# 2012 Manual of Policies and Procedures
## Medical Education Resident Staff

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FOREWORD

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

MANUAL OF POLICIES AND PROCEDURES FOR ACADEMIC SERVICES RESIDENTS/FELLOWS *

Purpose

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

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

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

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

HOUSE STAFF MANUAL AMENDMENTS

The GHS House Staff Manual may be edited and updated as needed. Any edit and/or update will be separately communicated to the House Staff Senate leadership prior to uploading on the GHS website.
Graduate Medical Education Institutional Commitment

Greenville Hospital System recognizes the value of and enthusiastically supports the provisions of medical education and, consequently, has included this commitment in the Bylaws of the GHS Board of Trustees under Article II, Section 2.6-1(jj) “To provide teaching and instruction programs and schools for nurses, hospital technicians, hospital employees, medical students, and physicians during internship and residency.” In accord, Greenville Hospital System is committed to providing the necessary educational, financial, and human resources support to graduate medical education. Further, Greenville Hospital System is committed to and responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.

Jerry R. Youkey, M.D.
Vice President, Medical and Academic Affairs

Spence M. Taylor, M.D.
Designated Institutional Official

Michael C. Riordan
President and Chief Executive Officer

Jerry Dempsay
Chairman, GHS Board of Trustees

October 21, 2011
RESIDENT PHYSICIANS/HOUSE STAFF TEACHING-LEARNING COMMITMENT

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

HONESTY

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

INTEGRITY

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

RESPECT

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

LIFE-LONG LEARNING

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

The Graduate Medical Education Promise

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

Approved by: House Staff Liaison Committee
April 10, 2012
Section I: Programs Overview
GME PROGRAM OVERVIEW

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

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

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

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

- Family Medicine Residency Program: [www.ghs.org/cfm](http://www.ghs.org/cfm)
- General Surgery Residency Program: [www.ghs.org/Surgery-Residency](http://www.ghs.org/Surgery-Residency)
- Internal Medicine Residency Program: [www.ghs.org/Internal-Medicine-Residency](http://www.ghs.org/Internal-Medicine-Residency)
- Med-Peds Residency Program: [www.ghs.org/Med-Peds](http://www.ghs.org/Med-Peds)
- OB/GYN Residency Program: [www.ghs.org/OBGYN-Residency-Program](http://www.ghs.org/OBGYN-Residency-Program)
- Orthopaedic Surgery Residency Program: [www.ghs.org/Orthopaedic-Surgery-Residency](http://www.ghs.org/Orthopaedic-Surgery-Residency)
- Pediatric Residency Program: [www.ghs.org/Peds-Residency-Program](http://www.ghs.org/Peds-Residency-Program)
- Dev-Behav Peds Fellowship Program: [www.ghs.org/Dev-BehavPeds](http://www.ghs.org/Dev-BehavPeds)
- Minimally Invasive Surgery: [www.ghs.org/MABS](http://www.ghs.org/MABS)
PROGRAM POLICY MANUALS

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

- Program Overview
- Objectives
- Curriculum and Training by Year
- Policies and Procedures
  - Performance Evaluations
  - Duty Hours
  - Selection Criteria
  - Promotion
  - Discipline and Termination
  - Moonlighting Policy and Procedures of Residents/Fellows
  - Medical Staff Supervision of Resident/Fellow Patient Care Activities
  - Communication and Transition of Care
  - Sleep Deprivation and Fatigue
  - Patient Care Chain of Command
  - Personal Problems and Concerns/Reporting Anonymity/Employee Assistance Program
  - PTO and Time-off Usage
    - PTO Request Procedures
    - Holiday PTO
    - Educational Leave
    - Maternity Leave

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

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

You are expected to be knowledgeable and to be able to reference both the House Staff Manual and your specific Residency/Fellowship Program’s Policies and Procedures Manual.
VISION, MISSION, AND VALUES

VISION

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

MISSION

Heal compassionately. Teach innovatively. Improve constantly.

VALUES

Our core values are compassion, respect, caring, honesty, integrity, and trust.

We live our values through open communication, forward thinking, creativity, continually striving to improve, responsiveness, a willingness to change, education, research, and clinical quality.
## FACILITIES OF THE GREENVILLE HOSPITAL SYSTEM

The Greenville Hospital System consists of 5 campuses and a total of 1268 beds. The facilities are listed below:

### Greenville Memorial Medical Campus

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<tr>
<th>Facility</th>
<th>Beds</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Greenville Memorial Hospital</td>
<td>746</td>
<td>Acute, complex</td>
</tr>
<tr>
<td>Roger C. Peace Rehabilitation Hospital</td>
<td>53</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>GMMC Subacute</td>
<td>15</td>
<td>Subacute unit</td>
</tr>
<tr>
<td>Marshall I. Pickens Hospital – Behavioral Health</td>
<td>46</td>
<td>Comprehensive mental care</td>
</tr>
<tr>
<td>Marshall I. Pickens Hospital - Children' Program</td>
<td>22</td>
<td>Residential/day care for emotionally disturbed children</td>
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<td>Outpatient clinics</td>
</tr>
<tr>
<td>Center for Family Medicine</td>
<td>------</td>
<td>Outpatient facility, Family Medicine Residency</td>
</tr>
<tr>
<td>Life Center</td>
<td>------</td>
<td>Health, fitness, nutrition</td>
</tr>
<tr>
<td>Memorial Medical Offices</td>
<td>------</td>
<td>Outpatient facility and private physician offices</td>
</tr>
<tr>
<td>Cross Creek Surgery Center</td>
<td>------</td>
<td>Outpatient surgery</td>
</tr>
<tr>
<td>Cancer Center</td>
<td>------</td>
<td>Outpatient cancer services</td>
</tr>
<tr>
<td>Home Health</td>
<td>------</td>
<td>Outpatient services</td>
</tr>
<tr>
<td>GMH Radiology</td>
<td>------</td>
<td>Outpatient radiology services</td>
</tr>
<tr>
<td>Greenville Cardiovascular Diagnostics</td>
<td>------</td>
<td>Outpatient nuclear and echo services</td>
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</tbody>
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### Greer Medical Campus

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<thead>
<tr>
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<th>Beds</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Greer Memorial Hospital</td>
<td>82</td>
<td>Acute general hospital</td>
</tr>
<tr>
<td>The Cottages at Brushy Creek</td>
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<td>Skilled long term care</td>
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<tr>
<td>Greer Medical Offices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greer Cardiovascular Diagnostics</td>
<td>------</td>
<td>Outpatient nuclear and echo services</td>
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</tbody>
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### Simpsonville Medical Campus

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<tbody>
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<td>Hillcrest Memorial Hospital</td>
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<td>Acute general hospital</td>
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<tr>
<td>Hillcrest Medical Offices</td>
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<td>Physician offices</td>
</tr>
<tr>
<td>Greer Cardiovascular Diagnostics</td>
<td>------</td>
<td>Outpatient nuclear and echo services</td>
</tr>
</tbody>
</table>

### North Greenville Medical Campus

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<tr>
<th>Facility</th>
<th>Beds</th>
<th>Description</th>
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<tr>
<td>North Greenville Hospital – Long Term Acute Care</td>
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<td>Long term acute care</td>
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<tr>
<td>North Greenville Medical Clinics</td>
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<td>Outpatient clinics</td>
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### Patéwood Medical Campus

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>Patéwood Memorial Hospital</td>
<td>72</td>
<td>Short stay surgical hospital</td>
</tr>
<tr>
<td>Patéwood Medical Offices</td>
<td>------</td>
<td>Cardiovascular Institute, Musculoskeletal Institute, Medical Offices, Disease Management Centers, outpatient lab, surgery, Breast Imaging, Equipped for Life, Upstate Home Infusion</td>
</tr>
<tr>
<td>Patéwood Outpatient Center</td>
<td></td>
<td>Outpatient surgeries and other outpatient services</td>
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MEDICAL STAFF

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

MEDICAL STAFF SUPERVISION OF RESIDENT/FELLOW PATIENT CARE ACTIVITIES

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

Credentialing of residents is the responsibility of the Vice President for Academic Services and the Graduate Medical Education Committee. Please see policy below.

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

GREENVILLE HOSPITAL SYSTEM
MEDICAL STAFF POLICY ON SUPERVISION OF RESIDENTS

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

The review of safety and quality of services as rendered through the postgraduate medical education services shall be essentially the same as for all other patient care areas. The faculty staff member attending to those patients managed through an academic program is recognized to be the responsible party when quality of care is considered.

The GHS Vice-President with responsibility for the management of the post-graduate medical education program shall be a member of the Medical Executive Committee.

An annual report shall be made to the Medical Staff by the GHS Vice-President responsible for the management of the postgraduate medical education program. The report shall communicate
I. Policy. When a question arises concerning the appropriateness of any aspect of patient care, patient safety, or potential risk of injury or harm to a patient, professional licensed staff members should follow the patient care chain of command and physician notification policy.

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

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

III. Procedure
A. The professional licensed staff member involved in caring for a patient about whom there is a concern or who has had a significant change in his or her condition should notify the resident physician (house staff) or the patient’s attending as appropriate and the charge person, supervisor or manager for that department or area.
B. If there is continued concern or the patient’s condition warrants it, the resident physician or patient’s attending physician as appropriate, or the registered nurse will activate the physician’s chain of command (See Below [Policy S-050-24.A1])
C. If the attending physician cannot be reached immediately in an emergency situation, call a code or the Rapid Response Team and then continue trying to reach the attending physician.
D. In the event of urgent patient care matters, the resident physician and attending physician are expected to respond immediately. In the event the attending or another member of the medical staff does not respond in a timely manner, appropriate for the patient’s condition, continue up the physician chain of command (See Appendix A [Policy S-050-24.A1]).

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

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

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

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

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

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

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

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

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

3. If, in the licensed professional staff member’s judgment, the physician has offered a sound clinical reason for ordering a study, procedure, or treatment outside of GHS policy or protocol, the licensed professional staff member will take the necessary steps to carry out the physician’s order in a timely manner. In addition:
   a. Both the physician and the licensed professional staff member will document fully the clinical reasons for providing care outside of protocol or policy in the patient’s medical chart;
   b. A physician should be present at the patient’s bedside when care outside of protocol or policy is administered; and,
   c. The physician is expected to report the treatment decision to the appropriate department chair or designee (e.g. vice chair of quality, other vice chair, division chair)

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

Please refer to your departmental policy manual for further guidance.

GREENVILLE HOSPITAL SYSTEM
MANUAL OF POLICY DIRECTIVES


TITLE: Physician’s Notification Sequence – Appendix A

DATE: November 1, 2010 (Revised)

Physician’s Notification Sequence

1. Resident/Fellow in charge of the patient’s care
2. Senior Resident, Chief Resident, or other physician as directed by division/department guidelines
3. Attending physician or member of his/her group
4. Unit Medical Director
5. Division Chair, if applicable, or department Vice Chair of Quality
6. Department Chair
7. Medical Staff President
8. Medical Staff Vice President
9. Chief of Medical Staff Affairs

TEACHING STAFF

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

This leadership committee is composed of the elected house staff president, elected vice president, elected secretary, and an elected resident representative from each program. All residents holding an active appointment in the House Staff of the Greenville Hospital System are considered members of the House Staff Senate as well as representatives of the 3rd and 4th Year University of South Carolina School of Medicine students. House Staff Representatives on system-wide committees are also regular attendees. The Assistant Dean for Graduate Medical Education serves as Advisor. The Administrator of Academic Services and the Manager of GME Curriculum serve as Administration Representatives and as staff support. The purpose of this committee is to address concerns of the house staff and act as a liaison between the house staff and administration. House Staff Senate By-laws are located online and in the Graduate Medical Education office. Meetings are held monthly.

SYSTEM COMMITTEES: RESIDENT REPRESENTATION
Academic Year 2013

Graduate Medical Education Committee (GMEC)  House Staff President  House Staff VP  House Staff Secretary

Pediatrics Code Stat

Adult Code Stat

Pharmacy & Therapeutics

Information Technology

Metabolic Adult Support Task Force

Workforce Development Committee

House Staff Liaison Committee

Internal Review  As selected per policy

Jackson Award  As selected per policy

GHS/UMC Outstanding Faculty and House Staff Research Award - As selected per policy
JUST CULTURE

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

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

Medical Staff responsibilities related to a Just Culture include:

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

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

LICENSURE

A resident/fellow must be able to be licensed to practice medicine in the State of South Carolina to participate in residency/fellowship training. It is the resident’s/fellow’s responsibility to apply for, receives, and maintains the appropriate licensure to practice medicine in the state of South Carolina. Residents/fellows must be licensed to practice medicine by the State of South Carolina prior to beginning residency/fellowship training and must maintain a valid license throughout residency/fellowship training. The initial temporary licensing fee will be reimbursed to PGY1 residents.

ADVANCED CARDIAC LIFE SUPPORT

American Heart Association Life Support Competency Guidelines for Registration

Use the following chart to determine required American Heart Association training prior to and during employment at GHS. Required ACLS, BLS and PALS training is done through the Department of Education at no charge to GHS employees. Questions about requirements and access to training may be directed to your Program Coordinator, Program Director, or the Department of Education at 455-6100. If your current card falls within the timeframe for acceptance, a copy of the AHA card must be submitted to the Department of Education for proper documentation on your transcript within HealthStream.

<table>
<thead>
<tr>
<th>Pediatrics</th>
<th>BLS for Healthcare Providers Course by American Heart Association</th>
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</thead>
<tbody>
<tr>
<td><strong>Pediatrics</strong></td>
<td>Pediatric Advanced Life Support (PALS)</td>
</tr>
<tr>
<td><strong>Pediatrics</strong></td>
<td>Neonatal Resuscitation Program (NRP) formerly NALS</td>
</tr>
<tr>
<td><strong>BLS requirements upon hire:</strong></td>
<td>New residents are to have a current BLS Certificate before they begin work.</td>
</tr>
<tr>
<td><strong>Once you are here:</strong></td>
<td>An online renewal course will be available during your second year of employment</td>
</tr>
<tr>
<td><strong>PALS requirements upon hire:</strong></td>
<td>PALS will be provided for you during orientation in June.</td>
</tr>
<tr>
<td><strong>Once you are here:</strong></td>
<td>You will be scheduled a renewal session in May/June your second year of employment.</td>
</tr>
<tr>
<td><strong>NRP</strong> will be provided for you during orientation in June.</td>
<td>Once you are here:</td>
</tr>
<tr>
<td><strong>NRP</strong> will be provided for you during orientation in June.</td>
<td>You will be scheduled a renewal session in May/June your second year of employment</td>
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<tr>
<th>Family Medicine</th>
<th>BLS for Healthcare Providers Course by American Heart Association</th>
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</thead>
<tbody>
<tr>
<td><strong>Family Medicine</strong></td>
<td>Advanced Cardiac Life Support (ACLS)</td>
</tr>
<tr>
<td><strong>Family Medicine</strong></td>
<td>Pediatric Advanced Life Support (PALS)</td>
</tr>
<tr>
<td><strong>BLS requirements upon hire:</strong></td>
<td>You may come with a current AHA BLS for Healthcare Providers card that will not expire within 12 months of hire date or you will have the option to complete your BLS training online prior to your attendance to PALS course upon hire at GHS along with a skills session beginning at 7:30am the first day of your PALS course.</td>
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<tr>
<td><strong>Internal Medicine</strong></td>
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<td>-----------------------</td>
<td></td>
</tr>
<tr>
<td><strong>BLS requirements upon hire:</strong></td>
<td></td>
</tr>
<tr>
<td>You must come with a current BLS card that will not expire within 12 months of hire date.</td>
<td></td>
</tr>
<tr>
<td><strong>Once you are here:</strong></td>
<td></td>
</tr>
<tr>
<td>If you are not due for your ACLS prior to your BLS expiration date then you must arrange an online/skill session with Department of Education or attend one of their scheduled training dates. If your card will be current when you take your ACLS training you will have the option to do the online BLS portion prior to that ACLS date then take the skills session beginning at 7:30am the day of your ACLS course. This must be prearranged with Department of Education.</td>
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</tr>
<tr>
<td><strong>ACLS requirements upon hire:</strong></td>
<td></td>
</tr>
<tr>
<td>You must come with a current ACLS card that will not expire prior to June 30(^{th}) of the following year after employment.</td>
<td></td>
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<tr>
<td><strong>Once you are here:</strong></td>
<td></td>
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<tr>
<td>You will be scheduled a renewal session in June of your second year of employment.</td>
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<tr>
<th><strong>Med Peds</strong></th>
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<tbody>
<tr>
<td><strong>BLS requirements upon hire:</strong></td>
</tr>
<tr>
<td>You may come with a current AHA BLS for Healthcare Providers card that will not expire within 12 months of hire date or you will have the option to complete your BLS training online prior to your attendance to PALS course upon hire at GHS along with a skills session beginning at 7:30am the first day of your PALS course.</td>
</tr>
<tr>
<td><strong>Once you are here:</strong></td>
</tr>
<tr>
<td>If you are not due for your ACLS prior to your BLS expiration date and choose not to take it along with your PALS upon hire then you must arrange an online/skill session with Department of Education or attend one of their scheduled training dates. This must be prearranged with Department of Education.</td>
</tr>
<tr>
<td><strong>PALS requirements upon hire:</strong></td>
</tr>
<tr>
<td>PALS will be provided for you at your time of employment.</td>
</tr>
<tr>
<td><strong>Once you are here:</strong></td>
</tr>
<tr>
<td>You will be scheduled a renewal session June of your third year of employment.</td>
</tr>
<tr>
<td><strong>ACLS requirements upon hire:</strong></td>
</tr>
<tr>
<td>You must come with a current ACLS card that will not expire prior to June 30(^{th}) of the</td>
</tr>
</tbody>
</table>
following year after employment.

