

GRADUATE PHYSICIAN POLICY MANUAL

2010-2011

TABLE OF CONTENTS

| | |
|----------------------------------------------------------------------------|-----|
| Welcome | 5 |
| Graduate Medical Education Council Resolution | 5 |
| Mission Statement of the Graduate Medical Education Committee | 6 |
| Institutional Commitment to Graduate Medical Education | 6 |
| Graduate Medical Education Department | 7 |
| Requirements to Begin Training at Cleveland Clinic Florida | 8/9 |

| | |
|-------------------------------------------------------------|----|
| Policies and Procedures for Clinical Trainee | |
| Board Eligibility Training Extensions (ABMS)..... | 41 |
| Cleveland Clinic Florida Supervision Policy..... | 15 |
| Clinical Practice Guidelines..... | 10 |
| Dress Code/Personal Appearance..... | 9 |
| Eligibility, Selection, Appointment & Promotion Policy..... | 18 |
| Evaluation of Cleveland Clinic Clinical Trainee | 25 |
| Evaluation of Cleveland Clinic Staff..... | 25 |
| Florida State Medical Licensure | 17 |
| Identification Badges | 30 |
| In-service Examinations | 31 |
| Institutional & Educational Committees..... | 30 |
| Lines of Responsibility | 16 |
| Moonlighting | 37 |
| Physician Impairment | 28 |
| Policy of Off-Site Rotations | 38 |
| Policy Statement | 10 |
| Procedure for Resident Appeal Process..... | 22 |
| Professional Liability..... | 29 |
| Release of Clinical Trainee Files | 26 |
| Residency Closure/Reduction Policy..... | 30 |
| Clinical Trainee Complaint & Problem Resolution..... | 24 |
| Resident Duty Hour Policy..... | 36 |
| Clinical Trainee Performance | 20 |
| Clinical Trainee Salaries | 36 |
| Resident Job Description | 20 |
| RESIDENT TRANSFER OF PATIENT CARE RESPONSIBILITIES | 16 |
| Resident Work Environment/Time Commitments | 30 |
| Sexual Harassment..... | 26 |
| Smoking | 29 |
| Termination Procedure | 29 |
| Withholding of Stipend..... | 25 |

| | |
|--------------------------------|----|
| Approved Absences | 41 |
|--------------------------------|----|

| | |
|-----------------------------------------------------------------------|--------------|
| Changes in Coverage | 46 |
| Continuation of Coverage: COBRA | 47 |
| Dental Coverage | 46 |
| Disability - Permanent | 47 |
| Employee Assistance Program | 46 |
| Family and Medical Leave Act..... | 44 |
| Health Care Benefits | 46 |
| Leave of Absence..... | 43 |
| Maternity / Adoptive Leave..... | 44 |
| Medical Editing Services | 42 |
| Medical Leave Illness/Accident..... | 43 |
| Medical/Pharmacy Coverage..... | 46 |
| Occupational Injury/Illness..... | 48 |
| Paternity | 44 |
| Personal Leave of Absence..... | 45 |
| Program Extension..... | 40 |
| Reimbursable Expenses..... | 43 |
| Travel Privileges | 42 |
| Vacation Time and Other Approved Time Away..... | 41 |
| Vision Care Plan | 46 |
| Interview Days..... | 41 |
| Certificate of Completion..... | 45 |
| | |
| Training Award Opportunities..... | 49 |
| Cash Memorial Award..... | 49 |
| Crile Fellowships | 50 |
| The Bruce Hubbard Stewart Memorial Award for Humanistic Medicine..... | 50 |
| The George and Grace Chile Traveling Fellowship | 49 |
| The Lower Scientific Paper Award | 49 |
| The Peskind Memorial Award..... | 49 |
| The Tarazi Fellowship Award | 49 |
| | |
| Miscellaneous Resident/Fellow Information | |
| Autopsy and Tissue Statement..... | 52 |
| Autopsy Policy..... | 52 |
| Education Allowance..... | 51 |
| Emergency Codes | 55 |
| Certificates of completion of training..... | 45 |
| Facility Operations Department Policies | 54 |
| Life Insurance | 51 |
| Loans..... | 52 |
| On-Call Meals (Night call only)..... | 51 |
| Pagers and Telephone Repairs..... | 56 |
| Risk Management Departments..... | 57 |
| Savings & Investment Plan (403B) | 51 |
| Security and Safety | 53 |
| Telephone Access (Long Distance)..... | 56 |
| | |
| Institutional Services | 60 |

| | |
|------------------------------------------------|----|
| Cleveland Clinic Pharmacy | 59 |
| Clinical Process Improvement Department | 60 |
| Department of Endocrinology..... | 58 |
| Coral Community Credit Union..... | 57 |
| On- Call Rooms | 58 |
| Pastoral Care | 58 |
| Payroll Department | 57 |
| Uniforms, Identification Badges, Laundry | 58 |

| | |
|------------------------------------------------------------------|----|
| Division of Research and Education Support Services | |
| Alumni Affairs | 61 |
| Audiovisual Equipment..... | 64 |
| Bioethics | 61 |
| Continuing Medical Education | 61 |
| Medical Library Services..... | 63 |
| Patient Education | 64 |

| | |
|----------------------------------------------------------|----|
| Cleveland Clinic Policy and Procedures..... | |
| Clinical Research | 65 |
| Confidential Information | 66 |
| Guidelines for Investigating Scientific Misconduct | 66 |
| Hazardous Chemical Identification and Communication..... | 66 |
| Health Care Workers with HIV Infection..... | 74 |
| Human Immunodeficiency Virus Infections..... | 73 |
| Infection Control..... | 72 |
| Invention and Discovery Policies | 65 |
| Investigation of Criminal Conduct | 66 |
| Medical Record Documentation for Clinic..... | 69 |
| OSHA Blood-Borne Pathogen Standard..... | 74 |
| Principles of Consultation..... | 68 |
| Regulations for Reporting Communicable Diseases..... | 74 |
| Release of Information..... | 67 |

| | |
|----------------------------------------------|----|
| Hospital Policies | |
| A Statement of Policy on Brain Death..... | 76 |
| Disability Accommodations | 82 |
| Discharge of Hospital Patients..... | 82 |
| Do not Resuscitate (Policy Statement) | 77 |
| Emergency Department | 75 |
| Employee Health..... | 79 |
| Expiration Procedures..... | 78 |
| Florida Advance Directive Statute..... | 76 |
| Hospital Admissions | 75 |
| Hospital Discharge Procedure | 81 |
| Medical Clearances..... | 76 |
| Medical Record Documentation | 80 |
| Medical Evaluation of Surgical Patients..... | 75 |

| | |
|-----------------------------------------|----|
| Organ, Tissue and Eye Donation | 77 |
| Pharmacy..... | 79 |
| Procedure for Blood & Body Fluids | 79 |

WELCOME

To Cleveland Clinic Florida in Weston, Florida, affiliated medical facilities of The Cleveland Clinic Foundation in Cleveland, Ohio.

During your period of training, you will be an integral part of one of the largest and best medical institutions in the country. The Cleveland Clinic Foundation and its affiliated facilities are a national referral center and an international health resource dedicated to providing the finest medical care in response to public need. The integration of research and education with outpatient and hospital care in a private, not-for-profit group practice distinguishes the Cleveland Clinic in American medicine.

This Graduate Physician Manual has been prepared to help and guide you towards an easier adjustment to life as clinical trainees and a successful and productive training experience.

When you have questions ask your fellow clinical trainees and refer to the manual. If you have additional questions, please feel free to contact your Residency Coordinator.

We are happy that you chose to train with us. We will do our best to insure that your experience meets or exceeds your expectations.

Eric G. Weiss, M.D., DIO
Chair, Graduate Medical Education Committee
Cleveland Clinic Florida

Graduate Medical Education Committee Resolution

As part of our mission, Cleveland Clinic Florida is dedicated to the pursuit of excellence in Graduate Medical Education (GME). This commitment is directed toward assuring that physicians who graduate from this institution are experts in their fields and optimally prepared for practice.

As health care in the United States is continually evolving, it is essential to create curricular reform that is responsive to this changing environment. As such, the Graduate Medical Education Committee recognizes the need to incorporate certain key components of practice into our training programs. These key components must include, but not be limited to:

- 1) Awareness of resource utilization issues
- 2) Understanding of health care reimbursement
- 3) Appreciation of factors that enhance patient satisfaction
- 4) Communication philosophy and skills

These goals are essential to all residency programs and must become structured components of all Graduate Medical Education training at Cleveland Clinic Florida.

MISSION STATEMENT

The Graduate Medical Education Department is committed to ensuring Cleveland Clinic training programs meet and exceed national and institutional standards thereby providing a quality educational experience to our trainees. In addition to providing support to the Graduate Medical Education Committee (GMEC), the staff of the GME Department are responsible for providing quality service to all applicants, trainees, and program directors, as well as their designee, while striving to incorporate the five fundamental values of the Cleveland Clinic: quality, integrity, compassion, collaboration and commitment.

Key responsibilities of Graduate Medical Education are:

Customer Service: The department is a resource for both internal and external queries regarding Graduate Medical Education.

Administration: Oversight and monitoring of program accreditation, the nonimmigrant visas and all institutional policies affecting GME programs.

Human Resources: Recruitment, administration of payroll, authorization of benefits, verification of employment, and other HR related functions.

Guidance

Supporting the next generation of physicians in their pursuit to become the best possible clinicians, researchers, educators and scientists.

Management

Administration of all components required for a successful training experience.

Excellence

Providing the highest quality of service

INSTITUTIONAL COMMITMENT TO GRADUATE MEDICAL EDUCATION

Education has been an integral component of Cleveland Clinic's mission since its inception in 1921 and Cleveland Clinic Florida since 1989. As part of that overall commitment to education, we recognize the importance and value of graduate medical education programs, which help to train the physicians who will serve future generations through the provision of the highest quality medical care.

We hereby reaffirm the Institution's commitment to graduate medical education. The graduate medical education programs at Cleveland Clinic Florida will continue to emphasize the development of personal, clinical and professional competency under the careful guidance and supervision of the Institution's faculty. The programs will also continue to be monitored to be certain they provide safe and humane care of patients at the same time that our clinical trainees progress in responsibility as appropriate for their experience and competency.

With this commitment, we recognize the necessity for adequate funding, facilities, support personnel, and faculty teaching time to be certain that every program under our Institutional sponsorship offers the best possible training environment and opportunities.

.....
GRADUATE MEDICAL EDUCATION
CLEVELAND CLINIC FLORIDA

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ADDENDUM I
CONDITIONS OF EMPLOYMENT/REQUIREMENTS

In order to begin training/working at the Cleveland Clinic, you must first process in with the Graduate Medical Education Department. All clinical trainees and research fellows must attend a scheduled orientation session. You will not receive salary or benefits until you have formally processed in with the GME Department and successfully completed all conditions of employment and requirements.

0. Provide a copy of either a permanent **Florida Medical License** or obtain a training certificate from the Florida Board of Medicine for training at Cleveland Clinic Florida. Florida Board of Medicine website www.doh.state.fl.us.
0. Complete a **health screening** performed by the Cleveland Clinic Employee Health nurse before your start date, which includes completion of a health questionnaire, vital signs, urine test for substance abuse, TB skin testing, vision screening, and immunization screening. As the Cleveland Clinic is committed to providing a drug-free work environment, please be advised that positive results for any illicit drugs or non-prescribed controlled substances will constitute ineligibility for employment.
0. To take further steps in preserving and improving the health of all its employees and patients, Cleveland Clinic has implemented a **nonsmoking hiring policy** requiring all job applicants and individuals receiving appointments to take a cotinine test during their pre-placement physical exam. This is a pre-employment test only. The cotinine test will detect the presence of nicotine in all forms of tobacco. Appointments that have been offered to prospective residents and fellows who test positive will be rescinded. Individuals who test positive will receive a referral to a tobacco cessation program paid for by Cleveland Clinic. Those individuals testing positive who test negative after 90 days may be reconsidered for appointment at the discretion of the program director should the residency position remain vacant.
0. The Office of the Inspector General Compliance Program for Hospitals requires the fingerprinting of all new personnel. Protective Services will do fingerprinting and submit them for background checks. Employment is conditional pending the return of the background check.
0. Attend all required in-services to comply with federal laws on **Occupational Safety & Health Administration (OSHA)** blood borne pathogens and the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, to be conducted on or around your start date.
0. Complete all institutional as well as program **specific Center for Online Medical Education Training (COMET)** on line learning modules determined for your job classification. COMET modules must be completed in the time frame established (30 and/or 90 days from start date).
0. Clinical Trainees are required to have a **National Provider Identifier (NPI)**. The NPI for each health care provider is assigned by the NPPES. NPI confirmation letter must be forward to GME Department. To apply refer to <https://nppes.cms.hhs.gov>. Internationals must have a social security number to apply for an NPI. See #10 for information regarding application for a social security card.
0. Provide the requested documents to accompany the **Employment Eligibility** Verification Form (I-9) as required by the U.S. Department of Homeland Security. Original documents are required and must be presented at GME Orientation.
0. In Accordance with the Accreditation Council on Graduate Medical Education (ACGME) requirements, graduates of medical schools outside of the U.S., Canada and Puerto Rico must provide either a copy of a currently valid Standard **ECFMG Certificate** of written documentation that the physician is eligible to receive the same.
0. Each clinical trainee/research fellow must produce or obtain a **social security number** for payroll purposes and enrollment in the health care plan. A copy of the actual social security card is required. If you do not have a social security number/card, information on how and where to apply can be obtained for www.ssa.gov/reach.htm or by calling 800-772-1213.
0. Supporting documents required for permanent education file (requested with the formal appointment letter.

** Trainees will be placed on payroll and begin training once these requirements are met**

ADDITIONAL REQUIREMENTS FOR CLINICAL FELLOWS

Many clinical departments require clinical fellows to obtain permanent licensure in the State of Florida. Please check with the Program Director or Program Coordinator in your Cleveland Clinic Fellowship program regarding other requirements that you will be expected to meet to begin the program here.

Minimally Invasive Surgery, Urologic Oncology,
Stroke, Spine,
Uro/Gynecology,
EMG,
Urology,
Movement Disorder,
Sports Medicine/Adult Reconstructive

DRESS CODE/PERSONAL APPEARANCE

Cleveland Clinic recognizes the importance of the professional appearance of its staff in maintaining an atmosphere conducive to the delivery of quality health care services. To promote such an atmosphere, clinical trainees/research fellows are expected to dress in a manner appropriate to the jobs that they perform. Some general guidelines are as follows:

- The employee ID badge must be worn above the waist in compliance with Clinic policy.
- Clean, neat, non-wrinkled shirts, suits, dresses, tailored pants, slacks (ankle-length), blouses, shirts, sweaters, blazers, sports coats and turtlenecks. Dresses or skirts must be of sufficient length. Men should wear ties unless they pose a safety hazard.
- Hosiery should be in neutral tones.
- Shoes should be appropriate for the work being performed. Acceptable styles include oxfords, dress flats, loafers or moderately heeled dress shoes. Sandals and shoes worn without socks or hosiery are inappropriate attire.
- Jeans or denim material is not acceptable.
- Good personal hygiene is expected of all clinical trainees and research fellows.
- Scrubs may not be worn outside of the facility. Lab coats must be worn over scrubs worn outside of the OR. Please contact the GME Department for the Surgical Scrubs Policy.
- Failure to adhere to standards of dress and grooming may result in corrective action.

POLICIES AND PROCEDURES FOR CLINICAL TRAINEES AND RESEARCH FELLOWS

POLICY STATEMENT

All policies and procedures concerning graduate medical education are developed, approved and implemented by the Graduate Medical Education Committee (GMEC). While every effort was made to ensure the accuracy of the information presented in this booklet, it is conceivable that there may be changes made to policies since its publication. Current Graduate Medical Education Committee (GMEC) policies will take precedence over this publication in matters of arbitration.

Changes to policies and/or revisions to them will be communicated to the Residents/Fellows in writing or via email as they occur and will be posted on the GME Intranet site.

When specific Cleveland Clinic policies are quoted in this booklet, they refer to policies found in the Cleveland Clinic Florida Supervisory Policy and Procedural Manual. Copies of this manual are available for review with your Program Coordinator, Program Director, Human Resources Department or with most departmental administrators.

CLINICAL PRACTICE GUIDELINES

OBLIGATIONS TO THE PATIENT

The Mission of Cleveland Clinic Florida is to provide compassionate health care of the highest quality in a setting of education and research. Responsibility to the patient is the primary commitment of all Cleveland Clinic Florida physicians, residents and fellows. Physicians in training represent their profession, the institution and the staff with whom they are working. They are expected to comply with the highest standards of professionalism and medical ethics. When seeing patients, they should be dressed and groomed in a manner appropriate for professionals involved in the practice of medicine.

Outpatients

- Physicians should adhere to the appointment schedule. Delays of more than 20 minutes should be explained to patients.
- Physicians should introduce themselves to patients and identify their position on the health care team.
- Personal and/or unnecessary conversations with fellow residents/fellows or other employees should not be conducted in the presence of patients.
- Clinical trainees should discuss diagnosis, test results, treatment plan, side effects, and follow-up plans with patients and family members as requested by the responsible staff physician.

Hospitalized Patients

- Clinical trainees will cooperate with hospital personnel to be certain that preadmission authorization and documentation of extended stays are appropriately completed.
- Clinical trainees must see patients as often as is necessary to provide appropriate care.
- If the primary physician is absent, coverage will be provided by another staff physician from the same department.

Family Members

- Clinical trainees shall communicate with family members in a professional and compassionate manner at all times.

OBLIGATIONS TO OUTSIDE REFERRING PHYSICIANS

- Professionalism must be practiced in interactions with outside referring physicians.

OBLIGATIONS TO CLEVELAND CLINIC FLORIDA STAFF AND RESIDENT PHYSICIANS

- Our clinical practice should be an example of teamwork.
- Conscientious personal communication is vital to prevent misunderstanding in patient care and assignments.
- Clinical trainees may be asked by the primary staff physician to request consultation with another staff member. The reason for the consultation must be indicated in the medical record. The use of the "consultation stamp" is encouraged.
 - Urgent or STAT consults with CCF colleagues must be requested directly, physician-to-physician.
 - Routine consults must be answered within 24 hours; urgent or STAT consults should be answered immediately.

RETURNING PHONE CALLS

- Phone calls from outside physicians should be answered immediately or returned the same day.
- Phone calls from patients should be returned the same day.
- Physicians carrying beepers should answer pages promptly.

OBLIGATIONS TO CLINICAL TRAINEES

- In working with staff and other clinical trainees, a respectful teacher-student/student-student relationship should be maintained at all times.
- Racial, sexist and discriminatory remarks or actions will not be tolerated and should be reported.
- ***Except in case of emergency medical necessity***, clinical trainees shall not start a procedure until authorized by the staff physician, who should personally be present in the vicinity of the Operating Room or Procedure Room.

OBLIGATIONS TO OTHER PERSONNEL

- Respect, courtesy and mutual concerns are important in dealing with all personnel.

OPERATING AND PROCEDURE ROOMS

- Clinical trainees should assume surgical and administrative responsibility as it is appropriately delegated by the primary staff.
- All operative notes must be dictated immediately following the procedure. The dictation shall contain a description of findings, procedures, specimen's removed, postop diagnosis and the name of the primary surgeons and any assistants.
- When the operative report is not placed immediately in the record, a brief operative note should be entered immediately into EPIC following the completion of an operation or procedure.

MEDICAL RECORD DOCUMENTATION

All entries in the medical record must be legible, dated, timed and signed along with the credentials of the author and the pager number. Documenting in the electronic medical records is strongly encouraged for all patient visits.

The history and physical exam will be completed on every patient within 24 hours of admission. The history and physical will be completed within 30 days prior to surgery/procedure and will be updated on the day of the procedure. It must include the chief complaint, details of present illness, an assessment of emotional, behavioral and social status, past social and family histories, and a comprehensive physical assessment that reviews all body systems. Documentation indicating if conditions are present on admission must also be included.

The use of verbal/telephone orders is strongly discouraged. Each verbal order is dated, timed and is identified by the names of the individuals that gave and received it. Verbal orders must be signed by an authorized provider with 48 hours of the order.

Progress notes are to be written daily on all hospital patients and accurately reflect staff involvement in the patient's care.

Operative reports will be dictated within 24 hours of the procedure and electronically signed by the staff physician within 30 days of the procedure. An immediate post-operative note will be documented in the medical record.

Discharge Summaries will be dictated immediately following patient discharge for all patients with a length of stay greater than 48 hours. Summaries will be dictated using source documents (electronic and paper records) available to the resident to ensure accuracy of dictation. Ambulatory documentation should be completed and the encounter closed within 24 hours of the visit by a licensed independent practitioner (MD/PA/NP).

All records must be completed with required documentation and signatures no later than 30 days following patient visit or discharge.

PHYSICIAN DOCUMENTATION REQUIREMENTS

1. All inpatient and ambulatory clinical documents will be completed in the EMR.
2. An admission or observation order will be completed by a physician on every inpatient at the time of admission.
3. The present on admission (POA assessment) will be completed by a physician on every inpatient in the Admission Navigator within 24 hours of admission.

4. The History and Physical will be completed on every patient within 24 hours of admission. The History and Physical will be completed within 30 days prior to surgery/procedure and will be up- dated on the day of the procedure.
5. Operative notes will be dictated within 24 hours of procedure and electronically signed by a staff physician within 30 days of procedure. An immediate post operative/procedure note will be docu- mented in the medical record.
6. Discharge summaries will be dictated or directly entered into EMR and signed by a staff physician within 30 days of discharge
7. Verbal orders will be signed by an authorized provider within 48 hours of order.
8. Staff physicians will be required to review all documentation for accuracy and completeness prior to signing.

