

Stanford Medicine Stanford Health Care Stanford Children's Health Stanford University School of Medicine



Housestaff Policies & Procedures

December 4, 2017

Statement of Commitment to Graduate Medical Education (GME)

In accordance with its mission, Stanford Health Care is dedicated to pursuing the highest quality of patient care and graduate medical education. Stanford Health Care recognizes as one of its major responsibilities the provision of organized educational programs. This responsibility includes guidance and supervision of the Resident while facilitating the Residents' professional and personal development and ensuring safe and appropriate care for patients. In fulfilling these responsibilities, the administrations, Hospital Boards, and faculty of Stanford University School of Medicine are committed to supporting quality graduate medical education programs and excellence in residency training and research. Furthermore, Stanford Health Care commits itself to providing adequate funding of graduate medical education to ensure support of its faculty, residents, ancillary staff, facilities, and educational resources to achieve this

Stanford Health Care will ensure that all of its graduate medical education programs meet or exceed the Institutional, Common Program Requirements and Specific Specialty Program Requirements, promulgated by the Accreditation Council for Graduate Medical Education (ACGME).

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Residency Programs

Application to Stanford Residency Programs

Information may be obtained from the individual residency programs to which the application is made. Completed applications should be sent directly to the residency program being considered.

Note: A reference to “Stanford” usually means all three entities and their programs that make up the Stanford Medicine—the Stanford University School of Medicine, Stanford Health Care (SHC), and Stanford Children’s Health (SCH). The Stanford residency programs are formally a part of Stanford Health Care, with their substantive content and conduct provided through the clinical departments of the School of Medicine, whether in Stanford Health Care or Stanford Children’s Health.

The term Housestaff refers to all Stanford Residents and Fellows; and may be used interchangeably with the terms Resident, Fellow, trainee or House officer. All policies and procedures remain applicable to Stanford Residents and Fellows regardless of the term used.

Resident Eligibility-Recruitment

Employment by Stanford is based on merit, qualifications and competence. Employees and applicants will not be discriminated against on the basis of race, religion, color, national origin, ancestry, physical or mental disability, veteran status, medical condition, marital status, age, sex, sexual orientation, or gender identity.

Applicants with one of the following qualifications are eligible for consideration for appointment to accredited residency programs:

- A. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- B. Graduates of colleges of Osteopathic Medicine in the United States accredited by the American Osteopathic Association (AOA).
- C. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications.
 1. Have received a current valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) and a Postgraduate Training Authorization Letter (PTAL) from the Medical Board of California confirming completion of pre-residency requirements.
 2. Have a full and unrestricted license to practice medicine in California.
- D. Graduates of medical schools outside the United States who have completed a Fifth Pathway program¹ provided by an LCME-accredited medical school.

Visa Policy for Graduates of International Medical Schools

An International Medical School Graduate (IMG) is defined as a graduate of a medical school located outside of the United States. Stanford Health Care/Stanford Children’s Health supports the use of the clinical (ECFMG sponsored) J-1 Visa for all clinical trainees. Exceptions for individuals with pending green

¹ A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME accredited medical school to students who meet the following conditions: (1) have completed in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school, (2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

cards or individuals unable to obtain the ECFMG J-1 Visa may be granted. Approval from the Designated Institutional Official (DIO) and SHC Chief Medical Officer is required prior to use of an alternate visa.

Stanford uses J-1 visas sponsored by Educational Commission for Foreign Medical Graduates. For more information visit <http://www.ecfm.org>. Please allow 120 days for the processing of a J-1 visa. Stanford does not sponsor graduates of international medical schools on H-1B visas.

Under certain circumstances Graduates of United States medical schools may be eligible for the H-1B visa. This is at the discretion of the program. Approval must be granted by both the program and the DIO. The cost of obtaining the H1-B visa is the responsibility of the residency program training the Resident.

National Resident Matching Program (Main Match)

Stanford participates in the National Resident Matching Program (NRMP) for all PGY I, II and some fellowship positions. The purpose of the NRMP is to match medical students and other applicant physicians with hospitals to obtain internships and residencies. Applicants submit a confidential list to the NRMP ranking their desired place of residency. Participating hospitals also enter a confidential list of most desired applicants. On a uniform date (mid-March) all of the applicants and hospitals are informed of the result of the match.

The NRMP sends rank order list information to the individual programs starting in July of each year. Rank order lists are entered by individual programs into the NRMP system.

Lists are subject to the approval of the Director of the Department of Graduate Medical Education.

The results of the match are delivered to Program Directors on the date specified by the NRMP. Programs are not allowed contact with successful applicants until the national announcement of the match has taken place. **Programs are expected to submit a list of matched applicants for all matched PGY I applicants to the Department of Graduate Medical Education within forty-eight (48) hours of the match.** The Department of Graduate Medical Education will send employment contracts to all matched Housestaff within fifteen (15) working days of receiving the recommendation of appointment.

Graduates of medical school programs accredited by the LCME may participate in the match. Foreign medical school graduates who have a valid ECFMG certificate and a California Applicant Status Letter (PTAL) may enroll as independent applicants.

Rank order lists are to remain confidential. Any agreement or contact offered by an enrolled hospital or program prior to the Match Date will be superseded by the results of the NRMP match.

Recommendation of Appointment

Recommendations of appointment for continuing Residents are due in GME no later than November 15 of each year. All recommendations of appointments are subject to review and final approval by the Director of the Department of Graduate Medical Education.

Housestaff contracts are issued electronically with a copy of this Housestaff Policies and Procedures (P & P) document. Housestaff P & P are part of the Resident contract. All Housestaff are required to read the Housestaff P & P and electronically sign their contract using MedHub. Contracts are issued for each academic year and are limited to one (1) year duration at a time. All Residents must complete all required online training modules and provide proof. To promote compliance, all Housestaff need to be TB tested between March 1st and June 30, annually.

Incoming Residents:	To receive the \$2,000 educational bonus, given out in November of each year, all required HealthStream and EPIC/LINKS modules must be completed by June 15, 2018.
Continuing Housestaff:	To receive the \$2,000 educational bonus, given out in November of each year, all required HealthStream modules must be completed by May 31, 2018. Signed contracts for academic year 2018-2019 need to be signed in MedHub by May 31, 2018.

Stanford Health Care/Stanford Children's Health Continuing Residents and Fellows will have until May 31, 2018, to be compliant with their medical surveillance. To promote compliance, all Housestaff need to be TB tested between March 1st and June 30, 2018.

Occupational Health Services (OHS) is located on the Ground Floor of the Main Stanford Health Care Hospital, 300 Pasteur Dr., Ground Floor, Room #H0124, Phone: (650) 723-5922, eFax: 650 618-8661, email: occhealth@stanfordhealthcare.org. Walk-in appointments are available.

Hours of operations are:

Monday & Wednesday	7:00 AM – 3:30 PM
Tuesday & Thursday	7:00 AM – 5:00 PM
Friday	7:00 AM – 2:30 PM

Policies & Procedures contains a number of references to required on-line courses, California Medical license, deadlines and other mandatory requirements. Failure to comply with this requirements and deadlines may mean the inability to commence or continue training or termination or loss of reimbursement.

Level of Appointment

A Housestaff officer's appointment is determined in accordance with the level recognized by the specialty board in the residency training program. If you have any questions as to your appropriate level, this should be resolved with your department prior to your acceptance of appointment.

Registration of New Housestaff to Stanford

1. Housestaff will receive an email with a link to the online New Hire Registration Process prior to end of March. Please complete the checklist prior to April 27, 2018. GME cannot guarantee your June/July start date if your online application is received late. Individuals may not start training without completion of all mandatory online modules and completion of all required forms. **Background Check submission should be done immediately.**
2. Please check the GME website gme.stanford.edu for your scheduled orientation time.
3. If you are leaving an outside internship/residency program and are unable to attend one of the orientations, please contact the GME at: (650) 723-5948, as soon as possible or email Ann Dohn adohn1@stanford.edu.

Housestaff must bring proof of eligibility of employment (e.g., passport or birth certificate/social security card plus a valid driver's license with picture) to orientation along with receipt of the online I-9 registration.

GME will be unable to employ Housestaff without this information and the Resident will be unable to commence training.

Mandatory Procedures

Certain specific requirements in the areas of medical records, employee health and cardiopulmonary resuscitation must be met by all Housestaff. The details of these requirements are outlined below. **Failure to comply may result in the unpaid suspension of the Housestaff officer from training, pending satisfactory completion of any given requirement.**

Residents are required to promptly complete medical records (including medical records at affiliates). Failure to do so is grounds for **suspension without pay** (suspension means one cannot work as a Resident until the suspension has been lifted). Any Resident who feels that a proposed suspension is unfair should contact the GME Director/DIO or the Chief Medical Officer within twenty-four (24) hours of the notice to suspend.