Once you are here:
You will be scheduled a renewal session in June of your second year of employment.

**NRP** will be scheduled after hire.

**OB/GYN**

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

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

Once you are here:
You must maintain current BLS certification. This must be prearranged with Department of Education.

**ACLS requirements upon hire:**
ACLS certification is not required.

Once you are here:
If you have a current ACLS certification, you will not be required to maintain that certification, but you may choose to utilize your CME money for a renewal course if you so choose.

**NRP** will be scheduled after hire.

**Orthopedic Surgery – Resident**

- Advanced Trauma Life Support (ATLS)

**ATLS** will be scheduled after hire.

**Orthopedic Surgery - Sports Medicine Fellow**

- Advanced Trauma Life Support (ATLS)

**ATLS** will be scheduled after hire.

**Surgery**

- Advanced Trauma Life Support (ATLS)

**ATLS** will be scheduled after hire.

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

BLS is required prior to ACLS and PALS. There are no AHA course requirements for ATLS or NRP.

**RESEARCH REQUIREMENTS**

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

Research Education, both initial and continuing, is required of all research staff as directed by the Office of Research Compliance Administration (ORCA) Policies and Procedures and GHS’ Federal-wide Assurance. The ORCA has subscribed to a web-based research education program, Collaborative Institutional Training Initiative (CITI), to meet this education requirement.

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

See the Citi Web-Training Flowchart for a brief description of the steps and a flowchart for accessing the CITI Web site. Initial access to the CITI Program Web site should be gained through the ORCA’s Web site at http://www.ghs.org. This is recommended to introduce you to ORCA’s services and requirements.

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

Upon completion of your assigned CITI training, print your completion report. Make one copy for your learning portfolio. And, print another copy to send to your Program Coordinator along with your other required pre-employment items.

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

All researchers (principal investigators, co-investigators, and research staff) actively involved in human subject research must complete continuing education training every 2 years. This requirement must be accomplished via CITI Training at the same Web site CITI Training Course. Ninety (90) days prior to the Basic Course Completion expiration date, you will be automatically reminded that the Refresher Course is due. You will receive an email reminder directly from the CITI Program via the email address you provided during the initial registration.

If any information has changed since your initial registration, remember to update your profile information on the CITI Program Website, Main Menu page.

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

Researchers who do not intend to engage in further research may choose not to complete continuing education. However, should that researcher later decide to conduct a study, he/she and staff would have to complete the entire research education program.
Go to: [http://www.ghs.org](http://www.ghs.org)

On home page, select “Research and Clinical Trials” in the toolbar at top

Select “Office of Research Compliance and Administration (ORCA) in the left navigation bar

Select CITI Training Course link in the 1st paragraph

Select “Research Training before Conducting Human Subject Research” under Quick Links

Below this select “Office of Research Compliance and Administration” (ORCA)

Previous User?

No

Select

New Users Register Here

Yes

Select

My Course Status

Complete all modules in the Human Subjects Protection Gradebook

Select Go Back to Main Menu

Verify that you have chosen the correct Learner Group assigned by your program on this page

Complete all of the fields in the Member Information page, most importantly the asterisk required fields and click submit

On the Select Curriculum - Greenville Hospital System page answer the question. On the next question, choose the Learner Group you are assigned to or select the group appropriate to your research activities. Click next question.

Before clicking on the submit button, verify by scrolling back up that the Greenville Hospital System selection is still noted in the Participating Institutions drop down box

Complete Steps 1-4 on this page and submit

Step 1 - Under the heading Select Your Institution or Organization in the drop down box beside Participating Institutions, select Greenville Hospital System. Then complete the fields to the end of the page

Before clicking on the submit button, verify by scrolling back up that the Greenville Hospital System selection is still noted in the Participating Institutions drop down box

Step 1 - Under the heading Select Your Institution or Organization in the drop down box beside Participating Institutions, select Greenville Hospital System. Then complete the fields to the end of the page

From the Main Menu Page, select My Course Status

Select Not Started - Enter

Select Print Completion Report and print 2 copies of your Completion Report from the Pop-up page. Close out this pop-up page and Logoff from the CITI Program

Select My Course Status Completion Reports

If you cannot complete all modules at one time, Logoff. The next time you login follow these steps: From the Main Menu, under the heading select My Course Status -&gt; Select Incomplete -&gt; Re-Enter

Please remember to Logoff at the top of this page where it is stated if you cannot complete the modules in their entirety during one session. This will hold answered questions and your place for incomplete module questions and assure credit for completed modules in your Gradebook
LEARNING PORTFOLIO

A learning portfolio is a flexible, reflective process tool that engages residents in ongoing and collaborative analysis of their learning. The resident combines reflection and documentation to create a collection of scholarly activities and other learning milestone items known as a learning portfolio. These portfolio items focus on purposeful, selective outcomes for both improving and assessing the resident’s individual learning. The learning portfolios utilized in the various GME departments may be hardcopy or electronic; however, most programs are using New Innovations software to capture competency-based learning.

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

In the coming years, ACGME (the accreditation body for medical residency programs) will use an electronic portfolio for national comparative analyses of GME practices and for insight into curricula improvements. You will increasingly learn more and utilize learning portfolio opportunities as your years in residency progress. This continuous reflection documentation will benefit your life-long learning skills and your professional development.

MANDATORY TRAININGS

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

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

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

CONFERENCES

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

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

PATIENT SIMULATION CENTER

The Greenville HealthCare Simulation Center (GHSC) is an initiative of the Health Sciences South Carolina collaborative and was the first of seven simulation centers planned to open across the state. The GHSC is currently located in the Medical Center Clinic (MCC) building on Greenville Memorial Medical Center’s main campus. The center’s temporary location is approximately 6,500 square feet of space that includes 12 training rooms, 2 classrooms, administrative offices, and a reception area. The Simulation Center (12,000 square feet) will be relocated in July of 2012 to the new Health Sciences Education Building on the Greenville Memorial Hospital campus.

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

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

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

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

SOARIAN

Soarian: Computerized Provider Order Entry

What is Soarian? Soarian is a new generation enterprise clinical system that will help GHS manage care processes across multiple disciplines and departments. It will provide care teams with easy access to the information they need, when they need it, promote consistent hand-off of tasks between caregivers, helping to reduce the human element in delays and errors, support the clinician in following GHS’s care delivery standards and achieving our best practice goals, and provides tools needed to assist to regularly examine our processes and refining them to improve efficiency. It includes Clinical Documentation, Order Entry, Results (including clinical
Electronic Medical Records (EMR) Training

eClinicalWorks

eClinicalWorks’ (eCW) Electronic Medical Record (EMR) solution enables the management of patient flow, immediate access of patient records in-house or remotely, electronic communication for referring physicians, and the transmission of secure consult notes and clinical data. The EMR allows users to easily access and review complete patient histories, past visits, current medications, allergies, labs and diagnostic tests. Using eCW, providers are able to monitor and better manage care for patients, promote patient safety while reducing costs, and improve overall patient health because of better continuity and coordination in patient care.

The EMR is all about streamlining the patient visit and simplifying the documentation process. eCW provides the tools needed for healthcare quality measures and patient disease management using built-in Registry Reporting. Information about a practice’s entire patient population is truly at the provider’s fingertips using the EMR’s secure and reliable system.

Your GME Program Coordinator will be responsible for completing and submitting the Request for User Access form no later than two weeks prior to the resident physicians’/fellows’ orientation. This submitted access form issues the eCW sign on. An eCW sign on and the basic eCW and departmental trainings are required prior to the Resident Physician’s/Fellow’s use of eCW.

EMR users are responsible for notifying EMR support of duplicate patients in the system’s database and should report all EMR application issues using BridgeAccess, found at http://ghsnet/Clinical Link/Clinical Reference/eCW Help. EMR Support Desk will investigate all issues and respond to the user in a timely manner as to what steps will be taken to resolve these issues.

eCW maintains the security and integrity of the data with applicable procedures and notifications outlined in eCW policies and related training.

UMG has a policy of requiring providers to lock all visits no later than 10 business days after the visit, and if the note is unlocked after 30 days there will be a penalty. UMG physician leadership is currently developing the details of the penalty.

Each residency/fellowship program will develop its own policy and procedures for the incorporation of the EMR in the education program and clinical operations.
INTERNATIONAL ELECTIVES

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

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

A formal application (supplied through the residency program office) will be completed and will preferably be submitted three (3) months prior to the anticipated beginning of the international elective but must be submitted at least one (1) month prior to the rotation. The application must receive signatory approval by the Program Director and the Designated Institutional Official. The resident physician will not be insured through the Greenville Hospital System malpractice coverage and must obtain separate malpractice coverage, if available.

For a copy of referenced forms, see Section VI of this manual.

PERFORMANCE EVALUATIONS

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

CERTIFICATES

Certificates verifying residency/fellowship training are issued at the completion of the required years of training. Should a resident/fellow leave prior to completing the program, a formal letter of completion will be issued for the amount of time deemed appropriate by the residency/fellowship Program Director.
Section III: System –based Practice / Communication / Medical Information / Other
SYSTEM COMMUNICATION MODELS

Safe and effective clinical care depends upon reliable and flawless communication between patients and their families and between interdisciplinary team members. Therefore, GHS has adopted two shared mental models for effective information transfer. These two communication models provide a standardized structure for concise factual communications important for quality patient care. AIDET is used for initial and standardized customer service communications and SBAR is used for effective clinical teamwork interactions. The use of each model enhances patient safety and patient satisfaction as required strategies to build the GHS culture of Commitment to Excellence.

AIDET

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

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

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

SBAR

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

Utilized extensively by clinical teams, SBAR stands for:

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

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

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

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

GHS COMMUNICATION AND HAND-OFFS POLICY

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

Page 57 of the GHS Manual of Medical Staff Policies (specifically The Medical Staff Patient Management Policy) outlines patient management and safety methodologies which include the following communication and hand-offs expectations, to which residents are expected to adhere:

1. Practitioners are expected to communicate information to all others involved in a patient’s care in a clear and timely manner, whether the communication is verbal or written.

2. All communication among care-givers is expected to be collegial and professional, in keeping with the Medical Staff and GHS Code of Conduct Policies.

3. When hand-offs occur between practitioners (physicians and/or Allied Health Practitioners), such as sign outs, sign-ins, call coverage changes and transfers of care from one practitioner to another, the following processes should be part of the hand-off:
   a. The communication should be interactive in order to afford the opportunity for questioning and clarification of information between the parties. If written or electronic communication is used, there should be an opportunity for either party to clarify any confusing or conflicting information (e.g. contact information to reach the author or other person who can provide clarification).
   b. Sufficient information must be conveyed in order to transfer responsibility of the care of the patient safely. At minimum, pertinent up-to-date information regarding the diagnosis, condition and treatment of the patient and any anticipated changes should be conveyed. Any necessary interventions, treatment plans or anticipated testing results should also be communicated.
c. If the hand-off is for routine matters, repeating back the information is not necessary, but if the situation is emergent or if there is information that is critical to patient care, confirming or repeating back that information should be considered.

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

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**ELECTRONIC COMMUNICATIONS**

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

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

**I. Definition**

Electronic communications includes, but not limited to, e-mail, voice mail, Electronic Data Interchange (EDI), and other forms of electronic communications media.

**II. Specific Prohibitions:**

- Impersonating other individuals in communication, e.g., forging e-mail.
- Using electronic media for any form of solicitation.
- Using electronic media to broadcast personal messages to groups of individuals.
- Transmission of sensitive, proprietary or protected health information (PHI) to unauthorized persons or organizations.
- Transmission of threatening, harassing, obscene, or offensive material.
- Creating or forwarding chain letters.
- Any illegal activity or any activity which could adversely affect the company.
- Company confidential information must not be shared outside of company without authorization.
- Conducting personal business using company computer or email.

**III. System Security:**

- User should choose strong passwords to minimize unauthorized use.
- PHI information transmitted outside of GHS must be encrypted.
COMMUNICATION DEVICE

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

Prevent Loss or Theft of Protected Health Information

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

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

Patient Care Text Messaging/Internet Emailing Prohibited

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

If you have questions about this policy, please discuss it with your supervisor. If you have questions about encrypting or password-protecting portable devices, please contact Information Services at 455-8813.

GME Communication Devices Directives

Telephones
1. Using the designated Education Allowance Funds (CME), incoming resident physicians/fellows will be provided an Apple iPhone – 16GB
2. Current resident/fellow physicians due upgrade and/or dysfunctional phones will be provided a Blackberry Bold with the option to take the difference out of their Education Allowance Fund to upgrade. The opportunity to use the individual Education Allowance Fund is at the discretion of the respective Program Director.
3. Resident/fellow physicians who acquire the iPhone are required to personally purchase (download) "Whatsapp" for the one-time cost of $0.99. This application provides unlimited instant messaging.
4. Verizon provides 500 text messages per month at no charge. Unlimited texting plans are available including the payroll deduction option for resident and fellow physicians.
5. Texting overages and personal long distance calls (out-of-country calls are the responsibility of the user unless otherwise determined) may be the responsibility of the resident/fellow physician and medical student.

6. Telephone upgrades that result in a service contract longer than the term of the resident's/fellow's employment will be the responsibility of the residents/fellows to resolve by termination or continuation under a different plan with the service carrier.

7. Incoming USC Medical Students will be provided a Blackberry Bold.

Electronic Education Technology

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

Passwords

All Medical Students/Residents/Fellows are expected and required to activate and monitor individual passwords for ALL communication devices.....per GHS Policy S-010-21: Protection of Data on Portable Devices and Removable Media.

Purchasing

Residents/fellows are restricted to upgrade telephone purchase and/or iPad purchase through GHS Information Services.

PAGER NUMBER ASSIGNMENTS

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

Incoming residents/fellows will be instructed as to the procedures for paging within the paging system utilizing the 455-9500 paging line, web paging. The GHS Call Center In Charge Operator can be reached at 455-8760 and can be of assistance with all communication questions. Proper utilization of the communication device and the paging system is critical to successful communication and patient care/safety.
POLICY: S-104-12

TITLE: Social Media and Social Networking

DATE: October 1, 2009

I. Policy Statement. With the rise of new media and next generation communications tools, the way in which GHS employees can communicate internally and externally continues to evolve. While this creates new opportunities for communication and collaboration, it also creates new responsibilities for GHS employees.

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

Violation of this policy may result in disciplinary action up to and including termination.

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

A. External Internet Postings

1. Internet postings should not disclose any information that is confidential or proprietary to GHS or to any third party that has disclosed information to GHS. Employees are prohibited from posting any patient information which may include, but is not limited to, name, photograph, social security number, address, diagnosis or prognosis, treatment, date of admission or discharge, or any other identifying information which may be protected by HIPAA.

2. An employee who comments on any aspect of the hospital system’s operations or any policy issue in which GHS is involved and in which the employee has responsibility must clearly identify himself or herself as a GHS employee in postings or blog site(s) and include a disclaimer that the views are his or her own and not those of GHS. In addition, a GHS employee should not circulate postings he or she knows are written by other GHS employees without informing the recipient that the author of the posting is a GHS employee.

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

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

5. An employee who identifies himself as a GHS employee on any Internet posting, refers to the work done by GHS or provide a link on a GHS website are required to include the following or a similar disclaimer in a reasonably prominent place: “The posts on this site, including but not limited to images, links, and comments left by readers, are my own and don’t necessarily represent my employer’s position, strategies or opinions.”

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

B. GHS Blogs

1. GHS reserves the right to create blogs which require corporate approval in which employees may blog about GHS and the healthcare industry. Only GHS blogs may include the company’s logo. GHS blogs may also include links back to GHS web destinations. All GHS blogs must include a legal disclaimer stating that all posts by the author, guest author and visitors reflect personal thoughts and opinions which are not necessarily those of the company.

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

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

III. Responsibility

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

B. Employees who are contacted by a member of the news media or a blog site about an Internet posting that concerns the operations of GHS are required to refer that person to GHS public relations.

C. Employees’ Internet postings shall not violate any other applicable policy of GHS, including those set forth in the employee handbook, the Code of Business Conduct policy, and the Inappropriate Conduct and Behavior policy.

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

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

Provided communication device training will include the availability and restriction of telephone calls related to personal and patient care issues.