ELECTRONIC MEDICAL RECORD (EMR) – Circumstances of Transitioning

The EHR Analysts in the HIM section of Health Data Services are responsible for the review, research and approval of requests for corrections or deletions to the Electronic Medical Record (EMR).

Errors can be identified by EMR users or through random, routine quality audits performed by the EHR Analysts. Errors found by patients are handled via HIPAA Amendment requests and are reviewed, researched and facilitated by the EHR Analysts, working with the authors in the clinical areas, ITD staff, and others, as needed. Corrections are requested by accessing the EMR Correction Tracking System through the following link: <http://intranet.ccf.org/hds/emrcts/>.

MYPRACTICE/EPIC SYSTEMS

MyPractice/Epic Systems is a software product comprised of several distinct components – **Outpatient Electronic Medical Record** (MyPractice Ambulatory), **Scheduling/Registration** (Cadence/Prelude/Tapestry/Chart Tracking), **Inpatient Electronic Medical Record** (MyPractice InPatient), **Patient Access** (MyChart), and **Inpatient Pharmacy** (Epic Rx). These integrated components are accessed through a single **MyPractice/Epic Systems** login screen.

Outpatient Electronic Medical Record (MyPractice Ambulatory) is the electronic medical record, replacing the paper medical record. Currently, it is implemented in all of the ambulatory clinics, both primary care and specialty areas. It provides the capability for Chart Review, Charting, Order Entry, Refills/Phone encounters, etc. It was originally implemented in the Internal Medicine areas on the Main Campus and the Family Health Centers starting in 2002.

Scheduling/Registration (Cadence/Prelude/Tapestry/Chart Tracking) includes appointment scheduling, patient registration, front-desk functions, referrals and chart tracking (paper medical record). It was implemented starting in 2001.

Inpatient Electronic Medical Record (MyPractice Inpatient) is the electronic medical record for Inpatient information. Currently, **CPOE** (Computerized Physician Order Entry) has been implemented throughout the Main Hospital, with the exception of some sub-specialties. Nursing is documenting vital signs, I&O, and nursing notes in the inpatient record. Nursing is also documenting medications on the electronic Medication Administration Record (eMAR).

Inpatient Pharmacy (Epic Rx) provides the documentation and management for the control and dispensing of Inpatient medications. With the implementation of CPOE, all medication orders entered by the physician are verified electronically by pharmacy.

MyChart provides Patients a convenient Internet access to their personalized health information. Patients can view selected test results, request prescription refills, and request/cancel

appointments. MyChart is available to all CCF patients with a Primary Care Physician, and this year we will continue to roll out to the specialty areas. Since 2006, the feature "Proxy" is available for both pediatrics and geriatrics.

The Epic modules are being implemented throughout the hospitals and communities. They are all treated as an integrated system through an Epic product called **Intraconnect**. For questions regarding any of the EpicMyPractice applications, or for log in assistance, please call our **Help Desk at 659-5555**. Your call will be directed to the appropriate support team for that specific application.

VACATION/MEETING/INTERVIEW TIME

- Vacation and meeting time requests should be submitted to the Program Coordinator at least 30 days in advance, and in accordance with institutional and departmental guidelines.
- Requests for interview days should be made with 2 weeks notice and limited to valid job or fellowship search activities. **A copy of the letter requesting/confirming an invitation for an interview must be attached.**

INSTITUTIONAL MEETINGS

- Clinical trainees who are members of Institutional Committees are required to attend scheduled meetings.
- Clinical trainees who are designated members of the clinical trainees Committee are required to attend scheduled meetings or appoint an alternate in their absence.
- Clinical trainees are required to attend all meetings and conferences considered mandatory by the institution or their department.

CERTIFICATION/CREDENTIALING: Clinical trainees must

- Return appointment letter, signed
- Report Drug Enforcement Administration (DEA) registration number to your Program Coordinator
- Provide copy of Florida medical license to your Program Coordinator.

QUALITY: Clinical trainees must

- Assist with completion of incident reports.
- Maintain educational requirements for OSHA Blood-borne Pathogens Standards.
- Evaluate teaching staff on a regular basis.
- Be available when "on call".
- Read memos and handouts as received, and then keep them on file for future reference as necessary.
- Remain current on all CCF and program-specific requirements

CLEVELAND CLINIC FLORIDA SUPERVISION POLICY

Supervision for the care of patients by attending physicians for Cleveland Clinic Florida

Training Programs

Cleveland Clinic Florida Staff is encouraged to promote among the clinical trainees a progressive degree of responsibility in the care of patients both in and out of the hospital.

OUTPATIENT SERVICE

In the out patient setting, the clinical trainee will work under the supervision of a faculty member. Typically the clinical trainee will interview and examine the patient first and then present him or her to the staff, who will also interview and examine the patient. The clinical trainee makes the assessment and plan but the final decision is the responsibility of the staff physician. However, to promote clinical trainee education there will be an active discussion between the clinical trainee and the attending regarding final management decisions.

INPATIENT SERVICE

In the in patient setting, all patients in the hospital are under the care of a staff member. Working pre-rounds occur on a daily basis by the intern and the senior residents. Interns and seniors will meet to discuss each patient before the morning report. To promote clinical trainee education there will be an active discussion between the clinical trainee and the attending regarding final decisions on patient care during work rounds.

All the patients admitted to an inpatient service have to be interviewed and examined by the attending physician on-call within a 24 hour period from the admission time; the assessment and plan should be elaborated by the clinical trainee but the final decision will be the responsibility of the attending physician.

The attending on-call must be easily accessible by telephone and available to come to the hospital should the medical need arise.

The attending on-call must be available to admit patients after the clinical trainee's have reached their cap of admissions as determined by ACGME regulations.

All procedures performed on patients must be done or supervised by a clinical trainee who has previously demonstrated the technical and theoretical skills required. If the clinical trainees do not meet this criterion, the procedure must be done or supervised by the attending or a clinical trainee who has demonstrated the technical and procedural skills required.

The attending on-call must always be notified of every new admission to the team and must always be notified of major changes in the condition of patients on service.

Lines of Responsibility on Inpatient Services

On all in patient hospital teaching services, the ultimate responsibility for all patient care activities belongs to the attending physician-faculty member. This physician will review all diagnostic and treatment plans with the clinical trainee and assume responsibility for those plans.

While assigned to the inpatient service, the supervision-attending physician will see each patient on a regular basis, and be available by pager on a continuous basis during the period of assignment. For inpatient teaching services, the lines of responsibility are as follows:

Attending Physician

↓

Subspecialty Resident (when applicable)

↓

Senior Resident (PGY3&↑)

↓

Junior Resident (PGY2)

↓

Intern Resident (PGY1)

↓

Medical Student

Lines of responsibility in the outpatient setting

In primary care clinics, subspecialty clinic, continuity clinics, clinical trainees are supervised on site by the staff consultant to whom the resident is assigned. All patients are seen first by the clinical trainee who then reviews the assessment and management with the supervision consultant. Orders for diagnostic tests and therapeutic interventions are written by the clinical trainee under the supervision of the attending physician.

CLINICAL TRAINEE TRANSFER OF PATIENT CARE RESPONSIBILITIES

To ensure effective transfer of care responsibilities from a primary care team to an on-call care team, the following requirements have been established by the Graduate Medical Education Committee. These requirements are compliant with standards specified by The Joint Commission (TJC). These requirements are effective for all inpatients beginning January 1, 2006:

1. The physician primarily responsible for the patient's care must provide essential information to cross-covering residents who will assume temporary care responsibility.
2. A transfer of patient care responsibility cannot occur if the primary care physician is providing immediate lifesaving efforts for a patient.
3. The transferring physician must provide for the on-call physician a minimum of the following information which constitutes a "patient list": A complete list of patients being cared for, location and medical record number for these patients, admitting diagnosis and responsible staff physician, specific details that are directly relevant to the on-call

physician for that coverage time period, and any tasks or information that must be obtained during the period of coverage.

- | 0. This previously defined patient list can be generated as a legible handwritten document until that time when an electronic Epicare system is implemented.
- | 0. When an Epicare system is implemented, residents will obtain and document training for this system.
- | 0. The transferring physicians will insure that the on-call physician obtains the patient list and allow for dialogue between physicians to insure that medical issues are clarified and questions answered. This must occur before the transferring physician leaves the physical premises of the Cleveland Clinic Florida.
- | 0. Transfer of a patient list must occur for primary care teams as well as consultative services.

FLORIDA STATE MEDICAL LICENSURE AND USMLE STEP 3

The State of Florida requires clinical trainees to have either a permanent Florida medical license or a temporary training certificate. ***All Non-ACGME clinical fellows are required to obtain a permanent medical license from the State of Florida and become credentialed by the hospital and provider plans.***

Permanent Licensure

If you have a permanent license from the State Medical Board of Florida, you are required to submit a copy of the wall certificate and/or your wallet identification card to the Program Coordinator. Most permanent licenses are valid for two years only. You are required to submit a copy of the renewed wall identification card each time you renew your license.

Please note for permanent licensure, the Florida Board of Medicine requires U.S. medical school graduates to complete **one** year of accredited graduate medical education and international medical school graduates to complete **two** years of accredited graduate medical education.

Information on permanent licensure may be obtained by contacting the State Medical Board of Florida at Department of Health, Florida Board of Medicine, 4052 Bald Cypress Way – BIN #C03, Tallahassee, Florida 32399-1753; Phone: 850/488-0595 or visiting their website at www.doh.state.fl.us/mqa

Temporary Training Certificate

You should have received an *Unlicensed Physician Registration* application. If you did not, please contact the Program Coordinator immediately.

You may check to see if your application has been approved by visiting the Board of Medicine website at www.doh.state.fl.us/mqa. Under Subject List, select *Licensure, Medical Professional Lookup*; click on *License Look-Up Search Screen*; and enter your name as instructed. If your registration number has been issued, the data will appear on the monitor.

Under no circumstances will you be permitted to begin your training program if you do not have either a permanent license or the unlicensed physician registration number. You must present proof of either registration when you arrive on your first day. If you do not adhere to

this requirement, you will be placed on a leave of absence until you are in compliance.

USMLE Step 3

According to the Federation of State Medical Boards (FSMB), individuals wishing to take USMLE Step 3 in Florida must have completed nine months of ACGME accredited postgraduate training. This requirement is the same for international medical school graduates and U.S. and Canadian medical school graduates. Please contact the FSMB at (817) 868-4000 for an application. You may also obtain an application by submitting an e-mail request to the FSMB at usmle@fsmb.org. You must include your full name, mailing address, USMLE I.D. number (if known) and the State for which you will be taking Step 3.

ELIGIBILITY, SELECTION, APPOINTMENT AND PROMOTION POLICY

Recruitment

Recruitment efforts shall be directed toward, and appointments offered only to those candidates who meet the eligibility requirements for appointment to residency training. Applicants with one of the following qualifications are eligible to be considered for training at Cleveland Clinic Florida:

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- Graduates of Osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- Graduates of medical schools outside the United States and Canada who have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates.
- Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited school.

Selection

Programs must select from among eligible applicants on the basis of residency program-related criteria such as preparedness, ability, aptitude, academic credentials, written and verbal communication skills as well as motivation and integrity. Selection criteria must be consistent with all applicants and there must not be any discrimination in the selection process with regard to color, race, religion, national origin, age, sex, sexual orientation, marital status, ancestry, status as a disabled or Vietnam era veteran or any other characteristic protected by law.

Residency programs recruiting first year residents are required to participate in the National Resident Matching Program (NRMP). Other programs are encouraged to participate in an organized matching program (such as the NRMP) where such is available.

Before accepting a clinical trainee who is transferring from another institution into the same program, the program director must obtain written or electronic verification of the previous educational experience and a summative competency based performance evaluation of the transferring resident. These documents must be received by the program director prior to accepting the resident into the program.

Appointment

Initial appointment and any subsequent appointment are contingent upon meeting the requirements listed on the GME website, distributed to candidates when they interview and

included as an addendum with the formal appointment letter. At the recommendation of the program director, the GME Department generates the formal appointment on behalf of the Director of GME who is also the Designated Institutional Official (DIO). The Chief Academic Officer and Chairman of the GME Department screens the application materials to assure each candidate meets the requisite academic requirements to enter the respective training program.

Promotion and Renewal of Appointments:

All residency/fellowship appointments shall be for a period not to exceed one year and may be renewed by the Chairman of Graduate Medical Education, in writing, upon recommendation by the Program Director. Cleveland Clinic Florida does not require clinical trainees to sign a non-competition guarantee.

Letters of reappointment generally are mailed during the second half of each academic year. Due to the fact that these letters are sent in advance of the conclusion of the academic year, each such letter of appointment is issued **contingent upon** the clinical trainee's satisfactory completion of the then current academic year. Therefore, in the event a clinical trainee is dismissed at anytime during the academic year, or if for any reason, a clinical trainee fails to satisfactorily complete the academic year, any previously issued reappointment letter shall be considered null and void.

In the event a decision is made **not** to reappoint a clinical trainee or **not** promote to the next graduate level, the clinical trainee will be advised of such decision in writing by the Program Director at least 4 months prior to the end of the appointment when possible. However, if the primary reason(s) for the non-reappointment or non-promotion occur(s) within the 4 months prior to the end of the contract, the Program Director must provide the clinical trainee with as much written notice of the intent not to reappoint or not promote the Clinical Trainee as the circumstances will reasonably allow, prior to the end of the current appointment (contract). This notice shall include a brief description of the grounds for which determination not to renew the clinical trainee's appointment or not promote the clinical trainee to the next graduate level. Non-promotion includes any extension of training in the final year of the program.

The clinical trainee may appeal this determination by submitting a written request within 30 days for an appeal to the Chairman of Graduate Medical Education or the Chief Academic Officer (see Procedure for Resident Appeal Process)

Program-Specific Policy

In addition to adhering to the institutional policy, every training program must have a program specific policy regarding the criteria and procedure used by the program for selection of eligible candidates. The selection process should include at a minimum, review of eligible candidates by a program selection committee, individual interviews and interview evaluations. Criteria used in the selection process may include, but not be limited to:

- Review of the eligibility requirements
- Performance on standardized medical knowledge examinations
- Overall academic performance in medical school
- Recent clinical training or experience
- Motivation to pursue a career in the selected specialty
- Verbal and written communication skills
- Record of scholarly activity
- Letters of recommendation from faculty

- Dean's letter
- Medical school transcripts

CLINICAL TRAINEE JOB DESCRIPTION

The following basic job description for clinical trainees at the Cleveland Clinic Florida has been accepted by the Graduate Medical Education Committee. Assignments may vary depending on the training program.

Clinical trainee physicians must meet the qualifications for resident eligibility outlined in the Essentials of Accredited Residencies in Graduate Medical Education in the AMA Graduate Medical Education Directory.

As the position of clinical trainee physician involves a combination of supervised, progressively more complex and independent patient evaluation and management functions and formal educational activities, the competence of the clinical trainee physician is evaluated on a regular basis. The program maintains a confidential record of the evaluations.

The position of clinical trainee physician entails provision of care commensurate with the resident/fellow physician's level of advancement and competence, under the general supervision of appropriately privileged attending teaching staff. This includes:

- Participation in safe, effective and compassionate patient care;
- Developing an understanding of ethical, socioeconomic and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care;
- Participation in the educational activities of the training program and, as appropriate, assumption of responsibility for teaching and supervising other residents and students, and participation in institutional orientation and education programs and other activities involving the clinical staff;
- Participation in institutional committees and councils to which the resident/fellow physician is appointed or invited; and
- Performance of these duties in accordance with the established practices, procedures and policies of the institution, and those of its programs, clinical departments and other institutions to which the resident/fellow physician is assigned; including, among others, state licensure requirements for physicians in training.

CLINICAL TRAINEE/ RESEARCH FELLOW PERFORMANCE

There shall be regular, ongoing evaluations of resident/fellow performance during training.

Regular evaluations are required in all training programs, as is feedback to the individual regarding his/her performance. On each service within a training program, clinical trainees will be rated by the staff physicians with whom they have been working and by all other physicians who are involved in the resident's training. The Program Director or designee will provide the

clinical trainee with additional feedback regarding his/her overall performance in the program. It is anticipated that the Program Director or designee will provide this feedback at least twice a year. Whenever a clinical trainee's performance, with respect to any element of his/her conduct, skills, duties or responsibilities, is determined by the Program to be less than satisfactory, the Program Director or designee shall meet and discuss his/her performance/conduct with the clinical trainee. A clinical trainee's performance/conduct as referred to in this policy shall also include the clinical trainee's behavior and conduct, as well as actions which are considered adverse to the general philosophy of CCF, including but not limited to sexual harassment, smoking, noncompliance with federal regulations, and CCF policies applicable to all employees, and noncompliance with all state and local laws.

In the event a clinical trainee's performance/conduct is determined to be less than satisfactory, the Program may place the resident into the status of counseling, performance warning, or termination, as applicable, depending upon the nature of the unsatisfactory performance.

Although a program has complete discretion regarding the appropriate treatment for a clinical trainee's unsatisfactory performance, the following describes an example of how the counseling status may be applied to a clinical trainee experiencing an initial unsatisfactory performance situation:

A first step may involve "verbal counseling." Verbal counseling may occur at any time in a clinical trainee's career and should be duly noted in the clinical trainee's department file.

If the unsatisfactory performance continues, a second step may involve a "written warning." The written warning should specify the problem areas noted and be kept in the clinical trainee's department file.

Depending upon the nature and/or extent of the unsatisfactory performance, or if upon completion of a counseling status, the clinical trainee's performance has not improved to the extent and within the period of time considered acceptable by the Program, the clinical trainee may be issued a performance warning. Performance warning status is invoked by the Program by written notification to the clinical trainee, advising said clinical trainee that his or her performance is not satisfactory and including a clear statement that the resident is on performance warning. This notice to the clinical trainee shall include a brief description of the general nature of the unsatisfactory performance, the expectations for performance improvement and time parameters in which performance is to improve. As a result of a performance warning, a clinical trainee's clinical duties and other activities may be restricted or otherwise curtailed by the Program Director.

In the event a clinical trainee is placed on performance warning, a copy of the performance warning notice shall be forwarded to the Chairman of Graduate Medical Education Committee for inclusion in the clinical trainee's academic file. The Chairman of Graduate Medical Education Committee or the Chairman, Division of Research and Education, will discuss the performance warning with the parties involved.

Performance warning status can be issued for a predetermined period of time (for example, three months) or for an indefinite period, as determined by the Program. The Program also has the discretion to extend any period of performance warning status. A clinical trainee who has been placed on performance warning shall have this status and his progress towards performance improvement reviewed by the Program Director or designee on a regular basis. If upon expiration of the performance warning status, or, in the event of an indefinite period of performance warning after at least the first periodic review by the Program Director or designee, the clinical trainee's performance has not improved to the extent considered acceptable by the

Program and the Chairman of Graduate Medical Education Committee or the Chief Academic Officer, the clinical trainee may be immediately dismissed from the Program. (See Procedure for Resident Appeal Process.)

Notwithstanding any of the foregoing to the contrary, a clinical trainee may be terminated from CCF for cause or otherwise dismissed from the Program or placed on administrative leave of absence without prior counseling and/or performance warning status for apparent serious violations of ethical, legal, or medical practice standards of conduct. In the event a clinical trainee is dismissed from the Program under any circumstance or placed on administrative leave of absence, the clinical trainee's Program Director and the Chairman of Graduate Medical Committee, or the Chief Academic Officer, shall advise the clinical trainee in writing of the dismissal or the administrative leave of absence and the general nature of the grounds therefore.

The clinical trainee may appeal a performance warning or termination by submitting a written request for an appeal to the Chairman of Graduate Medical Education Committee or the Chief Academic Officer. Administrative leaves of absence may not be appealed.

PROCEDURE FOR CLINICAL TRAINEE/ RESEARCH FELLOW APPEAL PROCESS

- A. **Initiation of Appeal** - The individual house staff member must be formally notified, in writing, that he or she is being placed on performance warning status, not being reappointed, or being dismissed from the program. Normally, the Program Director would issue the formal notification for the actions listed above. Under unusual circumstances, a house staff member may be disciplined or terminated by an authorized Cleveland Clinic Florida official acting on behalf of the training program or the Institution. In those cases, the authorized Cleveland Clinic Florida official may replace the program director in the appeal process. The house staff member may initiate the appeal process by notifying the Chairman of Graduate Medical Education Committee in writing within 30 days of the house staff member's receipt of the written notice of action. Any of the previously noted three actions will precipitate a meeting with the Chairman of Graduate Medical Committee for a discussion regarding the action taken and the options available to the house staff member, if any. The alternate for the Chairman of Graduate Medical Education Committee for purposes of this House Staff Appeal Process is the Chief Academic Officer and vice versa.
- B. **Structure** - An Appeal Task Force will be formed as a subcommittee of the Graduate Medical Education Committee to hear each appeal as it occurs. The Appeal Task Force is a peer review committee and its members, proceedings, reports and minutes shall be afforded the confidentiality guarantees and protections from discovery and immunities available to hospital peer review and quality management activities. The Appeal Task Force shall consist of five voting members who have no direct conflict of interest by way of being part of the teaching faculty in the house staff's training program, personal involvement with the house staff or a member of the involved faculty, or any other situation which might cause the member to be prejudiced and have a preexisting opinion. The Chairman of Graduate Medical Education Committee shall guide final composition of the task force and will not himself/herself be eligible to participate. The membership of the task force shall consist of a member from the Graduate Medical Education Committee (serving as chair person), a house staff representative (a house staff committee officer/GME member or senior resident), a representative from the Graduate Medical Education Committee (as a non-voting member)

and the remainder of the task force filled by designation of three other faculty members who are not directly involved in the situation in question. Written documentation submitted to the task force for deliberation and reports and minutes generated by the task force shall not be made available to either the Program Director or the house staff member. If the house staff member engages legal counsel to assist him or her with the preparation of the appeal, such legal counsel may not represent or accompany the house staff member or otherwise appear before the task force at any time. The task force may seek legal advice from the CCF Office of General Counsel as desired, but the Clinic's attorneys should not serve in a prosecutorial role before the task force.

