<td>Security guard call to a specific extension or report to the location announced</td>
</tr>
<tr>
<td>Code 100</td>
<td>Emergency security response; all security guard and all able-bodied staff respond</td>
</tr>
<tr>
<td>Code React</td>
<td>Active Shooter on Premises</td>
</tr>
<tr>
<td>CODE ALERT</td>
<td>Disaster notification</td>
</tr>
</tbody>
</table>

If any of these medically oriented pages are announced, ALL residents/fellows should respond to the emergency call.
Please refer to your departmental manual and/or leadership for appropriate response to the above codes.

### Official ABBREVIATIONS “Do Not Use” List

<table>
<thead>
<tr>
<th>Do Not Use</th>
<th>1 Potential Problem</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>U (unit)</td>
<td>Mistaken for “0” (zero), the number “4” (four) or “cc”</td>
<td>Write “unit”</td>
</tr>
<tr>
<td>IU (International Unit)</td>
<td>Mistaken for IV (intravenous) or the number 10 (ten)</td>
<td>Write “International Unit”</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd (daily)</td>
<td>Mistaken for each other</td>
<td>Write “daily”</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d, qod (every other day)</td>
<td>Period after the Q mistaken for “I” and the “O” mistaken for “I”</td>
<td>Write “every other day”</td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)*</td>
<td>Decimal point is missed</td>
<td>Write X mg</td>
</tr>
<tr>
<td>Lack of leading zero (.X mg)</td>
<td></td>
<td>Write 0.X mg</td>
</tr>
<tr>
<td>MS</td>
<td>Can mean morphine sulfate or magnesium sulfate</td>
<td>Write “morphine sulfate”</td>
</tr>
<tr>
<td>MSO4 and MgSO4</td>
<td>Confused for one another</td>
<td>Write “magnesium sulfate”</td>
</tr>
</tbody>
</table>

1 Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

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

### CALL SCHEDULE

The resident on call will remain within the confines of the hospital at all times when on duty. Exceptions to this policy require notification and approval of the most senior resident in charge of the service and agreement by the Program Director. The Program Director and/or chief resident make arrangements for night and weekend call separately on each service. Call schedules are normally arranged so that the resident takes call every third to fourth night. However, some circumstances may necessitate a change from the normal procedure. Please consult your departmental policies and procedures.

### Acute Care Therapy Consults for PT/OT and Speech

#### Orders

**Writing Orders**
- Orders to “Evaluate and Treat” work best for therapy consults
- **Weight bearing status** is essential for ortho/vascular conditions
- Contraindications need to be indicated on the order
- Clearing with other MDs prior to writing an order is preferred
Response to Orders
  • Typically 24-48 hours – maybe slightly longer over weekend depending on volumes
  • Referral volumes for un-skilled therapy contribute to patients not receiving therapy every day
  • All therapies – PT, OT and Speech triage referrals based on:
    • Time/date of order
    • Date/time of discharge
    • Placement needs
  • ICC daily rounds are attended by acute therapies and are used to prioritize patients
  • Therapy staff schedules are full when they leave the department each day

Non-Skilled Therapy Orders
Examples include:
  • Long term nursing home residents with no potential change in baseline function
  • Bed bound patients (whether home or nursing home)
  • Maintenance ROM (every patient would benefit from ROM)
  • OOB orders – shared responsibility
    – UPLIFT equipment is available on the nursing units and all nursing, PCT and therapy staff are trained on equipment use for assisting patients up and OOB
  • Patients who are independent or just need assistance with IV pole, O₂
  • Severely demented patients who are unable to participate or cooperate
  • Walking O₂ saturations that nursing can obtain
  • Orders for equipment or braces – case management or the vendor to be contacted
  • Duplicate orders for patients already on service – please check therapy notes

STAT orders should be for imminent discharges or urgent situations

What Constitutes a Skilled Therapy Consult?
  • Patient presents with a functional deficit and has potential for functional gain
  • Alert/awake enough to participate and benefit from a therapy intervention
  • The intervention warrants a licensed therapist for assessment and/or treatment
  • Family training
  • Equipment recommendations
  • Placement evaluations for SNF
  • Discharge recommendations

***Please feel free to contact Acute Care Therapies at 455-4953 for additional questions and information.

LANGUAGE SERVICES

The Greenville Health System provides care for people from the Upstate of South Carolina, other states, and even abroad. It is important for all of our patients to be able to communicate to staff members and to understand what is happening during their hospital visit, whether they are an inpatient, outpatient or an Emergency Department patient.

Our goal is to provide the highest level of safety and satisfaction throughout a patient's care. To help patients understand their medical care, the Language Services department at GHS offers
interpretation services for the deaf and hard of hearing patients who communicate in American Sign Language (ASL) and for those who are limited English proficient.

Patients have the right to an interpreter when communication between the patient and staff is essential for patients to benefit from hospital services. The GHS Language Services Department has medical interpreters for a wide variety of languages available 24 hours a day, 7 days a week. Interpreters can be requested any time by dialing (864)455-HOLA or ext. 5-HOLA in your location enables GHS extension dialing. You can also request an interpreter in advance by using the interpreter request link on Plexus.

In the event that an interpreter is unavailable within an acceptable timeframe, please call 5-HOLA (5-4652). Through 5-HOLA, you can be transferred to a contracted telephone service which has qualified medical interpreters available 24 hours a day, 7 days a week in over 200 languages in-person, on video through computers or mobile devices, and over the phone.

Since deaf and hard of hearing patients who communicate with American Sign Language (ASL) will require either a video or an in-person interpreter, please request one by dialing ext. 5-HOLA as soon as you are aware of the need. In all the Emergency Departments, interpreters for ASL and other languages can be accessed via video teleconferencing, and staff should consult the management of these areas for use of these devices.

In addition to these interpreting services, GHS offers translation services to ensure that patients with LEP (Limited English Proficiency) or who do not speak English have equal access to print materials. You may send translation requests by email to translations@ghs.org.

As a reminder, GHS’ Language Services Policy (S-050-49) prohibits use of unqualified interpreters such as patients’ relatives, friends, or untrained members of GHS staff. The Language Services Department provides qualified medical interpreters free of charge to patients who are deaf, who have hearing loss, or who are limited English proficient, as required by federal law.

If you need further assistance or have any questions, please do not hesitate to call the Language Services Manager at 455-1693.

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**LEGIBILITY OF HANDWRITING**

In the interest of patient safety and quality of care, all entries placed in the medical record must be legible. This includes written orders, consultations, progress note entries, and prescriptions. In addition the signature of the author of the entry shall be easily read without difficulty and be accompanied by printing the date, time and name, or using a rubber stamp bearing the name and department to verify the signature. A rubber stamp does not take the place of your signature. It only serves to identify the individual making the entries.

Opportunities for electronic signatures are through our GHS electronic medical record systems. Training is available to all residents/fellows.
CLINICAL DOCUMENTATION INTEGRITY

Clinical Documentation Integrity (CDI) is comprised of a team of experienced Registered Nurses who provide a critical and quality assessment of the medical record. The most vital role of CDI is facilitating an accurate representation of healthcare services through complete and accurate reporting of diagnosis and procedures. Our focus is on improving the quality of clinical documentation regardless of its impact on revenue. The CDI assures that the medical picture is reflected within the patient record of the severity of illness of our patient population such that our medical staff is accurately portrayed. CDI works to ensure compliance within the record to reflect current complaint guidelines. CDI plays an integral role by providing feedback to our physician partners that helps to capture accurate documentation within the medical record which provides the high level of quality care expected at the Greenville Health System.

MEDICAL INFORMATION PROCEDURES FOR RESIDENTS/FELLOWS

Title: Completion of medical records by residents/fellows

Prepared by: Medical Information Department

Purpose: To expedite completion of medical records by assigning medical records to the appropriate physician for completion.

Standard of Performance: All records are appropriately assigned facilitating timely completion

Responsibility: Medical Information completion technicians

Procedural Comments:

A. For private, teaching, and service patients, the appropriate resident/fellow as indicated in the record will be assigned the record for completion. The private attending or the service attending will be responsible for countersignature. Appropriate processes and authoritative signatures by attending physicians are determined by the Federal Medicare Teaching Rules as promulgated in Instructional Letter #372 and its resultant rules and regulations. General Surgery, Orthopedic, Obstetrical and Gynecological cases are particularly directed through the relevant federal rules.

Resident physicians, fellows and medical students must consult with their supervisory faculty physicians for the appropriate methodology for examination, dictation, and signatures.

1. Required Documents

   a. A discharge summary is required on all death cases and hospital stays over 48 hours. This shall include:
      1) Why the patient came into the hospital
      2) What were pertinent clinical and laboratory findings
3) What was done for the patient
4) What was the condition at discharge
5) Medications and other treatments prescribed for the patient
6) Discharge instructions, i.e., activity, diet, physical restrictions, follow-up care
7) Final diagnosis

b. Reports of the performance of surgical or other procedures
   1) An operative note shall be entered into the medical record immediately after an operation or procedure.
   2) Operative notes dictated or written immediately after a procedure shall record the name of the primary surgeon and assistants, findings, procedures performed and description of the procedure, estimated blood loss, specimens removed, and postoperative diagnosis.
   3) The dictated complete operative report is to be completed within 24 hours following the procedure.
   4) All treatment or diagnostic procedures shall have a written or dictated documentation available in the medical record within 24 hours of the performance of the procedure.

c. A final progress note may be substituted for a discharge summary on stays of 48 hours or less, normal newborns, and normal OB cases. This note shall include pertinent discharge instructions pertaining to diet, physical activity, medication, and follow-up care.

d. A medical history and physical examination to include all pertinent, positive and negative findings shall be recorded within 24 hours of admission and prior to any surgery. This must include heart and lung examination and past history.
   1) If the patient is readmitted within 30 days for the same or a related problem, an interval H&P reflecting any changes may be used provided the original information is readily available.

e. The face sheet of the medical record shall be completed to include a final diagnosis at the time of discharge of the patient. A definitive final diagnosis based upon terms specified in the International Classification of Diseases, avoiding the use of abbreviations, shall be written on the record.

PROCEDURE FOR COMPLETION OF DELINQUENT MEDICAL RECORDS

As members of the House Staff of the Greenville Health System, residents are required to comply with the Medical Staff Patient Management Policy. Completion of medical records in a timely manner is a requirement and reflects within your professional competency. Medical records are all on the computer. Instructions for viewing/completing medical records online are in this packet. An email is sent Monday to all residents/fellows who have incomplete clinical medical records. This letter will indicate charts that need to be completed. Residents/fellows are required to complete all medical records weekly.

2. Each week, the Program Coordinator and Program Director of each residency/fellowship program receives a list via e-mail from Medical Information Department of residents/fellows in their program who have not completed medical records the previous week. The Supervisor of the Physicians’ Record Completion Area will also receive a list via e-mail.

3. The following week, a list of any residents/fellows who have not completed all of their delinquent charts will be sent via email to the GME Manager, Program Director, Program Coordinator, and Supervisor of Physician’s Completion Area. The Program Director will
notify each resident/fellow of their delinquent charts. If recurring delinquent charts are not completed via the above distribution, the Designated Institutional Official/Associate Dean for Graduate Medical Education for disciplinary action.

4. Any resident/fellow unable to complete his/her charts by the due date because of the following reasons, 1) vacation, 2) sick, 3) on educational leave, can request an extension through their department. The Department Chair/Program Director may grant the extension and must notify the Graduate Medical Education Office of the reason for the extension. **EXTENSIONS WILL BE GRANTED FOR THE PREVIOUSLY STATED REASONS ONLY.** Once an extension has been granted, charts must be completed by the requested extended date.

5. The failure to complete medical records by the date due, whether extended or not, is considered to be a risk to patient care and a negative reflection upon the resident’s professionalism competency. As such, the resident/fellow whose charts are incomplete may be placed on administrative leave without pay by the Department Chair/Program Director in consultation with the Designated Institutional Official/Associate Dean for Graduate Medical Education until the charts are completed. Time spent on administrative leave does not count toward the completion of the residency program and may be reflected in subsequent credentialing verifications. **NO** patient contact may occur while the resident/fellow is on administrative leave.

6. It is the professional responsibility of the resident/fellow to arrange in advance for an extension of any charts which might become delinquent while he/she is on vacation, educational leave, or scheduled to be away for whatever reason.

**Content of Specific Medical Record Documents**

A. **History and Physical**
   - Chief complaint
   - Details of present illness, including, when appropriate, assessment of emotional, behavioral, and social status, mental status, medications & dosage
   - Relevant past, social, and family histories
   - Inventory of body systems
   - Statement of conclusions or impressions
   - Statement of course of action planning during hospitalization.
   
   **Note:** Residents/fellows should note the attending physician’s name on the H&P and Operative reports.

Only physicians (this includes residents/fellows), qualified oral surgeons, medical students, physician assistants (under the supervision of the physician), nurse practitioners (under the supervision of the physician) shall be allowed to write or dictate medical histories and physical examinations. H&Ps recorded by residents, fellows, medical students, physician assistants, and nurse practitioners must be countersigned by the supervising physician. All pertinent, positive and negative findings shall be recorded within 24 hours of admission and prior to any surgery. This must include heart and lung examination and past medical history. Office H&Ps within one week prior to admission are acceptable for elective admissions provided there has been no change since the original examination or the changes have been reported at the time of admission. If a patient is readmitted within 30 days for the same or a related problem, an interval H&P reflecting any changes may be used provided the original information is readily available. These shall be on the hospital chart within 24 hours of admission. Failure to comply will constitute an incomplete record.
B. Operative Report
- Description of findings
- Technical procedures used
- Specimens removed
- Post-operative diagnosis
- Name of primary surgeon and any assistants
- Estimated blood loss

All treatment procedures shall be documented in the record (required on all procedures performed under general anesthesia and/or performed in the operating room.) Operative notes must be dictated immediately following performance of the procedure by the surgeon or his resident/fellow. A brief handwritten operative note must be documented in the record and the dictation must be done as soon as possible after the procedure. The note shall include procedure performed, description of findings, specimens obtained, special techniques used, and clinical information pertinent to the post-op care of the patient. Failure to complete the dictated operative report will constitute an incomplete medical record.

