Graduate Medical Education has been an integral component of the Cleveland Clinic’s mission since its inception in 1921. Cleveland Clinic recognizes the importance and value of graduate medical education programs which provide the skills physicians need to administer to their patients. Our focus is and always has been to train physicians to deliver the highest quality medical care, to teach future generations of health care professionals and to pursue research into the causes and treatments of disease.

The commitment of the Cleveland Clinic to graduate medical education is exhibited by its leadership, organizational structure and resources. These assets enable the institution to achieve or exceed substantial compliance with national accreditation requirements and institutional standards. This includes providing an environment focused on ethics, attention to diversity in all programs, professionalism and academia. Competency-based curricular requirements as well as applicable requirements for scholarly activity are met under the careful guidance and graded supervision of the Clinic’s teaching faculty. Cleveland Clinic is also committed to ensuring compliance with duty hour requirements as set forth by the ACGME for the purpose of improved resident well-being and patient safety.

Cleveland Clinic holds all GME programs to high academic and professional standards through ongoing formal internal quality assessment of educational programs, resident performance and the use of outcomes-based assessment for program improvement. Cleveland Clinic is committed to ensuring safe and compassionate care of patients, the success of resident physicians in their training and maintaining an appropriate balance between education and service needs.

Cleveland Clinic recognizes the necessity for adequate resources and optimal conditions to enable GME programs to sustain academic excellence; these include adequate funding, support personnel, equipment, facilities and dedicated faculty teaching time. Cleveland Clinic also acknowledges the importance of dedicated faculty teaching time as essential to the success of every program under our institutional sponsorship, and the need for periodic review of the adequacy of these resources.
Welcome

to the Cleveland Clinic medical and surgical team! You are about to become an integral part of one of the largest and best medical facilities in the country.

Adjusting to life as an intern, resident or fellow is challenging at best, and an institution of this size can make it seem overwhelming. We recognize the confusion you face and have structured the Graduate Physicians Manual to try and help.

When you have questions, ask your peers and refer to this manual. If you have additional questions, please feel free to call or stop by and talk to members of the Graduate Medical Education Department.

Elias Traboulsi, M.D.,
Director of Graduate Medical Education

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Addendum 1

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 completed all conditions of employment and requirements.

1. Provide a copy of either a permanent Ohio Medical License (wallet card) or Training Certificate issued by the State Medical Board of Ohio for training at the Cleveland Clinic. (State Medical Board website www.state.oh.us/med).

2. Complete a health screening performed by the Cleveland Clinic Center for Corporate Health before your start date, which includes completion of a health questionnaire, vital signs, and urine test for substance abuse. As the Cleveland Clinic 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 appointment.

3. To take further steps in preserving and improving the health of all its employees and patients, Cleveland Clinic has recently 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. Beginning September 1, 2007, 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.

4. The Office of the Inspector General Compliance Program Guidelines for Hospitals requires the fingerprinting of all new personnel. The Department of Protective Services will perform fingerprinting and submit for background checks. Employment is conditional pending the return of the background check.

5. Attend all required In Services to comply with federal laws on OSHA Blood borne Pathogens and the Health Insurance Portability and Accountability Act of 1996 HIPAA to be conducted on or around your start date.

6. Complete all institutional as well as program specific COMET online 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).

7. Provide the requested documents to accompany the Employment Eligibility Verification Form (I-9) as required by the U.S. Department of Justice. Original documents are required.

8. 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 or written documentation that the physician is eligible to receive same.

9. Each clinical trainee/research fellow must produce or obtain a social security number for payroll purposes and enrollment in the Cleveland Clinic 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 from http://www.ssa.gov/reach.htm or by calling 800-772-1213.

10. Supporting documents required to complete permanent education file (requested with the formal appointment letter.)
Addendum 2

REQUIRED DOCUMENTS FOR PERMANENT RECORDS
AT THE CLEVELAND CLINIC FOUNDATION
CLINICAL RESIDENTS AND FELLOWS

Your appointment is further contingent upon receipt of the following supporting documents missing from your education file:

☐ Completed application form (You may download an application from our website – www.clevelandclinic.org/education/gme)

☐ Social Security Card with correct name (For example, because of marriage or divorce)
   The name on the social security card is the name used for all Cleveland Clinic records.

☐ Curriculum Vitae

☐ Two recommendation letters from physicians who have supervised you in a clinical setting

☐ One recommendation letter from a physician who has supervised you in a clinical setting

☐ Recommendation from Residency Program Director (s)

☐ Medical school diploma - If in Latin or other language please send certified translated copy. (IF GRADUATION PENDING, SEND WHEN YOU RECEIVE)

☐ Medical school transcripts

☐ Copy of USMLE or COMLEX Test Scores (or FMGEMS or NBME, if applicable)

☐ Certification of all graduate medical education training (Please submit a copy of certification for current and previous training)

☐ You must have filed either an application for a permanent medical license or a training certificate AND the GME office must receive at least an acknowledgment letter for the application from the State Medical Board of Ohio in order for you to begin your training program. (TRAINING CERTIFICATE APPLICATION ENCLOSED UNLESS RESIDENCY/FELLOWSHIP APPLICATION INDICATED PERMANENT OHIO LICENSE)

☐ If you have a permanent medical license, please submit a photocopy.

☐ Currently valid copy of ECFMG certificate (International Medical Graduates)

* Indicates faxed or illegible copies submitted, original copy should be submitted.

Please note on your return requested supporting documents “Future Resident” or Future Fellow.”
1. **Emergency Preparedness**
   
   **Internal Disaster**
   - **Definition:** Disrupts the regular operations of the Cleveland Clinic
   - **Code/Page:** “Code Red”
   - **Labor Pool:** H Cafeteria, Crile Cafeteria (Founders) or Bunts Auditorium

   **External Disaster**
   - **Definition:** Outside the Clinic, but causes many casualties to be sent to CCF ED
   - **Code/Page:** “Code Yellow-Disaster Plan Now in Effect”
   - **Labor Pool:** Emergency Department Conference Room (E1-160)

2. **Facilities (repairs or failures)**
   - **Phone number:** 45586

   **Fix-It**
   - **Phone number:** 34948

3. **Telephone Equipment (repairs)**
   - **Phone numbers:**
     - Problems - 42545
     - SMDA Hotline (for patient injury due to equipment) – 53680

4. **Security**
   - **Phone numbers:**
     - Crisis Intervention - 123
     - Medical Emergency (All) - dial 111
     - Police (Emergency) - 42222
     - Transportation – 48484

5. **Life Safety (fire)**
   - **Emergency** - 42222
   - **Fire Protection** – 46617
   - **Code Red Procedure** - “RDA”
     - Rescue patients
       - Close the door
       - Pull the alarm

   - **Fire extinguisher utilization** - “PASS”
     - Pull the pin
     - Aim at the fire
     - Squeeze the handle
     - Sweep across the base

6. **Hazardous Materials**
   - To determine if something is hazardous:
     - Read label
     - Proper training
     - MSDS (Material Safety Data Sheet) manual
   - **Phone numbers:**
     - Hazardous Materials and Waste - 46095
     - Radiation Safety Office – 46645

7. **Environmental Health & Safety**
   - **Location:** Chester Conference Center-W2
   - **Phone number:** 46588
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 is 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
The Graduate Medical Education Department provides a wide range of services to the clinical trainees/research fellows employed by the Cleveland Clinic. Along with administrative support to over 59 accredited training programs, the GME Department also responds to inquiries, recruiting, processing application, orienting new Clinical Trainees/Research Fellows, and recording clinical trainee/research fellow appointments and evaluations. Department services fall into four categories:

**Clinical Trainee/Research Fellow Programs**
- Training opportunities
- Demographic and statistical data on trainees and programs
- Record maintenance & retention

**Administrative Support and Procedures**
- Formal appointments/reappointments
- Salary and benefits
- Visas and credentials for international medical graduates
- Temporary licensure by the Ohio State Medical Board
- Interpretation of Cleveland Clinic policies and procedures
- Professional travel and meetings

**Permanent Clinical Trainee/Research Fellow Records**
- Professional evaluations
- Transcripts of rotations
- Certificates of completion
- Training verification

**Miscellaneous Services**
- Notary Public Service
- Information about benefits
- Loan Deferments (Deferment forms cannot be completed until you have officially started your training program)
- Process requests for emergency loans
- Counseling for personal and professional problems
POLICIES AND PROCEDURES

GENERAL STATEMENT

All policies and procedures concerning graduate medical education are developed, approved and implemented by the Graduate Medical Education Council (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. Cleveland Clinic and Graduate Medical Education Council (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 Clinical Trainees/Research Fellows in writing as they occur.

When specific Cleveland Clinic policies are quoted in this booklet, they refer to policies found in the Cleveland Clinic’s Supervisory Policy and Procedural Manual. Copies of this manual are available for review in the Graduate Medical Education Department, Human Resources Department or with departmental administrators.

CLINICAL PRACTICE GUIDELINES

OBLIGATIONS TO THE PATIENT

The Mission of the Cleveland Clinic 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 a physician. 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 clinical trainee or other employees should not be conducted in the presence of patients.
- Clinical Trainee 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 Trainee should cooperate with hospital personnel to be certain that pre-admission authorization and documentation of extended stays are completed appropriately.
- Clinical Trainee 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 Trainee 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 STAFF AND CLINICAL TRAINEES

- Clinical practice should be an example of teamwork.
- Conscientious personal communication is vital to prevent misunderstanding in patient care and assignments.
- Clinical Trainee 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 with 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.
- 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 O.R. or Procedure Room.

OBLIGATIONS TO OTHER PERSONNEL

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

OPERATING AND PROCEDURE ROOMS

- Clinical Trainee should assume surgical and administrative responsibility as the primary staff appropriately delegates it.
- All operative notes must be dictated immediately following the procedure. The dictation shall contain a description of findings, procedures, specimens removed, post-op diagnosis and the name of the primary surgeons and any assistants.
- When the operative report is not placed immediately in the record, a progress note is entered immediately.

AUTOPSY POLICY

The Graduate Medical Education Council (GMEC) recognizes the importance of viewing autopsies as a component in graduate medical education. As such, the following policy has been developed by the autopsy section in the department of Anatomic Pathology and approved by the GMEC to provide clinical trainees with the opportunity to benefit from the clinical knowledge gained from autopsies.

Viewing Autopsies:
1. The autopsy service notifies the clinical staff physician identified on the consent form. If a clinical trainee is listed on the consent form, that individual will be contacted as well.
2. The autopsy service does a follow-up notification with preliminary findings.
Autopsy Conferences

1. The Department of Anatomic Pathology holds conferences every Tuesday and Friday at Noon in which all autopsies performed since the last conference are presented.

2. Education provides the autopsy service with a list of contacts for each department. The department contacts are notified of the autopsies to be presented at each bi-weekly conference.

3. The department contacts are responsible for notifying clinical trainees to attend appropriate autopsy conferences.

Program Directors are encouraged to stress the educational value and importance of viewing autopsies to their clinical trainees; provide the opportunity for clinical trainees to attend autopsy viewings, autopsy conferences and, include pathology presentation at Morbidity and Mortality conferences as appropriate.

MEDICAL RECORD DOCUMENTATION

Several of the chart documentation requirements, which appear in the Health Data Services Users Manual, are included here for your information:

- All entries in the medical record must be legible, dated and signed.
- Progress notes must be kept on all hospital patients. Clinical Trainees notes must be written daily and accurately reflect staff involvement in the patient’s care. The clinical service entering the note must be identified in the margin. All progress notes must be dated (mm/dd/yy) and signed, identifying the credentials of the author and the pager number.
- The medical history/physical assessment is completed within 24-hours of admission and prior to any procedure.
- A complete history and physical assessment includes:
  - Chief complaint and details of present illness
  - Assessment of emotional, behavioral and social status
  - Review of body systems
  - Past, social, and family histories
  - Comprehensive physical assessment
- The use of verbal/telephone orders is discouraged. Verbal orders of authorized individuals are accepted and transcribed by qualified personnel who are authorized to document in the medical record. Each verbal order is dated and is identified by the names of the individual that gave it and received it.
- Verbal orders must be signed within 48 hours.
- Discharge Summaries shall be dictated immediately following patient discharge. Summaries will be dictated with source documents (electronic medical record and hospital pager chart) immediately available to the resident to ensure accuracy of dictation. Discharge summaries must be completed on all patients with a length of stay greater than 48 hours. Expiration summaries must be dictated for all cases regardless of length of stay. Records must be completed with all required documentation and signatures no later than 30 days following patient discharge.
NAME/PAGER STAMP FOR MEDICAL RECORD ENTRIES BY CLINICAL TRAINEES

In response to the Joint Commission standard IM.6.10 that requires the author of a medical entry to be identified, the following policy and procedure has been developed by the Graduate Medical Education Council (GMEC).

**Policy:** In order to assure accurate identification of Cleveland Clinic medical record entries authored by clinical trainees, self inking stamps are expected to be used in all medical entries. Clinical Trainees at Cleveland Clinic should use the name/pager stamp issued to them by the GME Department for all medical record entries. A signature must accompany the name/pager stamp for each medical record entry. If a stamp is lost or stolen, clinical trainees are expected to legibly print their name and page number (with their signature) for each medical entry until the name/page number stamp is replaced.

**Procedure:**
- A Name/pager stamp will be provided to current clinical trainees by GME Department.
- New clinical trainees will be provided with a stamp upon their arrival for the GME Orientation.
- Clinical trainees will be required to use the stamp for handwritten medical record entries. A signature will still be required for each medical record entry.
- Stamps are self inking and should last for at least a year. If stamps need to be re-inked, the GME Department will provide that service for clinical trainees.
- Replacement Stamps
  > Clinical Trainees should contact their program coordinator if their name/pager stamp is lost, stolen or for any reason need to be replaced.
  > The GME Department will order a replacement name/pager stamp at the direction and expense of the training program.
  > Please Note: Clinical Trainees are required to legibly print their name in medical entries while awaiting the replacement name/pager stamp.

MyPractice/EPIC SYSTEMS

MyPractice/Epic Systems is a software product comprised of several distinct components – **Outpatient Electronic Medical Record (EpicCare)**, **Scheduling/Registration** (Cadence/Prelude/Tapestry/Chart Tracking), **Inpatient Electronic Medical Record (Epic MyPractice)**, **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 (EpicCare)** 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 (Epic MyPractice)** is the electronic medical record for Inpatient information. Currently, it is being implemented throughout the Hospital in phases. The inpatient pharmacy is currently entering medication orders online. Nursing is documenting vital signs, I&O, and patient education in the inpatient record. As of March, nursing began to document medications on selected units in the electronic Medication Administration Record (eMAR). All LastWord order entry by unit clerks and nursing was converted to inpatient MyPractice order entry. This will be followed by physician and provider MyPractice inpatient order entry and inpatient documentation.
Inpatient Pharmacy (Epic Rx) provides the documentation and management for the control and dispensing of Inpatient medications.

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.

MyPractice • Community as an affiliate of eCleveland Clinic, is organized and operated for the purpose of supporting the implementation of and the use of the EpicCare Ambulatory Electronic Medical Record System in the community physician office. MPC leverages the MyPractice functionality, design and build, disaster recover and analyst expertise to provide an integrated inpatient and outpatient product the Community Physician.

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 444-HELP(4357). Your call will be directed to the appropriate support team for that specific application.

INSTITUTIONAL & EDUCATION 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 and councils. The Graduate Medical Education Council has required that there be at least one Clinical Trainee on the following committees and councils:

- Alumni Association
- Diversity Council
- Environmental Safety
- Ethics Committee
- CPR Committee
- Emergency Preparedness Committee
- Graduate Medical Education Council
- Infection Control
- Medical Records/Statistics
- Mortality Committee
- Nutrition Services Committee
- Patient Safety
- Pharmacy/Therapeutics
- Prevention of Errors in Medicine (POEMS)
- Quality Council
- Scientific Publications
- Transfusion Review Committee
- Utilization Management

The House Staff Coordinator will coordinate the assignments of the committees prior to the start of each academic year. This includes contacting the Chairman of each of these councils and committees to see if the clinical trainees are attending the meetings and if they will remain on the committee for the following academic year. If a replacement is needed, the Chairman of the committee or council may identify another clinical trainee to participate on the committee or council. Or, they may ask for the assistance of the House Staff Coordinator in identifying a clinical trainee that would be interested in participating. Once the list is finalized, it should be submitted to the GMEC Coordinator and the Manager of Accreditation Activities for presentation to the Graduate Medical Education Council. This is required to be presented to the GMEC by August of the new academic year.

Clinical Trainees who are members of Institutional Committees are required to attend scheduled meetings. If the Clinical Trainee who is a designated member of a Committee is unable to attend a scheduled meeting, s/he must appoint an alternate in their absence. Clinical Trainees are also required to attend all meetings and conferences considered mandatory by the Institution or their department.

In addition to those committees and councils identified, the Divisions and Departments are required to involve clinical trainees in all committees, councils and task forces that are appropriate. At the minimum, clinical trainees should be involved in any divisional committees dealing with educational programs, quality assurance and other graduate medical education affairs.

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

Official certificates of completion are issued to Clinical trainees/research fellows that have successfully completed a Cleveland Clinic 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 certificate of 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.

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.

OHIO STATE MEDICAL LICENSURE AND USMLE STEP 3

The State of Ohio requires clinical trainees to have either a permanent Ohio medical license or a temporary training certificate.

Under no circumstances will you be permitted to begin your training program if you do not have either a permanent license or temporary training certificate, or at least the acknowledgment letter issued by the State Medical Board for either application. If you applied for a permanent license, you must present either the acknowledgment letter or license when you arrive on your first day. Please note acknowledgment letters for training certificate applicants are received directly by the GME Department. If the GME Department has not received the acknowledgement letter, you will not be permitted to start. If you do not adhere to this requirement, you will be placed on a leave of un-paid absence until you are in compliance.

Clinical trainees are required to notify their program director of any communication from the State Medical Board of Ohio during the application process (either for a training certificate or permanent licensure). Failure to do so may result in disciplinary action, termination of employment and/or rescission of the Trainee’s appointment.

Permanent Licensure

Many clinical fellows are required to obtain a permanent medical license from the State of Ohio. Please check with your program director regarding your program’s specific licensure requirements.

If you have a permanent license from the State Medical Board of Ohio, you are required to submit a copy of the wall certificate and/or your wallet identification card to the Graduate Medical Education Department. Most permanent licenses are valid for 2 years only. You are required to submit a copy of the identification card each time you renew your license.

If you do not have a permanent license but intend to apply for one, please submit a written request with your application asking the Board to send a letter to the Cleveland Clinic Graduate Medical Education Department acknowledging receipt of your application. This will allow you to begin your program while the application is being processed.

Please note, for permanent licensure, the Ohio Medical Board 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. In addition, all 3 steps of USMLE must have been passed within a 7-year period from the date of the first exam passed.
Information on permanent licensure may be obtained by contacting the State Medical Board of Ohio at 614/466-3934, 30th East Broad Street, 3rd Floor, Columbus, Ohio 43215 or visiting their website at www.state.oh.us/med. Reminder: renewal of licensure is the clinical trainee’s responsibility.

**Temporary Training Certificate**
You should have received an application for a temporary training certificate with your appointment letter, if you did not, please contact the Graduate Medical Education Department immediately.

Upon receipt of your application, the State Medical Board will issue an acknowledgment letter stating that they have received your application and you may begin your training program while the application is pending. The temporary training certificate will be issued at a later date.

Please note that the State Medical Board may take up to 8 months to issue the final training certificate. You may check the progress of your application by visiting the State Medical Board web site at http://license.ohio.gov/lookup/default.asp.

You will not receive a copy of the training certificate. You may print out the report from the Internet. This print out is approved for verification purposes. Training certificates are valid for one year at a time and may be renewed for a maximum of six years. After six years you must obtain a permanent license if you intend to remain in a training program.

All clinical trainees must renew your training certificate very year. If you do not receive a renewal notice 30 days prior to the expiration date, contact the GME Department immediately.

**USMLE Step 3**
According to the Federation of State Medical Boards (FSMB), individuals wishing to take USMLE Step 3 to be used for licensure by the State of Ohio must have completed 9 months of ACGME accredited post-graduate training. This requirement is the same for U.S., Canadian and international medical school graduates. The Graduate Medical Education Department does NOT have applications for Step 3. 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.

**License Fees**
The Graduate Medical Education Department does not pay or reimburse trainees for licensing Fees. Individual training programs may do so, check with your program directors office.

**DUTIES AND RESPONSIBILITIES OF CLINICAL TRAINEES**
A clinical trainee shall perform in a competent manner as determined by the Program Director and the supervisory staff in all areas of the general competencies as defined by the ACGME and, all other related tasks and duties assigned to him/her by the Program Director, including but not limited to:

**EDUCATIONAL RESPONSIBILITIES**
The clinical trainee shall:

- Execute all duties assigned under the on-call schedule as may be established and amended by the Program Director and all duties as may be assigned to be performed at such other teaching hospitals and medical facilities as may be designated by the Program Director.
Participate in safe, effective and compassionate patient care under supervision, commensurate with the clinical trainee’s level of advancement and responsibility at sites specifically approved by the Program, and under circumstances and at locations covered by the Hospital's Professional Liability Insurance maintained for the clinical trainee.

Participate fully and perform satisfactorily in the educational and scholarly activities of the Program, including the performance of scholarly and research activities as assigned by the Program Director and/or as necessary for the completion of applicable graduation requirements.

Assume responsibility for participation in the teaching of more junior trainees and medical students.

Attend all educational conferences as required and participate in educational programs, activities and required courses. Participate in applicable departmental and institutional committees, especially those relating to patient care review activities.

RESPONSIBILITIES TO THE INSTITUTION

The clinical trainee shall:

Subsequent to the first day of training, submit to a pre-screening health examination which include tests for drug use. Supplementary tests may be performed at any point during training as deemed necessary to the operation of Cleveland Clinic; this may include tests for drug use and alcohol abuse. In addition, the clinical trainee agrees to meet Cleveland Clinic standards for immunizations in the same manner as all Cleveland Clinic personnel.

Apply for in a timely manner, obtain and provide Cleveland Clinic with evidence that he/she has obtained certifications, licenses, visas, test results, work permits and registrations required by state, federal or local laws and regulations to enroll and remain in graduate medical education training in the State of Ohio.

Abide by and adhere to hospital standards including the legible and timely completion of patient medical records, charts, reports, time cards, statistical operative and procedure logs, faculty and program evaluations and any other paperwork required by the Program. This also includes use of name/pager stamp that is issued at Orientation.

Comply with the policies and procedures of Cleveland Clinic pertaining to all employees and those specific to clinical trainees which are contained in the Graduate Physicians Manual.

Comply with institution and program specific requirements regarding record keeping, logging and/or reporting duty hours and duty hour violations.

Comply with institution and program specific requirements regarding standards for supervision.

Comply with institution and program specific requirements regarding completion of training courses; including but not limited to courses in COMET.

Comply with institution and program specific requirements regarding evaluation of attending physicians, rotations and the training program.

Apply such cost effective measures as directed or instructed by Cleveland Clinic in the provision of patient care while acting in the best interests of patients at all times.

Upon departure from the training program, the clinical trainee must return all Cleveland Clinic property, including, but not limited to books, equipment, pager and complete all necessary records, and settle all professional and financial obligations.

PERSONAL RESPONSIBILITIES:

The clinical trainee shall:

Develop and follow a personal program of self-study and professional growth under guidance of the Program’s teaching faculty.

Refrain from conduct that would impact adversely on the medical profession or the mission of the Cleveland Clinic or have the appearance of impropriety, or which might otherwise damage the
Cleveland Clinic’s reputation, or interfere with the Cleveland Clinic’s business or the proper performance of the clinical trainee’s duties.

- Develop an understanding of ethical, socioeconomic and medical/legal issues that affect the practice of medicine and graduate medical education training.

ADMINISTRATIVE RESPONSIBILITIES:

The clinical trainees shall:

- Comply with all ACGME requirements including but not limited to those regarding duty hours and moonlighting. Please refer to specific ACGME institutional requirements and RRC program requirements at www.acgme.org.
- Abide by and adhere to Cleveland Clinic professional standards and all applicable state, federal and local laws, as well as the standards required to maintain accreditation by the Joint Commission, ACGME/CPME, and any other relevant accrediting, certifying or licensing organizations.
- Fully cooperate with the Program and Cleveland Clinic in coordinating and completing Residency Review Committee (“RRC”) and ACGME/CPME accreditation submissions and activities. This includes participation in Internal Reviews of a clinical trainee’s own training program as well as participation on Internal Review Committees to assess other training programs.
- Comply with Cleveland Clinic reporting requirements such as completion personal incident reports, patient incident reporting, etc.