- C. **Preliminary Preparation** - Once the task force has been appointed and a chairman selected, the involved house staff member and program director will be solicited for documentation and general information relative to the action under appeal. The program director will be expected to submit documentation that justifies and explains the reason for the action that has been taken and is being appealed. This documentation may include, but is not limited to, summaries of counseling sessions, department and individual evaluations, and anecdotal notes regarding specific incidents, memos or letters from other individuals who have been involved in associated incidents, action minutes of departmental educational committee meetings, or any other information which appears pertinent. The house staff member is asked to submit any information and/or memos that he or she feels may help to explain the grounds for the appeal. Both the Program Director and the involved house staff member will be asked to provide a list of potential additional information sources at that time. That list may include fellow residents, various members of the faculty, Allied Health personnel, patients, or anyone else who may be in a position to have direct knowledge and eventually have an impact on the appeal process decision. The list must include a brief two or three sentence description of each individual recommended explaining why that person is identified and what their potential input would be to the overall process.

D. Process

1. Under the guidance of the Chairman of GME, the Chief Academic Officer, or their designee, the Appeals Task Force will schedule a series of meetings that will comply with the availability of the members, Program Director and house staff member to afford a prompt and fair resolution of the appeal. The initial meeting may be designated for the program director. The Program Director will summarize the events, issues, and overall factors that have led to the appealed action. The Appeal Task Force may or may not question the Program Director at that time for additional facts and information, and may choose to ask him or her to return if that is necessary to complete the information gathering process.
2. The house staff member will be invited to appear before the task force, which may be either the initial meeting or at the next available scheduled session. The Program Director and the house staff member will not be present before the task force at the same time. The house staff member will be offered an opportunity to present information in his or her defense. The task force may or may not question the house staff member at that time and may or may not ask them to return to complete the explanation of and/or questioning of the house staff member.
3. After the initial sessions with the Program Director and the involved house staff member, the task force will review the list of potential additional information sources and consider receiving testimony from any other

individuals. They will then invite and interview those whom they have selected from the list and other relevant individuals. At the discretion of the task force, some of those on the original submitted list may not be called to give information if the reasons for their presence are either excessively redundant or seem inappropriate. At any point throughout this process the Program Director and/or the house staff member may be invited to appear before the task force again in order to respond to information that has arisen during the interview of subsequent individuals or to clarify issues.

0. When the Appeal Task Force feels that it has obtained all of the pertinent information available, it will take the matter under discussion until it is prepared to make a decision. A simple majority of the voting members of the task force present will be required to act on the appeal. That action may either be to sustain the appeal, which in effect negates the action taken by the training program, or reject the appeal and thereby sustain the action taken by the program. As part of its decision the Appeal Task Force may also enter specific stipulations and requirements governing the further involvement of the house staff member in the residency program. This may involve whether or not credit should be given for any or all training that has been done to date, whether or not psychiatric evaluation or counseling is appropriate, and whether or not other means of remedial action should be taken.

Conclusion - When the Appeal Task Force has come to a majority decision, that information will be relayed to the Chairman of the Graduate Medical Education Committee in writing within one week. The Chairman of the Graduate Medical Education Committee will then inform both the house staff member and the program director. Reports and minutes of the meetings of the task force shall be prepared by a designated member of the task force in conjunction with the CCF Office of General Counsel, whereupon such reports and minutes will be maintained within Graduate Medical Education and remain protected (lawyer as well). The Appeal Task Force decision is final and binding and not subject to further appeal.

CLINICAL TRAINEE COMPLAINT & PROBLEM RESOLUTION

Occasionally during training, members of the clinical trainees experience problems and/or issues that they are unable to resolve within the channels available in their own residency program. Such problems are best handled within the program, and residents/fellows are encouraged to attempt all means of resolution through their chief resident, program director, department Chair, advisor or other designated individuals in the training program before utilizing the following alternative channel. The issues may involve a number of areas including perceived harassment* and/or unfair treatment, program noncompliance with RRC guidelines, procedural discrepancies or inequities, or other problem areas.

Once the resources and channels within a program have been exhausted, the clinical trainee is encouraged to contact the Chairman of the Graduate Medical Education Committee to arrange a meeting. He/she will then have the opportunity to discuss their particular situation in detail with the Chairman of Graduate Medical Education Committee. Every attempt will be made by the Chairman of Graduate Medical Education Committee to investigate and resolve the reported clinical trainee issues.

If a workable solution is not reached by the Chairman of the GMEC, the clinical trainee may choose to bring the matter before the Chief Academic Officer.

Findings and action taken by the Chairman of the Graduate Medical Education Committee are considered final and binding on all parties involved. No clinical trainee will suffer any form of reprisal, nor will he/she be discriminated against or penalized for bringing forth issues or problems in their training program.

- See separate policy regarding Sexual Harassment.

Staff, Medical Staff and other individuals may report concerns about the safety or quality of care provided in the organization to The Joint Commission (TJC) by calling (800) 994-6610 or emailing complaint@jointcommission.org. The hospital will not take any disciplinary or punitive action if an individual reports any concerns to TJC.

EVALUATION OF CLEVELAND CLINIC CLINICAL TRAINEES

Residents and fellows should receive regular formal feedback regarding performance during their training program. Program Directors should obtain formal evaluation forms from attending physicians who work with their clinical trainees at the completion of each rotation. These evaluations should be utilized by the Program Director and clinical trainee to measure an individual's progress through their training program and the ability to progress to the next graduate level. Program Directors should meet periodically with clinical trainees to review formal evaluations and overall performance. Summary evaluations are required for the permanent education file at least twice a year.

EVALUATION OF CLEVELAND CLINIC STAFF

All clinical trainees are required to complete periodic evaluations of the attending staff with whom they work. The number of staff evaluations each resident is required to complete will vary depending on service assignments and/or number of attending staff. Staff evaluations are collected by the program director's office or the Residency Coordinator treated with strict confidentiality. Written comments are retyped for the annual department summary of staff teaching that is generated annually for every clinical department.

Evaluations that clinical trainees complete on attending staff are an important component of the Annual Professional Review (APR) of each staff member and are a mechanism to reward teaching excellence and identify areas that require improvement.

WITHHOLDING OF STIPEND

Cleveland Clinic Florida reserves the right to withhold part of a clinical trainee's stipend,

1. As recompense for:
 - a. Any loss of or destruction to Clinic property, such as library books, pagers, uniforms, etc.,
 - b. Debts incurred to the Clinic or its subsidiaries,
1. As an inducement for the clinical trainee to complete any delinquent professional or administrative responsibilities.

RELEASE OF CLINICAL TRAINEE/RESEARCH FELLOW FILES

In order to protect residents/fellows from indiscriminate handling of their formal record (maintained in Graduate Medical Education) the following policy has been established:

1. Clinical trainee files may be reviewed by the resident/fellow, their program director,

- division/department Chair or the full-time Department Education Coordinators (designated by the Program Director).
2. Division Chair, Department Chair, Program Director or designated individuals (secretary or Graduate Medical Education Coordinator) will be required to sign upon receipt of files and again upon their return. Files should be returned to the GME office within two (2) weeks.
 3. Review of Clinical trainee files by other staff will require a release signed by the Clinical trainee. The same sign out procedure (as described in #2) will be followed.
 4. The Clinical trainee files are permanent and original records. **They must be hand delivered**, not mailed back to the GME or given to someone else requesting the file.
 5. Upon graduation/termination from a CCF training program, the program director or his/her designee will dictate a summary letter of the resident's or fellow's training for the file. If the former Clinical trainee signs a release, a copy of the summary letter only (not the entire file) will be provided as requested.
 6. Contact GME before coming to review a file to assure the file is available.
 7. After an individual has completed training or departed the CCF for other reasons, they are no longer considered employees and no longer have access to their file.

SEXUAL HARASSMENT POLICY

Cleveland Clinic Florida is committed to a work environment in which all individuals are treated with respect and dignity. It is the policy of Cleveland Clinic Florida to ensure equal employment opportunity without discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, age, disability, national origin, marital status, citizenship, veteran status or any other characteristic protected by law. Cleveland Clinic Florida prohibits any such discrimination or harassment.

DEFINITIONS

A. Sexual Harassment constitutes discrimination and is illegal under federal, state and local laws. In accordance with the guidelines of the Equal Employment Opportunity Commission, sexual harassment is defined as:

_____ "Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

_____ Submission to such conduct is made explicitly or implicitly a term or condition of employment; or

_____ Submission to or rejection of such conduct made by an individual is used as the basis for an employment decision; or

_____ Such conduct has the purpose or effect of interfering with an individual's work performance, or creating a hostile, intimidating or offensive environment."

Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different gender. Depending upon the circumstances, these behaviors may include, but are not limited to: unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body; sexual prowess or sexual deficiencies; leering; whistling; touching; insulting or obscene comments or gestures; display in the workplace of sexually suggestive objects or pictures; and other physical, verbal or visual conduct of a sexual nature.

- B. **Harassment** on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal, graphic or physical conduct that denigrates or shows hostility or aversion toward an individual. Harassment:
1. Has the purpose or effect of creating an intimidating, hostile or offensive work environment;
 2. Has the purpose or effect of unreasonably interfering with an individual's work performance; or
 3. Otherwise adversely affects the individual's employment opportunities.

Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping, threatening, intimidating or hostile acts, denigrating jokes, and written or graphic material that denigrates or shows hostility or aversion toward an individual or group and that is placed on walls or elsewhere on the employer's premises or circulated in the workplace.

PROCEDURES AND GUIDELINES

A. Enforcement

1. All members of management are held accountable for the effective administration of this policy and for maintaining an environment that is free from harassment. Such responsibility for ensuring appropriate workplace conduct extends to the conduct of both supervisory and non-supervisory employees, physicians, patients and other clients. CCF managers are further responsible for the timely reporting of inappropriate conduct to Human Resources.
2. Confidentiality will be maintained throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action.

B. Procedure for Reporting Complaints

3. In determining whether alleged conduct constitutes harassment, the totality of the circumstances will be thoroughly considered, including the type of conduct and the context in which it allegedly occurred.
4. The following review process is defined for investigation of harassment allegations:
 - a) **Clinical trainees**
 - (1) Complaints filed by medical residents or regarding a medical resident will be investigated by the General Counsel's office in conjunction with the Graduate Medical Education Committee. The findings of the investigation will be reported to the Chief of Staff, who will determine appropriate action.

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A. Disciplinary Action

1. Misconduct constituting harassment, discrimination or retaliation will be dealt with appropriately. Responsive action may include training, referral to counseling, reassignment and/or disciplinary action up to and including discharge.
2. False and malicious complaints of harassment, discrimination or retaliation as opposed to complaints, which, even if erroneous, are made in good faith, may be subject to corrective action.

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B. Statement of Non-Retaliation

0. No employee will suffer any form of reprisal, nor will he/she be discriminated against or penalized for having reported harassment, or for participating in any manner in an investigation of alleged harassment.

PHYSICIAN IMPAIRMENT

Since the subject of physician impairment is quite complex and cannot be exhaustively explored here, the following material is offered as a summary of the organization's policies and procedures regarding substance abuse impairment.

Impairment is defined as "inability to practice medicine in a competent, consistent, and ethical manner for reasons of illness, excessive stress, or substance use." Physicians as a group are of high risk for substance misuse problems, and such problems generally constitute a high percentage of matters referred to state medical boards for investigation or discipline.

Predisposing factors of high stress, fatigue, drug familiarity, and relative ease of access to substances are frequently seen with physicians.

Recognizing these factors and risks, it is the intent of the organization to assist its physicians in identifying and treating substance misuse or dependency while, at the same time, assuring the highest degree of safety for patients.

Because of this commitment, the organization will not tolerate the unlawful or unauthorized use, manufacture, possession, sale, or transfer of illegal or controlled substances, or the abuse or unauthorized use of alcohol on or off company property. The Cleveland Clinic Drug-Free Workplace Policy applies to non-staff, staff, clinical trainees, with certain modifications because of the greater responsibility of physicians in the care of patients. Cleveland Clinic Florida adheres to the Federal Drug-Free Workplace Act of 1988, and thus all employees, including physicians, must as a condition of their employment, abide by all the terms of the substance abuse policy.

The organization recognizes that the misuse of drugs or alcohol may indicate an illness with drug-induced effects on thinking, attitude and behavior. The company encourages all employees to seek help voluntarily, and also provides education, prevention, treatment, reentry, and monitoring to assist employees while ensuring a drug-free environment. Assistance will include appropriate medical, psychological, and chemical dependency care in conformance with the Drug-Free Workplace Policy and the Employee Assistance Program.

Procedure for Screening New Clinical trainees – As a condition of employment, the Graduate Medical Education Committee will assure that a medical history and a screening for substance abuse is completed by the Occupational Health Department for each new clinical trainee. A former or resolved drug/alcohol abuse problem will not prevent employment at Cleveland Clinic Florida, but in the event of a prior substance misuse problem, a comprehensive evaluation will be required as part of the pre-employment process.

Policies and Procedures for Physicians – All employees of Cleveland Clinic Florida must comply with the Drug-Free Workplace Policy. In addition, physicians must also conform to state laws and state medical board regulations regarding impairment, reporting, treatment and compliance. Legal requirements also extend to non-substance-involved colleagues and supervisors who become aware of a colleague's impairment. Clinical trainee physicians are encouraged to refer themselves through the Graduate Medical Education Committee. Cleveland Clinic reserves the right to withdraw the offer of training if the substance abuse policy is violated.

SMOKING

Cleveland Clinic Florida is committed to the good health of its patients and employees. As an affirmation of this commitment, Cleveland Clinic Florida is an entirely smoke free campus.

IDENTIFICATION BADGES

An identification badge is provided to each resident and fellow. Cleveland Clinic policy requires that you wear it at all times when you are on duty. If an ID badge is lost or stolen, the Security Department must be notified as soon as possible. There is a fee for the replacement badge.

FINGERPRINTING

The Office of the Inspector General Compliance Program guidelines for hospitals requires the finger printing of all new personnel. The Security Department will facilitate the fingerprinting and submit them for background checks. Employment is conditional pending the return of the background check. Proof of local address is required along with your social security card.

TERMINATION PROCEDURE

When a clinical trainee completes training or leaves the Cleveland Clinic Florida for any reason, they are required to process out through Graduate Medical Education. The final termination procedure includes meeting all training program requirements, returning CCF property and providing a valid forwarding address. After this is accomplished a final paycheck will be mailed to the forwarding address provided. Please contact your residency program coordinator for details.

PROFESSIONAL LIABILITY

The Clinic provides professional liability coverage for all Clinical trainees while working within the confines of the Cleveland Clinic Florida Training Programs. This includes outside rotations that are part of your training program. Elective rotations outside of the Clinic are **NOT** covered by CCF liability insurance. Upon completion of your training program this coverage remains in effect for any litigation that may arise from incidents while you were in training. You do not have to purchase any "tail" coverage when you leave the CCF.

INSTITUTIONAL & EDUCATIONAL COMMITTEES

In keeping with the mission to offer a complete and comprehensive graduate medical education experience, and in accordance with the *ACGME Institutional Requirements*, Cleveland Clinic recognizes the need for Clinical trainees involvement in multiple levels of committees. The Divisions and Departments are strongly encouraged to involve various members of the clinical trainees in all committees and task forces that are appropriate. At the minimum, clinical trainees should be involved in any divisional committee dealing with educational programs, quality assurance and graduate medical education affairs.

In departments, it is anticipated that there will be clinical trainee membership on at least the following committees: Graduate Medical Education Committee, Quality Assurance Committee, Resource Utilization (when in existence) or other departmental committees.

IN-SERVICE EXAMS

In-Service exams are widely utilized by residency programs to assess resident knowledge. It is the policy of Cleveland Clinic that the results of these examinations be used as a resource to provide guidance to program directors and feedback to clinical trainees regarding potential areas of knowledge deficit. Although the results of in-service examinations may provide additional insight into those individuals in academic difficulty, the results of examinations are not to be used as the sole basis for individual resident promotion or dismissal unless the associated Residency Review Committee (RRC) mandates otherwise.

RESIDENCY CLOSURE/REDUCTION POLICY

In order to comply with the ACGME requirement that we have a policy in place and to reiterate the institutional commitment of Cleveland Clinic Florida to graduate medical education, the following policy has been established and approved by the Graduate Medical Education Committee.

If Cleveland Clinic Florida reduces the size of a residency program or closes a residency program, residents in that program will be informed as soon as possible. If a program size reduction is implemented, those residents already in the program or committed to the program in writing will be allowed to complete their education. If a program is closed, the residents in it, or committed to it, will be allowed to complete their education if faculty and patient material are adequate. If either faculty or patient material is inadequate, Cleveland Clinic will make every effort to assist the residents in identifying and entering another ACGME accredited program.

INSTITUTIONAL DUTY HOUR & WORKING ENVIRONMENT POLICY

Purpose

Providing clinical trainees with sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and the clinical trainees' well-being. Didactic and clinical education must have priority in the allotment of clinical trainee's time and energies. Duty hour assignments must recognize that faculty and clinical trainees collectively share responsibility for the safety and welfare of patients. The program and department that the program resides must establish an environment that is optimal for clinical trainees' education and for patient care, while ensuring that undue stress and fatigue among clinical trainees are avoided. Clinical trainees' duty hours and on-call periods must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care and the educational needs of the clinical trainee. Duty hours must be consistent with the ACGME Institutional Requirements, Common Program Requirements and RRC Program Requirements. More stringent duty hour requirements established by an RRC would take precedent over the duty hour requirements listed below.

Each program must ensure that the goals and objectives of the program are not compromised by excessive reliance on clinical trainees to fulfill service obligations. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. Programs must mandate that clinical trainees are provided with appropriate senior and/or faculty back-up support at all times.

Supervision of Clinical Trainees

- 0. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of clinical trainees at all times. Clinical trainees must be provided with rapid, reliable systems for communicating with supervising faculty.
- 0. During normal duty hours, it is anticipated that supervision will be in-house and immediately available. During evening and weekend hours, there should be a list of those on-call with a clearly defined progression of responsibility up to and including the faculty that is ultimately responsible at any given time.
- 0. Faculty schedules must be structured to provide clinical trainees with continuous supervision and consultation. In addition, on-call schedules should guarantee full and comprehensive coverage of institutional patients and facilities.
- 0. Faculty and clinical trainees must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
- 0. For more detailed information regarding supervision, please refer to the Clinical Trainees Supervision Policy.

Duty Hours

- 7. Duty hours are defined as all clinical and academic activities related to the training program, i.e. patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled or required academic activities such as conferences or scholarly activity. Duty hours do not include reading and preparation time spent away from the duty site.
- 7. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Teaching conferences, lectures, journal clubs and other educational activities related to the training program are to be included in the duty hours.
- 7. Clinical trainees must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- 7. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call. Teaching conferences, lectures, journal clubs and other educational activities related to the training program are to be considered part of the duty periods. The 10 hour rest period includes at-home beeper call and if the clinical trainee needs to come into the hospital.

On-Call Activities

4. In-house call must occur no more frequently than every third night, averaged over a four-week period.

4. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Clinical trainees may remain on duty for up to six (6) additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.

4. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.

4. At-home call is defined as call taken from outside the assigned institution.

4. The frequency of at-home beeper call is not subject to the every third night limitation. However, at-home beeper call must not be so frequent as to preclude rest and reasonable personal time for each clinical trainee. Clinical trainees taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities when averaged over a 4-week period.

4. When clinical trainees are called into the hospital from home, the hours they spend in-house must be counted toward the 80-hour work week limit.

4. The Program Director must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Moonlighting

0. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the clinical trainee to achieve the goals and objectives of the educational program.

0. The program director must comply with Cleveland Clinic's written policy and procedure regarding moonlighting, in compliance with the ACGME Institutional Requirements.

0. Any hours a clinical trainee works for compensation at the Cleveland Clinic or any of the Cleveland Clinic's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

0. For more detailed information regarding moonlighting, please refer to the complete Moonlighting Policy.

Program Oversight of Clinical Trainees Duty Hours

- | 5. Each training program must have formal written policies governing clinical trainees' duty hours and working environment that are consistent with the Institutional and Program Requirements. These policies must be distributed to clinical trainees and the faculty on an annual basis.
- | 5. Actual duty hours (including internal moonlighting) must be monitored at the program level with a frequency sufficient to ensure an appropriate balance between education and service and compliance with the duty hour requirements.
- | 5. The method in which programs may use to monitor clinical trainee duty hours are, but not limited to: electronic timekeeping system, online data entry, or paper duty hour log. Attestations are not permitted to be used as they do not reflect the clinical trainee's actual hours worked.
- | 5. The program must provide back-up support systems when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create clinical trainee fatigue sufficient to jeopardize patient care.
- 5. Programs will be expected to complete the online Quarterly Duty Hour Survey which is administered by the Graduate Medical Education Committee. In addition, the program will need to respond to questions pertaining to actual duty hours worked over the last 4-week time period.
- | 5. Programs must provide an action plan to the Graduate Medical Education Committee to address any areas of non-compliance.
- | 5. Programs must assure each clinical trainee's compliance with providing the actual hours worked for purposes of program and institutional monitoring. Failure to comply is defined as unprofessional behavior. Any clinical trainee that fails to provide training programs or Graduate Medical Education Committee with their actual hours worked within a reasonable time period may be subject to performance warning.