1. **Medical Records:**

All records are the property of Stanford Health Care or Stanford Children's Health. Original medical records shall not be removed from Stanford Health Care or Stanford Children's Health. Copies of medical records may be released pursuant to contractual arrangement with affiliated hospital, court order, subpoena or other statutory requirements. The records may be inspected for professional purposes only by members of the Medical Staff, Allied Health Care Staff, and authorized hospital employees. Information from the medical record shall not be disclosed to persons not otherwise authorized to receive this information without written permission of the patient or of the patient's legally authorized representative.

All medical record entries and documents which are to be completed by housestaff must be completed within the guidelines as stated in the Hospital Rules and Regulations.

HIMS Stanford Health Care – Chart Completion:	(510) 974-2258
HIMS Stanford Health Care -Transcription Front Desk:	(510) 974-2239
Stanford Children's Health – Chart Completion:	(650) 497-8605

The Guidelines for document completion are as follows:

- History & Physical within twenty-four (24) hours of admission
- Operative Report must be dictated or written immediately but in no case later than twenty-four (24) hours after surgery or procedure
- Discharge Summary within seven (7) days of patient discharge
- Signature within fourteen (14) days of patient discharge
- Verbal orders must be signed within forty-eight (48) hours

All entries in the medical record are also to be **timed, dated and signed**. Please clearly dictate your name and pager number or dictation number. Errors in documentation should be reported to the

chart completion desk at: (510)-974-2258 (SHC) or (650)-497-8605 (SCH).

2. Occupational Health Requirements:

The California Hospital Licensing Regulations require that Housestaff obtains a physical examination, drug testing and tuberculosis (TB) screening, within the last ninety (90) days, prior to the commencement of training. TB screening with the Quantiferon blood test is the preferred TB screening test performed by [Occupational Health Services](#) (OHS). Two (2) steps PPD will also be accepted (one step within the ninety (90) days of the start date and another one within 365 days of the most current one).

- In order to meet regulatory requirements, **annual TB screening is required for all healthcare workers** regardless of any previous results.
- Persons with a positive result are required to have a chest x-ray and provide documentation of physician consultation regarding the positive result and/or history of treatment or prophylaxis.
- All persons will need to show proof of immunity to hepatitis B by antibodies or by three (3) doses of vaccination of hepatitis B. If you have not already been vaccinated against hepatitis B, you should begin the three (3) dose series of injections as soon as possible. If you choose to refuse vaccination, you are required to sign a declination form provided by OHS.
- Please provide documentation of positive titers for measles, rubella and varicella and mumps. Submit documentation of all previously administered vaccines prior to your physical; vaccines will be given to persons requiring vaccines in order to meet proof of immunity requirements.

Residents may make arrangements for a physical examination and tuberculosis surveillance through Occupational Health Services (OHS): (650) 724-1980.

All work-related injuries, including needle sticks, are to be reported to OHS as soon as possible after injury occurs. If OHS is closed, notify the 1 STIX pager (1-7849) for any blood or body fluid exposures. Residents with injuries requiring immediate first aid and/or medical care must report to OHS during the regular business hours or if incident occurs after hours will need to contact [Stanford Express Care](#) at (650) 736-5211 or proceed to the [Emergency Department](#) if emergency care is warranted.

3. Training or Demonstrated Proficiency in Cardiopulmonary Resuscitation:

All Housestaff should complete (or substantiate the completion of) a course, or demonstrate proficiency in Cardiopulmonary Resuscitation within three (3) months of the commencement of training and at least once every two (2) years thereafter. Residents can make arrangements with the Life Support Training Center before or shortly after they commence training to ensure that this requirement is completed. The Life Support Training Center Office is located at 300 Pasteur Drive, Stanford, CA 94305, MC 5534. For questions call: (650) 723-6366 or visit www.cecenter.stanfordhospital.com.

Continuing Medical Education Requirement

Please visit http://www.mbc.ca.gov/Licensees/Continuing_Education/ for full description of requirements.

In summary:

1. All licensees, regardless of status as a Resident or a practicing doctor outside of training must complete at least fifty (50) hours of approved CME during each biennial (2-years) renewal cycle. They

do not provide proof at renewal, they just sign the statement. However, if later audited, they must provide the paperwork for verification. The Board conducts random audits throughout the year.

2. Residents and Fellows are allowed six (6) hours of Category 1 credit for each month of residency or fellowship, with a maximum of seventy-two (72) hours each year. So, in reality, a Resident who does one year of training meets the whole fifty (50) hours/two (2) years of requirement.
3. For general internists and family physicians who have 25% of their patients aged 65 or older, they must complete at least 20% of the required CME in geriatric medicine or the care of the elderly.
4. Pain Management/End of Life Care (PM/ELC)-Please visit the Medical Board of California for the guidelines http://www.mbc.ca.gov/Licensees/Continuing_Education/.

Do not forget about the Pain Management and End of Life Care (PM/ELC) requirements or CME, that is separate from the above requirements. The legislation that enacted this mandate was specific-the PM/ELC hours must be a separate class specific to those topics. PG training does not count towards this requirement.

Supervision

Each residency training program is required to maintain a level of faculty supervision of Residents which complies with ACGME requirements. Resident supervision should reflect graduated levels of responsibility based on individual skill and level of training.

Each department shall develop a policy regarding Housestaff who request to participate in patient care provided by non-faculty and non-visiting clinical faculty physicians. This policy will include a provision to assess the educational benefits of the participation.

Resident Reporting & Responsibilities

Resident Reporting Procedures

The faculty of the Stanford University School of Medicine is responsible for the specific content and conduct of the Housestaff education and training program. Housestaff will report through their Chief Resident to the Director of the Residency Training Program for their program in all matters involving education, training, professional care and patient management.

The faculty is responsible for Housestaff supervision. Medical staff concerns over Housestaff competency in performing procedures or writing orders should be addressed with the attending faculty member of the service involved.

Stanford Health Care, Stanford Children's Health, through the Chief Medical Officer and its Department of Graduate Medical Education, is responsible for the administrative aspects of the educational programs. These include: pay, personnel benefits, legal matters, privileges, procedures concerned with admission and discharge of patients, medical records, consents for treatment, use of pharmacy, laboratories, x-ray and similar matters.

The Housestaff training programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Resident Responsibilities

The Hospital supports the delineation of Housestaff responsibilities as outlined in the Essentials of Accredited Residencies in Graduate Medical Education, which appear below:

Residents are expected to:

Develop a personal program of self-study and professional growth with guidance from the faculty.

1. Participate in safe, effective and compassionate patient care under supervision, commensurate with their level of advancement and responsibility.
2. Participate fully in the educational and scholarly activities of their program and assume responsibility for teaching and supervising other Housestaff and students.
3. Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures, and policies of the institutions.
4. Participate in institutional committees and councils, especially those that relate to patient care activities.
5. Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care.
6. Cooperate with any reporting requirements in connection with the national practitioner data bank and applicable State and Federal requests for information pertaining to Stanford Health Care, Stanford Children's Health and its affiliates.
7. Comply with the ethical standards of the American Medical Association.
8. Participate in risk management, compliance and quality assurance/improvement activities.
9. Participate in evaluation of the quality of education provided by the program.

Housestaff officers should be aware that federal and state agencies, either directly or through affiliates of Stanford Health Care, may require information concerning Residents (such as social security numbers, dates of hire, training participation dates, and other such data) be provided to the requesting agency or other government unit. Stanford Health Care will comply with such requests and may also provide this information to an affiliate who requires such information. Residents are expected to comply with such reporting requests if they are directed to the Resident.

There may be additional responsibilities and expectations of Resident Physicians specific to the service to which they are assigned. Job descriptions may be found on the Medical Staff Office (MSO) database.

Compliance Integrity Program

As an organization, we are committed to honest and ethical behavior, and to conducting our business with integrity. The practice of behaving honestly, ethically and with integrity is an individual responsibility. We make decisions about how to conduct ourselves every day as we go about our work. Each of us is accountable for the actions that we decide to take.

The Stanford Health Care and Stanford Children's Health Code of Conduct is the keystone of its corporate integrity philosophy and communicates its ethical business standards. The Code of Conduct serves as a cultural compass for staff, management, vendors, volunteers and others who interact with the hospitals. It is an essential element of our Compliance Integrity Program. The Compliance Department was created to oversee our Compliance Integrity Program and to demonstrate our commitment to conducting our

business with integrity. The Compliance Integrity Program is a partnership among all of us to make the right business choices.

