

Huntington Health

Selected Hospital & HR Policies

Graduate Medical Education

May 2026



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Our Core Values

Respect – Integrity – Stewardship – Excellence – Collaboration

Resident Responsibilities

To participate in a Graduate Medical Education training program at Huntington Health, all residents, must do the following:

- A. Fulfill the educational requirements of the training program.
- B. Participate fully in the educational and scholarly activities of the training program as advised by the program director.
- C. Use best efforts to provide safe, effective, and compassionate patient care and present at all times a courteous and respectful attitude towards all patients, colleagues, employees and visitors at Huntington Health as well as other assigned facilities and rotation sites.
- D. Provide clinical services:
 - i. Commensurate with resident’s level of advancement and responsibilities;
 - ii. Under appropriate supervision;
 - iii. At sites specifically approved by the program and;
 - iv. Under circumstances and at locations covered by professional liability insurance applicable to residents.
- E. Apply cost-containment, resource management, quality improvement, clinical guideline, and other principles in the provision of patient care consistent with the policies of both Graduate Medical Education and Huntington Health.
- F. Develop and follow a personal program of self-study and professional growth under the guidance of the program director and teaching faculty.
- G. Acquire an understanding of ethical, socioeconomic, and medical/legal issues that affect the practice of medicine and GME training.
- H. Follow and comply with all policies, procedures, practices, rules, bylaws, and regulations of Huntington Health, Graduate Medical Education, and Department(s), including but not limited to all policies in the Resident Physician Manual and the following Huntington and GME policies:
 - i. Huntington Health Resident Physician Manual
 - ii. Due Process
 - iii. House Staff Work Hours
 - iv. Resident Leave
 - v. Outside Employment (Moonlighting and Other Professional Activities)
 - vi. Resident Responsibilities

- vii. Resident Re-Appointment, Promotion, and Non-Renewal
- viii. Hospital and Human Resources Policies
 - 1. Leave of Absence
 - 2. Equal Employment Opportunity
 - 3. Discrimination & Harassment
 - 4. Jury Duty Pay
 - 5. Social Media
- I. Comply with all applicable federal, state, and local laws, regulations, ordinances, and orders as well as the standards required to maintain accreditation by the Joint Commission, the Accreditation Council for Graduate Medical Education (ACGME), and any other relevant accrediting, certifying, or licensing organizations.
- J. Comply with all California State Medical Board, Drug Enforcement Agency, US Citizenship and Immigration Services, and all other rules, regulations, and laws relevant to employment, education, and providing patient care.
- K. Notify the GME Department and program manager of any criminal arrest and/or criminal charge within three (3) business days of such arrest and/or charge.
- L. Submit to periodic (post appointment) health examinations and supplementary tests, which may include tests for substance abuse, as are deemed necessary or advisable by Huntington Health and GME to ensure residents are physically, mentally, and emotionally capable of performing essential duties and/or are otherwise necessary to the operation of Huntington Health as well as other facilities and rotation sites.
- M. Comply with Huntington Health and state standards for immunizations in the same manner as for other Huntington Health personnel. The results of all examinations shall be provided to Huntington Health's Employee Health Department as requested.
- N. Acquire and maintain appropriate life support certification(s) including, without limitation, Basic Life Support Certification (BLS) as well as Advanced Life Support Certification (ACLS), Drug Enforcement Administration Certificate (DEA), California State Medical License.
- O. Cooperate fully with all Huntington Health and GME surveys, reviews, accreditation, quality assurance, and credentialing activities.
- P. Comply with any policies and requirements imposed by other entities to which they may rotate, including any requirements to undergo background and drug screening.

Appointment of Residents

Appointment

BLS, ACLS, ATLS, and FLS/FES Certification

All residents must maintain certification in both American Heart Association (AHA) Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) throughout their residency training at Huntington Health. These classes are supported and paid for by Huntington Health during your residency.

Categorical surgical residents must also maintain certification in FLS (paid for by GME) and ATLS (paid for by Trauma). Both classes are supported for and paid for by Huntington Hospital during your residency. Categorical surgical residents will schedule their ATLS (PGY 3) and FLS/FES (PGY 4 and PGY 5) certifications according to the requirements of the residency program. FLS/FES MUST be completed by April of the PGY 5 year. Thereafter, residents are expected to renew the certification periodically as it expires. Upon receiving certification, a copy should be submitted to Human Resources and the Graduate Medical Education Department to be placed in the resident's file.

To qualify for an abbreviated renewal course in ACLS, or BLS, residents must take the renewal course before the certification expires. Once the card has expired, the full course must be taken to re-certify.

California Medical License

Residents must comply with the licensing laws and requirements of the applicable California Board: Medical Board or Osteopathic Medical Board. Residents who are not in compliance with California license laws, will not be allowed to participate in patient care, have patient contact, or access to patient information/medical records. Failure to comply with licensure law could result in dismissal from a Huntington Health training program.

Huntington Health reimburses residents for licensure fees paid to the California boards for training licenses, full licenses, and license renewals.

All received licenses must be sent to Program Managers for proper processing documentation.

Residents with MD or DO degrees, must comply with the following California state requirements in order to practice medicine:

- Graduates of US or Canadian Medical Schools:

- 0-12 months of ACGME or RCPSC-accredited training
 - Within 180 days of starting ACGME-accredited training in the state of California, the resident must obtain a Postgraduate Training License (PTL) from the Medical Board of California/Osteopathic Medical Board.
- 12 months or more of ACGME- or RCPSC-accredited training:
 - All residents must complete at least 12 months of either ACGME- or RCPSC-accredited program training in order to be eligible for a full Physician & Surgeon's medical license. For residents who remain in an ACGME program, a full license is not required until 36 months of training is completed.
 - If a resident is transitioning to Huntington Health and just completed 12-months of training in an ACGME- or RCPSC- accredited program outside the state of California and is immediately continuing their training in an ACGME- accredited program, the resident has 180-days to obtain a full license.
 - When applying for full licensure, the resident must provide verification of receiving credit for 36 months of ACGME- or RCPSC-accredited training, of which 24 continuous months must be completed within the same program.
- Graduates of medical schools outside of the United States or Canada:
 - International medical graduates are only eligible for postgraduate training in California if they attended a medical school recognized on the World Directory of Medical Schools and the Foundation for Advancement of International Medical Education and Research (FAIMER). In addition, they must have a valid Education Commission for Foreign Medical Graduates (ECFMG) certificate at the time of application.
 - 0-24 months of ACGME- or RCPSC-accredited training:
 - Within 180 days of starting ACGME-accredited training in the state of California, the resident must obtain a postgraduate training license (PTL) from the Medical Board of California.
 - 24 months or more of ACGME- or RCPSC-accredited training:
 - All residents who graduated from a medical school outside of the United States or Canada are required to complete at least 24 months of either ACGME- or RCPSC-accredited program training in order to be eligible for a full Physicians & Surgeons license.
 - If a resident is transitioning to Huntington Health and just completed 24 months of training in an ACGME- or RCPSC-accredited program outside the state of California and is immediately continuing their training in an ACGME-accredited program, the resident has 90-days to obtain a full license.
 - When applying for full licensure, the resident must provide verification of receiving credit for 36 months of ACGME- or RCPSC-accredited training, of which 24 continuous months must be completed within the same program.

CURES Registration

The Controlled Substance Utilization Review and Evaluation System (CURES) is a database of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substance prescriptions dispensed in California.

Huntington Health residents, in accordance with California state law, must be registered for CURES once they have received their California Postgraduate Training License or Physician & Surgeons License and their DEA number. More information and how to register can be found on the website of the California Attorney General.

DEA Registration

Residents may be required to have a Drug Enforcement Agency (DEA) license and they will be advised by their program leadership.

Huntington Health offers reimbursement for the fees associated with obtaining a DEA license for those residents who are in a program at the time they obtain it.

Copies of issued DEA licenses must be sent to Program Managers for proper processing and registration in e-Prescribe for Controlled Substances.

National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for healthcare providers and health plans. As a result, the Centers of Medicare & Medicaid Services (CMS) created the National Provider Identifier (NPI).

All Huntington Health residents are required to have an NPI number, which is a 10 digit numeric identifier in order to start their training program. Registration and more information can be found on the website of the National Plan & Provider Enumeration System.

NPI numbers must be provided to Program Managers prior to a resident's Huntington Health program start date.

USMLE Step Exams

Passage of USMLE Steps 1, 2, and 3 are required to obtain a Physician & Surgeon's License, this section is written to delineate the steps required to ensure all examinations are completed in the time prescribed and a full medical license is obtained by the end of the 36th month of training.

USMLE Step 1 is always taken in medical school and passed before graduating and entering a residency program.

USMLE Step 2 must be taken and passed in the final year of medical school before graduating and entering a residency program.

USMLE Step 3 must be taken before the end of the first year of training.

As soon as a resident receives the results of the USMLE Step 3, a copy of the score report must be submitted for inclusion in the resident's permanent file in the department of Graduate Medical Education. Residents are required to notify the Program Director without delay if they have failed USMLE Step 3 and it must be retaken, or if there is any other delay. Failure to notify

the Program Director promptly of any delay or problem may result in dismissal from the program.

Postgraduate Year

Postgraduate Year (PGY) is based on the prior required training to be in a training program, as determined by the ACGME and the Program in collaboration with the GME office. All residents in the same year, in the same program must have the same PGY to ensure equity.

PGY determines salary and is reflected in both the Physician-in-Training Agreement and Workday, the Huntington Health Human Resource management system.

Payroll & Salary

The salary scale, for postgraduate years (PGY) 1 through 5, for Huntington Health residents is determined by the GME office and Human Resources. Salaries are reviewed annually. The salary paid to a resident is determined by the PGY they are assigned.

Huntington Health pays all residents by check or direct deposit on a biweekly basis and in a manner so that the amount, method and timing of wage payments comply with applicable laws and regulations. Direct deposit is strongly encouraged.

Residents will normally be paid every other Friday. If the regular payday is a Hospital recognized holiday, employees will be paid on Thursday. All pay stubs are available to view and print through Workday, which is accessible on Sharepoint or through the Workday app.

Residents who discover a mistake in their paycheck should notify their program manager immediately. The program manager will work with the employee and Payroll to resolve the issue.

If a paycheck is lost or stolen, the resident should notify the Payroll department immediately. Payroll will attempt to stop payment on the check and reissue a new one to the resident. However, if the check has been cleared through the bank, Payroll cannot stop payment, and the Hospital will not be responsible for the loss. Before the check can be replaced the employee will need to attest to the bank that the check was not endorsed or cashed by them.

RESOURCES AND SERVICES FOR RESIDENTS

Benefits and Insurance

Huntington Health's goal is to provide you and your dependents with a comprehensive, high-quality benefits package that adds to your employment satisfaction and financial security.

Benefits include, but are not limited to:

- Medical Benefits
- Dental Benefits
- Vision Benefits
- Long-Term & Short Term Disability Benefits
- Healthcare Flexible Spending Accounts
- Accident Insurance
- Critical Illness Insurance
- Life Insurance (Basic & Supplemental)
- Auto Insurance
- Pet Insurance
- Prepaid Legal/Identity Theft Insurance
- Retirement Plans

Medical, dental, vision, and long term disability benefits are effective on your date of hire. All other benefits are effective the first month following your date of hire. You may choose from a wide variety of plans designed to offer you the benefits that make the most sense for you and your family. You may choose to waive health coverage if you are insured elsewhere. Annual open enrollment to make changes to benefits elections occurs in October/November each year.

More information about benefits may be found at www.benefitshh.bswift.com or you can contact the Benefits Department at (626) 397-3626.

Call Rooms

Huntington Health provides permanent call rooms for all residents. All call rooms are located in the Resident Quarters on the first floor of the Wingate Building. Call rooms are assigned per the Internal Medicine and General Surgery programs. Each call room is equipped with beds, computers, phones, and a suite-style shared bathroom. Call rooms are accessible by door code

only and codes are updated and assigned each academic year. Call rooms are cleaned upon request and clean bed linens and towels are available 24/7 in the linen closet.

The Resident Lounge is a shared space between programs, rotating residents, and visiting medical students. The Resident Lounge is equipped with computers, printer, phones, refrigerator, microwave, coffee machine, medical student bag storage, and living room area.

Regulations for Resident Call Rooms & Lounge:

1. The Chief Residents will oversee the conduct of the residents and their use of the resident's quarters. Inquiries, problems, or proposals should be directed to the Graduate Medical Education department for appropriate action.
2. Residents will be expected to exercise good judgement and discretion, and to conduct his/her affairs within the limits of propriety. Due to the large number of residents using the resident's quarters, guest visitation is not allowed. Likewise, residents are never allowed to bring their pets into the resident call rooms or lounge.
3. Drug and alcohol use is strictly prohibited in accordance with Human Resources [Alcohol and Drug Policy](#).
4. Occupants are responsible for cleaning up after themselves and general neatness and upkeep of their rooms and resident lounge area.