RESIDENT 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 Council. These requirements are compliant with standards specified by the Joint Commission. 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.
4. This previously defined patient list can be generated as a legible handwritten document until that time when the electronic Epicare system is implemented.
5. When the Epicare system is implemented, residents will obtain and document training for this system.
6. 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.
7. Transfer of a patient list must occur for primary care teams as well as consultative services.
SUPERVISION OF CLINICAL TRAINEES

Purpose

- To specify the mechanisms by which clinical trainees are supervised by members of the teaching staff.
- To safeguard patient care and enhance graduate medical education by setting standards for supervision of clinical trainees.
- To comply with the requirements of the ACGME, program specific RRC’s and other regulating authorities.

Key Points to Supervision of clinical trainees

1. All patient care must be supervised by qualified attending physicians. 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 physicians.

2. 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 attending physician who is ultimately responsible at any given time.

3. Attending physician schedules must be structured to provide clinical trainees with continuous supervision and consultation. In addition, on-call schedules shall be established that guarantee full and comprehensive coverage of institutional patients and facilities.

4. Attending physicians 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.

Policy

This policy is intended to guide the activities of clinical trainees in ensuring that patient care activities in which clinical trainees participate are appropriately supervised and documented during the course of their inpatient, outpatient and/or surgical training. All clinical trainee’s patient care activities are to be conducted within the requirements of their training programs and the standards.

All Cleveland Clinic facilities will adhere to current accreditation requirements as set forth by the Accreditation Council for Graduate Medical Education (ACGME), American Board of Obstetrics & Gynecology (ABOG), Commission on Dental Accreditation (CDA), and/or Council on Podiatric Medical Education (CPME) for all matters pertaining to the clinical trainee’s training programs, including, as appropriate, the level of supervision provided.

Each Training Program Director shall develop explicit, written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all clinical trainees and members of the program’s teaching staff. Clinical trainees must be provided with prompt reliable systems for communication and interaction with supervisory physicians. Clinical trainees should be supervised by attending physicians in such a way that the clinical trainee assumes progressively increasing responsibility according to their level of education, ability, and experience. The schedules for attending physicians must be structured to ensure that supervision is readily available to clinical trainees on duty, particularly during on call periods.

Clinical trainees provide care to patients at Cleveland Clinic in a variety of teaching services with supervision provided by attending physicians (licensed practitioners with appropriate clinical privileges). Residency and Fellowship training involves clinical trainees’ participation in a well-defined portion of patient care responsibility with increasing degrees of independence. Although all clinical trainees’ care is supervised and the attending physician is ultimately responsible for care of the patient, the proximity and timing of supervision as well as the specific tasks delegated to the clinical trainee depend on a number of factors including:

a. the level of training (i.e. year in residency) of the clinical trainee
b. the skill, aptitude and experience of the clinical trainee with the particular care situation
c. the familiarity of the supervising physician with the clinical trainee’s abilities and,
d. the acuity of the situation.

In addition, patient care provided by clinical trainees is guided by the goals and objectives of the specific educational curriculum of each training program.

Procedures - Inpatient Care
- The attending physician shall be in a position to confirm the findings of the clinical trainee and discuss the care plan.
- At least on a daily basis (more often as the needs of the individual patient may dictate), the clinical trainee and the attending physician will review progress of the patient, make any necessary modifications in the care plan, plan family conferences as needed, and provide appropriate documentation for the medical record.
- When a patient develops a change in condition that the clinical trainee feels is potentially dangerous for that patient, the clinical trainee will contact the admitting/attending physician and report these developments. The clinical trainee may identify the need for that physician to see the patient to assist in the evaluation and treatment of such a patient.
- The attending physician must ensure the completeness of the medical record, including the provision of additional comments in the progress notes.

Procedures - Outpatient Care
- In order to ensure patient safety and quality patient care while providing the opportunity for maximizing the educational experience of the clinical trainee in the ambulatory setting, it is expected that an appropriately privileged attending physician will be available for supervision during clinic hours. Attending physicians are responsible for ensuring the coordination of care that is provided to patients.
- All patients who are seen in the outpatient clinic should be seen by, or discussed with, the attending physician at that initial visit. This must be documented in the chart via a progress note (or addendum to the clinical trainee’s note).

Procedures - Supervision of Clinical Trainees Performing Procedures
- A clinical trainee will be considered qualified to perform a procedure if, in the judgment of the supervising attending physician or the training program director and based on his/her specific training program curricula, the trainee is considered capable to perform the procedure safely and effectively.
- In the event that a given clinical trainee is competent to perform a procedure, that trainee may then confirm the ability of another clinical trainee more junior than him/herself if authorized by training program guidelines.
- Clinical trainees at certain graduate levels in a given training program may be designated as capable to perform certain procedures without direct supervision, based upon specific written criteria set forth and defined by the Program Director. In this instance, clinical trainees may perform routine procedures that they are deemed competent to perform (such as arterial line placement) for standard indications without prior approval or direct supervision of the attending physician. However, the attending physician of record will be ultimately responsible for all procedures on inpatients.
- Clinical trainees may perform emergency procedures without prior approval or direct supervision when a patient’s life or other vital function would be threatened by delay and there is no immediate recourse for additional assistance.
- All outpatient procedures will have the name of the attending physician of record documented in the procedure note, and that attending physician will be ultimately responsible for the procedure.
- Program Directors may designate the PGY level at which each procedure in their specialty can be performed. Some Program Directors may choose to identify only the requirements for clinical trainees to perform certain clinical activities without direct supervision since not all procedures may easily be categorized by PGY level.

Other Studies and Examinations – Non-Clinical Areas
- Imaging studies (Radiology) and pathologic examinations interpreted by clinical trainees must be
viewed by the supervising physician.

- The supervising physician will discuss the clinical trainee’s findings, interpretations and recommendations making corrections when necessary.
- Written dictation by clinical trainees must be reviewed and co-signed by the supervising physician.

Monitoring

- The GME Department shall maintain a file containing updated supervision policies of all training programs and shall take steps to ensure that this file is updated periodically.
- The adequacy of supervision and clinical trainee satisfaction with supervision will be evaluated by GMEC with information provided in the annual program evaluation and during the internal review process utilizing interviews with teaching faculty and clinical trainees.
- The GMEC shall review all accrediting and certifying bodies’ concerns regarding supervision of clinical trainees and ensure that appropriate follow-up with corrective actions occur as needed.

CLINICAL TRAINEE/RESEARCH FELLOW PERFORMANCE

There shall be regular, ongoing evaluations of clinical trainee/research 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 may be completed by other medical personnel who are involved in the clinical trainee/research fellow training. The Program Director or designee will provide the clinical trainee/research fellow 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/research fellow’s competence, with respect to any element of his/her conduct, skills, duties or responsibilities, is determined by the program to be less than satisfactory or otherwise worthy of discussion, the Program Director or designee shall meet and discuss his/her performance with the clinical trainee/research fellow. A clinical trainee/research fellow’s performance as referred to in this policy shall also include the clinical trainee/research fellow’s behavior and, conduct as well as actions which are considered adverse to the general philosophy of Cleveland Clinic, including but not limited to sexual harassment, smoking, noncompliance with federal regulations and Cleveland Clinic policies applicable to all employees, and noncompliance with all state and local laws.

In the event a clinical trainee/research fellow’s performance warrants further action, the program may:

- provide written counseling
- issue a performance warning
- reappoint but not promote to the next year of training (not applicable to research fellows)
- not reappoint (not applicable to research fellows)
- dismiss the clinical trainee/research fellow from the training program

The action to be taken would be determined by the nature of the performance.

Counseling – Verbal and Written

Although a program has complete discretion regarding the appropriate treatment of a clinical trainee/research fellow’s performance, the following describes an example of how the counseling status may be applied:

A first step may involve “verbal counseling.” Verbal counseling may occur at any time in a clinical trainee/research fellow’s career and should be duly noted in the clinical trainee/research fellow’s department file. If performance continues without the desired improvement, a second step may involve “written counseling.” The written counseling should involve the delivery of a written memo or other notification to the clinical trainee/research fellow that specifies the reasons for the written counseling and be kept in the clinical trainee/research fellow’s department file.

Counseling is intended to be positive and constructive in nature and not negative or derogatory. Counseling when appropriate, whether verbal or written, is considered to be an integral component of graduate medical education and should never be construed as a limitation or restriction on the clinical trainee/research fellow, or involve a special requirement to be met by the clinical trainee/research fellow. Counseling is not disciplinary, probationary, or investigatory in nature, nor is counseling necessarily a reflection of unsatisfactory performance or academic incompetence. Counseling is not an adverse charge or action and may not be appealed.
by the clinical trainee/research fellow.

Performance Warning
In the event of unsatisfactory performance (depending upon the nature and/or extent of the unsatisfactory performance), or if upon completion of a counseling status the clinical trainee/research fellow’s performance has not improved to the extent and within the period of time considered acceptable by the program, the clinical trainee/research fellow may be issued a performance warning. The program invokes performance warning status by written notification to the clinical trainee/research fellow that advises that his or her performance is not satisfactory and that includes a clear statement that the clinical trainee/research fellow is on performance warning. This notice to the clinical trainee/research fellow 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/research fellow’s clinical duties and other activities may be restricted or otherwise curtailed by the Program Director.

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

Performance warning status may 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/research fellow who has been placed on performance warning shall have this status and his/her progress towards performance improvement reviewed by the Program Director or designee on a regular basis. Performance warnings may be appealed by the clinical trainee/research fellow.

Dismissal from Training and Administrative Leaves of Absence
If upon the 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/research fellow’s performance has not improved to the extent considered acceptable by the Program and the Director of Graduate Medical Education or Chairman of the Division of Education, the clinical trainee/research fellow may be immediately dismissed from the program.

In addition, and notwithstanding any of the foregoing to the contrary, a clinical trainee/research fellow may be dismissed from Cleveland Clinic for cause or otherwise dismissed from the program or placed on an 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/research fellow is dismissed from the program under any circumstance or placed on administrative leave of absence, the clinical trainee/research fellow’s Program Director and the Director of Graduate Medical Education, or Chairman of the Division of Education, shall advise the clinical trainee/research fellow in writing of the dismissal or the administrative leave of absence and the general nature of the grounds therefore. Dismissal from training may be appealed by the clinical trainee/research fellow.

Right to Appeal
A clinical trainee may appeal:
- a performance warning
- reappointment but non-promotion to the next year of training
- non-reappointment
- dismissal

The clinical trainee may request an appeal by submitting a written request to the Director of Graduate Medical Education or the Chairman, Division of Education. Verbal counseling, written counseling, and administrative leaves of absence may not be appealed.

A research fellow may appeal:
- a performance warning
- dismissal

(See procedure for appeal process)
PROCEDURE FOR CLINICAL TRAINEE/RESEARCH FELLOW APPEAL PROCESS

When the individual clinical trainee is formally notified, in writing, that he or she is being placed on performance warning status, or being reappointed but not promoted to the next year of training, not reappointed or, being dismissed from the program, he or she has 30 days to initiate an appeal.

When the individual research fellow is formally notified, in writing, that he or she is being placed on performance warning status or, being dismissed from the program, he or she has 30 days to initiate an appeal.

Any of these appeal actions by the department will precipitate an interview/counseling session with the Director of Graduate Medical Education. To initiate the appeal process, the involved clinical trainee/research fellow must provide written notification to the Director of Graduate Medical Education or Chairman of the Division of Education within the 30-day period. Any clinical trainee/research fellow who initiates an appeal from a dismissal from the program shall not receive salary and benefits during the appeal; however retroactive salary and benefits will be provided in the event the appeal is upheld. Also, if the appeal is upheld, all documentation in the resident’s file regarding the non-reappointment/ performance warning or termination will be removed. A copy of the complete procedure is available in the GME Department.

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:

- 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 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 re-
newed by the Director of Graduate Medical Education, in writing, upon recommendation by the Pro-
gram Director. The Cleveland Clinic does not require clinical trainees to sign a non-competition guar-
antee.

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 aca-
demic 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 resident or fellow, the clinical trainee shall be ad-
vised of such decision in writing by the Program Director at least four months prior to the end of the
appointment. However, if the primary reason(s) for the non-reappointment (renewal) occur(s) within
the four months prior to the end of the contract, program directors must provide residents with as
much written notice of the intent not to reappoint (renew) as the circumstances will reasonably allow,
prior the end of the current appointment (contract). This notice shall include a brief description of the
grounds for the determination not to renew the clinical trainee’s appointment. Please refer to the policy
on Clinical Trainee Performance for additional information with respect to less than satisfactory perfor-
mance.

The clinical trainee may appeal this determination by submitting a written request for an appeal to the
Director of Graduate Medical Education or the Chairman of the Division of Education (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 selec-
tion 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
PARTICIPATING SITES ROTATION POLICY

Cleveland Clinic is committed to providing clinical trainees with an educational program that offers a personal program of learning and broad education in the science and art of medicine. Recognizing that some educational experiences may need to be obtained outside of Cleveland Clinic or one of its affiliates, this policy is adopted concerning those experiences.

In compliance with ACGME Requirements, the Sponsoring Institution (Cleveland Clinic) and the training program director have responsibility for monitoring the quality of GME, including when clinical trainee education occurs in other institutions. There must be full consideration of the quality of the rotation, including goals, objectives and supervision; the educational necessity of the rotation; the accreditation implications; and the financial implications of the rotation.

**Required Rotations**

In order to obtain adequate experience and/or skills not available at Cleveland Clinic, program directors may arrange for rotations at participating sites. These 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 will:

1. Monitor all aspects of the curriculum including conference participation at participating site(s).
2. Ensure that there are competency-based goals and objectives and that they are distributed to the clinical trainee prior to the rotation.
3. Ensure that the patient care responsibility is appropriate for the clinical trainee's level and ability.
4. Monitor the on-call and rotation schedule to assure appropriate supervision and adequate back-up while on-call.
5. Monitor duty hours of clinical trainees while rotating at participating site(s).
6. Ensure that evaluations are completed for the clinical trainees by attending faculty at participating site(s).
7. Ensure that clinical trainees complete evaluations for the attending faculty with whom they rotate.
8. Ensure that clinical trainees complete a rotation evaluation at the completion of the rotation.
9. Any evaluation reflecting a significantly negative experience should result in a personal interview with that clinical trainee and follow-up with the site supervisor, if necessary.
10. Conduct visits to and meets with the site supervisor of the participating site(s) (at least annually).
11. Participate in regular and ongoing communication with the site supervisor.
12. Ensure compliance with ACGME Common Program Requirements and RRC Program Requirements.
13. Ensure that the rotation is providing the clinical trainee with a quality educational experience as described in the rotation goals and objectives.
14. Ensure that clinical trainees are informed of and adhere to established educational and clinical practices, policies and procedures at all sites to which clinical trainees are assigned.
15. Ensure that a current affiliation agreement exists and is reviewed at least annually and revised every five (5) years.
16. In conjunction with the site supervisor, monitor the clinical trainees’ work environment which consists of adequate food services, call rooms, patient support services, laboratory/pathology/radiology services, medical records, safety/security and parking.

**Elective Rotations**

Clinical trainees are allotted a specific amount of time (depending on RRC and Specialty Board requirements) for elective rotations. With numerous options for elective rotations in a wide variety of specialties, clinical trainees should be encouraged to schedule their elective rotations at Cleveland Clinic. If a clinical trainee selects an elective option not available at Cleveland Clinic, the program director would make the decision based on educational merit. Cleveland Clinic does not extend malpractice coverage for clinical trainees on elective rotations. Program-specific policies regarding off-site elective rotations supersede this policy.
COMPLAINT & PROBLEM RESOLUTION

Occasionally during training, clinical trainees experience problems and/or issues that are unable to be resolved within the channels available in their own training program. Such problems are best handled within the program, and clinical trainees are encouraged to attempt all means of resolution through their chief resident, program director, department chairman, advisor or other designated individuals in the training program before utilizing the following alternative channel. The issues may involve a number of areas including but not limited to perceived harassment*, unfair treatment, concerns regarding work environment, program noncompliance with ACGME and RRC requirements and/or procedural discrepancies or inequities.

Once the resources and channels within a program have been exhausted, the clinical trainee is encouraged to contact the Graduate Medical Education Department (X45690) to arrange a meeting. He/she will then have the opportunity to discuss their particular situation in detail with the Director of Graduate Medical Education, Chairman, Division of Education, and/or the Administrator of Graduate Medical Education. Every attempt will be made by the Director and Administrator of Graduate Medical Education to investigate and resolve the reported issues.

If a workable solution is not reached by the Director and Administrator of GME, the clinical trainee/research fellow may choose to bring the matter before the Graduate Medical Education Council. Findings and action taken by the Graduate Medical Education Council are considered final and binding on all parties involved.

This policy is intended to provide clinical trainees with the opportunity to raise and resolve issues in their training program without fear of intimidation or retaliation.

WITHHOLDING OF STIPEND

The Cleveland Clinic reserves the right to withhold part of a clinical trainee/research fellow’s stipend, as recompense for:

a. Any loss of or destruction to Foundation property, such as library books, pagers, uniforms, etc.
b. Violation of Foundation parking regulations,
c. Debts incurred to the Foundation or its subsidiaries,
d. Overcharges to the on call meal system, or,
e. As an inducement for the clinical trainee/research fellow to complete any delinquent professional or administrative responsibilities/requirements.

RELEASE OF CLINICAL TRAINEE/RESEARCH FELLOW FILES

The following policy has been established for release of clinical trainee/research fellow files:

1. Clinical trainee/research fellow files may be reviewed by the clinical trainee/research fellow, their program director, division/department chairman or the full-time department education coordinators (designated by the program director).

2. Division chairman, department chairman, program director or designated individuals (secretary or 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/research fellow files by other staff will require a release signed by the clinical trainee/research fellow. The same sign out procedure (as described in #2) will be followed.

4. The clinical trainee/research fellow files are permanent and original records. They must be hand delivered, not mailed back to the GME Department 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 clinical trainee/research fellow’s training for the file. If the former clinical trainee/research fellow signs a release, a copy of the summary letter only, (not the entire file) will be provided as requested.
6. Contact the GME Department (X45690) before coming to review a file to assure the file is available.

7. After an individual has completed training or departed the Cleveland Clinic for other reasons, they are no longer considered employees and no longer have access to their file.

NON-DISCRIMINATION, HARASSMENT OR RETALIATION

Cleveland Clinic is committed to providing an environment that is free from any form of discrimination, retaliation or harassment, including sexual harassment. As stated in supervisory policy #005, it is the policy of Cleveland Clinic 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 or any other characteristic protected by law. If students or clinical trainees/research fellows have a concern related to discrimination or harassment, it is suggested that they discuss the issues with one of the following representatives of the Division of Education:

- Administrator, Cleveland Clinic Lerner College of Medicine, x57440
- Administrator, Graduate Medical Education, x45690

These individuals have been specially oriented to deal with concerns regarding harassment or retaliation. No employee will suffer any form of reprisal, nor will he/she be discriminated against or penalized for having reported harassment, discrimination, retaliation or for participating in any manner in an investigation of alleged non-discrimination harassment or retaliation.

PERSONAL APPEARANCE/DRESS CODE

Cleveland Clinic recognizes the importance of the professional appearance of its staff in maintaining an atmosphere conductive 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 are encouraged to wear ties unless they pose a safety hazard.
- Hosiery should be neutral in 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.
- Business casual attire may include khakis with a polo shirt (no vendor logo other than Cleveland Clinic). Jeans or denim material are not acceptable.
- Residents/Fellows furnished uniforms or other garments by the Cleveland Clinic are expected to keep them clean, pressed, and in good repair.
- Good personal hygiene is expected of all clinical trainees and research fellows.
- Failure to adhere to standards of dress and grooming may result in corrective action.

(For further information on CC personal appearance, please refer to Clinic Policy #536).

SMOKE FREE ENVIRONMENT

In an effort to provide a healthy environment for all employees, patients and visitors, and to continue our dedication to health and wellness, effective July 4, 2005, Cleveland Clinic and the Cleveland Clinic Health System became smoke free environments. Smoking bans on all Clinic and CCHS properties will be strictly enforced. To assist our employees, Cleveland Clinic will be offering special programs to help employees quit or reduce their tobacco use.

(For further information, check out the Clinic Intranet, Employee Services, Smash the Ash site).
NONSMOKING HIRING POLICY

To take further steps in preserving and improving the health of all its employees and patients, Cleveland Clinic has recently implemented a **nonsmoking hiring policy** requiring all job applicants and individuals receiving appointments to take a cotinine test (nicotine metabolite) during their pre-placement physical exam (health screening). This is a pre-employment test only. The cotinine test will detect the presence of nicotine in all forms of tobacco.

**Beginning September 1, 2007,** 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 then test negative after 90 days may be reconsidered for appointment at the discretion of the training program director should the residency /fellowship position remain vacant.

IN SERVICE EXAMS

In-Service exams are widely utilized by residency programs to assess resident knowledge. It is the policy of the Cleveland Clinic that the results of these examinations be used as a resource to provide guidance to program directors and feedback to residents 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 clinical trainee promotion or dismissal unless the associated RRC mandates otherwise.

PHYSICIAN IMPAIRMENT

Impairment is defined as “inability to practice medicine in a competent, consistent and ethical manner for reasons of illness, excessive stress or substance abuse.” Physical, emotional and psychiatric conditions may influence a physician’s ability to practice. In addition, physicians as a group are at high risk for chemical dependency that may lead to impairment. It is not known whether physicians are more at risk for substance misuse problems than other people in the general population, but the 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 Cleveland Clinic to assist its physicians in identifying and receiving treatment for conditions which may lead to impairment, while at the same time assuring the highest degree of safety and care the patients.

Cleveland Clinic, in order to insure the safety of patients and employees, and in order to provide the highest quality of medical care, is committed to providing a drug-free environment. Because of this commitment, Cleveland Clinic 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 Foundation property. The Cleveland Clinic Substance Abuse Policy #670 applies to non-staff employees and to physicians, with certain modifications, because of the greater responsibility of physicians in the care of patients. Cleveland Clinic is also bound by 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. Cleveland Clinic recognizes that the misuse of drugs or alcohol may indicate an illness with drug-induced effects on thinking, attitude, and behavior. All employees are encouraged to seek help voluntarily. Cleveland Clinic also provides education, prevention, treatment, reentry, and monitoring to assist employees while ensuring a drug-free environment. Help for physicians will include appropriate medical, psychological, and chemical dependency care in conformance with the substance abuse policy and the benefit plan.
To facilitate this process, the Board of Governors authorizes the following:

A) The Physician Health Committee-- Cleveland Clinic maintains a committee for the purpose of dealing with all matters related to physician health and impairment. Cleveland Clinic recognizes that medical, emotional and psychiatric conditions, as well as the misuse of drugs or alcohol, may influence thinking, attitude and behavior. The Physician Health Committee (PHC) serves as a clearinghouse for complaints, referral, evaluation, treatment, re-entry, monitoring, and compliance. All matters regarding possible or suspected physician impairment must be referred to the Physician Health Committee for review, comment, and recommendations. All matters brought before the Physician Health Committee will be kept strictly confidential and will be dealt with on a need-to-know basis.

B) Procedure for Screening New Clinical Trainees/Research Fellows--As a condition of employment, the Graduate Medical Education Department will assure that a standardized clinic medical history and a physical examination is completed by the Center for Corporate Health for each new clinical trainee/research fellow. Failure to complete the medical history and physical examination will result in withdrawal of the appointment. A former or resolved drug/alcohol abuse problem will not prevent employment at Cleveland Clinic, but in the event of a prior substance misuse problem, a comprehensive evaluation will be required as part of the pre-employment process.

C) Policies and Procedures for Physicians--As employees of Cleveland Clinic, all staff and clinical trainee/research fellow physicians must comply with the substance abuse policy. In addition, Cleveland Clinic 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 Trainees and Research Fellows are encouraged to refer themselves through the Department of Graduate Medical Education. The Cleveland Clinic reserves the right to withdraw the offer of training if the substance abuse policy is violated.

PROCEDURE FOR REFERRAL AND ASSESSMENT OF CLINICAL TRAINEES

This procedure is intended to be a guide and a resource to the Program Director as well as the clinical trainee.

Reasons for referrals include but not limited to:

1) self referral of mental health or wellness issue, including substance abuse
2) disruptive physician behavior *
3) chemical dependency, known or suspected
4) professionalism
5) performance issues
6) performance warnings

The role of the Employee Assistance Program (EAP or Concern), and the Physician Health Committee (PHC), are also reviewed in this protocol. A separate section entitled psychiatric emergencies is also reviewed.

It is important to underscore that when a Program Director is considering the use of the protocol, he/she should ask the questions

“Why am I not referring to the EAP?’
“Why am I not referring to the PHC?”

Resources for Program Directors:

- Employee Assistance Program EAP (Concern)
- Physician Health Committee PHC
- Psychiatry Emergencies
Disruptive Behavior Flags
Algorithms for Referral
Academic remediation and tutoring (Contact Allan Hull, M.D., Ph.D.)