At Stanford Health Care and Stanford Children's Health, we are each guardians of our reputation for ethical business practices and our standing as a leader in the academic medical center community. We are committed to delivering the highest quality patient care in compliance with our Code of Conduct.

The standards set forth in our Code of Conduct apply to Stanford Health Care and Stanford Children's Health staff, faculty, health care professionals with hospital privileges, trainees, agents, officers, directors, volunteers, representatives, contractors, vendors and any other person or organization engaged to provide products or services. The Code of Conduct standards require us to follow all applicable laws, rules, regulations and hospital policies as related to the scope of our duties and responsibilities for Stanford Children's Health and Stanford Health Care, and to maintain an educational, health care and business environment that is committed to integrity and ethical conduct.

Our Code of Conduct standards are mandatory and must be followed. Anyone who violates laws, policies or our Code of Conduct may be disciplined, up to and including termination. Our Code of Conduct is an evolving document that will be updated periodically to respond to changing conditions and to reflect changes in law.

Our Code of Conduct is not intended to cover every situation that may be encountered. We must comply with all applicable laws, regulations and our policies whether or not specifically addressed in our Code of Conduct. In some cases, a subject discussed in our Code of Conduct involves such complexity that additional guidance may be needed. In these cases, you should consult with your manager or the Compliance Department for additional guidance.

Duty to Report and Cooperate with Investigations

Our Code of Conduct is to be used as a guide if you are confronted with a situation that raises questions about ethical business conduct. If one thinks a law, policy or our Code of Conduct is not being followed, one must report it to the Compliance Department. One should also report it to one's supervisor and the Office of Graduate Medical Education. If one feels uneasy talking to their supervisor, one should voice their concern to the next supervisory level, up to and including the highest level of management. Stanford Health Care and Stanford Children's Health encourage open and honest discussion of issues with management. We are committed to providing an environment that allows reporting in good faith without fear of retaliation.

It is very important, as well as required, that one immediately reports perceived violations of compliance law, policy or our Code of Conduct to the Compliance Department. Failure to report to the Compliance Department may result in disciplinary action, up to and including termination. Our Compliance Department will evaluate all reports promptly, completely and fairly. One can report compliance concerns to the Compliance Department in one of the following ways:

- Contact the [Compliance Department](#) directly by calling: (650) 724-2572
- Email your concern to ComplianceOfficer@stanfordhealthcare.org, or PrivacyOfficer@stanfordhealthcare.org,
- Fax your concern to: (650) 723-3628; or
- Call the Compliance and Privacy 24-hour Hotline at (800) 216-1784, including making [anonymous reports](#).

If you report a compliance concern, be sure to include information that our Compliance Department will need to follow up, such as the location where your concern occurred or is occurring (for example, the hospital name and department), the date or dates of any incident, the names and job roles of individuals involved in the concern, a description of your concern and your name if you are comfortable letting us know. If you are not comfortable leaving your name, you may make an anonymous report by calling the Hotline number above.

Anyone making such a report is assured that it will be treated as confidential and will be shared with others only on a need-to-know basis. The findings of a compliance investigation are confidential to protect all involved in the investigation process. As a result, details and specific findings of a compliance investigation will be shared only on a need-to-know basis. The Chief Compliance Officer ensures that all reports will be thoroughly and fairly investigated and that appropriate action will be taken.

No adverse actions will be taken against someone for making a report in good faith or for cooperating with a compliance investigation in good faith. Stanford Children's Health and Stanford Health Care have a policy that protects against retaliation or retribution for reporting a compliance concern in good faith or cooperating with a compliance investigation with good intentions. The non-retaliation policy ensures that no one is penalized for reporting what is honestly believed to be a compliance problem or for honestly participating in a compliance investigation. However, if someone purposely falsifies or misrepresents a report or makes false statements during an investigation, that person will not be protected under the non-retaliation policy. False accusations or statements made in a report or during an investigation, including those made with the intent of harming or retaliating against another person, may result in disciplinary action, up to and including termination. Although we have a policy that does not permit retaliation for reporting or cooperating in good faith, it is important to understand that no policy can protect you from applicable consequences if you have broken the law or violated our policies. Breaking the law or violating our policies may result in disciplinary action, up to and including termination, as well as possible State and Federal actions and penalties.

Sometimes the hospitals are required by law to report certain compliance issues to state or federal agencies. When this is the case, the Compliance Department will conduct an evaluation of the issue in terms of state or federal reporting requirements and will notify the appropriate state or federal agencies on behalf of the hospitals when applicable.

Stanford Health Care and Stanford Children's Health are committed to correcting wrongdoing, whether intentional or inadvertent, wherever it may occur in the organization, and to cooperating fully with government investigations.

Duty to Protect Patient Privacy

State and Federal patient privacy laws include serious consequences for failing to protect patient privacy, including potential fines for Stanford Health Care/Stanford Children's Health and for Housestaff as an individual, imprisonment, and loss of one's professional license. Patients have the right to assert legal claims against both Stanford Health Care/Stanford Children's Health and Resident personally. The State of California and Federal authorities aggressively investigate and enforce privacy and security laws against healthcare institutions and individuals when a compromise to patient information occurs, whether due to intentional wrongdoing or simply a mistake. Additionally, violating Stanford Health Care/Stanford Children's Health privacy policies can lead to disciplinary actions, up to and including termination.

Information that is protected under the law is often referred to as Protected Health Information (PHI) and applies to both living and deceased patients. PHI is defined as individually identifiable health information that relates to a patient's past, present or future physical or mental health or condition, the provision of

health care to a patient, or the past, present, or future payment for health care provided to a patient. You should assume that all information that you access, use or disclose – in any form, verbal, electronic or physical – about patients or their relatives is subject to the law and must be safeguarded. At a minimum, the following information about a patient or a patient’s relatives, employers or household members is considered PHI and must be protected:

- Names
- Social Security Numbers
- Telephone numbers
- Addresses, including ZIP Codes, and all geographic subdivisions
- Smaller than a State
- All elements of dates (except year), including birth date, admission date, discharge date, date of death; and all ages over 89
- Fax numbers
- Electronic mail (e-mail) addresses
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) addresses
- Biometric Identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic or code

All Housestaff are expected to strictly comply with all policies of Stanford Health Care and Stanford Children’s Health, including privacy and compliance policies and procedures. Housestaff must be especially careful to adhere to the following patient privacy practices.

Patient Privacy Practices Housestaff are Required to Follow Include:

- DO NOT save patient information to non-hospital approved locations or devices. For example, do not store or transport patient data on unencrypted laptops, flash drives, smartphones, or other mobile media. No saves to the desktop or C drive.
- DO NOT use personal cloud storage accounts on any external vendor site, including Box, Dropbox, iCloud, Google Docs/Drive, Egnyte, Gmail, Facebook, Twitter, Amazon Web Service or Microsoft SkyDrive or other consumer application (“app”) or Internet document, mail and storage solutions for transferring and storing patient information. Only use Stanford approved and provided cloud vendors.
- DO NOT take photographs for upload to EPIC unless performed within the EPIC mobile applications (Haiku or Canto) using an encrypted device.
- DO NOT use your personal email account, e.g., Gmail, Hotmail, Yahoo for sending or receiving patient information; do not forward your work email to your personal email account.
- DO NOT share or disclose your user ID or password.
- DO NOT leave patient information or devices containing patient information in a car, a car trunk, an unlocked room, or any other area unattended (not even for a few minutes).
- DO NOT access patient medical records if you do not have a legitimate job related need to access the information.
- DO use only hospital networks, shared drives, team sites and hospital approved devices and encrypted solutions for saving patient information.
- DO use your “stanford.edu” email account for sending or receiving patient information. You must place “Secure:” in the subject line before sending emails with patient information, and the email must only be sent for legitimate business purposes. Do not put patient information in the subject line of the email.
- DO log off your computer workstations when you step away.
- DO use strong passwords i.e., eight (8) digits minimum, a combination of letters, numbers, and symbols.

- DO abide by the minimum necessary standard e.g., de-identify information whenever possible.
- De-identifying information means removing all the patient identifiers in the list above.
- DO report loss or suspected theft of a mobile device (laptop, tablet, smartphone), desktop, or media (CD, thumb drive, etc.) immediately.