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EMERGENCY CODE PROCEDURES FOR HOUSE STAFF


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

MSG#  Alphanumeric Message text

1  Code Stat - 3D as in Delta
2  Code Stat - 3D as in Delta
3  Code Stat - 2T as in Tango
4  Code Stat - 4th floor - ICU 1
5  Code Stat - 4th floor - ICU 2
6  Code Stat - 4th floor - ICU 3
7  Code Stat - 4th floor - ICU 4
8  Code Stat - 4th floor - ICU 5
9  Code Stat - 4th floor - ICU 6
10 Code Stat - 4th floor - ICU 7
11 Code Stat - 4th floor - ICU Special Procedures
12 Code Stat - MRI – 1st floor
13 Code Stat - Radiology - Room 9
14 Code Stat - Radiology - Room 10
15 Code Stat - Cat Scan 1st floor
16 Code Stat - Ultra Sound 1st floor
17 Code Stat - Radiology Inpatient Observation 1st floor
18 Code Stat - Nuclear Medicine 1st floor
19 Code Stat - Hemodialysis - 5th floor
20 Code Stat - 6A as in Alpha
21 Code Stat - 6B as in Bravo
22 Code Stat - 6C as in Charlie
23 Code Stat - 6D as in Delta
24 Code Stat - Labor & Delivery - 6th floor
25 Code Stat - 5A as in Alpha
26 Code Stat - 5B as in Bravo
27 Code Stat - 5C as in Charlie
28 Code Stat - 5D as in Delta
29 Code Stat - OB Triage - 5th floor
30 Code Stat - EEG Dept. - 5th floor
31 Code Stat - Hyperbaric Dept. - 5th floor
32 Code Stat - 4A as in Alpha
33 Code Stat - 4B as in Bravo
34 Code Stat - 4C as in Charlie
35 Code Stat - 4D as in Delta
36 Code Stat - Bronchoscopy Lab - 5th floor
37 Code Stat - 3A as in Alpha
38 Code Stat - 3B as in Bravo
39 Code Stat - EKG - 3rd floor
40 Code Stat - Laboratory - 3rd floor
41 Code Stat - Vascular Lab - 1st floor
42 Code Stat - Roger C Peace - 2nd floor
43 Code Stat - 2A as in Alpha
44 Code Stat - 2B as in Bravo
45 Code Stat - 2C as in Charlie
46 Code Stat - 2D as in Delta
47 Code Stat - Cast Room - 2nd floor
48 Code Stat - Roger C Peace - 3rd floor
49 Code Stat - Outpatient Surgery - 2nd floor
50 Code Stat - GI Lab Recovery - 1st floor
51 Code Stat - GI Procedure Room - 1st floor
52 Code Stat - Physical Therapy Dept. - 1st floor
53 Code Stat - Radiology - 1st floor
54 Code Stat - Radiology - Room 8 - 1st floor
55 Code Stat - Radiology Room 3 - 1st floor
56 Code Stat - 3C as in Charlie
57 Code Stat - 5th Floor - ICU
58 Code Stat - West Tower - 1st floor EKG
59 Code Stat - West Tower - 2nd floor CVICU North
60 Code Stat - West Tower - 2nd floor CVICU South
61 Code Stat - West Tower - 3rd floor Cath Lab 1
62 Code Stat - West Tower - 3rd floor Cath Lab 2
63 Code Stat - West Tower - 3rd floor Cath Lab 3
64 Code Stat - West Tower - 3rd floor Cath Lab 4
65 Code Stat - West Tower - 3rd floor Cath Lab 5
66 Code Stat - West Tower - 3rd floor EP Lab 1
67 Code Stat - West Tower - 3rd floor EP Lab 2
68 Code Stat - West Tower - 3rd floor Cath Lab Recovery
69 Code Stat - West Tower - 4th floor CCU North
70 Code Stat - West Tower - 4th floor CCU South
71 Code Stat Junior - West Tower - 5E as in Echo
72 Code Stat Junior - West Tower - 5F as in Foxtrot
73 Code Stat Junior - West Tower - 5th Floor - Pediatric ICU
74 Code Stat Junior - West Tower - 6E as in Echo
75 Code Stat - West Tower - 6th floor - Labor & Delivery
76 Code Stat - West Tower - 4F as in Foxtrot
77 Code Stat Junior - Ultrasound – 1st floor
78 Code Stat Junior - Nuclear Medicine – 1st floor
79 Code Stat Junior - CT Scan 1st floor
80 Code Stat Junior Inpatient Observation Radiology 1st floor
81 Code Stat Junior 1st floor Business Office Lab Draw Area
82 Code Stat West Tower 4th floor Progressive Cardiac Care
83 Code Stat Pulmonary Lab 5th floor
84 Code Stat Junior EEG Dept-5th floor
85 Code Stat 5th floor Epilepsy Monitoring Unit
86 Code Stat Junior 5th floor Epilepsy Monitoring Unit
87 Code State CTC 1st floor Ambulatory Infusion Ctr
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Stat</td>
<td>Emergency adult page for cardiac and respiratory arrest giving location</td>
</tr>
<tr>
<td>(Adult)</td>
<td></td>
</tr>
<tr>
<td>Code Stat</td>
<td>Emergency Pediatric page for cardiac and respiratory arrest giving location</td>
</tr>
<tr>
<td>Junior</td>
<td></td>
</tr>
<tr>
<td>Code Pink</td>
<td>Abduction of infant</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Abduction of child</td>
</tr>
<tr>
<td>Junior</td>
<td></td>
</tr>
<tr>
<td>Code Pink</td>
<td>Suspicious person or conditions identified</td>
</tr>
<tr>
<td>Alert</td>
<td></td>
</tr>
<tr>
<td>Code Orange</td>
<td>Fire alarm notification – specific location will be announced.</td>
</tr>
<tr>
<td>Code Black</td>
<td>Power failure; location to be paged</td>
</tr>
<tr>
<td>Code 5</td>
<td>Tornado warning</td>
</tr>
<tr>
<td>Code 5 Alert</td>
<td>Tornado Watch</td>
</tr>
<tr>
<td>Code 99</td>
<td>Bomb threat</td>
</tr>
<tr>
<td>Code 10</td>
<td>Security guard call to a specific extension or report to the location announced</td>
</tr>
<tr>
<td>Code 100</td>
<td>Emergency security response; all security guard and all able-bodied staff respond</td>
</tr>
<tr>
<td>CODE ALERT</td>
<td>Disaster notification</td>
</tr>
</tbody>
</table>

If any of these medically oriented pages are announced, ALL residents/fellows should respond to the emergency call.

Please refer to your departmental manual and/or leadership for appropriate response to the above codes.
Official ABBREVIATIONS “Do Not Use” List

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

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

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

CALL SCHEDULE

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

LANGUAGE SERVICES

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

Our goal is to provide the highest level of safety and satisfaction throughout a patient’s care. To help patients understand their medical care, the Language Services department at GHS offers interpretation services for the deaf and hard of hearing patients who communicate in American Sign Language (ASL) and for those who are limited English proficient.
Patients have the right to an interpreter when communication between the patient and staff is essential for patients to benefit from hospital services. The GHS Language Services Department has medical interpreters for a wide variety of languages available 24 hours a day, 7 days a week. Interpreters can be requested any time by dialing ext. 5-HOLA. You can also request an interpreter in advance by using the interpreter request link on GHSnet.

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

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

GHS policy (#S-050-49, Language Services) requires staff to refrain from using family members or other untrained individuals as medical interpreters.

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

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**EMPLOYEE INFORMATION/PAYROLL SELF-SERVICE ACCESS**

GHS uses eNet, an automated system that allows employees to view and update important personal employment information. Access to eNet can be found on GHSNet.

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**LEGIBILITY OF HandWRITING**

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

Opportunities for electronic medical record access and utilization of electronic signatures are through Electronic Clinical Works (eCW). eCW training is available to all residents/fellows.

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MEDICAL INFORMATION PROCEDURES FOR RESIDENTS/FELLOWS

Title: Completion of medical records by residents/fellows

Prepared by: Medical Information Department

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

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

Responsibility: Medical Information completion technicians

Procedural Comments:

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

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

1. Required Documents

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

   b. Reports of the performance of surgical or other procedures
      1) An operative note shall be entered into the medical record immediately after an operation or procedure.
      2) Operative notes dictated or written immediately after a procedure shall record the name of the primary surgeon and assistants, findings, procedures performed and description of the procedure, estimated blood loss, specimens removed, and postoperative diagnosis.
      3) The dictated complete operative report is to be completed within 24 hours following the procedure.
      4) All treatment or diagnostic procedures shall have a written or dictated documentation available in the medical record within 24 hours of the performance of the procedure.
c. A final progress note may be substituted for a discharge summary on stays of 48 hours or less, normal newborns, and normal OB cases. This note shall include pertinent discharge instructions pertaining to diet, physical activity, medication, and follow-up care.

d. A medical history and physical examination to include all pertinent, positive and negative findings shall be recorded within 24 hours of admission and prior to any surgery. This must include heart and lung examination and past history.

   1) If the patient is readmitted within 30 days for the same or a related problem, an interval H&P reflecting any changes may be used provided the original information is readily available.

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

PROCEDURE FOR COMPLETION OF DELINQUENT MEDICAL RECORDS

1. As members of the Medical Staff of the Greenville Hospital System, residents are required to comply with the Medical Staff Patient Management Policy. Completion of medical records in a timely manner is a requirement. Medical records are all on the computer. Instruction for viewing/completing medical records on line are in this packet. An email is sent Monday to all residents/fellows who have incomplete medical records. This letter will indicate charts that need to be completed. Residents/fellows are required to complete all medical records weekly.

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

3. On the following week, a list of any residents/fellows who have not completed all of their delinquent charts will be sent via email to the Program Director, Program Coordinator, and Supervisor of Physician's Completion Area. The Program Director will notify each resident/fellow of their delinquent charts.

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

5. The failure to complete medical records by the date due, whether extended or not, is considered to be a risk to patient care. As such, the resident/fellow whose charts are incomplete may be placed on administrative leave without pay by the Department Chair/Program Director in consultation with the DIO until the charts are completed. Time spent on administrative leave does not count toward the completion of the residency program. NO patient contact may occur while the resident/fellow is on administrative leave.

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

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

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

B. Operative Report
   - Description of findings
   - Technical procedures used
   - Specimens removed
   - Post-operative diagnosis
   - Name of primary surgeon and any assistants
   - Estimated blood loss

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

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

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

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

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

CORRECTIONS IN MEDICAL RECORDS

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

I. There is to be no erasing in records and no use of ink eradicators.
II. When an error is made in the record, a single line is drawn through the error, not obliterating the original entry. Above the original entry, the word “error” is written with the signature/initial of the person correcting the entry and the date entry is corrected.
III. When correcting multi-copy forms, all copies must be corrected.
IV. When late entries are made, “Late Entry” should be written before the entry with the signature and title of the person making the entry and the date following the entry.
V. When there is an incorrect report in the record and a corrected report is generated, the incorrect report should remain in the record and “invalid report, see corrected report” should be written in red on the original report.
VI. The corrected copy should indicate it is a corrected copy and should contain the signature and title of the person generating the corrected report and the date.

TRANSCRIPTION SERVICES

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

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

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

1. Use your touch-tone telephone, dial {864} 455-1318 and ENTER the following information:
   a. Your 6-digit SMS number.
   b. 2-digit Work Type: {For more work types, refer to the dictation card provided}. 
GMH: 15 = Admit Note
18 = GMH H&P
28 = GMH Consultation
38 = GMH Surgical H&P
68 = GMH Cardiac Cath
78 = Operative Report
98 = GMH Discharge Summary
99 = GMH STAT Discharge

c. Enter the DATE OF SERVICE / date of discharge {i.e., 06/27/09}.
d. Enter the patient's 9-digit MR # (SS or 970#).
e. Once you have entered all the numbers, a voice prompt will tell you that you
have accessed the system.
f. Begin dictation by pressing “2” on the keypad. Begin dictating at the tone.
g. Please press “9” at the end of your dictation. This will provide you with a 6-digit
DVI number. This can be used for cross-reference purposes for any follow-up
questions regarding your dictations.

The following are DICTATION CONTROLS:
1 = Listen
2 = Record / Dictate
3 = Rewind {short increments}
4 = Pause
5 = End of Report
6 = Go to the End of Dictation
7 = Fast Forward
8 = Go to the Beginning of Dictation
9 = Disconnect

A wallet-size card with the dictation instructions will be provided. Please remember to dictate
clearly and distinctly. Spelling names and dictating the patient’s SSN / MR# is extremely helpful
to the transcriptionists.

Should you have any further questions, please feel free to contact the Transcription Manager
{455-7787}. 
To Complete or Review Medical Records on Line

(Process can be used if Sovera HIM Shortcut is not on the Desk Top)

**Sign on to GHS Net Page**
On the tool bar Click Citrix or Soarian (both systems can be used)

A box will come up for you to enter your User ID and Password for the Net Page

Citrix   Click Med Rec Image Icon
Soarian  Click Severa Link

User ID will be your SMS number
Enter your password for Med Rec Image/Sovera

Phone Numbers to call for assistance and for passwords to be reset:
Tonya McCoy 455-7775
Janice Davis 455-3709

Steps to Change Password
1. Change your passwords by clicking Desktop
2. On the toolbar at the bottom click change password Icon
3. A prompt will appear asking for your old password (sovera)
5. Click change password
Prompt will come up stating your logon password has been updated.

To Review Medical Records
Click Search
Click down arrow on Search Type and choose Medical Records
Click down arrow on Current Search and choose Medical Records
Enter account number, medical record number, or social security number and
click retrieve or press enter
The medical records will come up to view
NEW NOTIFICATION PROCESS

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

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

KEYS

Call rooms and workrooms at GMH are assigned to residency/fellowship programs. Keys are provided for the assigned service call rooms during a particular rotation. Keys are issued by the program supervisor/coordinator. There is a $10.00 replacement fee for lost keys. Your departmental manual may provide further guidance.
Section IV:
Policies & Procedures
Referral for Admission
This implies that, in the opinion of the Emergency Department Attending Physician, the patient’s condition is such that admission is necessary. If, in the opinion of the House Officer, admission is not required, the attending physician for the particular service shall see the patient and resolve the difference of opinion. If the decision is made to discharge the patient this will be the responsibility of the House Officer and their attending.

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

For Consultation ONLY
Since house officers are precluded by By-laws and Medical Education policy from serving as independent consultants and from competition with private staff members, consultation will be requested only of attending medical staff.

4/1994
3/27/2003
12/27/2004
2/28/06
1/22/07
2/24/09
2/26/2010

SELECTION CRITERIA

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

Academic Services will employ physician trainees (residents and fellows) requiring immigration authorization only under the J-1 Exchange Visitor Program sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG) and also permanent visa status. No exceptions will be made to this provision except as defined by the Vice President of Medical and Academic Services. Please refer to your departmental policy manual for further guidance.
Criteria for Selection

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

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

CHANGE OF RESIDENCY/FELLOWSHIP PROGRAM PROCEDURE

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

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

CONFLICT OF INTEREST

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

The Graduate Medical Education Committee (GMEC) programmatically highlights these concerns for the adoption of GMEC Policy Number III-02-09 and III-03-09 – Vendor Interactions. Please consult these policies and your program policy manual.
HARASSMENT

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

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

CONTROLLED SUBSTANCE REGISTRATION

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

PROMOTION

Academic promotions and renewal of a resident's/fellow's contract will be based upon the performance evaluation process of the primary residency/fellowship program of the resident/fellow. Non-renewal of a contract is an act of termination and will be exercised only for unsatisfactory performance. Please refer to your departmental policy manual for further guidance.

DISCIPLINE AND TERMINATION

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

Resignation from a position as a resident/fellow in training at the Greenville Hospital System must be submitted in writing to the Department Chair. Resignation must be in accordance with the signed contract. Termination prior to the contract date must be approved by the Department Chair and the Vice President of Medical and Academic Services.

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

APPEAL PROCESS

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

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

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

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

An allowance has been established for resident/fellow educational leave and travel by postgraduate year and individual program; however, educational leave is at the discretion of the Department Chair. Please see the Education or Vacation Leave Request Form in Section VI of this manual. Policy S-20-15, GHS Manual of Policy Directives, directs payment of airfare, registration fees, and hotel deposits to the agency, sponsoring organization, or hotel utilizing Travel Form A and eliminates cash advances. Cash advances to the employee are not an option unless there is demonstrated need and only on an exceptional basis. Should the resident/fellow choose to pay travel expenses out-of-pocket, reimbursement will be paid upon return after completion of appropriate paper work and detailed receipts of expenses. Expenses incurred during educational leave are subject to the following policies:

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

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

C. Meals
   1. Meals for the resident/fellow to include tips will be reimbursed based on actual expenditures of up to a maximum of $45.00 per day. Each day will be accounted for separately. No averaging of expenses will be accepted. Detailed receipts will be required. A credit card receipt that does not detail the items purchased for a business meal is not acceptable.
   2. If all or a portion of the meal are included in the lodging and/or registration fee expenses, the allowance will be reduced accordingly.
   3. Meals for the resident/fellow will be reimbursed while traveling to and from a meeting. Dependent upon the length of time necessary, to travel and upon whether meals are already provided, such as during air travel, reimbursement will be determined accordingly but in no instance will the maximum of $45.00 per day be exceeded.
D. Air Travel
   1. Air travel arrangements for GHS employees must be made through the GHS contracted travel agency. If a cheaper rate is found through another travel agency and cannot be matched by the GHS contracted travel agency, provide an explanation of why a different agency was used. Travel Form A is utilized to pay for advanced air travel. Should the resident/fellow choose to utilize an alternative method for making their air travel reservations, reimbursement of these expenses will be paid upon return from their travels.
   2. Air travel will be reimbursed on the basis of tourist class rates unless the tourist rate is not available at the time of the trip. The Department Chair in advance of the trip will approve any rate other than tourist rate.
   3. Air travel will be reimbursed only for direct travel from Greenville to the meeting location and back. Side trips will be at the expense of the resident/fellow.
   4. A copy of the airline ticket must be attached to the Travel Expense Form B in order to receive reimbursement.