Education & Technology Stipend

Residents will receive a \$2000 educational and technology stipend at the beginning of their training. Residents should consult with their program managers as to how this money should be spent, which may include laptop/computer, cell phone, educational supplies, books, etc.

Conference attendance and associated fees are paid for separately by the individual programs.

Preliminary residents are eligible for an education and technology stipend in the amount of \$667.00.

The stipend will be provided on a reimbursement basis. Residents are to make the initial purchase and submit all receipts to their program manager for processing.

Housing Stipend

Residents receive a housing stipend, in addition to salary, in the amount of \$10,000 each year. This stipend is included on the resident's bi-weekly paycheck and is taxable income.

Lactation Accommodations

Huntington Health offers a dedicated space and resources to all lactating employees. The dedicated lactation space is located in the Valentine Building and includes a private area free from intrusion from co-workers and the public. A Request for Lactation Accommodation form will need to be completed and sent to the Leave of Absence office in order to gain access to the space.

Health Sciences Library

The Health Sciences Library, located on the first floor of the La Vina Building has online and in-person resources available for staff physicians, residents, nurses and other hospital employees. Online resources, such as Ovid, Access Medicine, Clinical Key, Natural Medicines and UpToDate are offered. RefWorks accounts can be set up upon request. Books and journals are available in print and electronic formats.

Library services include literature searching, training on library resources and document delivery. The library is staffed from 8:00 AM to 4:30 PM, Monday through Friday.

Malpractice/Liability Insurance

Huntington Health provides professional liability (malpractice) insurance for residents while performing duties within the course and scope of their training programs. Residents must cooperate fully in any investigations, discovery, and defense that arise and failure to cooperate may result in personal liability. If a resident receives any summons, complaint, subpoena, or court papers, the Risk Management department must be contacted immediately.

Huntington Health does not provide malpractice/liability coverage for residents on rotations at international institutions/sites.

Huntington Health does not provide malpractice/liability coverage for residents participating in external moonlighting or other outside professional activities.

Meals

Food is available at Huntington Health 24/7. In addition to the main cafeteria and Starbucks there are vending machines throughout campus as well.

Residents will receive a \$20 per day meal stipend in order to purchase food. This money is not meant to cover all trainee meals while working, but instead help cover the cost of meals while working longer or especially busy shifts. The meal stipend will be loaded on to the resident's ID badge daily.

For those residents on-call an additional \$20 per day meal stipend will be provided in the form of a separate on-call meal card.

Parking

Parking facilities are provided for residents free of charge and are accessed with the Huntington Health ID badge.

All residents are assigned and required to park in the South Parking Garage when on duty, or for employment related business such as trainings or classes.

Residents may park in visitor parking when accessing the hospital as a patient, or with a family member that is a patient.

To report an emergency or if there are access issues, please contact the Security Office at (626) 397-5282.

Attire

All residents have the responsibility to dress appropriately for the workplace to foster confidence and trust in patients, their families, visitors, and staff through professional behavior and appearance.

Residents are required to wear their white coats, displaying their current identification badge, in a location that is easily visible to patients, visitors, and staff, when on duty or on Huntington Health campus premises.

White coats for all residents will be provided by GME and can be taken to the Concierge for dry-cleaning free of charge.

Mail, E-Mail, and Sharepoint

- Mail – Mailboxes for residents can be found in the Graduate Medical Education Department. Mail, in-house mail, phone messages, notices, schedules, and various reports will be placed in resident's mailboxes. Residents are expected to check their mailboxes regularly.
- E-Mail – Each resident will be provided with a hospital e-mail address. Residents are responsible for the content of their email and must check their email at least once every three days, unless they are on an approved leave of absence. Program managers will exclusively use approved hospital e-mail addresses.
- Sharepoint – Sharepoint is an internal website that provides a central storage and collaboration space for documents, information and announcements, and ideas. All hospital policies and procedures, as well as HR and Wellness Program information are available on Sharepoint for all employees.

Security

The Huntington Health Security Department provides 24/7 security services. Their primary goal is to provide visitors, staff and faculty a secure and safe environment.

The main Security Department is located on the first floor of the Valentine Building and can be reached by phone at (626)397-5282. If there is a security emergency, please dial 6# from any campus phone.

Security offers escort services for all employees, including residents, and are available at the above mentioned phone number.

Transportation Home When Fatigued

The GME Office offers reimbursement for round trip transportation costs for residents who are too fatigued to drive home safely after an extended patient care shift. Reimbursable transportation services include app-based services such as Uber or Lyft, or conventional taxi.

The reimbursement covers the cost from Huntington Health or any local affiliated training site to which the resident is assigned to the verifiable home address of the resident AND a return trip for the resident to pick up their car at the training site at a later time.

For reimbursement, receipts should be emailed to the Program Manager and must include:

- Starting location
- Ending location

- Time and date
- Trainee Name
- Total Fare Amount

Verification of Training

Huntington Health is committed to providing verification of all graduate medical education training in a timely manner. Verifications of training are completed by the individual programs and program managers. All requests must have a signed consent to release information form from the former trainee.

Rotations and observational experiences done by trainees at other institutions will not be verified.

Well-Being Resources

Huntington Health offers all employees, including residents, robust well-being resources.

Employee Assistance Program (EAP):

The Employee Assistance Program (EAP) gives you and your dependents access to free, confidential professional help for a wide range of personal and work-related issues, including counseling referrals, financial planning, legal support, and work-life services.

- (855) 327-4463
- www.GuidanceResources.com

Personify Health:

Huntington Health's Wellness Program is committed to improving the health and well-being of all employees through health education and programs that support positive lifestyle changes, resulting in improved employee health, productivity, retention, and health care cost savings.

Our award-winning whole-person Wellness Program is designed to support your 8 areas of wellbeing:

- Spiritual
 - On-Site Chaplains
 - Mindful meditations
- Physical
 - On-Site Gym
 - Free weight management program
- Social
 - Team-Step Challenges
 - Employee Resource Groups
- Recreational
 - On-site basketball and pickleball courts
 - Paid time off
- Mental/Emotional
 - Free Counseling
 - Stress Reduction Tools

- Occupational
 - Free college courses
 - Career Advancement Program
- Environmental
 - Rideshare Program
 - Ergonomic workspaces
- Financial
 - Exclusive community discounts
 - Incentives, prizes, and gifts

Sign up at: join.personifyhealth.com/huntingtonhealth

Questions: HuntingtonWellness@HuntingtonHealth.org

Marvin:

Huntington Health provides Marvin to all physicians, including residents, which is a teletherapy program made specifically for healthcare workers. Marvin provides completely anonymous and confidential teletherapy, with no connection to any electronic health record. They provide:

- Quick matching with a therapist
- 24/7 scheduling availability
- Works with insurance benefits
- Provides specialty therapists, who have a focus on healthcare professionals
- Availability of wellness workshops, family and couples therapy

Sign up at: signup.meetmarvin.com/huntington

Huntington Health
Graduate Medical Education Committee
(GMEC)
Approved Policies

Approval of Duty Hour Exceptions

PURPOSE:

To provide an institutional policy regarding procedures for requesting and approving duty hour exceptions.

POLICY STATEMENT:

Huntington Hospital and its accredited General Surgery and Internal Medicine residency programs acknowledge the Work Hours Limitations for residents established by the Accreditation Council for Graduate Medical Education (ACGME), which is a maximum of 80 hours of duty each week, including actual call time in the hospital, with an average of one complete twenty-four hour period free from duty on a weekly basis.

Huntington Hospital and the Graduate Medical Education Committee (GMEC) have reviewed the Institutional Requirements for accreditation, particularly those related to duty hour limitations, and has approved the following procedures for programs requesting a 10% increase in the 80-hour limit for a total of 88 hours per week averaged over four weeks. The program must be accredited in good standing and have a favorable status from its most recent review by the ACGME Institutional Review Committee.

The Residency Review Committee (RRC) may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

The program is to make a clear showing that the exception is necessary for educational reasons. A letter of request to the GMEC and the Designated Institutional Official (DIO) must include the following:

1. **Patient Safety:** Describe how the program and the institution will monitor, evaluate, and ensure patient safety with extended resident work hours.
2. **Educational Rationale:** Describe the educational rationale in relation to the program's stated goals and objectives for the particular assignments, rotations, and levels of training for which the increase is requested. Blanket exceptions for the entire educational program cannot be considered according to the ACGME guidelines. The program must submit request and separate justification for each rotation desired.
3. **Moonlighting Policy:** Describe the program's moonlighting policies for the periods in question and how moonlighting will be monitored.
4. **Call Schedules:** Describe resident call schedules during the times specified for the exception.

5. Faculty Monitoring: Describe faculty development activities regarding the effects of resident fatigue and sleep deprivation.

The letter must be presented to the GMEC for review and discussion. Given the approval of the exemption request, the institution will document the process for request and endorsement through a written statement signed by the CEO and the DIO. This statement will include the current accreditation of both the program and the institution. The institution's written statement of endorsement for the exception request will be sent to the appropriate Residency Review committee with the letter of request from the program as well as a copy of the institution's written procedure and criteria for considering and endorsing requests for exception to the duty hour limitations.

The program and the institution will continue to monitor the program's adherence to the duty hour requirement at each GMEC meeting by reviewing the report card, which is submitted by the program directors and managers.

California Medical License

PURPOSE:

The purpose of the California Postgraduate Training License and California Medical License is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing and regulatory functions.

POLICY:

California requires that graduates of United States medical schools pass USMLE I, II, and III and apply for and obtain their PTL within the first 180 days of training. If a resident does not meet the deadline, they will be suspended as a resident physician until the PTL is issued. If a resident does not immediately take action to obtain a PTL, they may be terminated.

Upon completion of the third year of training in the General Surgery program, residents must apply for a standard California Medical License and obtain one in order to complete the remainder of their training. If a resident does not obtain their California Medical License prior to the start of their 4th year of training, resident will be suspended from practice and may result in termination.

Graduates of international and Canadian medical schools are treated the same as US graduates and must have a valid PTL within the first 180 days of residency.

A resident who is issued a PTL must be enrolled in an ACGME-accredited postgraduate training program in California. The resident may engage in the practice of medicine only in connection with their duties as a resident in the approved training program, including its affiliated sites, or under those conditions as are approved in writing by the director of their program.

PROCEDURE:

1. Apply for a Postgraduate Training License upon starting residency. Resident is responsible for following up with the medical board to ensure that all forms are turned in and PTL is issued. Failure to obtain the PTL will result in suspension and possible termination.

<https://www.mbc.ca.gov/Licensing/Postgraduate-Training-Licensees/>

REFERENCE:

<http://www.mbc.ca.gov/>

Certification of Proficiency in Performing Procedures

PURPOSE:

To provide a mechanism to certify that a resident, who has performed a sufficient number of procedures under supervision, is qualified as proficient in performing the procedure independently.

POLICY FOR CERTIFYING COMPETENCY IN PERFORMING PROCEDURES FOR INTERNAL MEDICINE RESIDENTS

1. A resident will be certified as proficient in performing a procedure after satisfactorily completing the requisite number supervised procedures. Each procedure must be documented in the resident's procedure logbook and / or computerized data system and signed off by the attending, chief resident or supervising resident. Final certification of proficiency in this procedure will be offered upon review by the Chief Medical Resident or Program Director.

2. By the end of the first year of training, interns are expected to become proficient in performing:

- a) Basic and Advanced Life Support
- b) Endotracheal intubation
- c) Central Venous Line Placement
- d) Electrocardiogram interpretation

3. By the end of the third year of training, residents may become proficient in performing:

- a) Arterial Line Placement (know, understand, and explain)
- b) Lumbar puncture
- c) Abdominal paracentesis
- d) Arthrocentesis
- e) Thoracentesis

Central Venous Catheters may be placed by PGY 2 or PGY3 internal medical resident without supervision.

All internal medicine residents are expected to have completed the simulated training and done the required number (5) of supervised CVC placements during the PGY 1 year.

PGY 1 may only place CVC lines under supervision of a more senior resident or faculty.

Central venous catheters may be placed in any hospital location during an emergency situation as determined by the PGY 2 or 3 resident.

Scheduled placements must be done in the ICU, DOU or ED. A senior resident (PGY2 or 3) must be present for the procedure.