Employee Assistance Program EAP (CONCERN)

**Telephone:** Appts.-216-445-6970; 24hr. pager - 23411  
**Contacts:** Kevin Peterca, LISW; Nichole Capitanio, LISW  
**Location:** Main Campus - P1-103; nine other locations

The role of the EAP is to provide a first entry and screening of wellness issues as well as limited (up to 10 sessions) of follow up/counseling. The referral can be self referred and referred by concerned supervisors, i.e. program directors. Confidentiality is maintained in the EAP (no entry into medical record/EPIC or computer appointment tracking).

Immediate access is available on campus and at various offices throughout NE Ohio. The EAP personnel are licensed independent mental health and chemical dependency professionals with expertise in interpersonal stress management, substance abuse screening, mental illness, work relationships, personal relationships, performance issues, as well as life style management.

Historically, the EAP is the **first stop** in “getting help” and is of no cost to the clinical trainee. No insurance is billed. Issues of medical leaves and FMLA are also entertained and the EAP counselors provide a balance of advocacy and institutional/patient risk management.

Following the initial assessment by the EAP counselor, a referral can be made as needed to other levels of assessment and/or treatment, including

1) Psychiatric assessment/treatment  
2) Psychological assessment  
3) Neuro psychological testing  
4) Substance abuse assessment/treatment  
5) Stress management courses  
6) Marital/family therapy

Strong consideration should be given by residency and fellowship directors in their collective orientation sessions and/or individual meeting with clinical trainees the existence and usefulness of the EAP program and referral process.

Equal awareness should be given to **supervising residents** and **chief residents** of the EAP role, as a timely referral by these supervisors is always encouraged and recommended.

Please refer to the section of the Graduate Physicians Manual on Benefits for additional information on the Employee Assistance Program (CONCERN).

**Physician Health Committee (PHC)**

**Telephone** 444-6847  
**Contact** Susan Rehm, MD  
**Location** S 32

The PHC was established 15 years ago. It is composed of various members of the Cleveland Clinic staff, including physicians, clinicians, counselors, and attorneys. Individuals may refer themselves to the PHC or referrals can be made by department chairs, EAP representatives, program directors, and others. The goals of the PHC are:

1) To assess, treat and monitor any condition that can affect performance, patient safety or the health of the trainee.  
2) To act as an intermediary, separating disciplinary issues from potential health or behavioral issues.
3) To coordinate fitness for duty assessments with involved parties. The PHC acts as a liaison between the treating physician and the program director to assure confidentiality of protected health information. A representative of the PHC will correspond with the clinical trainee regarding PHC recommendations for return to duty and notify the program director when clinical trainee is cleared to return to work.

The PHC is not a disciplinary entity but it deals with many performance issues which may directly affect patient care and the individual's licensure status. PHC members welcome early intervention and early referral. Referral of clinical trainees with performance deterioration (prior to performance warning) is highly recommended as an early referral is also conducive to advocacy for the clinical trainee as well as the program. As with the EAP, the PHC has the ability to refer the resident and fellow to various levels of assessment including:

1) Academic remediation and tutoring (Dr's Hull, Taylor)
2) Chemical Dependency Evaluation and treatment (Dr Collins)
3) Psychiatric and Psychological Evaluation and treatment (Dept of Psychiatry and Psychology)
4) Neuropsychological Assessments
5) Off campus assessments as indicated

A PHC referral by the Program Director MUST be made for known or suspected substance abuse/dependency and any issues that might impact the trainee's ability to obtain a medical license.

A PHC referral by the Program Director MAY be considered for any

1) Serious performance issue
2) Serious academic issue
3) Serious professional issue

Please refer to the section of the Graduate Physicians Manual under Benefits for additional information on the Physician Health Committee or refer to the Major Policies for Professional Staff http://intranet.ccf.org/opsa/Major%20Policies%20for%20the%20Professional%20Staff.pdf for detailed information about the Physician Health Committee

**Psychiatric Emergencies**

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Hospital Operator (Ask for STAFF on call)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Staff Psychiatrist on Call</td>
</tr>
<tr>
<td>Location</td>
<td>Main Campus</td>
</tr>
</tbody>
</table>

A psychiatric staff is on call 24 hrs/7 and can be accessed by calling the hospital operator. This staff member is available to discuss with the referring physician (program director, chief resident, or colleague) a screening assessment of the psychiatric emergency and appropriate triage which may include and not limited to

1) emergency room assessment
2) urgent psychiatric inpatient admission
3) same day or next day psychiatric assessment
4) urgent chemical dependency assessment and/or inpatient chemical dependency admit

The psychiatric staff on call will also facilitate the appointment for the psychiatric assessment that may be necessary.

**Special Considerations for Chemical Dependency Issues**

<table>
<thead>
<tr>
<th>Telephone</th>
<th>ADRC 444-4836 24 hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Dr Collins 444-2970</td>
</tr>
<tr>
<td>Location</td>
<td>P 47</td>
</tr>
</tbody>
</table>
Any reason for cause or concern of substance abuse or dependency warrants immediate action. The first step is notification of the Alcohol and Drug Rehabilitation Center (ADRC), which is located on P 47 and is open 24 hrs a day. Dr Collins will be notified during working hours and directly communicate with the supervisor. The psychiatry staff on call will be notified when after hours and on weekend.

Once the ADRC is notified by the trainee supervisor, the supervisor needs to escort the clinical trainee to the clinical site where substance testing can occur. This site on main campus is the ADRC (Desk P 47) located in the P Building. The P47 testing site is also open 24 hrs/7. The appropriate screening tests should be identified by the Alcohol and Drug Rehabilitation Center (ADRC) and performed in a timely manner. The PHC should also be notified by the clinical trainee’s program director, regardless of the results of substance testing.

The trainee’s supervisor will direct the clinical trainee under evaluation to be placed under the care of the ADRC staff and be admitted to the ADRC in-patient unit when indicated. There are strict institutional evaluation and treatment protocols which the trainee must follow when being evaluated for substance abuse or dependency issues.

The focus of the ADRC staff is to provide evaluation and treatment for any substance abuse or dependency issues and do so in the context of clinician performance and patient care issues. It is important for both the supervisor and trainee to understand that any refusal to comply by the trainee with the evaluation and treatment process may result in termination and report to the State Medical Board.

Substance Abuse – Signs & Symptoms

<table>
<thead>
<tr>
<th>Behavioral</th>
<th>Family Problems</th>
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</thead>
<tbody>
<tr>
<td>Inappropriate behavior or comments</td>
<td>Marital or sexual problems</td>
</tr>
<tr>
<td>Defensiveness</td>
<td>Extramarital affairs</td>
</tr>
<tr>
<td>Workaholic</td>
<td>Frequent arguments, sometimes violent</td>
</tr>
<tr>
<td>Poor reliability</td>
<td>Unexplained absences</td>
</tr>
<tr>
<td>Failure to accept personal responsibility</td>
<td>Problems with children</td>
</tr>
<tr>
<td>Decrease tolerance for others</td>
<td>Withdrawal from family</td>
</tr>
<tr>
<td>Public intoxication</td>
<td>Loss of friends</td>
</tr>
<tr>
<td>Legal problems (DUI)</td>
<td>Drug paraphernalia found in house</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal and Social Destruction</th>
<th>Health Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violation of one’s own value system</td>
<td>Frequent common infections</td>
</tr>
<tr>
<td>Decreased involvement</td>
<td>Self-prescribing</td>
</tr>
<tr>
<td>Unreliability and neglecting commitments</td>
<td>Frequent vague or complex illnesses</td>
</tr>
<tr>
<td>Socialization with users</td>
<td>GI complaints</td>
</tr>
<tr>
<td>Unpredictable behavior</td>
<td>Hypertensive, headaches</td>
</tr>
<tr>
<td>Embarrassing behavior</td>
<td>Patient complaints</td>
</tr>
<tr>
<td>Leaving church affiliation</td>
<td></td>
</tr>
<tr>
<td>Isolation</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Emotional Problems</th>
<th>Compulsive Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lethargy</td>
<td>Irresponsible, illogical irrational use</td>
</tr>
<tr>
<td>Depression</td>
<td>Lying, stealing, hiding use</td>
</tr>
<tr>
<td>Unexplained grief</td>
<td>Using before social event</td>
</tr>
<tr>
<td>Argumentative, explosive outbursts, edgy</td>
<td>Using alone</td>
</tr>
<tr>
<td>Anxiety, hyperactive</td>
<td>Structuring life around use</td>
</tr>
<tr>
<td>Poor memory, concentration</td>
<td>Self-medicating with sample</td>
</tr>
<tr>
<td>Financial problems started</td>
<td>Rationalization of use</td>
</tr>
<tr>
<td></td>
<td>Inability to control or stop use once started</td>
</tr>
</tbody>
</table>
Work Difficulties
Blaming, accusing, paranoia, feeling victimized
Increasingly sloppy and unreadable charting
Frequently relieve others
Desire to work alone
Volunteer extra call, come in early, leave late
Signs and symptoms of withdrawal (excessive sweating, tremors, prolonged pupil dilation, runny nose, muscle pain, nausea and vomiting).
Tardiness, absences
Loss of satisfaction and interest in work activities
Mistakes and accidents
Conflicts with authority
Over prescribing or under prescribing
Rounds at unusual times, frequent bathroom breaks.
Weight loss and pale skin

Most common:
Sudden change in behavior
Mood swings-irritable and grumpy and then suddenly happy and bright
Withdrawal from friends and family
Careless about personal grooming
Loss of interest in hobbies, sports and other favorite activities
Changed sleeping pattern; up at night, sleeps during day
Red or glassy eyes
Sniffy or runny nose

http://www.narconon.org/signs_symptoms.htm

Narcotics/Opioids (heroin, fentanyl, demerol)
Droopy eyelids Nodding of the head,
Drowsiness Depressed reflexes
Low, raspy, slow speech Dry mouth
Facial itching Euphoria
Fresh and old injection sites Nausea

Depressants (barbiturates, alcohol, benzodiazepines)
Uncoordinated Disoriented
Sluggish Thick, Slurred speech
Drunk-like behavior Staggered gait
Drowsiness Droopy eyelids
Fumbling

Hallucinogens (LSD, Ecstasy, Mushrooms)
Dazed appearance Body tremors
Synesthesia Hallucinogens
Paranoia & Flashbacks Lack of coordination
Nausea Disorientation
Speech problems Perspiration
Poor time and distance perception

Stimulants (cocaine, amphetamines, methamphetamines)
Restlessness Body tremors Excitement
Euphoria Talkativeness Exaggerated
Reflexes Anxiety Teeth clinching/grinding
Loss of appetite Insomnia Increased alertness
Dry mouth Irritability Redness in nasal area and runny nose
**Phencyclidine** (PCP, angel dust)
Perspiration               Warm to the touch
Blank stare                Speech problems
Incomplete verbal responses Repetitive speech
Increased pain threshold   Cyclic behavior
Confusion                  Agitation
Hallucinations             Possible violence and combativeness
Chemical odor              Unusual gait

**Cannabis/Marijuana**
Odor of marijuana          Marijuana debris in mouth
Body tremors               Eyelid tremors
Relaxed inhibitions        Increased appetite
Impaired perception of time and distance Disorientation
Possible paranoia

**Inhalants** (aerosols, spray paint)
Odor of substance          Possible nausea
Slurred speech              Disorientation
Confusion                   Bloodshot, watery eyes
Lack of muscle control     Flushed face
Non communicative          Intense headache
Residue of substance around nose and mouth
Disruptive Behavior Flags

Examples of Disruptive Behavior

Table 1. Examples of Disruptive Behavior*

<table>
<thead>
<tr>
<th>Examples of Disruptive Behavior*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profane or disrespectful language</td>
</tr>
<tr>
<td>Demeaning behavior (for example, referring to hospital staff as “stupid”)</td>
</tr>
<tr>
<td>Sexual comments or innuendo</td>
</tr>
<tr>
<td>Outbursts of anger</td>
</tr>
<tr>
<td>Throwing instruments or charts</td>
</tr>
<tr>
<td>Criticizing hospital staff in front of patients or other staff</td>
</tr>
<tr>
<td>Negative comments about another physician’s care</td>
</tr>
<tr>
<td>Boundary violations with staff or patients</td>
</tr>
<tr>
<td>Inappropriate chart notes (for example, criticizing the treatment provided by other caregivers)</td>
</tr>
<tr>
<td>Unethical or dishonest behavior</td>
</tr>
</tbody>
</table>

* From reference 3.

Annals of Internal Medicine

Algorithms for Referral

- Self referral
  - Non Chemical Dependency Issue ➔ EAP
  - Chemical Dependency Issue ➔ PHC
  - Disruptive behavior ➔ PHC

- Program referral
  - Non Chemical Dependency Issue ➔ EAP
  - Performance Issue / Performance Warning ➔ EAP*
  - Chemical Dependency Issue ➔ PHC
  - Disruptive behavior ➔ EAP
  - Academic Issue ➔ Remediation and Tutoring

- Psychiatric Emergency ➔ Psych Staff on Call

- Chemical Dependency Emergency ➔ ADRC protocol
*AS APPROPRIATE

PSYCH
and
CD

Program
Director

PHC

EAP

Clinical
Trainee
TERMINATION PROCEDURE

When a clinical trainee/research fellow completes training and leaves the Cleveland Clinic or leaves the Cleveland Clinic for any reason, they are required to process out through the Graduate Medical Education Department.

The final termination procedure includes meeting all training program requirements, returning Cleveland Clinic property and obtaining the program director’s or coordinator’s signature. The F700 Termination Form and Booklet can be obtained from the Graduate Medical Education Department. After the form is completed, you must return it to the Graduate Medical Education Department before the final paycheck will be mailed to the forwarding address provided.

All Lerner Research Institute post-doctoral research fellows must have an exit interview with the Director of Research Education before leaving the Clinic.

All clinical trainees who discontinue their appointment before the end date should submit a resignation letter to Graduate Medical Education. Please contact GME Department (x45690) for additional information.

EVALUATION OF TEACHING FACULTY

Through the Medical Education Tracking System (METS), clinical trainees are required to complete evaluations of their supervising teaching faculty at the end of each rotation. The number of evaluations that each trainee is required to complete will vary depending upon their service assignment and/or number of attending staff. Comparable evaluation systems may be approved and used at the discretion of the GMEC.

At the end of each rotation, METS will notify clinical trainees, via e-mail, that they have evaluations to complete. Upon logging into METS, trainees can view a list of their assigned teaching faculty. Trainees can add or remove faculty, from their assigned list, based on their rotation experience. METS will continue to send weekly reminders to trainees until all of their assigned evaluations have been completed.

Included in each teaching evaluation are Likert Scale questions relating to learning environment, teaching strategies, medical knowledge, and medical skill. Clinical trainees have the option to supplement their answers with comments about a faculty’s strengths and weaknesses.

The confidentiality of teaching evaluation data is strictly ensured. Teaching faculty are provided with an annual report of their rating only if at least 5 evaluations have been completed throughout the year. They cannot access individual evaluations. METS is designed to protect the anonymity of clinical trainees. Under no circumstances will the results of an individual teaching evaluation be linked to an individual trainee.

Teaching evaluations completed by clinical trainees are an important part of a teaching faculty’s Annual Professional Review (APR). These results are used to reward teaching excellence and identify areas where improvement is necessary.

EVALUATION OF CLINICAL TRAINEES

The Medical Education Tracking System (METS) can be used by individual teaching faculty to rate the skills of clinical trainees they have supervised. Teaching faculty are advised to complete these performance evaluations at the end of a trainee’s rotation on their service. Comparable evaluation systems may be approved and used at the discretion of the GMEC.

METS will assign performance evaluations to faculty by matching their service dates to a trainee’s rotation schedule. Ultimately, faculty can add or remove trainees from their assigned list based on their service experience. Thus, faculty members are not obligated to complete evaluations on trainees with whom they had only minimal contact.
Likert Scale questions relating to clinical skill, medical knowledge, communication, professionalism, and other important attributes, are included in each performance evaluation. Teaching faculty are required to provide rationale for any answers of unsatisfactory or below. In addition, they have the option to supplement their answers with general comments.

Program Directors should meet periodically with clinical trainees to review the results of their performance evaluations. Refer to specific RRC Program Requirements for more detailed information regarding the frequency of these reviews. Composite evaluations are required for a trainee’s permanent education file at least 2 times per year.

EVALUATION OF TRAINING PROGRAMS

Annually, between April and June, clinical trainees are required to evaluate the strengths and weaknesses of their training programs via the Medical Education Tracking System (METS).

Using a Likert Scale, trainees have an opportunity to answer questions about an array of factors that contribute to their overall impression of their respective programs. For example, the survey includes specific questions about program leadership, time management, learning resources, and patient care experiences.

The confidentiality of program evaluation data is strictly ensured. The results from each program’s trainees are summarized before being reported to Program Directors and the Graduate Medical Education Council (GMEC). Any program with less than 3 evaluations submitted will not have the mean and standard deviation reported in order to protect the confidentiality of their trainees.

Information gathered from program evaluations is helpful measuring the effectiveness of the training program and is considered in future planning.

CLINICAL TRAINEES’ ROLE IN THE EDUCATION OF MEDICAL STUDENTS

Cleveland Clinic has had medical students rotating on its campus since 1974 and clinical trainees have always played a central role in their educational experience. The following information is designed to assist clinical trainees in serving in this important role. The clinical discipline leader in each specialty area is expected to meet with the clinical trainees and discuss the role of the clinical trainees in relationship to the students.

The clinical trainee plays a critical role in the education of medical students. In the hospital setting, the clinical trainees are the point of first contact for the student. Clinical trainees will teach a substantial amount of what the students learn.

1) Clinical trainees have multiple roles, including supervisor, teacher, role model and assessor.

2) Clinical trainees must orient students to a new service: Students depend on the resident to give them a tour of the facility, to tell them where to be and when, and what to do when they get there. The clinical trainee needs to spend time with the student specifying his/her role in things such as:

- Blood draws
- Precautionary measures, such as infection control
- Numbers of patients to be seen per day
- Write ups to be handed in per week
- Conferences to attend
- Frequency of call and where the on call quarters are for that service
- Time of rounding
- How to access computers for laboratory information


• Policy on writing orders with counter signature
• Expected times for arrival and departure
• Policy for absenteeism
• Layout of facilities

Teaching Role of Clinical Trainee
1. Specify learning objectives: The clinical trainees should be familiar with rotation objectives. The students should be informed about the objectives for their rotation on their first day.

2. Specify organization: The clinical trainee should describe the rotation expectations, for example, how much time students should spend on different activities, such as rounding and patient care responsibilities.

3. Specify teaching methods: Students should have time set aside each week to meet with the attending and/or senior resident. This provides an opportunity for the student to ask questions, receive feedback and to learn, for example, medical facts, ethical issues, the diagnostic process, treatment options, management plans, doctor-patient communication skills, cost-containment, preventive medicine, and interdisciplinary care.

4. Be role models: Clinical trainees are role models for students. Role modeling behavior includes ethical behavior and professionalism, medical reasoning, clinical decision-making, and compassionate, humanistic approaches to patient care.

5. Expectations of student performance: The clinical trainee needs to have an understanding of the level of the student. The level of the student significantly impacts the student’s performance significantly.

6. Students should be treated with respect: Acceptable professional conduct encompasses both positive and negative feedback. Destructive, belittling comments do not enhance learning and are inappropriate.

Evaluative Role
1. Give Feedback: Clinical Trainees should provide constructive feedback to the students. Feedback needs to be ongoing, throughout the rotation. It should be clearly defined and should include both constructive criticisms and positive feedback. If students are having problems, these need to be identified, with the expectations written down, and a plan agreed upon by all parties on how these problems can be solved. It is also important to convey positive feedback regarding performance.

2. Evaluative Role: Clinical Trainees are expected to directly observe and assess the student’s performance in areas such as patient care, histories and physicals, etc. When needed, the clinical trainee needs to educate the student on the methods that need improvement. Clinical Trainees may be asked to complete formal evaluations of students.

The Medical Education Tracking System (METS)
1. METS is an online evaluation system at Cleveland Clinic that enables medical students/clinical trainees to assess the clinical teaching ability of professional staff and graduate trainees (other clinical trainees) from any computer. All medical students and graduate trainees are strongly encouraged to assess the teaching ability of their clinical supervisors for each rotation they complete at CCF. All evaluations submitted to METS are confidential. Additionally, any formal reports of teaching evaluations are presented only in aggregate form to right-to-know parties (i.e., division heads, department chairs, individual faculty/trainees) in order to ensure student/trainee confidentiality while still fostering an environment of continuous improvement in clinical teaching ability.
RESIDENCY CLOSURE/REDUCTION POLICY

In order to reiterate the institutional commitment of the Cleveland Clinic to graduate medical education, the following policy has been established and approved by the Graduate Medical Education Council (GMEC).

The Cleveland Clinic will inform the GMEC, the Designated Institutional Office, and the affected residents as soon as possible when it decides to reduce the size of or close one or more programs or when the Cleveland Clinic intends to close.

In the event Cleveland Clinic decides to reduce the number of residency positions in any ACGME program, Cleveland Clinic will attempt to reduce the numbers over a period of time so that it will not affect the residents currently in the program. If this is not possible, Cleveland Clinic will make reasonable efforts to assist the residents in identifying and entering another ACGME program.

In the event Cleveland Clinic decides to close a residency program, the residents in it, or committed to it, will be allowed to complete their education if faculty and patient material is adequate. If either faculty or patient material is inadequate, the Cleveland Clinic will make reasonable efforts to assist the residents in identifying and entering another ACGME program.

In the event that Cleveland Clinic were to close, the DIO and the GMEC would be notified as soon as possible. The DIO would work in conjunction with the ACGME, the GMEC and, Cleveland Clinic program directors as well as local teaching hospitals to arrange permanent transfers for residents and fellows to other ACGME programs.

If a reduction or closure would occur at Cleveland Clinic, the DIO and the GMEC would work with the program director of the affected program(s) to develop a rotation at another medical center that could offer the requisite educational experience.

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

1. 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.

2. 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.

3. 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.

4. 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.

5. For more detailed information regarding supervision, please refer to the Clinical Trainees Supervision Policy.

**Duty Hours**

1. 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.

2. 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.

3. 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.

4. 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**

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

2. 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.

3. 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.

5. 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.

6. 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.

7. 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

1. 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.

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

3. 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.

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

Program Oversight of Clinical Trainees Duty Hours

1. 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.

2. 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.

3. 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.

4. 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 Council. In addition, the program will need to respond to questions pertaining to actual duty hours worked over the last 4-week time period.

6. Programs must provide an action plan to the Graduate Medical Education Council to address any areas of non-compliance.

7. 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 Council with their actual hours worked within a reasonable time period may be subject to performance warning.

Graduate Medical Education Council Oversight of Duty Hours

1. The Graduate Medical Education Council will monitor each training program’s duty hours on a monthly, quarterly and/or random intervals as requested by Council.

2. 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.

3. For any areas of non-compliance, the Graduate Medical Education Council will request a written action plan.
4. Based on the extent and severity of non-compliance, Council will determine if any additional followed-up is required. If so, the following may occur:
   a. Council 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 Council to discuss the response. Council will provide assistance in developing a new action plan.
   c. The Graduate Medical Education Council will continue to follow-up until compliance with all requirements is achieved.

5. The Graduate Medical Education Council 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 Council

6. The Graduate Medical Education Council 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 Administrator of Graduate Medical Education who will investigate concerns and report findings to the Graduate Medical Education Council for review and action plan.

Request for Duty Hour Exceptions
1. ACGME Common Program Requirements has a provision that provides programs with the opportunity to request an exception to the 80-hour workweek limit (averaged over 4 weeks). This provision gives the individual RRC’s the authority to evaluate requests from individual programs for a maximum 10% increase to the 80-hour limit.

2. Each RRC has the option whether they accept or do not accept requests for duty hour exemptions. Program Directors must contact their respective RRC prior to begin the paperwork for an exemption request. If the RRC accepts requests for the 10% increase to the 80-hour limit, the formal proposal must be approved by the GMEC prior to submission to the RRC.

3. The following information should be provided to the Manager of Accreditation Activities in GME via email. Upon receipt, a date and time will be arranged for the Program Director to present the request to the GMEC. The request must be received prior to the meeting when it will be reviewed. If a request does not include the information requested or is considered to be incomplete, it will be returned to the Program Director for revision.

4. The proposal to the GMEC must include the following documentation:
   • Program-Specific Duty Hour & Work Environment Policy: This policy should demonstrate how the program intends to monitor and oversee trainee’s duty hours. Any RRC-specific duty hour requirements take precedence over the Duty Hour Language in the ACGME Common Program Requirements.
   • Educational Rationale: The request must be based on a sound educational rationale that should be described in relation to the program’s stated goals and objectives for the particular assignments,
rotations, and level(s) of training for which the increase is requested. The ACGME states that blanket exceptions for the entire program should be considered the exception, not the rule. The program’s responsibility is to make a clear showing that the exception is necessary for educational reasons. This justification must be driven by an educational need that cannot be met in the 80-hour workweek and not by a service need of the department. GMEC members will be seeking educational opportunities residents are missing and how the clinical department intends to replace these educational experiences using the increased time.