C. Discharge Summary
- All relevant diagnoses established by the time of discharge
- Operative procedures performed
- Reason for hospitalization
- Significant findings
- Treatment rendered
- Condition of patient on discharge
- Specific instructions to patient and/or family, as pertinent, including
  - physical activity
  - medication
  - diet
  - follow-up care

A discharge summary is required on all death cases and all other admissions except stays of 48 hours or less, normal newborns, and normal obstetrical deliveries. In these instances, a final progress note that includes any discharge instructions may be substituted. The discharge summary should be dictated at time of discharge, but no later than 14 days following discharge.

D. Face Sheet
Start completing the Face Sheet when patient is admitted.

Indicate on the Face Sheet that you have dictated. Follow this with the confirmation number, the date and your signature. These notations will provide proof that you have already done the dictation. Please do not sign Face Sheet in the area designated "Physician Signature" as this is for the attending physician signature only.

CORRECTIONS IN MEDICAL RECORDS

Purpose: Provide a guideline to ensure uniformity of corrections of errors in the medical record.

I. There is to be no erasing in records and no use of ink eradicators.
II. When an error is made in the record, a single line is drawn through the error, not obliterating the original entry. Above the original entry, the word "error" is
written with the signature/initial of the person correcting the entry and the date entry is corrected.

III. When correcting multi-copy forms, all copies must be corrected.

IV. When late entries are made, “Late Entry” should be written before the entry with the signature and title of the person making the entry and the date following the entry.

V. When there is an incorrect report in the record and a corrected report is generated, the incorrect report should remain in the record and “invalid report, see corrected report” should be written in red on the original report.

VI. The corrected copy should indicate it is a corrected copy and should contain the signature and title of the person generating the corrected report and the date.

**TRANSCRIPTION SERVICES**

Medical Information Transcription Services are provided for all GHS-UMC originators who may dictate via telephone into the digital-voice dictation system (DVI). There are telephones dedicated to this service throughout the system. Final reports are routed to the appropriate hospital for charting and physician distribution. Dictation is also available using Epic Dragon device.

{RESIDENTS/FELLOWS - Please remember to mention attending physician’s name at the beginning of the dictation}

**DICTATING INSTRUCTIONS:** {Remember your SMS# for dictations together with the correct Work Type}

1. Use your touch-tone telephone, dial 864-455-1318 and ENTER the following information:
   a. Your 6-digit SMS number.
   b. 2-digit Work Type: {For more work types, refer to the dictation card provided}.

   **GMH:**
   
   18 = GMH H&P  
   28 = GMH Consultation  
   38 = GMH Surgical H&P  
   68 = GMH Cardiac Cath  
   78 = Operative Report  
   98 = GMH Discharge Summary  
   99 = GMH STAT Discharge

c. Enter the DATE OF SERVICE / date of discharge {i.e., 06/27/09}.

d. Enter the patient’s 9-digit MR # (SS or 970#).

e. Enter the CSN# (contact serial number).

f. **Once you have entered the numbers, a voice prompt will tell you that you have accessed the dictation system and begin dictation.**

g. Please press “9” at the end of your dictation. This will provide you with a 6-digit job number. This can be used for cross-reference purposes for any follow-up questions regarding your dictations.

The following are DICTATION CONTROLS:

1 = Listen  
2 = Record / Dictate after pause  
3 = Rewind {short increments}
A wallet-size card with the dictation instructions will be provided. Please remember to dictate clearly and distinctly. Spelling names and dictating the patient’s SSN / MR# is extremely helpful to the transcriptionists.

Should you have any further questions, please feel free to contact the Transcription Manager {454-4630}.

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**NOTIFICATION PROCESS**

Analysis of record identifies missing dictated reports needed for coding of the record and patient care. Deficiency placed on record in HIM Several by HIM. Automatic notification of deficiency occurs when physicians signs on to Sovera. Deficiency information added to pending Dictation tracking report.

<table>
<thead>
<tr>
<th>DAY 1</th>
<th>DAY 4</th>
<th>DAY 7</th>
<th>DAY 10</th>
<th>DAY 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify Physician of Deficiency Email or fax the physician notification of the deficiency on record(s): copy Attending on resident’s deficiencies. HIM calls the physician’s office as secondary notification.</td>
<td>Notify Department Chairman and HIM Director of Deficiency Email Department Chairman and HIM Director of Deficiencies.</td>
<td>Notify Department Chairman and HIM Director of Deficiency Email Department Chairman and HIM Director of Deficiencies.</td>
<td>Notify Medical Staff President and HIM Director of Deficiency Email Medical Staff President and HIM Director of deficiencies ten days past due.</td>
<td>Physician Suspension for delinquent process begins</td>
</tr>
</tbody>
</table>

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**KEYS**

Call rooms and workrooms at GMH are assigned to residency/fellowship programs. Keys are provided for the assigned service call rooms during a particular rotation. Keys are issued by the program supervisor/coordinator. There is a $10.00 replacement fee for lost keys. Your departmental manual may provide further guidance.
Section IV: Policies & Procedures
GREENVILLE HEALTH SYSTEM EMERGENCY DEPARTMENT
GRADUATE MEDICAL EDUCATION
CONSULTATION/REFERRAL POLICY

Referral for Admission
This implies that, in the opinion of the Emergency Department Attending Physician, the patient's condition is such that admission is necessary. If, in the opinion of the House Officer, admission is not required, the attending physician for the particular service shall see the patient and resolve the difference of opinion. If the decision is made to discharge the patient this will be the responsibility of the House Officer and their attending.

Referral for Treatment
As soon as the referral is accepted by the responsible physician on the service to which the referral was made, the Emergency Department Attending Physician is relieved of the responsibility of future care. Examples would be a patient with a fracture of the arm; a 6-month-old with high fever for sepsis evaluation.

For Consultation ONLY
Since House Officers are precluded by By-laws and Medical Education policy from serving as independent consultants and from competition with private staff members, consultation will be requested only of attending medical staff. A resident may serve as a representative of the attending physician.

SELECTION CRITERIA

Criteria for Applicant Consideration
- Makes proper application through ERAS or Universal application provided by NRMP;
- Meets criteria as set forth by Essentials of Accredited Residencies and specialty boards;
- Complies with application procedures;
- Participates in NRMP; and
- Eligible for licensure in South Carolina.

Graduate Medical Education will employ physician trainees (residents and fellows) requiring immigration authorization only under the J-1 Exchange Visitor Program sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG) and also permanent visa status. No exceptions will be made to this provision except as defined by the Designated Institutional Official/ Dean for Graduate Medical Education. Please refer to your departmental policy manual for further guidance.

Criteria for Selection
- GHS participates in the NRMP; this is an exclusive all-in agreement.
- Department Selection Committee reviews all applications;
- Consideration is given to the applicant's:
  - Medical School Dean’s Letter;
  - Letters of recommendation;
- Grades and class rank;
- USMLE, ECFMG, or COMLEX scores; and
- Recommendations of GHS physicians who personally interviewed the applicants.

The Program Selection Committee reviews the applications, develops a rank list in order of preference, and submits a match list to NRMP in accordance with the rules and regulations of that organization. Positions available after the Match, including SOAP (Supplemental Offer & Acceptance Program) are filled using the same criteria, with appointment being made directly by the Program Director. Please refer to your departmental policy manual for further guidance.

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**CHANGE OF RESIDENCY/FELLOWSHIP PROGRAM PROCEDURE**

In rare instances, a resident/fellow may wish to change residency/fellowship programs after commencing his/her residency/fellowship training. If, after seeking advice and guidance from his/her Program Director, the resident/fellow wishes to make a career change, the following procedure will be followed:

Obtain a Change of Residency/Fellowship form (See sample form in Section VI: Forms of this manual) from the residency/fellowship program coordinator. The resident/fellow will personally carry the request to the appropriate individuals in the order listed on the form, and discuss his/her request for change with them so that they may approve or disapprove the request. After the Program Director has completed the form, it should be returned to the office of the Designated Institutional Official/Associate Dean for Graduate Medical Education for his/her approval and final disposition. Your departmental manual may provide further guidance.

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**CONFLICT OF INTEREST**

The resident/fellow, as an employee of the Greenville Health System, recognizes and understands the issue of conflict of interest. Conflict of Interest computer-based training is periodically required for all GHS employees. A member will not engage in any activity, including moonlighting, interests, or investment for the purpose of personal gain, which may adversely affect the Greenville Health System or conflict with its best interest. When it is believed that a conflict or duality of interest exists, it is the responsibility of the resident/fellow to disclose the matter to his/her residency/fellowship Program Director. If at any time the Program Director determines that there is a conflict of interest, the resident/fellow will be counseled and, if necessary, appropriate action (disciplinary if needed) will be taken.

The Graduate Medical Education Committee (GMEC) programmatically highlights these concerns for the adoption of GMEC Policy Number III-02-15 and III-03-15 – Vendor Interactions. Please consult these policies and your program policy manual.

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**HARASSMENT**

It is the policy of the Greenville Health System to foster a work environment that is free from any form of intimidation or discrimination, including racial, ethnic, religious, sexual, age-based, or disability harassment. Harassing conduct in the workplace, whether physical or verbal, is strictly prohibited. This includes slurs, jokes, or degrading comments concerning sex, age, race,
national origin, sexual orientation, or disability. This policy applies to behavior by all individuals in the workplace, including non-employees, physicians, affiliated staff, volunteers, students, and vendors.

The entire policy statement is available in the GHS Manual of Policy Directives, Policy No. S-104-11.

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**CONTROLLED SUBSTANCE REGISTRATION**

GHS residents/fellows are required, to obtain narcotic licensure for prescribing controlled substances. Prescriptions for controlled substances cannot be written without proper registration. Federal and state registrations are necessary. PGYI incoming residents will be reimbursed for the initial cost of obtaining Federal Drug Enforcement Administration (DEA) and South Carolina State narcotic registrations. Registration forms are available online. Renewal of controlled substance registrations is the resident's/fellow's responsibility. South Carolina requires a yearly renewal; Federal DEA requires renewal every three years.

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**PROMOTION**

Academic promotions and renewal of a resident’s/fellow’s contract will be based upon the performance evaluation process of the primary residency/fellowship program of the resident/fellow. Clinical Competencies Committees are an integral part of each program for the evaluation regarding educational milestones, promotion, and graduation of all residents. Non-renewal of a contract is an act of termination and will be exercised only for unsatisfactory performance. Please refer to your departmental policy manual for further guidance.

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**DISCIPLINE AND TERMINATION**

It is the policy of the GHS Graduate Medical Education Committee that all residents/fellows who enter residency/fellowship training programs at GHS should graduate. Non-renewal of contracts or termination of employment will be exercised for unsatisfactory performance or for cause. A resident/fellow may be suspended from duty or terminated from the program for cause by the Graduate Medical Education Department Chair responsible for the performance of the resident/fellow, Designated Institutional Official/Associate Dean for Graduate Medical Education, or Chief Executive Officer of the Greenville Health System. Resident Staff/Fellows are subject to GHS employment policy and procedure standards. Please refer to your departmental policy manual for further guidance.

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**RESIGNATION AND DUE PROCESS**

Resignation from a position as a resident/fellow in training at the Greenville Health System must be submitted in writing to the Department Chair. Resignation must be in accordance with the signed contract. Termination prior to the contract date must be approved by the Department Chair and the Designated Institutional Official/Associate Dean for Graduate Medical Education. It is the policy of GMEC that there is due process related to suspension, non-renewal, non-promotion or dismissal. Any resident suspended or not promoted has the right to appeal these decisions to the
chairman of the department. It is the responsibility of the program director to inform GMEC regarding any suspensions or non-promotions in their program.

Non-renewal of a contract is an act of termination and will be exercised for unsatisfactory performance or for cause. Termination of a resident/fellow for unsatisfactory performance or for cause will originate with the program involved. Each program will have a policy stating acceptable behavior and describe the procedure by which residents/fellows are evaluated on performance and what corrective actions will be taken when appropriate. When the level of performance is determined to warrant termination, a written request will be forwarded by the Departmental Chair to the Designated Institutional Official. The Designated Institutional Official will then present the findings and recommendations to the members of the Graduate Medical Education Committee (GMEC) at a called meeting. If a majority of the GMEC agrees with the recommendation, the Designated Institutional Official will notify in writing the resident/fellow of his/her termination. Please refer to your departmental policy manual for further guidance.

**APPEAL PROCESS**

The above termination decision may be appealed by the resident/fellow in writing to the Designated Institutional Official within ten (10) days of receiving the written notice of termination. Such notice will be delivered by registered mail. Upon receipt of an appeal, the Designated Institutional Official will appoint a committee consisting of a Professor or Associate Professor from the residency/fellowship program involved and a Professor or Associate Professor from two other residency/fellowship programs. Within five (5) days of appointment of the committee, the committee will meet to review all recorded performances of the resident/fellow involved, including appropriate personal interviews of the faculty and residents/fellows who have been responsible for the written evaluations and comments. Upon written request to the Designated Institutional Official, the resident/fellow may request that he/she and any advocates of his/her position have the opportunity to be heard by the Committee. The Committee will determine the extent of involvement in the committee process of any advocate. The minutes of committee meetings will be recorded by a court reporter and reflect documentation of the resident's/fellow's notification and response.

The Committee will reach a decision within ten (10) days of appointment of the committee. The Committee’s majority recommendation will be binding and without recourse.