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

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

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

H. Other Expenses
   1. Responsible usage and expenses for taxicabs, buses, or other conveyances will be reimbursed. When more than one member attends a meeting, taxicab expenses should be shared when possible. This will be approved at the Department Chair level.
   2. No entertainment or alcoholic beverage expenses will be reimbursed. Non-reimbursable items also include such things as movies, spas, and golf.
   3. Tips for other than meals will be reimbursed at a reasonable and customary rate, not to exceed the rate as specified in GHS Policy S-20-15.
4. Reimbursement is authorized on an actual cost basis for road and bridge tolls, parking fees, ferriage, and other similar expenses.

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

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

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

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

9. Any extraordinary or exceptional expenses must be approved well in advance of the anticipated travel date by the vice president, Academic Services, or his designee, in conjunction with the approval of the Department Chair.

I. Expense Reimbursement Procedure

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

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

Check with your program coordinator for more specific guidelines.

J. Travel to Present Paper

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

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

3. Shared rooms are encouraged.

4. Inappropriate expenses as identified by the VP for Academic Services will not be reimbursed (entertainment expenses, extraordinary food and drink receipts, etc)

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

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

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

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

Check with your program coordinator for more specific guidelines.

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**EDUCATIONAL ALLOWANCE FUND**

A monetary allowance exists for all residents/fellows (beginning with PGY2). Appropriate use of these funds is at the discretion of the Program Director. In order to best utilize resident/fellow education support funds, GMEC has determined that residents/fellows will have the option of using their educational monies to purchase educational materials in lieu of travel. Educational monies may **not** be used for payment of board fees. Purchases will remain at the discretion of the Program Director. Allowable expenses include but are not limited to travel (educational to include board review workshops), books, educational software (to include board review software), communication devices for residents/fellows. Non-allowable expenses include but are not limited to computers (laptops/PCs) and accessories, digital cameras, board application and exam fees, licensure renewals, Federal DEA and SC narcotic renewals after the first year.

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

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

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

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**MOVING ALLOWANCE**

GHS provides a moving allowance not to exceed $1000. In order to be reimbursed, it is necessary to present actual invoices related to the move to the program coordinator’s office responsible for your training experience. In the event a resident/fellow finds it easier to move himself, he/she will be reimbursed for rental conveyance, supplies for packing, insurance, gasoline (mileage reimbursement rate is $.23/mile) and incidental expenses upon presentation of appropriate receipts for these expenses. Moving expenses must be submitted within 45 days of the move. Trips to the Greenville area to locate housing and employment for spouses are neither reimbursable nor provided for in the $1000 allowance.
EMPLOYEE HEALTH REQUIREMENTS

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

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

**Fitness for Duty:** It is the intent of the Greenville Hospital System to provide a safe environment for all patients, medical staff, visitors, and employees; therefore, employees are expected to be physically, mentally, and emotionally fit to perform the essential functions of their positions at all times. Full policy detail is available online via GHSNet.

**Drug Free Workplace:** Consistent with the Federal Drug Free Workplace Act of 1988 GHS expects all employees to be committed to creating and maintaining a drug free workplace. Full policy detail is available online via GHSNet.

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

# South Carolina 2012 List of Reportable Conditions

**Attention: Health Care Facilities, Physicians, and Laboratories**

South Carolina Law 64-29-10 and Regulation 66-20 require reporting of conditions on this list to the local public health department. South Carolina Law 64-53-330 requires reporting by laboratories of all blood lead values in children under 6 years of age.

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

## IMMEDIATELY REPORTABLE BY PHONE

All suspected and confirmed cases, including preliminary clinical and laboratory results

- Any outbreak, unusual disease, or cluster of cases (1) (7)
- Any intentional biological, chemical, or radiological event
- Anthrax (7) (Bacillus anthracis)
- Botulism (Clostridium botulinum or Butulonum toxin)
- Influenza A, avian or other novel
- Measles (Rubella)
- Meningococcal disease (7) (9)
- Plague (5) (Yersinia pestis)
- Poliomyelitis, Paralytic and afebrile paralytic
- Rabies (human)
- Smallpox (Varicella)
- Viral Hemorrhagic Fever (Ebola, Lassa, Marburg viruses)

## URGENTLY REPORTABLE WITHIN 24 HOURS BY PHONE

All suspected and confirmed cases, including preliminary clinical and laboratory results

- Animal (mammal) bites (12)
- Arboviral Neuroinvasive & Non-Neuroinvasive Disease: Eastern Equine Encephalitis, LaCrosse, St. Louis Encephalitis, West Nile Virus (7)
- Brucellosis (7)
- Dengue (Flavivirus) (7)
- Diarrhea (7)
- E. coli, shiga toxin – producing (STEC), including E. coli O157:H7 (7)
- Glanders (Burkholderia mallei) (7)
- Haemophilus influenzae, all types, invasive disease (4) (7)
- Hantavirus
- Hemolytic uremic syndrome (HUS) (7)
- Hepatitis A, acute (Igm Ab + only) (7)
- Hepatitis B, acute (Igm core Ab + only) (7)
- Influenza; Pediatric deaths (age < 18) (11)
- Malaria (Plasmodium falciparum) (7)
- Mumps
- Pertussis
- Q fever (Coxiella burneti)
- Rabies (includes congenital)
- Staphylococcus aureus, vancomycin-resistant or intermediate (VISA/VISA) (7)
- Syphilis, congenital, primary or secondary (lesion or rash) (7)
- Tuberculosis (7)
- Tularemia (7)
- Typhoid fever (Salmonella typhi) (7)
- Typhus, epidemic (Rickettsia prowazekii) (7)
- Vibrio, all types, including Vibrio cholerae O1 and O139 (7)
- Yellow Fever (Flavivirus)

## REPORT WITHIN 7 DAYS

- AIDS (2)
- Campylobacteriosis
- Chancroid (Haemophilus ducreyi)
- Chlamydia trachomatis, genital site
- Creutzfeldt-Jakob Disease (Age < 55 years only)
- Cryptosporidiosis
- Cyclosporiasis
- Enterobacteriaceae, carbapenem-resistant (CRE) (E. coli and Klebsiella pneumoniae) (3) (7)
- Ehrlichiosis / Anaplasmosis (Ehrlichia species / Anaplasmos phagocytophilum)
- Giardiasis
- Gonorrhea
- Hepatitis B, chronic
- Hepatitis B Surface Antigen + with pregnancy
- Hepatitis C, D, E
- HIV-1 or HIV-2 infection (2)
- HIV CD4 co-receptor
- HIV CD4 T-lymphocyte count/percentage – all results (2)
- HIV HLA-B5701
- HIV subtype, genotype, and phenotype
- HIV viral load – all results (2)
- Influenza
  - Deaths (adults age 18 and older) (11)
  - Hospitalizations (aggregate report of totals) (11)
  - Lab-confirmed cases (culture, RT-PCR, DFA, IFA) (7)
  - Positive rapid flu tests (aggregate report of totals) (7)
  - Lead poisoning (elevated blood lead levels, all ages) (7)
  - Lead tests, all (age > 0) (7)
- Legionellosis (All positive tests) (7)
- Leprosy (Hansen’s Disease)
- Leptospirosis
- Listeriosis (7)
- Lyme disease (Borrelia burgdorferi)
- Lymphogranuloma venereum
- Malaria (Plasmodium species)
- Meningitis, aseptic (8)
- Pesticide poisoning
- Pott’s disease (Coxiella burneti)
- Rabies Post Exposure Prophylaxis (when recommended) (12)
- Rickettsiosis, Spotted Fever (e.g. Rickettsia)
- Salmonellosis (7)
- Shigellosis (7)
- Staphylococcus aureus, Methicillin resistant, bloodstream infections (MRSA-BSI) (7)
- Streptococcus group A, invasive disease (4)
- Streptococcus group B, age < 90 days
- Streptococcus pneumoniae, invasive (3) (4)
- Syphilis, latent or tertiary, or positive serologic test
- Tetricus
- Toxic Shock (specify staphylococcal or streptococcal)
- Varicella (outbreaks, deaths, or hospitalizations) (7)
- Yersiniosis (Yersinia, not pestis)

**Potential agent of bioterrorism**

(1) Only labs required to report.

1. Outbreak: An excess number of cases or syndromes over the expected occurrence of disease within a geographic area, population group, or healthcare facility. Clinical specimens may be requested.
2. Report HIV or AIDS when serum, urine, or oral fluid specimen is positive by (a) confirmatory test (e.g., Western Blot) or (b) HIV detection test (e.g., HA or PCR nucleic acid test with viral load) or (c) clinical diagnosis of a case of HIV or AIDS. All reactive rapid HIV test results must be reported to DHEC. HIV viral load and CD4 test results must be reported by labs regardless of results.
3. All results are reported.
4. Influenza: Isolated from non-respiratory site: blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid, protected bronchial samplings or from lungs aspirate, hemothorax fluids, and cellular only if isolate is from a tissue biopsy. Always specify site of isolate.
5. HIV: Isolated from positive rapid flu tests (aggregate report of totals) (7)
6. Non-typhi salmonella: ISCA (7)
7. Rabies: Includes congenital, all ages (12)
8. Rickettsiosis, Spotted Fever (e.g. Rickettsia)
9. Shigella: Shigella spp
10. Staphylococcus aureus, Methicillin resistant, bloodstream infections (MRSA-BSI) (7)
11. Streptococcus group A, invasive disease (4)
12. Streptococcus group B, age < 90 days
13. Streptococcus pneumoniae, invasive (3) (4)
14. Syphilis, latent or tertiary, or positive serologic test
15. Tetricus
16. Toxic Shock (specify staphylococcal or streptococcal)
17. Varicella (outbreaks, deaths, or hospitalizations) (7)
18. Yersiniosis (Yersinia, not pestis)

For more information, visit the DHEC website at [dhec.sc.gov](http://dhec.sc.gov).

### Conclusion

The 2012 South Carolina List of Reportable Conditions highlights diseases that require swift reporting to public health authorities. These conditions, ranging from infectious diseases to poisoning incidents, are crucial for the timely intervention and control of outbreaks. The list aims to ensure the health and safety of the population by facilitating rapid response actions. Continuous monitoring and vigilance are essential to prevent the spread of these reportable conditions and to protect the community from potential health threats.
INFECTION PREVENTION AND CONTROL

There are certain diseases that South Carolina laws require physicians to report to the SC DHEC. The Official South Carolina List of Reportable Diseases for 2011 appears in Section IV of this manual. You should report these diseases as soon as possible to the staff specified below. You may request that the Nursing Staff inform the Hospital Infection Prevention and Control of the disease. The penalty for not reporting these diseases in a timely manner could result in a substantial fine or imprisonment. The Infection Prevention and Control Department professionals will serve as a resource and assist you in meeting all infection control guidelines.

GREENVILLE HOSPITAL SYSTEM
Infection Prevention and Control Department Resource List

<table>
<thead>
<tr>
<th>Infection Prevention Professionals</th>
<th>Number</th>
<th>Pager/Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenville Hospital System (GHS)</td>
<td>J. William Kelly, MD Hospital Epidemiologist Robin N. LaCroix, MD Pediatric Infectious Disease Connie Steed, RN, MSN, CIC Director of Infection Control</td>
<td>455-8496 455-8705</td>
</tr>
<tr>
<td></td>
<td>Main Department Number Nancy Bomar, Admin. Asst. April Thompson, Admin. Asst. Bobbie Allen, Lab Asst.</td>
<td>455-7177 455-6357 455-7177 455-3940</td>
</tr>
<tr>
<td>Greenville Memorial Medical Center (GMMC)</td>
<td>Susan Hartsell, RN, BSN Sue Boeker, RN, BSN, CIC Michelle Littlejohn, RN, CIC Beth Smith, RN, Natasha Robinson, RN, Jennifer Macaluso, RN</td>
<td>455-4209 455-4142 455-7918 455-1661 455-4518 455-4373</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>Beth Smith, RN</td>
<td>455-1661</td>
</tr>
<tr>
<td>Greer Memorial Hospital and Cottages at Brushy Creek</td>
<td>Jan Lienau, RN</td>
<td>797-8074</td>
</tr>
<tr>
<td>North Greenville Hospital Long Term Acute Care Hospital (LTACH)</td>
<td>Kyle Puckett, RT, CIC</td>
<td>455-9243</td>
</tr>
<tr>
<td>Hillcrest Memorial Hospital (HMH)</td>
<td>Marilyn Knoblauch, RN, BSN, CIC</td>
<td>454-6196</td>
</tr>
<tr>
<td>Patwood Memorial Hospital (PMH)</td>
<td>Jill Lindmair, RN, BSN</td>
<td>797-1069</td>
</tr>
</tbody>
</table>

*Developed:* October, 1985
*Revised:* March 2012
INFECTION CONTROL CONCERNS – EXPOSURE REPORTING

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

- GMMC Campus: Call 455-4209 and follow directions on the voice mail.
- Greer Campus: Call 797-8074 and follow directions on the voice mail.
- Hillcrest Hospital: Call 454-6196 and follow directions on the voice mail.
- North Greenville Hospital: Call 455-4209 and follow directions on the voice mail.
- Patewood Campus: Call 797-1069 and follow directions on the voice mail.

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

MOONLIGHTING POLICY AND PROCEDURES FOR RESIDENTS/FELLOWS

POLICY:
I. Residents/fellows are not required to moonlight.
II. Residents/fellows must secure approval from their Program Director, their Department Chair, and the GHS Vice President for Medical and Academic Services before engaging in any moonlighting activity.
III. In compliance with the attached procedures (see below), approval shall be solicited and granted on an individual basis.
IV. Residents/fellows must have a permanent South Carolina medical license and obtain moonlighting privileges through the GHS Medical Staff Services in order to moonlight within GHS facilities.
V. Time spent engaged in moonlighting activities must be accounted for on an hourly basis and added to the resident/fellow work hours. If the cumulative total exceeds established resident/fellow work hour guidelines the moonlighting activity will be curtailed.
VI. Medical malpractice liability insurance for moonlighting activities will be provided only if the activity takes place in a GHS facility and is not contracted through a third party, i.e., the contract must be directly with GHS. Otherwise liability insurance coverage must be either provided by the third party contractor or purchased individually by the resident/fellow. In any case the resident/fellow is responsible for clarifying the circumstances and assuring malpractice coverage.
VII. Moonlighting activities will be closely monitored and resident/fellow behavior will be assessed by the residency/fellowship Department Chair and Program Directors for signs of fatigue in order to guarantee sufficient time for rest and relaxation in order to promote the residents’/fellows’ educational experience and safe patient care.
GREENVILLE HOSPITAL SYSTEM
GHS RESIDENTS/FELLOWS ENGAGED IN MOONLIGHTING ACTIVITIES
GUIDELINES

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

MOONLIGHTING STATEMENT

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

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

A resident/fellow is responsible for obtaining the written consent of the Vice President for Medical and Academic Services and, in the case of moonlighting at a GHS facility, requesting and receiving appropriate clinical privileges for each moonlighting activity in accordance with this Policy before beginning that activity.

PROCEDURE:
GHS Facility. For purposes of this Policy, “GHS facility” means any facility or program operated or managed by GHS or a GHS affiliate.
Moonlighting at Non-GHS Facilities

To ensure the integrity of the educational program, GHS requires any resident/fellow wishing to moonlight, regardless of the location of the moonlighting activities, to obtain prior written approval of the Vice President for Academic Services before beginning a moonlighting activity.

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

**Approval of Director.** If the Director, in his sole discretion, approves the proposed moonlighting activity, the Director will notify the Vice President of Medical and Academic Services in writing.

**Final Decision.** The Vice President of Medical and Academic Services, in his sole discretion, will make the final decision about a moonlighting request and will notify the resident/fellow in writing of that decision. A copy of that decision will be sent to the Chief of Medical Staff Affairs.

Moonlighting at GHS Facilities

To ensure the integrity of the educational program and the quality of patient care at GHS facilities, GHS requires any resident/fellow wishing to moonlight at a GHS facility to obtain prior written approval of the Vice President for Medical and Academic Services and be granted appropriate clinical privileges before beginning a moonlighting activity.

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

- **Resident/Fellow Agreement** - the proposed agreement between the moonlighting resident/fellow and GHS.

- **Services Request** - a signed and dated request from a GHS staff member with authority for staffing and personnel issues (e.g., Medical Director or Administrator of a GHS program) specifying the services to be provided by the resident/fellow, the location at which services will be provided, the duration of the moonlighting relationship and the need for the moonlighting services. The Services Request must also state that the moonlighting activities are outside the scope of residency/fellowship and specify the billing arrangement for services to be provided by the resident/fellow (e.g., GHS will not bill for services provided by the resident/fellow; GHS will bill for the professional services provided by the resident/fellow).

- **Required Verifications and Approvals** - Before any resident/fellow may submit an application for clinical privileges to moonlight at any GHS facility, the following written approvals will be required:
Certification of Competency by the Resident's/Fellow's Academic Department Chair that the resident/fellow is competent to perform services described in the Services Request and/or Resident Agreement.

Verification by GHS’s Reimbursement Department that the proposed billing arrangement is appropriate.

Verification of Coverage either that the professional liability policy maintained by GHS and covering residents/fellows will cover the proposed moonlighting activities, OR that the resident/fellow has obtained coverage for those activities satisfactory to GHS.

