

Graduate Medical Education Disaster Recovery Plan

Introduction

A disaster is defined as a sudden calamitous event bringing damage, loss, destruction, or the inability to maintain the business operations of the Graduate Medical Education Office or any of the component programs. Disaster recovery planning as applied to GME is the process of regaining access to data (hardware and software) necessary to maintain or resume critical business operations after a natural or human induced disaster. Disaster recovery planning is part of the larger process of business continuity planning which seeks to fully maintain the process of graduate medical education throughout the UNC system.

In the event that a disaster interrupts any part of graduate medical education, UNC Hospitals is committed to recovery as it might involve maintenance or improvement in operations or restructuring the educational experience for residents as soon as possible. Any disaster may also create safety issues and impact the health and well-being of residents, and these issues will need to be assessed and considered in recovery planning.

I. Responsibilities

The Designated Institutional Official (DIO) is responsible for maintaining communications between the various Program Directors, the Director of Graduate Medical Education, and the Office of Graduate Medical Education (OGME) to assess the impact of a disaster on any and all areas of GME and maintaining business and educational continuity.

The Director of Graduate Medical Education, working with IT within UNC Hospitals, will make every attempt to prevent data loss by developing offsite back-ups using remote facilities, if necessary, for microfilm or similar storage techniques. The DGME will also work with IT to complete transition to electronic data capture and storage in a timely fashion.

The Program Directors will immediately assess the impact of a disaster on their own programs, assess the programs' function, and if necessary, develop a recovery strategy and timetable and a written plan to address response, recovery, and resumption of education and services.

The Chief of Staff will monitor and maintain communication between the DIO, the PDs, the DGME, and the GMEC. In the event the DIO is unavailable or incapacitated, he or she will appoint the interim DIO.

The OGME will be responsible for maintaining current contact information for all residents, the PDs, and members of the OGME and the GMEC.

The GMEC will function as a clearing house to maintain communication within the system and aid in recovery planning for colleagues in other programs, if possible.

The President of UNC Hospitals will appoint an interim Chief of Staff, if necessary, and an interim DIO if both parties are unavailable or incapacitated.

II. Communication

Communication between the GME Office, the program directors, the DIO, and the residents is critical in the event of a disaster to assess the impact of that disaster on education and the health and well-being of the residents.

The GME office will routinely maintain updated contact information to include home phone numbers, cell phone numbers, pager numbers, and the UNC Hospitals email addresses for its program directors, and the program directors will gather and maintain up-to-date contact information to include the home phone numbers, cell phone numbers, pager numbers, and email addresses for residents.

In the event of a disaster, each program director will have the responsibility to assess the impact of that disaster on the educational program that he/she is responsible for and on the health and well-being of the residents within that program. This will be done by the following:

- Contacting residents in the program to gather information
- Referring affected residents to available resources for care
- Assessing the functionality of the facilities and operations in the institution that supports that particular educational program

In the event of a disaster, the DIO will be in contact with all program directors to assess the impact on the educational experience for that program. The DIO will also identify an institutional designee to act in his/her absence or if the DIO is incapacitated. If neither the DIO nor the designee are available, the President of UNC Hospitals will appoint an interim DIO. The DIO assessment will include the following:

- Immediate contact and discussion with program directors to determine the availability of residents
- The feasibility of continuing on-site training within UNC Hospitals.

The DIO will notify the ACGME Executive Director of the disaster and, if appropriate, request a declaration of disaster. The ACGME will post a notice on its website, www.acgme.org.

As soon as feasible and to the extent that it is possible, the DIO, the GME Office, and the program directors will determine whether the disruption of each program's ability to maintain the educational experience is temporary or permanent.

In the event that the DIO in conjunction with the program directors determines that a program can no longer provide an educational experience for the residents, the program directors and the DIO will do the following:

- Arrange for temporary transfers to available programs to complete the educational experience on an interim basis, or
- Assist the residents to achieve permanent transfers to other programs or institutions, if necessary

The DIO will within 10 days after the declaration of the disaster contact the ACGME to discuss the timeframe and dates pertinent to maintaining the education of the residents within affected programs, including

- Submission of program reconfigurations within UNC Hospitals to the ACGME, and
- Informing residents of any transfer decisions

This will be accomplished no later than 30 days after the disaster unless other dates are approved by the ACGME.

The ACGME will assist with communications during any declared disaster. The ACGME will maintain phone numbers and email addresses for emergency communications with disaster-affected institutions.

- The DIO will call or email the IRC Executive Director with information or requests for information.
- The program directors will call or email the appropriate RRC Executive Director with information and requests for information
- Residents will call or email the appropriate RRC Executive Director with information and requests for information

The ACGME will provide instructions on its website so that a resident can change his/her information on the Web Accreditation Data System. In the event of a disaster, UNC Hospitals and the Graduate Medical Education Office will communicate directly with program directors and residents via all available communication techniques to provide guidance for the affected residents. These communications will include the UNC Hospitals Graduate Medical Education Office website and the ACGME website.

The ACGME will establish a fast-track process for reviewing and approving or not approving submissions by programs related to program changes to address the effects of a disaster including

- Addition or deletion of participating institutions
- Change in format of the educational program
- Change in the approved resident complement

If a resident is **temporarily** transferred, he or she will be informed of the minimum duration and the estimated actual duration of the temporary transfer. In the event that the transfer will continue, the program must inform the resident who has transferred.

The condition of an affected program may determine that a site visit is required by the ACGME. Prior to this visit, the DIO and program director will receive notification of the information that will be required. This information may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

A disaster recovery plan which includes management and maintenance of information systems will be critical to maintaining a business continuity plan for GME. Protection of data is paramount to maintaining operations. Therefore, the GME Office and UNC Hospitals will immediately embark on a data protection system that includes electronic capture and storage of all data. Previous data that is still being maintained and stored, whether paper or microfilm, will be protected in an off-site and climate controlled space in order to maintain access to this information after a disaster.

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