Graduate Medical Education Committee Oversight of Duty Hours

- | 7. The Graduate Medical Education Committee will monitor each training program's duty hours on a monthly, quarterly and/or random intervals as requested by Committee.
- | 7. A Quarterly Duty Hour Survey will be conducted of all accredited training program directors which will include a 4-week block of actual program duty hours. The GMEC expects all training programs to complete the survey within the time parameters set for by the GMEC.
- | 7. For any areas of non-compliance, the Graduate Medical Education Committee will request a written action plan.
- | 7. Based on the extent and severity of non-compliance, Committee will determine if any additional followed-up is required. If so, the following may occur:

- a. The Committee may initiate a duty hour survey of clinical trainees within three months of the program director's written action plan.
 - b. If areas of non-compliance are still in existence, the program director will be invited to a Graduate Medical Education Committee to discuss the response. Committee will provide assistance in developing a new action plan.
 - c. The Graduate Medical Education Committee will continue to follow-up until compliance with all requirements is achieved.
5. The Graduate Medical Education Committee will also monitor compliance of clinical trainees duty hours through the following:
- a. Internal Review Process
 - b. Annual Program Evaluation
 - c. Educational APR Process
 - d. Periodic monitoring of individual programs
 - e. Random surveying of clinical trainees as determined by Committee
6. The Graduate Medical Education Committee is committed to assuring that clinical trainees are able to report concerns regarding duty hour requirements without retribution. This may be done in the following ways:
- a. Through the House Staff Association representatives or officers
 - b. A meeting with the Director or Administrator of Graduate Medical Education
 - c. At the meeting with clinical trainees and the Director of Graduate Medical Education that occurs annually with each training program.
 - d. Anonymous Link on the intranet web page for clinical trainees. All comments are automatically forwarded to the Director of Graduate Medical Education who will investigate concerns and report findings to the Graduate Medical Education Committee for review and action plan.

Working Environment

1. Graduate medical education at the Cleveland Clinic Florida must occur in an environment in which clinical trainees may raise and resolve issues without fear of intimidation or retaliation.
2. The Cleveland Clinic Florida shall provide an organizational system for clinical trainees to communicate and exchange information on their work environment and their programs. This may be accomplished through the House Staff Association or other forums in which to address clinical trainees' issues.
3. The Cleveland Clinic Florida encourages a process by which individual clinical trainees can address concerns in a confidential and protected manner. Any clinical trainee should feel comfortable and safe to discuss any concerns with their Program Director, the Director or the Administrator of Graduate Medical Education.

4. The Cleveland Clinic Florida provides services and will develop systems to minimize the work of clinical trainees that is extraneous to their training programs and ensure that the following conditions are met:

- d. Food Services: Clinical trainees on duty must have access to adequate and appropriate food services. Any clinical trainees that are required to be on in-house call overnight are provided with on-call meals. There are a variety of options available, some available 24-hours a day.
- d. Call Rooms: The Cleveland Clinic Florida maintains on-call rooms for clinical trainees that are required to be on-call in-house overnight.
- d. Support Services: Patient support services, such as intravenous services, phlebotomy services, and patient transportation services are provided to all clinical trainees and training programs.
- d. Laboratory/Pathology/Radiology Services: There are laboratory, pathology, and radiology services to support timely and quality patient care in all training programs. This includes 24-hour retrievals of laboratory, pathology, and radiology information via electronic or online systems. All clinical trainees have access to this patient information.
- d. Medical Records: The Cleveland Clinic Florida has an electronic medical records system by Net Access and Epic Systems. The Epic System software is an outpatient electronic medical record (Epic Care) and an inpatient electronic medical record (Net Access) as well as a scheduling/registration, patient access and inpatient pharmacy. These integrated components are accessed through a single My Practice/Epic Systems login screen. This system documents the course of each patient's illness and care and is available at all times. The system is adequate to support quality patient care, the education of clinical trainees, quality assurance activities, and provides a resource for scholarly activity.
- d. Security/Safety: Appropriate security and personal safety measures are provided to clinical trainees at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities. Cleveland Clinic Florida has a safety and security program that conforms to all applicable local, state and federal safety and health standards, fire codes and environmental regulations. Security is provided by the Cleveland Clinic Security Department. Personal escorts are provided by contacting the Cleveland Clinic Security Department.
- d. Additional Program Resources: Cleveland Clinic Florida and each program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available to clinical trainees. In addition, necessary professional, technical, and clerical personnel must be provided to support the program.

CLINICAL TRAINEE DUTY HOUR TIME STUDY POLICY AND

PROCEDURE

Recording of duty hours will occur on a quarterly basis for a four-week period. Clinical trainees are required to enter hours worked into MedHub duty hour tracking module. These hours must be entered on a daily basis during the quarterly time period. Failure to do so will result in clinical trainees **not being allowed** to perform any clinical activities until the hours are entered correctly. Days missed will be taken out of vacation time and if excessive, an extension of training may be necessary to offset those days.

CLINICAL TRAINEE SALARIES

In keeping with the ACGME Guidelines for compensation of residents in training, Cleveland Clinic Florida Graduate Medical Education Committee formally institutes the following policy:

Salary levels shall be determined on an annual basis by the Graduate Medical Education Committee. This determination shall be based on review of the overall economic environment, the institutional adjustments for other employees and a comparison of other institutions of comparable size in this general geographic area.

The salary level for clinical trainees shall be determined by the postgraduate year required to enter the program. Clinical trainees who enter a program that is approved for a given year of postgraduate level status after they have already exceeded that level of training themselves, will be appointed at the appropriate level according to number of years of training, and will be compensated at the level for which the position is approved. Clinical trainees at the same graduate level are paid at the same salary rate regardless of the specialty-training program.

Any variation from the compensation level, either above or below the standard, must be approved by the Graduate Medical Education Committee prior to institution of the salary adjustment.

MOONLIGHTING

(Pertaining to Clinical Trainees in Accredited (ACGME) Training Programs)

The Accreditation Council for Graduate Medical Education (ACGME) requires that Sponsoring Institutions have a written policy that addresses professional activities outside the educational program. For the purpose of this policy the following shall be considered moonlighting: 1) Independent patient care activities at Cleveland Clinic Florida that require appointment through Professional Staff Affairs as a limited clinical practitioner, 2) Supplemental on call or any other supplemental responsibilities that are within the scope of a resident's training and commensurate with a resident's level of experience and skill. These supplemental responsibilities are fully supervised and occur outside normal training hours, and 3) Independent patient care activities outside Cleveland Clinic Florida. Residents engaged in moonlighting that involves independent patient care activities must be licensed for unsupervised medical practice by the state medical board (items 1 and 3 above). It is the responsibility of the institution hiring the resident to moonlight to determine whether such licensure is in place, adequate liability is provided and whether the resident has the appropriate training and skills to carry out assigned duties. Clinical trainees on clinical J-1 exchange visitor visas are NOT permitted to engage in independent patient care activities due to federal regulations restricting unsupervised medical practice. Therefore, exchange visitors are NOT able to participate in moonlighting in categories 1 and 3 above.

The Graduate Medical Education Committee (GMEC) is responsible for monitoring and advising on all aspects of residency training at Cleveland Clinic Florida including but not limited to each program's adherence to the prudent work requirement limits set by the Residency Review Committees (RRC). In this capacity, the GMEC has implemented the following policy regarding activities outside the residency program (referred to as moonlighting).

First and foremost, moonlighting should not interfere with the goals and objectives of the residency program or hinder patient care in any way. Secondly, residents must not be required to moonlight. Thirdly, residents must submit written notification to their program director indicating that they are or will be engaged in moonlighting activities. The program director must approve the moonlighting activity with a signature on the notification form and this record will be maintained in the resident program file. This is a specific requirement of the ACGME.

The ACGME requirement also states that the decision to allow members of any residency program to participate in moonlighting activities shall be at the discretion of the program director. The program director may request that a resident not moonlight for any of the following reasons: 1) the moonlighting activity would exceed the RRC requirement limiting duty hours and frequency of on call, 2) the resident is unable to meet any of the requirements of the training program, 3) the resident's performance is below the expected standard for his/her level of training and 4) the program director feels the requirements of the program are such that none of the residents in the training program may moonlight.

Program directors should monitor resident performance to assure that factors such as resident fatigue are not contributing to diminished learning, substandard performance, or inadequate patient care. If a program director identifies any of these issues with a resident who is moonlighting, the program director would advise the resident to discontinue moonlighting activities. If a resident is found to be moonlighting without program director approval, the resident may be subject to disciplinary action. Moonlighting form available thru your Program Coordinators.

POLICY OF OFF-SITE ROTATIONS

In keeping with the ACGME Requirements, The Graduate Medical Education Committee of Cleveland Clinic Florida reiterates the program director and department chair's responsibility for monitoring all off-campus rotations. The GMEC will provide program oversight to assure that all residents who rotate off campus are in an environment and educational situation, which is appropriate for ideal learning in reasonable safety and comfort.

Required Rotations

In order to obtain adequate experience and/or skills not available at Cleveland Clinic Florida, training program directors may arrange outside rotations for residents. Outside rotations are considered required rotations when all clinical trainees at a specific graduate level or anytime during training) are scheduled for the rotation. For these rotations, it is expected that program directors and/or department chairs will:

- Visit off campus rotation sites (at least annually) to assure RRC and ACGME requirements are being met.
- Assure that the affiliation agreement with the off-site facility remains current, in effect, appropriate for the rotation and reviewed at least annually.
- Obtain clinical trainee evaluations from attending staff at the off-site facility and require clinical trainees to complete an evaluation form on the faculty with whom they worked at the off campus site, as well as an overall assessment of the rotation and facility. Any evaluation reflecting a significantly negative experience should result in a personal interview with that resident and follow up with the off-site facility of necessary.

Elective Rotations

Clinical trainees are allotted a specific amount of time (depending on RRC and Specialty Board requirements) for elective rotations. Clinical trainees should be encouraged to schedule their elective rotations at Cleveland Clinic Florida as Cleveland Clinic Florida offers numerous options for residents in all specialties. If a resident selects an elective option not available at CCF, the program director would make the decision based on educational merit. Program specific policy regarding off-site elective rotations supercede this policy.

Clinical trainees are required to complete evaluations on outside rotations as one method of monitoring and assessing these educational experiences.

Any off-site rotation longer than three months must be approved by the Graduate Medical Education Committee (GMEC).

COMET –Center for Online Medical Education and Training

The following is a list of modules that must be completed by all CCF clinical trainees during their training.

COMET start page: <http://intranet.cchs.net/onlinelearning/> Click "Login" on the left side and follow instructions on the page.

Compliance

Basic Compliance Topics

- * [Code of Conduct](#)

- * [Physician Coding and Billing Compliance](#)

- * [Physicians at Teaching Hospitals \(PATH\)](#)

Evaluation and Management (E&M) Coding

- * [Evaluation and Management \(E&M\) Coding: Key Components](#)

- * [Evaluation and Management \(E&M\) Coding: Determining Levels](#)

- * [Evaluation and Management \(E&M\) Coding: In Practice](#)

EPIC - MyPractice®

Inpatient EPIC - MyPractice®

- [Introduction to EPIC "MyPractice®"](#)

Evidence Based Medicine (EBM)

Introduction to EBM

- * [Introduction to Evidence Based Medicine](#)

Evaluation of Articles

- * [Evaluating a Diagnostic Test Article](#)

- * [Evaluating a Therapy Article](#)

HIPAA

HIPAA Privacy Rule

- * [HIPAA Overview](#)

- * [Protected Health Information](#)

- * [Privacy Practices](#)

- * [Patient Rights](#)

- * [Specialty Groups](#)

Medico-Legal Topics

Consent

- * [Informed Consent](#)

Professionalism

Physician Topics

- * [Substance Abuse](#)

- * [Sleepiness and Fatigue in Medical Professionals](#)

Quality Assurance

Joint Commission

- [The Joint Commission - Why is it important to be accredited?](#)

Procedural Sedation

- * [Sedation Analgesia Competency for Physicians](#)

Research

HIPAA-Related Topics

- * [HIPAA In Research](#)

Safety

Patient Safety

- * [Safety Event Reporting System \(SERS\)](#)

Environment of Care

- * [Introduction to Environment of Care](#)

An additional training module that must be completed within 30 (thirty days of your hire date) is the CITI – Required Investigator Training. This is maintained by the University of Miami the website for the CITI training is www.miami.edu/citireq.

BOARD ELIGIBILITY Training Extensions(ABMS)

Some specialties may have specific requirements as to allowable time away during training as specified by the designated American Board of Medical Specialties (ABMS) Member Board. Each Member Board has their own requirements for allowable time away (absence from training). When a clinical trainee requests a leave of absence, the Program Director is required to apprise the resident of an extension to training, if an extension is known to be required at that time. Certification requirements for each specialty may be reviewed on the ABMS website by accessing the following link: http://www.abms.org/Who_We_Help/Member_Boards/contactinfo.aspx

Please refer to the section on Leave of Absence in the Graduate Physicians Manual (under Benefits) for types of LOA and detailed policies for authorized leave of absence.

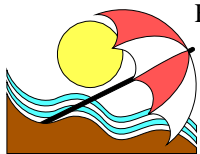
A Clinical Trainee may also be required to extend training to reach an acceptable level of performance to progress to the next graduate level or to successfully complete the training program. The Program Director is required to apprise the resident of an extension to training for deficient performance in accordance with the GME Promotion and Renewal of Appointment Policy. This policy requires the Program Director to advise a clinical trainee of reappointment without promotion or extension to successfully complete the training program at least four months before the end of the current appointment. If the primary cause of the non-promotion occurs within the four months prior to the end of the contract, program directors must provide as much written notice as the circumstances reasonably allow.

Please refer to the section on Performance (Clinical Trainee) in the Graduate Physicians Manual (under Policies and Procedures) for the steps of corrective action which may lead to extension of training.

Specific board requirements regarding allowable time away are provided in the Leave of Absence policy for each accredited program and should be provided to the clinical trainee at the beginning of the program and when a leave of absence may/will extend training.

APPROVED ABSENCES

VACATION TIME AND OTHER APPROVED TIME AWAY



Each clinical trainee is entitled to three weeks (15 working days) vacation prorated to the entire year and must take his/her vacation during each graduate year. The vacation request must be in accordance with established department guidelines.

Vacation time cannot be cumulative, i.e., it must be taken in the year earned. It is the clinical trainee's responsibility to arrange your vacation 30 days in advance of the time desired. All vacations will be granted on a prior commitment basis considering responsibilities to the department to which the clinical trainee is assigned. A vacation application is obtained from the Graduate Medical Education Coordinator for your program and must be signed by the Program Director of the department, the Chief Resident, Chair of the affected department, when appropriate. Vacation time is not approved during rotations outside the Cleveland Clinic Florida.

Residents planning to take the USMLE should contact their Program Director as soon as arrangements for taking the exam are made, with a minimum of 2 weeks notice. This is important so that coverage can be arranged during your absence.

Residents are permitted **TWO DAYS** off to take USMLE without using vacation time.

INTERVIEW DAYS

1. When applying for fellowships or practice positions in the appropriate year of training, clinical trainees shall be allowed no more than five days free from clinical responsibilities for interviews if needed.
 2. The specific assignment and scheduling of these days shall be in accordance with individual department policies and needs.
 3. Those departmental policies shall be structured in an effort to allow the maximum amount of flexibility possible for the interviewees without compromising departmental clinical responsibilities. The Program Director has final approval for this time away and due to clinical responsibilities or short notice may be unable to approve every request.
1. These allotted interview days are to be considered additional to the regularly allotted vacation and meeting days.
 2. Two weeks notice must be given prior to the time being requested. **A copy of the letter requesting/confirming an invitation for an interview must be attached.**

TRAVEL PRIVILEGES

Cleveland Clinic Florida strongly encourages their clinical trainees to participate in scholarly/research activities; these activities are mandatory in many training programs. With the recommendation of the Graduate Medical Education Committee (GMEC), departments have set aside funds to allow trainees in accredited programs at a PGY-2 level or above to attend academic meetings for the purpose of presenting or engaging in leadership roles within national societies.

Eligibility for individual trips will be determined by each program director after reviewing the meeting for educational value and the presentation for content. In addition, the trainee must be listed as first author on the poster or presentation and be the “presenter”. Trainees who meet the above criteria will qualify for one annual Education Institute sponsored trip with a maximum reimbursement of \$1200.00. Requests for meeting attendance must be submitted to the office of GME at least 30 days prior to travel date to allow for processing. A copy of the abstract and the acceptance letter must be attached to the meeting form. Late requests will not be honored.

GME sponsored travel is a privilege, not a right. Clinical trainees are expected to be good stewards of the institution’s resources and to treat funds as if they were personal resources. Expense reports should be completed in a timely manner and receipts for all items over \$14.99 must be included. There are some Cleveland Clinic restrictions on expenses; allowable expenses are listed in section g. of the travel policy which may be found at: <http://intranet.ccf.org/hr/new/policies/P450.pdf>.

Additional meeting time may be granted during the year at the program’s discretion. The expenses for additional approved meetings will be covered either by the trainee or by the training program. Please refer to department policies and procedures for further information.

Medical Editing Services

216/444-2661

For publication advice and editing of your scientific article or abstract, please consult the Office of Medical Editing. There are two editors who can review scientific manuscripts before they are submitted to peer-reviewed journals. This office performs substantive editing on text, tables and illustrations to achieve clarity, precision, internal consistence and brevity. Also provided is guidance on visual and text presentations of quantitative data and on reporting research design and statistics. These services are fully funded by the Division of Education and thus are provided at no charge.

Exceptions to this policy in regard to days away and expense limits need to have prior approval via the *Application for Meeting Attendance* by the Program Director.

Revised 4/26/05

REIMBURSABLE EXPENSES

Residents will be reimbursed for the following expenses on an annual basis. Money cannot be carried over from one year to the next.

Training License/Florida License

DEA Number

Residents will be provided the following items free of charge:

Lab Coats/ Scrubs (free of charge)

Pagers (fee applied only if lost or not returned pagers)

Access tokens/ Encrypted thumb drive (fee applied only if lost or not returned pagers)

LEAVE OF ABSENCE

PLEASE NOTIFY THE RESIDENCY COORDINATOR OF ALL LEAVES OF ABSENCE

All leaves of absence (LOA) must be approved in advance by the Program Director. The proper form can be obtained from your residency coordinator for your program, completed and submitted to the Program Director. After approval, a copy of the form will be forwarded to the residency coordinator. A sample of the form is included at the end of this section.

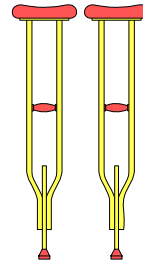
PROGRAM EXTENSION

The American Board for Medical Specialties (ABMS) for many specialties has determined minimum guidelines for time away from training. Program Directors, with input from other faculty members, determine specific guidelines depending upon the specialty, individual's performance, level of training, and any specific needs that relate to an illness. Time taken off for leave of absence may extend the training period to comply with specific specialty board certification requirements, to complete required training and/or to reach an acceptable performance level to progress to the next graduate level, or to successfully complete the training program. Vacation time may not be utilized to reduce extended time for training.

Program Directors are required to apprise clinical trainees of extension to training for any reason when a resident requests a leave of absence.

MEDICAL LEAVE – ILLNESS/ACCIDENT

If a clinical trainee is temporarily unable to work due to illness or accident as determined by the primary care physician and is unable to carry on duties and responsibilities as required in the training program, salary and benefits will continue for the period the clinical trainee is unable to work or for the remainder of the current contract, with written verification from his/her physician.



MEDICAL LEAVE MATERNITY / ADOPTIVE LEAVE

PROGRAM DIRECTORS SHOULD BE NOTIFIED NO LESS THAN 90 DAYS PRIOR TO MATERNITY OR ADOPTIVE LEAVE TO PREPARE FOR COVERAGE.

NATURAL BIRTH – Up to six (6) weeks leave may be taken when a child is born. Paid maternity leave is six (6) weeks in duration, eight (8) weeks if a caesarian section is performed. ***To receive pay, the GME Coordinator for your program must be notified when a resident/fellow goes out on maternity leave or as soon as possible after the birth of the baby.***



If a clinical trainee is physically able to perform their training responsibilities and receives approval from their obstetrician and Program Director, you may work up to the date of delivery and take the full six/seven weeks of medical leave after the baby is born.

In keeping with the Family and Medical Leave Act of 1993, an additional leave of absence without pay but with a continuation of benefits may be granted in the case of extenuating circumstances connected with the pregnancy, birth, or prolonged illness of the mother or child, not to exceed a total of 12 weeks (including the original 6 or 8 weeks).

ADOPTIVE LEAVE – Up to six (6) weeks leave may be taken when a child is adopted.

Note: If the clinical trainee is enrolled in the benefit programs, he/she must contact Human Resources within 31 days of the birth/adoption of the child to make the necessary changes to their enrollment status.

FAMILY AND MEDICAL LEAVE ACT (F.M.L.A.)

Pursuant to The Family and Medical Leave Act, Cleveland Clinic Florida offers individuals who have been employed for at least one year, having worked at least 1250 hours in the preceding 12 months, unpaid leave of up to 12 weeks per year. You may apply for leave due to the following conditions:

- An employee's own serious medical condition;
- To provide care for a spouse, child under 18, or a child who is 18 years or older that is incapable of self-care because of a physical or mental disability;
- To care for a parent who has a serious health condition;
- The birth of the employee's child and to care for such child;
- A child's placement with the employee for adoption or foster care.

Health benefits will be continued for the duration of the leave, under the same terms and conditions, which would apply, had you been working. **Please contact the Human Resources Department as soon as the need for an FMLA leave is determined.**

PATERNITY

Two weeks (10 working days) of paid paternity leave may be granted for the natural birth and/or arrival of an adopted child. **The leave must be taken within a month of the child's birth/adoption.**

It is the clinical trainee's responsibility to complete a *Leave of Absence* form and submit it to the Program Director at least 60 days in advance regarding utilization of a paternity leave in order for the Program Director to plan coverage during a paternal leave and to schedule return to training. Failure to give adequate notice may result in the denial of the paternity leave.