Approval of Director. If, in his sole discretion and after determining that the resident/fellow has provided all required or requested information and that all required approvals, certifications and verifications have been obtained, the resident's/fellow's Program Director approves the proposed moonlighting activity, the Director will notify the Chief of Medical Staff Affairs in writing.

Approval of Vice President of Academic Services. The Vice President for Academic Services, in his sole discretion, will make a recommendation about a moonlighting request and will notify the resident/fellow in writing of that recommendation. A copy of that recommendation will be sent to the Vice President for Medical Staff Services.

Consideration of Request for Clinical Privileges. Once the resident/fellow has obtained the written approval of the Vice President of Medical and Academic Services, the resident/fellow must submit an application for appropriate clinical privileges to Medical Staff Services (MSS) using the form specified by GHS and including all documentation required by the application form. The Chief, Medical Staff Affairs, and Medical Staff Services staff review for completeness and do the appropriate verifications. The Medical Staff Department Chair signs so it can be put on the Medical Executive Committee agenda. After the Medical Executive Committee recommends approval, the requests are sent to the Board of Trustees for final approval. (Incomplete applications will not be considered.)

Insurance. Insurance maintained by GHS shall cover activities of residents/fellows related to their education programs. Moonlighting activities recognized as appropriately related to the educational and employed activities of a residency/fellowship, and so designated by the Vice President for Medical and Academic Services, and arranged by contract through GHS, shall be covered. Other moonlighting activities, whether within GHS or not, may not be covered. In general, GHS will not provide liability insurance coverage for moonlighting activities at non-GHS facilities in the absence of unusual circumstances. Each resident/fellow contemplating a moonlighting activity is responsible for ensuring that he/she has appropriate insurance in place before beginning that activity.
CHECKLIST FOR MOONLIGHTING SERVICES BY RESIDENT/FELLOW *

Moonlighting at Non-GHS Facility
1. Moonlighting agreement with written description of moonlighting services
2. Approval of resident's/fellow's Program Director
3. Approval of Vice President of Medical and Academic Services
4. Resident/fellow is responsible for assuring liability insurance needs are met; generally not covered by GHS-maintained insurance for activities in non-GHS facilities.

Moonlighting at GHS Facility
1. Moonlighting agreement with written description of moonlighting services
2. Letter from Director of program to be receiving services (e.g., Administrator, MIPH) ("Service Request")
3. Statement from resident/fellow indicating understanding of requirements
4. Certification of competency and approval by resident's/fellow’s Department Chair
5. Satisfaction of necessary professional liability insurance requirements, must be assured that the activities are covered by GHS-maintained insurance.
6. Approval of GHS Reimbursement Department
7. Approval of Vice President of Medical and Academic Services
8. Approval of Chief of Medical Staff Affairs **
9. Approval of GHS Credentials Committee

* Please refer to your departmental policy manual for further guidance.
** Please refer to the Application for Moonlighting Privileges (GHS Medical Staff Office).
MANUAL OF POLICY DIRECTIVES

TITLE: Patient Rights and Responsibilities

DATE: July 1, 1979
      February 18, 1994 (Revised)
      October 1, 2002 (Revised)

I. **Policy Statement.** As a matter of policy, Greenville Hospital System shall be
   guided by the attached Statement of Patient Rights and Responsibilities in its
   relationships with patients.

II. **Responsibility.** It is the responsibility of all staff members to be knowledgeable
    of and to ensure in all respects that patients within the facilities of GHS are aware
    of their rights and responsibilities and are extended their rights in a timely and
    professional manner.

[Signature]
Frank D. Pinckney
President
PATIENTS RIGHTS AND RESPONSIBILITIES

Patient Rights and Responsibilities               GHS Policy No.: S-50-8
Appendix

Statement of Patient Rights and Responsibilities

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

PATIENT RIGHTS

As a patient in our hospital, you have many rights that we are committed to protecting and
promoting. Your rights include the following:

1. You have the right to receive treatment regardless of race, color, national origin, age or
   any disability.
2. You have the right to have the hospital promptly notify a family member/representative
   and your physician of your admission to the hospital.
3. You have the right to considerate and respectful care, and to give us feedback about
   your care.
4. You have the right to wear appropriate personal clothing and religious or other symbolic
   items, as long as they do not interfere with diagnostic procedures or treatment.
5. You have the right to participate in the development and implementation of your plan of
   care, and to know the identity and professional status of those involved in your care,
   including if the care giver is a student or trainee or is professionally associated with other
   individuals or health care institutions involved in your care.
6. You have the right to make informed decisions about your care. This includes being
   informed of your health status; being involved - prior to and during the course of
   treatment - in your care planning and treatment, being informed as to all proposed
   technical procedures and treatment - as well as alternatives for care, being able to
   request or refuse medically appropriate treatment to the extent permitted by law and to
   be informed of the medical consequences of such action. If you refuse a recommended
   treatment, you will receive other needed and available care.
7. You have the right to formulate an advance directive (such as a Living Will or durable
   power of attorney for health care) with the expectation that the hospital staff and
   practitioners will honor the directive to the extent permitted by law and hospital policy.
8. You have the right to expect that, within the hospital's capacity and policies, the hospital
   will make a reasonable response to any patient's request for appropriate care and
   services. Our hospital is committed to according individuals impartial access to treatment
   or accommodations that are available or medically indicated, regardless of race, creed,
   sex, national origin, or sources of payment for care.
9. If requested (by you the patient) or if medically appropriate and legally permissible, you
   may be transferred to another facility after being informed about the need for, risks,
   benefits, and alternatives to transfer. You will not be transferred until the other facility
   agrees to accept you.
10. You have the right to personal privacy, to receive care in a safe setting, and to be free
    from all forms of abuse or harassment. You have the right to refuse to talk with or see
    anyone not officially connected with the hospital, including visitors, or persons officially
    connected with the hospital but not directly involved in your care.
11. You have the right to expect that any discussion or consultation involving your care will be conducted discreetly and that individuals not directly involved in your care will not be present without your permission.

12. You have the right to be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy. This includes having the right to have a person of one’s own sex present during certain parts of a physical examination, treatment or procedure performed by a health professional of the opposite sex and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which disrobing was needed.

13. You have the right to access people outside of the hospital by means of visitors and by verbal and written communication.

14. If you do not speak or understand the predominant language of the community, you will have access to an interpreter.

15. You have the right to be free from restraints of any form that are not medically necessary. For behavior management, all patients have the right to be free from seclusion and restraints except for those rare emergency situations where they must be used to ensure a patient's physical safety and less restrictive interventions have been determined to be ineffective.

16. You have the right to confidentiality of your clinical records. The health information in your medical record will be used to provide your treatment, to process and collect payment for related supplies and services and, as necessary, to support the administrative, financial and legal operations of the hospital. Your health information may also be released as permitted or required by law for health oversight activities, to report public health risks, or in such cases as suspected abuse. Your rights regarding your health information and its proper uses and disclosures are described in greater detail in the hospital's Notice of Privacy Practices.

17. You have the right to have your medical record read only by individuals directly involved in your treatment or in the monitoring of quality. Other individuals can only read your medical record on your written authorization or that of your legally authorized representative.

18. You have the right to expect all communications and other records pertaining to your care including the source of payment for treatment, to be treated as confidential.

19. You have the right to know if this hospital has relationships with other health care facilities, educational institutions or other outside parties that may influence your care.

20. You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.

21. You have the right to examine and receive an explanation of your bill, regardless of some of payment. You have the right to know about payment methods. At your request and your expense, you have the right to consult with a specialist.

22. You have the right to expect reasonable continuity of care and to be informed of realistic care alternatives when hospital care is no longer appropriate.

23. You have the right to be informed of hospital policies and practices that relate to your care, treatment and responsibilities. You have the right to know about hospital resources, such as patient representatives, patient complaints and grievance processes, or ethics committees that can help you resolve problems and questions about your hospital stay and care.

24. You have the right to appropriate assessment and management of pain.
PATIENT RESPONSIBILITIES

1. You have responsibilities as a patient. You are responsible for providing information about your health, including past illnesses, hospital stays, and the use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment, you are responsible for telling your doctor.

2. This hospital works to provide care efficiently and fairly to all patients and the community. You and your visitors are responsible for being considerate of the needs of other patients, staff, and the hospital. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.

3. Your health depends not just on your hospital care but in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of life-style on your personal health.

RESIDENT RESPONSIBILITIES DURING LOCAL EXTREME EMERGENT SITUATIONS* AND DISASTERS

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

In the event of an extreme emergent situation (defined as a local event that affects resident education or the work environment but does not rise to the level of an ACGME-declared disaster) and natural disaster or cataclysm that causes serious, extended disruption to resident assignments, educational infrastructure, or clinical operations that might affect GHS as a sponsoring institution or its programs ability to conduct resident education in substantial compliance with ACGME standards, GHS will take the following action steps:

Program directors should first and foremost consult and coordinate with their designated institutional officials (DIOs) and graduate medical education (GME) offices concerning the impact of extreme emergent situations (e.g., epidemics) on resident education and work environment in accordance with GHS disaster policies. Extreme emergent situations are localized to one institution, a participating institution or another clinical setting and differ from events characterized as “disasters” which impact an entire community or region for an extended period of time.

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

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

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

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

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

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

HOUSE MEDICAL STAFF DISASTER RESPONSE

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

MEDICAL STAFF SERVICES DEPARTMENT (MSSD) PROCEDURES FOR USE WHEN GHS SYSTEM DISASTER PLAN IS IMPLEMENTED
NOTIFICATION OF CODE ALERT:

- If overhead page or call from Chief, MSA, MSSD Staff will await further instructions regarding details and depth of communication needs.
- After hours, staff will be contacted to be apprised of Code Alert and either told to await further instructions or to report to MSSD. (MSSD Call Back List attached)

COMMUNICATION PHASES AND METHODS:

1\textsuperscript{st} Tier: Utilize In-house physicians (ER, medical, surgical attendings and residents) and on call ER doctor if available.
- Overhead page in-house residents to assist with influx of patients.
- Charge Nurse and Physician in Charge page on call ER doctor if scope of event requires it.

2\textsuperscript{nd} Tier: All available Emergency Medicine Physicians are notified
- Contact ETC Administrative office & secure assistance of secretary to call all available emergency medicine physicians.
- In event ETC administration is not available refer to MedStaff database or CEMPA website ([www.cempaonline.com](http://www.cempaonline.com) or [www.carolinaemergencymedicine.com](http://www.carolinaemergencymedicine.com)) with help of available CEMPA physician and call home numbers of all emergency medicine physicians.

3\textsuperscript{rd} Tier: All on call physicians for their groups are called.
- Utilize unassigned ER call list with the help of Emergency Department secretaries and Medical Staff Office
- Discretion in which specialties are called at direction of Medical Staff Director or his designees (Dr’s Mewborn, Finn, Lutz).

4\textsuperscript{th} Tier: All employed physicians. Contact Physicians Answering Service 455-8759 and ask them to mass page. Contact specialty physicians as needed. Physicians will be asked to contact the Medical Staff Services Department to be informed of need to come to hospital.

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

DISASTER CREDENTIALING:

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

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

DEBRIEFING:

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

It is the policy of the GHS Graduate Medical Education Committee that resident duty hours will be documented through New Innovations software and monitored by the Graduate Medical Education Committee. GHS will be in compliance with applicable ACGME institutional requirements and RRC program requirements. Working hours will be explained in operational detail during your program orientation. Duty hour documentation is a part of resident contract agreements.

Please refer to your departmental policy manual for further guidance.

SLEEP DEPRIVATION AND FATIGUE

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

Each GME Program will assure the GHS GMEC through audit and annual reporting that such curriculum and supervision are formalized within the respective GME program. Unique policies and/or procedures per program will be in compliance with this policy and the policy and guidance from respective RRC’s and the ACGME.

Education may be unique to the individual program or conducted GME-wide as the Graduate Medical Education Committee so directs.

Please refer to your departmental policy manual for further guidance.

UNIFORMS

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

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

As described in GMEC Policy No. III-03-09, it is the policy of the Greenville Hospital System University Medical Center that interactions with industry should be conducted according to the highest ethical standards so as to avoid or minimize possible conflicts of interest. When conflicts of interest arise they must be addressed in compliance with GMEC policy. Please consult with your Program Director and/or refer to the GMEC Policy Manual. Your departmental manual may provide further guidance.
Section V: Resources & Benefits
CREDIT UNION

All employees of the Greenville Hospital System and their immediate family members may utilize the services of the GHS Credit Union. Information regarding Credit Union membership can be obtained by contacting Credit Union offices at GMH (455-7927) and the main office at 211 Patewood Drive (288-8046).

DIRECT DEPOSIT OF PAYCHECK

Employees of the Greenville Hospital System are required to utilize the direct deposit method for depositing paychecks directly into the banking facility of their choice. Deposit statements are mailed directly to the employee's home address.

EMPLOYEE ACCIDENT REPORT

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

EMPLOYEE INSURANCE PLANS

GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER
GREENVILLE HOSPITAL SYSTEM
BENEFITS HIGHLIGHT PLAN YEAR 2012
Benefits Website: www.mybensite.com/greenvillehr

HEALTH INSURANCE: BCBSSC

- Available to full-time and part-time employees
- Effective the first day of the resident’s employment
- GHS Health Plan - a Preferred Provider Organization (PPO)
- Three-tiered provider network (GHS Network, BCBSSC Network, Out-of-Network)
- Three plan options:
  - **Gold Plan** – *lower* deductibles, copayments and out-of-pocket maximums but *higher* premiums;
  - **Silver Plan** – *higher* deductibles, copayments and out-of-pocket maximums but *lower* premiums;
  - **Out of Area Plan** – To qualify for this plan, an employee’s home and primary work location must be outside a 30 minute drive from GMMC.
### SILVER PLAN

<table>
<thead>
<tr>
<th>Calendar-year Deductible</th>
<th>GHS Network</th>
<th>BCBSSC Network</th>
<th>Out of Network</th>
<th>GHS Network</th>
<th>BCBSSC Network</th>
<th>Out of Network</th>
<th>GHS Network</th>
<th>BCBSSC Network</th>
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<tbody>
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### GOLD PLAN

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<th>BCBSSC Network</th>
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<th>GHS Network</th>
<th>BCBSSC Network</th>
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<tbody>
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<td>Individual:</td>
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<tr>
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<tr>
<td>Out-of-pocket Maximum</td>
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<td>Unlimited</td>
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### OUT OF AREA PLAN

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<th>GHS Network</th>
<th>BCBSSC Network</th>
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<th>GHS Network</th>
<th>BCBSSC Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual:</td>
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<tr>
<td>Out-of-pocket Maximum</td>
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<td>Family:</td>
<td>$3,000</td>
<td>$7,000</td>
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<tr>
<td>BCBSSC Network</td>
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<td>Limited</td>
<td>unlimited</td>
<td></td>
<td>Limited</td>
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### Co-insurance

<table>
<thead>
<tr>
<th>GHS Network</th>
<th>BCBSSC Network</th>
<th>Out of Network</th>
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</thead>
<tbody>
<tr>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>50% co-insurance</td>
</tr>
<tr>
<td>10% co-insurance</td>
<td>30% co-insurance</td>
<td>50% co-insurance</td>
</tr>
<tr>
<td>10% co-insurance</td>
<td>20% co-insurance</td>
<td>50% co-insurance</td>
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### Office Visits

<table>
<thead>
<tr>
<th>Primary Care Physician</th>
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</thead>
<tbody>
<tr>
<td>GHS Network</td>
</tr>
<tr>
<td>$30 co-pay*</td>
</tr>
<tr>
<td>$25 co-pay*</td>
</tr>
<tr>
<td>$25 co-pay*</td>
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<table>
<thead>
<tr>
<th>Specialist Office Visit</th>
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</thead>
<tbody>
<tr>
<td>GHS Network</td>
</tr>
<tr>
<td>$40 co-pay*</td>
</tr>
<tr>
<td>$35 co-pay*</td>
</tr>
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<td>$35 co-pay*</td>
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<table>
<thead>
<tr>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-network deductible + 50%</td>
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</tbody>
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### Wellness Services

<table>
<thead>
<tr>
<th>In-network Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Physical &amp; Immunizations</td>
</tr>
<tr>
<td>Annual YN/Mammogram Screening Well Child Exams</td>
</tr>
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<table>
<thead>
<tr>
<th>GHS Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan pays 100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GHS Network &amp; BCBSSC Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan pays 100%</td>
</tr>
</tbody>
</table>

---

*Basic X-ray, Lab & Pulmonary Function Tests Included*

### $25 Calendar Year Deductible per Member

<table>
<thead>
<tr>
<th>Upstate Medical Pharmacy, Cross Creek &amp; Eastside (30 day supply)</th>
<th>Envision Rx Retail Pharmacies (CVS, Bi-lo, Walgreens, etc.) (30 day supply)</th>
<th>Upstate Medical Pharmacy OR Orchard Mail Order (90 day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3 co-pay</td>
<td>$10 co-pay</td>
<td>$7 co-pay</td>
</tr>
<tr>
<td>30% co-insurance ($30 maximum)</td>
<td>40% co-insurance ($50 maximum)</td>
<td>30% co-insurance ($60 maximum)</td>
</tr>
<tr>
<td>Non-preferred Brand 40% co-insurance ($45 maximum)</td>
<td>50% co-insurance ($65 maximum)</td>
<td>40% co-insurance ($90 maximum)</td>
</tr>
<tr>
<td>Specialty Medication $60 co-pay</td>
<td>$100 co-pay</td>
<td>N/A</td>
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</table>

Cost is based on your hourly rate of pay, Plan, and the level of coverage.