There are a number of information sources to assist Housestaff in identifying and protecting PHI. One is the online Compliance Manual which is accessible from the Stanford Health Care/Stanford Children's Health intranet where you can access Stanford Health Care/Stanford Children's Health policies and procedures: <https://acrp.stanford.edu/compliance/hospitals-and-clinics-compliance>.

In addition, Housestaff are required to complete Health Insurance Portability and Accountability Act (HIPAA) training, which is available on-line through the internet at: <http://healthstream.com/hlc/stanford>.

Other Stanford Health Care/Stanford Children's Health Resources

- Chief Compliance Officer: Diane Meyer, Stanford Health Care/Stanford Children's Health CARE, (650) 724-2572 or dmeyer@stanfordhealthcare.org
- Associate Privacy Officer: Sondra Hornsey, Stanford Health Care/Stanford Children's Health, (650) 724-2572 or shornsey@stanfordhealthcare.org
- IT Security Officer: Michael Mucha (STANFORD HEALTH CARE) (650) 796-7462 or mmucha@stanfordhealthcare.org
- IT Security Officer: Auston Davis (Stanford Children's Health) (650) 736-4616 or Audavis@stanfordchildrens.org
- Compliance and Privacy 24-hour Hotline: (800) 216-1784
- Privacy Assurance Team Pager: #25584
- Email inquiries: PrivacyOfficer@stanfordhealthcare.org

Duty Hours & Professional Activities

Outside Program

With respect to working hours both on-site and off-site, all Housestaff must comply with the rules of the department to which they are assigned and will also comply with any applicable ACGME, State or Federal Regulations setting limitation on work hours. All Housestaff are required to accurately record their work hours and report their work hours on the Stanford residency management system MedHub at stanford.medhub.com and will be disciplined if they fail to do so. Access to MedHub will be emailed to the Housestaff upon completion of orientation.

Duty Hours

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

Resident must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home and all moonlighting.

Resident should have eight hours off between scheduled clinical work and education periods.

There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in seven requirements.

Resident must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Housestaff must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Clinical and educational work periods for resident must not exceed 24 hours of continuous scheduled clinical assignments.

Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or resident education.

Additional patient care responsibilities must not be assigned to a resident during this time.

In rare circumstances, resident, on their own initiative may elect to remain or return to the clinical site in the following circumstances:

- To continue to provide care to a single severely ill or unstable patient
- Humanistic attention to the needs of a patient or family; or,
- To attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour Weekly limit.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident's fitness for work nor compromise patient safety. All Moonlighting must be approved in advance by the Program Director.

Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.

PGY-1 residents are not permitted to moonlight.

Night float must occur within the context of the 80-hour and on-day-off-in=seven requirements.

Resident must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

Time spent by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

Housestaff can report non-compliance with residency work hours to GME, Medical Director of Education or ACGME. Contact Ann Dohn adohn1@stanford.edu, GME Director at: (650) 723-5948, if you have any questions about work hours or outside commitments. http://gme.stanford.edu/anon_report.html.

All Residents must accurately report their work hours on a weekly basis using the MedHub system. Accurate reporting is considered part of the ACGME “professionalism” competency.

Professional Activities During Off Time

Professional activities in Housestaff’s off-time hours should be arranged so as not to interfere with the Housestaff obligations and their ability to benefit from the Graduate Medical Education Program.

Moonlighting

Residents are not required to engage in “moonlighting.” All Residents engaged in external moonlighting must be licensed for unsupervised medical practice in California or the state in which the moonlighting occurs. Stanford’s malpractice insurance will not cover Residents for moonlighting activities. Residents must obtain written acknowledgement that their Program Director is aware and approves of any moonlighting activities before any moonlighting activity is undertaken. A copy of the written acknowledgement will be kept in the Resident’s file. The Program Director has the discretion to decline to approve moonlighting activities if he/she believes that such activities will interfere with the Resident’s training progress or for other legitimate reasons. All external moonlighting must be logged into MedHub as duty hours.

Stanford Health Care/Stanford Children’s Health does not allow internal moonlighting by an ACGME trainee. Residents are not expected to respond to pages/telephone calls from patients who are seen/operated on at outside hospitals where they do not rotate.

- **Moonlighting is not permitted under a J-1 VISA.**
- **PGY-1 residents are not permitted to moonlight.**

Performance Evaluation

These policies are generally applicable to all Housestaff training programs. However, since Housestaff training programs vary from one department or division to another, some programs may wish to add additional policies of their own. Such policies must be approved by the Graduate Medical Education Review Committee and the Chief Medical Officer.

Recommendation of Residency Review Committee:

As part of the educational mission of Stanford Health Care residency training programs, each Resident’s professional qualifications must be periodically evaluated by his or her department. Residents should be made aware of the results of these evaluations. The following policies are intended to assist the Resident and the department or division in the evaluation process.

1. Evaluation Procedures:

Each department shall adopt procedures which provide for regular and timely evaluation and regular verbal and written notification of the evaluation to each Resident regarding performance. During the

residency, evaluation results should be personally presented to the Residents no less than every six (6) months. A Resident whose performance is less than satisfactory should be notified of the conclusion promptly after such determination is made.

An evaluation file should be maintained for each Resident. Information in this file shall be accessible to the Resident. Supervisory faculty should use MedHub to electronically submit evaluations of each Resident after each rotation, but not less frequently than quarterly during the Post Graduate Year (PGY) I year or semiannually above the PGY I level. The Program Director should review each Resident's file on a routine basis. If a Resident disagrees with statements in an evaluation in the file, the Resident has a right to submit a written response which shall become a part of the file.

Residents will participate in evaluation of the faculty and the training program.

2. Consequences of Satisfactory or Unsatisfactory Evaluation:

Upon receipt of satisfactory evaluations and compliance with all other terms of the Housestaff P & P, each Resident should expect to continue to the level of training agreed upon when the Resident was recruited, unless given four (4) month notice (if possible) from the department that advancement to the next level of training is not to take place at the anticipated time. Reasons for lack of advancement must be given to the Resident both verbally and by written notification. While advance written notice is preferable, an unsatisfactory evaluation may result in a decision adversely affecting the Resident at any time and without advance notice, such as probation, non-advancement, non-renewal or immediate termination. In such instance, the Resident shall be informed of the reasons for that decision both verbally and by written notification by the Program Director. The Program Director of any service to which the Housestaff officer will rotate may be notified of the existence of any current probation or other performance-related issue of which the Resident has been apprised.

Unless circumstances warrant immediate termination, Residents will typically have an opportunity to remediate unsatisfactory performance. Corrective actions can include: (1) repeating one or more rotations; (2) participation in a special remedial program; (3) academic probation; (4) termination. With respect to academic probation, the program will determine the length of the probationary period, and what the Resident must accomplish to be removed from the probation. In general, the probationary period will not extend past the end of the current agreement year, unless the agreement ends within three (3) months, in which case the program has the option of extending the probationary period into the next agreement year, but the extension shall not exceed three (3) months. Any Housestaff officer agreement that has been issued by a program for a subsequent training year will be considered invalid and withdrawn until the Resident has fulfilled the probationary requirements imposed in the current training year and successfully been removed for probation. At the time the Housestaff officer completes a period of probation, the program has the following options: (1) allow the Resident to complete the remainder of the training year, (2) reappoint the Housestaff officer for the next year, where applicable, (3) not reappoint for the next year, (4) immediately terminate the Resident's contract for the current training year.

If a Resident disagrees with an evaluation or an adverse decision based on the evaluation, the Resident shall have a right to meet with the cognizant Program Director or committee making the decision, to hear the reasons for the decision, and to respond to them verbally or in writing. If after such meeting the Resident wishes to appeal the adverse decision, the Resident may do so through the mechanism for resolution of disputes outlined below. **Residents may not appeal a negative performance evaluation, beyond discussions with the cognizant Program Director or committee, unless the negative evaluation also results in some adverse action such as academic probation or the imposition of a remediation program which may be appealed to Level 2 only.**

Except in cases involving termination, the Resident may at the discretion of the Program Director in consultation with the Chief Medical Officer be permitted to continue in the residency program pending such appeal. If the Resident is permitted to continue in the program, the Resident may be assigned to a non-patient care rotation, unpaid leave or observation status.

Resolution of Disputes

The procedures set forth below are designed to provide both Housestaff officers and Stanford Health Care with an orderly means of resolving differences which may arise between them. It is the desire of Stanford Health Care that all disputes or other matters of concern to the Housestaff be fully considered by medical professionals charged with the responsibility for achieving inter-professional resolution of disputes wherever possible.