In keeping with the Family and Medical Leave Act of 1993, a maximum of 12 weeks family leave for paternity may be granted. Two (2) weeks will be paid; the additional ten (10) weeks are unpaid as previously outlined in the section on the Family and Medical Leave Act.

PERSONAL LEAVE OF ABSENCE

It is the policy of the Graduate Medical Education to grant clinical trainees a leave of absence (without pay) for urgent, emergency or other reasons personally affecting the clinical trainees that cannot be handled any other way.

Permission for a leave of absence must be requested in advance by completing the Clinical Trainees *Leave of Absence Form* and submitting it to the Program Director for approval.

Program Directors have final approval for all personal leave of absence requests.

Forms available from your program coordinator.

CERTIFICATES OF COMPLETION OF TRAINING

Official certificates of completion are issued to Clinical trainees/research fellows that have successfully completed a Cleveland Clinic Florida residency or fellowship program in its entirety as determined by the program length approved by the GMEC. Research fellows who successfully complete at least one year of research in the same program are also eligible for a completion of training.

Clinical trainees/research fellows who do not meet the above criteria will receive, upon request, a letter verifying completion of the actual training completed at Cleveland Clinic Florida.

The certificate of completion of training will include the legal name of the clinical trainee/research fellow, dates of training and the name of the program as listed by the accrediting body, or in the case of non-accredited programs, as named when approved by the GMEC.

HEALTH CARE BENEFITS

MEDICAL/PHARMACY COVERAGE

Clinical trainees on payroll may apply for coverage under the Cleveland Clinic Florida employee medical and pharmacy plans. You and your eligible dependents will be covered the first day of hire provided that you complete the appropriate forms within 5 days of your start date. After 5 days, coverage will be denied. The next available time to join the plan will be during the next annual enrollment period and late entrant penalties may apply. Please note that certain medical services/procedures require pre-authorization which may be obtained by calling the phone number listed on your membership identification card. Questions regarding the medical or pharmacy plans should be directed to Human Resources.

DENTAL COVERAGE

Clinical trainees on payroll may apply for coverage under the Cleveland Clinic Florida employee traditional dental insurance plan. You and your eligible dependents will be covered on the first day of hire provided that you complete the appropriate forms within 5 days of your start date. After 5 days, coverage will be denied. The next available time to join the plan will be during the next annual enrollment period and late entrant penalties may apply. Questions regarding the dental plan should be directed to Human Resources.

VISION CARE PLAN

Clinical trainees on payroll may apply for coverage under the Cleveland Clinic Florida employee vision insurance plan. You and your eligible dependents will be covered on the first of hire provided that you complete the appropriate forms within 5 days of your start date. After 5 days, coverage will be denied. The next available time to join the plan will be during the next annual enrollment period and late entrant penalties may apply. Questions regarding the vision plan should be directed to Human Resources.

CHANGES IN COVERAGE

All changes or additions to your coverage due to a life event change (marriage, birth or adoption of a child, divorce, etc.) must be made within 30 days of the event. After 30 days, coverage will be denied. The next available time to join the plan will be during the next annual enrollment period and late entrant penalties may apply.

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All newborns must be added to the insurance plans by completing the appropriate paperwork within 30 days of birth/adoption. Failure to complete the enrollment paperwork within this time frame will result in a denial of coverage. The next available time to add your child to the plan will be during the next annual enrollment period and late entrant penalties may apply. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

EMPLOYEE ASSISTANCE PROGRAM

An Employee Assistance Program provides employees and family members residing in the same household, with up to six free counseling sessions. This program offers personal, confidential counseling services for a wide range of concerns including alcohol abuse, drug abuse, stress, depression, parenting problems, marital/family relationships, interpersonal problems on the job, and referral for financial and/or legal problems. A brochure outlining the Employee Assistance

Program is available in Human Resources. To contact the Employee Assistant Program, call 800/899-3926. All information is held strictly confidential.

DISABILITY – PERMANENT

Cleveland Clinic Florida provides a separate disability policy for all clinical trainees appointed by the Division of Education. (Enrollment is done quarterly from July 1st.) A representative of the Bixel Organization will contact you regarding your specific coverage requirements. If a clinical trainee becomes permanently disabled due to illness or accident as determined by the primary care physician and the designated insurance company, a claim form must be filed with the insurance company. Salary and benefits will continue for the 90-day waiting period or until the end of the current contract, whichever is the shorter period of time. If the remaining time left is more than 90 days (once disability payment begins), benefits only will continue until the end of the current contract. Once the current contract ends, you may elect to continue your health coverage under the COBRA provision listed elsewhere in this manual.

CONTINUATION OF COVERAGE: COBRA

Clinical trainees who were participating in the insurance plans upon separation of employment will receive information mailed to their home regarding COBRA continuation coverage within a few weeks of separation from the organization.

You may elect to continue medical, dental, vision coverage for yourself and covered dependents if you were participating in these programs upon separation of employment from Cleveland Clinic Florida. If you elect to continue coverage, you are responsible for paying the group plan cost plus an administrative fee. COBRA continuation coverage must be elected within 60 days. You may elect to continue coverage for yourself and covered dependents for any of the following reasons:

- If your employment terminates for any reason other than your gross misconduct;
- If your working hours are reduced and you are no longer considered eligible for coverage;
- If you die (your covered dependents may continue coverage);
- If you become divorced;
- If you become eligible for Medicare;
- If a dependent child ceases to qualify for coverage under the plan;
- If you or a qualified beneficiary were disabled under the Social Security Act when the qualifying act occurred.

Depending on the type of qualifying event, you may be eligible to continue coverage for up to either 18 or 36 months. COBRA continuation coverage may be extended to 29 months for an individual who is disabled (as defined by the Social Security Administration) at the time of termination or reduction of hours, provided that individual has given notice of the disability within 60 days of the Social Security determination and requested the extended continuation period before the end of the first 18 months.

If you do not receive COBRA notification within 30 days of your separation from Cleveland Clinic Florida, or have any questions regarding COBRA coverage, please contact a member of Human Resources.

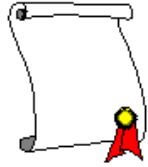
OCCUPATIONAL INJURY/ILLNESS

Prompt and accurate reporting of accidents is imperative for the protection of Cleveland Clinic Florida and its employees. An accident is defined as an event, which is inconsistent with the routine operation of the department, which occurs during work time within the zone of employment and which results in a work-related injury or illness. Any such accident should be REPORTED immediately, but no later than TWENTY-FOUR (24) hours after occurrence, to the supervisor of the area.

DOCUMENTATION of the injury is of the utmost importance and must be done within TWENTY-FOUR (24) hours of the occurrence. The injury must be documented on the *Record of Occupational Injury/Illness* and forwarded to the Employee Health Department. Please note that an Accident Report filled out by security does NOT meet this requirement. The Cleveland Clinic Florida will not certify any work-related injury and/or illness (Worker's Compensation) that has not been reported per this policy and will contest it accordingly. Details can be found in CCF Supervisory Policies and Procedures Manual Policy #608.

IMPORTANT: If you are out of the Clinic on a rotation to another hospital and sustain a work related injury, (**especially a needle stick**) and receive treatment at that institution, you must complete the above-mentioned forms as soon as possible and turn them in to the Employee Health Department. This ensures that any bills received by you will be processed and paid and that proper follow-up is started for exposure to blood borne pathogens if necessary. Any and all bills for a work-related injury will be paid through CCF **providing you have completed the paperwork in a timely manner**. If you have questions regarding a work related injury, you may contact the Employee Health Department at 659-6099.

TRAINING AWARD OPPORTUNITIES



All Cleveland Clinic residents and fellows in training are eligible for the following awards given by the Division of Education annually.

CASH MEMORIAL AWARD

The Cash Memorial Award was established by friends, family and colleagues of the late Joseph Cash, M.D., and former Chair of the Department of General Internal Medicine. The prize is intended to encourage original investigation and professional excellence in the preparation of clinical papers on **health outcomes** including but not limited to: **Health resource utilization, cost-effectiveness, and pharmacoeconomics**. Only submissions for clinical research will be accepted. **Residents/Fellows in all divisions** who are currently in training are eligible to participate.

The LOWER SCIENTIFIC PAPER AWARD

In 1936, Dr. William E. Lower, a founder of the Cleveland Clinic, established an annual award to encourage original investigation and professional excellence in the preparation of scientific papers. The Division of Education subsequently increased the award to two prizes: one for a paper that primarily deals with a clinical subject, and one for a paper that deals with nonclinical material or a basic science. Cash awards and certificates are given for First Prize and Honorable Mention in each category.

The PESKIND MEMORIAL AWARD

The Peskind Memorial Fund was established at the Cleveland Clinic by grateful patients and friends of Dr. Adolph Peskind and his nephews, Drs. Ben and Sam Peskind. This prize was established for residents in the Division of Medicine. The proceeds of this fund go toward the Medical Traveling Fellowship, which is awarded by the Board of Trustees upon the recommendation of the Division of Education. The purpose is to help defray the cost to visit leading clinics, hospitals, and institutions, to observe and study medical practices and techniques, or to attend medical meetings.

The GEORGE AND GRACE CRILE TRAVELING FELLOWSHIP

The George and Grace Crile Traveling Fellowship Award is given annually to a surgical resident for outstanding work performed in the areas of research, clinical competency, contributions to the Foundation, and overall excellence in the practice of medicine. This award allows the resident to travel and study with world-renowned experts in their specialty. A certificate and voucher is awarded to the winner.

The TARAZI FELLOWSHIP AWARD

Established in the memory of Dr. Robert C. Tarazi, former Vice Chair of the Division of Research. The purpose of the award is to recognize papers which make an outstanding

contribution in cardiovascular research (clinical or basic) aimed at better understanding and/or treating cardiovascular disease. A cash prize and certificate is awarded to the winning resident or fellow.

The BRUCE HUBBARD STEWART MEMORIAL AWARD FOR HUMANISTIC MEDICINE

The purpose of this award is to recognize Clinical trainees or staff who combine scientific skills, compassion, and sensitivity towards patients, and to encourage the realization that optimal care combines technical skill and an understanding of the emotional and intellectual needs of patients. The winner receives a certificate and cash prize.

CRILE FELLOWSHIPS

In recognition of the need to encourage basic research training in the next generation of physicians, The Cleveland Clinic offers four (4) Research Training Awards for highly meritorious research projects. Multiple training programs have identified the need to provide a full year of research training for residents or fellows in training. The Crile Awards offer an opportunity for residents to pursue a full year in research. The program provides support for a portion of the resident's salary to pursue clinical or basic research.

First priority will be given to those individuals in the primary residency programs. Recipients should be at the Graduate Level II or above.

MISCELLANEOUS RESIDENTS/FELLOWS INFORMATION

ON-CALL MEALS (Night call only)

Hospital Cafeteria Monday-Friday 7:00-10:00 breakfast
Phone: 689-5066 11:00-3:00 lunch
4:00-7:30 dinner

Weekends & Holidays 7:00-11:30 continental breakfast
11:30-6:00 lunch & dinner

ELIGIBILITY Only clinical trainees in accredited training programs who are required to be **IN HOUSE OVERNIGHT** on-call are eligible. This does not include family members or anyone else visiting. Meal tickets will be distributed by your residency coordinator.

For those residents required to be in-house, overnight on-call, we will provide on-call meals. These meals will be dinner and breakfast, Monday through Friday and breakfast, lunch and dinner on Saturday and Sunday (for those on-call for 24 hours).

LIFE INSURANCE

Clinical trainees on payroll are provided with up to \$25,000 in life insurance coverage at no cost.

SAVINGS & INVESTMENT PLAN (403B)

Clinical trainees on payroll are eligible to participate in tax deferred retirement plans offered through Fidelity. Cleveland Clinic Florida will match \$0.50 for every \$1.00 contributed up to 6% after a minimum of two years of service. Employees may contribute the **lesser of \$11,000** (IRS annual limit) or 50% of their pay. Employees over the age of 50 are permitted to make additional pre-tax deferrals, over and above the limits set by the IRS (these additional deferrals would not be eligible for any additional match). Employees are eligible to join the program immediately upon hire and may enroll by contacting Fidelity at (888) 388-2247.

EDUCATION ALLOWANCE

A \$250.00 education allowance per year is available to all clinical trainees. Primary use it for textbooks. After required textbooks are acquired, clinical trainees are allowed to substitute journal subscriptions and educationally based computer programs. Clinic purchase procedures must be followed to ensure that ownership is documented. Submission of expense reimbursement request must be in the calendar year of the purchase. Palm Pilots or PDA's are acceptable. Book allowances must be used during the academic year and money cannot be carried from year to year.

SCOPE

Limited to clinical trainees who meet the specified policy criteria above.

GUIDELINES

- A. All purchases must be pre-approved using Purchase Order requisitions and following Clinic Purchase procedures.
- B. Society memberships are considered as long as journal subscription are included. Must provide proof of same.

LOANS

An emergency loan fund is available for house staff not to exceed \$1,200 a year or a total of \$3,600 over a three-year period. Contact your program coordinator for information. Outstanding loans must be paid in full before a new loan may be requested. Loans must be paid in full when Clinical trainees leave CCF.

AUTOPSY and TISSUE STATEMENT

Cleveland Clinic Florida recognizes and agrees with the ACGME's guidelines concerning the value of information gained at autopsy. Clinical trainees are expected to seek permission for autopsy or, when appropriate, limited autopsy from the families of all patients who expire.

Recognizing that this is a difficult subject to approach, residents should be aware that families can be honestly advised that this is not a mutilating procedure, that it will not prevent normal disposition of the body including funeral parlor visitation and that it will cost them no additional funds. Residents should advise the family that the information gained can be important to us as an institution, other patients with comparable problems in the future, and potentially to their own family as far as similar problems with future members.

The most senior individual available should be responsible for requesting the autopsy and if a more junior member is in attendance, that person should observe to gain insight for the future when they need to request autopsies themselves.

AUTOPSY POLICY

1. The performance of an autopsy is a consultative activity that should be sought following a death in which any one of the following conditions exist.
 - a) All deaths in which the cause of death or the major clinical diagnosis is unknown.
 - b) Deaths in which the autopsy may help to explain unknown or unanticipated significant medical complications to the attending physician.
 - c) Unexpected or unexplained deaths occurring during or following any dental, medical or surgical diagnostic procedures and/or therapies.
 - d) Deaths of patients enlisted in clinical trials (protocols) approved by Institutional Review Boards.
 - e) Deaths in which the autopsy may help to allay concerns or provide reassurance to the family and/or public regarding the cause of death.
 - f) Deaths known or suspected to have resulted from environmental or occupational hazards.
 - g) Deaths in which it is believed that an autopsy may disclose a known or suspected illness that may have import on survivors or transplant recipients.
2. Decedent is an inpatient of the Cleveland Clinic Hospital and under the active care of a member of the Medical Staff at the time of death.
3. A complete and valid autopsy authorization is received. The autopsy authorization must

include the following information:

- g) Decedent name
- g) Signature of requesting physician
- g) Signature of responsible person providing consent. The responsible person is generally next-of-kin and must be obtained in the following order: spouse, oldest child, next oldest child, parent sibling
- g) Signature of two witnesses
- g) Specific instructions on restriction or limitations. If no restrictions or limitations, the permission must state NONE.
- g) Clinical information, in particular, clinical questions to be addressed.

0. Identification is attached to the body.

0. If any conditions reportable to the Medical Examiner's office exist, a release must be obtained from the medical examiner in the county where death occurred. The release must be noted in the autopsy authorization including date, time, releasing medical examiner and person obtaining release. Reportable conditions include:

- f) All deaths unattended by a practicing physician, licensed in the State of Florida, or other recognized practitioner.
- f) All deaths in which there are any suspicious, unusual or unexplained circumstances or criminal violence.
- f) Sudden death in an apparently healthy individual.
- f) Deaths occurring in the operating room or surgical death.
- f) All deaths caused by, suspected to be caused by, or occurring in a person known or suspected to be HIV positive or with an opportunistic infection.
- f) Death resulting from a disease constituting a threat to public health.
- f) Death resulting from disease, injury or toxic agent resulting from employment.
- f) Accidental death.
- f) Suicide.
- f) Poisoning death.
- f) Criminal abortion.
- f) Any death occurring in police custody or in any prison or penal institution.
- f) When a dead body is brought into the State without proper medical certification.
- f) When a body is to be dissected or buried at sea.

6. Decedent's chart, body and completed, valid autopsy authorization is received between the hours of 8:00 am and 4:00 p.m. weekdays and 9:00 am and 3:00 p.m. weekends and holidays. Requests received outside these hours will be deferred until the next working period. Emergent autopsies, in general, will not be performed.

SECURITY AND SAFETY

The personal safety and health of each employee, patient and visitor is a primary importance to the Cleveland Clinic Florida. It is our policy to maintain a safety program conforming to all applicable local, state and federal safety and health standards, fire codes, and environmental regulations. Since these regulations only define minimum requirements, it is the position of Cleveland Clinic Florida that every effort will be made to exceed them whenever practical. Please keep the following numbers available for your reference:

- X55030 – Facilities Operations / Security Office – *Info on Proximity Cards, ID Badges, Key requests and Parking Stickers*
- X55025 - For Security officer to take a report, open doors, etc. 24-7
- X2222 – Security **Emergencies**
- Florida Intranet – Facility Engineering requests – *Work Order Forms*
- Florida Intranet – Bio-Medical Engineering requests – *Work Order Forms*
- 9-911 – Medical Emergencies - initiated (if applicable) at Medical Alerts, then make notification to Security Command Center at x2222.

Call X7777 to advise the Operators of Medical Emergency

General office hours for Facilities Operations / Security are from 8:00am to 4:30pm, Monday through Friday.

If you need security before or after normal office hours, contact the Security Command Center at extension 55025.

FACILITY OPERATIONS DEPARTMENT POLICIES

Parking

Employee parking sticker to be visible driver’s side lower left hand corner of front windshield. Parking will be in the general employee parking area located on the south side of the Clinic Building during normal business hours. After hours and weekends, parking is restricted to lot D & E. Sticker must be returned if vehicle is sold, or upon resignation or termination. A charge will be deducted from paycheck if sticker is not returned. Do not park in Physician Parking Only. Do not park in Clinic patient parking in Lots A, B, and C or the front lot of Hospital.

I.D. Badges

Employee’s CLEVELAND CLINIC FLORIDA I.D. badge to be worn at all times while on CCFlorida premises. There will be a replacement charge for lost ID badges. Handmade alterations of name or photo are prohibited.

Key Control

Key requests must be submitted and approved on the appropriate “Key Request” form by the director or manager. These forms are available on line under “Information Forms Management” on the intranet.

Security

Proximity card is issued to each employee. The card is not transferable. Any card lost or stolen must be reported to Security immediately. There will be a replacement charge for lost cards.

Fire Alarm Systems & Procedures

1. Explanation of fire alarm policies
2. Fire extinguisher training - review of use

It is each employee's responsibility to know the Fire Alarm Policy, location of nearest fire extinguisher, the number to call in case of a fire and where main and alternate evacuation routes are. Every employee is responsible to participate in fire training.

Florida’s “Right to Know”

1. Employees have a right to know what chemicals and hazardous chemicals (materials) are in the work place.
2. Material Safety Data Sheets (MSDS) are located on the Florida Intranet.
3. Any questions should be directed to your supervisor or the Safety Officer at ext. 65020.

4. Yearly training is mandatory for all employees on the safe handling of hazardous materials.

Solicitation Policy

Solicitation by both employees and non-employees (self-employed sales personnel) within the Clinic and Hospital buildings or on its property is prohibited.

Weapons Policy

Carrying or possession of weapons/firearms by employees other than CCF Security personnel while on duty or on Clinic property is prohibited.

EMERGENCY CODES

When at Cleveland Clinic Florida, the campus number for **ALL** Codes and Medical Alert emergencies is **7777**. (Remove this statement: For code Blue in the Clinic only, you must activate **911 AFTER** calling **7777**). **This is not always the case.**

To contact Security for emergencies **2222**.

Fire and Safety Codes at Cleveland Clinic Florida

Codes – definition

- Code Black – Bomb Threat
- Code Blue – Cardiopulmonary Arrest
In clinic dial 7777, then activate 911
- Code Brown – Severe Weather
- Code Green – Mass Casualty Disaster
- Code Grey – Violence / Security Alert
- Code Orange – Hazmat / Bioterrorism
- Code Pink – Infant/ Child Abduction
- Code Red – Fire/ Smoke
- Code White – Hostage
- Code Yellow – Lockdown

Chest Alert – Cardiac Emergency in ED

Stroke Alert – Neurological Emergency

Rapid Response – Patient in Medical

Distress

If you detect a fire follow these procedures:

- Remember R-A-C-E **R**emove patients in immediate danger.
- A**lert others by pulling down lever of fire alarm.
- C**ontain the fire by closing the doors.
- E**xtinguish fire/evacuate

At **Cleveland Clinic Florida**, if you encounter a medical emergency (heart attack, severe shortness of breath, unconsciousness, and any other life or death incident), stay calm and dial **7777**.

PAGERS AND TELEPHONE REPAIRS

- X6-7213 - Pager Service
- X5-5555 - Telephone Repair
- X5-5555 - Telecommunication requests (emergencies)
 - Non-emergencies – forward request authorization forms to Telecommunications



All residents will be assigned a pocket page receiver. This pager will cover a 60-mile radius. Contact ITD, 4th Floor Clinic, for repairs and batteries. Batteries are also available in the Telecommunications Office on the 1st Floor of the Hospital. Clinical trainees are fiscally responsible for pager loss or irreparable damage.