**PRESCRIPTION DRUG BENEFIT**

Prescriptions filled at the Upstate Medical Pharmacy at GMMC, Upstate Pharmacy Cross Creek or the Upstate Pharmacy Eastside cost you less. Ask your doctor for 90-day prescriptions for drugs you take for a chronic or long-term condition and fill the prescription at the Upstate Medical Pharmacy, Upstate Pharmacy Cross Creek, Upstate Pharmacy Eastside or through Orchard Pharmaceutical mail order. Talk with your doctor about whether a generic drug is available. Generic drugs cost less. You generally will pay substantially more if you choose a brand drug when a generic is available.
# Health Plan Bi-Weekly Cost

Cost is based on your hourly rate of pay, Plan, and the level of coverage.

<table>
<thead>
<tr>
<th>SILVER PLAN</th>
<th>2012 BIWEEKLY COST</th>
<th>GOLD PLAN</th>
<th>2012 BIWEEKLY COST</th>
<th>OUT-OF-AREA PLAN</th>
<th>2012 BIWEEKLY COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time</td>
<td></td>
<td>Full Time</td>
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</tr>
<tr>
<td>Employee Only</td>
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# HEALTH PLAN BI-WEEKLY COST

Cost is based on your hourly rate of pay, Plan, and the level of coverage.

<table>
<thead>
<tr>
<th>SILVER PLAN</th>
<th>2012 BIWEEKLY COST</th>
<th>GOLD PLAN</th>
<th>2012 BIWEEKLY COST</th>
<th>OUT-OF-AREA PLAN</th>
<th>2012 BIWEEKLY COST</th>
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<tbody>
<tr>
<td></td>
<td>Employee / Spouse</td>
<td>Employee / Spouse</td>
<td>Employee / Spouse</td>
<td>Employee / Spouse</td>
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<td>Full Time</td>
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HEALTH PLAN BI-WEEKLY COST

Cost is based on your hourly rate of pay, Plan, and the level of coverage.

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<th>2012 BIWEEKLY COST</th>
<th>2012 BIWEEKLY COST</th>
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# HEALTH PLAN BI-WEEKLY COST

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<th>SILVER PLAN Full Time</th>
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<th>GOLD PLAN Full Time</th>
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DENTAL INSURANCE: BCBSSC

- GHS Dental Plan is available to full-time and part-time employees
- Effective first day of resident’s employment date (includes family coverage)
- 100% of allowable charge for preventative/diagnostic services with no deductible
- 80% of allowable charge for basic dental services (fillings, tooth extraction, periodontal services, oral surgery)
- 50% of allowable charge for prosthodontics services (crowns, bridges, in/onlays)
- 50% of allowable charge for orthodontics services for participant under age 19; lifetime maximum benefit of $2,000
- $25 annual deductible per person for basic dental and prosthodontics services
- $2,000 maximum annual benefit per covered person
- GHS pays the full cost for full-time employee only coverage; part-time employee and family coverage cost is shared by GHS and the employee.

<table>
<thead>
<tr>
<th>PLAN</th>
<th>LEVEL OF COVERAGE</th>
<th>FULL-TIME BIWEEKLY COST</th>
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VISION PLAN

- Available to full-time and part-time employees
- Effective first of month following 30 days of employment
- Pre-tax contribution
- Nationwide provider network
- Exam………. $20.......................................................every 12 months
- Glasses……. $20 (including up to $145 cost of frame)..every 24 months
  OR
- CONTACTS…..$145 ALLOWANCE.................................EVERY 12 MONTHS
- Additional Glasses 30% discount if from the same VSP doctor on the same day as your Well Vision Exam

Semi-monthly Cost (1st two pay checks in a month):
- Employee Only $4.25
- Employee+Spouse $6.73
- Employee+Child(ren) $6.81
- Family $11.07

NOTE: Documentation of dependent eligibility is required within 30 days of health, dental and/or vision plan enrollment. For example:
- Spouse – Marriage Certificate; Affidavit of Common Law Marriage
- Same-sex Domestic Partner – Affidavit of Same-Sex Domestic Partner
- Child – Birth certificate (SC Wallet Card not accepted)
- Adoption or Placement for Adoption - legal documents
- Qualified Medical Support Order
FLEXIBLE SPENDING ACCOUNTS
- Available to full-time and part-time employees
- Effective the first of the month following 30 days of employment
- Voluntary contributions to pre-tax account(s) for reimbursement of anticipated dependent care and/or medical expenses not covered by insurance
- Maximum annual account limit is $5,000 for medical reimbursement account and up to $5,000 for dependent care reimbursement account
- Debit card

HEALTH SERVICES BENEFIT
Available to all employees and their immediate family
Medical Education Interns/Residents (and immediate family members):
- All outpatient services charges not covered by insurance are waived and outstanding balance remaining after payment by insurance is waived
- 20% of all charges for inpatient services are waived
  Physician Services will not be discounted

BASIC GROUP TERM LIFE INSURANCE / AD&D INSURANCE
- Available to full and part-time employees
- Effective the first day of the month following 30 days employment
- Full-time employee benefit equals 2 times base annual salary; premium cost is paid by GHS. Accidental Death & Dismemberment claims are paid at double the face value of the policy.
- Part-time employees may purchase $5,000 life insurance
- Covered employee may purchase $2,500 coverage for eligible dependent(s)

<table>
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<tr>
<th>PLAN</th>
<th>LEVEL OF COVERAGE</th>
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SUPPLEMENTAL GROUP UNIVERSAL LIFE INSURANCE
- Available to full and part-time employees and spouses (under age 65)
- Effective the first day of the month following enrollment processing
- Voluntary plan offering competitive group rates, portability and cash accumulation feature
- Guaranteed issue amount if elected within 60 days of employment date (lesser of 3 times annual salary or $350,000 for employee coverage and $40,000 for spouse coverage)
- Maximum coverage – lesser of 8 times annual salary or $2,000,000 for employee coverage, and lesser of 3 times annual salary or $250,000 for spouse coverage
- $5,000 Child Rider: $0.21 Semi-monthly
- $10,000 Child Rider: $0.415 Semi-monthly

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<th>PLAN</th>
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VOLUNTARY AD&D INSURANCE (Accidental Death and Dismemberment)
- Available to full and part-time employees
- Effective the first day of the month following 30 days of employment
- Employee elects benefit amount from $10,000 to $500,000 (benefit amount cannot exceed 10 times employee's annual salary for amounts greater than $150,000)
- Family coverage may be elected; spouse and/or children's benefit amount is a percent of the employee's selected benefit
- Benefit is paid for loss due to injury occurring within 1 year of accident
- Dependent coverage is a percent of the employee's benefit amount
  - Employee only coverage cost is $.11 per $10,000 coverage Semi-monthly
  - Family coverage costs $.165 per $10,000 coverage Semi-monthly

BUSINESS TRAVEL ACCIDENTAL INSURANCE
- All employees covered upon employment
- Coverage provided while traveling on official GHS business
- Up to $50,000 benefit for accidental death or dismemberment caused as a direct result from injury within one year of accident
- GHS pays the cost of coverage

WORLDWIDE TRAVEL ASSISTANCE
- Available at no cost to employees covered under an accident plan
- Provides Medical Assistance, Legal Assistance, Information Services and Personal Assistance when traveling more than 100 miles away from home

PRE-PAID LEGAL PLAN & IDENTITY THEFT SHIELD BENEFIT
Pre-paid Legal Plan
- Legal assistance for employee, spouse, and eligible children
- Preventive legal services
- Motor vehicle legal services
- Trial defense services
- IRS audit legal services
- Discounted other legal services

Identity Theft Shield Benefit
- Free credit report and analysis
- Continuous credit monitoring
- Fraud restoration assistance

Semi-monthly cost:
- Pre-paid Legal Plan only.................................................. $7.98
- Pre-paid Legal Plan plus Identity Theft Shield Benefit....$12.95
- Identity Theft Shield Benefit only........................................ $6.48
- Pre-paid Legal Plan plus Identity Theft (including Children under 18)  $13.45

ENHANCED PLANS AVAILABLE

LONG TERM DISABILITY INSURANCE
- Effective the first day of the month following 30 days of full-time employment
- Benefit equaling 60% of monthly base pay begin on 121st day of disability
- Plan provides for other income benefit offsets such as workers' comp or Social Security Disability
- Benefit is considered taxable income as GHS pays cost of coverage
SHORT TERM DISABILITY INSURANCE
• Available to full-time and part-time employees
• Effective 1st of month following processing of application
• Benefit up to 50% of monthly base pay begins on 15th day of disability
• Premium based on age and occupation
• Coverage may be portable if employment ends
• Benefit is typically not taxed
• Pre-existing condition limitations and waiting periods
• Enrollment packet is mailed to home by Unum

LONG TERM CARE (LTC) INSURANCE
• Available to employee (must work at least 17.5 hours per week) and extended family members
• Effective 1st day of the month following processing of application
• Asset protection in event of long term disabling illness or injury
• Comprehensive coverage for Nursing Home Care, Alternate-Care Facility Care, Community-based Professional Care, Stay-at-Home Benefit and Informal Care, plus Temporary Bed Holding Benefit
• Choice of daily maximum benefit options from $100 to $300 per day with inflation protection
• Cost is based on age at time application is accepted for duration of policy

ALLSTATE SUPPLEMENTAL HEALTH OPTIONS PLAN (SHOP)
• Available to full-time and part-time employees
• Does not replace health insurance but pays for out-of-pocket medical expenses
• Benefits paid for Hospital Confinement, Surgery & related services, Emergency Room, Physician Office Visits, At-Home Nursing, Ambulance, Outpatient Diagnostic X-ray & Laboratory, Wellness, and Prescription Drugs
• Benefit amount increases annually for 5 years with no premium increase
• 12-month pre-existing condition limitation for hospital & surgery only

RETIREMENT SAVINGS PLAN
• All employees are eligible to participate upon employment in the 403(b) and 457(b) plans.
• Voluntary tax-deferred 403(b) and 457(b) savings plan
• All employee contributions are 100% vested

SECTION 529 PLAN “FUTURE SCHOLAR PROGRAM”
• Qualified savings plan under Section 529 of IRS code for post high school education
• Account used for tuition, room & board, books, computers and other required supplies
• Direct deposit of contribution to account
• Contributions and earnings grow federally tax-free (state tax free for SC residents)
• Contribution can be deducted from SC income taxes if a SC resident

ADOPTION BENEFIT ASSISTANCE
• Available to full and part-time employees with 90 days service
• Up to $2,500 reimbursement per adopted child for adoption-related expenses
• Up to 12 weeks leave under FMLA or Personal Leave, if not eligible for FMLA, for pre- and post-adoption needs time-off

PAID TIME OFF (PTO)
• Full and part-time employees are compensated for time off for time away from work during regularly scheduled hours due to vacation, holiday, illness and approved GHS leaves of absence.
• Accrual begins upon hire and is based on status on the date of accrual.
• Residents PTO accrual is based on residency program guidelines.
• Maximum accrual balance is 1,040 hours
• Up to 200 hours (of balances in excess of 700 hours) may be sold back once annually at a discount
• Non-essential employees observe New Year, Memorial, Independent, Labor, Thanksgiving and Christmas days
OTHER BENEFITS

- Employee Assistance Program
- Employee Wellness Program
- Employee Care Centers
- Educational Assistance Program
- Housing Assistance Program
- PTO Donation Program
- Compassionate Leave
- Jury Duty
- LifeCenter Discount
- Employee Appreciation & Discount Program - discounts provided by local businesses*
- US Savings Bonds through payroll deduction
- GHS Federal Credit Union membership

* Corporate discount offered to employees, but does not indicate a company endorsement

Note: If there is a discrepancy between the words of this Summary and the Plan documents, the text of the Plan documents govern.

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PROFESSIONAL LIABILITY

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

If you plan to engage in any moonlighting activities, it is imperative that you review your insurance coverage. You may have to secure additional Professional Liability Insurance coverage at your own expense if Moonlighting activities are not under a direct employment arrangement with Greenville Hospital System.

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

ILLNESS REPORTING

The resident/fellow will report his/her illness directly to the chief resident of the service on which he/she is currently assigned to work. It will be at the chief resident's discretion to direct the ill resident/fellow to stay home, see a physician, come to work, etc. The chief resident will notify the Program Coordinator. It will be the chief resident's responsibility to redistribute the workload of the resident/fellow until he/she returns. Upon return to work, the resident/fellow will report the sick time to his/her residency/fellowship program supervisor/coordinator for proper documentation. Your departmental manual may provide further guidance.
COMPASSIONATE LEAVE

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

Duration - compassionate leave for the death of immediate family shall not exceed 24 paid hours within a two-week period. Your Department Chair or Program Director and the Vice President, Medical and Academic Services may approve exception to this period of time. Immediate family is defined as husband, wife, son, daughter, mother, father, sister, brother, mother-in-law, father-in-law. Extended family leave shall not exceed 8 paid hours. Your Department Chair and the Vice President, Academic Services may approve exceptions. Extended family is defined as stepparent, stepchild, half or stepbrother or sister, grandparent, and grandchild.

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

COURT APPEARANCES

In the event the resident/fellow is served with a summons, complaint, or letter from an attorney regarding patient care, this information should be brought to the office of the Vice President of Academic Services immediately.

This information will be taken to the office of the risk manager. Should the summons require a court appearance, the resident/fellow will be excused from the normal working hours. If the resident/fellow is subpoenaed to appear in court on matters that concern moonlighting activities, time away from regularly assigned duties will necessitate the use of vacation time or forego pay for this purpose.

FAMILY MEDICAL LEAVE ACT POLICY

GREENVILLE HOSPITAL SYSTEM
MANUAL OF POLICY DIRECTIVES

POLICY: S-102-13

TITLE: Family and Medical Leave Act (FMLA)

DATE: January 16, 2009 (Revised)

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

II. Guidelines

A. Basic Definitions and Rules

1. A serious health condition means an illness, injury, impairment or physical or mental condition that involves:

   a. In-patient care (i.e., an overnight stay) in a hospital or other medical facility (including any period of incapacity or any subsequent treatment in connection with such in-patient care);
   
   b. period of incapacity of more than 3 consecutive full calendar days that also involves two or more treatments by a health care provider (subject to certain conditions);
   
   c. any period of incapacity due to pregnancy, including any treatment related to pregnancy;
   
   d. any period of incapacity or treatment related to a chronic serious health condition requiring periodic visits to a healthcare provider of at least twice a year for treatment;
   
   e. any period of incapacity or treatment of a condition which is permanent or long-term due to a condition for which treatment may not be effective, during which the employee (or family member) must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider; or
   
   f. any period of absence to receive multiple treatments by a health care provider or under the supervision of a health care provider, either for restorative surgery after an accident or other injury, or for a condition that will likely result in a period of incapacity of more than 3 consecutive calendar days in the absence of medical intervention or treatment.

2. A qualifying exigency refers to the following circumstances:

   a. Short-notice deployment – to address issues arising when the notification of a call or order to active duty is 7 days or less
   
   b. Military events and related activities – to attend official military events or family assistance programs or briefings
   
   c. Childcare and school activities – for qualifying childcare and school related reasons for a child, legal ward or stepchild of a covered military member
   
   d. Financial and legal arrangement - to make or update financial or legal affairs to address the absence of a covered military member
   
   e. Counseling – to attend counseling provided by someone other than a health care provider for oneself, for the covered military
member, or child, legal ward, or stepchild of the covered military member

f. Rest and recuperation – to spend up to 5 days for each period in which a covered military member is on a short-term rest leave during a period of deployment;

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

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

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

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

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

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

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

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

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

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

5. For “qualifying exigencies” arising from the employee’s spouse, son, daughter or parent being called to active duty in support of a “contingency operation.”

C. Military Caregiver Leave. An employee also may take up to 26 weeks of leave in a single 12 month period to care for a spouse, son or daughter (of any age), parent or next of kin who is a current member of the Armed Forces, including the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness which was suffered while in the line of duty and while on active duty. A covered servicemember incurs a serious illness or injury for purposes of this paragraph when he or she is medically unfit to perform the duties of his or her office, grade, rank or rating.

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

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

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

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

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

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

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

I. Substitution of Paid Leave. Unless the employee is receiving workers compensation benefits, or GHS sponsored disability benefits, for the period in question, accrued PTO must be used before going on unpaid leave according to the Paid Time Off policy. Employees are required to use and exhaust Paid Time Off (PTO) for requested FMLA leaves. The use of PTO will run concurrently with, and be applied against, the 12 week (or 26 week) maximum. Upon exhaustion of the employee’s PTO, the remainder of the leave will be unpaid.

J. While on leave under this policy, an employee will continue to be covered under the GHS group health insurance plans at the same level and under the same conditions that applied prior to the leave provided that the employee pays his/her costs. Employees will be required to continue to pay their portion of any applicable premiums as if they had not taken leave and failure to do so may result in loss of coverage pursuant to law, dating back retroactively to the date the premium was originally due. Employees should contact their Benefits Representative to make payment arrangements. In certain circumstances, if an employee fails to return to work for at least 30 days after expiration of the leave, the employer reserves its right to recover premiums paid, if any, to maintain employee coverage during the leave period. If an employee declines coverage as a result of unpaid leave, but returns to work, the employee may be reinstated.
to the benefit plan without renewal of any additional wait periods upon satisfaction of other participation requirements.