If a majority of the committee agrees to termination of the resident/fellow, the Associate Dean of Graduate Medical Education will notify the resident/fellow of his/her termination. If the majority of the committee does not agree to termination of the resident/fellow, any recommended course of action or recommended reprimand(s) of the resident/fellow by the committee will be communicated in writing to the Department Chair and Program Director for follow-through.

Prior to resident/fellow notification, the President & CEO and Chairman of the Board of Trustees will be notified in writing of the committee’s final action. The resident/fellow will be notified of the committee’s decision in writing within five (5) days following the conclusion of the committee meeting.
EDUCATIONAL LEAVE AND TRAVEL POLICY

An allowance has been established for resident/fellow educational leave and travel by post-graduate year and individual program; however, educational leave is at the discretion of the Department Chair. Please see the Education or Vacation Leave Request Form in Section VI of this manual. Policy S-020-15, GHS Manual of Policy Directives, directs payment via Employee Expense Management (EEM).

Cash advances to the employee are not an option unless there is demonstrated need and only on an exceptional basis. Should the resident/fellow choose to pay travel expenses out-of-pocket, reimbursement will be paid upon return after completion of appropriate paper work and detailed receipts of expenses. Expenses incurred during educational leave are subject to the following policies:

A. Educational Rotation Funds
   1. Required educational rotations or elective rotations deemed by the Program Director to be necessary for residency/fellowship accreditation and/or board certification may be taken off-site as part of the resident’s training experience. It is the responsibility of the Program Director to establish reimbursement levels prior to commencement of the rotation. Reimbursement levels typically are not established to cover 100% of costs.
   2. The accounting of the utilization of these funds will be as outlined in this travel policy.
   3. Local travel pertaining to education and patient responsibilities within the hospital system and its locations will not be reimbursed by Graduate Medical Education.

B. Lodging
   1. Lodging for residents/fellows is subject to GHS Travel Policy S-20-15. Lodging reimbursement would be based upon single occupancy. Judgment should be used when residents/fellows attend the same conference to share lodging, when appropriate.
   2. If a resident/fellow is to present a paper at a national or regional meeting, the Department Chair will approve the reasonable expenses of the resident/fellow. Lodging reimbursement will be based on single occupancy.
   3. It will be the judgment of the Department Chair as to when to allow a night's lodging before or after a meeting is scheduled. This judgment will be based on the location of the meeting with special consideration as to its distance from Greenville, the starting time and adjournment time of the meeting, and the availability of air flights to or from Greenville.
   4. Paid invoices for lodging expenses must be presented and attached to the appropriate forms or reimbursement will not be allowed.

C. Meals
   1. Meals for the resident/fellow only to include tips will be reimbursed based on actual expenditures of up to a maximum of $45.00 per day. Each day will be accounted for separately. No averaging of expenses will be accepted. Detailed receipts will be required. A credit card receipt that does not detail the items purchased for a business meal is not acceptable.
   2. If all or a portion of the meal is included in the lodging and/or registration fee expenses, the allowance will be reduced accordingly.
   3. Meals for the resident/fellow will be reimbursed while traveling to and from a meeting. Dependent upon the length of time necessary to travel and upon whether
meals are already provided, such as during air travel, reimbursement will be
determined accordingly; but in no instance will the maximum of $45.00 per day be
exceeded.

D. Air Travel
1. Air travel arrangements for GHS employees must be made through the GHS
contracted travel agency. If a cheaper rate is found through another travel agency
and cannot be matched by the GHS contracted travel agency, provide an
explanation of why a different agency was used. Travel Form A is utilized to pay for
advanced air travel. Should the resident/fellow choose to utilize an alternative
method for making their air travel reservations, reimbursement of these expenses will
be paid upon return from their travels.
2. Air travel will be reimbursed on the basis of tourist class rates unless the tourist rate
is not available at the time of the trip. The Department Chair in advance of the trip
will approve any rate other than tourist rate.
3. Air travel will be reimbursed only for direct travel from Greenville to the meeting
location and back. Side trips will be at the expense of the resident/fellow.
4. A copy of the airline ticket must be attached to the Travel Expense Form B in order
to receive reimbursement.

E. Automobile Travel
1. Travel in private automobiles will be reimbursed based on the standard mileage rates
issued by the Internal Revenue Service.
2. For travel involving distances greater than 250 miles one way, it is considered that
public transportation affording the most convenient and rapid transportation to the
destination is utilized. In any case, the Department Chair must approve the mode of
transportation and expenses prior to the trip. The lesser cost of the commercial
transportation (tourist class) or the mileage reimbursement will be paid to the
resident/fellow by the Graduate Medical Education.
3. The number of cars and reimbursement arrangements should be reviewed and
approved by the Department Chair prior to the departure on the trip.
4. No direct automobile expenses will be reimbursed, such as repair, towage, etc., in
that the standard mileage allowance is designed to provide compensation for such
expenditures.

F. Registration Fees
1. Registration fees will be paid directly to the sponsoring organization utilizing the
Travel Advance Form. Such fees relate only to the educational component of the
meeting.

G. Rental Cars
1. The need for rental cars must be approved prior to the trip by the Department Chair.
The approval should be based totally on professional meeting attendance needs and
not on entertainment or convenience needs.
2. Rental cars will be limited to one resident/fellow for every four-member and/or
fraction thereof attending the meeting.

H. Other Expenses
1. Responsible usage and expenses for taxicabs, buses, or other conveyances will be
reimbursed. When more than one member attends a meeting, taxicab expenses
should be shared when possible. This will be approved at the Department Chair
level.
2. No entertainment or alcoholic beverage expenses will be reimbursed. Non-reimbursable items also include such things as movies, spas, and golf.

3. Tips for other than meals will be reimbursed at a reasonable and customary rate, not to exceed the rate as specified in GHS Policy S-20-15.

4. Reimbursement is authorized on an actual cost basis for road and bridge tolls, parking fees, ferriage, and other similar expenses.

5. Reasonable charges for telephone calls relating to personal matters will be reimbursed. However, due care should be exercised in the number of such calls. As a general rule, personal calls to the family reporting the member's arrival at the destination and personal contact with the family every third day during the interim period of travel is deemed reasonable. Unusual, extraordinary, and emergency situations will be recognized, and personal calls made incidentally to such situations will be allowed and reimbursed.

6. No expenses will be allowed for laundry, dry cleaning, clothing rental, memberships, insurance, or traveler's checks.

7. Employees who are performing official travel are afforded the protection of the state Workers' Compensation Act for injury, occupational illness, or death resulting from such travel and work related activities while in a travel status. It is to be noted that the protection of the Workers' Compensation Act, when applicable, precludes the employee from benefits otherwise available through the System's group hospital insurance coverage.

8. The travel reimbursement aspects of this policy relate to professional meetings, short courses, and educational rotations.

9. Any extraordinary or exceptional expenses must be approved well in advance of the anticipated travel date by the Vice President for Graduate Medical Education or his designee, in conjunction with the approval of the Department Chair.

I. Expense Reimbursement Procedure

1. Reimbursement will be approved only upon submission of paid detailed receipts or invoices to include all meal expenses. Request for reimbursement must be submitted within 15 days of completion of the trip. The only exception to this procedure is those receipts for tips, taxicab, buses or other conveyances, tolls, parking, and telephone calls will not be required for reimbursement.

2. The hotel bill must reflect the single rate, and meals for the resident/fellow will be reimbursed only if a detailed receipt is obtained.

Check with your program coordinator for more specific guidelines.

J. Travel to Present Paper

1. When a resident/fellow is making a presentation, the expenses of one attending co-author may be covered, if approved by his/her respective Department Chair. This provision is being made in order for the co-author to be present to assist the resident/fellow in making their presentation and in responding during question and answer sessions.

2. Graduate Medical Education will pay registration fees if not covered by the meeting sponsor, and travel, hotel and meal expenses for the day prior and the day of the presentation. Expenses for additional days will be considered should the exception decrease the overall cost of the trip, e.g., a Saturday layover in order to obtain a less expensive airline ticket.

3. Shared rooms are encouraged.

4. Inappropriate expenses as identified by the VP for Graduate Medical Education will not be
reimbursed (e.g. entertainment expenses, extraordinary food and drink receipts, etc.)

5. It is expected that expenses for invited presentations will be paid by the organization for which the physician is providing the services. Exceptions depend upon the recommendation of the GMEC Travel Committee to the Vice President for Graduate Medical Education to fund such a trip.

6. Funding for poster presentations will be covered by this policy at the discretion of the Department Chair. However, individuals accompanying a poster shall be kept to a minimum (preferably one attending) and approved by the Department Chair prior to submission to the VP for Graduate Medical Education.

7. Faculty may use regular educational allowance travel funds, and individual practice enhancement supplemental funds may be used to augment the above allocation or cover additional days as necessary.

8. This policy will be reviewed annually as a part of the budget process.

Check with your program coordinator for more specific guidelines.

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**EDUCATIONAL ALLOCATION FUND**

A monetary allowance exists for all residents/fellows. Appropriate use of these funds is at the discretion of the Program Director. In order to best utilize resident/fellow education support funds, GMEC has determined that residents/fellows will have the option of using their educational monies to purchase educational materials in lieu of travel. Purchases will remain at the discretion of the Program Director. Allowable expenses include but are not limited to travel (educational to include board review workshops), books, educational software (to include board review software), communication devices for residents/fellows, and Federal DEA and SC narcotic renewals after the first year.

This policy will be reviewed at least yearly during the updating of resident/fellow staff policies and procedures for appropriateness and relevance. Reference your Program Coordinator for any current changes or relevant directives, particularly regarding telephone and education technology.

It will be the responsibility of the Program Director to monitor, enforce, and inform the resident/fellow in his/her respective department of these guidelines and any subsequent additions, deletions, or modifications of these guidelines. **GHS will not pay expenses for spouses or family members.**

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For those procedures not specified above under the Resident/Fellow Educational Leave and Travel Policy, GHS Travel Policy will be followed. Copies of the GHS Travel Policy may be obtained from the office of the Vice President or Administrator for Graduate Medical Education.

**RESIDENT EDUCATION ALLOCATION FUNDS DEFINITIONS & GUIDELINES**

**Program Director Approval - REQUIRED**

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<th>PGYIII</th>
<th>PGYIV</th>
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<tbody>
<tr>
<td>Allocation</td>
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<td>$1,000</td>
<td>$1,200</td>
<td>$1,500</td>
<td>$1,800</td>
</tr>
</tbody>
</table>
Allowable Expenses: iPhones; iPads (no later than 6 mos. prior to graduation)
Software for iPhones; iPads
Medical Education Trips
Board Preparation
USMLE Part III or COMLEX III
PC’s and related items
Medical License
Board Exams

MOVING ALLOWANCE

GHS provides a moving allowance not to exceed $1,000. In order to be reimbursed, it is necessary to present actual, itemized invoices related to the move to the program coordinator responsible for your training experience. In the event a resident/fellow finds it easier to move himself, he/she will be reimbursed for rental conveyance, supplies for packing, insurance, gasoline (mileage reimbursement rate is $.19/mile) and incidental expenses upon presentation of appropriate receipts for these expenses. Moving expenses must be submitted within 45 days of the move. Trips to the Greenville area to locate housing and employment for spouses and purchases of furniture are neither reimbursable nor provided for in the $1000 allowance.

EMPLOYEE HEALTH REQUIREMENTS

Residents/fellows are GHS employees and are required to comply with the rules and regulations of GHS. This includes a history and screening exam, lab work, and acceptance of history or waiver signature regarding Hepatitis-B vaccination. Employee Health is required to assess TB history and performs testing according to GHS protocol, which is based upon SC DHEC requirements for Healthcare Personnel. Residents/fellows are required to comply with yearly tuberculosis screening, which is carried out in conjunction with yearly renewal of resident/fellow contracts and during the resident's/fellow's birthday month. Documentation of immunity to Measles, Mumps, Rubella and Varicella can be established via immunization records and/or titers for immunity as needed. We recommend a Tdap vaccine if there is no record of a Pertussis containing vaccine since childhood. This and all other required vaccines are available free of charge. Influenza vaccine or an authorized exemption is required annually. Respirator fit-testing is an annual requirement and will be performed upon hire and in subsequent years of the resident's/fellow's tenure with GHS as scheduled by Graduate Medical Education.

FITNESS FOR DUTY (S-106-4) AND DRUG FREE WORKPLACE (S-106-5)

Fitness for Duty: It is the intent of the Greenville Health System to provide a safe environment for all patients, medical staff, visitors, and employees; therefore, employees are expected to be physically, mentally, and emotionally fit to perform the essential functions of their positions at all times. Full policy detail is available online via Plexus.
**Drug Free Workplace:** Consistent with the Federal Drug Free Workplace Act of 1988, GHS expects all employees to be committed to creating and maintaining a drug free workplace. Full policy detail is available online via GHSNetPlexus.

Fitness for Duty and Drug Testing are performed as a part of the post offer requirements of all employees. The return of a signed employment contract implies that the resident/fellow acknowledges and understands the above-stated policies.

The entire policy statements are available in the GHS Manual of Policy Directives, Policy S-106-4 and S-106-5.

**INFECTION CONTROL CONCERNS – EXPOSURE REPORTING**

**Reporting of exposures to blood or body fluid:** If the employee is exposed to blood or body fluid or to a communicable disease (e.g. Pertussis or TB), they are to report it immediately by calling the Exposure Control Nurse at the facility where the exposure occurred:

- GMMC Campus: Call 455-4209 and follow directions on the voice mail.
- Greer Campus: Call 797-8074 and follow directions on the voice mail.
- Hillcrest Hospital: Call 454-6196 and follow directions on the voice mail.
- Laurens County Medical Campus: Call 833-9349 and follow directions on the voice mail.
- North Greenville Hospital: Call 455-4209 and follow directions on the voice mail.
- Patwood Campus: Call 797-1069 and follow directions on the voice mail.