TELEPHONE ACCESS (LONG DISTANCE)

Clinical trainees are given a long distance access code that allows them to make **CCF business and patient related** calls in the continental United States. The Division of Research and Education receives monthly reports of all long distance calls made using access codes; we review these reports and any calls that are not CCF official business will be charged to and paid by the individual assigned to that access code. Treat your access number the same as a credit card or bank access card. Do not give the number to anyone else to use. **You are financially responsible for calls made using your access number.**

Total eMed.com Contact List:

Manuel Diaz
Phone: 954-689-5072
Pager: 954-992-0050

Using CCS to View, Edit, and Sign-off on Reports

1. Access the TotaleMed CCS website through Bookmarks, Favorites, or the Home button.
2. Login to the system

Username: This will be your Physician Id #

Password: This should be the first initial of your first name and up to 7 characters of your last name. This will automatically bring you to your pending list.

3. Click on the circle to the right of the report you want to work with and click on the **View** icon to the right. This will display the document in an HTML format.
4. Once you have reviewed the document, you may do one of several things:
 - **Edit-** to edit the document, click on the **Edit** icon. You may make changes to any of the text that appears in the editable boxes and these changes will be saved to the master document. Once you have completed the changes, click on the **Save** icon. The message “Report Saved” will appear to confirm that your edits were saved. **Note:** Demographics may not be changed. If a demographic change needs to be made, you must contact your Transcription Coordinator.
 - **Sign-off** – to electronically sign off on the document, click the **Sign** icon. This will move the document from your pending list and send it to the queue

to be printed in the next batch.

- **Fetch** – clicking the **Fetch** icon will take you to a clean word document that will not contain any of the internet/HTML headers. You may edit this document for immediate printing and demographic changes can be made. **NOTE:** none of the changes made in fetch mode will be saved to the master document. Again, if demographic changes need to be made to the master document, you must contact the Transcription Coordinator.
- **List** – clicking the **List** icon will take you back to the pending list.

If you want to retrieve a report that has already been signed off and is no longer on you're pending list, Click on **Report Search** in the black bar at the top of the screen. Enter any information you have in the proper fields and click on **Search**. This will display either a list of reports or the single report you are looking for. Proceed as above to view and/or print the report.

RISK MANAGEMENT DEPARTMENTS

Cleveland Clinic Florida

Georgia N. Ruf

Risk Manager for Cleveland Clinic Florida
Office: 954/659-6044
Pager: 954/992-0452

Lee Ghezzi

Risk Manager for Cleveland Clinic Hospital
Office: 954/689-5265
Pager: 954/992-0672

These Departments act as liaisons between patients/visitors and administration at Cleveland Clinic Florida and have the authority to investigate complaints independent of the departments involved. Complaints are resolved and documented. They also provide advice/assistance to the medical staff when problems or concerns arise with patients.

INSTITUTIONAL SERVICES

PAYROLL DEPARTMENT

954/659-6110 – Payroll Supervisor

Clinical trainees are paid every two weeks. Paychecks are mailed to your home address. W-2s are mailed to your home address at the end of the calendar year. If you move, please be sure to notify the GME Coordinator for your program of the change in address to ensure timely delivery of your paycheck.

Direct Deposit – Direct deposit of the employee's paycheck into the bank account of the employee's choice. Effective at least a month after enrollment.

CORAL COMMUNITY CREDIT UNION

Convenient payroll deductions to the employee's savings, checking, holiday and vacation club accounts. Loans and credit cards are also available.

ON CALL ROOMS

Cleveland Clinic Florida maintains on call rooms for clinical trainees who are required to be in-house overnight and for those clinical trainees who are called into the hospital at night. The rooms are located on the first floor of the Hospital near the Emergency Room. An additional on call room is located on the fourth floor of the hospital for the on-call ICU resident. Rooms are cleaned and bed linens are changed daily except on holidays

UNIFORMS, LAUNDRY, IDENTIFICATION BADGES

Uniforms are available to all house staff and are ordered by the appropriate department. Uniforms will be stamped inside the collar as ordered. Uniforms will be laundered if they are placed in laundry bins in the Mailroom on the first floor of the Clinic Building and in Environmental Services Department on the ground floor at the Hospital building. Coats put in the laundry bins at the Clinic will be returned to the Residents Room in the Clinic Building and to individual departments. Those placed in laundry with Environmental Services at the Hospital must be picked up from the same location.

A photo identification badge is provided to each resident and fellow; it must be worn at all times when on duty. There will be a replacement cost for lost badges.

PASTORAL CARE

Clergy from numerous local religious organizations are available to visit with patients and family. Information is available at the hospital's switchboard.

DEPARTMENT OF ENDOCRINOLOGY SERVICES PROVIDED

The Department of Endocrinology offers many services for the patients of Cleveland Clinic Florida. With the Diabetes Nurse Educator and the Nutritionist located in the department, patients have access to a variety of educational sessions.

Selena Dumornay, RN is the Diabetes Nurse Educator and Diabetes Program Director. Services offered in group or one to one basis are:

- Injection of sq insulin. Teaching session covers onset, peak and duration of the patient's insulin as well as storage and travel considerations. Injection sites are discussed and devices for insulin administration are evaluated to ensure the patient is in compliance and can function independently with their insulin regimen. Patients are required to give a return demonstration of self injection before leaving the office.
- Blood glucose monitoring. Patient is taught to correctly monitor their own blood glucose at home and to log data in their logbook. Patient is given a monitor (when available – depending on individual insurance coverage) and a return demo is given by the patient before leaving the office.
- Insulin pump therapy. Patients are started on insulin pumps and are assisted with therapy issues when needed.
- Continuous Glucose Monitoring. Patients are assisted in correctly using the continuous glucose sensor devices and are assisted with pattern management issues.
- Insulin pump support groups – Evening groups are free of charge to the patient.
- Diabetes Group Classes, two four hour days of instruction in diabetes self-management and one 2 hour class for a follow up session. Saturday classes are also available. These

classes are usually covered by insurance. The diabetes program is ADA Recognized. Participants are required to verify insurance coverage before attending class.

- Diabetes support groups are offered these groups are free of charge to the patient.
- Diabetes Self-Management. Persons unable to attend group sessions are seen one to one with the Diabetes Nurse Educator. Patients who are unable to attend group sessions are usually hard of hearing, have vision problems, dexterity difficulties, or have other physical limitations
- 2 hour Follow-Up diabetes intervention for patients who have attended diabetes instruction in the prior year. Physician must specify specific area of focus that needs to be covered with diabetes team.
- Management of Diabetes during pregnancy. This is a one to one intervention with the Diabetes Nurse Educator for gestational and pregnancy in Type 1 individuals that works with the patients high risk OB physician for blood glucose management.

Clinic Nutritionist. Nutritional services offered by group sessions or on a one to one basis are:

- Group programs:
 - Diabetes Classes
- Individual sessions cover:
 - Over weight management
 - Under weight management
 - Nutritional deficits
 - Dietary cholesterol management
 - Diabetic meal planning

CLEVELAND CLINIC PHARMACY

HOSPITAL PHARMACY SERVICES CLEVELAND CLINIC FLORIDA 2nd Floor, Southwest Corner

| | Phone | Pager |
|--------------------------------------------------|--------------|--------------|
| Pharmacy Director | 689-5283 | 928-9904 |
| Clinical Coordinator/ Residency Program Director | 689-5646 | |
| Central Pharmacy | 689-5280 | |

Hours: 24 hours/day

The Hospital Pharmacy Department provides comprehensive pharmaceutical services 24 hours a day.

Pharmacy services include:

- **Dispensing** of oral, topical, and injectable medications and IV admixtures.
- **Compounding** and **manufacturing** of sterile and non-sterile dosage forms not commercially available including formulation of new dosage forms of existing drugs.
- **Maintaining** and **dispensing investigational drugs** in accordance with clinical research protocols.

- **Providing drug information** to physicians and allied health professionals. Our staff of registered pharmacists and pharmacy students is available to research any question you have regarding cost, availability, pharmacology, toxicology, drug interactions and related information. The pharmacy has computer databases, current medical literature files and on-line services on all aspects of drug therapy.

The **Pharmacy and Therapeutics Committee** of the medical staff is responsible for approving requests to add new drugs to the Cleveland Clinic Hospital Formulary of Accepted drugs. Since non-formulary drugs are not stocked in the Hospital Pharmacy and it may take 2-3 days to obtain from outside sources, it is recommended that formulary drugs be prescribed whenever possible. Copies of the Cleveland Clinic Hospital Formulary of Accepted Drugs are located in each Nursing Unit. The section A Medication Related Policies @ contains vital information regarding hospital drug policies.

Inpatient medication orders must be written and signed on the Physician's Order Form. Use a ballpoint pen to ensure that the carbon copies are legible. Orders for total parenteral nutrition must be written on The Total Parenteral Nutrition (TPN) Form to be received by the pharmacy no later than 1300 daily. TPN forms completed after 1300, will be processed the next day.

Also, all known allergies to drugs and other substances must be written on the Physician's Order Form. Pharmacists will not dispense medications in the absence of allergy information.

The Hospital Pharmacy does **not** fill home-going (outpatient) prescriptions.

Medical and Surgical Residents with a temporary Florida medical license must obtain a temporary D.E.A. number from the Hospital Pharmacy that may only be used when writing prescriptions in the normal scope of duties at Cleveland Clinic Hospital.

OUTPATIENT PHARMACY SERVICES

1ST Floor, Clinic Lobby

Pharmacy: 954-659-MEDS (6337)

Hours: Mon-Fri, 9am-5:30pm

The Outpatient Pharmacy fills all home-going (outpatient) prescriptions for patients and employees (families included) of Cleveland Clinic Florida

CLINICAL PROCESS IMPROVEMENT DEPARTMENT

This department is an integrated function of Process Improvement, Risk Management, Case Management and Social Services.

Case Managers are registered nurses. Their combined functions of utilization management and discharge planning enable them to follow patients from admission through discharge to monitor the appropriateness of services, and to implement safe and timely discharge plans for the patients.

Social workers are uniquely qualified and responsible to recognize spiritual, emotional and attitudinal health issues of patients, families and hospital personnel. Such issues are addressed through provision of community referral information, crisis intervention and individual, family and/or group counseling. Spiritual problems are referred to the spiritual guidance person of patient/family's choice.

The office is open from 8:00 a.m. to 4:30 p.m., Monday through Friday. A case manager is on site on Saturdays; Sundays and Holidays an on-call case manager is available by beeper. The Director of Clinical Process Improvement is available by beeper after hours.

DIVISION OF RESEARCH AND EDUCATION SUPPORT SERVICES

ALUMNI AFFAIRS - CLEVELAND, OHIO

Phone: 216/444-2487 Fax: 216/445-7442
Sandra Stranscak

Dedicated to supporting our constituency of former residents and fellows worldwide, the Alumni Affairs office also provides services to physicians and scientists currently in training.

Such activities include special events, such as the Annual "Welcome to Cleveland" GOODTIME Cruise, house staff TGIF parties, Annual GO-1 Award, THE HOUSE STAFF *CONNECTION* newsletter and career development programs.

BIOETHICS

The ethical aspect of patient care is addressed by the Ethics Committee of Cleveland Clinic Florida. The Ethics Committee provides consultations with physicians, nurses and other health providers, patients and families concerning therapeutic and diagnostic ethical dilemmas. The multidisciplinary Ethics Committee meets quarterly to discuss general issues related to ethical decision-making, policies and education.

Conflict resolution may be attempted to utilizing the resources of Cleveland Clinic Florida. Consultation regarding treatment refusal and conflicts in therapy is available with the Ethics Committee of Cleveland Clinic Florida by contacting the Director of Nursing.

CONTINUING MEDICAL EDUCATION

CME Office
2950 Cleveland Clinic Blvd
Weston, FL 33331
Phone: 954/659-5490
Fax: 954/659-5491
E-mail: cme@ccf.org
Website: www.clevelandclinicflorida.org/research/cme

The Department organizes continuing education programs for physicians throughout the year. Regularly scheduled conferences are in-house programs offered primarily to hospital and clinic physicians, nurses, and allied health professionals. Multi-day specialty symposia (covering topics including colorectal diseases, endorectal ultrasound, female pelvic disorders, hysterectomy, plastic surgery, surgery of the foregut, and bariatric weight loss surgery) are offered off-campus in area hotels. Residents and fellows may attend Cleveland Clinic Florida-sponsored continuing education courses upon approval by their department. Departmental funds will be used to offset the cost of attendance at the CCF sponsored symposia. (Most departments are willing to cover this cost.) A course registration form and meeting attendance form must be

completed and faxed to the CME Office at 954-659-5491.

MEDICAL GRAND ROUNDS

WHEN: 12:00 noon-1:00 p.m. first 4 Wednesdays of the month

WHERE: Conference Rooms 1 & 2 – Jagelman Conference Center

Each program is accredited for 1 hour of Category 1 CME credit. Attendees must sign and complete an on-evaluation form to receive credit. (Lunch will be available when sponsored)

SURGICAL GRAND ROUNDS

WHEN: 12:00-1:00 P.M. 4TH Thursday of each month

WHERE: Conference Rooms 1 & 2 – Jagelman Conference Center

Each program is accredited for 1 hour of Category 1 CME credit. Attendees must sign and complete an on-line evaluation form to receive credit. (lunch will be available when sponsored)

CANCER CONFERENCE

When: 12:00-1:00 P.M. Every Friday

Where: Jagelman Conference Room 4

Each program is accredited for 1 hour of Category 1 CME credit. Attendees must sign and complete a paper evaluation form to receive credit. (lunch will be available when sponsored)

ANESTHESIA GRAND ROUNDS (as announced)

When: 7:00 am – 8:00 am

Where: LOCATION AS ANNOUNCED

Program Director: Juan Botero, MD

Each session is accredited for 1.0 Category 1 CME credit.

BREAST CANCER CONFERENCE

When: 12:00-1PM EVERY WEDNESDAY

Where: 4TH FLOOR EXECUTIVE BOARD ROOM

Program Director: Cassann Blake, MD

Each session is accredited for 1.0 Category 1 CME credits. .

HEMATOLOGY PATHOLOGY CONFERENCE

WHEN: 8:00AM - 9:00AM every Wednesday

WHERE: Jagelman 4

Program Director: Chieh-Lin Fu, MD

Each session is accredited for 1.0 Category 1 CME credits.

ORTHO RADIOLOGY GRAND ROUNDS

Dates: Last Thursday of every month

Time: 12-1pm

Location: Ortho/Spine Conference Room

Program Director: Gregory Gilot, MD

Each session is accredited for 1.0 Category 1 CME credits.

ORTHO INDICATIONS CONFERENCE

Dates: Once a month on Tuesday

Time: 7:30-8am

Location: Ortho/Spine Conference Room
Program Director: Gregory Gilot, MD
Each session is accredited for .5 Category 1 CME credits.

ORTHO JOURNAL CLUB CONFERENCE

Dates: Once a month on Wednesday
Time: 5pm
Location: Ortho/Spine Conference Room
Program Director: Gregory Gilot, MD
Each session is accredited for 1.0 Category 1 CME credits.

ORTHO M&M CONFERENCE

Dates: Once a month on 3rd Friday
Time: 7:30am-8:00am
Location: Ortho/Spine Conference Room
Program Director: Gregory Gilot, MD
Each session is accredited for .5 Category 1 CME credits.

ORTHO GRAND ROUNDS

Dates: Once a month on 2nd Friday
Time: 7:30am-8am
Location: Ortho/Spine Conference Room
Program Director: Gregory Gilot, MD
Each session is accredited for .5 Category 1 CME credits.

THE A. LORRAINE AND SIGMUND GOLBLATT MEDICAL LIBRARY

General Information

Location: 1st Floor Clinic Building
2950 Cleveland Clinic Boulevard
Weston, Florida 33331

Library hours: Monday-Friday 8:30 a.m. – 5:00 p.m.
After hours: Proximity card access

Phone number: 954-659-5531
Fax number: 954-659-5532

Medical Librarian
E-mail: tylmanv@ccf.org

Collections The Library's collection of about 600 texts in medicine and nursing is arranged by the National Library of Medicine classification system. The Library subscribes to about 170 journal titles in print or in an electronic format.

Services The Library serves the staff and employees of the Cleveland Clinic Florida and its satellites, residents, students, CCF patients, and the general public.

References The Library provides information to all CCF employees and the general public based on the available resources.

Photocopies a photocopier is available, with no fee, for the copying of library materials. Please

check with the medical librarian if you have questions regarding copyright infringements since you may be held liable.

Interlibrary Loan Materials not in our collection are requested from other institutions through interlibrary loan. Sufficient time should be allowed when requesting non-owned material. Interlibrary loan costs are covered by the Library budget. We request materials from the CCF Alumni Library, and other academic and hospital libraries, as well as from the National Library of Medicine.

Circulation The Library Committee has designated the Library as a Reference/Resource Center. Books and journals do not circulate and are to be used in the Library.

Computer Searches The Library staff performs searches on Medline and other medical and non-medical databases. You may also search Medline, CINAHL, and Cochrane Evidence-Based files directly from the Library or your department. Training in searching is available for all who wish to do their own computer searches.

Other Resources Four computer workstations are available in the Library to access Medline and other library resources through Internet.

Food and drink are not allowed in the Library.

PATIENT EDUCATION

As partners in health, assisting to understand and manager health problems to facilitate patient recovery, is an important part of our mission. We provide many educational materials and video programs through the closed circuit T.V., to supplement the one-on-one teaching that is provided through our multidisciplinary team.

Patient Education is provided by the staff with the support of the Education Department at Cleveland Clinic Hospital. A multidisciplinary Patient Education Committee meets once a month to discuss various patient education issues such as document, review of video, patient education programs.

The Multidisciplinary Patient Education Committee and the Education Department are driving forces to ensure that quality patient education is provided.

AUDIOVISUAL EQUIPMENT

The audiovisual equipment is maintained by the Jagelman Conference Center. You must call in advance at 659-5107 to be sure equipment is available. Complete the Audio Visual Equipment Loaner Form (via intranet or by fax) and submit it to the Jagelman Conference Center Control Office (Fax 659-5491; 1st Floor Clinic).

Cleveland Clinic Policy and Procedures

INVENTION AND DISCOVERY POLICIES

CCF INNOVATIONS 216/444-5757

POLICY ONE: As a condition of their affiliation with The Cleveland Clinic, all professional staff, employees and trainees agree to:



- 1) assign all rights, title and interest in improvements, discoveries, ideas and innovations arising out of their professional activities while affiliated with the Clinic;
- 2) communicate with Office of Technology Transfer (OTT) on matters relating to technology development, innovation and commercialization and cooperate with OTT in all commercialization efforts.

POLICY TWO: As an incentive for their inventive contributions, identified inventors who are professional staff, employees and trainees of the Foundation are collectively granted a 50% share of net revenues received from the commercialization of those technologies to which they contributed. Net revenues are defined as the balance of total revenues less Clinic out-of-pocket expenses for legal services, marketing activities and prototype development.

The inventorship share is distributed to inventors for the full commercial term of the technology, in accordance with the terms of an Inventor Royalty Sharing Agreement, without regard to the inventors' future employment status with the Clinic. If for any reason inventorship cannot be ascertained, right to the inventorship share will revert to the Foundation.

A copy of the entire policy for invention and discovery may be obtained from the Graduate Medical Education Department.

CLINICAL RESEARCH

All Clinical trainees must be certified by CITI within 3 months of stay through residency. All proposals and IRB forms to engage in clinical research must be submitted to the Academic Supervisor (for departments of Bariatrics and Colorectal) or Research Regulatory Manager (for all other departments) to be logged before IRB submission. Research is a systematic investigation designed to contribute to generalize knowledge. Research is most commonly associated with randomized trials, drug studies, and device studies. However, an innovative surgical procedure, retrospective chart reviews, epidemiological studies, registries and other records-based data analyses involve reviewable research if designed to contribute to generalize knowledge. Questions should be addressed to the Office of the Institutional Review Board. From time to time residents are invited to become the subjects of research. Residents should understand that participation, as a research subject is voluntary. If you have any concerns regarding a request for you to participate as a research subject, please contact the Chair of Graduate Medical Education or the Director of Division of Research.

INVESTIGATION OF CRIMINAL CONDUCT

Any incident of employee misconduct, including theft, embezzlement, fraud or other wrongdoing, which could result in criminal prosecution, should be reported immediately to the Office of the General Counsel.

For detailed information, refer to Policy 514 in the CCF Supervisory Policy and Procedure

GUIDELINES FOR INVESTIGATING SCIENTIFIC MISCONDUCT

It is the desire of The Cleveland Clinic to uphold the highest principles of scientific integrity and to protect against scientific fraud or misconduct. There are specific policies and guidelines that define the procedures to conduct preliminary inquiry and/or definitive investigation in cases of alleged scientific or academic misconduct (“Misconduct”).

Misconduct is defined as fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting or reporting research. Misconduct does not include honest error or honest differences in interpretation or judgments of data.

Inherent in these procedures is the Clinic’s recognition that all individuals will be afforded the protection of due process and the avoidance of conflict of interest. It is recognized that allegations concerning Misconduct vary from trivial to the serious and that evidence may also vary from weak to compelling. For these reasons, the exercise of discretion and good judgment by individuals concerned with this process is of paramount importance and these considerations should have a bearing on the degree to which steps herein delineated might be applied. These Guidelines comply with the federal regulations issued by the Public Health Service of the U.S. Department of Health and Human Services regarding misconduct in science.

All residents, fellows and research fellows are required by the Board of Governors to take a course on the Responsible Conduct of Research and Scientific Integrity (RCR) to meet PHS and NIH education requirements. Beginning in the Fall 2001, web-based instruction will be available to meet this requirement (currently done in two, one and one-half hour modules offered in the Spring and Fall of each year).