All procedures must be documented and co-signed by an attending MD or Chief Medical Resident.

At least 2 people need to be scrubbed during the procedure (ex. M.D. & R.N., 2 M.D.'s).

POLICY FOR CERTIFYING COMPETENCY IN PERFORMING PROCEDURES FOR GENERAL SURGERY RESIDENTS

PGY1:

1. Placement of Central Venous Line including Quinton
2. Thoracostomy
3. Tracheal Intubation

PGY4&5:

1. Ability to admit and surgically treat an emergent-trauma patient pending the arrival of the attending surgeon

Surgery interns should log all of their procedures in their ACGME log to include the date and procedure. Except for extraordinary situations involving a patient in extremis, interns may not perform procedures solo until the following milestones have been reached:

- Arterial Lines – Intern must have placed 5 arterial lines successfully and satisfactorily under supervision
- Femoral Central Lines – Intern must have placed 10 central lines successfully and satisfactorily under supervision and must have completed first 6 months of intern year
- Internal Jugular or Subclavian Central Lines – Interns must have placed 15 central lines (with at least 5 being “high lines”) successfully and satisfactorily under supervision and must have completed the first 9 months of intern year
- Chest Tubes – Interns must have placed 10 chest tubes successfully and satisfactorily under supervision and must have completed the first 9 months of intern year
- Intubations – Interns may not intubate patients without supervision

Except for patient in extremis who will be immediately transferred to a higher level of care, only non- dialysis femoral central lines may be placed on the floor. Internal jugular, subclavian, and all dialysis lines may only be placed in the ICU, ED, or DOU.

All procedures must have a responsible surgery or pulmonary critical care attending who have granted permission to have the procedure performed under them.

All intubations must be performed under the direct supervision of an attending, PGY4, or PGY5 except for extraordinary circumstances when the patient is in extremis.

The Program Director and the Director of the Trauma Service will certify as to when the PGY4 resident can assume independent trauma call and take a patient to emergent surgery pending the arrival of the attending surgeon.

Clerkships Medical Student Program

PURPOSE

The 4-week clerkship program is an educational experience in General Surgery or Internal Medicine. The goal of the clerkship is to help students integrate basic science and clinical knowledge and to apply them to patient care, to learn skills important in each respective rotation, and to help prepare them for their future residency. Medical Students are defined as M.D. and D.O. candidates. International students are not eligible. Medical student rotations in additional specialties will follow the same guidelines once approved by the GMEC.

POLICY

Medical students will be under the direct supervision of their respective attending physician and assigned resident(s). Students are considered active learners and not observers. As part of the supervised clinical training program, medical students are allowed to provide patient care, perform an H&P and write progress notes. The attending physician must verify and re-document the physical examination and the medical decision-making activities by co-signing all records within the required 24 hours.

PROCEDURE

The Graduate Medical Education Clerkship Program has an application process on the Huntington Hospital Website which outlines the process for initiating the rotation. The following are required:

- Completed medical student application
- Medical school approval form/Letter of good standing
- Malpractice Certificate
- Current immunization records
- Confidentiality Statement – Computer Usage Agreement
- HIPAA Certification

Once approved, Epic access is requested and provided to student upon check in along with their hospital badge for access to hospital campus. Supervising resident / attending physician will orient student regarding clinical duties and expectations.

Clerkship Program Policy

PURPOSE:

To ensure proper clearance by the Graduate Medical Education Office for each rotating medical student that will be assigned to either the General Surgery Residency Program or Internal Medicine Residency Program with proper supervision to promote patient safety.

POLICY:

The Graduate Medical Education Office will arrange the rotation and orient each student before their rotation begins. Prior approval from the respective supervisors, who have signed, current faculty agreements, is obtained by the Program Managers and any exceptions will be referred to the Director of Graduate Medical Education for review, approval, or refutation. Those who request any other rotations outside the Graduate Medical Education Office will be referred to the Director of Graduate Medical Education.

Medical students will be under the direct supervision of their respective attending physician with evaluations and indirect supervision by residents. Ultimate responsibility for any concerns regarding the rotations will be addressed by the Director of Graduate Medical Education with facilitation by the respective Program Director.

DEFINITIONS:

This 4-week clerkship is an educational experience in General Surgery or Internal Medicine Programs which will take place at Huntington Hospital and private offices. The goals of the clerkship are to help students integrate basic science and clinical knowledge and to apply them to patient care, to learn skills important in each respective rotation, and to help prepare them for their future residency. Medical Students are defined as: United States graduates and Doctors of Osteopathic Medicine - D.O. students only, no international students).

PROCEDURE:

The Graduate Medical Education Clerkship Program has an application process through the VSLO (Visiting Student Learning Opportunity Program) sponsored by the AAMC. which outlines the process for initiating the rotation, goals and objectives, evaluations, supervision and check out process as listed below:

- Program Overview
- Clerkship Application
- Goals and Objectives
- Confidentiality Statement
- Medical School Approval
- Personal Statement
- STEP 1 Score Report

Due Process

INTRODUCTION

The procedures set forth below are designed to provide Huntington Hospital (HH) and its residents an orderly means of addressing performance and related issues of concern and identifying the due process to be followed in connection with certain adverse or remedial actions taken, or proposed to be taken, against the resident. These Policies and Procedures apply exclusively to HH and the ACGME approved programs.

PURPOSE

Whenever the activities of a resident are considered to be disruptive to the operation of the hospital, or lower than the standards and aims of the training program, corrective action for that resident may be requested by any member of the teaching faculty.

POLICY

HH recognizes that the primary responsibility for remedial and adverse academic actions relating to residents reside within the HH clinical departments and their respective programs. Therefore, academic and performance standards and methods of GME training and evaluation are to be determined by each residency program. Residents, Program Directors, and Program Faculty are encouraged to make efforts to resolve disagreements or disputes by discussing their concerns with one another.

PROCEDURE

Whenever the activities of a resident are considered to be disruptive to the operation of the hospital, or lower than the standards and aims of the training program, corrective action for that resident may be requested by any member of the teaching faculty. All teaching faculty shall be directed to the appropriate Program Director.

The Program Director shall meet with the resident and faculty member requesting corrective action after the request has been received. The resident shall be informed of the general nature of the concerns against him/her and shall be invited to discuss, explain, or refute them. This interview will be preliminary in nature, and shall not constitute a hearing. A record of such interview will be documented.

If corrective action is recommended by the Program Director, but not agreed upon by the Resident, the Resident may submit a written request to appeal within 10 days of the review. They may request a formal review by the Clinical Competence Committee which must take place within 30 days of the request.

Written notice of all charges and of the appeal date shall be given to the Resident at least 20 days prior to the meeting. The Resident shall be permitted to be accompanied by another physician or advisor, of his/her choice, at this meeting. The Clinical Competence Committee shall review the record, interview the Resident and other involved personnel as appropriate. A

record of the meeting should be made and retained for review by interested parties who have obtained the written consent of the Resident. The Clinical Competence Committee shall submit a recommendation, in writing, to the Program Director and the Designated Institutional Officer. Pending a final decision of the adverse action by the GME Committee the resident shall be permitted to continue in the Hospital's residency training program, except in the extraordinary case where patient safety, staff or faculty safety and well-being would be in jeopardy. Corrective actions, , will be final on receipt of the Program Director's written notice unless the resident successfully appeals the action.

For reported violations of hospital policy, Standards of Conduct and/or the Code of Conduct, the resident may be referred to Human Resources to clarify and resolve issues to maintain a respectful, safe, and productive work environment. Corrective action will be according to the hospital's investigatory, disciplinary, and employee problem solving process and is within the sole discretion of the hospital. A referral to the Program Director is not required. Grievances resulting from Human Resource action must be initiated within thirty (30) calendar days of the event giving rise to the complaint or ten (10) calendar days is filing a complaint regarding a termination.

The steps listed above shall be replaced by the hospital process in the event of referral to Human Resources for violation of hospital policy. In no event shall the Resident be entitled to any other due process or hearing rights (a) as may otherwise be provided for by Hospital for any of its employees, with the exception of the grievance process if filed within ten (10) calendar days following a termination made at the sole discretion of the hospital.

RESPONSIBILITY

Administration

Designated Institutional Official (DIO)

Program Directors

GME Support During a Disaster

INTRODUCTION

The ACGME Institutional Requirements state, “The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or substantial disruption in patient care or education. This policy must include information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments. (ACGME Policies and Procedures IV.N.

The Huntington Hospital Designated Institutional Official (DIO) and the Graduate Medical Education Committee must ensure that there is an orderly plan for continuation of resident training in the event of a disaster resulting in substantial disruption or closure of the hospital. The purpose of this policy is to define the basic procedures and assigned responsibilities to efficiently restructure resident training experiences following such a disaster.

POLICY

In the event of a disaster whereby Huntington Hospital will be unable to provide an adequate educational experience for all residents, Huntington Hospital will endeavor to arrange for a temporary transfer to other programs/institutions until such time as the residency/fellowship program(s) can provide adequate educational experiences for all residents; or assist the residents in permanent transfers to other programs/institutions, i.e. enrolling in other ACGME-accredited programs in which they can continue their medical education.

In the event of such a disaster, Huntington Hospital will continue to provide support to its residents insofar as possible until transfer of financial and/or administrative support is documented in writing with the receiving institution.

PROCEDURE

The DIO or designee will notify the ACGME of the disaster as soon as reasonably possible.

- Upon notification from the Huntington Hospital or designee, when warranted, the ACGME Chief Executive Office, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to the ACGME response to the disaster (See ACGME Policies and Procedures 25.00).
- The DIO will immediately convene the Graduate Medical Education Committee (GMEC) and other institutional leadership in order to ascertain the status and operating capabilities of all Huntington Hospital training programs.
- The DIO or designee in consultation with administration and program directors will (a) attempt to arrange temporary transfer to other programs/institutions until such time as the

residency/fellowship program can provide adequate educational experience for each of its residents/fellows, or (b) assist the residents in permanent transfers to other programs/institutions, i.e., enrolling in other ACGME-accredited programs in which they can continue their education. In the event that more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident will be considered by the transferring program/institution. Programs must make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident will complete the resident year in a timely manner.

- Within ten days after the declaration of a disaster, the DIO will contact the ACGME to discuss due dates that the ACGME will establish for the programs (See ACGME Policies and Procedures 25.00)
- To submit program reconfigurations to the ACGME, and;
- To inform each program's residents of resident transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by the ACGME.
- The DIO or designee will facilitate communication to the ACGME from disaster-affected program directors and residents as needed
- The DIO or designee will maintain a list of institutions/programs offering to accept temporary or permanent transfers
- The DIO or designee will work with the ACGME to expedite submissions by programs relating to program changes to address disaster effects, including without limitation (a) the addition or deletion of a participating institution, (b) change in the format of the education program, and (c) change in the approved residency complement
- The DIO or designee will ensure that at the outset of a temporary transfer that a program will inform each transferred resident of the minimum duration of the estimated actual duration of his/her temporary transfer and continue to keep each resident informed of such durations. If and when, a program decides that a temporary transfer will continue to and/or through the end of a residency year, it must inform each such transferred resident
- The DIO or designee will facilitate any site visits required by the ACGME.

RESPONSIBILITY

Administration

Designated Institutional Official (DIO) Program Directors

REFERENCES

ACGME Institutional Requirements (Section IV.N)

House Staff Duty Hours

POLICY

Work Hours are defined as all clinical and academic activities related to the residency program, ie., patient care, (both inpatient and outpatient), administrative duties related to patient care, the provision of transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Work Hours include all hours spent in moonlighting activities. Work Hours do not include reading and preparation time spent away from the duty site.

Work Hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. Adequate time for rest and personal activities must be provided. This should consist of at least an 8 hours and 14 hours after a 24 hour shift time period between all daily work periods and after in-house call.

In addition to specific work hours, residents and faculty need to be cognizant and concerned about fatigue. Any fatigue concerns should be addressed with the supervising attending. Strategic naps are encouraged. Private call rooms are provided for all residents.

Programs must develop realistic schedules and mechanisms for coverage and transfer of patient care responsibilities to others. Faculty should remain vigilant and frequently monitor the residents' activities under their supervision. Residents must stay within the work hours and notify the chief resident, program manager or program director if they are having difficulties in meeting daily or weekly duty hour requirements.

Definition of on-call activities:

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those work hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- In-house call must occur no more frequently than every third night, averaged over a 4-week period.
- Continuous on-site work, (admitting, inpatient call, etc.), must not exceed 24 consecutive hours. Residents may remain on work for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and

maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. Therefore, for residents the total day may be up to 28 hours.