Residents/fellows are considered a high-risk group for Hepatitis B exposure. This subject is covered in depth during resident/fellow orientation. Vaccination is strongly encouraged and is provided at no cost to residents/fellows through the Employee Health Office. For more information please navigate to the Online Infection Prevention Manual available on Plexus or via: [http://ic.ghsnet.ghs.org/manual](http://ic.ghsnet.ghs.org/manual)

**INFECTION PREVENTION AND CONTROL**

There are certain diseases that South Carolina laws require physicians to report to the SC DHEC. The Official South Carolina List of Reportable Diseases for 2016 appears on the next page of this manual. You should report these diseases as soon as possible to the staff specified below. You may request that the Nursing Staff inform the Hospital Infection Prevention and Control of the disease. The penalty for not reporting these diseases in a timely manner could result in a substantial fine or imprisonment. The Infection Prevention and Control Department professionals will serve as a resource and assist you in meeting all infection control guidelines.

Click [here](http://ic.ghsnet.ghs.org/manual) for more information from SC DHEC on reporting policies and procedures. SCDHEC 2016 list of reportable conditions is on the next page.
South Carolina 2016 List of Reportable Conditions

Attention: Health Care Facilities, Physicians, and Laboratories
South Carolina Law (§44-24-10 and Regulation §61-210) require reporting of conditions on this list to the local public health department. South Carolina Law (§44-33-1280) requires reporting by laboratories of all blood lead values in children under 6 years of age.

HIPAA: Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512)

REPORT UPON RECOGNITION OF A SUSPECTED CASE, DIAGNOSIS, OR POSITIVE LABORATORY EVIDENCE (SEE “HOW TO REPORT” ON BACK)

Suspected means clinical suspicion and/or initial laboratory detection, isolation, identification, or presence of supportive laboratory results.

1. Any case that may be caused by chemical, biological, or radiological threat, novel infectious agent, or any cluster of cases, or outbreak of a disease or condition that might pose a substantial risk of human morbidity or mortality (1) (6)
   * Animal (mammal) bites (6)
   * Anthrax (Bacillus anthracis) (5)
   * Babesiosis (Babesia microti) (5)
   * Botulism (Clostridium botulinum or Botulinum toxin) (5)
   * Brucellosis (Brucella) (5)
   * Campylobacteriosis (5)
   * Chancroid (Haemophilus ducreyi) (5)
   * Chikungunya (5)
   * Chlamydia trachomatis (5)
   * Clostridium difficile (5)
   * Creutzfeldt-Jakob Disease (Ag > 55 years old) (5)
   * Cytomegalovirus (5)
   * Cyclosporiasis (Cyclospora) (5)
   * Dengue (5)
   * Diphtheria (Corynebacterium diphtheriae) (5)
   * Eastern Equine Encephalitis (EEE) (5)
   * Escherichia coli, Shiga toxin – producing (STE2) (5)
   * Ehrlichiosis / Anaplasmosis (Ehrlichia / Anaplasma phagocytophilum) (5)
   * Giardiasis (5)
   * Gonorrhea (Neisseria gonorrhoeae) (5)
   * Haemophilus influenzae (5)
   * Hantavirus (5)
   * Hemolytic uremic syndrome (HUS), post-diarrheal (5)
   * Hepatitis (5)
   * Hepatitis B (HBV) + hepatitis C (HCV) + hepatitis D (HDV) + hepatitis E (HEV) (5)
   * HIV or AIDS clinical diagnosis (5)
   * HIV or AIDS clinical diagnosis (5)
   * HIV subtype, genotype, and phenotype (5)
   * HIV 1 or HIV 2 positive test results (5)
   * HIV viral load (5)
   * Influenza A, avian or other novel strain (5)
   * Influenza associated deaths (5)
   * Legionella (5)
   * Leptospirosis (5)
   * Lyme disease (Borrelia burgdorferi) (5)
   * Mumps (5)
   * Pertussis (Bordetella pertussis) (5)
   * Plague (Yersinia pestis) (5)
   * Poliomyelitis (5)
   * Rabies (5)
   * Rubella (5)
   * Rocky Mountain Spotted Fever (Rickettsia rickettsii) (5)
   * Salmonella (5)
   * Shiga toxin positive (5)
   * Shigellosis (5)
   * Smallpox (5)
   * Staphylococcus aureus, vancomycin-resistant or intermediate (VISA/VISA) (5)
   * Streptococcus group A, invasive disease (5)
   * Streptococcus group B, age < 50 days (5)
   * Streptococcus pneumoniae, invasive (5)
   * Syphilis (5)
   * Typhoid fever (Salmsonella typhi) (5)
   * Toxic Shock (5)
   * Trichinosis (5)
   * Tuberculosis (Mycobacterium tuberculosis) (5)
   * Tularemia (Francisella tularensis) (5)
   * Yellow Fever (5)
   * Viral meningitis (5)
   * West Nile Virus (5)
   * Yersiniosis (5)

Potential agent of bioterrorism
(1) Only listed required to report.
1. An outbreak is the occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time. Clinical specimens may not be required.
2. Include drug susceptibility profile.
3. Invasive disease is defined from normally sterile sites. Always specify sites of isolation.
4. Report Gram-negative diseases in blood or CSF.

5. Specimen submission to the Bureau of Laboratories is required. Ship immediately and urgently report via phone within 1 business day, and report results within 3 business days. Contact local or state if resistance is suspected.
8. Report all cases of suspected and confirmed tuberculosis (TB). A case of TB is a person whose health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have TB. Centers for Disease Control and Prevention case definition of confirmed cases: https://www.cdc.gov/tb/diagnosis/conditions
GREENVILLE HEALTH SYSTEM
Infection Prevention and Control Department Resource List

<table>
<thead>
<tr>
<th>Greenville Memorial Medical Center</th>
<th>Office Phone</th>
<th>Cell/Pager #</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. William Kelly, MD*</td>
<td>455-3380</td>
<td>290-0179</td>
</tr>
<tr>
<td>Hospital Epidemiologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robin N. LaCroix, MD*</td>
<td>454-5130</td>
<td>436-8645</td>
</tr>
<tr>
<td>Pediatric Infectious Disease</td>
<td></td>
<td></td>
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<tr>
<td>Connie Steed, RN, MSN, CIC</td>
<td>455-6267</td>
<td>490-5518</td>
</tr>
<tr>
<td>Director of Infection Control</td>
<td></td>
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</tr>
<tr>
<td>• Marcia Lynch, Admin. Asst.</td>
<td>455-7177</td>
<td></td>
</tr>
<tr>
<td>Susan Hartsell, BSN, RN</td>
<td>455-4209</td>
<td>345-6133</td>
</tr>
<tr>
<td>Sue Boeker, RN, BSN, CIC</td>
<td>455-4142</td>
<td>444-6997</td>
</tr>
<tr>
<td>Pattie Durham, BSN, RN</td>
<td>455-4737</td>
<td>996-1295</td>
</tr>
<tr>
<td>Jennifer Macaluso, BS, RN</td>
<td>455-7918</td>
<td>414-7518</td>
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<tr>
<td>Beth Smith, BS, RN</td>
<td>455-1661</td>
<td>996-1294</td>
</tr>
<tr>
<td>Natasha Robinson, BSN,RN</td>
<td>455-4518</td>
<td>996-0590</td>
</tr>
<tr>
<td>Erin Haynes, BS,RN</td>
<td>455-6223</td>
<td>996-2566</td>
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<tr>
<th>Other GHS Sites</th>
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<th>Pager/Cell Phone</th>
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<tbody>
<tr>
<td>Ambulatory Care</td>
<td>455-7199</td>
<td>390-0566</td>
</tr>
<tr>
<td>Greer Memorial Hospital</td>
<td>797-8074</td>
<td>444-8197</td>
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<tr>
<td>Cottages at Brushy Creek</td>
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<tr>
<td>North Greenville Medical Campus</td>
<td>455-9243</td>
<td>270-8941</td>
</tr>
<tr>
<td>Kyle Puckett, RRT, BS, CIC</td>
<td></td>
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</tr>
<tr>
<td>Hillcrest Memorial Hospital,</td>
<td>454-6196</td>
<td>315-0335</td>
</tr>
<tr>
<td>Simpsonville Medical Campus</td>
<td></td>
<td></td>
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<tr>
<td>Kymberly Hawn, RN, BS</td>
<td>797-1069</td>
<td>382-1266</td>
</tr>
<tr>
<td>Patwood Memorial Hospital</td>
<td>833-9349</td>
<td>981-1337</td>
</tr>
<tr>
<td>Jill Lindmair, MSN, RN,CIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laurens County Memorial Hospital</td>
<td>885-7305</td>
<td>885-5646</td>
</tr>
<tr>
<td>Oconee Memorial Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monique Fleurant, BSN, RN</td>
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</table>

*Please page physicians by using 455-9500 then the beeper# or GHS Web Paging.
Developed: October, 1985
Revised: June 2016

INFECTION CONTROL CONCERNS – EXPOSURE REPORTING

**Reporting of exposures to blood or body fluid:** If the employee is exposed to blood or body fluid or to a communicable disease (e.g. Pertussis or TB), they are to report it immediately by calling the Exposure Control Nurse at the facility where the exposure occurred:

- GMMC Campus: Call 455-4209 and follow directions on the voice mail.
- Greer Campus: Call 797-8074 and follow directions on the voice mail.
Residents/fellows are considered a high-risk group for Hepatitis B exposure. This subject is covered in depth during resident/fellow orientation. Vaccination is strongly encouraged and is provided at no cost to residents/fellows through the Employee Health Office. For more information please navigate to the Online Infection Prevention Manual available on Plexus or via: [http://ic.ghsnet.ghs.org/manual](http://ic.ghsnet.ghs.org/manual)

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**MOONLIGHTING POLICY AND PROCEDURES FOR RESIDENTS/FELLOWS**

**POLICY:**

I. Residents/fellows are not required to moonlight.

II. Residents/fellows must secure approval from their Program Director, the GHS DIO and the Medical Staff Credentialing Committee before engaging in any moonlighting activity.

III. In compliance with the attached procedures (see below), approval shall be solicited and granted on an individual basis.

IV. Residents/fellows must have a permanent South Carolina medical license, must have completed their intern year and obtain moonlighting privileges through the GHS Medical Staff Services in order to moonlight within GHS facilities.

V. Time spent engaged in moonlighting activities must be accounted for on an hourly basis and added to the resident/fellow work hours in New Innovations. If the cumulative total exceeds established resident/fellow work hour guidelines the moonlighting activity will be curtailed.

VI. Medical malpractice liability insurance for moonlighting activities will be provided only if the activity takes place in a GHS facility and is not contracted through a third party, i.e., the contract must be directly with GHS.

VII. Moonlighting activities will be closely monitored and resident/fellow behavior will be assessed by the residency/fellowship Department Chair and Program Directors for signs of fatigue in order to guarantee sufficient time for rest and relaxation in order to promote the residents'/fellows’ educational experience and safe patient care.

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**GREENVILLE HEALTH SYSTEM**

**GHS RESIDENTS/FELLOWS ENGAGED IN MOONLIGHTING ACTIVITIES**

**GUIDELINES**

It is the policy of the Greenville Health System (“GHS”) to allow GHS residents/fellows to moonlight so long as a moonlighting obligation does not interfere with that resident's/fellow's educational program. In addition, if a proposed moonlighting activity is to take place in a GHS facility or in connection with a GHS program, the resident/fellow must demonstrate competence to furnish the moonlighting services and be granted appropriate clinical privileges in accordance with this policy. Residents/fellows are not required to moonlight.

**MOONLIGHTING STATEMENT**

South Carolina state law allows residents/fellows to "moonlight" after one year of post-graduate training. Graduate Medical Education recognizes that a degree of educational experience and training is derived from these activities. However, focus of the resident's/fellow's efforts shall be
toward successful completion of his/her residency/fellowship training program. This goal is also the primary objective for Graduate Medical Education. Because the resident's/fellow's moonlighting activities may interfere with the performance of his/her duties, the resident/fellow must obtain the permission and approval of the Program Director, the GHS DIO and the Medical Staff Credentialing Committee before making a commitment to perform moonlighting services. Upon request, each resident/fellow shall provide his/her Program Director with a current listing of the institutions for which he/she moonlights. This listing will also include the time commitment involved in these moonlighting activities. If, in the opinion of the Program Director, moonlighting activities are interfering with the performance of his/her duties, the resident/fellow will be counseled and appropriate disciplinary actions taken. Resident/fellow work time and moonlighting activities must comply with the Residency/Fellowship Review Policy on mandatory manpower 80 hour work week requirement. Fatigue factors will be monitored. Moonlighting within GHS facilities requires Medical Staff Credentialing. See also the Medical and Graduate Medical Education Statement and Policy and Procedures for Resident Staff/Fellows engaging in moonlighting activities. (See GMEC Policy II.06.11)

Residents/fellows shall not engage in the private practice of medicine while serving on the House Staff of the Greenville Health System. See Medical Staff Supervision of Resident/Fellow Patient Care Activities for clarification of locum tenens.

PROCEDURE:

**GHS Facility.** For purposes of this Policy, "GHS facility" means any facility or program operated or managed by GHS or a GHS affiliate.

**Moonlighting Facilities**

Moonlighting activity may only occur at the following facilities/departments. Some of these may be program specific (see Program Coordinator):

- GHS Newborn Nursery
- North Greenville LTACH
- Greenville County Detention Center
- GHS NICU
- Shriner’s Hospital
- HeartLife

**Required Notice.** The resident/fellow must provide written notice of the proposed moonlighting activity to his/her residency/fellowship Program Director. The notice must include the name of the entity where the moonlighting will be done, the name of the individual responsible for arranging the moonlighting, whether the resident/fellow will be compensated, the expected hours of moonlighting and the duration of the relationship. A copy of the proposed agreement between the moonlighting resident/fellow and the entity must be attached to the notice.