A copy of the entire policy for investigating scientific misconduct may be obtained from the department of OPSA Dean Richardson.

HAZARDOUS CHEMICAL IDENTIFICATION & COMMUNICATION

Cleveland Clinic is committed to providing the safest, most healthful environment possible for its employees, patients and visitors. In support of this objective, the Clinic has established the following policy to comply with the Hazard Communication Standard (29CFR 1910.1200) of the Occupational Safety and Health Act and the Hazardous Chemical Right-to-Know Law.

For detailed information, refer to Policy No. 604 in the CCF Supervisor Policy and Procedure Manual.

CONFIDENTIAL INFORMATION

All employees of Cleveland Clinic may have, during the course of their employment, access to confidential information concerning budgets, strategic business plans, patients or other employees. This information may be in the form of verbal, written, and/or computerized data. The safeguarding of this confidential information is a critical responsibility of each employee.

Unauthorized acquisition, release, and/or discussion of any information relating to Foundation business, patient medical information, current and past employees, job applicants and computerized data is a most serious matter and will be

grounds for disciplinary action up to and including discharge. (Refer to Policy #121- Corrective Action of the Supervisory Policy & Procedure manual.)

PROTECTED HEALTH INFORMATION

Under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), Protected Health Information (PHI) is any information that is created, received, and maintained by Cleveland Clinic related to an individual's health care (or payment related to health care) that directly or indirectly identifies the individual.

Use of PHI refers to the sharing, applying or analyzing of PHI within Cleveland Clinic. "Disclosure" refers to the release of PHI outside Cleveland Clinic.

The use and disclosure of PHI by Cleveland Clinic employees shall occur only in accordance with HIPAA Privacy Policies. PHI may be accessed only by those individuals who, within the scope of the job responsibilities, have a legitimate need for such information for purposes of patient care, research, education, or administrative uses. Any other use or disclosure of PHI may be considered a major infraction of Clinic policy, and may also be subject to criminal penalties.

The taking of photographs or any other electronic or recorded images, videotaping, audio taping, electronic or data recording by any mechanisms including but not limited to comers, video cameras, movie cameras, cell phones or cell phone cameras, personal digital assistants or any recording device without the express written consent of the individual is strictly prohibited.

A copy of the entire policy (#510) for confidential information may be obtained from the Graduate Medical Education Department.

RELEASE OF INFORMATION

The patient's condition, diagnosis, and prognosis are to be discussed only with the patient, the patient's family, and others who are involved with the patient's care in accordance with the wishes of the staff doctor in charge, unless the patient objects. Requests for copies of patient information must be directed to Health (Data) Information Services.

TO REPORTERS: All inquiries from newspaper and television reporters regarding accidents, rumors, professional standing of doctors and nurses or anything that involves the Foundation shall be referred to the Director of Media Relations.

TO LAWYERS: All inquiries from lawyers, adjustors, and others regarding accidents and care and treatment of patients should be referred to **the Office of General Counsel and the staff physician** in charge. ***NO INFORMATION MAY BE RELEASED WITHOUT WRITTEN AUTHORIZATION FROM THE PATIENT.***

TO POLICE: All inquiries should be referred to the **Director of Protective Services.**

TO THE PUBLIC: Information that can be given over the telephone regarding the condition of patients is recorded at the hospital information desk. Inquiries

involving the condition of patients, which cannot be answered on the basis of such daily reports, are referred to the staff physician or surgeon. If he or she cannot be located, the inquiry should be referred to the senior resident.

PRINCIPLES OF CONSULTATION

I. REQUESTING A CONSULTATION

- A. Any staff physician has the privilege of requesting an indicated consultation. The appropriate form should be used when requesting a consult.
- B. Each staff physician has the privilege of designating a specific consultant, but where practicable, he or she should refer patients to departments instead of individuals and thus facilitate scheduling of patients.
- C. Consultations should be requested only when indicated.
- D. The staff physician has the responsibility of completing any appropriate managed care referral forms prior to sending the patient for a consultation. If the requesting physician is not the patient's primary care physician, and the patient is covered under a managed care contract, it is the responsibility of the physician to ensure that the primary care physician both knows of and authorizes the additional consultation or service.
- E. When it is desired that a consultant be authorized to order tests or treatment, the primary physician must give the authority in his or her written request for a consultation.
- F. The type of consultation desired should be designated, e.g., diagnosis, treatment, transfer, scientific interest, etc.
- G. The nature of the problem should be clearly stated for the benefit of the consultant.
- H. The physician in charge should be first to report to the family doctor or other outside referring physicians
- I. The physician in charge may request any of the consultants to send a supplemental report.
- J. The patient should be informed of the nature and need for special consultation.

II. RESPONSIBILITIES OF A CONSULTANT

- A. The consultant must address the questions that have been raised in a thorough and timely manner.
- B. The consultant should not refer a patient for additional consultations without prior agreement with the physician in charge.
- C. The consultant should not under ordinary circumstances treat a referred patient without the knowledge and consent of the referring physician.
- D. The consultant must report back the results of the consultation to the referring physician, whether a Cleveland Clinic staff member or an outside referring physician.
- E. Prior to ordering any tests or procedures beyond those authorized in the original consultation, the consultant should check to see whether the patient requires any prior authorization for additional services via managed care or other certification procedures.
- F. If the consultant subsequently becomes the primary physician by reason of admitting the patient for specific therapy, the original physician should be notified, preferably by admitting on a joint service.
- G. The initial medical examiner should be called as consultant for any subsequent medical problem which arises while the patient is in the hospital.

Simple Preoperative Medical Clearance (Surgeons: Request Consultation Appointment)

Consultant may or may not be designated by surgeon – consists of evaluation of general operative risk in terms of heart, lungs, and kidney function – clearance given on provisional basis providing laboratory and x-ray studies are normal. The latter studies should be ordered by the surgeon. The internist or pediatrician may order others if indicated.

Designed for:

- Patients having minor procedures
- Seemingly healthy young adults
- Patients with known specific medical problems who are to have minor surgical procedures, but are returning to the care of their own physician at the conclusion of surgical treatment
- In and out procedures, when indicated

MEDICAL RECORD DOCUMENTATION AND HANDLING GUIDELINES FOR CLINIC RECORD

PURPOSE: To establish standards for the overall documentation of patient care at Cleveland Clinic Florida which will insure consistent, quality care to every patient seen at the Clinic

MAINTENANCE: The Health Information Management Department is the central repository for all medical information. All medical records are maintained in the Health Information Management Department until requested for reasons of patient care, research, or administrative purposes.

ORGANIZATION OF THE MEDICAL RECORD: Medical Record personnel are responsible for the organization and incorporation of all paper ancillary test reports in the medical record. The content of the paper record will be organized as follows:

Clinic notes

Laboratory test results: includes routine lab tests, pathology reports done at the Clinic.

Radiology reports done at the Clinic.

Other diagnostic test results: pulmonary, cardiology, neurophysiology, audiology, etc.

Operative/procedures reports: includes all documentation of any procedure performed in the Endoscopy or Operating Room suite at the Clinic.

Clinic Hospital information: includes any record of information from another facility, which is authored by a Clinic physician.

Outside Records: includes information received from outside referring or primary care physician.

Demo/consents: includes all registration information (face sheet), financial consent, advance notice of non-coverage, other consent forms.

All reports are filed in chronological order by date of service with the most recent as the last report. Electronic Medical Records are compiled in EPIC documentation system and can be retrieved appropriately via password protected pathway by practitioner(s). Refer to EPIC documentation guidelines.

DOCUMENTATION OF PATIENT CARE:

Physicians and Professional staff are responsible for complete documentation in the medical record which accurately describes each patient contact, either physical encounter or by telephone.

Documentation should include any information which will impact the quality of the patient

care, whether it is directly with the patient or other healthcare providers involved in the patient's care.

Each patient visit must be documented at the time of the visit and must include at least the following information:

| | |
|-------------------------------|-----------------------|
| Patient name | Chief complaint |
| Medical record number | Objective findings |
| Date of service | Diagnosis/Assessment |
| Clinical department | Treatment plan |
| Provider name and credentials | Signature of provider |

Notes are dictated for the visit via direct input into EPIC of at least the medical impression and treatment plan is required at the time of the visit. A note must be made that a complete dictated note follows. A brief description of any procedure must be documented by the physician immediately following the conclusion of the procedure. A more thorough dictated summary must be completed following the procedure.

Some type of documentation must follow every date in the chart. If paper written note is continued on another page, the additional page must include the date and the physician's name and notation that it is continued from previous page.

Informed consent must be documented for each procedure. A record notation stating that the procedure, alternatives, and risk have been explained to the patient and that the patient understands and agrees to the procedure must be made.

TELEPHONE CONTACTS: Documentation for each telephone contact must include at least the following:

- Name of patient
- Patient's medical record number
- Date of call.
- Printed name of physician called.
- Nature of contact (e.g. phone call from patient, relative, physician)
- Response to call.
- Name of person taking call (printed).
- Signature of person completing call.
- Date call completed.

All orders for diagnostic tests must be in writing and signed by the physician. Verbal orders must be documented in the medical record and signed by the ordering physician.

AMBULATORY SURGERY CENTER:

As stated in the Condition of Participation Section 416.47, all medical records from ASC must include, at a minimum, the following:

- Patient identification
- Significant medical history and results of physical examination
- Pre-operative diagnostic studies (entered before surgery)
- Findings and techniques of the operation, including a pathologist's reporting all tissues removed during surgery, except those exempted by the governing body
- Any allergies and abnormal drug reactions
- Entries related to anesthesia administration

- Documentation of properly executed informed patient consent
- Discharge diagnosis and follow-up plans.

In order to insure that the above criteria are met for all procedures performed at the Cleveland Clinic Florida licensed Ambulatory Surgery Center and to maintain consistency with JCAHO accreditation standards, the following documentation rules and regulations are adopted:

1. Patient identification in medical record shall consist of patient name, date of birth, current address and telephone number, legal representative (if applicable).
2. Significant medical history and physical examination performed immediately prior to procedure or within 30 days prior to procedure and updated as to any changes in physical status.
3. Pre-operative diagnostic studies to include at least UA, H&H, Chest x-ray and/or EKG.
4. Operative report to include pre- and post-operative diagnosis, surgeons and assistants, summary of findings, description of technique, specimens collected (if applicable, condition at end of procedure.
5. Allergies/abnormal drug reactions must be recorded on appropriate allergy form.
6. Anesthesia record.
7. Consent form completed for each procedure which must include name of procedure, date of procedure, type of anesthesia, explanation of risks, alternatives, benefits of procedure, patient signature, surgeon signature and date signed.
8. Discharge note must include diagnosis and condition at discharge, medication review, follow-up treatment plans.

If operative note is dictated, a brief written note must be documented in the clinic notes section describing the findings, technique, surgeons/assistants, specimens, condition at termination of procedure.

CORRECTIONS TO DOCUMENTATION: Correction of errors in the paper medical record documentation must be made so that the original entry is legible. Reports/notes cannot be removed from the paper medical record once they have been bound in the record. Addendums or attachments must be made. Corrections to words or lines in the paper record must be made by crossing one line through the incorrect entry, writing the correct entry, initial and date new entry.

EXAMPLE: swelling in ~~left~~ leg

HANDLING: The medical record is clinic property. No original record may leave clinic property except by subpoena or Court order.

Records will not be transported from one department to another by the patient (including clinic employees transporting their own record).

Records, which are subpoenaed for trial or must be removed by court order, must be reviewed by the Health Information Management Department Manager or designee. No record may leave the property without the consent or knowledge of the HIMD Manager.

OUTPATIENT ELECTRONIC MEDICAL RECORD (EpicCare) is the electronic medical record, replacing the paper medical record.

INFECTION CONTROL

Tuberculosis Control Program

Transmission of *M. tuberculosis* is a recognized risk in healthcare facilities. The magnitude of the risk varies considerably by the type of healthcare facility, the prevalence of TB in the community, the patient population served, the healthcare workers' occupation or group, the area of the healthcare facility in which the healthcare worker works, and the effectiveness of TB infection control interventions. The fundamentals of the CCF TB infection control program include early identification, isolation, and effective treatment of persons who have active TB. The first level of a hierarchy of control measures, which affects the largest number of persons, is administrative measures, intended primarily to reduce the risk of exposing uninfected persons to persons who have infectious TB.

- Developing and implementing effective written policies and protocols to ensure the rapid identification, isolation, diagnostic evaluation, and treatment of persons likely to have TB;
- Implementing effective work practices among healthcare workers in the healthcare facility (e.g., correctly wearing respirator protection and keeping doors and windows of airborne isolation rooms closed);
- Educating, training, and counseling healthcare workers about TB;
- Screening healthcare workers for TB infection and disease.

Policy

It is a condition of employment that all employees participate in the PPD skin testing program pre-employment and annually thereafter, during birth month. See pre-employment and annual Health screening policy on the Intranet (emp. Health).

Guideline for Isolation Precaution

The Cleveland Clinic Florida utilizes Standard Precautions/ Transmission Precautions System, which incorporates infection prevention practices for all patients. These include the use of barriers (gloves, masks, protective eye wear, and aprons) for contact with any body substance, mucous membrane, or non-intact skin, regardless of the patient's diagnosis. These are REQUIRED precautions and use is not optional. All physicians MUST comply with all of the precautions at all times.

All barrier equipment is available in each patient care unit. Use of Standard and Transmission Precautions ensures a uniform standard of care for all patients and provides a safe working environment for caregivers.

GLOVES

Gloves MUST be worn when touching or anticipating contact with mucous membranes or non-intact skin and when handling blood or any body substances.

Gloves MUST also be worn when handling patients or equipment which are visibly soiled with blood or other body substances. Gloves MUST be worn for handling any patient specimen when the outside portion is visibly soiled. Gloves MUST be worn when performing venipuncture and changed between each patient. Gloves are not necessary when touching intact skin or equipment not soiled with body substances. Hands must be washed when gloves are removed between each patient.

EYE PROTECTION

Eye protection MUST be worn during any patient care activity where splashing of blood or body substances is likely to occur. If corrective eyeglasses are worn, SIDE SHIELDS MUST BE WORN or goggles worn over eyeglasses.

MASKS

Masks **MUST** be worn during any patient care activity where splashing of blood or body substances is likely to occur. Masks **MUST** be worn when in contact with a patient with a known or presumed airborne infection who is in respiratory precautions. Particulate respirators must be worn for patients in airborne precautions.

APRONS/GOWNS

Aprons or gowns **MUST** be worn when patient is in contact precautions or when clothing is likely to become soiled with blood or other body substances.

RESUSCITATION EQUIPMENT

One-use emergency resuscitation equipment will be available in all patient care areas. Mouth-to-mouth resuscitation should not be performed in the hospital.

RED PLASTIC BAGS

The use of red plastic bags is only necessary for items that are grossly soiled with blood or infectious material. The bags are disposed of in a designated container in each patient care area.

RED-LINED BOXES

Liquid biomedical waste, such as suction liners, paracentesis or thoracentesis fluids must be disposed of in red-lined boxes provided in each patient care area.

NEEDLE/SHARP DISPOSAL

Needle disposal boxes are available in all areas where needles or sharp instruments are used. Needles are not to be recapped, bent, broken, removed from the syringe or otherwise manipulated. Place uncapped needles with attached syringes in the needle disposal container.

HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS (Policy Statement)

Human immunodeficiency virus (HIV) infection is an epidemic of major proportion with serious medical, social, and economic consequences. Physicians must be familiar with the clinical manifestations of symptomatic HIV infection (AIDS and AIDS-related conditions) as well as the indications for the limitations of the various laboratory diagnostic tests which are currently available. It is the responsibility of any physician who wishes to perform these tests on his or her patients to inform them about the appropriate interpretation of the tests, the ethical and potential legal implications associated with performing these tests, the need for appropriate counseling prior to and after the test results are conveyed to the patient, and the need for medical follow-up if the test results are positive.

If an employee sustains a significant exposure (needle stick, sharp injury, or a mucous membrane splash of patient blood or other body fluids), that employee must file an occupational injury report with his/her supervisor and contact the Employee Health Nurse immediately – within 1-2 hours (Pager: 954-992-0718). All follow up directions will be per Blood Borne Pathogen Significant Exposure Policy located on the Intranet under Weston Policies.

HEALTHCARE WORKERS WITH HIV INFECTION

To ensure the safety and welfare of both patients and employees, and to prevent the transmission of HIV and opportunistic infections in the workplace, specific guidelines shall be developed and

followed.

HIV status may not be requested or used as a pre-requisite or obstacle to employment. If the employee chooses to disclose his/her HIV status at the time of employment, a note from his/her personal physician regarding his ability to work will be provided. This information will be kept confidential. Any employee who becomes ill with HIV infection/AIDS will be referred to their private physician or an Infectious Disease physician, as appropriate, who will determine the employee's ability to work and any limitations to job performance or placement. At the employee's/physician's request, every effort will be made to reassign the employee, if necessary. Employees will be provided with AIDS education through in-services, updates and classes, according to licensing requirements.

An employee who tests HIV positive at Cleveland Clinic Florida should be referred to an Infectious Disease physician.

OSHA BLOOD-BORNE PATHOGEN STANDARD

Federal law mandates that all residents and fellows attend in-service training sessions annually regarding the Blood-borne Pathogen Standards. New residents will attend the in-service during the orientation sessions.

REGULATIONS FOR REPORTING COMMUNICABLE DISEASES

PHYSICIAN/HOSPITAL REPORT OF REPORTABLE COMMUNICABLE DISEASE
(At CCF, the Laboratory reports communicable diseases.)

Link for information from the Department of health

<http://fac.dos.state.fl.us/faconline/chapter6.pdf>

General information on Hand Hygiene:

www.cde.gov/handhygiene/training/interactiveeducation/courselaunch.

HOSPITAL POLICIES

HOSPITAL ADMISSIONS

Admission of patients to Cleveland Clinic Hospital requires approval of a staff physician who can be a Cleveland Clinic Florida or community physician. At night or on weekends, medical or

surgical admissions may be initiated by the Emergency Room physician by notifying the physician on call:

1. A CCF or community staff physician agrees to accept the patient.
2. The Case Management department is notified. Patient registration is performed by the ER Registration staff.
3. In the case of a hospital transfer, the Nursing Supervisor is informed and coordinates patient transfer with Emergency Room Department and admitting physician; the Emergency Room physician is notified of the estimated time of arrival.

If the patient to be admitted has a condition that requires an ICU or CCU bed, availability of such accommodation must be ascertained before transfer is begun.

See the section on Preoperative Medical Clearances for additional information look at for EMTALA language.

EMERGENCY DEPARTMENT

The Emergency Department is a Level II ER. It is located at the North end of the building. The Department is a full-service facility open 24 hours a day. All types of medical, surgical and psychiatric emergencies are seen. The Department has 15 treatment rooms including 17 beds, 12 of which are monitored. Within the Emergency Department is a separate X-ray Room and the ER physician on-call room.

All patients are triaged and evaluated by staff of the Department of Emergency Medicine. If a consultation or admission is required, the resident on call for the appropriate service will be notified. Final disposition of the patient is at the discretion of the Emergency Department staff physician.

Upon entrance to the Emergency Department, all patients are entered into a central log to document all patients requesting emergency services. There is an Emergency Department charge, a professional charge, and any additional fees for equipment, lab or X-ray. New patients are referred to the appropriate service on call or back to their private physician for follow-up.

THE MEDICAL EVALUATION OF SURGICAL PATIENTS

Each surgical service sees patients and schedules surgical procedures without necessarily requiring a preliminary medical evaluation by an internist. Each surgeon must decide to what extent internist participation is needed to best serve the interest of each patient under his/her care.

The Clinic has the reputation for providing rapid diagnostic services. It is important that all staff members make certain that necessary preoperative medical studies are performed as efficiently as possible and that every day of hospitalization is utilized to the utmost advantage.

Medical clearance should be completed in the Pre-Op Clinic located within the outpatient surgical area. Laboratory work and X-rays should be done prior to the day of admission to the hospital. Since the Clinic is closed on weekends and laboratory and X-ray services are curtailed, surgeons who schedule operative procedures on Monday mornings should consider limiting Saturday and Sunday admissions to those patients who require minimal clearances or those who have had medical evaluations completed in the Clinic prior to hospital admission.

MEDICAL CLEARANCES

Complete medical diagnostic workups: includes formal history, physical examination, and indicated laboratory and X-ray studies; consultant may or may not be designated by the surgeon.

Consults are designed for the following problems: Diagnostic problems, patients with known constitutional diseases like diabetes, heart disease, hypertension; patients who have had no recent medical examination for whom major surgery is planned patients over the age of 45-50, depending on physiologic condition.

Methods for obtaining complete medical diagnostic workup (Surgeons: Request physical examinations):

- In Pre-Op Clinic – prior to hospital admission. Internist may elect to defer laboratory or X-ray examinations until Hospital admission. He or she can order all or part on the day of admission.
- In Pre-Op Clinic – on day of hospital admission if on a weekday. Physician’s office or patient should schedule this appointment when hospital appointment is made and list the internist or pediatrician of choice as primary physician on the hospital admission form. This is especially useful when an outside referring physician requests a hospital appointment for a new patient.
- After Hospital Admission – List internist as primary physician. Let him/her know of arrangements and await clearance before surgery. (Allow one to three days depending on the scope of the workup required.)

FLORIDA ADVANCE DIRECTIVE STATUTE

Advance Medical Directives preserve the right of individuals to accept or forsake medical care, even when a person is no longer able to make decisions for himself/herself. The individual’s right to control his or her own medical care is not a long established principle of law; it began with the Quinlan decision in 1976. In 1993 the Florida Legislature approved chapter 765 of Florida Statutes entitled “Healthcare Advance Directives.” The legislative intent was that every competent adult has the fundamental right of self-determination regarding decisions pertaining to his/her own health, including the right to choose or refuse medical treatment. This right is subject to certain interests of society, such as protection of human life and preservation of ethical standards in the medical profession. An Advance Directive is a witnessed written or oral statement in which instructions are given by a person as to his/her desires concerning any aspect of the person’s healthcare. The Advance Directive includes, but is not limited to, the designation of a Healthcare Surrogate, Durable Power of Attorney, a living will or an anatomical gift made.