I. Informal Discussions

The interests of Stanford Health Care and members of its Housestaff are best served when problems are resolved as part of regular communications between the Housestaff officer and the appropriate Department Chair or Division Chief. Housestaff officers are also encouraged to utilize other resources available to aid them in addressing difficulties. The Department of GME and the Office of the Ombudsperson, Stanford University School of Medicine, may provide useful guidance.

If informal discussion is not successful in resolving disputes the following procedures may be followed to appeal adverse decisions other than negative evaluations. The procedures described are available to all Housestaff officers.

II. Housestaff Dispute Resolution Procedures

A. Applicability

A Housestaff officer may use these procedures when it is believed an unfair or improper adverse action has occurred, if the action complained of involves a claim of a violation of a Hospital or Department policy which has had a direct and adverse effect upon the Housestaff officer.

The procedures are not applicable to claims that Stanford Health Care or School of Medicine department policy is inadvisable or unfair generally. Housestaff suggestions for change of such general rules or policies may be submitted to the Department of Graduate Medical Education.

B. Dispute Resolution Levels

Level 1 – Discussion with Department Head or Division Chief

Housestaff officers who feel that they have been improperly subjected to an adverse action and who have been unable to resolve the problem through informal discussion shall submit the matter in writing to the appropriate Department Head or Division Chief for consideration within fifteen (15) days² of the occurrence of the action identifying the matter as a formal dispute. The Department Head or Division Chief consulted will respond in writing to the claim by the Housestaff officer within fifteen (15) days.

Level 2 – Review by Chief Medical Officer

If the dispute is not resolved by these discussions, a Housestaff officer who wishes to continue the matter shall file a written statement of dispute with the Chief Medical Officer.

² As used in this section, “days” are Monday through Friday only and exclusive of weekend days.

The statement must describe the matter in dispute, previous attempts at resolution, and the action that the Housestaff officer requests be taken. The statement must specify a particular adverse action or inaction taken by the Hospital or School of Medicine and how that adverse action or inaction directly and adversely affects the individual Housestaff officer. **To be cognizable under these procedures the statement must be presented to the Chief Medical Officer within ten (10) working days after the date of level 1 response from Chair or Chief.**

The Chief Medical Officer or designee shall discuss the dispute with the Housestaff officer and the appropriate individual or individuals in the department or division in an effort to resolve the matter. If the matter is not resolved within fifteen (15) days and involves a decision to terminate or, not to advance the Housestaff officer, the Chief Medical Officer will notify the Housestaff officer in writing that the matter has not been resolved and inform the Housestaff officer of his or her right to request review pursuant to Level 3 below. If the Chief Medical Officer or designee determines that time beyond fifteen days may be required, the Housestaff officer shall be notified accordingly. In no event will there be an extension of time beyond 30 additional days after receipt of the written statement of dispute from the Housestaff officer.

In all other disputes that remain unresolved after fifteen (15) days, including decisions to place a Housestaff officer on probation, the Chief Medical Officer or designee will issue a written determination regarding whether the adverse action by the program was consistent with Policies and Procedures applicable to the Housestaff officer. The determination of the Chief Medical Officer or designee will be final in all such **Level 2** disputes, except those involving termination or non-advancement which are subject to review and arbitration at Level 3 and Level 4 as described below.

Level 3 – Review by Housestaff Review Committee

If the dispute involves termination or non-advancement, the Housestaff officer may request review by a Housestaff Review Committee (HRC). The request from the Housestaff officer for a HRC review must be made in writing to the Chief Medical Officer within fifteen (15) days after issuance of the Level 2 notice from the Chief Medical Officer that no **resolution** has been reached. In the alternative, by mutual agreement, the Housestaff officer and Chief Medical Officer can agree to skip Level 3 and proceed to Level 4 of this procedure.

In each instance the HRC will be appointed by the Chief Medical Officer and will consist of one member of the full-time faculty, one senior Resident and one member of the Graduate Medical Education Committee who shall chair the committee. No member of the committee will have been involved in any earlier review of the dispute.

A review meeting will be set by the Chair of the HRC within forty-five (45) days of the receipt of the Housestaff officer's request for review by HRC. At least fifteen (15) days prior to the meeting the Housestaff officer and HRC will be provided with a **written explanation** supporting the department or division's decision to terminate or not advance the Housestaff officer. The Housestaff office may submit a response to the written explanation to the HRC and program no later than five (5) days before the review meeting. The Housestaff officer will have an opportunity at the review meeting to examine the evidence against him or her and to present evidence. A stenographic record of the review meeting will be made.

The affected department or division will appoint a representative from the medical staff to present its **information** in support of its decision and to present evidence. The Housestaff officer may be represented at the review by a physician or surgeon licensed to practice medicine in the

State of California, who preferably is a member in good standing of the medical staff at Stanford Health Care. Attorneys may not participate in the review meeting (even if the attorney is also a licensed physician or surgeon). At the discretion of the HRC chair, the meeting may be opened or closed to witnesses, and may run over the course of more than one (1) session or day.

At the review meeting it will be incumbent on the department or division to initially come forward with evidence to support its decision concerning the Housestaff officer. Thereafter the burden will shift to the Housestaff officer to come forward with evidence to establish the decision was improper. The HRC will evaluate the evidence presented. The decision of the department or division will be upheld unless the HRC finds by preponderance of evidence that the action of the department or division was arbitrary or capricious.

The HRC shall reach a decision based upon the record produced at the review meeting within thirty (30) days of the final committee session. The written decision will be forwarded to the Chief Medical Officer, the affected Housestaff officer, and the appropriate Department Head or Division Chief. Such decision will be final unless timely appealed to arbitration at Level 4 as described below.

Level 4 – Final Binding Arbitration

Either the Housestaff officer or the department or division may appeal the HRC's decision to final and binding arbitration as described in the Arbitration Provision attached hereto as Appendix B. The request for arbitration must be submitted in writing to the Chief Medical Officer, within seven (7) days of issuance of the HRC decision. The decision of the arbitrator will be final.

Reappointment Procedure

Until completion of the term of residency required by the appropriate specialty board, a Housestaff officer who is performing satisfactorily will be offered reappointment to succeeding residency levels, subject to continuing satisfactory performance and conduct, and continuing satisfaction of all other terms and conditions of Housestaff officer appointments, unless notified in writing **at least four (4) months, if possible**, prior to the termination of an existing appointment.

A Resident who is not performing satisfactorily is subject to probation, non-advancement or immediate termination at any time during residency, including during the period after any notice of reappointment.

Harassment Prohibited

We are committed to maintaining an environment that is free of unlawful harassment or intimidation. Harassment includes any behavior or conduct which is based on a protected characteristic and which unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment. Such behavior is in violation of policy and will not be tolerated.

All employees and managers should be aware that the organization will take appropriate action to prevent unlawful harassment, including sexual harassment, and that people engaged in such behavior will be subject to corrective action, up to and including termination. No reprisals against Housestaff reporting suspected harassment or discrimination in good faith will be tolerated.

Any Housestaff subject to unwelcome or threatening verbal or physical conduct, telephone calls, mail or attention from patients, co-workers, or others should notify Ann Dohn, Director of the Graduate Medical Education at: (650) 723-5948, or the [Office of the Ombudsperson](#), Stanford University School of Medicine at: (650) 498-5744 (James Laflin) for immediate assistance. A copy of Stanford Health Care's harassment policy is attached hereto as Appendix A.

Housestaff Wellbeing Panel

Residents and their spouses/significant others may obtain up to 12 hours of free psychiatric counseling through a panel of community psychiatrists and psychologists. For referral to the services contact Janet Spraggins, MD at: (650) 346-3241. Please identify yourself as a Stanford Resident or Resident's dependent. This service is entirely confidential. There is no reporting to either the hospital or the department regarding individuals seeking care. This service does not provide calls for emergencies.

Health Connect, Mickey Trockel, MD: (650) 724-1395, Clinical Associate Professor and Clinical Psychologist, is Director of this confidential consultation and referral service jointly sponsored by the Department of Psychiatry and Stanford Health Care to facilitate timely access to mental health services.

Graduate Medical Education Review Committee

The Graduate Medical Education Review Committee (GMEC) was formed in 1989 to coordinate and review all aspects of residency education. It is chaired by the Associate Dean, for Graduate Medical Education & the SHC Designated Institutional Official (DIO). The committee is composed of:

- Program Directors who are not Department Chairs
- Five (5) Resident representatives elected by their peers
- The Associate Chief of Staff for Education at the VA
- The Medical Director, SCVMC
- The Director, Staff Education, Kaiser Northern California Region
- The Medical Director at Stanford Children's Health
- A University lawyer (ex-officio, non-voting)
- Director, Department of Graduate Medical Education/Designated Institutional Official (DIO)
- Chair, Resident Safety Council
- Chair, Chief Residents Council

All ACGME documents must be reviewed and signed by the DIO. In the absence of the DIO the chair of the GMEC can review and sign the documents. Please allow a minimum of two (2) weeks for review of all program information forms.