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

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

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

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

III. Eligibility

To be eligible for FMLA, an employee must:

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

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

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

IV. Employee Responsibility

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

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

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

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

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

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

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

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

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

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

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

VI. Human Resources Responsibility

A. Employee Benefits Department

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

2. Maintain records of each employee’s eligibility and usage of annual FMLA entitlement.

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

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

5. Document any discussions with the employee about eligibility or determinations of coverage.

B. Employee Health and Wellness Department

1. Determine whether an absence is due to a serious health condition, including those caused by a Workers Compensation incident, and to maintain completed medical certification forms in the employee’s confidential medical file.

2. Communicate timely the medical certification status to the Benefits Department.

3. Coordinate FMLA leave of absence due to a Workers Compensation incident with Employee Benefits.

4. Receive and review return to work release forms and communicate return to work status with the supervisor.

Administrative Note: Special leave circumstances for education purposes may apply and will need to be coordinated through the department and the Program Director such as Maternity Leave, Jury Duty, etc. Please refer to the House Staff Manual and department manual for further guidance.

JURY DUTY

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

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

MATERNITY LEAVE

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

The duration of maternity time allowed before and after delivery will be granted as follows:

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

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

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**MILITARY LEAVE**

Military leave is not considered vacation time. The resident/fellow on military leave is entitled to full stipend during his absence. It is imperative that, upon arrival, the resident/fellow advise his/her Department Chair of his/her military obligation. The resident/fellow shall report the dates of his military commitment to both the Department Chair and chief resident within the first three months of the contract year or as soon as the resident/fellow is notified by military personnel. Absence for military leave or deployment does not obviate satisfaction of specific RRC curricular requirements or specific board requirements.

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

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

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

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

**A. Vacation**

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

B. Holiday PTO Policy for Resident Staff/Fellows

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

C. Educational Leave

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

D. Procedure for Requesting PTO PLEASE READ CAREFULLY

The granting of PTO will be at the discretion of the chief resident of the service to which the resident/fellow has been assigned. The chief resident will follow the guidelines established by the Program Director in granting time off for his/her department. Please refer to your departmental policy manual for further guidance.

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

PTO requests on services for which there is no chief resident will be submitted to the training director (ER, Radiology, etc).

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

The chief resident may deny any request for time off if he or she feels the resident's/fellow’s absence would cause disruption of service on the assigned rotation of the resident/fellow.

In the case of a denied PTO, the resident/fellow is to be notified within 48 hours of the time of the denial (not the time of the request). The resident/fellow then has 48 hours to appeal the decision to an arbitrating committee consisting of (one person-one vote):

1. House Staff President
2. House Staff Vice President
3. Chief resident of the resident's/fellow’s program or a second senior resident/fellow if the chief resident is the same person as #1 or #2 above.

The decision of this Committee is final. There is no appeal to the Program Director.
PTO policies and procedures will be addressed during the departmental orientations of new residents/fellows.

E. Severance Pay

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

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

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

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

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**LOAN DEFERMENTS**

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

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**MEALS**

Meals are furnished through the GHS Cafeterias, Chick Fil A and Subway to all residents/fellows while on duty. Please present your identification name badge and use the swipe method at the cash register for all charges. Abuse of this privilege will not be tolerated and will place the entire food benefit at risk for all residents/fellows. Residents/fellows purchasing items from Starbucks and any other food outlet do so at their own expense. Meals are served during the following hours:

<table>
<thead>
<tr>
<th>Cafeteria:</th>
<th>Breakfast</th>
<th>6:30 am – 10:00 am</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lunch</td>
<td>11:00 am – 2:00 pm</td>
</tr>
<tr>
<td></td>
<td>Closed</td>
<td>2:00 pm – 4:00 pm</td>
</tr>
<tr>
<td></td>
<td>Dinner</td>
<td>4:30 pm – 7:00 pm</td>
</tr>
<tr>
<td></td>
<td>Midnight supper</td>
<td>12:30 am - 3:00 am (Sunday–Thursday)</td>
</tr>
</tbody>
</table>
PERSONAL PROBLEMS AND CONCERNS/REPORTING ANONYMITY/EMPLOYEE ASSISTANCE PROGRAM

Medical and Academic Services is concerned about the well being of all resident staff/fellows. The demands of resident/fellow responsibilities are at times difficult and sometimes overwhelming for individuals and family members. The faculty, hospital chaplains, and Employee Assistance Program (455-2360) are available and willing to listen and help.

All residents/fellows have the opportunity for anonymous evaluation and reporting. Directions for accessing that process may be located in the unique department manuals that highlight the recognized GME reporting process. The GHS Compliance Hotline is available to all GHS employees at 1-888-243-3611 (English) or 1-800-297-8592 (Spanish). Residents/fellows may confidentially and anonymously report any concerns about possible unethical or illegal practices within the System to the Compliance Hotline. Callers will not be required to give their names or any other identifying information when reporting a concern. The Compliance Hotline is operated by an independent outside firm to further protect anonymity.

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

RISK MANAGEMENT

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

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

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

---

**SALARY**

<table>
<thead>
<tr>
<th>Grad I position</th>
<th>$49,442</th>
<th>Grad V position</th>
<th>$56,680</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grad II position</td>
<td>$50,294</td>
<td>Grad VI position</td>
<td>$58,989</td>
</tr>
<tr>
<td>Grad III position</td>
<td>$52,395</td>
<td>Grad VII position</td>
<td>$61,131</td>
</tr>
<tr>
<td>Grad IV position</td>
<td>$54,517</td>
<td>Grad VIII position</td>
<td>$63,690</td>
</tr>
</tbody>
</table>
Section VI: Forms
REQUEST FOR CHANGE OF RESIDENCY/FELLOWSHIP

TO: ______________________________________________ (Program Director, Current Program)

FROM: ____________________________________________ (Resident/Fellow)

SIGNED: _________________________________________ DATE: ________________ (Resident/Fellow)

It is my desire to change my residency/fellowship program from ____________________________
to ______________________________________ effective ____________________________.

This request has been discussed with me and the above request is

☐ Approved ☐ Disapproved

SIGNED: _________________________________________ DATE: ________________

(Program Director, Current Program)

TO: ______________________________________________

FROM: ____________________________________________ (Resident/Fellow)

This request has been discussed with me and the above request is

☐ Approved ☐ Disapproved

SIGNED: _________________________________________ DATE: ________________

(Program Director, Desired Program)

TO: Jerry R. Youkey, M.D.
Vice President, Medical and Academic Services

FROM: ____________________________________________ (Resident/Fellow)

This request has been discussed with me and the above request is

☐ Approved ☐ Disapproved

SIGNED: _________________________________________ DATE: ________________

(Jerry R. Youkey, M.D.)

Each residency/fellowship program has an education/vacation request form. This is an example of what you will need to complete to request vacation, etc.
EDUCATION OR VACATION LEAVE REQUEST

NAME: ___________________________ DATE: ___________________________

LEAVE:
BEGINNING ______________________ RETURNING TO WORK ON: __________

SERVICE: _________________________ # OF PTO DAYS: _________________

I HAVE NOTIFIED THE CLINIC OF MY ABSENCE FOR BOTH CONTINUITY & SPECIALTY
CLINICS. SIGNATURE OF RESIDENT/FELLOW ________________________________

EDUCATION: __________________________________________________________________

SEMİNAR: _________________________ LOCATION: _________________________

WORKING DAYS AWAY: ________________

_______________________________

APPROVALS:

Chief Resident: ___________________________ Date: ________________

Clinic Director: ___________________________ Date: ________________

Attending on Service: ___________________________ Date: ________________

To Clinic Scheduler Date: __________________ To Clinic Director Date: ________________
By: ______________________ By: ______________________ By: ______________________

LISTED ON MASTER SCHEDULE & DATE:

_________________________________
COMMUNICATION DEVICE

In signing below, I certify that I have received the communication device. I have read and understand the House Staff Manual information regarding the social networking policy with its emphasis on Protected Health Information (PHI) and Health Insurance Portability and Accountability Act (HIPAA). I understand patient care text messaging/internet emailing is prohibited and risks HIPAA violations and patient safety.

I am solely responsible for any alterations or modifications to this installed device configuration and will be charged a fee to re-establish the original hardware/software configuration should it be purposely modified. I further understand that should this device be lost or damaged beyond repair, I will have responsibilities.

Extraordinary personal telephone and texting charges (including international calls) will be the financial responsibility of the medical student/resident/fellow. An optional unlimited texting payment plan is available through payroll deduction.

Upon successful completion of my designated tenure, I understand that the communication device, accessories and cell phone number will be designated as my personal property, and I will have subsequent responsibilities for carrier contracts, etc. In the event of non-successful tenure, the device, its accessories, and cell phone number remain in the ownership and possession of Greenville Hospital System.

Signature: _______________________________ Date: _______________________________

Device Telephone Number: ___________________ Pager Number: ___________________
GME COMMUNICATION DEVICE(S) AUTHORIZATION - IPAD

Date __________________________

Dr. ____________________________ has been authorized to access $_____________ from her/his education allowance fund - account number ________________________ for the purchase of an iPad. The expenditure of these funds are directed pursuant to the 05/08/2011 GME Communication Devices Directives.

All Medical Students/Residents/Fellows are expected and required to activate and monitor individual passwords for ALL communication devices…..per GHS Policy S-010-21: Protection of Data on Portable Devices and Removable Media.

<table>
<thead>
<tr>
<th>Device ID</th>
<th>Model Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>MC769LL/A</td>
<td>IPAD 2 WIFI 16GB BLK</td>
<td>$473.29</td>
</tr>
<tr>
<td>MC770LL/A</td>
<td>IPAD 2 WIFI 32GB BLK</td>
<td>$555.78</td>
</tr>
<tr>
<td>2330747</td>
<td>IPAD 2 WIFI 64GB BLK</td>
<td>$648.58</td>
</tr>
<tr>
<td>MC755LL/A</td>
<td>IPAD 2 16GB 3G VERIZON-BLK</td>
<td>$597.03</td>
</tr>
<tr>
<td>MC763LL/A</td>
<td>IPAD 2 32GB 3G VERIZON-BLK</td>
<td>$676.42</td>
</tr>
<tr>
<td>MC764LL/A</td>
<td>64GB IPAD2 9.7IN BLACK VERIZON MULTI-TOUCH DISPLAY IPS WL 3G</td>
<td>$772.75</td>
</tr>
</tbody>
</table>

Program Director

__________________________________________

Kitty Wolcott
GME Business Analyst
GME COMMUNICATION DEVICE(S) AUTHORIZATION - IPHONE

Date __________________________

Dr. __________________________ has been authorized to access $ ____________ from her/his education allowance fund - account number __________________________ for the purpose(s) of upgrading the GHS-provided telephone. The expenditure of these funds are directed pursuant to the 05/08/2011 GME Communication Devices Directives.

All Medical Students/Residents/Fellows are expected and required to activate and monitor individual passwords for ALL communication devices…..per GHS Policy S-010-21: Protection of Data on Portable Devices and Removable Media.

<table>
<thead>
<tr>
<th>Charges for existing residents:</th>
<th>Monthly Charges</th>
<th>Yearly Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Plan</td>
<td>$47.30</td>
<td>$567.60</td>
</tr>
<tr>
<td>Insurance</td>
<td>$10.99</td>
<td>$131.88</td>
</tr>
<tr>
<td></td>
<td>$58.29</td>
<td>$699.48 per year per existing resident</td>
</tr>
</tbody>
</table>

Charges for New Incoming Residents:

- Device Cost Per Resident $29.99 $29.99 1 time charge
- Client Access License Per Resident $39.70 $39.70 1 time charge
- Service Plan $47.30 $567.60
- Insurance $10.99 $131.88

127.98 $769.17 per year per new resident

DEVICES:

- iPhone 4s 16gb $199.99 plus tax = $211.99
- iPhone 4s 32gb $299.99 plus tax = $317.99
- iPhone 4s 64gb $399.99 plus tax = $423.99

Program Director

__________________________________________

Kitty Wolcott
GME Business Analyst
SPECIALTY: Moonlighting

<table>
<thead>
<tr>
<th>NAME: ______________________________</th>
<th>DATE: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Print</td>
<td>□ Initial Privileges □ Renewal of Privileges</td>
</tr>
</tbody>
</table>

To be eligible to apply for Moonlighting privileges, the applicant must meet the following threshold criteria:

<table>
<thead>
<tr>
<th>Basic Education:</th>
<th>MD, DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal Formal Training:</td>
<td>Must have completed first year of training or in the case of Med/Peds residents, at least the first three months of the second year of residency training. ACLS training and certification required.</td>
</tr>
<tr>
<td>Required Previous Experience:</td>
<td>Applicants for initial appointment must be able to demonstrate that (s)he has completed at least one rotation as a supervising resident on the Medical Teaching Services or MCC and obtained the training and/or expertise to perform requested privileges. In the case of orthopaedic residents, applicants must be able to demonstrate that (s)he has obtained the training and/or expertise to perform requested privileges. This must be demonstrated by a letter from the residency program director attesting that the applicant is qualified to perform requested privileges. Approval from the Vice President, Medical &amp; Academic Services and the Chief, Medical Staff Affairs must be obtained.</td>
</tr>
<tr>
<td>Renewal of Privileges:</td>
<td>To be eligible to renew Moonlighting privileges the applicant must meet the following Maintenance of Privilege criteria:</td>
</tr>
<tr>
<td>----------------------</td>
<td>Maintenance of ACLS certification. Current demonstrated competence and an adequate volume of current experience (as delineated) with reasonable outcomes in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes as defined by the residency program. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. This must be demonstrated by a letter from the residency program director. Approval from the Vice President, Medical &amp; Academic Services and the Chief, Medical Staff Affairs must be obtained.</td>
</tr>
</tbody>
</table>
| Other: | • Current, unrestricted license to practice medicine in South Carolina  
| | • Malpractice insurance in the amount established by the Board of Trustees  
| | • Current DEA and SC Controlled Substances Registration. |
| Automatic Relinquishment of Privileges: | Privileges will be voluntarily relinquished upon completion or termination of residency. |
If you meet the threshold criteria above, you may request privileges as appropriate:

**Applicant:** Place a check in the box in the column headed “Requested” for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months.

**Recommending individual/committee:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

**SITES:** (Performance of privileges is limited by the defined scope of service of each respective facility. Place a check next to each site in which you request to exercise the requested privilege.)

<table>
<thead>
<tr>
<th>Requested</th>
<th>MOONLIGHTING PRIVILEGES PEDIATRICS and MED/PEDS</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of pediatric patients (patients being cared for with illnesses/diseases associated with infancy, childhood, or adolescence) performance of indicated procedures, consultation and work-up.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td></td>
<td></td>
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<tr>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEWBORN NURSERY COVERAGE – Privileges include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Perform admission H&amp;Ps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Daily normal newborn examinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Discussion of status of infant with parent(s) including guidance at discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Perform circumcisions after obtaining informed consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Evaluate unstable newborns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Consult with attending pediatrician as appropriate and transfer to NICU as indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NICU COVERAGE – Privileges include (under the supervision of the attending neonatologist):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Perform daily rounds upon assigned infants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Evaluation of those patients who are unstable or whose status is changing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Order diagnostic and therapeutic interventions in consultation with the attending neonatologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Perform circumcisions after obtaining informed consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Attend deliveries under the supervision of a neonatologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHRINERS HOSPITAL – Privileges include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Evaluate post-operative patients (stable or unstable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Respond to nursing needs or concerns regarding patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Responds to calls from outside physicians regarding Shriner’s patients who are outpatients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Counseling of/discussion with parents of Shriner’s patients (inpatient or outpatient)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requested</th>
<th>MOONLIGHTING PRIVILEGES INTERNAL MEDICINE and MED/PEDS</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acute Care</th>
<th>Greenville Memorial Hospital Newborn Nursery, Greenville Memorial Hospital NICU and North Greenville Long Term Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care</td>
<td>GHS HeartLife Program, Shriners Hospital, Greenville County Detention Center</td>
</tr>
<tr>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>
Admit, evaluate, diagnose, treat and provide consultation to patients with complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, and gastrointestinal and genitourinary systems.