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

Huntington Hospital and each ACGME accredited program abides by and supports the ACGME work hour rules.

Medical Student Access to Electronic Medical Records

PURPOSE:

Define the level of electronic access given to medical students rotating through the office of Graduate Medical Education.

POLICY:

Medical students rotating through Graduate Medical Education are assigned access to Epic as defined below:

1. GME Coordinator requests Epic access for students by completing the Access Request Form in Service Center.
2. GME Coordinator will have medical students sign the Confidentiality, Computer Usage and Accountability Agreement form prior to distribution of Epic ID and password.

For rotations on general medicine service, medical students are given limited access to the Physician Documentation Tool which allows them to initiate progress notes within their scope of practice. Progress notes initiated by medical students MUST be approved by the attending physician, to be complete and saved in the electronic medical record.

Non-Competition Guarantee

POLICY

ACGME institutional requirements state that ACGME-accredited residencies must not require Residents/Fellows to sign a non-competition guarantee in return for fulfilling their educational obligations.

RESPONSIBILITY

Administration

Designated Institutional Official (DIO)

Program Directors

REFERENCES

ACGME Institutional Requirements

https://www.acgme.org/Portals/0/PDFs/FAQ/InstitutionalRequirements_07012015.pdf

Outside Employment (Moonlighting and Other Professional Activities)

PURPOSE

To establish the Institution's policy for permitting and regulating outside employment ("moonlighting") as it relates to the residents and to ensure a system exists to ensure the needs and responsibilities of the residents, the sponsoring institution and the GME office are met.

POLICY STATEMENT

Moonlighting is considered a professional activity outside the scope of the educational training environment. No resident shall be required to moonlight by either the institution or their program. This privilege should not interfere with the educational goals and objectives of the residency programs. Therefore no resident or fellow may participate in the practice of medicine or other professional activities outside of their education program without the written consent of their Program Director. Residents who practice medicine under a Postgraduate Training License are prohibited from moonlighting activities. General Surgery residents are prohibited from moonlighting throughout the duration of their residency training. Prior to receipt of approval, the resident must:

- Possess a current license to practice medicine in the state of California which must be on file in the GME office
- May not go over 80 hours a week
- Demonstrate prescribed educational and professional growth within the residency program
- Submit a letter of request to the program for any outside employment

Under no circumstances may a resident engage in moonlighting during their regular scheduled program hours of service.

When considering moonlighting opportunities, residents and their advisors are encouraged to limit the number of moonlighting hours per month as outlined by their Program Director. The Program Director must document review of any requests for outside employment and make this information part of the resident's file. The scope of activities and the estimated number of hours to be worked per month must be agreed upon by both parties. Failure of an individual resident to demonstrate proper professional growth within the residency or fellowship program, as evidenced by measure of performance, will justify the program director's reduction or refusal of permission for outside employment.

All Residents including the Chief are required to notify their Program Directors of the average number of moonlighting hours worked per month. Moonlighting is counted toward ACGME duty hour limits.

Residents are reminded that malpractice for moonlighting hours outside the Huntington Hospital' Residency Training Program is not covered by the Hospital's malpractice plan. This includes services rendered at Huntington Hospital's Occupational Health.

Trainees who hold visas are subject to the specific requirements of their visa category and may not be eligible to participate in moonlighting due to their temporary educational status. Due to Federal Guidelines, individuals with the J-1 VISA are not allowed to moonlight.

A resident's failure to obtain prior approval from the Program Director is considered to be a breach of the employment contract and is grounds for dismissal from the residency program.

Participation in Performance of Invasive Procedures by Medical Students

PURPOSE:

The following is put forth as guidelines for the teaching of invasive procedures to medical students while on rotation at Huntington Health.

THE FOLLOWING OBTAINS:

1. That Huntington Health is a teaching hospital affiliated with the Keck School of Medicine University of Southern California.
2. Medical students in their third and fourth year regularly rotate through multiple specialties, including medicine, surgery, as well as respective subspecialties including, intensive care, cardiology, gastroenterology, hepatology, and neurology.
3. All students are “credentialed” by the medical education office and are certified by their medical school dean to be in good standing.
4. All students are covered by their medical school’s liability insurance.
5. Such students are active learners and not observers.
6. Credentialed attending physicians are in charge of every rotation to which medical students are assigned.

GENERAL POLICY:

Given the foregoing, the general policy is that students may participate and engage in learning invasive procedures which are part of the “core” privileges for each specialty through which they rotate. As deemed appropriate by attending physicians.

Example #1 Internal Medicine

Core privileges include:

1. Medical history and physical examinations
2. Arterial puncture
3. Lumbar puncture
4. Endotracheal tube placement
5. Joint aspiration and injection
6. Central lines

Example #2 General Surgery

Core privileges include:

1. Primary survey on a trauma patient
2. FAST exam

3. Intubation
4. Nasogastric/orogastric tube placement
5. Drain removal

Example #3 Emergency Medicine

Core privileges include:

1. Airway techniques
2. Anesthesia
3. Cardiac procedures
4. Diagnostic procedures
5. Genitourinary procedures
6. Orthopedic procedures

This is with the full understanding that:

1. No medical student is to learn to perform an invasive procedure without direct “hands on” supervision.
2. All such participation should have appropriate consent from the patient.
3. Ultimately the responsibility is that of the attending physician to whom the medical student is assigned.

Physician Impairment

PURPOSE

To provide a mechanism, separate from the medical staff disciplinary function that:

- a. Supports education about physician health.
- b. Addresses prevention of physical, psychiatric and emotional illness that may impact a physician's ability to safely and effectively perform the essential functions of his/her position.
- c. Facilitates confidential diagnosis, treatment and rehabilitation of physicians who suffer from a potentially impairing condition.

POLICY

The Hospital will provide assistance in the rehabilitation process as it pertains to aiding resident physicians in retaining and regaining optional professional functioning, consistent with providing safe and appropriate care to patients.

Program Directors, faculty, and other medical center professionals are encouraged to be observant for signs of impairment as a result of alcohol, drugs, psychiatric or medical disorders among residents.

When impairment is suspected, the appropriate Program or Department Director should be informed and should utilize available resources to investigate the situation and take appropriate corrective and remedial actions, including intervention, when warranted. The Program Director may refer to the Well-Being Committee.

It is the institution's goal to provide intervention and rehabilitation for impaired residents and to support them during the process. However, dismissal is possible if the resident refuses such assistance.

Resources available for program and department directors, faculty, or residents with respect to impairment include the Physician Well-Being Committee and Human Resources referrals.

Nothing in this policy shall be considered inconsistent with Huntington Hospital's Medical Staff Bylaws, Rules and Regulations, Impaired Physician Reporting Law, and Physician Well-Being Committee.

Preceptor Education Program

PURPOSE

To define and establish a process for undergraduate students who wish to expose themselves to the clinical field of medicine or surgery.

POLICY

All preceptors will be faculty members and assume full responsibility for each student in the program.

Approval process:

The preceptor (faculty member) will submit a letter of interest to Graduate Medical Education, which will be submitted to the Graduate Medical Education Committee (GMEC) for review and approval. The letter of interest should include a general description, goals and objectives, schedules and other pertinent information. The Preceptor may be required to attend the GMEC meeting to help answer any questions the committee members may have.

Once approved the following items are required of each student:

- GME Student Information Form
- Volunteer online application and approval
- Attendance at volunteer orientation
- 2-step TB test
- Signed confidentiality agreement
- Photo/ID badge
- Uniform as required by volunteer office

Prescription Writing for Residents

PURPOSE

Define the prescription writing responsibilities for the general surgery and internal medicine residents.

POLICY

Prescriptions may only be given/made for patients under the care of the prescribing physician. Unlicensed residents may coordinate prescription writing with their supervising resident or attending physician. Residents may not write prescriptions for employees, colleagues or themselves.

Controlled Substance

Residents who have a DEA number must be enrolled by their manager in E-Prescribe for controlled substances.

The Controlled substance Utilization Review and Evaluation System (CURES), maintained by the Department of Justice (DOJ), tracks all Schedule II, III, and IV controlled substances dispensed in California. For more details visit <http://www.mbc.ca.gov/Licensees/Prescribing/CURES/>

Program Letters Agreement / Rotators at Huntington Health

INTRODUCTION

A Program Letter of Agreement (PLA) is an agreement between Huntington Hospital (HH) and an outside institution (participating site). PLA's are completed by programs for required educational experiences of one month or more.

PURPOSE

A PLA ensures that an appropriate educational experience is provided for all trainees and protects them from service requirements that do not enhance their education.

A PLA identifies the following:

- Faculty who will assume both educational and supervisory roles
- Responsibilities for teaching, supervising and evaluation
- Goals and objectives of the rotation (targeting ACGME requirements)
- Duration of the rotation/tentative schedule of rotation
- Policies and procedures that will govern the resident during the rotation

POLICY

A PLA must be in place before a trainee can rotate at HH. PLA's must be reviewed or updated every 5 years or per the date specified on the agreement.

The program director must routinely submit any changes to the participating sites which must be approved by the DIO and GMEC.

REIMBURSEMENT

Payment exemptions supersede the billing and payment section of the agreement, therefore, all participating sites willing to sign a PLA which allows their trainees to rotate at HH must agree upon a budget neutral rotation. Institutions requesting alternative reimbursement arrangements must submit a request to the DIO with a detailed explanation.

PROCEDURE

- A PLA outline/template will be provided by HH.
- The participating site must draft a PLA which includes the key information stated in the purpose section above.
- The administrative contact listed must be somebody who is functioning as a residency manager; cannot be the associate director or a faculty member.
- The draft of the PLA, must be reviewed and approved by the DIO then presented to the Graduate Medical Education Committee (GMEC) for final review and/or approval/denial.
- If PLA is approved, it must be signed by the appropriate hospital and education officials from both sites, *before* sending residents/fellows start rotating at Huntington Hospital.

RESPONSIBILITY

Graduate Medical Education Administration
Designated Institutional Official (DIO)
Residency Program Directors

REFERENCES

ACGME, Program Director Guide to the Common Program Requirements

Prohibiting Use of Paralytics

PURPOSE

To define the use of paralytic drugs by residents during intubation.

POLICY

This policy prohibits residents from using paralytic drugs for intubation unless staffed by a physician appropriately trained and experienced to do so: i.e., Anesthesiology, Critical Care, ER, etc.

Paralytics are prohibited to protect our patients and house staff from experiencing a situation in which a patient is chemically paralyzed (and therefore unable to breathe on their own), in the event that the house staff in-training are unable to successfully intubate the patient.

Paralytics include all neuromuscular blockers (i.e. Succinylcholine, Nimbex, Pancuronium, Rocuronium, Vecuronium).

Chief Surgery Residents and General Surgery PGY 4 on Trauma are exempt from this restriction.

Residency Appointments

POLICY

All 1st year residency appointments are made through the National Resident Matching Program. Reappointment is made at the discretion of the program. and upon review of his/her progress by the Director and Clinical Competency Committee of the service responsible for his/her training.

First year appointments begin on June 25th and terminate on June 30th. Preliminary residents complete the program on June 24th. All succeeding years' appointments begin on July 1st and terminate on June 30th.

Certification of completion of training will be contingent upon the resident having successfully completed all required components of the training program, and having returned all Hospital property, such as keys, equipment, library books, etc., completed all medical records, and settled his/her professional and financial obligations to the Hospital.

Residency Program Closure & Reductions

PURPOSE:

This policy delineates the responsibilities of leadership when the closure of, or reduction of, the Accreditation Council for Graduate Medical Education (ACGME) accredited Sponsoring Institution Residency Programs at Huntington Hospital, are necessary.

POLICY:

If Huntington Hospital intends to reduce the size or close a residency program, residents will be informed as soon as possible. In the event of such a reduction or closure, the Hospital will allow residents already in the program to complete their education or assist them in enrolling in another ACGME accredited program.

PROCEDURE:

- PROGRAM DECREASE PROCEDURE:
 - The appropriate Department Chair and Program Director will inform the DIO, GMEC, and the residents as soon as possible following the decision.
 - The DIO and GMEC will be responsible for monitoring the complement reduction process.
 - Initial reduction of the number of positions available to incoming residents.
 - If the reduction needs to include residents currently in the training program, the Department Chair, Program Director, and DIO must assist affected residents in enrolling in an ACGME-accredited program(s) in which training can continue.

- PROGRAM CLOSURE PROCEDURE:
 - The appropriate Department Chair and Program Director will inform the DIO, GMEC, and the residents as soon as possible following the decision.
 - The DIO and GMEC will be responsible for monitoring the closure process.
 - In the event a program must be closed before one or more residents are able to complete their training, the Department Chair, Program Director and DIO must assist resident(s) in enrolling in an ACGME-accredited program(s) in which training can continue.