**Approval of Director.** If the Director, in his sole discretion, approves the proposed moonlighting activity, the Director will notify the DIO / Associate Dean for GME and CME in writing.

**Final Decision.** The DIO, in his sole discretion, will make the final decision about a moonlighting request and will notify the resident/fellow in writing of that decision. If approved, a copy of that decision will be sent to the Chief of Medical Staff Affairs with the moonlighting application.

**Insurance** - Insurance maintained by GHS shall cover activities of residents/fellows related to their education programs. Moonlighting activities recognized as appropriately related to the educational and employed activities of a residency/fellowship, shall be covered.
CHECKLIST FOR MOONLIGHTING SERVICES BY RESIDENT/FELLOW

Moonlighting Process

1. Moonlighting Application and Add-On must be completed
   
2. Letter of approval and recommendation of resident’s/fellow’s Program Director
   
3. Moonlighting application and Program Director letter of recommendation will be sent to the GHS DIO for approval. If approved, DIO will provide the application and a letter of recommendation to the Chief of Medical Staff for approval
   
8. Approval of Chief of Medical Staff Affairs
   
9. Approval of GHS Credentials Committee
   
The Moonlighting process can take 1-2 months to be approved or denied. Until you have confirmed approval to moonlight from the Medical Staff Office you may not moonlight.

Please refer to your departmental policy manual and Program Coordinator for further guidance.

Patient’s Rights and Responsibilities

Pursuant to the GHS Patient’s Rights and Responsibilities Policy (S-050-08) below we consider patients to be a partner in their hospital care. When they are well informed, participate in treatment decisions, and communicate openly with their physician and other health professionals, they help make their own care as effective as possible. This hospital encourages respect for the personal preferences and values of each individual.

*See Policy S-050-08 document below*
**PATIENT RIGHTS AND RESPONSIBILITIES**

**POLICY NAME:** Patient Rights and Responsibilities  
**POLICY NUMBER:** S-050-08  
**EFFECTIVE DATE:** June 1, 2012  
**REVIEW DATE:** March 16, 2015

**SCOPE:** Mark “X” as applicable

<table>
<thead>
<tr>
<th>Adult Hospitals</th>
<th>Adult</th>
<th>Clinical Licensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Hospital</td>
<td>Pediatric</td>
<td>Clinical Unlicensed</td>
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<tr>
<td>MIPH</td>
<td>Non-Clinical</td>
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</tr>
<tr>
<td>UMG/PIH</td>
<td>Inpatient</td>
<td>Nursing Only</td>
</tr>
<tr>
<td>X System-Wide</td>
<td>Outpatient</td>
<td></td>
</tr>
</tbody>
</table>

**POLICY STATEMENT:** It is the policy of Greenville Health System (GHS) to respect the rights of patients in accordance with the Statement of Patient Rights and Responsibilities.

It is the responsibility of all staff members to be aware of the rights and responsibilities of patients and to inform patients within GHS facilities of their rights and responsibilities.

**DEFINITIONS** (optional):

**STATEMENT OF PATIENT RIGHTS:**

The following is the GHS Statement of Patient Rights:

We consider you a partner in your hospital care. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. This hospital encourages respect for the personal preferences and values of each individual.

**Patient Rights**

As a patient in our hospital, you have many rights that we are committed to protect and promote.

Your rights include the following:

1. Having access to care within the capacity and capability of the hospital regardless of gender; sexual orientation; gender identity; gender expression; social, cultural, educational or religious background; language; age; ancestry; citizenship; color; national origin; race; medical condition; presence of mental or physical disability; marital status; or the source of payment for care.
2. Having the hospital, after consultation with you, promptly notify a family member, or other representative of your choice, and your physician of your admission to the
hospital.
3. Receiving considerate and respectful care, and giving us feedback about your care.
4. Wearing appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with your treatment or procedures.
5. Participating in the development and implementation of your inpatient and/or outpatient treatment/care plan, your discharge plan, and your pain management plan.
6. Knowing the identity and professional status of those involved in your care, including whether the caregiver is a student or trainee or is professionally associated with other individuals or health care institutions involved in your care.
7. Making informed decisions about your care, including being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatment. However, this right does not entitle you to the provision of treatment or services deemed medically unnecessary or inappropriate.
8. Formulating advance directives (such as a living will or durable power of attorney for health care) with the expectation that the hospital staff and practitioners will honor the directive to the extent permitted by law and hospital policy.
9. Contacting the Joint Commission at 1-800-944-6610 or complaint@jointcommission.org, or the Centers for Medicare and Medicaid Services/South Carolina Department of Health and Environmental Control (DHEC) at 1-803-545-4370 to report a grievance, regardless of whether or not you have first utilized the hospital’s grievance procedure. A “patient grievance” is a formal or informal written or verbal complaint regarding the patient’s care (when the complaint is not resolved at the time of the complaint by staff present), abuse or neglect, issues related to the hospital’s compliance with the CMS Hospital Conditions of Participation (CoPs), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489.
10. Receiving visitors in accordance with the visitor policy contained in this admission packet.
11. Receiving care in a safe setting, free from all forms of abuse or harassment.
12. Enjoying personal privacy, including privacy during toileting, bathing or being examined. Unless you consent, people not involved in your care will not be present during your examination or treatment.
13. Accessing an interpreter if you do not speak or understand English.
14. Being free from restraints of any form unless they are medically necessary or unless needed to ensure your physical safety and less restrictive interventions are determined to be ineffective.
15. Being made aware of any relationships this hospital has with other healthcare facilities, educational institutions or other outside parties that may influence your care.
16. Being free to consent or decline to take part in clinical research without your decision otherwise affecting your care.
17. Examining and receiving an explanation of your bill, regardless of your source of payment.
18. Receiving a “Notice of Beneficiary Discharge Rights”, “Notice of Non-Coverage Rights” and “Notice of the Beneficiary Right to Appeal a Premature Discharge”, if you are a Medicare patient.
Patient Responsibilities

You have responsibilities as a patient.
1. You are responsible for providing accurate information about your health, including past illnesses, hospital stays and the use of medicine.
2. You are responsible for asking questions when you do not understand information or instructions.
3. You are responsible for telling your doctor if you believe you cannot follow through with your treatment.
4. You and your visitors are responsible for being considerate and respectful of the needs and the property of others and of the hospital.
5. You are responsible for providing information for insurance and for working with the hospital to obtain payment when needed.
6. You are responsible for letting your health care team know if you have an advance directive, such as a living will or durable power of attorney for health care decisions.
7. You are responsible for following hospital rules and regulations about patient care and conduct.
8. You are responsible for the consequences of refusing treatment or failing to follow the instructions of your health care team.

A hospital serves many purposes. Hospitals work to improve people’s health; treat people with injury and disease; educate donors, health professionals, patients and community members; and improve understanding of health and disease. In carrying out these activities, this institution works to respect your values and dignity.

Resident Responsibilities During Local Extreme Emergent Situations* and Disasters

* Extreme emergent situation: a local event (such as a hospital-declared disaster for an epidemic) that affects resident education or the work environment but does not rise to the level of an ACGME-declared disaster as defined in the ACGME Policies and Procedures, II.H.2. where the event is considered to be an extraordinary disaster which impacts an entire community or region for an extended period of time.

In the event of an extreme emergent situation (defined as a local event that affects resident education or the work environment but does not rise to the level of an ACGME-declared disaster) and natural disaster or cataclysm that causes serious, extended disruption to resident assignments, educational infrastructure, or clinical operations that might affect GHS as a sponsoring institution or its programs’ ability to conduct resident education in substantial compliance with ACGME standards, GHS will take the following action steps:
Program directors should first and foremost consult and coordinate with their Designated Institutional Officials (DIOs) and Graduate Medical Education (GME) offices concerning the impact of extreme emergent situations (e.g., epidemics) on resident education and work environment in accordance with GHS disaster policies. Extreme emergent situations are localized to one institution, a participating institution or another clinical setting and differ from events characterized as “disasters” which impact an entire community or region for an extended period of time.

DIOs should report these events to the Executive Director for the Institutional Review Committee (IRC). This reporting will document the event in order to explain any significant variations in resident clinical experience, case volume, or educational assignments identified in future program or institutional accreditation reviews.

The GHS House Medical Staff Disaster Response (see below), within the Medical Staff Services Procedures, addresses clinical duties of residents during disasters and extreme emergent situations. All ACGME Institutional, Common, and specialty-specific Program Requirements will apply in extreme emergent situations and disasters for clinical assignments within a training program and institution.

Clinical Assignment of Duties for Residents for a Local Extreme Emergent Situation

Residents are expected to perform as professionals and leaders commensurate with their degree of competency and specialty training. Clinical assignment will made in accordance with the GHS MSSD Tier plan noted elsewhere in the GHS EOP Plan and in response to the specific event per the following guidance:

- GHS Residents will not be first-line responders without appropriate supervision;
- If a resident is working under a training certificate from a state licensing board, he/she must work under supervision;
- Resident performance in extreme emergent situations will not exceed expectations for their scope of competence as judged by Program Directors or other supervisors;
- Residents will not be expected to perform beyond the limits of self-confidence in their own abilities
- Residents will not be expected to perform outside of the scope of their individual license;
- Expectations for performance under extreme circumstances are qualified by the scope of licensure as defined by the state of South Carolina.

GHS Program Directors will authorize residents’ involvement in a local extreme emergent event in consideration of their multiple roles as a student, physician, and employee of GHS as noted below:

- The nature of the healthcare and clinical work that the resident will be expected to deliver;
- The resident’s level of post graduate education specifically regarding specialty preparedness;
- The resident’s safety, considering their level of post graduate training, associated professional judgment capacity, and the nature of the disaster at hand;
- The resident’s board certification eligibility during or after a prolonged extreme emergent event;
- The expected duration of engagement in an extreme emergent event;
- Self –limitations per the resident’s maturity to act under significant stress or duress.
HOUSE MEDICAL STAFF DISASTER RESPONSE

Greenville Health System University Medical Center (GHS) is committed to the management of unexpected events including emergencies & disasters. The GHS Emergency Operations Plan (EOP) provides the groundwork for implementation of the Incident Command System and describes the organization’s response to emergencies and disasters. The activation of the EOP may stimulate the mobilization and modification of physician assignments, including those of GHS residents. The following plan may be implemented when the Emergency Operations Plan is activated.

MEDICAL STAFF SERVICES DEPARTMENT (MSSD) PROCEDURES FOR USE WHEN GHS SYSTEM DISASTER PLAN IS IMPLEMENTED

NOTIFICATION OF CODE ALERT:

➢ If overhead page or call from Chief, MSA, MSSD Staff will await further instructions regarding details and depth of communication needs.

➢ After hours, staff will be contacted to be apprised of Code Alert and either told to await further instructions or to report to MSSD.

COMMUNICATION PHASES AND METHODS:

1\(^{st}\) Tier: Utilize in-house physicians (ER, medical, surgical attendings, and residents) and on-call ER doctor if available.

- Overhead page in-house residents to assist with influx of patients.
- Charge Nurse and Physician in Charge page on-call ER doctor if scope of event requires it.

2\(^{nd}\) Tier: All available Emergency Medicine Physicians are notified.

- Contact ETC Administrative office & secure assistance of secretary to call all available emergency medicine physicians.
- In event ETC administration is not available; refer to MedStaff database or CEMPA website (www.cempaonline.com or www.carolinaemergencymedicine.com) with help of available CEMPA physician and call home numbers of all emergency medicine physicians.

3\(^{rd}\) Tier: All on-call physicians for their groups are called.

- Utilize unassigned ER call list with the help of Emergency Department secretaries and Medical Staff Office
- Discretion in which specialties are called at direction of Medical Staff Director or his designees (Drs. Mewborn, Finn, Lutz)

4\(^{th}\) Tier: All employed physicians.

- Contact Physicians Answering Service 455-8759 and ask them to mass page.
- Contact specialty physicians as needed.
- Physicians will be asked to contact the Medical Staff Services Department to be informed of need to come to hospital.

5\(^{th}\) Tier: Physician Resources are exhausted. Initiate emergency disaster privileges for non-GHS physicians (Disaster Privileging Form for LIIPS).
DISASTER CREDENTIALING:

If disaster/event is of such magnitude or need that physicians on GHS Medical Staff cannot handle disaster/event, physicians (and allied health professionals, if necessary) will require disaster privileges.

- Section 4.D of Credentials Manual will serve as a guide;
- Disaster Privileging Form will be used;
- Continuation of privileges past 72 hours will be based on information and recommendations from President, GHS Medical Staff or CEO.

DEBRIEFING:

Upon conclusion, a report will be provided as to actions taken by MSSD and any problems incurred.

DUTY HOURS

It is a requirement (GMEC Policy II-08-15) of the GHS Graduate Medical Education Committee that resident duty hours will be documented through New Innovations software and monitored by the Graduate Medical Education Committee. Individual Program Directors are required to review and comment on each violation. GHS will be in compliance with applicable ACGME institutional requirements and RRC program requirements. Any violations of ACGME Duty Hours rules will require the resident or fellow to document a reason/cause for the violation to be entered into New Innovations. Duty hour documentation is a part of resident contract agreements and resident professionalism competency.

Please refer to your departmental policy manual for further guidance.

SLEEP DEPRIVATION AND FATIGUE MITIGATION

It is the policy (GMEC II-11-15) of the GHS Graduate Medical Education Committee that faculty and residents and fellows will be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

Each GME program will assure the GHS GMEC through audit and annual reporting that such curriculum and supervision are formalized within the respective GME program. Unique policies and/or procedures per program will be in compliance with this policy and the policy and guidance from respective RRC’s and the ACGME. Education may be unique to the individual program or conducted GME-wide as the Graduate Medical Education Committee so directs.

Per GMEC direction, a sleep deprivation and fatigue mitigation Computer-Based Training (CBT) will be required for each core faculty member and resident/fellow.