- **Moonlighting Policy:** Specific information regarding the program’s moonlighting policies for the periods in question must be included.
- **Call Schedules:** Specific information regarding the trainee call schedules during the times specified for the exception must be provided.
- **Faculty Monitoring:** Evidence of faculty development activities regarding the effects of fatigue and sleep deprivation must be appended.
- **Patient Safety:** Information must be submitted that describes how the program and institution will monitor, evaluate and ensure patient safety with extended work hours. (i.e. providing detail regarding the level of supervision provided or additional backup may be methods to assure this).
- **Approval:** Signatures of the Department Chair and the Division Education Committee Chair or Division or Institute Chair.

5. **Notification of GMEC Action:** Upon review, the Program Director will be notified, in writing, of the GMEC’s action.

**Working Environment**

1. Graduate medical education at the Cleveland Clinic must occur in an environment in which clinical trainees may raise and resolve issues without fear of intimidation or retaliation.

2. The Cleveland Clinic 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 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 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:
   a. **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, including the International Café (H cafeteria), McDonald’s and vending machines. See the full On-Call Meal Policy for details.
   b. **Call Rooms:** The Cleveland Clinic maintains on-call rooms for clinical trainees that are required to be on-call in-house overnight. Clinical trainees, who are called into the hospital at night, may utilize the “Restricted Use” rooms. A list of on-call room designations is posted in the TT Building. Any clinical trainee required to be in-house must have access to a call room.
   c. **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.

e. Medical Records: The Cleveland Clinic has an electronic medical records system by Epic Systems. There are several components to the Epic System software that include an outpatient electronic medical record (EpicCare) and an inpatient electronic medical record (Epic Inpatient) as well as a scheduling/registration, patient access and inpatient pharmacy. These integrated components are accessed through a single MyPractice/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.

f. 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. The Cleveland Clinic 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 Police Department. Personal escorts are provided by contacting the Cleveland Clinic Police Department.

g. Additional Program Resources: The Cleveland Clinic 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.

MOONLIGHTING POLICY
(Pertaining to Clinical Trainees in ACGME Accredited 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 the Cleveland Clinic 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 the clinical trainee's training and commensurate with a clinical trainee's level of experience and skill. These supplemental responsibilities are fully supervised and occur outside normal training hours.

3. Independent patient care activities outside the Cleveland Clinic. Clinical trainees 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 clinical trainee 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 Council is responsible for monitoring and advising on all aspects of training at the Cleveland Clinic 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 Graduate Medical Education Council has implemented the following policy regarding activities outside the training program (referred to as moonlighting).

1. Moonlighting should not interfere with the goals and objectives of the training program or hinder patient care in any way.
2. Clinical trainees must not be required to moonlight.

3. Clinical trainees must submit prospective written notification to their program director indicating that they will be engaged in moonlighting activities. The program director must acknowledge the moonlighting activity with a signature on the notification form and this form will be maintained in the clinical trainees’ program file.

4. Any internal moonlighting that occurs within the sponsoring institution (CCF) or the sponsor’s primary clinical sites must be counted toward the 80 hour weekly limit on duty hours. This is a specific requirement of the ACGME.

   The decision to allow clinical trainees of any training program to participate in moonlighting activities shall be at the discretion of the program director. The program director may request that a clinical trainee not moonlight for any of the following reasons:

   a. The moonlighting activity would exceed the RRC requirement limiting duty hours and frequency of on call.
   b. The clinical trainee is unable to meet any of the requirements of the training program.
   c. The clinical trainee’s performance is below the expected standard for his/her level of training.
   d. The program director feels the requirements of the program are such that none of the clinical trainees in the training program may moonlight.

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

**MOONLIGHTING NOTIFICATION FORM FOR CLINICAL TRAINEES IN ACGME/ABMS PROGRAMS**

The Accreditation Council for Graduate Medical Education (ACGME) now requires that clinical trainees submit prospective written notification to their program director indicating that they will be engaged in moonlighting activities. The program director must acknowledge the moonlighting activity with a signature on the notification form and this form will be maintained in the clinical trainees’ program file.

The program director should assure (to the best of his/her ability) that the moonlighting experience for each clinical trainee does not compromise the following: the educational experience of the clinical trainee’s training program; the clinical trainee’s prescribed duty hours for that specialty (established by the Residency Review Committee); and, the nature of the moonlighting work is appropriate for the clinical trainee’s level of experience.

Program directors have the authority to approve or deny moonlighting opportunities for clinical trainees based on their ability to meet training program goals and objectives. Also, program directors may feel the requirements of the training program preclude clinical trainee involvement in outside activities during portions of the training program or during the entire training program. Any internal moonlighting that occurs within the sponsoring institution (CCF) or the sponsor’s primary clinical sites must be counted toward the 80 hour weekly limit on duty hours. A detailed policy on Moonlighting is located in the Graduate Physicians Manual.

Clinical trainees in programs that are accredited and lead to board certification are required to complete the moonlighting form and submit to their program director prospectively for approval prior to accepting and engaging in moonlighting activities. To obtain form, please check with your program director office or GME department.
INVENTION AND DISCOVERY POLICIES

POLICY ONE: As a condition of their affiliation with The Cleveland Clinic, all professional staff, employees and trainees agree to:
- Assign all rights, title and interest in improvements, discoveries, ideas and innovations arising out of their professional activities while affiliated with the Foundation;
- Communicate with Office of Technology (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 Foundation 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 Foundation. 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 proposals to engage in clinical research must be submitted to CCF’s Institutional Review Board (IRB). Research is a systematic investigation designed to contribute to generalizeable knowledge. Research is most commonly associated with randomized trials, drug studies, and device studies. However, innovative surgical procedures, retrospective chart review, epidemiologic studies, registries, and other records-based data analyses involve reviewable research if designed to contribute to generalizeable knowledge. Questions should be addressed to the Office of the Institutional Review Board. Clinical Trainees are sometimes invited to become the subjects of clinical research. Clinical Trainees 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 Director of Graduate Medical Education or the Chairman of the Division of Education.

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 Cleveland Clinic Office of the General Counsel (216) 297-7000, TR38.

For detailed information, refer to Policy #514 in the Clinic Supervisory Policy and Procedure Manual.

GUIDELINES FOR INVESTIGATING SCIENTIFIC MISCONDUCT

It is the desire of 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 Foundation’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 the 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 clinical trainees 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 Graduate Medical Education Department.

**FINGER PRINTING**

The Office of the Inspector General Compliance Program guidelines for hospitals requires the finger printing of all new personnel. The Department of Protective Services will do the finger printing and submit them for background checks. Employment is conditional pending the return of the background check.

**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 Foundation has established the following policy to comply with the Hazard Communication Standard (29CFR 1910.1200) of the Occupational Safety and Health Act and the City of Cleveland's Hazardous Chemical Right-to-Know Code.

For detailed information, refer to Policy #620 of the Clinic Supervisory 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 cameras, video cameras, movie cameras, cellphones or cellphone 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 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

Requesting a Consultation:

1. Any staff physician has the privilege of requesting an indicated consultation. The appropriate form should be used when requesting a consult.
2. 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.
3. Consultations should be requested only when indicated.
4. 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.
5. 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.
6. The type of consultation desired should be designated, e.g., diagnosis, treatment, transfer, scientific interest, etc.
7. The nature of the problem should be clearly stated for the benefit of the consultant.
8. The physician in charge should be first to report to the family doctor or other outside referring physicians.
9. The physician in charge may request any of the consultants to send a supplemental report.
10. The patient should be informed of the nature and need for special consultation.
Direct communication between the physician requesting the consult and the consultant is strongly encouraged.

Responsibilities of a Consultant:

1. The consultant must address the questions that have been raised in a thorough and timely manner.
2. The consultant should not refer a patient for additional consultations without prior agreement with the physician in charge.
3. The consultant should not under ordinary circumstances treat a referred patient without the knowledge and consent of the referring physician.
4. 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.
5. 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.
6. The patient should neither be admitted to nor discharged from the hospital without notifying the physician in charge.
7. 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.
8. The initial medical examiner should be called as consultant for any subsequent medical problem that 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 surgeon should order the latter studies. 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.

Methods of Obtaining Preoperative Clearances:

In Clinic--a few days in advance of hospital admission, request on Form F-18--check Pre-Op Clearance.

In Clinic--on way into hospital--request when hospital appointment made by utilizing hospital admission form F15B. Surgeon to order basic laboratory and X-ray studies plus EKG, when indicated.

In Hospital--this may involve an extra day of hospitalization for patients whose surgeons have morning schedules.

Medical Consultation:

Designed for a specific problem found in the course of history and physical examination which has been conducted by a particular surgical service. NOTE: Surgeons should not request consultation of a specific medical specialty when another medical service has been coordinating patient care.

Methods of Obtaining Medical Consultation (Surgeons: Request Consultation):

In Clinic--on way to hospital when outpatient physical examination has been done by surgical service. Request in advance on Form F15B.
In Hospital—after admission—may involve a day of delay.

Anesthesia Consultation:

Designed to alert anesthesiologists to potential problems prior to patient arrival in the Operating Room. Should be requested on all Class III and IV patients even if complete medical evaluation has been done.

Call Anesthesia Office the day preceding surgery or by leaving a note at the anesthesia Control Desk on night preceding surgery.

Consultation Request:

Consultation ONLY, Notify Today. Proceed as appropriate notify in AM.
Referring Physician/Service
Consultant Requested/Service
Reason for Consultation
Emergency—Must be called in by Physician

Urgent/Routine:

The Cleveland Clinic formally addresses ethical and humanistic issues in the care of hopelessly ill patients. Guided by our institutional ethos, the Ethics Committee studied the clinical, medical, and legal aspects of the decisions affecting the care of these patients. The deliberations of the Committee are discussed in several booklets that may be obtained by calling Bioethics X48720.

HUMAN RESEARCH SUBJECTS AT THE CLEVELAND CLINIC

IRB TRAINING INITIATIVE WITH (CITI) ON-LINE COURSE IN THE PROTECTION OF HUMAN RESEARCH SUBJECTS

All clinical trainees and research fellows who are participating in human subject research at the Cleveland Clinic are required to complete the collaborative IRB training initiative with CITI on-line course. CITI course is sponsored by the University of Miami Office of Continuing Medical Education at www.citiprogram.org.

The purpose of the CITI course is to develop, implement and maintain a high quality web based educational program in the protection of human subjects in research. This educational training must be completed prior to your participation on any human research activity from retrospective chart review and survey research to clinical trials. The course covers 18 separate modules from the History and Ethical Principles, Informed Consent, Vulnerable Subjects, Records-Based Research, FDA regulated research, Privacy and Confidentiality, Conflicts of Interest, and Hot Topics.

Although clinical trainees and research fellows may not be immediately involved in human/clinical research, Cleveland Clinic IRB would strongly encourage all clinical trainees and research fellows to take this course to gain special knowledge and use as reference material relating to the conduct of clinical research. Cleveland Clinic Institutional Review Board (IRB) is a committee responsible for ensuring the proposed research is ethical, conducted in accordance with regulations and protect the safety and welfare of research participants and that participants are adequately informed. If you have any issues regarding the CITI course, please speak with Dan Beyer, Executive Director of Cleveland Clinic IRB.

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 his limitations of various laboratory diagnostic tests that 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, 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 should file a “Record of Occupational Injury and Illness” form (#02869) with his/her supervisor and contact the occupational health triage personnel by calling the Clinic exposure hotline (445-0742). A risk assessment if determined by the triage individual from Occupational Health based on identification of infectious material and mode of transmission.

If the source patient from such an exposure is identified, consent to permit HIV testing will be sought. In the absence of consent, the request to test the patient will be referred to the Chairman of the Infectious Control Committee. Employees with exposure to source patients who are HIV-infected or whose HIV status cannot be determined will be encouraged to have follow-up HIV testing at three, six, and twelve months after exposure. Depending on the degree of exposure and patient risk factors, they may also receive post exposure HIV prophylaxis (see post exposure protocol). Such employees should be advised to report and seek medical evaluation for any active illness that occurs during the follow-up period. For 24 weeks after exposure, when most exposed persons would be expected to seroconvert, the Public Health Services recommends the following measures for preventing transmission of HIV: 1) refraining from blood, semen, or organ donation, 2) refraining from sharing needles, and 3) abstaining from sexual intercourse or using measures to prevent HIV transmission during sexual intercourse.

After the tests results are available, the employee will be informed and counseled. If the test result is positive, a report will be submitted, with the employee’s knowledge, to a designated primary physician and the Chairman of the Infection Control Committee. If a non-Cleveland Clinic health care provider, emergency services worker, police officer or fire fighter sustains a significant exposure to the body fluids of a Cleveland Clinic patient, the exposed individual may request that the patient be tested for HIV by the Infection Control Department.

CONFIDENTIALITY

All Cleveland Clinic employees must preserve the confidential nature of HIV testing and results. Breach of confidentiality is grounds for dismissal (Policy #510).

DISCLOSURE OF INFORMATION

Copies of patient records, which contain HIV-related information, may be released to specified individuals, upon receipt of a written and valid authorization. HIV-related information may be released to the following without patient authorization: Cleveland Clinic employees who have a need to know; a health care facility or provider that procures, processes, distributes, or uses a human body part, from a deceased individual which is donated for a purpose; the appropriate governmental health department; a non-Cleveland Clinic health care provider, EMS worker, peace officer, or fire fighter who has sustained a significant exposure to a patient. If the patient receives post-exposure testing for HIV upon authority of the Infectious Control Committee, his or her identity may not be revealed.

HEALTH CARE WORKERS WITH HIV INFECTION

Effective July 31, 1996, all Ohio State Medical Board licensees are subject to new rules about HIV and HBV. The attached rules incorporate guidelines and procedures that the Ohio Department of Health (ODH) Task Force on the Transmission of Blood Borne Pathogens by Health Care Professional identified as necessary to minimize the risk of HIV/HBV transmission from health care providers to the public.

The rules require:

- A physician to obtain testing if he/she has reason to suspect he/she is infected with HIV/HBV
- A physician who learns he/she is infected is required to submit to assessment and monitoring by an appropriate review panel established or approved by the Ohio Department of Health (ODH). Any practice restrictions established by the panel must be observed to minimize risk to patients
- A physician who learns that a colleague is seropositive is required to assure that he/she is referred to an appropriate entity for assessment and monitoring. If an infected colleague fails
to self-report within seven days after being informed of his/her duty to do so, the physician is required to report their knowledge of the serosensitivity to the State Medical Board.

- Recognizing the deeply personal and sensitive nature of this information, the Medical Board rules encourage voluntary compliance to minimize the risk that a practitioner’s seropositive status will be publicly divulged. The Medical Board believes that the majority of affected physicians will choose to be monitored exclusively by ODH or by an ODH-approved institutional panel.

**HIPAA - HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996**

This Federal privacy rule provides national standards to protect individuals’ medical records and other personal health information. As a health care Institution, The Cleveland Clinic must comply with this privacy rule. All health care providers and employees of The Cleveland Clinic are required to complete a designated training program on or around their start date.

**OSHA BLOOD-BORNE PATHOGEN STANDARD**

Federal law mandates that all clinical trainees attend in-service training sessions annually regarding the blood-borne Pathogen Standards. New clinical trainees will attend the in-service during the orientation sessions.

**CELLULAR PHONES**

To provide for a safe patient environment, the Cleveland Clinic Foundation permits the use of cellular telephones in approved areas while restricting their use in patient care areas. Per Clinic policy #530, signage throughout the institution will indicate areas where cellular phones may be used. Signage prohibiting cellular phone use will also be posted in patient care areas to indicate that cell phones may not be used and must be in the “off” condition. Use of cellular phones in non-patient care areas will be permitted at the discretion of the departmental management.

**SUBSTANCE ABUSE**

Cleveland Clinic is committed to maintaining a safe, healthful and efficient working environment for its employees, patients and visitors. Consistent with the spirit and intent of this commitment, Cleveland Clinic prohibits:

a) the unlawful or unauthorized use, manufacture, possession, sale, or transfer of illegal drugs and/or controlled substances on Cleveland Clinic premises;

b) reporting to work or working impaired or under the influence of any illegal drug, controlled substance, and/or alcohol;

c) consumption of alcohol (except at approved or sponsored Cleveland Clinic functions) on Cleveland Clinic premises;

d) improper self-medication of over-the-counter or prescribed drugs on Cleveland Clinic premises.

For further information, please refer to the Clinic Substance Abuse Policy, # 670.

**EQUAL PAY/EQUAL BENEFITS POLICY STATEMENT**

1) **Funding**
   
   **Research Trainees**
   
   Any research fellow or clinical research fellow not receiving a salary from Cleveland Clinic must provide proof of funding from an outside source. Any international postdoctoral research fellow not receiving a salary from Cleveland Clinic must provide proof of funding from the outside source in order to comply with J-1 visa regulations. The source of funding for these research trainees must be verified in writing, on letterhead and the amount must be sufficient to cover cost of living for the trainee and any dependents.

   **Research Fellows & Clinical Research Fellows (Appointed in Clinical Departments)**
   
   Minimum funding amount is $22,000 (US) per year for a single person; $24,000 (US) per year with one dependent and an additional $1500 per year for each additional dependent. Funding may be a sum total of: outside funding, government (U.S. or foreign) and personal funds. HOWEVER, the trainee CANNOT use
personal funds as the **sole** source of funding.

*Personal funds may only be used as a supplement to the main source of funding and may not comprise more than 50% of the total amount of funding.*

*Please note: outside funding refers to institutions, organizations or professional societies providing funding directly to the research fellow. This does not include grants awarded to the Cleveland Clinic which are then used for general disbursement or for a specific project.*

**Part-time Employment:** Research fellows may work on a part-time basis (no more than 20 hours per week). In these cases, they must be paid at 50% of the required funding amount with only 25% of the funding coming from personal funds. For example, a research fellow working part-time will be paid a salary of $11,000 plus benefits. Personal funds may not total more than $2,750.

The salary levels in this section apply to individuals paid by Cleveland Clinic as well. The minimum CCF paid salary for these individuals is as listed above.

**Postdoctoral Research Fellows, Pre-doctoral Fellows & Research Scholars (Appointed through the Lerner Research Institute)**

New postdoctoral research fellows appointed through the LRI will be appointed for one year or less and receive a minimum of $34,000/year or more commensurate with relevant experience. Annual adjustments will be made, based on experience and performance evaluations at the discretion of the Staff Mentor with the Department Chairman approval.

Unpaid LRI Research Scholar appointments will follow the above policy for unpaid research fellows and clinical research fellows appointed in clinical departments. Paid LRI Research Scholars will be appointed for less than one year and paid commensurate with degree level and relevant experience. M.D. and Ph.D. scholars with experience in biomedical laboratory research must be paid the equivalent minimum of $34,000/year. Students hired as paid Research Scholars will be paid the equivalent minimum of $16,000/year.

Paid Pre-doctoral fellows funded by LRI will be paid commensurate with students enrolled in current Ph.D. partnership programs. This rate will be a minimum of $16,000/year or pre-doctoral fellow’s current university stipend whichever is higher.

**Clinical Trainees**

Clinical trainees (resident, fellow, clinical fellow, clinical scholar) receiving funding from a source outside Cleveland Clinic may **not** use personal funds. The source of funding must be verified in writing on letterhead and the amount must be equal (in U.S. dollars) to the salary paid to other trainees at the same PGY level in the individual’s program.

**2) Benefits**

All individuals appointed through the Graduate Medical Education Department (research fellow, research scholar, postdoctoral research fellow, pre-doctoral research fellow, clinical research fellow, fellow, clinical fellow, clinical scholar and resident) will be offered medical benefits through the CCHS Health Plan for themselves and any eligible dependents as defined for their position in the Graduate Physician’s Manual and the Postdoctoral Fellow Policies and Procedures Manual. **Benefits will be provided regardless of whether or not they are receiving a salary from Cleveland Clinic.** Trainees appointed through the GME Department CANNOT be required to provide their own medical insurance OR reimburse their department for medical insurance for themselves or their eligible dependents. Medical insurance provided by outside funding sources, such as a foreign government, are not acceptable as they may not be accepted by health providers in the U.S.

All requests for appointment for positions not currently covered by the Division of Education (primarily ACGME accredited residencies and fellowships) **must** be accompanied by the appropriate appointment request form with a **departmental account number** to which the individual’s benefits will be charged.
If the trainee is the spouse or child of a CC employee or trainee and they have been enrolled in the CC benefit plan through their spouse/parent’s plan, proof of coverage must accompany the appointment request.

ON CALL MEALS

Clinical trainees that are required to be on in house overnight are provided on-call meals. Your ID Badge has been specifically coded to enable you to “swipe” for your meal. On Call Meals are to be taken in the International Café – H Cafeteria (see specific times below in the policy).

To use this benefit, you must have your badge. Simply present your ID Badge to the cashier during the specific on call meal times and indicate that you are “on call”. Any amount over the determined meal dollar limit is your responsibility; you will need to pay for any amount over the limits set in the policy.

Be aware that cashiers are simply enforcing the policy. Abuse of cashiers or the on-call meal policy will be considered grounds for disciplinary action or dismissal.

The on call meals is a benefit, and it does not include family members or visitors. Swiping meals for which you are not entitled to is theft. If it appears that you have received more than the allotted amount of on call meals, your program director will be contacted and corrective action will be taken.

ON CALL MEAL POLICY FOR CLINICAL TRAINEES

ELIGIBILITY – Only clinical trainees that are required to be in house over night are eligible for this benefit. This does not include taking call from home.

MEAL DOLLAR LIMITS –
- Breakfast (6:30am-10:00am), up to $5.25
- Dinner (3:30pm-11:00pm), up to $7.50
- If you are on-call on Saturday or Sunday you are entitled to Lunch (11:30am-3:30pm), up to $7.50 as well

WHERE TO GO – International Café (H Cafeteria)

CAFÉ – H CAFETERIA HOURS - Monday – Friday 6:00a.m. – 7:30 p.m. Saturday and Sunday 6:30 a.m. – 7:00 p.m.

The H Cafeteria also has extended hours from 7:30pm-6:00am Monday – Friday, where you can go to Express Café.

Subway Hours; 0 a.m. - 3 a.m. Monday-Friday, 0 a.m. - 7 p.m. Saturday and Sunday

WHAT IS REQUIRED - You must have your ID Badge to receive this benefit. Present your ID Badge to the cashier during prescribed meal times and indicate that you are “On Call”. You must pay for any amount over the above-mentioned meal dollar limits at the time of purchase from your own funds.

As an added convenience (when the H Café is closed), an On Call Meal may be purchased from McDonalds. You must purchase your meal with your own funds and present a valid receipt to the Graduate Medical Education Office. The receipt must legible and indicate date, time and amount. You will be given a petty cash slip that must be taken to the Hospital cashier (H Lobby) for cash reimbursement. Meal receipts over 30 days old will NOT be honored.

IMPORTANT - Do not swipe your ID Badge for meals for other clinical trainees or allow them to use your ID Badge, YOU are responsible for all charges made to your ID Badge. Abuse of this benefit will be considered grounds for disciplinary action or dismissal, and your Program Director will be contacted.

If you have a problem with swiping your ID Badge for your On-Call Meal, there is a Cafeteria Manager on duty to assist you.

Swiping for meals to which you are not entitled is theft.
SAFETY AND SECURITY

The personal safety and health of each employee, patient and visitor is a primary importance to Cleveland Clinic. 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 that every effort will be made to exceed them whenever practical.

If you are working late and feel the need to be escorted safely to your assigned parking location, contact the Cleveland Clinic Police at X42250 for assistance.

For your safety, “blue light emergency intercoms” blanket the Cleveland Clinic campus. Push the button once and you will be connected directly to the Cleveland Clinic Police Department and it will alert them to your location for an immediate response. Uses include reporting a crime, suspicious persons, property lost, found or stolen, and car trouble such as a dead battery (there is free “jump start” assistance available) or keys locked in your car.

During orientation to the Cleveland Clinic, clinical trainees will receive information regarding security awareness for traveling to and from work and during duty hours. A safety manual is also provided.

DISASTER RESPONSE POLICY

The GMEC established this policy to protect the well being, safety and educational experience of residents enrolled in our training programs in the event of a disaster.

The definition of a disaster will be determined by the ACGME as defined in its published policies and procedures. Following declaration of a disaster, the GMEC working with the Designated Institutional Official and other sponsoring institution leadership, will strive to restructure or reconstitute the educational experience as quickly as reasonably possible following the disaster.

In order to maximize the likelihood that residents will be able to complete program requirements within the standard time required for certification in that specialty, the DIO and GMEC will make the determination if transfer to another program is necessary.