Resident Education and Work Environment

POLICY:

Huntington Hospital must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation and retaliation. Mechanisms to ensure this environment must include:

- A forum for residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues.
- A process by which individual residents can address concerns in a confidential and protected manner.

PROCEDURE:

The general surgery and internal medicine residency programs hold individual residency forums on a monthly/quarterly basis to exchange information on their educational and work environment, their programs, and other resident issues.

In addition, an annual meeting will be held for residents of both programs where they can discuss mutual problems and share information between the programs. A peer- selected resident from each program will summarize and report concerns while maintaining the confidentiality of the group

An independent mediator, appointed by the GMEC, who is not a member of either faculty is available for any resident who wishes to express concerns regarding the institution, faculty, nursing, administration, etc. The mediator is a hospitalist physician who is regularly accessible within the hospital.

Residents also have resources such as the Personify app, the Physician Well-Being Committee, their assigned mentor, Bee Safe event reporting and the Compliance Hotline to assist them in communicating issues in a confidential manner.

Resident Fatigue

POLICY:

In accordance with ACGME requirements programs must:

1. Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation.
2. Educate all faculty members and residents in alertness management and fatigue mitigation processes.
3. Adopt fatigue mitigation processes/procedures to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

Annually, GME will provide education on sleep deprivation and fatigue to all residents and hospital-based faculty. This will include recognizing the signs of fatigue and sleep deprivation, strategies to manage fatigue when possible, and how to transfer clinical responsibilities.

Residents must self-monitor for the signs suggestive of fatigue that usually occur after prolonged periods of sleeplessness such as:

1. Sluggish thought patterns, inability to concentrate.
2. Inability to maintain wakeful state in the absence of external stimulation.
3. Irritability, sudden anger, intolerance.
4. Nausea or stomach cramps unassociated with physical illness.
5. Tremors, particularly intention tremors while performing delicate procedures.

Huntington Hospital will provide safe, quiet and private sleep facilities i.e., resident call rooms. In the event that a resident is too fatigued to drive home safely, they should use these facilities to rest prior to driving home.

PROCEDURE:

In the event, that a resident is unable to perform his/her duties due to fatigue, the resident must stop and acquire rest. If a resident is sufficiently fatigued to potentially impair his/her ability to perform, the resident must:

1. Transfer clinical responsibilities to another resident or to an attending to ensure continuity of care.
2. If the resident cannot find another qualified person to assume these responsibilities, the supervising faculty must make arrangements to transfer the responsibilities.
3. The residency Program Director or his/her designee must be notified of this transfer of responsibilities.

Supervising faculty must assist with the transfer of clinical responsibilities when a resident has been identified, either by staff, other residents, or the resident him/herself as unable to perform and all attempts to transfer responsibilities to other residents have failed.

If a Resident or his/her supervising Resident or Attending feels that the Resident is too fatigued to drive home safely after duty hours are completed, the Resident has the following options:

1. Sleep in assigned call room provided by the program until able to drive safely
2. If there is a need to go home and the resident chooses not to sleep in call room, a reimbursement, within reason, for transportation services will be provided to transport the resident from Huntington Health to home; The resident will be expected to arrange his/her own transportation back to the hospital.

The ACGME website and all of its changes supersedes this document.

Resident Leave of Absence

PURPOSE:

The purpose of this policy is to establish guidelines governing leaves of absence through the Accreditation Council Graduate Medical Education (ACGME) and to ensure that leaves are granted and administered in accordance with federal/state laws. It is the Graduate Medical Education (GME) policy to grant leaves to all eligible residents on a non-discriminatory basis and with the appropriate administrative and departmental approvals. Wherever statutory or other leave provisions overlap, they will run concurrently to the fullest extent permitted. The length of leave time will vary depending on the type of leave requested.

A. Leave of Absence

1. GME will provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report.
2. Provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.
3. Provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.
4. Ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence.
5. Describe the process for submitting and approving requests for leaves of absence. – In general, any employee off work (other than prior scheduled vacation) for more than three (3) consecutive days may request a leave (although the leave start date may be retroactively adjusted as appropriate). The length of protected and maximum leave time will vary depending on the type of leave requested.
 - To initiate a leave of absence, you will need to contact our third-party vendor Lincoln Financial Group.
 - Third-party administrator (TPA) manages the hospital's leaves. To initiate a leave, an employee must contact TPA in a timely manner and properly complete all the necessary documentation provided by TPA.
 - Failure to complete the required paperwork may delay a leave being processed and or granted.

– During a leave, it is important to respond to TPA and provide any follow-up information requested in a timely manner.

6. Should a resident need to take an extended leave of absence, ACGME accredited programs will work with the resident to determine whether satisfactory criteria to participate in certifying board(s) exam(s) has been met. Should it be determined that the resident has not met the criteria program will work with the resident to determine whether additional time in the program is needed.
7. Any usage conditions and terms for available paid time off accruals will apply during a leave. Employees have no greater right to access and usage of paid time off accruals while on leave, except if required by law. Please refer to Huntington Health Policies No. 895 and 875 for additional details regarding Vacation/Holiday, Huntington Paid Sick Leave (HPSL), Huntington Sick Reserve (HSR), Extended Illness Reserve (EIR) hours and the circumstances under which each paid time off benefit is available. By way of example, HSR and EIR hours are not available until an employee has exhausted all available HPSL hours.
8. Employees are encouraged to contact the Leave of Absence & Benefits team regarding the availability of other paid benefit programs, such as benefits through the state of California and other Huntington Health sponsored programs, including voluntary Short-Term Disability (STD), Long-Term Disability (LTD), and voluntary Long-Term Disability “buy up” plans. The paid time off accrual usage requirements outlined in this Policy apply to employees participating in such plans, however, such employees may be eligible for additional benefits pursuant to the applicable plan terms.

Source: ACGME Policies and Procedures: [ab_acgmepoliciesprocedures.pdf](#)
(SharePoint, HR Leave of Absence site) Leaves of Absence - Home

Related Policies: 877 – Administrative Leave of Absence

Resident Re-Appointment, Promotion, and Non-Renewal

PURPOSE:

To establish institutional guidelines for re-appointment, promotion, and non-renewal of resident contracts.

POLICY:

Re-appointment and promotion to the subsequent year of training require satisfactory and cumulative evaluations by faculty that indicate satisfactory progress in scholarship and professional growth. The includes demonstrated proficiency in:

1. Incremental increase in clinical competence including performing applicable procedures;
2. Appropriate increase in fund of knowledge; ability to teach others;
3. Clinical judgement;
4. Necessary technical skills;
5. Humanistic skills; communication with others;
6. Attendance, punctuality, availability, enthusiasm, and engagement.
7. Adherence to institutional standards of conduct, rules and regulations, including program standards and hospital and clinic rules with respect to infection control policies, scheduling, charting, record-keeping, and delegations to medical staff;(refer to Social Media Policy #893)
8. Adherence to rules and regulations in effect at each health care entity to which assigned;
9. Others – e.g. satisfactory scores on examinations if designated for that purpose by specialty, research participation, etc.
10. Appropriate competence for the level of training in the six General Competencies designated by the ACGME.

Residents not demonstrating satisfactory performance and progress in accordance with the aforementioned items as well as specific program requirements including Institutional Standard of Conduct may face non-renewal of their appointment to the program. The program will provide the resident with a written notice of intent not to renew a resident's agreement no later than four months prior to the end of the resident's current agreement. However, if the primary reason(s) for the nonrenewal occurs within the four months prior to the end of the agreement, the program will make every effort to provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow prior to the end of the agreement. Upon receiving written notice from the program, the resident may choose to implement the Program's grievance and due process procedures as outlined in the Resident Physician Manual.

Resident Recruitment & Selection

PURPOSE:

The components of the resident selection process have several general purposes, two of which are to:

- Establish an institutional policy regarding the selection and appointment of residents
- Ensure the applications of all eligible candidates are duly considered and given careful, fair, and consistent review

POLICY:

Huntington Hospital's Graduate Medical Education programs share common criteria and processes for the recruitment and selection of residency training candidates. A selection committee exists within each residency training program and consists of, at minimum, the program, director, one faculty member, the chief resident and the program's manager. Additional members are included at the discretion of the program director.

The committee is charged with:

- Review of all application files as set forth in the ACGME, institutional and program requirements
- The selection of the applicants invited to interview
- Active participation in the interview process
- Making the final choice of applicants to be ranked in the NRMP match or offered contracts independent of the match when this option is allowed.

Huntington's training programs require that all residency applicants meet uniform eligibility standards. Each training program may have additional requirements to be met for an application to be considered. Programs will select from among eligible qualified applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity. The programs' application process must comply fully with applicable federal and state non-discrimination regulation such as the Equal Employment Opportunity and the Americans with Disability Act, in insuring that all qualified applicants are afforded consideration without discrimination based on sex, race, religion, color, national origin, disability of veteran status.

The designated committee members will review the applicant files of those who meet our criteria and attend the ranking sessions presented by key program faculty whenever possible. Resident input relative to medical students will be solicited as part of the selection process. The results will be tallied and form the basis of the preliminary rank order. The Resident Recruitment Committee will base final match rank order on preliminary rankings and reviews. A match list will be developed and submitted to the NRMP. Strict conformance with the rules of the match will be maintained throughout the selection process.

On occasion, applicants may interview outside the match, usually to fill a PGY-2 position. The same selection policy will pertain to these applicants until such time that ACGME requires all PGY levels to apply through the match.

Resident Eligibility:

Procedure:

Application packets are to be reviewed based on the following criteria as set forth by the Resident Recruitment Committee and this institution:

1. To be eligible for appointment to Huntington Hospital's accredited residency training programs, a PGY-1 applicant must first:
 - a. Graduate from a US medical school accredited by the Liaison Committee on Medical Education (LCME) or;
 - b. Graduate from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)

-OR-

2. Graduates of medical schools located outside of the United States must:
 - a. Be a permanent resident of the United States;
 - b. Hold a current, valid Educational Commission for Foreign Medical Graduates ("ECFMG") certificate;
 - c. Have a California Letter from the Board or a full and unrestricted license to practice medicine in a US licensing jurisdiction.

It is the policy of this program that completing visa paperwork is the responsibility of the applicant.

3. Upon receipt of a response to the invitation to interview, applicants are given a set of pre-arranged appointment dates from which to choose to schedule a face to face interview.
4. The cut-off for accepting applicant applications is December 1. This date is subject to change at the discretion of the program director.
5. The interview date(s) are scheduled in ERAS to enable the identification of applicants actually scheduled to interview.

File Preparation:

Procedure:

Applicant files are prepared for the interview candidates who have been scheduled for a site visit and face to face interview

Interview Process:

Procedure:

1. On the interview day, applicants may receive an informational packet and interview with members of the faculty; including the Program Director, whenever possible. All applicants meet with residents and receive a tour of the facility. PGY-1 applicants are given an opportunity to ask questions regarding the institution and its Residency Training Programs.
2. At the conclusion of the interview, the interviewers complete a standard evaluation form for each applicant they interviewed.

Resident Selection and Ranking:

Procedure:

1. The **General Surgery** resident training program conducts interviews with the goal of interviewing at least 40 candidates for each category of available positions. To initiate the selection process, panel members meet and select the top 5 candidates immediately following each interview session for ranking consideration.
2. The **Internal Medicine** residency training program conducts two to three interview sessions per week, which begin in October and end the first week in February. Internal Medicine's goal is to interview at minimum 35 candidates for the preliminary positions and 65 for the categorical positions. The candidates are not ranked by the panel until all interviews for both positions have been completed.
3. The resident selection committee reconvenes for the purpose of ranking each interview applicant; based on their CV; USMLE; personal statement; Deans Letter; letters of recommendation and the results of the faculty evaluations, after which a ranking list is created.
4. **Internal Medicine:** Review all applicant files to ensure all evaluation forms are completed. Prepare evaluation sheets to provide Committee members with a snapshot of the applicants along with a book of applicant pictures to refresh committee members memory when discussing the interview candidates. The pictures can be displayed in PowerPoint.
5. Once the rank order list is created, a minimum of one week is allotted to solicit input and allow sufficient time for faculty and resident participants to contemplate and when warranted revise applicant ranking decisions.
6. Faculty and resident input is obtained, the rank order lists are finalized and approved for certification.
7. The rank order list delineating the applicant and their preferred ranking order is entered for each category of candidates, after which they are submitted and activated for NRMP certification. The rank order list must be submitted prior to the NRMP deadline in late February.
8. Await confirmation of the Certification NRMP.