Please refer to your departmental policy manual for further guidance.
UNIFORMS

A WHITE LAB COAT SHOULD COVER SCRUB ATTIRE WORN OUTSIDE OF THE OPERATING ROOM SUITES. SCRUB SUITS SHOULD NOT BE REMOVED FROM ANY HOSPITAL FACILITY.

Residents/fellows are furnished, at no charge, three white lab coats with name and departmental identification. Residents/fellows in programs extending past three years will be provided two additional lab coats. Residents/fellows may purchase additional lab coats at their own expense. Laundry service is in place and easily accessible. Soiled lab coats are left and picked up at a designated area. RESIDENTS/FELLOWS SHOULD ALWAYS PRESENT THE PROFESSIONAL IMAGE OF A PHYSICIAN, BOTH IN APPEARANCE AND ACTION. The resident/fellow should wear a lab coat over his/her regular street clothes unless his/her activity specifically requires the wearing of a scrub suit or the activity would cause clothing to become soiled. Residents/fellows are encouraged to assist GHS in reducing the significant expense related to the provision and replacement of scrub attire. Residents/fellows are reminded that GHS Human Resources has a dress code policy which applies to them as GHS employees. Your Department Chair may mandate additional dress codes. Your departmental manual may provide further guidance.
Section V: Resources & Benefits
VENDOR POLICY

As described in GMEC Policy No. III-02-15, It is the policy of the Greenville Health System University Medical Center that interactions with industry should be conducted according to the highest ethical standards so as to avoid or minimize possible conflicts of interest. When conflicts of interest arise, they must be addressed in compliance with GMEC policy. Please consult with your Program Director and/or refer to the GMEC Policy Manual. Your departmental manual may provide further guidance.

CREDIT UNION

All employees of the Greenville Health System and their immediate family members may utilize the services of the GHS Credit Union. Information regarding Credit Union membership can be obtained by contacting Credit Union offices at GMH (455-7945) and the main office at 211 Patewood Drive (288-8046).

EMPLOYEE INFORMATION / PAYROLL SELF-SERVICE ACCESS

GHS uses eNet, an Employee Portal that provides easy access to view and update important personal, employment, and benefit information. Access and information about eNet can be found on Plexus.

DIRECT DEPOSIT OF PAYCHECK

Employees of the Greenville Health System are required to utilize the direct deposit method for depositing paychecks directly into the banking facility of their choice. Deposit statements are available using GHS eNet employee services access or by visiting the GHS employee service kiosk in the employee pavilion at GMMC. They are also available on the second floor of the GHS Plaza downtown.

EMPLOYEE ACCIDENT REPORT

Employees who are injured, including needle sticks and exposures in the hospital or on the grounds, are required to complete an employee accident report. This report is referred to as Supervisor’s Report of Employee Occurrence (S.R.E.O.) Injuries should also be reported to the Employee Health office for appropriate treatment. The office of the appropriate Department Chair must be notified of these injuries or exposures.

Resident Benefit Summary

We appreciate the time, effort and care our employees put forth to ensure the well-being of every patient. We recognize this by offering a benefits package as outstanding as each of our team members. To improve your quality of life and the progression of your career, we offer excellent health insurance options, retirement plans, tuition assistance and much, much more. Visit our benefit specific web-site at
Our **core benefit package** includes:

1. **Health Insurance**: $750 deductible, $20 co-pay, Wellness Services covered at 100% and Outpatient Services covered at 100% for ALL RESIDENTS!!! Co-pays accumulate towards your Out of Pocket maximum of $3,175.
2. **Prescription Drug Benefit**: $5 generic copay for a 30 day supply and $10 copay for a 90 day supply.
3. **Health Track Employee Wellness Program**: Participate and receive points to be spent on prizes through our online mall!
4. **Dental Plan**: $25 deductible, $2,000 Maximum benefit per year, Preventive services covered at 100% and Basic at 80%, then Major at 50%. Includes Orthodontia Services (dependent children under age 19) covered at 50% up to a $2,000 lifetime maximum.
5. **Flexible Spending Accounts**: Contribute up to $2,550 with a Healthcare FSA and up to $5,000 for a Dependent Care FSA.
6. **Retirement Planning**: GHS offers two options for retirement savings that include a 403(b) and 457(b).
7. **Vision Benefit Plan**: Plan provided by VSP, choose between a Premier or Base plan.
8. **Basic Life and AD&D Insurance**: GHS pays for 2x an employee’s annual salary. You may also elect supplemental coverage for your spouse and / or dependents.
9. **Short and Long Term Disability**: GHS pays the premium for coverage and the combined benefits cover employees until normal retirement age when disabled.
10. **Paid Time Off**: Accrued every two weeks. Accruals for Full-Time employees start at 6.77 hours per two weeks.

Our **supplemental benefit package** includes but is not limited to the following:

- Supplemental Life
  - Universal Life
  - Term Life
- Accidental Death & Dismemberment
- Cancer Insurance
- Bariatric Services
- Spine, Shoulder & Knee Program
- Nutritional evaluation & counseling
- Cosmetic Services Discount
- Employee Care Centers
- Business Travel Accident Insurance
- Educational Assistance Programs
- Adoption Benefit Assistance
- GHS Federal Credit Union
- Employee Assistance Program
- Life Center Health & Conditioning Club

You do have 30 days to return the paperwork and documentation to the Benefits Department. However, we are able to get your information in the system more timely if we have the paperwork in advance of your hire date. This will make the process go more smoothly if you anticipate health, dental or prescription claims on or near your hire date and will get your ID cards out to you in a more timely manner.

We require that you provide proof of dependent eligibility if you are covering a dependent spouse or children. The required documentation for a spouse is a marriage certificate or common-law affidavit. You will find the affidavit, if needed on the HR Benefit Web-Site. For dependent children we need a long form birth certificate. The souvenir hospital birth certificate is sufficient as long as it has the child’s name, date of birth and parent’s name. There is more information on dependent documentation in the Benefit Summary. Also, the dependent Social Security number must be included on the enrollment form. We do not need a copy of the card, but the number is required.

You have the option of completing a Health Risk Assessment and Wellness Screening to receive a 15% discount on your premiums. The HRA and Screening must be completed by you and your spouse (if covered) within 60 days of hire to qualify for the discount.

**Effective Dates of Coverage:**
- Health and Dental: Effective your date of hire
- Supplemental Benefits: First of the month following 30 days of hire
- GHS sponsored Life and Disability plans will be automatically enrolled and effective the first of the month following 30 days of hire. You will need to complete the beneficiary designation on the enrollment form for
If you have any questions about your benefits or the enrollment process, please contact your Benefits Representative at (864) 797-7900.

**Benefits Representatives**
If your last name begins with:

- **A-F** Karen Trammell ktrammell@ghs.org
- **G-N** Kristie Cady kcady@ghs.org
- **O-Z** Lesia Childress lchildress@ghs.org

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**PROFESSIONAL LIABILITY**

**Basic coverage** - Professional Liability coverage carries a $1 million per occurrence limit and a $5 million aggregate annual limit for each resident/fellow while he/she is engaged in carrying out responsibilities directly associated with the residency/fellowship training program. These coverage limits are in addition to GHS’s self-insured retention level of $1.2 million per occurrence. Each resident/fellow will be provided a certificate of insurance coverage on an annual basis. The insurance will not provide coverage for activities performed outside of the residency/fellowship program curriculum unless the activities are under a direct employment arrangement with Greenville Health System. Not covered activities may include international rotations, medical mission trips and the like.

This information is referenced so there is no misunderstanding concerning your professional liability insurance coverage. Many residents/fellows will not be affected, as they do not participate in moonlighting activities. Questions regarding coverage should be directed to the Department Chair or Graduate Medical Education.

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**ILLNESS REPORTING**

The resident/fellow will report his/her illness directly to the Chief Resident of the service on which he/she is currently assigned to work. It will be at the Chief Resident's discretion to direct the ill resident/fellow to stay home, see a physician, come to work, etc. The Chief Resident will notify the Program Coordinator, but you should notify her as well. It will be the Chief Resident's responsibility to redistribute the workload of the resident/fellow until he/she returns. Upon return to work, the resident/fellow will report the sick time to his/her residency/fellowship program supervisor/coordinator for proper documentation. Refer to your departmental manual for further guidance.
LEAVE & PTO POLICIES

COMPASSIONATE LEAVE

Compassionate leave is an approved absence to employees when a death occurs in the immediate family per Policy S-102-16 of the GHS Manual of Policy Directives.

Duration - Compassionate leave for the death of immediate family shall not exceed 24 paid hours within a two-week period. The Department Chair or Program Director and the Vice President, Medical and Graduate Medical Education may approve exception to this period of time. Immediate family is defined as husband, wife, son, daughter, mother, father, sister, brother, mother-in-law, father-in-law. Extended family leave shall not exceed eight paid hours. The Department Chair and the Designated Institutional Official/ Dean for Graduate Medical Education may approve exceptions. Extended family is defined as stepparent, stepchild, half or stepbrother or sister, grandparent, and grandchild.

Approval - Resident/fellow shall request such absence from his/her Department Chair. The Department Chair or Program Director will record the approval on the resident's/fellow's time and attendance record.

COURT APPEARANCES

In the event the resident/fellow is served with a summons, complaint, or letter from an attorney regarding patient care, this information should be brought to the office of the Designated Institutional Official/ Dean for Graduate Medical Education and the Deputy General Counsel for Academics and Community immediately.

This information will be taken to the office of the Risk Manager. Should the summons require a court appearance, the resident/fellow will be excused from the normal working hours. If the resident/fellow is subpoenaed to appear in court on matters that concern moonlighting activities outside of Greenville Health System, time away from regularly assigned duties will necessitate the use of vacation time or foregoing pay for this purpose.
FAMILY MEDICAL LEAVE ACT POLICY

GREENVILLE HEALTH SYSTEM
MANUAL OF POLICY DIRECTIVES

POLICY: S-102-13
TITLE: Family and Medical Leave Act (FMLA)
DATE: March 6, 2013 (Revised)
       March 1, 2014 (Reviewed)
       June 1, 2014 (Reviewed)

I. Policy. The Greenville Health System ("GHS") grants family and medical leave to employees eligible for leave under the provisions of the Family and Medical Leave Act (FMLA). The FMLA allows employees to balance their work and family lives by taking reasonable, unpaid leave for certain family and medical reasons. GHS employees and GHS both have rights and duties under the FMLA. The primary duty for both is notice. An employee must alert his or her supervisor for the need for FMLA leave, while GHS must provide general notice of FMLA provisions to all employees and provide specific notice of FMLA rights and obligations to individual employees requesting leave. Once an employee provides proof of the need for leave, GHS will advise whether the leave taken will be designated as FMLA. Neither GHS nor any member of the Management Staff shall interfere with, restrain, or deny an employee's right to exercise his/her rights granted under the FMLA or to discharge or discriminate in any manner against an individual for opposing any practice made unlawful by the FMLA. More information about this policy can be obtained by contacting a member of the Human Resources Department. More information about the legal provisions of the Family and Medical Leave Act can be obtained by reviewing the Notice of Employee Rights and Responsibilities posted at your facility, by contacting the Human Resources Department to obtain a copy of the Notice, or by contacting the Wage and Hour Division of the U.S. Department of Labor (1-866-487-9243 or www.wagehour.dol.gov).

II. Guidelines

A. Basic Definitions and Rules

1. A serious health condition means an illness, injury, impairment or physical or mental condition that involves:
a. In-patient care (i.e., an overnight stay) in a hospital or other medical facility (including any period of incapacity or any subsequent treatment in connection with such in-patient care);

b. period of incapacity of more than 3 consecutive full calendar days that also involves two or more treatments by a health care provider (subject to certain conditions);

c. any period of incapacity due to pregnancy, including any treatment related to pregnancy;

d. any period of incapacity or treatment related to a chronic serious health condition requiring periodic visits to a healthcare provider of at least twice a year for treatment;

e. any period of incapacity or treatment of a condition which is permanent or long-term due to a condition for which treatment may not be effective, during which the employee (or family member) must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider; or

f. any period of absence to receive multiple treatments by a health care provider or under the supervision of a health care provider, either for restorative surgery after an accident or other injury, or for a condition that will likely result in a period of incapacity of more than 3 consecutive calendar days in the absence of medical intervention or treatment.

2. A qualifying exigency refers to the following circumstances:

a. Short-notice deployment – to address issues arising when the notification of a call or order to active duty is 7 days or less

b. Military events and related activities – to attend official military events or family assistance programs or briefings

c. Childcare and school activities – for qualifying childcare and school related reasons for a child, legal ward or stepchild of a covered military member

d. Parental leave – if the military member has an aging parent in need of care
e. Financial and legal arrangement - to make or update financial or legal affairs to address the absence of a covered military member

f. Counseling - to attend counseling provided by someone other than a health care provider for oneself, for the covered military member, or child, legal ward, or stepchild of the covered military member

g. Rest and recuperation - to spend up to 15 days for each period in which a covered military member is on a short-term rest leave during a period of deployment;

h. Post-deployment activities - to attend official ceremonies or programs sponsored by the military for up to 90 days after a covered military member's active duty terminates or to address issues arising from the death of a covered military member while on active duty;

i. Additional activities - for other events where GHS and the employee agree on the time and duration of the leave.

3. "Next Of Kin" means the nearest blood relative other than the covered servicemember's spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the covered servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made and there are multiple family members with the same level of relationship to the covered servicemember, all such family members shall be considered the covered servicemember's next of kin and may take FMLA leave to provide care to the covered servicemember, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered servicemember's only next of kin.

4. When both a husband and wife are employed by GHS, for leaves related to birth and bonding, adoption, foster care, and to care for a covered service member (below), they must share the amount of leave entitlement under the FMLA. Any remaining leave would be
available to them for other types of leave (such as for their own serious health condition or for qualifying exigencies).