Once the DIO and GMEC determine that the sponsoring institution can no longer provide an adequate educational experience for its residents, the Cleveland Clinic will, to the best of its ability, arrange for the temporary transfer of residents to programs at other sponsoring institutions until such time as Cleveland Clinic is able to resume the training experience. Residents who transfer to other programs as a result of a disaster will be provided by their Program Directors with the estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the resident will be notified by their Program Directors using written or electronic means identifying the estimated time of the extension.

If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, then permanent transfers will be arranged to the extent reasonably possible.

The DIO will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the Cleveland Clinic.

In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at Cleveland Clinic will use reasonable efforts to work collaboratively with the DIO who will coordinate on behalf of the Cleveland Clinic the ability to accept transfer residents from other institutions. This may include the process to request complement increases with the ACGME that may be required to accept additional residents for training. Programs currently under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer residents.
PHARMACEUTICAL REPRESENTATIVE GUIDELINES

The guidelines below were extracted from the Department of Pharmacy, Policies & Procedures, Policy #10-002 – Pharmaceutical Representative Guidelines. Go to http://pharmacy.ccf.org/admin/policies/?Display/Section%202010/10-002-app.doc.pdf to view the policy in its entirety.

PURPOSE:
To establish guidelines for the appropriate conduct of Pharmaceutical Representatives who conduct business at Cleveland Clinic (CC).

DEFINITIONS:
Pharmaceutical Representative (PR): Any individual employed by a pharmaceutical company who has business to conduct at any CC facility. This includes but is not limited to personnel in sales, marketing, education, and account management. Individuals employed by pharmaceutical companies whose responsibilities are restricted solely to research activities are exempt from this policy.

POLICY:
The Cleveland Clinic Foundation is a private, not for profit institution. Facilities are for the use of employees, patients and patient visitors. Pharmaceutical Representatives (PRs) shall conduct their business activities within the guidelines of CC to promote safe, efficacious and cost effective drug therapy with due consideration for CC personnel time expenditure. All activities must be consistent with and promote CC’s mission and formulary activities.

APPOINTMENTS:
1. PRs are not permitted in CC facilities without an appointment.
2. All appointments are to be scheduled through the physician’s office, the Nursing office, the Center for Continuing Medical Education, or through the pharmacy offices (or with individual Pharmacy personnel).
3. For visits to the Main Campus, the physician’s office, nursing office or pharmacy personnel must call the Department of Pharmacy (extension 4-6498) prior to a scheduled appointment to register the appointment and authorize the issuance of a vendor badge.
4. At the Family Health Centers, PR’s are not required to call the Department of Pharmacy and no badges will be issued. Appointments with Nursing personnel at the Family Health Centers are limited to the Clinical Nurse Manager.
5. PRs are prohibited from scheduling individual appointments at CC with house staff physicians. House staff physicians include Residents, Fellows, Medical Students and other physicians in training. PRs may meet with house staff physicians at conferences approved by the Foundation’s Educational Program Director or Department Chairman.
6. PRs are prohibited from scheduling individual appointments with hospital or Family Health Center administrators.
7. Physicians (including house staff), nurses and pharmacists are not to be contacted by the paging system or at home unless requested to do.

RESTRICTED AREAS:
1. PRs are guests of CC and may not be present in any CC buildings or areas without an appointment.
2. After the appropriate appointment and registration procedure, PRs are to proceed immediately to a scheduled appointment. They are to wait in a public waiting area until called/escorted to the requesting person’s office.
3. PRs are prohibited from marketing, detailing, or loitering in the following areas:
   a. Halls and lobbies
   b. Hospital cafeterias or restaurants
   c. Medical Library (photocopying is also prohibited)
   d. PRs are prohibited from visiting the following areas without an appointment
   e. Physician offices. This includes dropping off samples.
   f. Work areas (Pharmacy, Microbiology, Laboratory)
   g. Education areas (including the old Education and Lerner Buildings)
   h. Research Areas (including the Research and Lerner Buildings)
i. Administrative areas
j. Patient care areas (examining rooms, patient rooms, nursing units)

4. The PR may enter patient care areas only to access offices for scheduled business appointments or approved educational meetings only upon the specific invitation of a staff physician, pharmacy manager or nursing manager.

RESTRICTED ACTIVITIES:

1. Patient Contact
   a. The formulation of treatment plans for patients at CC requires a confidential, candid exchange and assessment of confidential patient and treatment information among health care professionals, without the potential appearance of outside influence, especially from vendors. As such, Pharmaceutical Representatives are prohibited from participating in physician, nursing, or other health professional rounds, whether or not direct patient contact occurs.
   b. Furthermore, PRs will not be permitted to observe or have direct contact with patients at CC. Examples of contacts prohibited by this policy include making rounds on the inpatient units (including the intensive care units), being present when examinations are conducted in the outpatient setting, and observing surgical and non-surgical procedures.
   c. The only exception to this is as follows:
      i. Pharmaceutical Representatives may be permitted to participate in patient rounds as part of a formalized preceptorship performed under the guidance of the Center for Continuing Medical Education. Under these circumstances, representatives may have patient contacts only after the expressed written consent of each patient to be observed.

2. Drug Product Provision
   a. Samples
      i. Samples are not permitted at CC. This includes the hospital, clinic areas, and Family Health Centers.
   b. Free Goods
      i. All drug products must be procured and distributed through the Department of Pharmacy in order to comply with all applicable legislative, regulatory, and accreditation issues.
   c. Drugs for Clinical Investigation or Informal Evaluation
      i. All drug products used for clinical investigation or informal evaluation, whether commercially available or investigational must be procured and distributed through the Department of Pharmacy. Drugs used in this manner may require an IRB approved protocol.
   d. Food and Beverages
      i. Food and beverages may not be provided by PR’s and/or their companies to any employee (including physicians, nurses, pharmacists) at any CC facility. PR’s may sponsor educational conferences through CC Department or Division Chairman. If food is part of the educational conference it must be arranged and provided through CC department. The PR may not make food arrangements, orders or deliveries. The hotels may not be used for pharmaceutical company sponsored educational programs during business hours (7am-5pm) unless part of a program coordinated through the Center for Continuing Medical Education.
   e. Patient Educational Materials
      i. A Staff Physician must authorize the availability of pharmaceutical company provided patient educational materials in public areas. Material must be placed in these areas by authorized CC personnel.
   f. Displays
      i. Displays are permitted only as a part of programming approved by the Center for Continuing Medical Education and only during the time specified by that program.
   g. Presentations/Education
      i. Any company sponsored presentation must be approved by the Department or Division Chairman. Provision of food is prohibited.
NATIONAL PROVIDER IDENTIFIER (NPI)

A National Provider Identifier (NPI) is a ID for physicians that are used when they bill for services or write a prescription.

The NPI may be required to prescribe medications and participate in residency rotations in other institutions. The NPI is a number every physician will need throughout their career.

Although the Cleveland Clinic does NOT require that residents and fellows have an NPI (unless they do bill), other teaching hospitals and small pharmacies are asking trainees to provide this number. For these reasons, **GME would strongly recommend that all residents and fellows apply for an NPI.**

The NPI for each health care provider is assigned by the National Plan and Provider Enumeration System (NPPES). Trainees can apply online for this NPI number at any point in time, there is no charge and it is a number they will use for their entire career.

**How to Apply**

The NPI application process is the means by which health care provider organization and individuals become uniquely identified in a national database known as the National Plan and Provider Enumeration Systems (NPPES). All providers on standard HIPAA transactions are required to have an NPI per HIPAA regulations, and you will need this number in order to bill for services throughout your career. You may also need it to prescribe medications and participate in residency rotations in other institutions.

Go to the NPI website [https://nppes.cms.hhs.gov](https://nppes.cms.hhs.gov) and apply online for your NPI number. The site will walk you through the NPI site online process. The NPPES website will ask you on the electronic application to enter your taxonomy code. This taxonomy code is a numeric specialty code to indicate your specialty. If you are a M.D. or D.O. please highlight the provider type 20 and select the taxonomy code that matches your specialty.

You may also complete a paper application and mail it directly to NPPES. This application is available at [https://nppes.cms.hhs.gov](https://nppes.cms.hhs.gov).

Please return a copy of your NPI confirmation letter to the Graduate Medical Education Office.

PATIENT SAFETY

The single most important objective of the CCHS Patient Safety Program is to prevent harm to patients by reducing the occurrence of adverse events. The single most important objective of the CCHS Patient Safety initiative is to prevent harm to the patient. The initiative and plan set forth specific goals, including system-level and regional/hospital level activities. All settings under the auspices of the CCHS are targeted for patient safety assessment and enhancement.

In 2001, the CCHS Patient Safety Team outlined seven strategies to achieve the objective:

1. promotion of culture of safety;
2. increased reporting of adverse events and error prone processes;
3. enhanced communication between health care professionals and patients about patient safety issues and solutions;
4. increased learning through data aggregation and analysis;
5. focused process redesign when and where indicated;
6. promotion of appropriate application of technology; and
7. focused education about new safety enhancement issues (e.g., redesigned processes, retraining, application of new technology, evidenced-based findings from the literature, etc.)

The CCHS Patient Safety Program also monitors National Patient Safety Goals from Joint Commission. As of January 1, 2004, all Joint Commission accredited health care organizations are surveyed for implementation of the following requirements. Failure by an organization to implement any of the set requirements for a National Patient Safety Goals will result in a special requirement for improvement for that goal.

1. Improve the accuracy of patient identification.
2. Improve the effectiveness of communication among caregivers.
3. Improve the safety of using high-alert medications.
5. Improve the safety of using infusion pumps.
6. Improve the effectiveness of clinical alarm systems.
7. Reduce the risk of health care-acquired infections.

The CCHS Quality Institute has several committees, projects and resources for all Cleveland Clinic clinical trainees to ascertain and become involved. To receive additional information on CCHS Patient Safety, National Patient Safety Goals or the CCHS Quality Institute, please refer to the CCHS Patient Safety website located at http://intranet.cchs.net/patientsafety/.

VERBAL ORDERS

**Purpose:** Verbal orders should be limited to urgent or emergent situations where it is impossible or impractical for the prescriber to write the order or enter it into the EMR (electronic medical record). This policy outlines the information to be communicated when verbal orders are given by the LIP (Licensed Independent Practitioner) to the appropriate accepting personnel. Verbal orders are verified by a “read back” process.

**Audience:** Clinical Personnel

**What’s Changed:**
- Limited Verbal Orders to emergent or urgent situations when the physician cannot be present to write or enter the order in EMR and the quality of care will be diminished if order is delayed.
- Verbal orders must be authenticated (signed, dated and timed) within 48 hours.
- Advanced Practice Nurses can authenticate Verbal Orders they give or are given by the physician they work with provided that the orders are within the APN’s prescriptive authority.
- Verbal Orders must be read back.
- Employees authorized to accept Verbal Orders are detailed in the policy.

**Key Points:**
- Nurses cannot give nurses Verbal Orders.
- “Scribing” is considered a Verbal Order and the read back process must occur.

**Action Required:**
- Use only in emergent situations when you cannot get to the unit/floor to write the order yourself. If you are on the floor, you are expected to write your own orders.
- Ensure your order is “read back” to you before you hang up the phone.
- Authenticate, date and time your signature within 48 hours.

**Compliance Tip:** While on daily patient rounds, sign all verbal orders from the previous day.

**Website:** intranet.ccf.org/policy.asp; search by “verbal order”.

For more information: safety@ccf.org, 4-SAFE (47223), or intranet.ccf.org/qpsi/accreditation.

UNIVERSAL PROTOCOL - REVISED POLICY

**Purpose:** Patient safety is ensured through proper patient identification, verification of the intended procedure, and site identification for every patient. This policy applies to all procedures performed in the outpatient and inpatient settings carrying more than minimal risk.

**Audience:** Clinical Personnel

**What’s Changed:** The Universal Protocol Policy replaces the Patient, Procedure, and Site Identification for Invasive Procedures. The policy requires the procedure team to actively participate in effective communication during pre-procedure verification, marking of the procedure site and the time-out process.

**Key Points:**
*Pre-procedure Verification Process*
- Verify the correct patient using two patient identifiers
• Verify the planned procedure.
• Identify the surgical site.
• Secure source documents
• Ensure implants or special equipment required for the procedure are available.

Making the Procedural Site
• Mark site pre-procedurally by a member of the team performing the procedure in collaboration with the patient before sedation.
• Adhesive markers are unacceptable
• Mark the site with a “yes” or the physician’s initials or operative lines, “X” is not acceptable. Mark must be visible after the patient is prepared and draped.

“Time-Out” Process
The “time-out” must be conducted in the location where the procedure with be done, just before starting the procedure and include the entire procedural team.
Time out includes:
• Correct patient identity
• Correct side and site
• Agreement on the procedure to be done
• Correct patient position
• Availability of correct implants and any special equipment or special instruments.
• Affirmation of the “time-out” may occur if the staff physician was not present at the initial “time-out”.

Action Item: Do you perform procedures in your area?
If so, this policy should replace any policies you have in your department that address the components of the Universal Protocol. Each department should have a “procedure” to meet the intent of the policy. Call Janet Latterner for details, x54711.

Website: intranet.ccf.org/policy.asp; key search word: “universal protocol”.

For more information: safety@ccf.org, 4-SAFE (47223), or intranet.ccf.org/qpsi/accreditation.

ALLERGY AND MEDICATION RECONCILIATION

Patients are most at risk during transitions in care across settings, services, providers, or levels of care. To provide safe, quality care to our patients we must develop, reconcile, and communicate accurate lists of the patient’s allergies and medications as they move through the continuum of care.

Joint Commission National Patient Safety Goal #8 requires the following:
• Create a complete list with active patient involvement of the patient’s current medications at entry into our organization or upon admission.
• Compare medications ordered for the patient to those on the list and resolve any discrepancies (e.g., omissions, duplications, potential interactions).
• Communicate the medication list to the next provider of service and at patient transition points in both the ambulatory and inpatient settings.
• At the time of discharge or transfer the provider must compare the medications to be continued post-discharge/post-transfer with the list of medications the patient was taking prior to entry into the organization.
• The updated medication list that will be transferred to the next provider of care should contain only the medications to be continued following discharge or transfer.
• A complete list of medications is provided to the patient.

Allergy documentation and medication reconciliation at the Cleveland Clinic is the physician/provider’s responsibility. To provide the safest care for our patients, and to meet the National Patient Safety Goal requirements, we are implementing a process to ensure we document allergies and reconcile medications in MyPractice. With this process, please note the following:

* The medication list must include all prescribed medications, over-the-counter drugs, herbal and dietary supplements, vitamins, and other commonly used medications such as eye drops, inhalers, patches, and contraceptives.
* After an outpatient visit or inpatient discharge or transfer, you must give the patient a printed copy of their current medication list and also communicate the list to the next provider of care. If the next provider is outside of the Cleveland Clinic, you must FAX the list or mail the list in your correspondence letter to the provider. If the next provider is a Cleveland Clinic physician, they will be able to access the list on MyPractice, and no direct communication is required.

If you care for patients in the Cleveland Clinic’s Hospital, Children’s Hospital, or Subacute Unit:

- You are required to take the COMET module titled Allergy and Medication Reconciliation, found under the EPIC MyPractice section of COMET. This module will take you through the steps to reconcile medications using the inpatient MyPractice. Please complete this module by January 1, 2007.
- Once you complete the COMET module, please begin using MyPractice to reconcile allergies and medications right away.
- As of January 2, 2007, you must document allergies and reconcile medications before admission orders are written. Admission orders will not be processed until documentation and reconciliation occur.

If you care for patients in an outpatient setting:

- Allergy documentation and medication reconciliation should already be a part of your My Practice outpatient clinic visit process.
- It is the physicians’ responsibility to ensure there is a complete and accurate list of allergies and medications. If you have a nurse or medical assistant room the patient and gather the allergy and medication information, it is still your responsibility to review the lists and reconcile if you are going to change/add/discontinue any allergies or medications.

If you care for patients in the Emergency Department:

- We are working with Dr. Jonathan Glauser to identify the best process for your area. You will be notified as soon as possible.

**NATIONAL PATIENT SAFETY GOALS**

**Goal 1 - Improve the Accuracy of Patient Identification**
- Use at least 2 patient identifiers (name, date of birth, medical record #) before collecting blood and other samples for clinical testing, giving blood or administering medications
- Patient room number / location is Not used as an identifier
- Containers used for blood and other specimens are labeled in the presence of the patient

**Goal 2 - Improve the Effectiveness of Communication Among Caregivers**
- “Write down’ and ‘Read back” any verbal orders, telephone orders or critical test results.
- “Receive” confirmation from the person who gave the order and test results.
- Do not use any of the dangerous abbreviations found on the “Do Not Use Abbreviations” list.
- Measure, assess, and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.

**Goal 3 - Improve the Safety of Medications**
- Standardize drug concentrations available in patient care areas (e.g. heparin, insulin, etc.).
- Identify and review the list of look-alike/sound-alike drugs used.
- Label all medications, medication containers or other solutions on and off the sterile field in perioperative and other procedural settings.
- Labeling occurs when any medication is transferred from the original packaging to another container. Labeling includes name, strength, amount and expiration date when not used in 24 hrs and expiration time and if expiration occurs in less than 24 hrs.
Goal 7 - *Reduce the Risk of Health Care Acquired Infections*
- Wash your hands before and after direct contact with patient, using the restroom, and eating. Wash hands before gloving and after removing gloves and/or contact with inanimate objects in the immediate vicinity of the patient.
- Know that systems are in place to monitor unanticipated death or disability due to healthcare-acquired infections (Infection Control and Mortality Committee).

Goal 8 – *Accurately/Completely Reconcile Medications Across the Continuum of Care*
- Document the complete list of current medications upon admission/entry. Medications ordered for the patient are compared to those on the list and discrepancies are resolved.
- Communicate this list to the next provider when the patient is referred or transferred to another setting, service, practitioner or level of care within or outside Cleveland Clinic.
- An important aspect of the reconciliation process at the time of discharge or transfer from the organization is comparison of the medications to the continued post-discharge / post-transfer with the list of medications the patient was taking prior to entry into the organization.
- A complete list of medications is provided to the patient upon discharge.

Goal 9 – *Reduce the Risk of Patient Harm Resulting from Falls*
- Assess for the risk of falling daily, upon transfer, and after major changes in patient conditions.
- Interventions to prevent falls are based upon identified risk.

Goal 10 – *Reduce the Risk of Influenza and Pneumococcal Disease in Older Adults*
- Document all flu and pneumococcus vaccine.
- Develop a protocol to identify new cases of influenza and to manage an outbreak.

Goal 13 – *Encourage the Active Involvement of Patients and their Families in the Patient’s Own Care as a Patient Safety Strategy*
- Encourage patients and their families to communicate their concerns about their care and safety.

Goal 14 – *Prevent Health Care–Associated Pressure Ulcers (Decubitus Ulcers)*
- Access each patient’s risk for developing a pressure ulcer and take action to address any identified risks.

Goal 15 – *The Organization Identifies Safety Risks Inherent in its Patient Population*
- Identify patients at risk for suicide and address safety needs.

Any questions regarding Joint Commission National Patient Safety Goals should be directed to Dr. Scott Strong (pager 22814).

**HANDWASHING/HAND HYGIENE**

Clinical Trainees at the Cleveland Clinic should follow policies and procedures regarding hand washing and hand antisepsis in a health care setting. It was determined that all Clinical Trainees will receive a 2 oz hand sanitizer at Orientation to use routinely. Additional hand sanitizer dispensers are in the patient units, operating room and the outpatient clinics, at the main hospital.

To ensure Cleveland Clinic is complying with Joint Commission National Patient Safety Goals, hand hygiene is monitored among Clinic employees. Indications for hand washing and hand antisepsis are:

1) All health care workers will wash hands with soap and water when hands are dirty or visibly soiled with proteinaceous material, blood, or body fluids.

2) If hands are not visibly soiled an alcohol-based hand rub may be used for routinely decontaminating hands in all other clinical situations. Alternately, hands should be washed with soap and water in all clinical situations.

The CDC recommends decontamination of hands of hands in the following instances:

- before direct contact with patients
• before inserting indwelling catheters, peripheral vascular catheters, or other invasive devices that do not require surgical scrub
• after contact with any body fluids
• after removing gloves
• before eating
• after using restroom

Please refer to the Cleveland Clinic Handwashing Policy # 001, Department of Infection Control for further information.

SAFETY EVENT REPORTING SYSTEM (SERS)

The principal goal of SERS is to minimize adverse events and prevent harm to patients. Through better reporting of near misses, processes problems and events, the Cleveland Clinic can take action to resolve identified problem areas. Together we can improve safety.

Please refer to the SERS web site for additional information, as well as access to the SERS Newsletter; http://intranet.ccf.org/sers/.

BENEFITS

HEALTH PLAN COVERAGE

The Cleveland Clinic will provide, at no cost to you, the Cleveland Clinic Employee Health Plan, SummaCare Health Plan EPO or Kaiser Permanente HMO for all clinical trainees and research fellows and their eligible dependents.

You and your eligible dependents are covered as of your actual start date, provided you complete the appropriate forms within 30 days of your start date.

Domestic Partner Benefits for same-gender partners is available for all eligible clinical trainees and research fellows. Specific criteria must be met and you and your domestic partner must complete and sign in Affidavit of Domestic Partnership. A Domestic Partner is not a dependent and under current federal and state law the benefits must be paid after taxes and through payroll deduction only.

Note: After completion of training program or at termination, all benefits terminate on the last day of the month.

Health plan summaries are outlined in the back of this manual.

Cleveland Clinic Employee Health Plan Coverage includes:
• No pre-existing condition clause
• 100% coverage at a primary care physician after $10.00 co-pay.
• Pediatrics - same coverage, (well baby visits, shots, preschool physicals etc.) covered 100% after $10.00 co-pay.
• Obstetrics - covered 100% through Cleveland Clinic providers after initial $50.00 co-pay.
• Emergency and/or Urgent care at any Emergency Room is covered 100% after $50.00 co-pay.
• No referral needed for specialist visits, which are covered at 100% of the allowable amount after $25.00 co-pay.
• Inpatient coverage is 100% at a Cleveland Clinic hospital.

Care may be obtained outside Cleveland Clinic through coverage at a reduced rate. Cleveland Health Network provider with a $500 deductible plus co-pays per person. Hospital services are reimbursed at 70%. For a general summary of the health plans, please refer to the health plan offerings website at http://intranet.ccf.org/healthplan/planofferings.htm, the “HealthWise” pamphlet or the health plan summaries located in the Health Plan Information section of the manual.
Specific questions about health plan coverage should contact our CCHS Employee Health Plan Customer Service Unit at 216-297-8800 or toll free at 1-866-811-4352.

Trainees should contact benefits customer service center at 216-448-0600 regarding help in obtaining information related to eligibility issues, benefit plan coverage provisions and enrollment information for qualified life events.

Changes in Coverage
You and your eligible dependents are covered as of your actual start date providing you fill out the appropriate forms within 30 days of your start date. After 30 days, coverage will be denied; you will need to wait for the next open enrollment to obtain coverage for the next calendar year.

Ophthalmology - routine eye exams and ophthalmic care are provided at Cleveland Clinic after a $25.00 co-pay (No coverage outside Cleveland Clinic hospitals). There is no coverage for fitting of contact lenses.

PRESCRIPTION PLAN COVERAGE
Prescription drugs are covered with a specific schedule of benefits, with the maximum benefit and lowest co-pay being generic drugs purchased at a Cleveland Clinic Pharmacy. Prescription drug benefit is administered through Caremark.

VISION PLAN COVERAGE
Vision Plan – The EyeMed Vision Care Plan may be elected and cost associated with the election would be deducted from each pay. The Vision Plan provides you and your dependents with immediate saving on your prescription eyewear. You have the flexibility to purchase eyewear from your provider of choice, but you will maximize your benefits by using providers who are a part of EyeMed Vision Care Plan. (Routine eye exams and contact lens fitting are not covered under this plan). Enrollment into this (payroll deduction) Vision Plan must be made within 30 days of your start date; otherwise, clinical trainees must then wait until the annual open enrollment period.

DENTAL PLAN COVERAGE
Dental Insurance is provided to all clinical trainees and research fellows and your eligible dependents after one year of service at no cost to you. The Traditional Dental Plan takes effect on the first of the month following your anniversary date.

A Dental Plan may be elected and cost associated with the election would be deducted from each pay. Cleveland Clinic offers three (3) dental plans (Traditional, Preventive and Dental HMO). Enrollment in the (payroll deducted) Dental Plan must be made within 30 days of your start date; otherwise, the trainee must wait until the annual open enrollment period.

CHEMICAL DEPENDENCY PLAN
Physicians are a high-risk group with regards to the potential for substance abuse. The institution’s chemical dependency program is aimed at providing help to any clinical trainee/research fellow in need.