**NORTH GREENVILLE LTACH COVERAGE** – Privileges include:
- Ongoing and routine assessment of all patients
- Manage changes in patient status
- Provides coverage for acute medical emergencies
- Stabilization and disposition (referral as indicated) of patients with emergent conditions
- Transfer patients to acute care hospital as needed

**GREENVILLE COUNTY DETENTION CENTER** – Privileges include:
- Provision of emergent and ongoing healthcare services to inmates
- Evaluation of general medical problems
- Referral, as appropriate, to specialists

**MOONLIGHTING PRIVILEGES – ORTHOPAEDICS**

**Site**

<table>
<thead>
<tr>
<th>Requested</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**GREENVILLE COUNTY DETENTION CENTER** – Privileges include:
- Provision of emergent and ongoing healthcare services to inmates
- Ambulatory orthopaedic evaluation and treatment
- Assessment of skeletal radiology evaluations
- Consultative evaluation of orthopaedic problems
- Referral, as appropriate, to specialists

**HEARTLIFE** – Privileges include:
- Assessment of patients in the cardiac rehabilitation program as indicated for suitability for exercise
- Observation of patient during exercise routines
- Evaluation of patients for minor and acute medical or physical issues that may arise
- Serves as team leader in a cardiac arrest or other medical emergency
- Whenever necessary, contact the HeartLife assistant medical director, the patient’s cardiologist or PCP for questions/concerns regarding specific patients

**SHRINERS HOSPITAL** – Privileges include:
- Evaluate post-operative patients (stable or unstable)
- Respond to nursing needs or concerns regarding patients
- Responds to calls from outside physicians regarding Shriners’ patients who are outpatients
- Counseling of/discussion with parents of Shriners’ patients (inpatient or outpatient)

**Additional Privileges:** A request for any additional privileges not included on this form must be submitted to the Medical Staff Services Department and will be forwarded to the appropriate review committee to determine if there is a need for development of specific criteria, personnel and equipment requirements.
I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies or related documents of the hospital and medical staff. I understand that privileges may be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff, scope of service and other support required to provide the services defined in this document.

___________________________  ____________________________________________________________
Date                              Applicant’s Signature

***For Hospital and Clinic Use Only***

Conditions/Modifications:

The requested clinical privileges have been approved by the Board of Trustees with the following conditions, or modifications and the explanation for same.

<table>
<thead>
<tr>
<th>Privileges</th>
<th>Condition/Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Explanation:

Acknowledgement: The above reflects the final action taken by the Board of Trustees of Greenville Hospital System.

___________________________  _______________________
Director, Medical Staff Services       Date

NOTE: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient’s life or to save a patient from serious harm, regardless of staff status or privileges granted.
GREENVILLE HOSPITAL SYSTEM
APPLICATION FOR MOONLIGHTING PRIVILEGES

Please attach copies of the following documents to this application:

(a) Current license to practice medicine
(b) Current narcotics registration certificate (state and federal)
(c) Current certificate of coverage from insurance carrier for professional liability insurance or other evidence of insurance as permitted by GHS Policy on Moonlighting Residents.
(d) ECFMG certificate (if foreign medical graduate)
(e) Evidence of board certification (if applicable)
(f) Curriculum vitae
(g) Request for moonlighting privileges
(h) Documentation of:
   1) Current PPD test (tuberculin) within last 6 months
   2) Immunity to rubella
   3) Immunity to rubeola (if born after 1/1/57)
   (i) ACLS certification
   (j) Letter from Program Director

ALL INFORMATION SHOULD BE TYPED.

I. PERSONAL IDENTIFICATION:

Name: _____________________________________________________________________________
(Last)                                             (First)                                               (Middle)

Office Address: ____________________________________________  Phone:  __________________
Residence Address: ________________________________________  Phone:  __________________
Medical School Attended: _______________________________________Graduated:_____________
Birthdate: _____________________________ Social Security Number:  ________________________
Citizenship: ______________________  If not a citizen of the United States, please indicate the status of your visa at the present time: _____________________________________________________________

II. PRACTICE INFORMATION

1. Site/Program at which moonlighting will be done: _______________________________________

2. Director of Program Requesting Services ____________________________________________
   (e.g., Medical Director Emergency Services)

3. Moonlighting contract will begin _________________________ and end ______________________.
Please answer each of the following questions in full. If the answer to any question is yes, please provide full explanation of the details on a separate sheet, and attach.

A. Have any disciplinary actions been initiated or are any pending against you by any state licensure board? □ Yes □ No

B. Has your license to practice in any state ever been denied, limited, suspended, challenged or revoked? □ Yes □ No

C. Have you ever been suspended, sanctioned or otherwise restricted from participating in any private, federal or state health insurance program (for example, Medicare, Medicaid)? □ Yes □ No

D. Have you ever been the subject of an investigation by any private, federal or state agency concerning your participation in any private, federal or state health insurance program? □ Yes □ No

E. Has your narcotics registration certificate ever been limited, suspended or revoked? □ Yes □ No

F. Is your narcotics registration certificate currently being challenged? □ Yes □ No

G. Have you ever been named as a defendant in any criminal proceeding? □ Yes □ No

III. INSTITUTIONAL AFFILIATIONS:

A. Has employment, medical staff appointment or privileges ever been denied, suspended, diminished, revoked, refused, or limited by any hospital or other health care facility? □ Yes □ No

B. Have you ever withdrawn your application for appointment, reappointment and clinical privileges or resigned from the medical staff before a decision by a hospital's or health care facility's governing board? □ Yes □ No

C. Have you ever been the subject of disciplinary proceedings at any hospital or health care facility? □ Yes □ No

IV. PROFESSIONAL ASSOCIATIONS:

A. Have you ever been denied membership or renewal thereof, or been subject to disciplinary proceedings in any professional organization? □ Yes □ No

B. Are you board certified? □ Yes □ No
   American Board of ________________________________

V. PROFESSIONAL LIABILITY DATA:

A. Insurance

1. Has your professional liability insurance coverage ever been terminated by action of the insurance company? □ Yes □ No

2. Have you ever been denied professional liability insurance coverage? □ Yes □ No
3. Does your present professional liability insurance carrier exclude any specific procedures from your coverage? □ Yes □ No

4. If the answer to question 3 above is yes, list the procedures which have been excluded. ___________________________________________________________
____________________________________________________________________

5. Does your present professional liability insurance cover the proposed moonlighting activities? □ Yes □ No

B. Legal Actions

1. Have any professional liability suits ever been filed against you? □ Yes □ No

2. Have any professional liability suits been filed against you which are presently pending? □ Yes □ No

3. Have any judgments or settlements been made against you in professional liability cases? □ Yes □ No

VI. APPLICANT’S CONSENT AND RELEASE:

I hereby apply for moonlighting privileges as set forth on the attached list, but I am not applying for medical staff appointment or for permanent clinical privileges. I am willing to make myself available for interviews in regard to this application.

As an applicant, I have the burden of producing adequate information for proper evaluation of my application. I also agree to provide any such additional information as may be requested by the hospital or its authorized representatives. Failure to produce this information will prevent my application from being evaluated and acted upon.

Information given in or attached to this application is accurate and fairly represents the current level of my training, experience, capability and competence to exercise the clinical privileges requested. As a condition to making this application, any misrepresentation or misstatement in, or omission from this application, whether intentional or not, shall constitute cause for automatic and immediate rejection of this application resulting in denial of clinical privileges. In the event that privileges have been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in immediate termination of such privileges.

By applying for moonlighting privileges, I accept the following conditions during the processing and consideration of my application, regardless of whether or not I am granted moonlighting privileges:

a) I extend absolute immunity to, and release from any and all liability, the hospital, its authorized representatives and any third parties, as defined in subsection (c) below, for any acts, communications, reports, records, statements, documents, recommendations or disclosures involving me, performed, made, requested or received by this hospital and its authorized representatives to, from, or by any third party, including otherwise privileged or confidential information, relating, but not limited to, the following:

1) applications for appointment or clinical privileges, including temporary privileges;
2) periodic reappraisals undertaken for reappointment or for increase or decrease in clinical privileges;
3) proceedings for suspension or reduction of clinical privileges or for denial or revocation of appointment, or any other disciplinary sanction;
4) summary suspensions;
5) hearings and appellate reviews;
6) medical care evaluations;
7) utilization reviews;
8) any other hospital, medical staff, department, service or committee activities;
9) matters or inquiries concerning my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; and
10) any other matter that might directly or indirectly have an effect on my competence, on patient care or on the orderly operation of this or any other hospital or health care facility.

The foregoing shall be privileged to the fullest extent permitted by law. Such privilege shall extend to the hospital and its authorized representatives, and to any third parties.

b) I specifically authorize the hospital and its authorized representatives to consult with any third party who may have information, including otherwise privileged or confidential information, bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter bearing on my satisfaction of the criteria for temporary moonlighting privileges as well as to inspect or obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of said third parties relating to such questions. I also specifically authorize said third parties to release said information to the hospital and its authorized representatives upon request.

c) The term "hospital and its authorized representatives" means Greenville Hospital System and any of the following individuals who have any responsibility for obtaining or evaluating my credentials, or acting upon my application or conduct in the hospital: the members of the hospital's Board and their appointed representatives, the Chief Executive Officer or his designees, other hospital employees, consultants to the hospital, the hospital's attorney and his partners, associates or designees, and all appointees to the medical staff. The term "third parties" means all individuals, including appointees to the hospital's medical staff, and appointees to the medical staffs of other hospitals or other physicians or health practitioners, nurses or other government agencies, organizations, associations, partnerships and corporations, whether hospitals, health care facilities or not, from whom information has been requested by the hospital or its authorized representatives or who have requested such information from the hospital and its authorized representatives.

I acknowledge that (1) moonlighting privileges at this hospital are not a right of every licensed professional who makes application for the same; (2) my request will be evaluated in accordance with prescribed procedures defined in the hospital and medical staff bylaws, rules and regulations.

I have received and have had an opportunity to read a copy of the bylaws of the hospital and such hospital policies and directives as are applicable to appointees to the medical staff, including the bylaws and rules and regulations of the medical staff presently in force. I specifically agree to abide by all such bylaws, policies, directives and rules and regulations as are in force during the time I exercise moonlighting privileges at the hospital. I acknowledge, however, if granted moonlighting privileges, I will not be granted membership on the Medical Staff in connection with these privileges. I shall have none of the rights granted to Medical Staff members.

If granted moonlighting privileges, I specifically agree to (1) refrain from fee splitting or other inducements relating to patient referral; (2) refrain from delegating responsibility for diagnoses or care of hospitalized patients to any other practitioner who is not qualified to undertake this responsibility or who is not adequately supervised; (3) refrain from deceiving patients as to the identity of any practitioner providing treatment or services; (4) seek consultation whenever necessary or required; (5) abide by generally recognized ethical principals applicable to my profession; and (6) provide continuous care and supervision as needed to all patients in the hospital for whom I have responsibility.

Date: ____________________  Signature: __________________________________________
GREENVILLE HOSPITAL SYSTEM HEALTH STATUS FORM FOR PRACTITIONERS

Applicant's Name______________________________________________________________

Note: In order to conform with Americans with Disabilities Act guidelines, this information will be removed from your application by the Medical Staff Services Department and will be placed in a sealed envelope [if you have not already done so]. The information will not be reviewed until after the Credentials Committee has taken action on your application and then only if the recommendation is favorable. If your answer to any of the following questions is yes, you will be asked to meet with the Chair of the MEC or designee to consider appropriate accommodation(s). It is up to you, however, to request proposed accommodation(s).

Health Status

Please answer the following questions. If the answer to a question is “yes,” please submit a full explanation on an attached sheet describing how the condition may affect your ability to exercise the clinical privileges requested and to perform the duties and essential functions attendant to any staff appointment, and explain any proposed accommodation(s). Your application will be considered incomplete if a full explanation is not provided. If the answer to any of the following questions changes prior to the next credentialing cycle, you are required to notify the office of the Vice President of Medical Affairs or the Medical Staff Services Department in writing within 10 days. Violation of this provision could subject you to corrective action.

1. Do you currently have a physical or mental condition that could affect your ability to exercise the clinical privileges requested and to perform the duties and essential functions attendant to your staff appointment safely and competently with or without accommodation? □ Yes □ No

2. Are you presently affected by any drug, chemical, alcohol, or behavioral problem which could affect your ability to exercise clinical privileges, provide professional care, and/or perform the duties and essential functions attendant to your staff appointment? □ Yes □ No

3. Are you actively involved in treatment or participating in any state sponsored or other recovery program for: (a) the use of or dependency on any drug, chemical, alcohol, or (b) behavioral problems? □ Yes □ No

If answer is yes, could the involvement or participation affect your ability to exercise clinical privileges, provide professional care, and/or perform the duties and essential functions attendant to your staff appointment? □ Yes □ No

Certification

I understand that my staff appointment and clinical privileges are conditional upon my demonstrating that I am capable of exercising my privileges safely and completely and performing the duties and essential functions of staff appointment. I understand that the burden is on me to request any proposed accommodation and to justify its reasonableness. By my signature below, I hereby certify that all the information provided above is true, complete, and correct. I agree to inform the Greenville Hospital System Medical Staff Services Department should any statement of the information contained above, although true when made, become untrue due to a change in circumstances or discovery of new information.

________________________________________  ______________________________
Applicant’s signature                                Date
INTERNATIONAL ELECTIVE ROTATION REQUEST FORM

Name: _________________________     Program: _________ Date of Request: __________

Rotation Start Date: ______________ Rotation End Date: _______________

Title of Rotation: ______________________________________________________________

Location of Rotation: ____________________________________________________________________

Faculty supervisor name, institution of rotation, and address (supervisor is responsible for your rotation and evaluation): ________________________________________________________

____________________________________________________________________________

Educational Goals:

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

Educational Objectives (competency based): include at least one objective per goal.

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________
4. __________________________________________________________________________
5. __________________________________________________________________________
6. __________________________________________________________________________

Evaluation Methods:

__ Direct observation and feedback (FAC-S, FAC-C)
__ Written test
__ Oral test
__ Presentation & written evaluation
__ Global evaluation
PLEASE ATTACH:

1. A copy of applicable travel and evacuation insurance certification
2. Documentation of medical malpractice insurance
3. ‘Emergency’ out-of-country medical health insurance certification
4. A description of how the resident will be evaluated
5. A signed waiver statement
6. A completed Program Letter of Agreement
7. A rotation schedule
8. Call trades as needed for away rotations

Requested By: _________________________________________ Date: ________________
  Resident

Approved By: _________________________________________ Date: ________________
    GHS Program Director

Approved By: _________________________________________ Date: ________________
    GHS Designated Institutional Official
INTERNATIONAL PROGRAM LETTER OF AGREEMENT
TEMPLATE

DATE: _________________________________

RE: Participation Agreement in Greenville Hospital System’s
International GME Rotation

Dear Dr. ____________________________:

The purpose of this Letter of Agreement is to set forth the general terms and conditions under
which you and/or your practice have agreed to participate in the education and training of
_______________ a _______ year _______________ resident in the Greenville Hospital
System’s Graduate Medical Education Program. The major components of our relationship are
as follows:

• Dr. _________________________ will rotate through your office and under your
supervision at __________________________________________________________
to fulfill her/his training requirements in __________________________ for this rotation.
It is agreed and understood that during this rotation Dr. Resident

• The educational objectives for this rotation are attached. Since 2002, the Accreditation
Council of Graduate Medical Education (ACGME), which is the accrediting body for
GME residencies, requires that all major teaching rotations curricula be organized and
taught in such a fashion so as to satisfy the resident’s attaining skills in the 6 general
competencies. A handout and description of the 6 competencies are attached.

• The evaluation form for this rotation is written to address the resident’s performance in
the 6 general competencies as outlined above. Please return this evaluation form to me
preferably by e-mail at the end of Dr. Resident’s rotation with you. Dr. Resident will also
communicate with me by e-mail to update me on her/his training progress.

• This rotation is an international rotation outside of the usual locations that our
residents provide care, The Greenville Hospital System will not
provide professional liability insurance coverage. The resident physician is responsible
for acquiring and documenting acceptable professional liability insurance, if available.
The Greenville Hospital System will continue to provide salary and other fringe benefits.
Dr. Resident will have “emergency” out-of country medical health insurance coverage.
She/He has been instructed to take with her/him proper documentation of such coverage
and educate herself/himself of the proper process for coverage if she/he would have an
emergency.

• Dr. Resident will be performing within the scope of her/his residency program during this
rotation and as such she/he will be covered as an employee with her/his usual workers’
compensation insurance benefits. This coverage will only be in affect during the carrying
out of specified educational duties.

• Dr. Resident also has agreed to fully self fund her travel and other expenses outside of
usual salary and fringe benefits.
It is understood and agreed that you will perform the services set forth in this Letter of Agreement.

- By entering into this Letter of Agreement, you represent that you have the time available to perform the services anticipated under this Letter of Agreement. Further, it is agreed and understood that your participating in the Greenville Hospital System Graduate Medical Education Program under the terms of this Letter of Agreement does not unreasonably interfere with, conflict with, and is not prohibited by any other employment or compensation agreement to which you are a party.

- The terms of the Letter of Agreement shall be for the period ______________________ ______________________. This Letter of Agreement may be terminated “for cause” at any time and may be terminated “without cause” by either party upon thirty (30) days prior written notice.

Your agreement to participate in the Greenville Hospital System Graduate Medical Education Program(s) is greatly appreciated. Please indicate your concurrence with the terms of this Letter of Agreement by signing the space provided below. Should you have questions, please do not hesitate to contact me.

Sincerely, 

Accepted:

By: ________________________________  ________________________________

____________________________  ________________________________

GHS__________ Program Director  International Site

__________ Residency Program

Attachments
GHS RESIDENT WAIVER STATEMENT

I, ________________________________, am requesting participation in the __________________ Elective from the dates of _________ to _________. In consideration of my participation in this activity, I understand that my participation is solely my own initiative, risk, and responsibility. I hereby wholly release the Greenville Hospital System from any responsibility of liability and waive any claims or causes that might arise as loss, injury, or expense involved in my participation in this activity. I agree to hold the Greenville Hospital System harmless if any such claim should arise.

____________________________________  ___________________________________
Printed Name                          Signature

________________________________
Date