Residents are encouraged to bring issues or topics for discussion to the committee's monthly meetings.

Stanford University Programs Resident Representation

Five (5) Resident representatives will be elected by their peers to serve one-year terms on the Graduate Medical Education Review Committee (GMEC). Of the five (5) representatives, no more than one (1) Resident from each program will serve per year, and at least one (1) representative will be a Chief Resident.

Process: A call for nominations/interest will be sent to all Housestaff via email in May/June of each academic year. The nominations will be placed on a ballot. Voting will be via an online anonymous survey.

Completion of Training

An appropriate certificate will be issued to each individual upon successful completion of residency. Residents are to update their mailing address and contact information with their department, in MedHub and Lawson eConnect to ensure receipt of timely communications and tax related documents after their graduation. Issuance of their certificate will require the following prior clearance:

- Return of:
 - Access key FOB/ Encrypted USB Drive
 - Borrowed books, journals and clearing any fines to Lane Medical Library
 - Eco Pass
 - Go Pass
 - Lab coat/s
 - Locker keys in operating rooms
 - Photo ID Badge
 - Pager
 - Security Access Card
 - Stanford University Access/Courtesy/Gym Card
- Completion of:
 - All Medical Records and Charts
 - Delivery of GME's Housestaff "Check Out" Form to the GME Office

Consequences of Not Returning ID Badge

Once your appointment ends, your ID badge and associated passes become inoperative and must be returned to GME office. **Failure to return ID badge may result in a \$250 fine.** Fraudulent use and transfer of the Go Pass and/or Eco Pass is a serious violation of the program. If you are caught using a Go Pass and/or Eco Pass and/or an expired or inactive ID badge, or discovered to have transferred your passes or accepted a pass that was not originally issued to you, you will face confiscation and potential fines of up to \$250.

A "Check Out" form must be completed prior to departure. To obtain and complete this form, visit [Housestaff Check Out Form](#).

Program Closure/Reduction

Stanford Health Care will make reasonable efforts to complete the training of Residents actively enrolled in a residency program in the event of program closure or reductions in Resident numbers. In the event the residency cannot be finished, Stanford Health Care will make a reasonable effort to place the affected Resident in another training situation which will allow completion or continuation of the residency training. Before making any reductions in a residency program, Stanford Health Care will consider the effects of such reductions on its other residency programs and its affiliated institutions. Residents will be informed as soon as possible of any decisions regarding program closure or reduction in size. Such decisions are not reviewable under the Dispute Resolution Procedure.

Benefits

Initial Enrollment

At Stanford Health Care, we offer a benefits package designed to reward your extraordinary work and commitment with benefits, tools and resources that will keep you and your family healthy and secure. As a Housestaff employee, you are eligible to participate in the Hospital's health and welfare plans with coverage for Medical/Vision, Dental, and Employee Assistance Program benefits effective on your date of hire and all other benefits are effective the first day of the month after your date of hire.

When you enroll, you may also choose coverage for your spouse or eligible domestic partner and/or your eligible dependent children. You must complete your enrollment within thirty-one (31) days of your date of hire or you will be assigned default coverage; otherwise, the next opportunity to enroll will be during the annual open enrollment period or when you have a qualified life event as defined by the Internal Review Service (IRS). The default coverage is Employee Only coverage in the Medical Aetna Choice POS II Plan and the Delta Dental PPO Plan.

Effective April 18, 2017 Aon Hewitt is the SHC new benefits administrator. To enroll in benefits after May 1, 2018, you must access the Aon Hewitt enrollment portal at www.healthysteps4u.org within 31 days of your date of hire. The Aon Hewitt Team (Stanford Health Care Benefits Service Center) can answer any questions concerning your coverage at: (855) 278-7157, Monday-Friday, 5:00am-5:00pm PST.

Effective Date

Your Medical/Vision, Dental, Employee Assistance Program (EAP), and Business Travel Assistance (BTA), benefits go into effect on your date of hire. All other basic and elected voluntary benefits under the Stanford Health Care Group Plan such as Life Insurance, Accidental Death & Dismemberment (AD&D), Flexible Spending Accounts, and Legal Plan go into effect the first day of the month following your hire date. Please visit the Stanford Health Care Benefits website, HealthySteps, at <https://healthysteps4u.org/> for detailed information.

Open Enrollment Period

There is an annual open enrollment period once each year typically in October-November. During that time, you may add, drop, or change your health insurance plans, enroll, change, or terminate the legal plan and/or add or drop any eligible dependents. Resident's new coverage becomes effective on January 1 of the following year.

You will receive communication about the annual benefits open enrollment in the fall. The Aon Hewitt Team (Stanford Health Care Benefits Service Center) can answer any questions concerning your coverage at: (855) 278-7157, Monday-Friday, 5:00am-5:00pm PST.

Health Care

Benefits you may elect.

Medical/Vision

- Aetna Choice POS II Plan (Prescription is administered by CVS/caremark and Mental/Behavioral Health is through Optum)
- Kaiser Permanente HMO Plan
- Vision Coverage is included when you enroll in a medical plan, and is administered by VSP

Dental

- DeltaCare USA DHMO Plan Delta
- Dental Basic PPO Plan
- Delta Dental Buy-Up PPO Plan

For detailed information of the plans, please visit <https://healthysteps4u.org/>.

Flexible Spending Accounts (FSA)

- Health Care FSA – contribute up to \$ 2,550
- Dependent Daycare FSA – contribute up to \$5,000

Flexible Spending Accounts allow you to set aside on annual, calendar basis pre-tax money each year for certain eligible health care and dependent day care expenses.

All IRS-qualified health care and/or dependent daycare expenses must be incurred by December 31st of the current plan year and claims must be submitted by March 15th of the following plan year. **However, if you terminate employment before the end of the plan year, all health care and dependent daycare expenses must be incurred by date of termination and health claims must be submitted no later than 90 days from your date of termination from Stanford Health Care and dependent daycare claims must be submitted no later than March 15th the following plan year.** For more details visit

<https://healthysteps4u.org/>.

Life and Accident Insurance

Basic Life Insurance–The hospital provides coverage of one times salary-up to \$50,000. Additional coverage you may elect:

- Employee Optional Life Insurance
- Dependent Optional Life Insurance for Spouse and/or Child
- Optional Accidental Death and Dismemberment (AD&D) Insurance

Long-Term Disability Coverage (LTD)

LTD is provided by SHC through The Guardian and administered by George Advisors/HPIS. For detailed information of the plans, please visit www.healthysteps4u.org or contact George Advisors at (650) 355-4247 or ageorge@pacificadvisors.com. To obtain more information visit Long Term Disability Insurance on page 29.

Wellness Program

Stanford Health Care’s wellness incentive program, *HealthySteps to Wellness*, is designed to encourage you to focus on improving your health and well-being. By participating in approved wellness activities, you are eligible to earn incentive dollars that can help pay for IRS-qualified health care expenses. Incentive funds earned will be deposited in a Health Incentive Account (HIA) with HealthEquity. You are eligible to earn up to \$500 for employee-only medical plan coverage and up to \$1,000 for employees with covered dependents. For more information visit www.healthysteps4u.org.

Health Incentive Account (HIA)

Any wellness incentive dollars earned from the *HealthySteps to Wellness* program will be deposited into a Health Incentive Account (HIA) that will be set up for you with HealthEquity. The funds are available any time during the year of active employment to help pay for your IRS-qualified medical expenses. Similar to a Flexible Spending Account, the money does not roll over at the end of the year, so you must use all of

your HIA money by December 31st. You have until March 15th, of the following year to file claims for eligible expenses incurred through December 31st. **However, if you terminate employment before the end of the plan year, all health care expenses must be incurred by date of termination and claims must be submitted no later than 90 days from your date of termination from Stanford Health Care.** For more details visit www.healthysteps4u.org.

Back-Up Care Advantage Program

We provide employees with a back-up care benefit that offers up to 80 hours per calendar year of child or adult and elder care when your regular caregiver is unavailable for a small copay. The Program supplements, rather than replaces, your normal care arrangements. Care is not guaranteed but Bright Horizons Back-Up Care Consultants will make every effort to help solve your temporary breakdown of care and get you to work. For more information visit www.healthysteps4u.org.