Clinical trainees/research fellows identified as having a problem with chemical dependency will be offered a full course of treatment consisting of an intensive in-house treatment program at Cleveland Clinic or another designated facility followed by subsequent outpatient treatment. The institutional physician’s health committee monitors the individual’s progress and approves the return to training status as appropriate. Every effort is made to maintain complete confidentiality. A description of the plan coverage and treatment are administered through Marymount Behavioral Health Services (MBHS).
DISABILITY/PERMANENT INSURANCE

Cleveland Clinic provides disability insurance coverage for all clinical trainees appointed by the Division of Education. The plan covers 70% of salary to a maximum of $3,000 Monthly Benefit. A benefit is paid after you are disabled for 90 days and will continue for the length of the disability until Social Security Normal Retirement Age. Pre-existing conditions are not excluded and there is no health exam. Enrollment is automatic. This insurance is provided at no cost to the clinical trainees; premiums are paid by Cleveland Clinic. If a clinical trainee becomes disabled due to illness or accident a claim form must be filed with the insurance company.

Please call one of our plan representatives listed below with any questions.

Amy P. Dickenson
DICKENSON and ASSOCIATES
440-505-6007 – Office
216-375-2437 – Cell
amy@dickensoninsurance.com

Rory Bixel Lough
THE BIXEL ORGANIZATION
440-974-4040 – Office
440-567-8949 – Cell
rory@thebixelorganization.com

APPROVED ABSENCES

All time away from clinical responsibilities must be requested 30 days in advance with the submission of the appropriate form in accordance with established department guidelines.

For vacation, USMLE or interview day requests, the Trainee Application for Time Away form must be completed and the appropriate signatures (program director as well as the chief resident and the chairman of the affected department, if appropriate) must be obtained prior to the start date of the requested time off. Forms may be obtained from the GME Office.

_The Program Director has final approval for time away and due to clinical responsibilities or short notice, may be unable to approve every request._

VACATION TIME

Clinical trainees receive three weeks (15 working days) of vacation per academic year. For appointments of less than one year in length, vacation is prorated at the rate of 1.25 days per month worked. Vacation time is not cumulative and should be taken in the year earned; it does not carry over into the next academic year.

USMLE EXAM TIME

Clinical trainees are permitted two days off to take the USMLE III exam without using their vacation time.

INTERVIEW DAYS

In addition to vacation time, up to five interview days may be given during the program so that clinical trainees may interview for fellowships or practice opportunities.

LEAVE OF ABSENCE AND EXTENSION OF TRAINING

For maternity, paternity, medical or personal leaves of absence, submission of a Trainee Leave of Absence form must be completed and the appropriate signatures (program director as well as the chief resident and the chairman of the affected department, if appropriate) must be obtained prior to the start date of the leave requested. Forms may be obtained from the GME Office.

Some specialties may have specific requirements as to allowable time away during training as specified in The American Board of Medical Specialties (ABMS) guidelines. The Program Director, with input from other faculty members, determines specific guidelines depending upon the specialty, individual's performance, and any specific needs that relate to an illness. Leave of absence(s) may extend the training period to comply with specific specialty board requirements to complete training, or to reach an acceptable level of performance to progress to the next graduate level. At the time of request, the program
director, or his designee, must meet with the trainee to apprise him/her of the requirements and the length of extension to training.

When a resident requests a leave of absence, the Program Director is required to apprise the resident of extension to training, if an extension is known to be required at that time. If an extension is required due to a resident’s performance or requirements to successfully complete the current year of the training program, program directors must advise the resident immediately.

MATERNITY LEAVE

If a clinical trainee/research fellow is physically able to fulfill their training responsibilities and receives approval from their obstetrician and program director, they may work up to the date of delivery. Six weeks paid leave are given for maternity leave, eight weeks if a caesarian section is necessary. Additional unpaid time (up to 12 weeks in total) may be taken under the Family Leave Act*. Mothers are also granted six weeks leave when a child is adopted. Residents and fellows must complete and submit the appropriate forms to the program director at least 90 days in advance to allow arrangements for coverage.

After delivery of your baby, please contact your HR Representative at 216-448-0422 or benefits customer service center at 216-448-0600.

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<thead>
<tr>
<th>FAMILY AND MEDICAL LEAVE ACT (FMLA)</th>
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<td>Pursuant to the Family and Medical Leave Act of 1993, The Cleveland Clinic Foundation allows eligible employees unpaid time off for up to twelve (12) weeks in a rolling leave for qualifying medical and family events such as; the birth or adoption of a child, to care for a spouse or parent who has a serious health condition or because of the trainee’s own medical condition. Health benefits continue for the duration of the leave under the same terms and conditions that apply during training.</td>
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<td>Eligibility: * Employed for at least 12 months (need not be consecutive) and * Worked at least 1,250 hrs during the 12-month period prior to the commencement of leave</td>
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<td>For further information about the Family and Medical Leave Act, refer to Clinic Policy 411 which can be found on the CCF intranet at <a href="http://intranet.ccf.org/hr/new/policies/policies.htm">http://intranet.ccf.org/hr/new/policies/policies.htm</a>.</td>
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Paternity Leave

Two weeks (10 working days) paid paternity leave are offered to our male clinical trainees for the natural birth or arrival of an adopted child. Under certain circumstances, additional time (up to 12 weeks total) may be taken under the Family Leave Act*. Paternity leave MUST be taken within 60 days of the child’s birth/adoption. Residents and fellows must complete and submit the appropriate forms to the program director at least 60 days to allow arrangements for coverage.

MEDICAL LEAVE OF ABSENCE

If a clinical trainee is temporarily unable to work due to illness or accident as determined by their primary care physician and is unable to carry on duties and responsibilities as required in the training program, salary and benefits will continue for 90 days, the duration of the illness or the remainder of the contract, whichever is shorter. If the illness continues and the trainee holds a valid appointment he/she will continue to receive Cleveland Clinic benefits, however, in lieu of a salary they will receive payments from the disability plan.
Written verification is required from the primary care physician stating duration of leave required as well as medical necessity of the leave. Please refer to the disability benefit for further information. Leave of absence for employees who meet the requirements should refer to Clinic policy 414 for additional information. The Family and Medical Leave Act of 1993 should be managed under the FMLA, Clinic policy # 411.

PERSONAL LEAVE

It is the policy of the Cleveland Clinic to grant residents and fellows a leave of absence (without pay) for urgent or emergency situations that personally affect the trainee and cannot be handled in any other way. Program Director’s have the final approval for all personal leave of absence requests.

BEREAVEMENT LEAVE

Per Cleveland Clinic Policy # 420 Cleveland Clinic Employees are eligible for three (3) bereavement days for a death in the immediate family. Immediate Family is considered spouse, child, stepchild, mother, stepmother, mother-in-law, father, stepfather, father-in-law, sister, brother, grandmother, grandfather or grandchild.

TRAVEL PRIVILEGES

Upon recommendation of the Graduate Medical Education Council (GMEC), the Educational Foundation has set aside funds to allow clinical trainees to attend medical meetings, seminars, post-graduate or board review courses. Meeting funds are not to be used for the purchase of educational software, books or computers. Completion of the Residents/Fellows Application for Meeting Attendance is required with the program director’s signature. Forms and Travel Guidelines may be found online at: http://intranet.ccf.org/education/gme/gmebene.htm

- **Graduate Level 1 and 2** are able to attend local meetings provided it is arranged within the current residency training program. No expense allowance is awarded by the Graduate Medical Education Department.

- **Clinical Trainees in accredited programs at GL-3** and above are eligible for one annual education sponsored trip with a maximum reimbursement of $1200.00 paid by GME.

- **Clinical Fellows** are entitled to an annual educational meeting with a reimbursement of $1200.00. The clinical fellow’s department will sponsor this trip.

- **Research Fellows** may attend one meeting sponsored by Education after completing one year of research. A maximum reimbursement of $1000.00 is provided by the GME Department.

Trainees appointed for a six-month period will be entitled to half of the maximum reimbursement. Meeting allowances may not be split between meetings, even if the cost of one is relatively lower than the allowable amount. Any additional cost for meeting attendance shall be paid by the clinical trainee/research fellow.

TRAVEL WHEN PRESENTING PAPERS

A clinical trainee who is to present papers, lectures, act as faculty members at a CME course, or accompany an exhibit or poster presentation, may have expenses paid according to the individual departmental criteria.

A clinical trainee/research fellow is eligible to present at a meeting if:
- He/she is an important contributor to a paper, which has been accepted for presentation
- A staff member with knowledge of the subject also attends the meeting to assist in the discussion if necessary
- Authorization is obtained from the Program Director as well as the Department and Division Chairman.
The trainee’s time away is approved at the discretion of the Program Director, in accordance with department guidelines and following RRC restrictions pertaining to the training program. The trainee is responsible for notifying the Program Director, before the paper is submitted, of where the abstract will be presented, the expected time away from training, and who will cover the service during their absence.

**Authorship**
Publications (papers, symposia, letters to the editor, etc.) written by clinical trainees while in training at the Cleveland Clinic generally were subsidized by the clinic in some way and reflect on the Clinic’s reputation when presented or published. Thus, all such publications must have the approval of the appropriate member of the professional staff and the Institutional Review Board (IRB). In addition, the staff member will advise the resident or fellow in preparing the manuscript for possible submission to a journal.

**Medical Editing Services X42661**
For publication advice or 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.

**EMLOYEE SERVICES**
The following Clinic internet web site [http://intranet.ccf.org/employee.asp](http://intranet.ccf.org/employee.asp) outlines a number of services provided to all clinical trainees employed by the Cleveland Clinic. Please refer to this site to become familiar with; human resources policies, day care services, travel information, pastoral care, employee advantage discounts, other programs and services offered to Cleveland Clinic employees, Clinic job opportunities, volunteer opportunities, organ donation, as well as Cleveland Clinic Benefits (your online health benefits). Contact GME at extension 45690 for assistance.

**WELLNESS CENTER**
Cleveland Clinic Employee Wellness Center is an employee funded fitness facility open to Clinic employees. Family members over the age of 16 are also welcomed. Qualified staff will meet your needs and help you achieve your fitness goals. The Wellness Center is located in the W.O. Walker Building, on East 105th and Euclid Avenue. Stop by or call them at 216-444-8765 for more information.

**BEHAVIORAL HEALTH SERVICES (MBHS)**
The clinical trainee’s health care policy also covers mental health services through Marymount Behavioral Health Services (MBHS). Residency and fellowship training can be a stressful time in which some type of mental health care may help you optimize your personal and professional well-being.

Marymount Behavioral Health and Substance Abuse Services are administered through Marymount Behavioral Health Services. MBHS is owned and operated by Marymount Hospital, a member of the CCHS. To receive the maximum benefit coverage for behavioral health and/or substance abuse services the CCHS EHP member is required to call MBHS for authorization prior to receiving any outpatient and/or inpatient services, except for emergency situations. MBHS will verify and explain coverage provisions. A MBHS Care Coordinator will authorize and direct CCHS EHP members to the appropriate network provider or facility. The is no benefit coverage for behavioral health and/or substance abuse if a member seeks services without authorization or outside of the network (unless it is an emergency situation).

MBHS business hours are from 8:30am – 4:30pm, Monday through Friday. A Clinician is available for emergency calls after hours. For additional information call the MBHS Customer Service Unit at 216-663-3925 or 1-877-677-2247.
CONCERN - EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Employee Assistance Program (EAP) provides confidential assistance to help meet employees and their dependents personal needs. The Cleveland Clinic Health System (CCHS) knows you are an important part of our team and provides this benefit to assist you in reaching your highest potential, both at work and in your personal life.

CONCERN-EPA offers assessment, short-term counseling, referral services and follow up to employees and family members who want assistance in dealing with personal problems or work related issues. Employees and families who use this benefit receive 100% coverage, with no co-payment or co-insurance. This benefit allows for 10 visits in a calendar year. You do not need to be enrolled in any of the CCHS Health Plan offerings to access this benefit; however, your visits must be with a CONCERN EAP Provider.

For additional information or to schedule an appointment about CONCERN, please call 216-581-5345 or 1-800-989-8820.

CONTINUATION OF COVERAGE: COBRA

You may elect to continue your health coverage for up to 18-months upon termination from the Cleveland Clinic. If you elect to continue coverage, you pay the entire cost. Clinical Trainees/Research Fellows will receive information to elect COBRA (continue health and dental coverage). If COBRA is elected the benefit plan(s) will be reinstated with no lapse in coverage.

OCCUPATIONAL INJURY/ILLNESS (Including needle sticks)

Prompt and accurate reporting of accidents is imperative for the protection of Cleveland Clinic and its employees. An accident is defined as an event that 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 FORTY-EIGHT (48) hours of the occurrence. The injury must be documented on the RECORD OF OCCUPATIONAL INJURY AND ILLNESS FORM (Storeroom #102869) and forwarded to the Graduate Medical Education Office (NA23 or fax 41162) and then to the Director of Safety. Please note that an Accident Report filled out by security does NOT meet this requirement. Cleveland Clinic 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 the Clinic Supervisory Policies and Procedures Manual Policy #650 or http://intranet.ccf.org/patient&employeesafety.asp.

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 fill out the above-mentioned forms as soon as possible and turn them into the Graduate Medical Education Department at Cleveland Clinic. This ensures that any bills received by you will be processed and paid through Workers Compensation 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 Workers Compensation providing you have filled out the paperwork in a timely manner. If you have questions regarding a work related injury, you may contact the Cleveland Clinic Safety Department at 444-6588 or Graduate Medical Education at 444-5690.

LIFE INSURANCE

All employees of the Cleveland Clinic are insured for $25,000.00 as of your actual start date. The Life Insurance Policy is part of the Group Life Insurance held by Cleveland Clinic. This benefits is of no cost to you. Additional/Supplemental insurance is not available.
LOANS

An emergency loan fund is available for clinical trainees, not to exceed $1,200 a year or a total of $3,600 over a three-year period. Contact the Graduate Medical Education Department 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 Cleveland Clinic.

PROFESSIONAL LIABILITY

Clinic provides professional liability coverage for all clinical trainees while working within the confines of the Cleveland Clinic training programs. This insurance provides coverage for acts or omissions that occur during the course and scope of performing professional responsibilities as an employed clinical trainee of the Cleveland Clinic. Outside rotations at participating sites that are a required component of your training program are included and covered under the professional liability coverage offered by Cleveland Clinic. Elective rotations outside of the Cleveland Clinic are NOT COVERED by Cleveland Clinic professional liability coverage.

Upon completion of the training program, this professional liability coverage remains in effect for any litigation that may arise from incidents that occurred while you were in training. You do not have to purchase any “tail” coverage when you leave.

For more information, refer to the Enterprise Risk & Insurance website, at http://sharepoint.ccf.org/financedivision/eri/default.aspx. After you leave the Clinic, verification of professional liability insurance can be obtained via written request faxed to 216.445.7470.

EDUCATION TRAINING AWARDS

Eligible clinical trainees/research fellows from Cleveland Clinic and Cleveland Clinic Florida may be considered for the following awards:

CASH MEMORIAL AWARD

Friends, family and colleagues of the late Joseph Cash, M.D., former chairman of the Department of General Internal Medicine established the Cash Memorial Award. 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 pharmacoconomics. Only submissions for clinical research will be accepted. Clinical trainees 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 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 deals primarily with a clinical subject, and one for a paper that deals with non-clinical 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 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 clinical trainee for outstanding work done in the areas of research, clinical competency, contributions to Cleveland Clinic, and overall excellence in the practice of medicine. This award allows the clinical trainee 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 Chairman 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 plaque are awarded to the winning clinical trainee.

THE BRUCE HUBBARD STEWART MEMORIAL AWARD FOR HUMANISTIC MEDICINE

The purpose of this award is to recognize clinical trainees or staff that 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 RESEARCH FELLOWSHIPS

In recognition of the need to encourage basic research training in the next generation of physicians, 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 clinical trainees in training. The Crile Awards offer an opportunity for clinical trainees to pursue a full year in research. The program provides support for a portion of the clinical trainee’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.*

ALUMNI ASSOCIATION GRADUATE LEVEL-1 AWARD

The Cleveland Clinic Alumni Association is proud to recognize outstanding first year residents and support the future members of this prestigious network of CCF-trained physicians and scientists. Nominated and selected by his/her colleagues, the recipient of this award receives a $500 cash prize, a certificate which is presented at the Annual Recognition Ceremony, the first Saturday in June. The winner's name is inscribed on a permanent plaque displayed in the Alumni House – White Mansion, DV1.

WILLIAM & ROXANNE MICHENER AWARD FOR THE DEVELOPMENT OF LEADERSHIP

Medicine always needs leaders. This award is given to an individual whose peers and teachers identify, in him or her, those attributes that embody true leadership qualities. The awardee has demonstrated a commitment to learning, superior communication abilities and a mastery of medical skills. The awardee also embodied the courage, integrity and compassion that represent the highest ideals of clinical medicine.
HOSPITAL POLICIES

HOSPITAL ADMISSIONS

Admission of patients to the hospital requires approval by a staff physician. At night or on weekends, medical admissions may be initiated by the emergency room resident or the appropriate senior provided:

1. A Cleveland Clinic staff physician agrees to accept the patient.
2. Designee notifies Admission Office at (216) 738-4430.
3. Access Plus, X48302, coordinates arrangements for hospital transfers

If the patient to be admitted has a condition that may require an ICU bed, the Fellow/Staff physician of the appropriate ICU must be contacted to accept the patient, before the transfer is begun. For all patients with Kaiser insurance, an authorization must be obtained from Kaiser and included on the faxed reservation to PAS. (216) 738-4410

EMERGENCY DEPARTMENT

The Emergency Department is located between East 90th and 93rd Streets, and Carnegie and Cedar Avenues and provides 24 hours a day care for all types of medical, surgical and psychiatric emergencies. The Department is divided into three areas: The Emergency Department, the Clinical Decision Unit (CDU), and a Fast-Track area.

All patients are evaluated under the supervision of the attending staff. Laboratory and radiologic testing are performed when indicated. Consultations, admissions and discharges are ordered with the approval of the staff physician.

CLINICAL DECISION UNIT (CDU)

The Clinical Decision Unit (CDU) is an observation unit, allowing emergency physicians more time to observe and treat selected patients. This improves patient flow in the main Emergency Department and increases our capability to accurately diagnose and treat patients.

The CDU accepts patients from Cleveland Clinic. The CDU consists of 20 beds; 15 of which are monitored. Residents and staff continue to evaluate and care for CCF patients that they admit to the CDU.

Examples of patients admitted to the CDU include:

- Patients who are expected to improve within a relatively short period of time, 12-24 hours, and who will be discharged home (asthma, gastroenteritis).
- Patients who require additional time (following policy guidelines) and diagnostic efforts to make an appropriate diagnosis and disposition (atypical chest pain, abdominal pain).

FAST-TRACK

This area is used to evaluate and treat patients with minor medical and surgical complaints. It is a vital part of primary care training, providing exposure to most common outpatient problems. Minor pediatric problems are also evaluated in the Fast-Track area. This unit functions as a rapid evaluation and treatment area, providing quick, convenient care for patients with minor problems.

CANDIDATES FOR ANESTHESIOLOGY RESIDENCY & FELLOWSHIP TRAINING (PREVENTION OF SUBSTANCE ABUSE)

All clinical trainees in Anesthesiology – Effective September 1, 2007, the Anesthesiology Institute has implemented a protocol for active prevention of substance abuse related to the practice of anesthesia. Active education programs will highlight the risks of addiction of anesthesia providers and the negative effects of fatigue and stress.
This means that our pre-employment questionnaire will specifically address issues related to substance abuse risk factors, that our pre-employment urine drug screen will look for anesthetic drugs and related substances in addition to screening for illicit substances and controlled substances not governed by a valid prescription.

During training, all house staff in Anesthesiology will be subject to random drug screening, and confidential evaluation of any positive tests will be a condition of continued employment.

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 or pediatrician 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 Outpatient Clinic whenever possible. 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.

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 (should all be done in the Clinic); patients over the age of 45-50, depending on physiologic condition (should all be done in the Clinic).

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

In Clinic--prior to hospital admission. Internist may elect to defer laboratory or X-ray examinations until Hospital admission. He can order all or part on the day of admission by using Form F15B Rev. 5-660.S.I.

In Clinic--on day of hospital admission if on a weekday. Surgeon should schedule this appointment when hospital appointment is made and list the internist or pediatrician of choice as primary physician on F15B (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 or pediatrician 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.)

ADVANCED DIRECTIVES AND DNR ORDERS

1. A Living Will is a document that allows a patient to direct his or her medical care in the event the patient becomes terminally ill and incapable of decision-making, or permanently unconscious. The patient can revoke a Living Will at any time and in any manner.

2. The Durable Power of Attorney for Health Care names a person to act as the patient's
surrogate to make health care decisions for the patient if the patient is unable to make them (restrictions to the authority apply). The patient can revoke a Durable Power of Attorney for Health Care at any time and in any manner.

3. For inpatients within Cleveland Clinic Hospital, all DNR Orders should be written on the “End of Life Decision Making” form available at all nursing units. Cleveland Clinic policy recognizes three types of DNR Orders for Clinic inpatients (refer to DNR policy in the back of the page directory):

- DNR Comfort Care, which means COMFORT CARE ONLY before, during and after an arrest.
- DNR Comfort Care - Arrest, which means COMFORT CARE when the patient arrests, and allows standard care including resuscitative therapies before an arrest. These orders implement the State of Ohio DNR Comfort Care Protocol. Consult the CCF DNR policy for details. Both of these orders can be made portable for use outside Cleveland Clinic Hospital. To do so, a State of Ohio DNR Comfort Care Order Sheet should be completed at discharge.
- DNR Specified, which is tailored by the attending physician to specify some deviation from DNR orders #1 and #2. This order is rarely used. It is unique to Cleveland Clinic hospital and cannot be made portable. It allows a physician to tailor an order to the specific clinical situation and needs of a particular patient.
- Bioethics and the Office of General Counsel may be consulted for application of these laws.

**DISCHARGE OF HOSPITAL PATIENTS**

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

- Medical Records pick up the medical record from the nursing units each evening after 9:00 p.m. Records must NOT be removed from the nursing unit by clinical trainees.
- Health Data Services codes, assembles and analyzes the record.
- Attending physician receives the record for completion. (Unless the record is needed for patient care.) The physician’s secretary orders the record for completion.
- Incomplete records for Kaiser and Satellite physicians are maintained in the Incomplete Record Room located in M3-27.
- Other physicians involved in the case have the opportunity to complete their portions of the medical record as the record routes through the facility.
- Health Data Services reviews the record for final completion.
- A record is delinquent if not completed within 30-days from discharge.

**CORPORATE COMPLIANCE**

Donald A. Sinko, Chief Integrity Officer  
Jill Nelson, Director of Corporate Compliance and Privacy Official  
Office Number: (216) 444-1709

**Purpose**

The Cleveland Clinic is committed to programs, policies and procedures to ensure that the Clinic and its affiliates and their members, trustees, directors, officers, independent contractors and employees (collectively “employee” or “employees” as applicable) conduct activities in full compliance with applicable federal, state and local laws and ethical standards. In furtherance of this obligation, the Board of Trustees of Cleveland Clinic (the “Board of Trustees”) adopted “The Cleveland Clinic Corporate Compliance Program” (the “Program”) in May of 1996. The Program restated many existing policies and procedures, and is intended to prevent and detect any violations of federal, state or local laws by Clinic. Each affiliate of Cleveland Clinic is required either to apply the program to its operations, or to adopt it’s own program to ensure compliance with applicable laws. By acting in accordance with the Program, Cleveland Clinic is best able to fulfill its mission, which is to provide better care of the sick, investigation of their problems and further education of those who serve.
Overview

All employees are to carry out their duties in full compliance with the Program. In the event of a violation, the Program provides a procedure to investigate and correct any problems.

The Program:

- Identifies various federal, state and local requirements that affect the operations of Cleveland Clinic.
- Sets forth standards of conduct that must be followed so that Cleveland Clinic does not violate these laws.
- Establishes procedures to prevent and detect violations of law.
- Establishes procedures to investigate and correct any violations of law.

Administration of the Program

The Program is administered through the Office of Corporate Compliance and the Compliance Committee, which meets on a regular basis and considers issues as they arise. The Compliance Committee reports to the Audit Committee of the Board of Trustees and to the Chief Executive Officer of CCF.

The standing committees that maintain the Program are:

- Cleveland Clinic Corporate Compliance Committee
- Billing and Coding Committee
- Clinical Research Compliance Committee
- Cleveland Clinic Health System Compliance Officers Committee

Cleveland Clinic has established an Office of Corporate Compliance and has appointed Donald A. Sinko as Chief Integrity Officer. Others at Cleveland Clinic are responsible for general corporate compliance issues including the Division of Human Resources, and the various Divisions and Departments. Each Division and Department is required to establish and maintain compliance policies and procedures to detect and prevent violations of applicable requirements.

Reporting Potential Violations

Employees who are aware of a suspected violation of any rules, regulations or laws are required to bring it to the attention of their supervisor or department administrator. If they do not want to contact their department supervisor or administrator, they may contact the Cleveland Clinic Office of Compliance at (216) 444-709 or the Office of General Counsel at (216) 297-7000.