ADVANCE DIRECTIVE

See Attached Policy and Procedure

A STATEMENT OF POLICY ON BRAIN DEATH

See Attached Policy and Procedure

Brain death results from brain damage that is so severe and extensive that the brain has no potential for recovery. The concept of death can be determined on the basis of irreversible cessation of all functions of the brain and is recognized through statutes or judicial decisions in over half of the states, including Florida. Florida adopted the Uniform Determination of Death Act in 1982. The Florida Statute provides:

An individual is dead if he has sustained either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the brain, including the brain stem, as determined in accordance with accepted medical standards. If the respiratory and

circulatory functions of a person are being artificially sustained, under accepted medical standards a determination that death has occurred is made by (2) physicians by observing and conducting a test to determine that the irreversible cessation of all functions of the brain has occurred.

The physician who makes a determination of death in accordance with this section and accepted medical standards is not liable for damages in any civil action or subject to prosecution in any criminal proceedings for his actions.

Any person who acts in good faith in reliance on a determination of death made by a physician in accordance with this section and accepted medical standards is not liable for damages in any civil action or subject to prosecution in any criminal proceedings for his actions.

When the requirements of the following criteria are fulfilled, the patient may be pronounced brain dead by a licensed physician:

1. Coma of established irreversible cause or exclusion of reversible causes of coma.
2. Absence of cerebral function.
3. Absence of brain stem function.

The physician should be alert to possible causes of clinical signs that mimic brain death such as anticholinergic drugs, preexisting disease, dopamine, ototoxic agents, respiratory depressants, sedative drugs, or hypotension.

DO NOT RESUSCITATE (DNR) POLICY STATEMENT

See Policy and Procedure

ORGAN, TISSUE AND EYE DONATION/DECEASE OF A PATIENT

See Attached Policy and Procedure

DEFINITIONS

Organ Donor. A brain-dead individual whose cardiopulmonary function is being artificially maintained to support donation of solid organs (heart, lung, liver, pancreas, kidneys, and bowel).

Tissue Donor. A brain-dead individual or an individual whose cardiac and respiratory function has ceased may donate heart valves, eyes, bone, skin, saphenous veins and soft connective tissue.

In accordance with the Center for Medicare and Medicaid Services (CMS) Organ Procurement Regulations, Cleveland Clinic Hospital shall report all deaths or imminent deaths (deaths expected to occur within 24 hours) to the University of Miami Organ Procurement Organization (OPO).

Organ procurement personnel are available 24 hours a day, 7 days a week, and will come to the hospital and assist in approaching families for their consent for organ donation. These personnel are also available over the telephone to help coordinate the approach to families for consent for tissue donation.

A patient's chart form called "Organ Donation Required Request Form" is part of the expiration packet and must be completed to document that the call has taken place and to indicate

eligibility. The form is available from the nursing managers.

Florida law requires that at a time of death a request for organ donation be made to the family of each patient who expires in a hospital. The only exemptions to routine inquiry for organ donation are:

1. A documented prior objection by the individual or legal next of kin.
2. Permission for donation denied by M.E.
3. Legally insufficient identification of the potential donor.
4. Inappropriateness of inquiry as based upon the best professional judgment of the requestor.

EXPIRATION PROCEDURES

A staff physician or resident must pronounce a patient who has expired.

Documentation of expiration should be completed in the progress notes to include time of death.

It is the attending physician's responsibility to notify the family of a patient's death.

Requests for autopsies should be done by the attending physician in consultation with the pathologist.

Certain conditions require notification of the medical examiner.

For further information contact:

| | |
|-------------------------------------------|--------------------------------------------|
| Georgia N. Ruf | Lee Ghezzi |
| Risk Manager for Cleveland Clinic Florida | Risk Manager for Cleveland Clinic Hospital |
| Office: 954/659-6044 | Office: 954/689-5265 |
| Pager: 954/992-0452 | Pager: 954/992-0672 |

PHARMACY

A list of abbreviations ("Do Not Use" list) that must be avoided include: QD, IU, U, zero after decimal point eg. 4.0, no zero before decimal point eg .4, MSO4, MS, MGSO4, Mg,. These abbreviations must be avoided at all times. Spell out or use only approved abbreviations.

| Inappropriate Abbreviation | Intended Meaning | Misinterpretation | Correction |
|----------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|
| Drug Names <ul style="list-style-type: none"> MS MgSo4 MSO4 | Magnesium sulfate Morphine sulfate | Mistaken for each other. | Use complete spelling of drug name. |
| Zero after decimal point "1.0" (trailing zero) (X.0mg) | 1 mg | Misread as 10mg if the decimal point is not seen | Do not use terminal zeroes for doses expressed in whole numbers |
| No zero before decimal point. ".5mg" (lack of leading zero) (.Xmg) | 0.5mg | Misread as 5mg | Always use 0 before a decimal when the dose is less than a whole unit. |
| U, u, IU | Unit | Read as a "0" or a four causing a 10fold overdose (4u seen as 40) | Spell out "unit" |
| IU | International unit | Misread as IV | Use "units" or spell out "international units" |
| QD, , Q.D. q.d., qd, QOD, Q.O.D., q.o.d., qod | Daily and Every other Day | Mistaken for each other, misread as QID. | Write "Daily" and "every other day" |

TJC National Patient Safety Goal 8 is to have medications ordered, clarified, and rewritten throughout the continuum of care. Medications must be reconciled upon admission. This NPSG also includes rewriting any medications whenever a patient is transferred within the hospital, when a patient is post-op or upon discharge from the facility. Upon discharge, clarification MUST be given to the patient as to what medications they are to continue/discontinue from their home regimen/admission medications. This must be stated clearly on the discharge summary sheet. The discharge medications should include information for the patient to take their primary care provider (PCP) for follow-up.

A list of medications on the hospital formulary will be posted online on the intranet home web page for access.

MEDICAL RECORD DOCUMENTATION

PLEASE BE SURE THAT THE FOLLOWING COMPONENTS ARE PRESENT IN THE DOCUMENTATION AS OUTLINED BELOW:

H&P MUST CONTAIN: for all admissions, < or > 48 hours)

chief complaint
details of present illness

All of these elements must be present
in every history & physical regardless

personal history (past, social & family) of the reason for admission or the
review/inventory of body system length of stay
comprehensive current physical exam
impression and plan of treatment

AND

BE ON CHART WITHIN 24 HRS. Of admission

H&P may be done within 30 days prior to admission if interval note is documented to include any changes in history or physical condition.

H&P MUST BE ON CHART PRIOR TO ANY SURGERY.

AN OPERATIVE NOTE MUST CONTAIN:

pre and postoperative diagnosis
name of surgeon & assistants
description of findings
technical procedure used
specimens removed if applicable

AND

BE DICTATED (or written – EPIC)IMMEDIATELY FOLLOWING THE SURGERY
AND

a brief operative note must be written in record immediately following surgery.

EACH OPERATIVE PROCEDURE REQUIRES AN INFORMED CONSENT.

PROGRESS NOTES MUST BE LEGIBLE and give pertinent chronological findings of the patient's course.

A DISCHARGE SUMMARY MUST CONTAIN:

| | |
|-------------------------------|---------------------------------------|
| reason for admission | final diagnoses without abbreviations |
| summary of hospital course | condition of the patient at discharge |
| activity/physical limitations | discharge medications and diet |
| follow-up care/appointments | |

AND

BE COMPLETED (dictated and signed)

within 20 days of discharge

FOR 48 HOUR STAY:

A FINAL PROGRESS NOTE MAY BE SUBSTITUTED for discharge summary for those patients with **problems and interventions of a minor nature** who require less than 48 hour stay. Progress note must contain:

brief description of hospital course including treatment rendered
condition of patient at discharge, follow-up treatment plans

A CONSULTATION MUST CONTAIN:

a written opinion based on an examination of the patient and a recommendation for therapy
IF THE NOTES ARE HANDWRITTEN, THEY **MUST BE LEGIBLE.**

IF COMPLICATIONS ARE PRESENT:

the orders and progress notes must reflect the management.

CLEVELAND CLINIC HOSPITAL

MEDICAL RECORD – ANALYSIS OF DOCUMENTATION

See Attached Policy and Procedure

MEDICAL RECORD – INCOMPLETE CHART NOTIFICATION

See Attached Policy and Procedure

DISCHARGE OF HOSPITAL PATIENTS

An order must be written by either the attending physician or resident for patient discharge. The order should include date and time of discharge and follow-up instructions. Discharge orders should be written as early as possible to give patients sufficient time to make arrangements. Standard discharge time is 11:00 a.m. Most extended care facilities will not accept residents after 3:00 p.m. **A Dictated Discharge Summary must be completed for all patients of greater than 48-hour stay.** The summary should include:

- Discharge summary
- Patient name
- Medical record number
- Dates of admission/discharge
- Attending physician
- Consultants
- Chief complaint
- History of present illness
- Physical examination: (Specify abnormal findings).
- Laboratory work: (Specify pertinent findings - do not merely list Lab Work)
- Hospital course: (Specify problems and corrective measures taken; specify procedures done and why).
- Final diagnosis: (Principal) other diagnosis
- Condition of patient on discharge
- Discharge disposition:
 1. Further care (specify)
 2. Physical limitation (if any)
 3. Diet (specify)
 4. Medications (specify type and dose)
 5. Follow-up appointments - when and where

For patients of less than 48 hours stay, a Short Discharge note may be substituted. The written note must contain:

- Brief description of hospital course, including treatment rendered, Diagnosis, Procedures, dates of admission and discharge
- Condition of patient at discharge
- Follow treatment plans

HOSPITAL DISCHARGE PROCEDURE

Upon discharge of the patient, the medical record is routed as follows:

1. Health Information Management (HIM) Technician picks up the medical record from the nursing units.
2. HIM Department assembles, analyzes and codes the record.
3. The paper record is available for completion in HIM Department.
4. Other physicians involved in the case have the opportunity to review the record.
5. HIM Department personnel review the record for completion.

A demographic sheet is available on each chart for physicians to utilize for professional billing (when record is on the floor).

DISABILITY ACCOMODATION

PURPOSE

The purpose of this Disability Accommodation policy is to set forth guidelines for Cleveland Clinic and its system hospitals (Cleveland Clinic) with regard to reasonable accommodation to the known physical or mental limitations of otherwise qualified applicants or employees with disabilities.

POLICY

Pursuant to the Americans with Disabilities Act (“ADA”) and applicable state and local laws, it is the policy of Cleveland Clinic to make reasonable accommodations to the known physical or mental limitations of otherwise qualified applicants or employees with disabilities, unless such accommodations would impose an undue hardship on Cleveland Clinic’s operations.

OVERSIGHT AND RESPONSIBILITY

An employee’s supervisor will be primarily responsible for determining the reasonableness of an accommodation. Human Resources will be available for consultation and advice regarding the interactive process for employee accommodation requests and also will determine whether an individual with a disability poses a direct threat; the Office of Professional Staff affairs will provide this support for requests from members of the professional staff and the Division of Education will consult and advise on accommodation requests from residents.

DEFINITIONS

Terms used in this policy have the following general meanings:

Unless otherwise defined by applicable state or local law, **disability** means a physical or mental impairment that substantially limits one or more major life activities of the individual, without taking into account mitigating measures such as medications, medical equipment, or other auxiliary aids. An **individual with a disability** is a person who has an impairment as defined above, has a record of such impairment, or is regarded as having a physical or mental impairment.

A **qualified individual with a disability** is an individual with a disability who satisfies the requisite skill, experience, education, and other job-related requirements of the employment position such individual holds or desires, and who, with or without reasonable accommodation, can perform the essential functions of such position.

Essential functions are, generally, the fundamental job duties of the position the individual with a disability holds or desires. The term “essential functions” does not include the marginal functions of the position.

Reasonable accommodations may include the following: (1) modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position the qualified applicant desires; (2) modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position; and (3) modifications or adjustments that enable an employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by other similarly situated employees without disabilities. Reasonable accommodations are determined on a case-by-case basis, considering the individual’s functional limitations, needs, the essential functions of the job, and any rights or interests of others that may be impacted by the requested accommodation. Reasonable accommodations do not include those accommodations that would impose an undue hardship on Cleveland Clinic’s operations.

A **direct threat** is a significant risk of substantial harm to the safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation. An individual who poses a direct threat to the health or safety of the individual or others in the workplace is not considered a qualified individual with a disability.

PROCEDURE

Notification

All qualified employees with a disability who are seeking a reasonable accommodation should notify their immediate supervisor as soon as the need arises. In the case of qualified applicants with disabilities who are seeking a reasonable accommodation, they should notify the relevant Human Resources, Office of Professional Staff Affairs, or Division of Education representative or the hiring manager. In some instances, Cleveland Clinic may initiate the interactive process without a request from an employee or applicant.

Interactive Process

To determine if there is an appropriate reasonable accommodation and what it is, Cleveland Clinic may need to engage in an informal, interactive process with the qualified individual with a disability who is seeking an accommodation. This process is intended to identify the precise limitations resulting from the disability and a potential reasonable accommodation(s) that could overcome those limitations. Accommodations that impose an undue hardship on Cleveland Clinic’s operations are not considered reasonable. Employees who request an accommodation may be required to provide certain information and documentation (from either the employee’s own health care provider or one chosen by Cleveland Clinic) regarding their disability and functional limitations to assist in that process. An employee’s supervisor will be primarily responsible for determining the reasonableness of the accommodation. Approved accommodations may change from time to time depending upon the limitations and needs of the individual and any changes in the essential functions of the job or needs of Cleveland Clinic operations.

Written documentation of the interactive process should be maintained including records of any reasonable accommodations that are considered and/or implemented as well as the associated costs. All such documentation shall be kept strictly confidential.

Medical Examinations

All offers of employment are conditioned upon the completion of a post-offer, pre-employment health screening to ensure that the individual is capable of performing the essential functions of the position with or without reasonable accommodation. Failure to submit to this medical examination will be viewed as a rejection of the offer of employment.

Cleveland Clinic may request written documentation from employees seeking an accommodation. In such instances, the employee will be responsible for providing the requested medical documentation and for the initial cost of doing so. Cleveland Clinic will bear the cost of a second opinion, if requested.

All such medical and disability related information shall be kept strictly confidential.

Direct Threat

An individual who poses a direct threat to the health or safety of the individual or others in the workplace is not considered a qualified individual with a disability. The determination as to whether an individual with a disability poses a direct threat will be made by Human Resources for employees, by the Office of Professional Staff Affairs for staff, and by the Division of Education for residents.

Appeal Process

Employees have the right to appeal the denial of a request for reasonable accommodation within 15 business days of receipt of notification of the denial as follows:

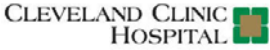
- Employees will file appeals with the Director of Human Resources.
- Residents will file appeals with the Director of Graduate Medical Education.
- Staff will file appeals with the Office of Professional Staff Affairs.

Issuing Office

Human Resources

Policy References

Equal Employment Opportunity/Workforce Diversity and Inclusion

| | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------|
|  | Health Information Management Policies and Procedures | |
| | ORIGINAL DATE: 07/02/01 | REVISED DATE: 06/09/05 |
| POLICY NUMBER F-9.1 | SUBJECT: Incomplete Chart Notification | PAGE NUMBER: 1 |
| | | CORPORATE APPROVAL: |
| | | FACILITY APPROVAL: |

POLICY

A medical record shall be considered delinquent if the record is not complete within 30 days post-discharge. Physicians will be notified weekly by Health Information Management Department personnel when they have incomplete records.

PURPOSE

To insure accurate and timely completion of patient medical record following hospital discharge to meet accreditation requirements, specific state/government requirements and assure the continuity of patient care.

REFERENCES

Cleveland Clinic Hospital Medical Staff Rules and Regulations
JCAHO I.M. 7

COMPLIANCE RESPONSIBILITY

Medical Staff, HIM Personnel

PROCEDURE

I. IDENTIFICATION OF LETTER TO BE SENT

A. Using ChartFact/Locator report function, print Physician Activity List in Name order and suspension Consideration list.

A. Notification #1 (EMail Mondays)

2. On suspension consideration list, identify physicians who have incomplete charts in column 16-21 days only.

B. Notification #2 (Email/phone/inperson - Wednesdays)

2. On suspension consideration list, identify physicians who have incomplete charts in column 21 -30 days.

2. Physicians notified to complete outstanding records by 3:00pm same day.

2. Any physician not completed portion at or exceeding 20 day threshold will be referred to Medical Staff and Administration for action up to and including suspension from practicing at CCF.


2. Note that this process refers only to attending physicians.

D. Notification #3

4. On suspension list, identify physicians who have incomplete charts in column over 45 days.

4. If physician still on suspended status over 45 day mark, Medical Staff leadership will address for followup action.

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|  | Health Information Management Policies and Procedures | | |
| | ORIGINAL DATE: 07/02/01 | REVISED DATE: 06/09/05 | PAGE NUMBER: 2 |
| POLICY NUMBER F-9.1 | SUBJECT: Incomplete Chart Notification | | CORPORATE APPROVAL: |
| | | | FACILITY APPROVAL: |

II. SUSPENSION

On Wednesday of the week, all physicians who were sent suspension letter will be added to the suspension

list if s/he has not been into the department to complete records.

B. Updated suspension list is distributed to all departments via email on a daily basis as required

| | | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------|---------------------|
|  | Health Information Management Policies and Procedures | | |
| | ORIGINAL DATE: 07/02/01 | REVISED DATE: 06/09/05 | PAGE NUMBER: 1 |
| POLICY NUMBER: F-5.1 | SUBJECT: Analysis of Medical Record Documentation | | CORPORATE APPROVAL: |
| | | | FACILITY APPROVAL: |

POLICY

Medical records for all patient types (outpatient, ER, inpatient, pain therapy) will be analyzed for specific documentation and signatures.

PURPOSE

To insure that documentation in the medical record is complete and meets JCAHO, CMS and other regulatory criteria as it relates to Physician responsibility.

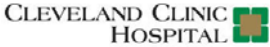
COMPLIANCE RESPONSIBILITY CMS Regulation 42 CFR, JCAHO,

PROCEDURE

- . Review record for documentation as specified in the list below.
- . Enter each missing documentation/signature into the computerized deficiency system (See Softmed ChartFact/Locator User's manual for specific instructions).
- . Flag each document needing signature with a distinct color for each physician.
- . Print Computerized Record Deficiency list and place on the front of the record.
- . Review record for following required documentation:
 - a. Dictated discharge summary for all patients hospitalized longer than 48 hours.
 - a. Short Discharge note for patients hospitalized less than 48 hours.
 - a. Dictated Expiration Summary for all patients who expired in the hospital.
 - a. History and Physical for all patients.

- 4. H&P may be direct entered or dictated.
 - 4. H&P may be no more than 30 days prior to admission.
 - a. 3. If H&P is greater than 7 days prior to admission, an interval note with any changes including an updated physical exam must be documented. Short stay record or admission note may be used in lieu of H&P for patients hospitalized less than 48 hours.
 - 4. H & P update must be done immediately prior to procedure or operation on surgical cases.
 - a. Operative/procedure report
 - 2. Operative/procedure report must be dictated immediately following surgery on any patient having an invasive procedure.
 - 2. Endoscopy report form may be used in lieu of dictated operative report for endoscopy procedures.
 - 2. If a procedure is done at bedside, the procedure note may be written in the progress notes.
 - a. Any inpatient having surgery must have a preanesthesia and postanesthesia note completed.
- Review record for signatures on the following documentation:
- c. Discharge/Expiration Summary signed by responsible physician.

Note: If patient care was transferred from admitting physician to another physician during hospital course, documentation must be present identifying to whom care was transferred. The physician to whom care was transferred is responsible for discharge summary.
 - c. History & Physician signed by performing physician. If H&P is done by non-staff physician, it must be cosigned by attending physician.
 - c. Consultation report signed by consulting physician
 - c. Consent for surgery by physician whose name appears on consent.
 - c. Operative report signed by surgeon
 - c. All Progress notes
 - c. All Physician orders
 - c. Emergency Room Record
 - c. Anesthesia Record
 - c. Post Anesthesia Care Unit Record
 - c. Tumor Staging Form

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- c. Dialysis Flow Sheet
- c. Other documents which include physician signature line.

NOTE: All physicians' documentation must be signed by a physician with staff privileges at Cleveland Clinic Hospital. Physician assistants, physician nurse assistants, CRNAs, may document progress notes, physician orders and dictate reports, etc. but they must be co-signed by their supervising physician (see Medical Staff Bylaws).

| | | | | |
|-----------------------------------------------------|-------------------------------|--------------|------------------------------------------------------------|--------------------------|
| Effective Date: 06/09/05, 03/01/10 | Origination Date: 07/02/01 | Prepared By: | | |
| Approvals: | | Date: | Review History: <u>10/02</u> <u>10/03</u> | Revision History: |
| Department Head: | _____ | _____ | | |
| Department Head: | _____ | _____ | | |
| Medical Director/Chief: | _____ | _____ | | |
| Medical Director/Chief: | _____ | _____ | | |
| Chief Executive Officer: | _____ | _____ | | |
| <u>Minute Documentation: (if applicable)</u> | | Date: | | |
| Policy & Procedure Committee approval: | _____ | _____ | | |
| Other committee approval: | _____ | _____ | | |
| Legal Counsel approval: | _____ | _____ | | |
| Medical Executive Committee approval: | _____ | _____ | | |
| Board of Trustees: | _____ | _____ | | |