5. For post birth/adoption/foster care bonding, GHS reserves the right to deny intermittent or reduced leave. In certain circumstances, GHS may approve this type of leave on an intermittent or reduced work schedule basis, but such approval will be made on a case-by-case basis after analyzing the business needs of GHS.

B. The FMLA grants eligible employees up to 12 workweeks of leave each rolling calendar year for one or more of the following:

1. Birth and care of a newborn (within the first 12 months of the child’s life)

2. Leave to bond with a newly adopted child or a child placed with the employee through foster care (within the first 12 months after placement), and any leave needed in order to obtain the child through one of these programs

3. When the employee is needed to care for one of the following -- a spouse, son or daughter who is under the age of 18, a son or daughter who is over the age of 18 and who is incapable of self care because of a disability that qualifies as such under the Americans With Disabilities Act, or a parent – who is suffering from a “serious health condition” as defined below

4. When the employee is suffering from a serious health condition (as defined below) that makes them unable to perform one or more of the essential functions of his or her job

5. For “qualifying exigencies” arising from the employee’s spouse, son, daughter or parent serving or being called to serve the US military in a foreign country.

C. Military Caregiver Leave. An employee also may take up to 26 weeks of leave in a single 12 month period to care for a spouse, son or daughter (of any age), parent or next of kin who is: (1) a current member of the Armed Forces, including the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, (2) is otherwise on the temporary disability retired list, or (3) a veteran of less than 5 years at the time the employee first takes leave (any of the three are considered a “covered servicemember”) and such covered servicemember has suffered a serious injury or illness which was suffered or aggravated while in the line of duty and while on active duty, even if the
injury or illness does not manifest itself during service. A covered
servicemember incurs a serious illness or injury for purposes of this
paragraph when he or she is medically unfit to perform the duties of his or
her office, grade, rank or rating, if he or she has a disability rating of 50%
or greater, is having substantial difficulty finding gainful employment
because of the serious injury or illness, or if because of the injury or illness
the employee has been accepted into the VA's program for caregivers.

This single 12-month period begins on the first day an eligible
employee takes Military Caregiver Leave and ends 12 months after
that date. Any leave taken for other FMLA purposes during this year will
count against the 26 weeks of entitlement under this section, and vice-
versa.

The leave entitlement described in this section applies on a per-covered
servicemember, per-injury basis. However, no more than 26 weeks of
leave may be taken within a single 12-month period by any covered
employee. Even in circumstances where an employee takes other
leave covered by the federal FMLA under numbers 1-4 in section B,
the combined leave shall not exceed 26 weeks during that 12-month
period.

D. GHS uses a "rolling" twelve-month period, measured backward from the
date an employee uses any FMLA leave, to determine the twelve-month
period in which the 12 weeks of FMLA leave entitlement occurs. Under
this method each time an employee takes FMLA leave the remaining
leave entitlement would be any balance of the 12 weeks that has not been
used during the preceding 12 months.

E. FMLA leave may require a consecutive block of time, intermittent leave
(leave taken in separate periods of time rather than on continuous period),
or reduced schedule leave (leave that reduces the usual number of hours
per work week or hours per workday). In certain circumstances, GHS may
require an employee to move to an alternate position during periods of
intermittent and reduced leave.

F. Intermittent FMLA leave also may be available depending upon an
employee's serious health condition or an employee's immediate family
member's serious health condition. Intermittent or reduced schedule leave
for the birth or placement of a child for adoption or foster care may be
taken only with approval from the employee's supervisor and Human
Resources. Military Caregiver Leave may be taken intermittently or on a
reduced leave schedule when medically necessary. Employees taking
intermittent leave must follow their department's standard call-in
procedures absent unusual circumstances. The employee must, however,
make a reasonable effort to schedule medical treatment and/or reduced schedule leave so as not to unduly disrupt business operations.

G. Documentation Supporting FMLA Leave. An employee’s reason for the leave must be covered under FMLA and, unless GHS waives the requirement, the employee must provide a completed FMLA Certification supporting the need for the leave along with any other documentation GHS may request or require that would permit GHS to make a determination. A request for reasonable documentation of family relationship verifying the legitimacy of FMLA Leave may also be required. For any documentation requested in the first instance, the employee will have 15 days in which to return a completed Certification form following receipt of the form from Human Resources. If the employee fails to provide timely certification after being required to do so, the employee may be denied the taking of the leave under FMLA. If the Certification form is incomplete or insufficient, an employee may be given written notification of the information needed and will have 7 days after receiving such written notice to provide the necessary information. If there is reason to doubt the validity of the medical certification, a second opinion, at the expense of GHS, related to the health condition may be required. If the original certification and the second opinion differ, a third opinion, at the expense of GHS, may be required. The opinion of the third healthcare provider, which GHS and the employee jointly select, will be the final and binding decision.

H. Recertification. Under certain circumstances as provided by law, including (but not limited to) situations in which the need or nature of the approved leave changes, GHS may, at its sole discretion, require recertification of an employee’s serious health condition. GHS may also request recertification every six months in which FMLA is taken for any serious health condition that lasts that long or longer. In these situations, an employee will have 15 days in which to provide, at the employee’s expense, a completed recertification form. If a condition or need for leave lasts longer than a year, the employee must seek a renewal of their FMLA on the anniversary date.

I. Substitution of Paid Leave. Unless the employee is receiving Workers’ compensation benefits, or GHS sponsored disability benefits, for the period in question, accrued PTO must be used before going on unpaid leave according to the Paid Time Off policy. Employees are required to use and exhaust Paid Time Off (PTO) for requested FMLA leaves. The use of PTO will run concurrently with, and be applied against, the 12 week (or 26 week) maximum. Upon exhaustion of the employee’s PTO, the remainder of the leave will be unpaid.
J. While on leave under this policy, an employee will continue to be covered under the GHS group health insurance plans at the same level and under the same conditions that applied prior to the leave provided that the employee pays his/her costs. Employees will be required to continue to pay their portion of any applicable premiums as if they had not taken leave and failure to do so may result in loss of coverage pursuant to law, dating back retroactively to the date the premium was originally due. Employees should contact their Benefits Representative to make payment arrangements. In certain circumstances, if an employee fails to return to work for at least 30 days after expiration of the leave, the employer reserves its right to recover premiums paid, if any, to maintain employee coverage during the leave period. If an employee declines coverage as a result of unpaid leave, but returns to work, the employee may be reinstated to the benefit plan without renewal of any additional wait periods upon satisfaction of other participation requirements.

K. FMLA absences may not be used for disciplinary action. However, if the absences, or the lack of productivity from the absence, mean an employee does not reach a milestone required for a bonus, the employee may be denied the bonus. In most instances an employee returning from leave who has not exhausted more leave than the FMLA allows is entitled to restoration to his/her same or an equivalent position. Key employees (i.e., those who are exempt employees earning wages in the top 10% of GHS within 75 miles of the employee’s worksite) may be denied reinstatement if reinstating them would cause a substantial hardship on GHS.

L. As with all forms of leave, the salary review date for employees on the Achieving Staff Excellence is adjusted by the amount of leave time when a FMLA leave and/or personal medical leave period exceeds 30 days. For employees on common review dates, the salary review date is not adjusted by the amount of leave time. If applicable, the merit increase will be prorated for the time worked.

M. Employees not eligible for FMLA leave or who have exhausted FMLA leave entitlement may be granted a personal medical leave of absence or personal leave of absence as appropriate. GHS may approve a maximum of twelve months of combined FMLA leave and personal medical leave of absence provided the employee can provide satisfactory certification of his or her own serious health condition. A personal leave of absence does not entitle an employee to the same protections as those mandated under the FMLA.

N. Return to Work. As a condition of returning to work from a leave where the leave is for the employee’s own serious health condition, the employee must timely present a certification from his or her health care provider that
the employee is able to perform the essential functions of his or her position, unless the leave taken is intermittent and the employee has already presented a return to work statement for that particular approved leave within the past thirty (30) days. Restoration will be denied until the certification is presented. An employee returning from leave under this policy, who has complied with its terms, generally will be restored to the same (or equivalent) position the employee held prior to leave. A returning employee does not, however, have a greater right to restoration or other benefits than if the employee had been continuously employed during the leave period. If possible and practicable to do so, Employees are to notify Employee Health and Wellness of their intent to return to work at least two weeks prior to the anticipated date of return.

III. Eligibility

To be eligible for FMLA, an employee must:

A. Have twelve months of service with GHS that need not be continuous or consecutive on the date the FMLA leave is to start, but absent limited circumstances, must be within the past 7 years (Any time the employee would have worked for GHS but for a USERRA covered military leave will count towards this calculation);

B. Have worked at least 1,250 hours during the 12-month period preceding the FMLA leave start date (again, any time the employee would have worked for GHS but for a USERRA covered leave within the 12 months preceding the leave will count towards the calculation; also note that special rules apply for flight crews), and

C. Not have exhausted his or her twelve-week FMLA leave entitlement during a “rolling” twelve-month period measured backward from the leave start date.

IV. Employee Responsibility

A. If the leave is foreseeable (e.g., birth or placement, planned medical care of a relative, leave due to active duty of an immediate family member, and leave for one’s own serious health condition), the employee must provide at least 30 days advance notice. If the leave is for “Exigent Circumstances” then the employee must give as much notice as practicable, even if it is more than 30 days. If circumstances prevent providing the 30 days advance notice, then the employee should provide as much notice as possible and practicable (ordinarily the same or next business day). If an employee fails to give the required notice for foreseeable leave with no reasonable excuse, then what is covered under
the FMLA may be delayed or denied. Employees should make every reasonable effort to schedule medical treatments so as not to disrupt the ongoing operations of their department.

B. Where possible and practicable, the employee must also complete a Request for FMLA Leave Form and submit it directly to Human Resources. The request should indicate the need or FMLA-qualifying leave and the anticipated timing and duration of leave. It is the responsibility of the employee to schedule treatment if required in a manner that does not unduly disrupt the department’s operations, subject to approval of his/her health care provider.

C. Human Resources must receive fully completed certifications concerning the leave within 15 days of the employee being provided a certification form. The employee must ensure that Human Resources receives the certification. FMLA leave may be denied if an employee fails to provide timely certification. Completed certifications will not be provided to the employee’s supervisor.

D. An employee returning to work from a leave of 5 or more days due to his/her own medical condition, whether FMLA leave or personal medical leave, must bring a return-to-work medical release statement to Employee Health and Wellness before reporting to his/her regular workstation, unless the employee has already provided a return to work statement concerning that condition within the past 30 days. An employee who fails to provide such a release will not be allowed to return to work.

E. Failure to return to work within two business days after the reason for the FMLA ceasing to exist, or refusal of an offer of reinstatement, will be treated as a voluntary resignation.

F. The employee is responsible for payment of the costs of insurance plans while on leave. GHS continues to pay its share of the costs the first 12 weeks of leave or during any FMLA leave period. The employee is responsible for payment of the full cost of the health, dental, part-time life, dependent life, and voluntary accident insurance plans after exhausting the 12-week entitlement of FMLA leave. Coverage may end if payment is not received within 30 days of the due date with 15 days cancellation notice. If coverage ends under this provision, coverage will be cancelled retroactively to the original due date. Generally, GHS may recover the employer’s share of the premiums paid during a period of FMLA leave if the employee fails to return to work after the leave expires unless the reason for not returning is the condition giving rise to the FMLA leave originally, or other circumstances beyond the employee’s control.
V. Supervisor's Responsibility

A. Determine if an absence from work may be FMLA-qualifying. The supervisor will refer employees requesting FMLA to Human Resources. Human Resources will assist the employee in completing their Request for FMLA Leave Form. In those cases where the employee is absent from work for more than two consecutive, unscheduled days, the supervisor will notify Human Resources of the "third" consecutive day of an employee's unscheduled absence or sooner if the supervisor believes the reason for an employee's absence from work may be FMLA qualifying. An employee who has had multiple treatments by a healthcare professional and who has been absent from work for 5 or more calendar days is required to obtain a return to work authorization from Employee Health prior to his or her return to work. This does not include treatments such as routine physicals, cosmetic treatments, regular dental appointments, or other visits to healthcare professionals that are not occasioned by a particular condition. For other conditions which may not result in an absence of three days, but nevertheless could be FMLA qualifying, please refer to the definitions above in section II.

B. Generally, the supervisor must reinstate an employee returning from FMLA leave to the same position or a position with equivalent employment benefits, pay, shift, and other terms and conditions of employment. This requirement may not exist in cases where the employee is identified as a key employee or in situations where the employee's position was changed or eliminated and would have been changed or eliminated whether or not the employee had taken FMLA leave. The supervisor should confirm that the employee has provided a release to return to work before reinstating the employee.

C. In certain circumstances, the supervisor may temporarily transfer an employee requesting intermittent or reduced schedule FMLA leave to an alternative job with equivalent pay and benefits that better accommodates recurring periods of leave than the employee's regular job.

D. If the employee's request for FMLA leave is not approved, and upon notification by the Human Resources, the supervisor has the discretion to place the employee on a personal medical leave of absence or a personal leave of absence as appropriate.

E. The supervisor is responsible for reporting to the Human Resources the hours an employee is regularly scheduled to work but did not work due to FMLA leave (both paid and unpaid hours) using the Time and Attendance System or on a form provided by Human Resources.
VI. Human Resources Responsibility

A. Coordinates the receipt, processing, approval, and follow-up of requests for FMLA leave. Communicates timely the status of FMLA leave requests (eligibility and designation) to both employee and the supervisor, including any point where eligibility and/or designation changes.

B. Maintains records of each employee's eligibility and usage of annual FMLA entitlement.

C. Mails FMLA leave request forms to employees when requested by the employee or supervisor. Provides notice to employees on leave regarding their responsibility to pay insurance costs, maintain payment records and terminate coverage when appropriate.