In addition, a confidential Reporting Line has been established which is not equipped with caller identification. The confidential Corporate Compliance Reporting Line number is: 216-791-4710 or 800-826-9294. Callers are asked only to leave a voice-mail message providing enough information to initiate an investigation. All reports will be investigated. Cleveland Clinic is committed to maintaining the confidentiality of callers to the Reporting Line to the extent that maintenance of such confidentiality is consistent with Clinic’s policy of completing a thorough investigation of reports. No one who makes a call to the Reporting Line in good faith will be subjected to reprisal, discipline or discrimination based on having made a report.

Education and Training: Compliance Information

As part of their orientation, employees receive this overview of the Corporate Compliance Program upon joining Cleveland Clinic. Thereafter, employees will have periodic compliance updates as part of their employment at the Clinic. In addition, a copy of the Compliance Program Manual is available in each department administrator's office or on-line click on CCHS Corporate Compliance, Compliance Manual. NOTE: Manual currently undergoing revision.

Enforcement

All employees are expected to comply with applicable laws and regulations and to adhere to the policies and procedures contained in the Program. Cleveland Clinic has a policy of corrective action for those who violate the Program, as well as, for those who willfully fail to report wrongdoing.
Compliance Obligations
Consistent with Cleveland Clinic Corporate Compliance Program, all employees are expected:

- To carry out their job duties in full compliance with the Corporate Compliance Program and with Cleveland Clinic Code of Conduct.
- To learn and understand what laws and regulations apply to their positions and to comply with those requirements;
- To use good judgment and due care in performing their job duties; and
- To report suspected compliance violations or errors.

DISABILITY ACCOMMODATION

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
An individual with a disability is someone who has a physical or mental impairment that substantially limits one or more major life activities.

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.

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. A direct threat means a significant risk of substantial harm to the safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation.

The term “essential functions” generally means 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 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 do not include those accommodations that would impose an undue hardship on Cleveland Clinic’s operations.

PROCEDURE

Notification

All qualified employees with a disability who are seeking a reasonable accommodation should notify their immediate supervisor. 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 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.

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
Clinical trainees/research fellows are paid on the 15th and last day of the month.

All Cleveland Clinic employees are required to enroll in the direct deposit program. If you do not establish a direct deposit account within 30 days of your hire you will be authorizing the Cleveland Clinic to enroll you in the Skylight Debit Card Account and your pay will be deposited into this Account.

After all requirements are met, the first paycheck is mailed to the home address. Subsequent paychecks are deposited in the clinical trainee/research fellow’s bank account(s).

Trainees will have access to their pay-advice information via the secured Cleveland Clinic Benefits Portal on the Clinic Intranet. Via the Portal trainees can view and print payroll information on the date of pay and you can also go back into your records to access previous pays. W-2s are also mailed to your home address at the end of the year, and you can also access all W-2’s via the Portal.

If you have a change of address, please make sure that you fill out a change of address form in the Graduate Medical Education Department as GME maintains the data base for payroll and this will ensure timely delivery of your paycheck and any payroll documents.

The Family Lounge is for the relatives of patients in Intensive Care, the Recovery Room, and Surgery. The Family Lounge has personnel on duty to assist families and is open Monday through Friday between 7:00 a.m. and 8:30 p.m. A Consultation Room is available for the surgeon to meet with the patient’s family members. After 8:30 p.m. family members are directed to wait in the Area H Hospital Lobby by the Information Desk.

An identification badge is provided to each clinical trainee/research fellow. Clinic policy #575 requires the ID badge is to be worn at all times while the employee is on property owned by the CCHS. ID badges are a means of identification, to promote safety and security on CCHS property, provide access controls, parking and allow clinical trainees to obtain on call meals. If an ID badge is lost or stolen, the ID Badge Department must be notified as soon as possible. The charge for a replacement badge is established by each CCHS department responsible for issuing maintaining ID badges. ID badges are to be worn above the waist, facing forward, in an upright, readable position with the photograph clearly visible at all times. The picture/name should not be covered or obscured by stickers, labels or pins.

The Cleveland Clinic maintains on call rooms for clinical trainees that are required to be in-house overnight. Rooms are cleaned and bed linens are changed daily. A clinical trainee, who is called into the hospital at night, may utilize the “Restricted Use” rooms. A list of all on call room designations is posted on the 5th, 6th and 7th floors of the TT building.
PATIENT ACCESS SERVICES
Service Convenience Center - X59573
Administrative Service Center - X42253
Desk H10 - X42029
Bed Utilization - X42021
Reservations - (216) 738-4430
FAX - (216) 738-4410

The Department of Patient Access Services provides the following functions: In-patient reservations, bed placement, registration, financial counseling, hospital transfer coordination, census statistics, administrative service center, service convenience center, and patient escort. The Administrative Service Center is responsible for lost/found, storage of patient valuables and belongings, and facilitates the expiration procedure. The Service Convenience Center maintains information on Cleveland Clinic, Greater Cleveland, accommodations and directions. Patient Service Assistants, often referred to as Hosts, are located at main points of entry. At Desk H10, Hosts route patients through the admitting and discharge processes.

HOUSE STAFF ASSOCIATION

The House Staff Association (HSA) is an association of clinical trainees (residents and fellows) at Cleveland Clinic. Its mission is to promote the well-being and interests of clinical trainees, whether they are educational, financial or other. The HSA addresses concerns that are presented by each interdepartmental member representative and advocates improvement of the quality of patient care. We support the advancement of the science of medicine through research and continued education, and strive to establish and maintain high medical and ethical standards in the practice of medicine.

Membership
Membership to Cleveland Clinic House Staff Association is free and extends to all clinical trainees. The House Staff Association Committee (HSC) is made up of clinical trainees representing a variety of specialties. The HSC operates under a formal set of bylaws. Each year, new officers and committee members are nominated and approved. Clinical trainees are encouraged to become active members of the association.

HSA Website/Contact
The House Staff Association maintains a website for clinical trainee resources, linked to the Intranet homepage http://www.clevelandclinic.org/hsa/. The House Staff Association Committee can also be contacted via email at HSA@ccf.org

HSA Newsletter
The House Staff Association Newsletter is mailed monthly, directly to the homes of all Cleveland Clinic clinical trainees. The HSA Newsletter (The Pulse) lists social and educational events for the month, along with information pertaining to all clinical trainees at Cleveland Clinic. Please be sure to watch for your copy and mark important dates on your calendar.

House Staff Center
The House Staff Center (HSC) is a private facility for the clinical trainees at Cleveland Clinic. It is located on the fourth floor of the Holden Jennings Education Building in TT40. It features computer terminals, private study rooms, and a common area complete with TV, vending machines, piano and pool/ping pong table. The computer terminals give clinical trainee/research fellows access to word processors, email, and the Clinic Intranet. There is also a small secured “gym” within the HSC with a variety of equipment. To gain access, complete a BWC Waiver Form. Forms are available in the HSC, GME Office or Alumni Relations. Fax to 445-2730, Contact the House Staff Coordinator at 445-6961 for additional information.

“More to Life than Medicine” Parties
Throughout the year, the HSA provides social gatherings for its members, their significant others and their families. These parties are held both on and off campus. Details are listed monthly in the HSA Newsletter, on the clinical trainee resources intranet page, and in house staff emails.
Educational Seminars

Educational seminars are provided monthly on campus to the HSA members and their significant others. Seminars are held on the 3rd Wednesday evening of each month. Food and drink are provided. Topics range from professional to personal.

HOUSE STAFF SPOUSE ASSOCIATION

Cleveland Clinic House Staff Spouse Association (HSSA) wishes to welcome all residents, fellows, spouses and families to Cleveland Clinic. The HSSA functions as a social, philanthropic and support group. Couple, family and spouse events are planned during the year which include luncheons, children playgroups, children’s’ parties, sporting events, and dinner dances. Monthly meetings are held in the members’ homes and “Stethoscoop”, the monthly newsletter, contains information on upcoming events.

The HSSA hosts a Welcome Party each July for incoming clinical trainees and their families. This gives the trainees and their families an opportunity to meet the officers, find out what the group is about and to receive information about the Clinic as well as the City of Cleveland.

LAB COATS

Uniform Room TTB-101b – X45024

Lab coats are available to all clinical trainees and research fellows.

Research Fellows will be fitted in the Uniform Room located at TTB-101b. Three (3) lab coats will be ordered for each research fellow. Clinical Trainees will be fitted for monogrammed lab coats. The GME Department will order three (3) monogrammed lab coats for each new clinical trainee and will be given a “loaner coat” until the monogrammed coats are delivered (approximately 4 weeks).

Lab coats should be taken to the Uniform Room to be laundered as often as necessary. Lab coats are replaced when they are damaged or soiled beyond being able to be cleaned by the Laundry Department.

O.R. SCRUBS

Uniform Room PTB - 101B

Clinical Trainees will obtain authorization from the Graduate Medical Education Department to obtain O.R. scrubs when training begins. Soiled scrubs will be exchanged on a one-for-one basis at the H-3 Uniform Room. Clean scrubs will not be issued without turning in a soiled set. Temporary O.R. attire will be issued when O.R. scrubs are not turned into the Uniform Room.

Scrubs are not meant to be worn when working in other areas or paired with your personal attire. As Cleveland Clinic property, with a designated use, it is not permissible to wear scrubs off campus, including to and from work. All surgical scrubs issued must be returned at the completion of your training.

OMBUDSMAN DEPARTMENT

S18 - X42544 for referrals
FAX 445-6086, ombud@ccf.org

The Ombudsmen act as liaison between patients/visitors and Cleveland Clinic administration. Ombudsmen have the authority to investigate complaints independent of the departments involved. Complaints are resolved and documented. The Ombudsmen also provide advice/assistance to the medical staff when problems arise with patients. The Ombudsmen report to the Office of Quality in Executive Administration.
PASTORAL CARE
X42518
Pager 22956 - On-Call Chaplain

Chaplains provide pastoral, spiritual and emotional care for patients, families and staff. Priority care is given to staff referrals and patient or family requests. Services include spiritual assessments, grief and bereavement counseling, assistance with Advance Directives, coping with death and dying, and attendance at all deaths. Chaplains offer interdisciplinary consultations with other caregivers, short-term individual counseling with employees, and stress reduction seminars as requested.

In addition to regularly scheduled worship events, chaplains and volunteers provide sacramental ministry, prayer and religious readings. Care is available for all faith groups.

NUTRITION THERAPY DEPARTMENT
X52710 Hotline
X46655 Inpatient Nutrition Therapy
X53900 Subacute Nutrition Therapy

Patients are referred to Nutrition Therapy registered dietitians and dietetic technicians primarily from orders placed by physicians and physician assistants, and from the nursing staff who assess patients upon admission for nutrition risk. Nutrition Therapy staff also see patients hospitalized for greater than six (6) days. Please order nutrition consult whenever you have a patient that you suspect is at nutrition risk. This will help to ensure patients at risk are assessed by nutrition professional in a timely manner.

Within the first 24 hours of admission, the nursing staff completes the Admission Screening for Interdisciplinary Consults form. The questions target patients at nutrition risk. For any “yes” response to these questions, the nurse generates an electronic referral to Nutrition Therapy. Patients are assessed either by a dietitian or a dietetic technician. A dietitian follows those found to be at high nutrition risk. A dietetic technician follows those at moderate risk. Throughout a patient’s hospitalization a nurse or physician may place a referral to Nutrition Therapy for any type of nutrition concern including supplementation, enteral feeding recommendations, diet education, nutrient intake assessment, a change in diet prescription, or other care.

Physicians may also order a consult for any condition that warrants nutrition intervention. Nutrition therapy can be provided in any setting: inpatient, subacute, or ambulatory at the Main Campus or a Family Health Center. In some ambulatory settings, the nurse may screen the patient for nutrition risk, which may prompt the physician to order a consult with the registered dietitian. Whether screening is completed or not, the physician always has the option to refer a patient to Nutrition Therapy for nutritional assessment, diet education or other nutrition-related care.

Due to the short length of stay for most hospitalized patients, diet education is most effective when performed in the ambulatory setting, either before or after hospitalization. Patients generally feel better in this setting, are more alert and better able to retain information, and family members are able to more easily participate in the session. Registered dietitians are available by appointment at the Main Campus and at each Family Health Center.

NUTRITION SUPPORT TEAM
X45252 (TT22)
Fax X48703

The Nutrition Support Team is a multi-disciplinary group of physicians, dietitians, nurses, and pharmacists with expertise in managing patients requiring specialized enteral and parenteral nutrition. The team is available for consultation seven days a week. Consultations may be requested Monday through Friday to the Department of General Surgery consult line, X43733 between 8:00 a.m. and 5:00 p.m. Consultations requested after 5:00 p.m. and on weekends should be called by the primary service to the surgical resident covering Dr. Steiger’s service.
Alternatively, parenteral nutrition may be managed by the patient’s primary service. However, initiation of parenteral nutrition in any patient requires approval by the Nutrition Support Team. Calls for TPN approval should be placed to Beeper 24700 between the hours of 7:00 a.m. and 5:00 p.m. during weekdays and from 7:00 a.m. to 12:00 noon on weekends and holidays. The TPN approval beeper will be turned off after hours.

Outpatient Clinic is in the Crile Building, A80. Patients with malnutrition due to a wide variety of medical conditions including maldigestion, malabsorption, and other catabolic illnesses may be evaluated and treated there.

**ENDOCRINOLOGY DEPARTMENT & DIABETIC CLINIC**

Clinic Hours: Monday - Friday (7:30am - 5:00pm)
Telephone Number: Appointments: 444-6568 or 444-5500
Research Studies: 444-1115
Patient Education is available through Dept. of Patient Education - Ext. 43054.

EMERGENCY PATIENTS are seen immediately by the Staff Physician or Resident; or in the Emergency Room. Pediatric patients are seen in The Department of Pediatrics, or the Emergency Room.

CLINIC PATIENTS are either fasting or postprandial. If fasting determinations are required, patients must stop at Desk A15 to obtain the necessary blood work prior to their appointment. Following the blood work, patients may take their medications and have breakfast in the cafeteria. If postprandial laboratory values are ordered, they will be obtained at Desk A15 after their visit with the nurse and physician.

HOSPITAL PATIENTS may receive patient education on administering insulin and performing self-blood glucose monitoring by placing an order in the chart for Diabetes Education. This is performed by the Nursing Staff. A diabetic therapy record is completed on each patient and is kept in the medication logbook. Patient “survival skills” such as insulin instruction, blood glucose monitoring, and the floor nurses should initiate management of hypoglycemia and diet. There is also a Diabetes television channel designed to teach patients survival skills.

DIETITIANS should be contacted early in the hospitalization to review inpatient and outpatient menus. The diabetic diet conforms to National Cholesterol Education Program guidelines. Specific restrictions such as no fruit juices, sodium or weight reduction should be noted.

INSULIN ORDERS should be written the day before these are required. This is especially true for patients undergoing studies where the insulin schedules need to be tailored to the nature of the study.

**HEALTH DATA SERVICES - X42640**
**MEDICAL RECORD HANDLING - X45580**

8:00 a.m. - 5:00 p.m. Monday - Friday
File area - staffed 24-hours a day, 365 days a year

Health Data Services (HDS) is responsible for processing clinical information through abstraction, coding, data collection, computerization, and participation in quality initiatives.

Health Data Services supports Clinic-wide research through record provision, special registries and studies, release of patient information for continued patient care, clinical documentation processing through a centralized dictation system, and participation in quality initiatives through the CCHS Quality Institute. In addition, Health Data Services is responsible for coordinating the ongoing quality review of medical record documentation.

The patient’s clinic and hospital records are combined into one unit record. Health Data Services has a primary location in the basement of the “A” Building. Records are stored in files in the basement with an additional storage area in the sub-basement. Older records are stored and maintained at an off-site location with 24-hour access. **Medical Records must NOT be removed from the Cleveland Clinic campus.**
Paperwork and forms must **NOT** be removed from the medical record. As a courtesy to anyone reviewing a medical record, please write legibly in the medical record and always include a pager number with the signature.

Health Data Services is available to assist physicians in compiling data or obtaining charts for studies, conferences, etc. Medical and statistical data are available for both inpatients and outpatients.

Charts retrieved upon request for residents to review will be held in the MRH storage area for thirty (30) days from the date retrieved. After thirty days, the chart will be returned to circulation unless special arrangements are made. A limit of sixty (60) charts may be requested at a time by each requestor for review. The Chart List Request form is to be used for all requests unless a pre-approved spreadsheet is provided. Upon completing review of charts, residents reviewing charts are expected to remove the chart order slips from charts and return the charts to the designated return area.

### PHARMACY

**Clinic Drive Main Outpatient Pharmacy JJ10**  
X42100    Fax - 56015  
Hours:    M-F 8:00a-6:00p, Sat 9:00a-3:00p

**Crile Outpatient Pharmacy A24**  
X57400    Fax 57403  
Hours:    M-F 8:00a – 6:00 p

**Surgical Center Outpatient Pharmacy P10**  
X49525    Fax 49514  
Hours:    M-F 9:00a – 5:00p

**Taussig Center Outpatient Pharmacy R1**  
X52124    Fax 52172  
Hours:    M-F 9:00a – 5:00p

The Cleveland Clinic Department of Pharmacy provides ambulatory pharmacy services through the department’s Outpatient Pharmacies. (The Main, Crile Outpatient and Surgical Center Pharmacies have been wholly owned non-profit entities of the Cleveland Clinic since 1996.) Revenue from the Outpatient Pharmacies contributes directly to the overall operation of the Cleveland Clinic.

The Outpatient Pharmacies offer a wide range of over the counter pharmaceuticals and health care related products that are available to patients, employees, family members and visitors. Except in emergency situations, prescription services are provided only for patients and employees of the Cleveland Clinic.

Pharmacy services include:
- Compounding of medications in dosage forms, such as, creams, ointments, suppositories, encapsulation, and oral liquids that are not commercially available.
- Dispense oral, topical, and injectable medications on the order of a Cleveland Clinic physician.
- Counsel patients on the correct usage, dosage, and storage of their prescription medication.
- Stock prescription medications and related ancillary products that are not readily available in most retail pharmacies.
- Carry a complete line of health and convenience products for all our customers.
- Complimentary discount on over-the-counter products for employees and staff of The Cleveland Clinic.

### SOCIAL WORK DEPARTMENT

X46552

**MISSION STATEMENT**

*To improve health outcomes by providing social interventions to “at risk” patients and families*

Social work interventions aim to improve the health outcomes of our patients by reducing the barriers that
interfere with their ability to manage health and health resources. There are two primary groups of patients
who should be seen by social work whether inpatient or ambulatory: Those who are likely to suffer social,
psychological or financial risk as a result of their illness (HIV, mental illness, debilitating chronic illness, for
example) and those whose social environment actually contributes to their illness or ability to cope or com-
ply (family violence, poverty, inadequate social supports, for example)

Typical social work interventions include: psychosocial/risk assessments, support groups, patient/family
education, counseling, assistance with guardianship& probate and help with other practical needs like trans-
portation, temporary lodging and applications for financial assistance. Any health care professional or family
member can place consults to social work. Call 444 6552 or consult through Last Word for inpatients. For
routine discharge planning, please contact Nursing Case Management at 444 9512.

**CHILD LIFE**
X45059 - Referrals

Certified child life specialists assess and provide interventions to meet the emotional, developmental and
educational needs of children, adolescents and families in relation to their health care experiences. Pread-
mission tours and psychosocial preparation for surgery and other medical events are a primary function of
child life and serve to lessen anxiety and promote optimal adjustment.
Child life services are available to pediatric and adolescent patients (birth-18 years). A family member or any
health care may make referrals professional.

**PARKING**
X42255

Clinical Trainees/Fellows scheduled for rotations outside the Cleveland Clinic should e-mail deferment re-
quests to the GME Department at meded@ccf.org. The e-mail should include; first and last name, employ-
ee number, hospital name that they are going to, start and end date of this rotation and where they currently
are parking. Arrangements for parking charge deferment must be made prior to the outside rotation. Parking
charges cannot be deferred for vacation time.

**TELEPHONE ACCESS**
(Long Distance)

Clinical trainees are given a long distance access code that allows them to make Clinic business and
patient related calls in the continental United States. International access will not be authorized without
special approval. The Division of Education receives monthly reports of all long distance calls made using
access codes; we review these reports and any calls that are not Clinic 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 unauthorized calls made using your access number.
800 NUMBER - TOLL FREE CALLS - The Cleveland Clinic has several 800-telephone numbers for patient
use only. Do not use the 800 lines for personal or business related calls. We receive reports and monitor the
use of the 800 lines and clinical trainees will be held responsible for the repayment of unauthorized calls.

**PAGERS**
X47987 Ab-161

Clinical trainees are required to sign a financial responsibility form prior to receiving Clinic pagers. In the
event your pager is lost or stolen, you will be responsible for the replacement cost. GME will pay for re-
placement of broken equipment.

**MAIL (ON SITE)**
S1-120 (located off of the M lobby before you enter the S area)

All clinical trainees may obtain a Clinic Mailbox in the S Building Mail Room. Some training programs allow
trainees to receive their mail in the training department, please check with your Program Directors office. 
Please check your mailbox often, your reappointment letters and other important correspondence from 
GME will be sent to you internally. All mail sent to you should include your mailbox number or mail location 
code, please have personal mail and packages sent to your home.

**E-MAIL (MICROSOFT OUTLOOK WEB ACCESS)**

All trainees receive Intranet access that included official Cleveland Clinic E-Mail account. Instruction 
on how to gain access via a “user ID and password” will be distributed out at Orientation. Please check 
you E-Mail frequently as time sensitive issues are sent often.

**REMOTE ACCESS/SECUR ID CARD**

All clinical trainees will have the option to obtain a SecurID Card from ITD. Instruction will be distributed 
out at Orientation. Issues should be directed to ITD at citremote@ccf.org.

**BANKING**

The Cleveland Clinic branch of Key Bank, is located at the Clinic Plaza at 9411 Euclid Avenue.

In addition, the Key ATMs on the first floors of the A and H buildings, and in the Skyway are also available.

If you have any questions, please call Key Bank at 216-828-9127.

**ORGAN, TISSUE and EYE DONATION**

216-445-4911
Donation Specialist

Some of the main goals and objectives are to; achieve a 100% referral rate of potential donors across 
CCHS hospitals, educate and train diverse multidisciplinary teams of health care professionals on standard 
clinical and donor management protocols that facilitate the effective, efficient, and seamless management 
of the donor process and improve organizational readiness for change regarding organ, tissue, and eye 
donor policies throughout the CCHS.

**LIFE BANK**

(216) 752-5433 or (800) 558-5433
FAX 216-751-4204

**CLEVELAND EYE BANK**

(216) 844-3937

In keeping with the Cleveland Clinic's commitment to provide quality care, it is the practice of the Cleveland 
Clinic to provide the option of organ and/or tissue donation to the families of hospitalized patients, in ac-
cordance with Ohio Required Request Law.

**Purpose**

To ensure that the family of each potential organ, tissue and eye donor is informed of their option to 
donate or to decline the option of donation, and to encourage discretion and sensitivity with respect 
to circumstances, views, and beliefs of the family of a potential donor. Cleveland Clinic hospital 
administration, nursing, attending physician, chaplain and resident staff, along with LifeBanc 
(*the federally designated Organ Procurement Organization for Northeast Ohio*) and The Cleveland Eye 
Bank, are all involved in supporting this collaborative effort. Procurement coordinators for LifeBanc 
and the Cleveland Eye Bank (216-752-5433 / 1-800-558-5433) are available 24 hours a day to assist 
with implementation of this practice.

**Definitions**

Routine Notification: Call made to OneCall for Life donor referral line on ALL patients within one hour
of suffering cardiac death or PRIOR to declaration of brain death on ALL patients suffering from lethal head injury or disease process (also called early referral)

Designated Requestor: Any individual who has been approved (and is on record) by LifeBanc and/or The Cleveland Eye Bank to initiate the request process with the legal NOK of a decedent

Legal Next-of-Kin (legal NOK): Any person who is responsible for disposition of a decedent, usually determined by order of hierarchy:

- Spouse (common law not recognized in Ohio)
- Adult child/children (18 years or older)
- Parents
- Adult siblings (18 years or older)
- Grandparents
- Legal Guardian
- Any person/institution authorized for disposition of the body

Potential Organ Donor: Any person who has suffered a lethal, or potentially lethal, head injury or disease and is hemodynamically maintained with mechanical ventilation and is in the critical care setting. The status can be determined by consulting the Neuro Prognostication Team by paging 14-26876 or 14-3761.