Employee Discounts

Residents have access to a variety of members-only discounts from BenefitHub, an online marketplace providing access to hundreds of brand-name retailers and local merchants. For more information, visit <https://stanfordhospital.benefithub.com/Account/Login?ReturnUrl=%2f> or call (866)205-7354.

Voluntary Benefits Program

We partner with Mercer Voluntary Benefits, to offer Housestaff discounts to programs and services at group discount rates with the convenience of payroll deductions.

We partner with Mercer Voluntary Benefits, to offer you discounts to programs and services at group discount rates with the convenience of payroll deductions. Voluntary benefits help you meet your personal needs by providing you access to affordable protection for what is most valuable to you and your family. You may elect to participate in any of the following plans:

- Legal Insurance
- Pet Insurance
- Auto and Home Insurance
- Identity Theft Services
- Purchasing Program

Legal insurance enrollment is only allowed during a New Hire event or during Annual Open Enrollment, and change or termination of legal coverage is only allowed during Annual Open Enrollment. For more information, visit www.healthysteps4u.org or the Mercer site at www.shclpchvoluntarybenefits.com, or contact the Mercer service center by phone at (800) 689-9314.

Retirement Savings Plan

Stanford Health Care provides an opportunity by which you can begin saving a portion of your own earnings through the Retirement Savings Plan (RSP). When participating in this program, you can contribute as much as 75% of your salary up to a \$18,000 IRS-annual limit for 2017 through payroll deductions. For participants age 50 or older, there is an additional catch-up contribution of up to \$6,000 allowed. Transamerica can provide you with a summary of the program on their website, including investment choices. You may review the materials and enroll online by going to www.healthysteps4u.org or <https://shclpch.trsretire.com>.

Continuation of Group Coverage (COBRA)

Our benefit program complies with the Federal COBRA law, which requires that companies offer continuation of health coverage under certain circumstances. If your health coverage under our benefit plan ends, you will be notified of your right(s) to continue health care under COBRA. See Appendix C for more information about the **Group Health Coverage Continuation Rights under COBRA**.

Computer Training

Residents, Fellows, and visiting Residents are required to complete computer training (HealthStream, SHC & SCH EPIC) in order to participate in educational activities at Stanford Health Care and affiliate hospitals.

Data Security

Data & Device Attestation & Encryption

The security of computing devices that may handle restricted or prohibited data, including protected health information (PHI), is of the utmost importance. State and Federal laws require device management, including encryption, to protect patient data. It is the resident's responsibility to ensure that all of their devices are fully compliant with data security policies.

As a Resident, the GME Office expects that you will interact with Protected Health Information (PHI), this is considered restricted data by Stanford University policy; therefore, any device you use to access School of Medicine, Stanford Health Care or Stanford Children's Health systems (email, calendar, clinical medical records, etc.) could come into contact with restricted or prohibited data. All those devices must therefore be fully encrypted in order to comply with University and Hospital policies. (If you have a personal device that is never used to access any of the above systems, and is not used on the Stanford network, then it is not required to be compliant with data security standards.)

Compliance Requirements for Devices:

- Laptops and desktops must be Stanford Whole Disk Encryption (SWDE)-encrypted and have CrashPlan backup and BigFix
- Mobile devices must be enrolled in School of Medicine MDM
- All devices must show in "Am I Encrypted" (AMIE) amie.stanford.edu as compliant

Instructions can be found on the data security website at <https://med.stanford.edu/datasecurity/>.

- The first step in this process is for every Resident to complete the Data and Device Attestation. This is the step in which Residents declare what computers they have which access Stanford data at <https://med.stanford.edu/datasecurity/new-to-stanford.html>:
 - Install BigFix on all computers
 - Back up regularly
 - Encrypt all laptops and computers
 - Install School of Medicine Mobile Device Management (MDM) on any mobile devices
- Always use Stanford's SECURE email for messages containing PHI:
 - Type "SECURE" in the subject line of any message using a Stanford mail service, including Webmail
 - Do NOT use personal email (Gmail, etc.) for Stanford business
 - Do NOT forward your Stanford mail to your personal email
- Only use Stanford approved and provided cloud vendors. Do not use personal accounts on any external vendor site including:

-
- Box, Dropbox, iCloud
 - Google Docs/Drive
 - Egnyte
 - Gmail
 - Amazon Web Service
 - Microsoft SkyDrive

State and Federal Law specify a very short timeline; therefore, Residents must report lost or stolen devices (laptops, desktops, mobile phones, tablets) to the Privacy Office, their Program Director and the Office of Graduate Medical Education immediately.

Privacy Office	(650) 725-1828
Office of Graduate Medical Education	(650) 723-5948

Protected Health Information (PHI) includes patient identifiers plus any of the following:

- Name, address, date of birth, age, contact information
- Medical records, x-rays, lab results, photographs, prescriptions
- Billing and insurance information
- Research data

Disability

Graduate Medical Education (GME) values and has an institutional commitment to provide equal employment opportunities for qualified employees with disabilities in accordance with State and Federal laws and regulations, including the California Fair Employment and Housing Act (CFEHA), the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973.

Disability is defined as any physical or mental impairment that limits one or more of an individual's major life activities (e.g., caring for oneself, walking, seeing, hearing, speaking, breathing, learning, sitting, standing). To ensure equality of access for employees with disabilities, reasonable accommodations and auxiliary aids shall be provided to enable the employee to perform the essential functions of his/her job and to participate in all University programs and activities.

1. California State Disability Insurance (CSDI)

Effective January 1, 2018, CASDI pays wage replacement at one of the two following levels:

- Seventy Percent (70%): individuals who earned less than one-third of the state's average quarterly wage during the base period (prior four quarters); OR
- Sixty Percent (60%): Individuals who earned one-third or more of the state's average quarterly wage during the base period (prior four quarters).

The maximum weekly benefit amount of \$1,129 is based on an annual salary of \$106,740. Benefits begin after you have been continuously disabled for seven (7) calendar days. State Disability Insurance also provides benefits for "Paid Family Leave (PFL)" to eligible employees at the same benefit percentages as CASDI. For more information, visit the California Employment Development Department at <http://www.edd.ca.gov/Disability/>.

All leaves also require a Leave of Absence notice form which must be submitted to the GME Office. See "Advanced Notice and Medical Certification" on page 49.

2. Workers' Compensation Insurance

If a Resident sustains a work-related injury or illness he/she is eligible to receive benefits under the workers' compensation laws. Workers' compensation benefits are designed to provide Residents with the medical treatment needed to recover from work-related injury or illness, partially replace the wages lost while recovering and help the Resident return to work. Report all injuries to your supervisor immediately. Additionally, please contact Occupational Health at: (650) 723-5922 immediately if you sustain an injury in the workplace so that there is no delay in claim processing.

3. Long Term Disability Insurance

Stanford Health Care Plan pays the premium for a Long-Term Disability (LTD) plan designed to provide you with income protection in case of a disability during your tenure at Stanford Health Care. This insurance also offers the ability to purchase specialty-specific LTD coverage when you leave Stanford Health Care.

The LTD coverage while at Stanford Health Care typically pays a benefit of 60% of your salary to a maximum of \$3,500 per month after a period of disability of 90 days. You will be enrolled in the plan automatically at time of hire.

On leaving Stanford Health Care, you may continue the group coverage by purchasing it at group rates, and you may also purchase an individual, specialty-specific policy.

Monthly Benefits:	60% of salary to a maximum benefit of \$3,500/month.	
Integration:	Policy coverage integrates with CA State Disability, Social Security and Workers Compensation.	
Elimination:	90 days	
Length of Coverage:	To age 65 whether disabled by sickness or accident. Includes a two (2) year protection of medical student provision.	
	Pre-existing Conditions:	Full coverage after 30 days as Housestaff
	Loan Pay-off Provision:	\$175,000 max
	Conversion Option:	Guaranteed conversion to an individual disability policy for up to \$4,000 per month upon completion of residency with a guaranteed future insurance option for an additional \$2,000 after 1 year.
Company:	The Guardian (A++rated by A.M. Best), Policy# 320728	
Contact:	Anthony George	
Company:	George Advisors/HPIS 225 Rockaway Beach Ave, Suite 300 Rockaway Beach, CA 94044 Office: (650) 355-4247 Email: ageorge@pacificadvisors.com	

This section contains benefit highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the plan documents. If there is any conflict between this summary and the plan documents, the plan documents will govern. Stanford Health Care reserves the right to review, change or end any benefit for any reason.