D. Keeps abreast of changes in the Family and Medical Leave Act due to regulatory revisions, DOL opinions, and court cases and communicates such changes to the GHS Management Staff and employees as appropriate.

E. Documents any discussions with the employee about eligibility or determinations of coverage.

F. Determines whether an absence is due to a serious health condition, including those caused by a Workers' Compensation incident, and maintains completed medical certification forms in the employee's confidential medical file.

G. Communicates timely the medical certification status to the employee and the employee's supervisor.

H. Coordinates FMLA leave of absence due to a Workers' Compensation incident.

I. Employee Health receives and reviews return to work release forms and communicates return to work status with the supervisor.
JURY DUTY

It is recognized that jury duty is a civic responsibility of the resident/fellow and becomes effective upon the receipt of a properly issued summons from a duly constituted court of law. The Department Chair shall be promptly notified so that appropriate action may be taken to accommodate the resident's/fellow's absence. The Department Chair will document jury duty on the resident's/fellow's time and attendance record. While serving on a jury, the resident/fellow will be paid his/her regular earnings.

In the event the resident/fellow is not selected to sit on a jury after reporting as required by the summons, the resident/fellow shall immediately return to the assigned work area. On days or portions of days in excess of four hours in which the court/jury is not in session, the resident/fellow is expected to report to work.

MATERNITY LEAVE

The Greenville Health System Residency/Fellowship Programs will follow the GHS policy pertaining to employee leave, except as specifically noted in the House Staff Policy Manual. However, maternity leave for residents/fellows will differ somewhat, due to the requirements of the specialty certifying boards and the maximum time allowed away from the program without requiring make up time. Residents/fellows anticipating a pregnancy need to consider the implications of the maximum time of absence from their training program in order that eligibility for her Boards will not be jeopardized. ACGME may have specific guidelines that impact maternity leave while not jeopardizing education credit.

The duration of maternity time allowed before and after delivery will be granted as follows:
1. Maternity leave is an approved absence granted to female residents/fellows for maternity purposes.
2. Maternity leave shall be approved for a period of up to six (6) weeks, so as to not disrupt the residency/fellowship program requirements.
3. Sick leave and vacation days will be used for maternity leave. Any additional time needed would be taken as leave without pay.
4. Compromising fulfillment of residency/fellowship requirements will not be permitted.
5. Pregnant residents/fellows will be allowed the same paid time off (PTO) for sick leave or disability benefits as other residents/fellows who are ill or disabled.

Please refer to the Family and Medical Leave Act (GHS Policy S102-13) and to your respective departmental policy manual for further guidance.

MILITARY LEAVE

Military leave is not considered vacation time. The resident/fellow on military leave is entitled to full stipend during his absence. It is imperative that, upon arrival, the resident/fellow advise his/her Department Chair of his/her military obligation. The resident/fellow shall report the dates of his military commitment to both the Department Chair and Chief Resident within the first three months of the contract year or as soon as the resident/fellow is notified by military personnel. Absence for military leave or deployment does not obviate satisfaction of specific RRC curricular requirements or specific board requirements.
Please refer to the Military/Uniformed Service Leave Act (GHS Policy S102-12) and to your respective departmental policy manual.

**PTO-PAID TIME OFF (PTO)**

Paid Time Off (PTO) provides time for residents/fellows to attend to personal needs involving vacation, holidays, illness/injury, and other personal requests. Paid time off is encouraged; however, the resident/fellow should consider the implications of maximum times of absence from his/her training program so as not to jeopardize eligibility to take specialty board exams. Residency/Fellowship programs will communicate their RRC guidelines, to which residents/fellows must adhere. Each year the resident/fellow will accrue PTO based on the following schedule:

<table>
<thead>
<tr>
<th>Year</th>
<th>PTO Vacation</th>
<th>PTO Other</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident I &amp; II</td>
<td>15 days – 120 hrs</td>
<td>9 days – 72 hrs</td>
<td>24 days – 192 hrs</td>
</tr>
<tr>
<td>Resident III &amp; IV</td>
<td>15 days – 120 hrs</td>
<td>13 days – 104 hrs</td>
<td>28 days – 224 hrs</td>
</tr>
<tr>
<td>Resident V, VI &amp; VII</td>
<td>15 days – 120 hrs</td>
<td>17 days – 136 hrs</td>
<td>32 days – 256 hrs</td>
</tr>
</tbody>
</table>

**A. Vacation**

Residents/fellows have 15 available days of vacation per contract year. Requested vacation days are at the discretion of the Chief Resident and the Program Director. Unused hours will be included in severance pay given at the completion of residency/fellowship training. All residency/fellowship programs have guidelines that will be explained during the Graduate Medical Education general orientation and departmental orientation. The additional days are provided for personal benefit upon extraordinary circumstances and for the fringe benefit of severance. All available hours are at the discretion of the ACGME rules and the discretion of the Program Director. Your departmental manual may provide further guidance.

**B. Holiday PTO Policy for Resident Staff/Fellows**

In order to assist in 80-hour work week rule compliance and to support the flexibility of resident/fellow scheduling, the following policy applies to all GHS Medical Education programs: for Thanksgiving, Christmas, and New Year holidays, individual departments may utilize offsetting PTO days for residents/fellows who cover these holidays for each other. This shall not exceed two week days, and if the holiday falls on a weekend, one weekend and two week days. For other holidays and requested time off, the Greenville Health System Human Resources policy will be applicable. Please refer to your departmental policy manual for further guidance.

**C. Educational Leave**

The granting of educational leave is at the discretion of the Program Director. Individual residency/fellowship programs have different requirements and criteria; therefore, educational leave days will vary among the programs. Time off required to take USMLE examinations is considered educational time and not PTO time. Please refer to your departmental policy manual for further guidance.
D. Procedure for Requesting PTO - PLEASE READ CAREFULLY

The granting of PTO will be at the discretion of the Program Coordinator and Chief Resident of the service to which the resident/fellow has been assigned. The Chief Resident will follow the guidelines established by the Program Director in granting time off for his/her department. All PTO requests must also be submitted to the Program Coordinator.

The granting of PTO requests to be taken during the last two weeks of June will be at the discretion of the Program Director.

You are responsible for informing the rotation director or attending faculty of your PTO dates PRIOR to beginning the rotation.

PTO requests are to be submitted within the timeframe set by the individual programs. Violation of this rule will provide means for denial of a request for time off.

The Chief Resident may deny any request for time off if he/she feels the resident's/fellow's absence would cause disruption of service on the assigned rotation of the resident/fellow. Your program may have certain rotations that are not PTO eligible.

Your program’s PTO policies and procedures will be addressed during the departmental orientation.

E. Severance Pay

Upon completion of residency/fellowship training and termination of employment by the Greenville Health System, severance pay will be issued using paid time off that accrued during the residency/fellowship training:

<table>
<thead>
<tr>
<th>Residency/Fellowship Training Years</th>
<th>Maximum Hours of Severance Pay Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Based on years of service</td>
</tr>
<tr>
<td></td>
<td>Per GHS PTO Policy S-102-10</td>
</tr>
<tr>
<td>0 - &lt; 1 year</td>
<td>0 hours</td>
</tr>
<tr>
<td>1 - &lt; 2 years</td>
<td>80 hours</td>
</tr>
<tr>
<td>2 - &lt; 3 years</td>
<td>120 hours</td>
</tr>
<tr>
<td>3-5 years</td>
<td>160 hours</td>
</tr>
<tr>
<td>5-10 years</td>
<td>200 hours</td>
</tr>
</tbody>
</table>

Severance pay for residents/fellows not completing the required years of residency/fellowship training will be addressed on an individual basis.

Graduating residents who are remaining at GHS as physician employees, are not reporting to work immediately, and are entitled to a payout of PTO severance hours may choose to have those hours spread over the pay periods when they are in transition and not yet actively working. All PTO severance hours must be exhausted and paid out by the time the graduate resident begins work in their new role, since GHS employed physicians are not eligible for PTO. The Program Coordinator will be responsible for entering these PTO severance hours in the Time & Attendance system. - August 5, 2009.
LOAN DEFERMENTS

Loan deferments and requests for letters verifying present employment should be directed to the coordinator of your residency/fellowship program. Your departmental manual may provide further guidance.

MEALS

Residents of GHS will be allotted 300$ per month to use for meals during their shift in the following locations.

- GMH Cafeteria
- Chick-fil-A
- Subway
- Au Bon Pain
- Starbucks
- Greer Cafeteria
- Patewood Cafeteria
- Patewood Café Express
- Hillcrest Cafeteria
- Hillcrest Coffee Connection
- North Greenville Cafeteria
- Marshall Pickens Cafeteria

**Items approved for purchase on the Resident Meal Plan** are meals, beverages and snacks to be consumed during their shift.

**Items not approved for purchase on the Resident Meal Plan** are Starbucks merchandise, coffee beans, coffee K-cups, Starbucks Gift Cards, GHS Coffee or cold beverage tumblers or gifts. Excessive purchases such as 20 beverages or snacks are also not allowable. A Resident Meal purchase should consist of food items that can be consumed during the residents’ shift.
PERSONAL PROBLEMS AND CONCERNS / REPORTING ANONYMITY / EMPLOYEE ASSISTANCE PROGRAM

Medical Education is concerned about the well-being of all residents/fellows. The demands of resident/fellow responsibilities are at times difficult and sometimes overwhelming for individuals and family members. The faculty hospital chaplain’s on-call phone number is 864-313-3765, and Pastoral Care Services phone number is 864-455-7942. Employee Assistance Program phone number is 864-455-2360; they are available and willing to listen and help.

All residents/fellows have the opportunity for anonymous evaluation and reporting. The Compliance Hotline provides employees with a way to report their concerns confidentially or anonymously. Callers do not need to give their names or any other identifying information when reporting a concern. The Compliance Hotline is operated by an independent outside firm to further protect anonymity. Employees can report concerns without fear of reprisal. Employees should call the Compliance Hotline to report concerns about possible unethical or illegal practices within the system. A report of the call is forwarded to the Compliance Office for investigation. GHS will make no attempt to discover the identity of anonymous callers and will maintain reasonable safeguards to protect the identity of callers who identify themselves but wish to maintain confidentiality.

To reach the Compliance Hotline, call 1-888-243-3611 (English) or 1-800-297-8592 (Spanish). The hotline is staffed 24 hours a day, seven days a week. Following your call, ensure you keep the case number and PIN number provided by the operator.

After exhausting all GHS GME chain of command options, The Accreditation Council for Graduate Medical Education Office of Resident Services may be a resource to address unresolved personal issues. The Accreditation Council for Graduate Medical Education (ACGME) has developed an Office of Resident Services that will help residents/fellows resolve concerns about their residency/fellowship programs. The purpose of the office is to be a safe haven for residents, fellows, and faculty to voice concerns related to residency/fellowship education and the learning environment. The staff of Resident Services will listen, discuss, answer questions, provide information, and help develop options for resolving a situation. Resident Services staff members are not available to be an advocate for any individual. For assistance, please contact residentservices@acgme.org. Please refer to your departmental policy manual for further guidance.

RISK MANAGEMENT

Risk Management serves as a liaison between hospital personnel, associated staff, and legal services. This office will serve as a resource in situations involving unanticipated adverse outcome and with other legal/risk related issues such as informed consent, documentation, refusal of treatment and challenging discussions with patients and families. In addition, Risk Management staff will assist residents/fellows in cases of malpractice investigations, suits, and claims.

An online web-based event reporting system, UHC/Datix Safety Intelligence, is available on GHS-Net that provides easy and immediate reporting of any adverse event relating to patients and visitors. An adverse event is an "event that results in unintended harm by an act of
commission or omission rather than by the underlying disease or condition of the patient. 
The primary purpose of capturing information about adverse events is to identify opportunities to 
 improve quality of care and patient safety and to prevent future occurrences. All hospital 
 personnel and medical staff report not only adverse events but Good Catches (near misses), 
 and safety concerns through this tool. When occurrences involve a patient, staff must ensure 
 that the physician is informed and any contributing factors and actions taken are noted in the 
 electronic report. The Department Chair, Program Director, and affected resident/fellow will be 
 notified of adverse events or other patient care events of concern as well as trends noted within 
 the event reporting data. Residents/fellows may also be asked to participate in multi-disciplinary 
 team case reviews following an event with a goal of developing an action plan to prevent 
 recurrence.

Risk Management staff are available for consultation 24/7 via the on-call system at 430-1692 to 
 provide assistance with situations or events. Specific procedures are reviewed during new 
 resident/fellow orientation and communicated during training through the residency/fellowship 
 programs.

<table>
<thead>
<tr>
<th>SALARY*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Year 2016</td>
</tr>
<tr>
<td>Grad I position $52,998</td>
</tr>
<tr>
<td>Grad II position $53,914</td>
</tr>
<tr>
<td>Grad III position $56,160</td>
</tr>
<tr>
<td>Grad IV position $57,886</td>
</tr>
<tr>
<td>Grad V position $60,174</td>
</tr>
<tr>
<td>Grad VI position $62,629</td>
</tr>
<tr>
<td>Grad VII position $64,896</td>
</tr>
<tr>
<td>Grad VIII position $67,579</td>
</tr>
</tbody>
</table>

* GMEC reviews and adjusts resident/fellow salaries annually. Effective October 2016, the above 
 salaries will be reviewed. Oconee resident salaries can be obtained by contacting the Seneca Rural 
 Residency Program Coordinator (864) 482-0027.

<table>
<thead>
<tr>
<th>RESIDENT CONTRACT</th>
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</thead>
</table>
| Resident contracts are issued for the upcoming academic year. Renewal of contract is 
 contingent on your performance the current year. Once you have signed your contract and 
 turned it in to your coordinator and all signatures are in place you will be provided a copy of the 
 fully executed contract. |