The NRMP Match:

Procedure:

1. In August the NRMP Match open for registration. The deadline for registration is December 1.
2. The opening date for Rank Order listing is January 15. Quota changes must be made on or before January 31.
3. The Rank Order List Certification date or closing date is generally around the last week of February.
4. Await the date of the preliminary Match (which usually occurs in March) to determine if the Program matched with the candidates selected and if any positions were left unfilled.
5. Await the official release of the NRMP Match List to determine the names of the applicants that matched with their Program. The Match List and or the names of the selected candidate(s) are not to be published prior to the time frame stipulated by the NRMP.
6. Once the names are published; the candidates should be contacted by the Program Director, welcoming them to Huntington Health's Residency Training Program along with a congratulatory note.
7. If there are unfilled positions, participate in the SOAP process through ERAS.

Supervision of Residents

PURPOSE:

To ensure the proper supervision of residents and the safe care of our patients.

POLICY:

It is the policy of Huntington Hospital that the attending physician has an ethical and legal responsibility for the overall care of the individual patient. The attending physician will supervise residents and appropriately document this supervision in the medical record. Within the scope of the residency training program, all residents will function under the supervision of appropriately credentialed attending physicians. Every residency program must ensure that adequate supervision is provided for residents at all times. A responsible attending must be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time, if needed. Each program will publish and make available in a prominent location, call schedules indicating the responsible attending(s) to be contacted. Each residency training program will be structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge and judgement. Program directors will review performance and supervise progression from one year of training to the next based on Accreditation Council for Graduate Medical Education guidelines and program curriculum. As the residents advance, they may be given increasing responsibilities to conduct clinical activities with limited supervision or to act as teaching assistants for less experienced residents.

INTRODUCTION:

Appropriate resident job descriptions (by year of training) and competency checklists will be available to accurately reflect the resident's progression. These are updated by the training programs at least once per year. These competencies reflect the patient care services that may be performed by the resident and the level of supervision required.

Huntington Hospital adheres to current accreditation requirements as set forth by the Accreditation Council for Graduate Medical Education, Joint Commission on Accreditation of Healthcare Organizations or other applicable organizations for all matters pertaining to the training programs, including the level of bodies, such as the American Board of Medical Specialties, will be incorporated into training programs and fulfilled to ensure that each program graduate will be eligible to sit for a certifying examination.

Throughout all clinic hours, there will be an attending physician present and immediately available to the resident.

ROLES AND RESPONSIBILITIES:

1. The Graduate Medical Education Committee ("GMEC") is responsible for establishing and monitoring policies and procedures with respect to the institution's residency training programs. In addition, to those directly involved in the residency training programs, membership on the GMEC includes the Vice President of Medical of Staff /

Chief Medical Officer and Director of Healthcare Services. GMEC minutes are forwarded to the Medical Executive Committee ("MEC") for review and appropriate action.

2. Each Program Director is responsible for the quality of overall residency education and for ensuring that the program is in compliance with the policies of the respective accrediting and certifying bodies. The Program Director defines the levels of responsibility for each year of training by preparing a description of types of clinical activities residents may perform and those for which residents may act in a teaching capacity. The Program Director monitors resident progress and ensures that problems, issues, and opportunities to improve education are addressed.
3. The attending physician is responsible for, and is personally involved in, the care provided to individual patients. When a resident is involved, the attending physician continues to maintain personal involvement in the care of the patient. The attending physician will provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised. Documentation of involvement includes at a minimum:
 - a. An attending physician progress note written at least daily on critically ill patients and those where there is difficulty in diagnosis or management of the clinical problem, and on a timely basis as appropriate on all other patients.
 - b. Attending physician countersignature on history and physical examinations (For Internal Medicine, the Chief Resident, who has completed his/her training, can also countersign the history and physical exams)
 - c. Attending physician countersignature on treatment plans
 - d. Attending physician countersignature on operative reports
 - e. Attending physician countersignature on the discharge summaries
 - f. Attending physician may sign for a resident who has left the facility (resident who graduated, is rotating at another facility, or is on vacation)
4. Residents must be aware of their limitations and not attempt to provide clinical services or do procedures for which they are not trained. They must know the graduate level of responsibility described for their level of training and not practice outside of that scope of service. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible attending physician may result in the removal of the resident from patient care activities.

GRADUATED LEVELS OF RESPONSIBILITY:

1. As part of their training program, residents will be given progressive responsibility for the care of the patient. The determination of a resident's ability to provide care to patients without a supervisor being physically present or act in a teaching capacity will be based on documented evaluation of the residents clinical experience, judgment, knowledge and technical skill. Ultimately, it is the decision of the attending physician as to which activities the resident will be allowed to perform within the context of the

assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient.

2. Based on documented evidence (including evaluations by attending physicians and Program Directors, procedure logs, and other clinical practice tools reflecting a resident's knowledge, skill, experience, and judgement) residents may be assigned graduated levels of responsibility as follows:

GENERAL SURGERY

PGY I-V residents are privileged to perform invasive procedures after the satisfactory supervised completion of a minimal number of cases as outlined in the resident goals and objective manual.

Goals for PGY I

- Ability to perform history and physical exam
- Ability to determine differential diagnosis and develop treatment plan
- Evaluation of trauma patient
- Suture skills
- Central line placement
- Arterial puncture & catheter placement
- Interpretation of hemodynamic data

Goals for PGY II & III

- Attends outpatient clinics
- Evaluate trauma patients under staff supervision
- Can perform midlevel operations
- Can place central lines & PA catheters
- Can place chest tubes
- Can interpret blood gases and hemodynamic data
- Assist in teaching Interns & Residents

Goals for PGY IV

- Proficient at evaluation and development of a treatment plan with Attending Staff
- Will work closely with Attending Staff to effect treatment plan
- Complete ATLS & take trauma call as senior Resident
- Can assume increased responsibility for patient care in ICU, OR, and hospital wards
- Can place chest tubes
- Can supervise & assist junior house officers in accomplishing their goals

Goals for PGY V

- Conducts daily intake rounds

- Participates in trauma call
- Teaches residents in conferences, wards, and the OR
- Demonstrates skill in dealing with complex problems on ward, ICU, and operating room

INTERNAL MEDICINE

PGY 1

- Perform an admitting history and physical examination independently
- Write admitting orders under the supervision of an admitting resident
- Make daily patient inpatient visits, formulate a diagnostic and management plan and record with an appropriate chart note
- Write orders for management of patient's day to day needs
- See clinic patients under the direct supervision of an attending physician
- Perform consultation under the direct supervision of an attending physician or senior resident.
- Perform CPR under the supervision of the admitting PGY2 or 3 resident

PGY 2

- Perform an admitting history and physical examination independently
- Supervise the admitting history and physical of the PGY1 admitting resident
- Write admitting orders independently
- Make daily inpatient visits, formulate diagnostic and management plans independently
- See clinic patients independently with review of care by attending physician
- Lead the CPR team in emergency code situations

PGY 3

- Perform all the activities of the PGY2 resident physician
- Write all prescriptions as a licensed physician

HOSPITAL MONITORING OF SUPERVISION:

1. The Designated Institutional Officer (DIO) is responsible for ensuring that the institution fulfills all responsibilities identified within this section.
2. Along with the DIO, each Program Director is responsible for monitoring resident supervision, identifying problems, and devising plans of action for their remedy.
3. At a minimum, the monitoring process will include:
 - a. A review of compliance with inpatient and outpatient documentation requirements, as part of medical records reviews
 - b. A review of all incidents and risk events with complications to ensure that the appropriate level of supervision occurred
 - c. A review of all accrediting and certifying bodies' concerns and follow-up actions
 - d. A review of resident evaluations of their faculty and rotation

- e. An analysis of events where violations of graduated levels of responsibility may have occurred
- f. A review of all medical/legal risk matters involving residents, to determine if there was an appropriate level of supervision. (Chief Resident/Attending)

Review pertaining to monitoring of resident supervision will be communicated, at a minimum, on a yearly basis, to the GMEC.

Surgical Operative Log

POLICY:

1. It is the responsibility of each Surgical Resident to maintain a record of their operative experience concurrently during each year of residency in the ACGME Case Log System.
2. A resident may be considered the surgeon only when he or she can document a significant role in the following aspects of management:
 - determination or confirmation of the diagnosis
 - provision of preoperative care,
 - selection, and accomplishment of the appropriate operative procedure, and;
 - direction of the postoperative care.
3. When justified by experience, a PGY-4 or PGY-5 (chief) resident may act as a teaching assistant (TA) to a more junior resident with appropriate faculty supervision. **At least 850** operative procedures as surgeon **over 5 years**, with **at least 200 in the chief resident year**. Teaching assistant cases may count toward the 850 total; however these cases may not count toward the 200 chief year cases. The junior resident performing the case will also be credited as surgeon for these cases.

References: http://www.absurgery.org/default.jsp?certgsqe_training
<http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/440GeneralSurgery2018.pdf>

Transitions of Care – Internal Medicine & General Surgery

INTERNAL MEDICINE:

POLICY

Residents on call (MIOC, MROC) will provide cross coverage for House patients when the primary team is unavailable. House patients are patients admitted under the the teaching service, including ICU patients. House patients also include medicine consults. Residents do not provide cross coverage for patients on other services that do not meet the above criteria.

Residents who are not on call should continue to respond to pages on their patients until 4PM.

Patients will be signed out daily in person to the MIOC by the House/ICU intern or resident between 3 and 4PM. Residents should provide supervision during sign out until the intern demonstrates proficiency. The MIOC should have a physical list (SharePoint) with patient information and be given a verbal sign out. Verbal sign-outs must be done in a location that ensures the protection of patient confidentiality.

The patient lists are located on EPIC. They should be updated daily before sign out, printed, and handed to the MIOC. This information must be included for each patient:

- Name
- MRN
- Location
- Important PMH and important events/findings during hospitalization
- Important medications
- Allergies
- Code Status
- Consult Names
- Information on pain medications, lab/imaging follow up, medications to avoid, etc
- Any expected events (SOB, CP, AMS, fever, etc.)

It is recommended that standard sign-out protocols, such as SBAR be used. After a night shift, the MIOC should promptly inform the House/ICU teams of any patient updates. This includes any calls by RNs, orders given, lab results, etc.

This policy also applies to transfers out of the Critical Care Unit to patients going to tele and non-tele services.

GENERAL SURGERY:

INTRODUCTION

Resident patient care transitions occur twice a day (morning report and evening sign-out). This protocol has been developed to maximize resident communication and patient safety. The protocol includes resident to resident electronic and verbal communication as well as direct communication with the attending on call.

POLICY:

MORNING SIGNOUT:

All residents attend a mandatory morning report at 7am Monday through Friday in a designated conference room. Saturday and Sunday morning reports will also take place at 7am and be attended by at least one member from each surgical service. The resident and intern who were on duty the previous night shift will directly sign out patients to their respective services detailing new admissions, diagnoses, treatments rendered and plans. Patients who require special attention should be emphasized. Existing issues, pending consults, test results and OR cases yet to happen should also be communicated. At the conclusion of morning report, the night float resident and intern are relieved of their on-call duties.

EVENING SIGNOUT:

Monday through Friday, members from each surgical service will sign out verbally and electronically to either the short call resident and intern or the night float resident and intern. On weekends, evening sign-out will be between interns only, as the residents will be on traditional 24-hour duty Saturday and Sunday. Verbal sign-out via telephone or direct conversation will take place between at least one member from each surgical service and the night float team.

PROCEDURE:

- Situation – Describe the current situation, giving a clear, succinct overview of pertinent issues
- Background – State the pertinent history Assessment – Summarize the facts and give your best assessment, noting specific concerns
- Recommendation – If there is a problem, request a recommendation for treatment. If no problem, describe a follow-up plan. Communicate outstanding orders/procedures.

Vendor Interaction

INTRODUCTION:

Healthcare vendor activities allowed under the Political Reform Act, such as the provision of gifts of nominal value, may affect provider behavior and give the appearance of favoritism. Gifts from industry should not be accepted anywhere on the Huntington Hospital campus or at any clinical facility operated by Huntington Hospital (HH).

PURPOSE:

A conflict of interest occurs when reasonable observers conclude that professional requirements of a physician's roles are or will be compromised due to the influence by a vendor through gifts or services unrelated to the benefit of patients.

The purpose of the policy is to ensure that the residency programs at HH and affiliated programs are not compromised through vendor influence, either collectively or through interactions with individual residents and fellows.

POLICY:

Industry grants to support educational or professional activities must comply with ACGME Standards and must be administered by departments or divisions, and not by the individual faculty member.