A. Potential Tissue Donor: Any person who has suffered cardiopulmonary death in any unit of the hospital

Organs: Heart, lungs, liver, pancreas, kidneys, intestines, pharynx or others (recovered from organ donors only)
Tissues: Heart valves, pericardium, saphenous veins, femoral vessels, bone, connective tissue, skin and eyes
Brain Death: Any person who has suffered irreversible function of all parts of the brain, including the brain stem

B. Cardiopulmonary Death: Cessation of circulatory and pulmonary function

C. Imminent Death: Any patient who has a fatal head injury or disease process and brain death declaration is anticipated to be done soon

D. Early Referral: Call being made to donor referral line prior to the declaration of brain death on any and all potentially brain dead patients in the critical care area

Procedures

A. Notification

Hospital personnel (registered nurse, physician or other designated individual) will be responsible for placing a call to the OneCall for Life donor referral line and document the referral upon the cardiopulmonary death or imminent brain death of every patient before approaching the legal next-of-kin (NOK) with option of donation. Determination of brain death can be met by consulting the Neuro Prognostication Team.

1. The person notifying the OneCall for Life coordinator does not have to be a designated requestor
2. Refer to the OneCall for Life checklist for information needed prior to making a routine notification call. (See Addendum #1)
3. All calls will then be triaged according to potential (brain death, potential brain death, or cardiopulmonary death).
4. A designated requestor will approach the legal NOK if initial criteria (determined by OneCall for Life coordinator) are met.

———
5. If the decedent does not meet initial criteria the notification process will be terminated and/or additional instructions will be given.

B. Request for Donation

1. Potential Organ Donors:
If the patient is in the critical care setting and being hemodynamically maintained by mechanical ventilation and has been pronounced brain dead, or brain death is imminent, the LifeBanc coordinator will discuss in detail a plan of action, and at an appropriate time, will come on site for further evaluation.

Only the LifeBanc coordinators will be designated requestors for potential organ donors.

No hospital staff member will be trained to be a designated requestor for potential organ donors.

C. Request for Donation

1. Potential Tissue Donors:
The designated requestor will then discuss suitability of the decedent with the OneCall for Life coordinator.
If the patient is deemed suitable, the OneCall for Life coordinator will advise the designated requestor of specific tissues to request for donation.
This does not mean the donor will automatically be accepted for donation and/or transplantation.

2. The designated requestor will then approach the legal NOK of only a potentially suitable donor or consent for tissues and/or eyes.
   a. Legal NOK Hierarchy of Consent:
      Spouse (common law not recognized in Ohio)
      Adult Child/Children (18 years or older)
      Parents(s)
      Adult Siblings(s) (18 years or older)
      Grandparents
      Legal Guardian
      Any person/institution authorized for disposition of body
   b. If consent has been obtained for tissue from legal NOK, the OneCall for Life coordinator will conduct an interview (via telephone) with the legal NOK before they leave the hospital unit.
   c. An approved hospital consent form for Authorization for Anatomical Gift will be completed by designated requestor and signed by the legal NOK (the consent form will be faxed to OneCall for Life coordinator prior to any recovery of tissues).
   d. Final determination of recovery of tissues and/or eyes will be made only after the OneCall for Life coordinator has obtained a hospital course summary from hospital personnel, a complete medical/social history from the legal NOK, and a thorough evaluation has been conducted. For eye only donors the medical/social history may be conducted at a later date.
   e. If the legal NOK denies consent for donation, a member of the hospital staff will complete paperwork required by the hospital, and the process will be terminated. OneCall for Life will be notified of the consent denial.

DEPARTMENT OF BIOETHICS
Office X48720 JJ-6
Ethics Consultation Service—Pager 22512

The Ethics Consultation Service is available for patients, families, and staff for assistance in dealing with conflicts or dilemmas involving informed consent, refusal, demands for inappropriate or futile care, or other conflicts associated with different value orientations of health care providers and patients and their families.

Services include:
• Assistance in assessing and resolving ethical problems arising in the care of patients
• Assistance in interpreting Clinic policies and ethical standards


- Participation in family meetings
- Negotiating disagreements involving values or ethical disputes, and
- Independent assessment of conflicts or disagreements over care with patient or family.

When institutional oversight is desired, the Ethics Consultation Service can convene an ad hoc Ethics Consultation Subcommittee of the Cleveland Clinic Ethics Committee to review a case. The Department of Bioethics also provides bioethics education in nursing unit teaching rounds, grand rounds, and resident teaching conferences and maintains a regular ethics liaison presence on critical care units.

You may also consult the Cleveland Clinic Ethics Policies Book that contains policies on Brain Death, DNR Orders, Foregoing Life Sustaining or Death-Prolonging Therapy, and Patient Refusal of Life Sustaining Treatment.

Abbreviated versions of these policies are also available at the back of the Telephone Directory and the Page Directory. Complete copies are available from the Department of Bioethics.

**KAISER PERMANENTE AFFILIATION**

The Cleveland Clinic and Kaiser Permanente/Ohio Permanente Medical Group have entered into an agreement whereby members of Kaiser Permanente are treated at Cleveland Clinic. Ohio Permanente Medical Group (OPMG) physicians manage the care of these patients. Residents will have opportunities to become involved in the care of these patients on both Cleveland Clinic and OPMG services.

The Cleveland Clinic is committed to the success of this affiliation. We have identified several key elements for success. They are as follows:

- A demonstrated high level of respect and hospitality to Kaiser Permanente members and employees and to OPMG physicians.
- Prompt response to Kaiser Permanente needs.
- Adherence to the authorization and pre-certification requirements established by Kaiser Permanente.
- Transparency of referral, authorization and pre-certification requirements from the patient’s perspective.

**CONSULTATION POLICY (KAISER)**

Priority is to be given to OPMG providing physician consultative services for Kaiser Permanente patients. However, there are cases where because of either physician availability or capacity, Cleveland Clinic will be required to provide the consultative services. All Cleveland Clinic physician consults for Kaiser Permanente patients must be approved in advance. Kaiser Permanente prior to Clinic providing the consult must provide a written referral.

To ensure quality clinical care, emergency admissions may be approved retrospectively. All elective and urgent admissions must be preauthorized and precertified with Kaiser Permanente. The Pre-Admission Management Unit (PAMU) in Patient Access Services (PAS) is responsible for obtaining the preauthorization and pre-certification for these patients. For inpatients, authorization for Cleveland Clinic to provide physician consultative services are denoted in the progress notes.

**BENEFIT COVERAGE (KAISER)**

Any interpretation of a patient’s coverage should be referred to Kaiser Permanente’s Ohio Customer Relations Department (621-7100). The Clinical Resource Managers (CRMs) on the units can assist you in this regard.

**PAGING OPMG PHYSICIANS**

Coordination of the care of the patient is to be done in conjunction with the attending staff physician, either Cleveland Clinic or OPMG. You will find a complete list of pager numbers of OPMG physicians practicing at the Clinic in the Cleveland Clinic Phone Directory. Please note that the method of paging an OPMG physician differs from the Clinic paging method (i.e. you dial 13 and a 4 digit pager number instead of 14 and a 5 digit pager number for Clinic). If you have difficulty determining the pager number of the OPMG physician, call the Kaiser Permanente switchboard at the Parma Medical Center (362-2000) and ask for assistance.
TO REACH AN OPMG PHYSICIAN ON CALL
The Call schedule is on line and available from the Clinic Call operator by dialing 126, and is available at each nursing station. If you have difficulty determining the name of the OPMG physician on call you may call the Kaiser Permanente switchboard at 362 2000. The procedure for reaching the physician on call can be found in the Page Directory.

COMPLETION OF DISCHARGE ORDERS (KAISER)
Discharge orders are to be completed for all patients prior to discharge. Contractually, the discharge order must be faxed to the Kaiser Permanente Resource Center (KPRC) within 24 hours of discharge. This requirement cannot be met if the discharge order is not completed in a timely manner.

COMPLETION OF MEDICAL RECORDS
DICTATION OF DISCHARGE SUMMARIES (KAISER)
A separate incomplete medical records area has been established for Kaiser Permanente patients. The Kaiser Permanente Incomplete Medical Record Room is located at M3-27.

Discharge summaries are completed at discharge for patients according to JCAHO guidelines. Use the central dictation system to complete the discharge summary and other required dictation items. Follow the instructions specific for Kaiser Permanente patients. Dictation instruction cards are available in the Kaiser Permanente Incomplete Medical Record Room. Completed discharge summaries will be reviewed and signed by the attending physician.

Timely completion of your responsibilities is imperative to keeping the institution’s number of delinquent medical records within the designated Joint Commission threshold. Records are considered delinquent after 30 days from discharge.

HEALTH PLAN SUMMARIES
The Cleveland Clinic will provide, at no cost to you, the Cleveland Clinic Health System (herein referred to as CCHS) Core Health Plan, SummaCare EPO or Kaiser Permanente HMO for you and eligible dependents.

The following summaries contain details about health plan benefits offered through the Cleveland Clinic Health System (CCHS):

- Cleveland Clinic Employee Health Plan Summary
- Prescription Drug Summary
- Cleveland Clinic Behavioral Health Summary
- SummaCare Health EPO Plan Summary
- Kaiser Permanente HMO Plan Summary

Specific questions regarding health plan coverage should be directed to the CCHS Employee Health Plan customer Service Unit at 216-297-8800 or toll free at 1/866-811-4352.

Call the Benefits Customer Service Center at 216-448-0600 to obtain information related to eligibility issues, benefit plan coverage provisions, enrollment information and qualified life events.
## Cleveland Clinic Employee Health Plan Medical Summary

### Facilities

<table>
<thead>
<tr>
<th>Facilities</th>
<th>CPP Providers</th>
<th>CHN Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Family</td>
<td>None</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

### Covered Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>CPP Providers</th>
<th>CHN Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP Office Visit</td>
<td>100% of Allowed Amount after $10 co-pay (No co-pay for blood pressure reads, blood draws and nurse visits)</td>
<td>$25 co-pay (after deductible)</td>
</tr>
<tr>
<td>Family Practice, Gynecology, Internal Medicine, Obstetrics and Pediatrics</td>
<td>100% of Allowed Amount after $25 co-pay (no referral required)</td>
<td>$50 co-pay (after deductible)</td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>100% of Allowed Amount after one time $50 co-pay</td>
<td>One time $100 co-pay (after deductible)</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>100% of Allowed Amount after $10 co-pay (no referral required)</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Routine (Annual) Physical Examination by PCP</td>
<td>100% of Allowed Amount after $25 co-pay (no referral required)</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Routine (Annual) Vision Examination</td>
<td>100% of Allowed Amount after $25 co-pay (no referral required)</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount</td>
</tr>
<tr>
<td>Laboratory/Diagnostics Tests</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>100% after $50 co-pay</td>
<td>100% after $50 co-pay</td>
</tr>
<tr>
<td>(Emergency and/or Urgent Care)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Supplies and Durable Medical Equipment</td>
<td>80% of Allowed Amount (does NOT accumulate to out-of-pocket max)</td>
<td>80% of Allowed Amount (does NOT accumulate to out-of-pocket max)</td>
</tr>
<tr>
<td>Extended Care/Skilled Nursing Care — 180 Days per Benefit Year</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount</td>
</tr>
<tr>
<td>Long-Term Acute Care — 180 Days Lifetime Maximum</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount</td>
</tr>
<tr>
<td>Hospice</td>
<td>100% of Allowed Amount</td>
<td>100% of Allowed Amount</td>
</tr>
<tr>
<td>Home Health Care — 100 Visits per Benefit Year</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount</td>
</tr>
<tr>
<td>Acupuncture — Maximum of 20 Visits per Benefit Year</td>
<td>100% of Allowed Amount</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Chiropractic — Maximum of 20 Visits per Benefit Year</td>
<td>First 10 visits: 100% of Allowed Amount after $10 co-pay</td>
<td>100% of Allowed Amount</td>
</tr>
<tr>
<td>Therapy Services</td>
<td>100% of Allowed Amount</td>
<td>100% of Allowed Amount</td>
</tr>
<tr>
<td>Occupational/Speech/Physical</td>
<td>First 10 visits: 100% of Allowed Amount after $10 co-pay</td>
<td>$25 co-pay (after deductible)</td>
</tr>
<tr>
<td>Dental — Surgical extractions for soft/bony impactions, or Dental implants for certain medical conditions or recent accidents/injuries</td>
<td>100% of Allowed Amount</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Family Planning*</td>
<td>100% of Allowed Amount</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Infertility</td>
<td>100% of Allowed Amount</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>100% of Allowed Amount</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Treatment</td>
<td>Subject to Medical Policy</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>50% of Charge up to $2,000/Ear — Limited to one aid per Ear every 3 years</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Organ Transplant</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount</td>
</tr>
<tr>
<td>Transplant Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>See Above</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

For Tier 1, all co-payments and co-insurance listed on this grid accumulate to your out-of-pocket maximum with the exception of co-payments for infertility benefits. For Tier 2 ancillaries, co-payments and co-insurance do NOT accrue to the out-of-pocket maximum.

*Marymount employees are subject to family planning exclusions including abortion, vasectomy, Norplant, Depo Provera, IUD, tubal ligation, and oral contraceptives, except if medically necessary.
## Employee Health Plan and SummaCare EPO Prescription Drug Benefit

Administered Through Caremark

The Following Is a Summary Overview of the Prescription Drug Benefit:

<table>
<thead>
<tr>
<th>Categories</th>
<th>Tier 1 Generic Rx</th>
<th>Tier 2 Preferred Brands (Formulary)</th>
<th>Tier 2 Non-Preferred Brands (Non-Formulary)</th>
<th>Tier 4 Specialized Drugs (Hi-Tech)</th>
<th>Drugs &amp; Items at Discounted Rate</th>
<th>Non-Covered Drugs &amp; Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$100 Individual $300 Family</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Employee % Co-pay Cleveland Clinic Pharmacies — up to 90 Day Supply</td>
<td>15%</td>
<td>25%</td>
<td>45%</td>
<td>20%</td>
<td>Employee Pays 100% of the Discounted Price</td>
<td>Not Available through Rx Plan</td>
</tr>
<tr>
<td>Employee % Co-pay Retail — 30 Day Supply Mail Order — 90 Day Supply</td>
<td>20%</td>
<td>30%</td>
<td>50%</td>
<td>20%</td>
<td>Employee Pays 100% of the Discounted Price</td>
<td>Not Available through Rx Plan</td>
</tr>
<tr>
<td>Is there a Minimum or Maximum to the Rx % Co-pay — Cleveland Clinic Pharmacies?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is there a Minimum or Maximum to the Rx % Co-pay — Retail?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is there a Minimum or Maximum to the Rx % Co-pay — Mail Order?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is there an Annual Out-of-pocket Max?</td>
<td>Individual = $1,500 / Family = $4,500</td>
<td>Combined Maximums for Retail and Mail Order</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Components of Each Category</td>
<td>Generic Drugs See Formulary Guide</td>
<td>Specialty Drugs*</td>
<td>Life Style Drugs</td>
<td>Over-the-Counter</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>It identifies both Formulary and Non-Formulary medications. It also identifies Formulary alternatives for Non-Formulary medications.</td>
<td>Antitumor Therapies</td>
<td>Benzoyl Peroxide Only Drugs</td>
<td>Alcohol Swabs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antimetabolites</td>
<td>Agents</td>
<td>DME (Durable Medical Equipment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blood Vessels Modifying Agents</td>
<td>Caverject</td>
<td>Medical Devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cystic Fibrosis Therapies</td>
<td>Cialis</td>
<td>Medical Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Growth Hormone</td>
<td>Clonidine</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Hemophilia Therapies</td>
<td>Cosmetic Agents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intravenous Immunoglobulin</td>
<td>Denavir Cream</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interferons</td>
<td>Edex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multiple Sclerosis Therapies</td>
<td>Fertility Agents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oncology Therapies</td>
<td>Levitra</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rheumatoid Arthritis</td>
<td>Muse</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Therapies</td>
<td>Non-controlled Cough</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Other Medications:</td>
<td>and Cold Agents</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Actimmune</td>
<td>Pentac</td>
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<tr>
<td></td>
<td></td>
<td>• Forteo</td>
<td>Propcia</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Raptiva</td>
<td>Relenza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Regranex</td>
<td>Tamiflu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Restasis</td>
<td>Topical Androgen Products</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Rituxan</td>
<td>Viagra</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sensipar</td>
<td>Weight Control Products</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sofasor</td>
<td>Zovirax Ointment</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Tracleer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vytorin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is Prior Authorization Required?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Is there a Minimum or Maximum to the Rx % Co-pay — Mail Order?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Diabetic Supplies and Asthma Delivery Devices</td>
<td>Co-pay 20%</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Major Chains in the Retail Network</td>
<td>ACME, Cleveland Clinic Pharmacies, Costco, CVS, Discount Drug Mart, Giant Eagle, K-Mart, Marc’s, Medicine Shoppe, Rite Aid, Target, Walgreens, Wal-Mart, plus other chains and independent pharmacies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Plan Includes: oral contraceptives — EXCEPT Marymount plan participants — coverage provided only for medical necessity.
2. Diabetic Supplies — Insulin and all diabetic supplies covered. Includes: needles purchased separately, test strips, lancets, glucose meters, syringes and injection pens.
3. Asthma Delivery Devices: includes spacers used with asthma inhalers.

*There are 3 options for obtaining medications in the category listed above. The options are: 1. Cleveland Clinic Pharmacies in Cleveland and Cleveland Clinic Weston Pharmacy 2. Cleveland Clinic Home Infusion Pharmacy (injectables only), and 3. Caremark Specialty Drug Program.
## Cleveland Clinic EHP Behavioral Health Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Tier 1 CPP PROVIDER NETWORK</th>
<th>Tier 2 MBHS PROVIDER NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible* Expenses for All Levels of Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$0</td>
<td>$500</td>
</tr>
<tr>
<td>Family</td>
<td>$0</td>
<td>$1,500</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

### Outpatient Coverage
- **26 Outpatient (OP) Visits in a Calendar Year for Mental Health and/or Substance Abuse†**: 100% of Allowed Amount after $25 co-pay
- **Psychological and Neuro-Psychological Testing‡**: 100% of Allowed Amount after $25 co-pay

### Inpatient Coverage
- **Up to 30 Inpatient (IP) Days in a Calendar Year for Mental Health and/or Substance Abuse**: 100%
- **23 Hour Observation Beds Are Covered Under IP Benefit and Are Counted as Equal to 1 IP Day Toward 30 IP Day Limit†**: 70%
- **Inpatient Lifetime Maximum for Mental Health**: None
- **Inpatient Lifetime Maximum for Substance Abuse**: No Limit on Detox
- **Intensive Outpatient (IOP)**
  - Counted as Two IOP Visits = One Inpatient Day Toward 30 Day IP Limit†: 100%
  - 3 Episodes of Treatment per Lifetime: 70%
- **Partial Hospitalization Programs (PHP)**
  - Counted as Two PHP Visits = One Inpatient Day Toward 30 Day IP Limit†: 100%
  - 3 Episodes of Treatment per Lifetime: 70%
- **Emergent/Urgent Care Coverage**
  - **Emergency Department Admissions (For Emergency and/or Urgent Care)**: 100%
  - **Emergency and/or Urgent Care Visits NOT Resulting in an Inpatient Admission**: 100% $50 co-pay

### Note:
- Any **UNAUTHORIZED** programs, services, or visits, will not be covered by the Cleveland Clinic EHP under any circumstances and the subsequent charges will be the financial responsibility of the Cleveland Clinic EHP member. This applies to any unauthorized out-of-network and out-of-area providers and facilities, with the only exception being for emergency care.

*The Behavioral Health Tier 2 deductible does NOT apply to other health plan provisions.
†Prior authorization and medical necessity required.
‡Prior authorization required.

**Note:** Prior authorization, predetermination, prior approval and precertification all mean the same thing and the terminology can be interchanged.
<table>
<thead>
<tr>
<th><strong>SummaCare Health Plan EPO</strong>*</th>
<th><strong>SummaCare Health Plan</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Customer Service Telephone No.</strong></td>
<td>1-800-753-8429</td>
</tr>
<tr>
<td><strong>Facilities</strong></td>
<td><strong>SummaCare Hospitals</strong></td>
</tr>
<tr>
<td>Annual Deductible — Single or Family</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum — Single or Family</td>
<td>None</td>
</tr>
</tbody>
</table>

### COVERED SERVICES

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
<th>Co-pay/Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP Requirement</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>PCP Office Visits</td>
<td></td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td></td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Routine Physical Examination</td>
<td></td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Routine Vision Examination</td>
<td></td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Maternity Care</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Infertility Diagnostic</td>
<td></td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Infertility Treatment</td>
<td></td>
<td>Subject to Medical Policy</td>
</tr>
<tr>
<td>All Therapy Services</td>
<td></td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Emergency Department (Emergency and/or Urgent Care)</td>
<td></td>
<td>$50 co-pay</td>
</tr>
<tr>
<td>Durable Medical Supply</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Hospital Services</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td></td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Extended Care/Skilled Nursing Care — 100 Day Maximum</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Home Health Care — 30 Visits Maximum</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Dental Extractions Due to Accident</td>
<td></td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>TMJ</td>
<td></td>
<td>Not Covered</td>
</tr>
<tr>
<td>Dental Implants Due to Accident Only or Certain Medical Conditions</td>
<td></td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Hearing Aid</td>
<td></td>
<td>Not Covered</td>
</tr>
<tr>
<td>Organ Transplant</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Transplant Lifetime Maximum</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>

*The benefits listed above are only a summary. Detailed benefit information and exclusions are available on request.*
# Kaiser Permanente HMO*

<table>
<thead>
<tr>
<th>Customer Service Telephone No.</th>
<th>Kaiser Permanente</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-800-686-7100</td>
<td></td>
</tr>
</tbody>
</table>

## Facilities

<table>
<thead>
<tr>
<th>Annual Deductible — Single or Family</th>
<th>Kaiser Permanente</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum — Single or Family</th>
<th>Kaiser Permanente</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

## COVERED SERVICES

### Outpatient Care

- **Office Visits Including:** Physician Exams, Allergy Testing, Well-Child Care, Hearing Tests
  - Minor Surgery: $15 co-pay
  - Specialist’s Treatment: $15 co-pay
  - Vision Exams Available Through Affiliated Providers: $15 co-pay

### Prenatal Care
- No Charge

### Urgent Care: At Kaiser Permanente Facilities or Outside the Service Area
- $35 co-pay, Waived if Admitted

### Urgent Care: Inside Service Area
- Not Covered if Received at Non-plan Facility

### Short-term Physical, Speech, and Occupational Therapy
- (Up to Two Months or 30 Visits per Therapy, Whichever Is Greater, per Medical Episode)
  - $15 co-pay

### Diagnostic Services: Laboratory and Diagnostic Testing, X-rays
- No Charge

### Hospital Inpatient Care
- No Limit on Covered Days, Including: Physician and Surgeon Services; Room and Board, Anesthesia, Operating and Recovery Rooms; Laboratory and Diagnostic Testing, X-rays
- No Charge

### Alternate Care: Home Health Services
- No Charge

### Alternate Care: Hospice Home Care/Respite Care
- No Charge

### Alternate Care: Extended Care in a Skilled Nursing Facility (Up to 100 Days per Calendar Year)
- No Charge

### Emergency Department Visits
- Only When Required by Medical Condition and Transportation in any Other Vehicle Would Endanger Your Health
  - $50 co-pay
- If Provided at Plan Facility (Charges Waived if Admitted)
  - $50 co-pay
- (Available 24 Hours a Day at Kaiser Permanente Emergency Facilities at the Cleveland Clinic and Parma Medical Center)
- (Emergency Medical Advice Is Available 24 Hours a Day)
- If Provided at Other Facility (Charges Waived if Admitted)
  - $50 co-pay

### Ambulance Services (Only When Transportation in any Other Vehicle Would Endanger Your Health)
- $50 co-pay

### Mental Health Services

- **Inpatient — 30 Days of Hospital Care per Calendar Year**
  - No Charge

- **Outpatient — 20 Visit Maximum: Individual (Each Visit Counts as One Visit Against Maximum)**
  - $15 co-pay

- **Group (Each Visit Counts as One-Half of a Visit Against Maximum)**
  - $7 co-pay

### Chemical Dependency Services

- **Inpatient:** Detoxification in General Hospital
  - No Charge

- Detoxification in a Specialized Facility (One Admit Per Year)
  - No Charge

- **Outpatient:** Detoxification
  - Individual Therapy: $15 co-pay
  - Group Therapy: $5 co-pay

### Infertility Services: Inpatient
- 30% of Total Charges

### Infertility Services: Outpatient
- 30% of Total Charges

### Additional Benefits and Services

- **Prescription Drugs:** Covered Formulary Drugs and Accessories up to a 31 Day Supply at Kaiser Permanente and Affiliated Network Facilities
  - $10 co-pay Generic/
  - $25 co-pay Brand

- 62 Day Supply of Maintenance Drugs by Mail Order from the Kaiser Permanente Mail Order Pharmacy

- **Durable Medical Equipment — Medicare Approved Equipment**
  - No Charge

---

*The benefits listed above are only a summary. Detailed benefit information and exclusions are available on request.
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