Please note that, while offers of free or discounted goods, gifts, honoraria, or grants for teaching or research programs frequently serve an important and socially beneficial function, they may, in some circumstances, violate the Federal Anti-Kickback Statute (42 U.S.C. § 1320a-7(b)).

PROCEDURE:

Pharmaceutical Samples

The acceptance by a resident or fellow of free pharmaceutical samples for delivery to patients is not allowed except when approved explicitly by the medical director and pharmacy and clinical site and when reviewed with a supervising faculty physician.

Vendor gifts

HH residents and trainees may not accept gifts, regardless of value, for themselves or on behalf of HH. "Gifts" refers to items of value given without explicit expectation of something in return. Gifts include cash, cash equivalents, gift cards promotional items, services such as transportation, invitations to participate in social events, entertainment or recreational opportunities, promotional items, business courtesies such as food and beverages, and "ghost-writing" of scholarly works on behalf of the resident or fellow.

Food and Beverages

Food and beverages provided by vendors are not permitted at HH for the residents or any of its faculty.

Food and beverages may be accepted when they are incidentally provided at an event that the resident or fellow is attending because the program director or department chair has determined the event to be related to or part of the resident or fellow's job duties and necessary for training purposes. Incidental means that the event would be attended regardless of whether food and beverages were provided. The food and beverages are provided to all attendees at the site of the event and are part of the official program.

Food and beverages may also be accepted and consumed at events sponsored by civic, charitable, specialty or job-related professional organizations, governmental or community organizations.

Vendor Training

Vendors may appropriately orient, train, and advise residents and fellows on the proper use or calibration of a product that has already been acquired by a particular institution. In such cases, the vendor is present as a consultant and must solely advise on the specific device and should not be allowed to market other products. Supervising faculty physicians must ensure that vendor involvement in any clinical activities are disclosed to patients/surrogates verbally and in writing and patients/surrogates must assent. Vendors must be identified as such so that they are not mistaken for clinicians.

Participation in Industry-Sponsored Programs

Residents and fellows may not participate as paid presenters or speakers in industry-sponsored programs such as lectures and panels without express written permission of the program director.

Industry-Sponsored Scholarships

Vendor-provided funds for resident and fellow scholarships must be directed to a central fund within the academic department of the residency and should not designate an individual resident or fellow as recipient. Corporate contributions to underwrite resident and fellow positions are likewise prohibited unless directed to a central fund and not designated for the use of any individual resident or fellow.

Program Monitoring of Resident-Vendor Representative Interactions

Program leadership should be aware of and discuss with residents any interaction with representatives from vendors to ensure that any contacts are within the scope and spirit of this policy. Interactions that appear to place the resident in a position of obligation to or influence by, the vendor, should be explicitly discouraged.

RESPONSIBILITY:

Administration

Designated Institutional Official (DIO) Program Directors

REFERENCES:

Political Reform Act <http://www.fppc.ca.gov/the-law/the-political-reform-act.html>

ACGME Institutional Requirements

https://www.acgme.org/Portals/0/PDFs/FAQ/InstitutionalRequirements_07012015.pdf

HUNTINGTON HOSPITAL
ADMINISTRATIVE POLICY & PROCEDURE

SUBJECT: EQUAL EMPLOYMENT OPPORTUNITY	POLICY NO: 809	PAGE 1 of 1
AUTHORIZED APPROVAL:	EFFECTIVE DATE: 01/01/2019	SUPERCEDES/REPLACES NEW

PURPOSE:

The hospital is committed to providing equal opportunity to qualified individuals without regard to their race, color, religion, national origin, physical handicap, medical condition, marital status, age, sex or other protected categories as these terms are used in the Fair Employment and Housing Act, and Title VII of the Civil Rights Act and other applicable laws and regulations.

1. The Equal Employment Opportunity Policy was developed to ensure compliance with the rules and regulations of the federal and state agencies.
2. This policy applies to personnel actions including: hiring, promotion, discharge, pay, fringe benefits and other aspects of employment.
3. It is the responsibility of all persons making employment decisions with respect to hiring, promotion, discharge, pay and fringe benefits, training and other aspects of employment to ensure that this policy and program is adhered to and that no person is discriminated against.
4. Employees are encouraged to report any infractions or perceived infractions of the Equal Employment Opportunity Policy as these infractions apply to themselves or others.
5. The director of human resources is responsible for the administration and implementation of the Equal Employment Opportunity Policy.

Related Policy

840.1 Employee Conduct: Discrimination and Harassment

HUNTINGTON HEALTH
ADMINISTRATIVE POLICY & PROCEDURE

SUBJECT: EMPLOYEE CONDUCT: DISCRIMINATION & HARASSMENT	POLICY NO: 840.1	PAGE 1 of 4
AUTHORIZED APPROVAL:	EFFECTIVE DATE: 11/17/2025	SUPERCEDES/REPLACES 11/01/2020

PURPOSE:

Huntington Health is an equal opportunity employer and makes employment decisions on the basis of merit. It is committed to providing a work environment that is free of unlawful conduct. In keeping with this commitment, Huntington Health maintains a strict policy prohibiting unlawful discrimination and harassment, including but not limited to sexual harassment and workplace bullying/abusive conduct, based on a protected characteristic (as defined by law). Huntington Health further prohibits any form of retaliation against any employee for filing a complaint of discrimination or harassment or for cooperating in an investigation into such alleged conduct. Huntington Health is committed to ensuring compliance with all federal and state laws in this regard. To that end, all employees are required to complete anti-harassment/discrimination training in accordance with California law.

POLICY:

- I. Huntington Health prohibits any form of unlawful discrimination or harassment based upon any legally protected characteristic, including but not limited to, race, color, religion, sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), national origin, ancestry, age, physical disability, mental disability, medical condition, AIDS/HIV status, family care status, military or veteran status, marital status, sexual orientation, gender identity, gender expression or genetic information, political affiliation or activity or status as a victim of domestic violence, assault or stalking, by any employee, supervisor, or non-employee with whom Huntington Health has a business, service or professional relationship. Harassment or discrimination of third parties by our employees is also prohibited. Huntington Health maintains zero tolerance for such actions.

- II. For purposes of this policy, harassment includes unwelcome verbal, visual or physical conduct creating an intimidating, offensive, or hostile work environment that interferes with work performance. Examples of harassment include verbal conduct (including slurs, jokes, insults, epithets, gestures or teasing), visual conduct (including offensive posters, symbols, cartoons, drawings, computer displays, or e-mails) or physical conduct (including physically threatening another, blocking someone's way, etc.) that denigrates or shows hostility or aversion towards an individual because of any protected characteristic.

III. In addition, it is a violation of Huntington Health's policy for any employee, male or female, to sexually harass another employee by making unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature where:

- a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
- b. An employment decision affecting an employee is based on that individual's acceptance or rejection of such conduct; or
- c. Such conduct has the purpose or effect of interfering with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

All sexually harassing conduct in the workplace is strictly prohibited. Examples of such conduct include:

- a. Unwelcome or unwanted sexual flirtations, touching, advances, propositions, blocking normal movement;
- b. Verbal conduct such as epithets, derogatory comments, slurs, or unwanted sexual advances, invitations or comments;
- c. Visual, graphic or suggestive comments about an individual's dress or body, derogatory posters, cartoons, drawings, or the display, in the workplace, of sexually suggestive objects or pictures, including nude photographs;
- d. Sexually degrading words to describe an individual.

IV. For purposes of this policy, workplace bullying (or abusive conduct) means malicious behaviors that can include the repeated use of derogatory remarks, insults, and verbal or physical conduct that a reasonable person would consider "threatening, intimidating or humiliating," as well as the deliberate sabotaging or undermining of a co-worker's performance on the job.

V. Huntington Health will also reasonably accommodate disabled applicants or employees in accordance with federal and state laws. Any applicant or employee who requires accommodation in the hiring process or to perform the essential functions of a job should contact Human Resources to advise him/her of what

accommodation is believed needed.

PROCEDURE:

I. Complaint Process:

- a. Any employee who believes that he/she has been subjected to unlawful conduct in violation of this Policy should immediately file a complaint directly with his/her manager or, if the employee prefers, to Human Resources. Huntington Health management staff and supervisors who receive a complaint of unlawful conduct must immediately report the complaint to Human Resources.
- b. All reported complaints will be immediately, thoroughly, and objectively investigated by Department Management and Human Resources. In all cases, personnel not involved in the alleged unlawful conduct will conduct the investigation. As part of this process, the complainant (employee filing complaint) is expected to provide information, including a detailed account of the incidents complained of, witnesses (if any), dates, and other information considered relevant.
- c. Every reasonable effort will be made to keep all matters relating to the investigation and claim report confidential to the extent feasible and consistent with an investigation. All parties involved in the investigation are required to be truthful, accurate and maintain confidentiality during the investigation.
- d. Following the investigation, Huntington Health will evaluate the facts and evidence and take appropriate corrective action, as necessary, to ensure compliance with Health policies. The employee who filed the complaint, as well as the person who purportedly violated the Policy, will be advised of the results of the investigation, the determination made and the action taken, as appropriate. It is Huntington Health's sincere desire that there be an open line of communication between management and employees to solve any problems that may exist.
- e. Any employee who is found, after investigation, to have engaged in conduct in violation of this Policy will be subject to appropriate disciplinary action, depending on the circumstances, up to and including termination. Likewise, any manager/supervisor who fails to promptly report unlawful harassment or

discrimination and/or employee who knowingly provides false information in connection with a harassment/discrimination complaint or investigation may be subject to disciplinary action, up to and including termination of employment.

II. Policy Against Retaliation

- a. In addition to the above, Huntington Health prohibits any form of retaliation against any employee for filing a complaint of discrimination or harassment or for cooperating in an investigation into such alleged conduct. Huntington Health further prohibits any form of retaliation against any employee for:
 1. Refusing to participate in an activity that would result in a violation of state or federal law/regulation, or non-compliance with a state or federal law/regulation; or
 2. Reporting any violation of state or federal law/regulation, or non-compliance with a state or federal law/regulation.
- b. If you believe that you are being retaliated against, you should report such conduct immediately to the Human Resources Department. In addition, if you believe you have been retaliated against for refusing to participate in an activity that would result in a violation of state or federal law/regulation, or non-compliance with a state or federal law/regulation; or for reporting any violation of state or federal law/regulation, or non-compliance with a state or federal law/regulation, you may contact the Attorney General's Office hotline at **(800) 952-5225**. In accordance with this policy, Huntington Health will conduct an investigation (as outlined above) and take appropriate disciplinary action for any such retaliation, up to and including termination of employment.

CROSS REFERENCE

Policy No. 894 – Just Culture
Policy No. 840.3 – Code of Conduct

HUNTINGTON HEALTH
ADMINISTRATIVE POLICY & PROCEDURE

SUBJECT: JURY DUTY PAY	POLICY NO: 878	PAGE 1 of 2
AUTHORIZED APPROVAL:	EFFECTIVE DATE: 12/1/2025	SUPERCEDES/REPLACES 12/15/19

PURPOSE:

The purpose of this policy is to clarify the eligibility and procedure for jury duty pay.

POLICY:

It is the policy of Huntington Health to enable its employees to fulfill their civic obligation to serve as a Juror.

PROCEDURE:

All full-time and part-time employees are eligible for jury duty pay. Temporary-and per diem employees are not eligible.

- I. Employees summoned for jury duty service are required to notify their manager immediately. Employees are also required to provide certificate of service to substantiate the requested time off before receiving Jury Duty pay.
- II. If called to serve on jury duty, the employee will be paid up to a maximum of five (5) scheduled workdays, in a calendar year, for jury duty service regardless of the entire length of jury duty service. The employee will receive a full day of pay for any missed scheduled shifts, for up to five (5) days. For example, an 8-hour employee will be paid for 8 hours, a 10-hour employee will be paid for 10 hours, and a 12-hour employee will be paid for 12 hours. If jury duty service exceeds five (5) days, then the employee may utilize Vacation/Holiday for the additional missed, scheduled workdays.
- III. For night shift employees, jury duty will be paid for shifts falling on the night preceding or following the day(s) they serve based on managers' discretion (e.g., staffing needs). Employees must notify their manager in advance in order to minimize the impact on scheduling.
- IV. Employees only receive jury duty pay for days they had been scheduled to work. Employees who must report for jury service on an unscheduled workday are not eligible for jury duty pay.

- V. Exempt employees who perform any work during a workweek while on jury duty will be paid their regular salary during this time. For tracking purposes, the jury duty absence should be submitted through Workday. Exempt employees who perform no work at all in the workweek will be paid up to the maximum of five days jury duty.
- VI. Huntington Health recognizes the civic responsibilities of its staff members to serve on a jury when summoned. At the same time, patient care needs and organizational obligations must be considered. Unforeseen, emergent situations may require an employee to request an extension for consideration of the court. This request would only be necessary if requested by the Chief Executive Officer, Director of Human Resources or designee.
- VII. Employees must keep their manager informed as to the anticipated date of return to work. Employees must report to work on those days when excused from jury duty or when jury duty does not conflict with their work schedule. Employees who work a partial shift after being excused from jury duty service will be compensated with jury duty pay up to the maximum of their scheduled shift.
- VIII. Upon return to work, employees will be required to provide their manager with a certification from the court showing the dates served. If the employee does not provide the required certification, the employee will not receive jury duty pay.
- IX. Once the employee has received verification of service from the court, they must enter their absence request in Workday for the days indicated on the certification. The certification must be uploaded when the request is made. The manager must review and approve the request.
- X. If the certification is not received prior to the end of the pay period, the employee should enter a Vacation/Holiday request in order to be paid for the full pay period. Once the certification is received, the manager must enter the jury duty request in Workday and upload the certification.

RELATED POLICIES:

- 870 Payment of Wages
- 875 Vacation/Holiday
- 877 Leave of Absence

HUNTINGTON HEALTH
ADMINISTRATIVE POLICY & PROCEDURE

SUBJECT: SOCIAL MEDIA POLICY	POLICY NO: 893	PAGE 1 of 5
AUTHORIZED APPROVAL:	EFFECTIVE DATE: 4/1/25	SUPERCEDES/REPLACES 09/10/2013, 07/01/2014, 07/01/2017,12/01/2017,10/29/20

PURPOSE

Huntington Health recognizes the role of social networking sites, blogs, personal websites, and other public internet communications as a means for sharing experiences, ideas and opinions with friends, relatives and the public. The purpose of this policy is to provide guidance regarding the use of social media in its various forms, consistent with Huntington Health’s mission, core values and standards of conduct, as well as state and federal laws. This policy will not, however, be interpreted or applied so as to interfere with communications protected under the National Labor Relations Act or any other applicable laws, including communications concerning wages, hours, or other terms and conditions of employment at Huntington Health.

SCOPE

This policy applies to all employees, including contract personnel, of Huntington Health, as well as its independent contractors (includes physicians), vendors, volunteers, students, officers and directors (collectively, “Covered Individual(s)”).

It further applies to social media activity that relates in any way to the business of Huntington Health and its related entities, regardless of whether the activity (i) the occurs on or off duty, (ii) occurs on or off Huntington Health property, (iii) involves usage of Huntington Health-owned or personal electronic resources, and/or (iv) the Covered Individuals post anonymously or use a pseudonym.

For purposes of this Policy, social media means any vehicle that facilitates online publication and commentary, including but not limited to messaging applications, blogs, social networking sites such as Facebook, X (formally Twitter), Instagram, SnapChat, Pinterest, Reddit, Podcasts, YouTube, TikTok, chat rooms, online bulletin boards, and website comments or feedback. The lack of explicit reference to a specific site or type of social media does not limit the application of this policy.

POLICY

Huntington Health strives to protect our employees, physicians, volunteers and third parties, such as patients and visitors, from harm resulting from inappropriate or unlawful use of social media. Accordingly, this policy provides Covered Individuals with guidelines on how to properly and lawfully use social media. In all cases, Covered Individuals are responsible for their social media activity and are expected to exercise common sense and professional judgment when engaging in such activity.

A. General Standards:

The following general standards apply with respect to social media activity:

1. Covered Individuals are prohibited from using social media to post or to display comments about co-workers, supervisors, patients, vendors, suppliers, or members of management that are obscene, physically threatening or intimidating, or otherwise constitute a violation of Huntington Health's workplace policies against discrimination, retaliation, harassment or workplace bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment on the basis of sex, sex stereotyping, pregnancy (which includes pregnancy, childbirth, and medical conditions related to pregnancy, childbirth, or breastfeeding), race, ethnicity, color, religion, ancestry or national origin, age, disability, medical condition, marital status, familial status, sexual orientation, gender, gender identity, gender expression, military or veteran status, citizenship status, genetic information, domestic or sexual violence victim status, or other protected group status as defined by law.
2. Covered Individuals may not engage in any social media activity which results in the usage or disclosure of Protected Health Information, including but not limited to patient names, identification numbers, room numbers, photographs, diagnosis or any other information that could be considered a violation of patient privacy and Huntington Health policy at any time or without the express written permission of the patient. Even if a patient is not identified by name, if there is a reasonable basis to believe that the patient could be identified from the information provided, then the use or disclosure of that information is prohibited as it could constitute a violation of the Health Insurance Portability and Accountability Act (HIPAA) and Huntington Health policy.
3. Covered Individuals are expected to adhere to Huntington Health's policies relating to the proper use of Huntington Health-provided equipment (including

mobile devices) as well as their own personal devices while on duty for non-work-related purposes. This includes a prohibition from conducting personal blogging or social media/networking activities while on working time or sharing or uploading pictures while on work time involving patients and/or patient care areas, unless work related and authorized by your supervisor. See Personal Technology Device/Cell Phone Use Policy 897.

4. To protect Huntington Health's intellectual property and the privacy of all Huntington Health customers and patients, Covered Individuals further may not post on any social media site any content (including photographs, videos or statements) which disclose Huntington Health trade secrets or other proprietary or confidential business information or any private health information or other personal information about patients. Taking and posting any photos within the workplace while at work, as outlined in Photography, Videotaping and Audiotaping Policy 250, is prohibited, unless work related and authorized by your supervisor.
5. Covered Individuals are prohibited from misrepresenting on social media their title or position with Huntington Health. This includes posting pictures of Huntington Health provided badges and/or individuals wearing clothing with Huntington Health logo/name to indicate, directly or indirectly, Huntington Health's support of a particular post. This also raises potential security concerns.
6. Using social media to post or display content that is an intentional public attack on Huntington Health's products and/or services in a manner that a reasonable person would perceive as calculated for the express purpose of harming Huntington Health's business is prohibited. An example of a post that would violate this policy include any post about Huntington Health, its doctors, services, or employees that is untrue, that contain false information, or that would cast Huntington Health, its employees, doctors, contractors, or patients in a false light.
7. To reduce the risk of identity theft, stalking, and similar criminal conduct, Covered Individuals should be mindful not to disclose "Personally Identifying Information" (such as personal contact information obtained by virtue of your job responsibilities, Social Security numbers, credit or debit card numbers or financial account numbers) of themselves, but in all cases, may not disclose any such information involving other Huntington Health affiliated persons and patients.
8. Covered Individuals are responsible for the content published on their personal social media sites and are responsible for monitoring such social media site(s) in order to ensure compliance with applicable laws, policies and guidelines referenced in this policy. It is a violation of this Policy to create or maintain a link

from your blog, website or other social networking site to a Huntington Health website and/or represent yourself as a spokesperson for Huntington Health.

9. Any Covered Individual who endorses Huntington Health products or services, or those of Huntington Health affiliates, on social media must identify themselves as being affiliated with Huntington Health, stating their specific role and making it clear that such endorsement is made on their own behalf only.

Covered Individuals are prohibited from providing medical advice online on behalf of Huntington Health. While providing general information relevant to one's specialty may be acceptable, any requests for specific medical information or advice should be directed to an individual's health care provider.

B. Social Media Use on behalf of Huntington Health

1. Huntington Health maintains various social media sites managed by the Office of Public Relations and Human Resources, which are the official pages of Huntington Health. In order to protect Huntington Health's intellectual property. Creation, ownership, use, or maintenance of a web site or social media/networking account on behalf of Huntington Health or any of its services, locations, or facilities is strictly prohibited unless formally approved and authorized by Huntington Health's Office of Public Relations. To the extent personnel are authorized as part of their job duties to use social media/networking accounts to advance Huntington Health's interests, Huntington Health owns the accounts, and those Covered Individuals and/or designated representatives are required to return all logins and passwords for such accounts at the end of employment or contract.
2. Covered Individuals may not use Huntington Health's logo, trademark or other proprietary graphics on any social media site:
 - a) to suggest they are representing or speaking on behalf of Huntington Health and/or that Huntington Health has authorized, sponsored, endorsed or approved the website, page or content of the communication.
 - b) for commercial use or in a way that disparages Huntington Health's products or services. For example, Covered Individuals shall not use Huntington Health's logo, trademark, or other proprietary graphics to sell their own or another entity's products, goods or services.
3. Only authorized Huntington Health representatives may speak to the media on Huntington Health's behalf. To ensure that Huntington Health communicates with the media in a consistent, timely and professional manner about matters related to

Huntington Health, all media inquiries must be directed to Huntington Health Public Relations Department. It is a violation of Huntington Health policy to represent or suggest in any social media activity that you are authorized to speak for Huntington Health, or that Huntington Health has reviewed or approved your content or advice.

4. With respect to Huntington Health-sponsored events (for example, heart walks, employee long service, and other community events), Huntington Health's Public Relations Department may authorize Covered Individuals to promote the event(s) with the appropriate information which may be shared.

C. Personal Responsibilities

1. Covered Individuals are personally responsible for the content they publish or post online.
2. Social media is Public. Covered Individuals should be mindful that what they publish may be available from a public view indefinitely. Additionally, such information may be considered public knowledge, so protecting one's own privacy may also be a concern. They must keep in mind that even messages sent privately can become and remain public. For this reason, it is important to protect privacy and understand each site's terms of service and privacy policies before posting content to these sites. Covered Individuals must use a personal email account for their social media activities. Use of Huntington Health email address for personal social media is prohibited.
3. Exercise Good Judgment. When Covered Individuals are speaking for themselves, they should keep in mind that their actions may reflect on Huntington Health. Covered Individuals are expected to act professionally, use good judgment, and be accurate and honest in their communications, in accordance with Huntington Health's policies.
4. Be Respectful. Remember that Huntington Health patients and employees reflect a diverse set of customs, values, backgrounds and points of view. Covered Individuals should consider Huntington Health's workplace standards for respect and professionalism as well as our prohibitions against inappropriate behavior, harassment, discrimination, use of profanity and racial or ethnic slurs, bullying, intimidation and retaliation. When a Covered Individual's affiliation with Huntington Health is apparent on social media, posts by that individual reflect on Huntington Health.

5. Work Responsibilities. Covered Individuals should be conscientious when mixing business and personal life. They must ensure that social media activity does not interfere with work commitments.

D. Compliance

1. The standards outlined above apply to posts and comments either initiated by a Covered Individual or in response to previous posts or comments by others online.
2. Huntington Health investigates and responds to all reported violations of this Policy. As such, covered Individuals should not have any expectation of privacy in the use of Huntington Health's communication systems or in content shared on or saved on Huntington Health's communication systems. Social media/networking activity can be reviewed by anyone, including Huntington Health. Huntington Health has the right to monitor, access, review, and audit the use of Huntington Health's communication systems, whether or not password protected, as well as any publicly accessible social media. Covered Individuals should expect that any information created, transmitted, downloaded, exchanged, or discussed on publicly accessible online social media may be accessed by Huntington Health at any time without prior notice.
3. Notwithstanding the foregoing, management may not gain access to the restricted social media page of a subordinate — for example, by sending or accepting a "friend" request — unless there is a valid Huntington Health business purpose for doing so. Any such access to a subordinate's restricted social media page should be limited to that which is necessary to accomplish Huntington Health's business purposes. Any employee may reject, without fear of retaliation, any request from any other employee that, if accepted, would permit access to a restricted social media page — such as a friend or connection request.
4. Any and all web sites or social media/networking accounts that are created in violation of this policy may be removed, disabled, or deactivated by Huntington Health. Failure to comply with this policy may result in corrective or disciplinary action including, where appropriate, employment or contractual termination and pursuit of all available legal remedies. Huntington Health also may report suspected unlawful conduct to appropriate law enforcement authorities.
5. Huntington Health prohibits taking adverse action against any Covered Individual for reporting a possible violation of this policy or for cooperating in an investigation. Retaliation for reporting a possible violation of this policy or for cooperating in an

investigation will be subject to disciplinary action, up to and including termination of employment.

CROSS REFERENCE

Policy No. 894 – Just Culture

Policy No. 897 - Personal Technology Device/Cell Phone Use

Policy No. 840.3 – Code of Conduct

Policy No. 840.1 – Employee Conduct – Discrimination/Harassment

Policy No. 250 - Photography, Videotaping and Audiotaping Policy

Policy No. 013 – Standards of Conduct