A Summary Plan Description (SPD) is available to you through HealthySteps at <https://healthysteps4u.org/>. For benefit questions, please contact the HR Aon Hewitt Team (Stanford Health Care Benefits Service Center): Telephone: (855) 278-7157 or Email: HRBenefits@stanfordhealthcare.org.

Infection Prevention

The following are a list of mandatory infection prevention procedures:

1. Perform hand hygiene (waterless alcohol gel or soap and water wash) before **and** after every patient contact.
2. Do not wear artificial fingernails.
3. Wear personal protective equipment (PPE) for contact with blood/body fluids:
 1. GLOVES: non-intact skin, mucus membranes
 2. GLOVES & GOWN: large draining wounds
 3. GLOVES, GOWNS, EYEWEAR: intubation, irrigating large wounds
4. If blood exposure occurs, go to [OHS](#) during the day 7:30 AM to 10:00 PM located in Room H0124, on the ground floor of the hospital, Monday through Friday. On holidays, weekends and off- hours notify OHS via the 1 STIX Pager (1-7849) to speak with the on-call Occupational Health Services Blood Borne Pathogens (BBP) specialist. Available 24 hours a day, seven (7) days a week.
5. Have immunity demonstrated by a positive antibody titer to hepatitis B, measles, mumps, rubella, and varicella; have annual tuberculosis screening.
6. Do not report to work if you have a fever, flu symptoms, or skin lesion drainage. Contact [Occupational Health Services](#) at (650) 723-5922 for return to work evaluation and clearance.
7. Report "Reportable Diseases" and conditions to the Santa Clara County Health Department: (408) 885-4214 or to Infection Control: Adult (650) 725-1106; Child, (650) 497-8447.
8. Before discharging or transferring a patient with verified or suspected active TB, obtain approval from the county TB Controller. Call Stanford's Infection Control: Adult (650) 725-1106.
9. Get fit-tested for N-95 respirator and wear N-95 respirator for all patients with verified or suspect pulmonary TB, H1N1, SARS, and other diseases as required. Fit testing is managed by Occupational Health Services during their normal hours of operation.
 - A. Use single dose/use vial for one use and discard immediately after use; multi-dose vial used in a patient room will be used for the patient only and then discarded.

For Stanford Health Care & Stanford Children's Health, call Infection Control and Epidemiology at: (650) 725-1106 or pager (1-6167) Adult.

Needlesticks/Blood Borne Pathogens

Exposure to blood borne pathogens (BBP) or other potentially infectious material ("BBP exposure") is a common occupational hazard for health care workers. It is important to be prepared so that a BBP exposure can be handled without panic or undue alarm. Stanford Occupational Health Services (OHS) has developed a plan to ensure that an appropriate medical evaluation is done in a timely manner even when you are offsite. Always call the 1-STIX pager (17849) immediately after a BBP exposure to initiate an

incident reporting. The pager is covered 24/7. OHS will ensure employees are counseled regarding their risk of infection and will help arrange additional specialty consultation and treatment, if needed.

Note: The source patient's testing must be done within two (2) hours in order to receive the rapid HIV test results as part of the risk assessment for post exposure prophylaxis. The employee with a BBP exposure should come to OHS for a medical evaluation during regular business hours or the next regular business day. A BBP exposure does not need to go to the Emergency Department, unless directed to do so by OHS or the institution where the incident occurs, if not SHC. Completion of the OHS forms is required in order to meet State and Federal reporting criteria and to pay any bills associated with exposures. This is true whether the exposure happens at Stanford Health Care/Stanford Children's Health or at an off-site facility such as Santa Clara Valley Medical Center. To obtain a copy of the Injury/Illness report form visit: http://med.stanford.edu/gme/current_Residents/documents/EmployeeInjury-IllnessForm.pdf.

For BBP exposures that occur during OHS office hours (7:00am-10:00pm, Monday-Friday), the initial evaluation will be managed by OHS. For BBP exposures that occur "after hours" (10:00pm-7:00am or on weekends/holidays) at Stanford Health Care/Stanford Children's Health, the Clinical Resource Nurse (CRN) of the unit where the BBP exposure occurred will manage the initial evaluation with the help of the on-call OHS nurse. To help guide the initial response to a BBP Exposure, OHS has created a "Red Packet" which contains instructions and all the necessary paperwork. Each Red Packet contains a confidential ID number to use for testing the employee and the source patient. This ID number will be used by OHS to track test results and provide follow-up care.

Red Packets can be obtained from OHS during normal business hours. Afterhours they can be obtained after paging the 1-STIX pager from the Stanford Health Care/Stanford Children's Health Security Department (phone # 3-7222, room H0330).

Remember: always call the 1-STIX pager to initiate an incident reporting. There is a red packet drop off box outside of OHS.

Blood and Bodily Fluid Exposures

- Immediately wash wounds and contaminated skin with soap and water for 3-5 minutes.
- Eye Splash: remove contact lenses if wearing; flush eyes with copious amounts of water or saline for 15 minutes.
- Splash to Mouth/Nose: Rinse with tap water or saline for 3-5 minutes.
- Notify your manager and page 1-STIX (17849). From an outside line call 723-8222.

During business hours Monday through Friday 7 AM to 10 PM go immediately to Occupational Health Services for treatment and further flushing of mucus membranes.

Instructions for Blood Borne Pathogen (BBP) Exposures at For-Site Rotations, see next page.

Blood Borne Pathogen(BBP) Exposures at Off-Site Rotation Instructions



Resident Instructions for Blood Borne Pathogen(BBP) Exposures at Off-Site Rotation



Location	Employee Health Phone Number	OHS Hours of Operation & Location	How to report BBP DURING Business Hours	How to report BBP AFTER business hours
Santa Clara Kaiser	(408)851-3394	M-F 7:30am-4:15pm 710 Lawrence Expressway Santa Clara, CA 95051 3 rd Floor Room 364	<ol style="list-style-type: none"> 1. Report BBP to Kaiser Occupational Health. 2. Resident Labs Drawn at Kaiser Occupational Health at no charge. 3. Resident must report incident to Stanford Occupational Health Services (OHS) 1-STIX (17849). Dial 650-723-8222 enter pager ID: 17849 (enter your call back number). 4. Resident provides lab copy of lab results for employee & source patient to Stanford OHS. 	<ol style="list-style-type: none"> 1. Resident report BBP to the Kaiser ED. 2. Resident notifies Kaiser OHS by contacting Hotline 408-851-4390 and leaving voicemail Name, Patient Name, MRN, and call back number. 3. Kaiser ED will draw resident baseline lab tests. Residents may receive an ED bill. 4. Resident must notify Stanford OHS of BBP paging 1-STIX (17849). Dial 650-723-8222 enter pager ID: 17849 (enter your call back number). 5. Resident to follow up with SHC OHS for intake and to complete paperwork to open a workers' compensation claim to pay for Kaiser ED bill.
VA Palo Alto	(650)493-5000	Mon-Fri 8am-12pm, 1-4pm (closed for lunch 12-1pm) 3801 Miranda Avenue Palo Alto, CA 94304	<ol style="list-style-type: none"> 1. Report BBP to VA OHS. VA will conduct initial evaluation. 2. Resident instructed to have baseline labs drawn at SHC OHS. 3. Resident must report BBP to SHC OHS via 1-STIX (17849) pager. Dial 650-723-8222 enter pager ID: 17849 (enter your call back number). 4. Resident provides copy of lab results for employee and source patient to SHC OHS. 	<ol style="list-style-type: none"> 1. Report BBP incident to VA ED. 2. Source patient will have baseline labs drawn. 3. Resident must also report BBP to SHC OHS via 1-STIX (17849). Dial 650-723-8222 enter pager ID: 17849 (enter your call back number). 4. Resident to have baseline labs drawn at SHC OHS.
Santa Clara Valley Medical Center	(408)793-2658	Mon-Fri 7:30am-4:30pm 751 Bascom Avenue San Jose CA, 95128	<ol style="list-style-type: none"> 1. Page 1-STIX (17849). Dial 650-723-8222 enter pager ID: 17849 (enter your call back number). 2. Inform attending of BBP incident. 3. Source patient labs ordered by supervisor/attending/resident. 4. Resident baseline labs drawn at SHC OHS. 5. Resident provides copy source patient lab results to SHC OHS. 	<ol style="list-style-type: none"> 1. Page 1-STIX (17849) 2. Inform attending of BBP incident. 3. Source patient labs ordered by supervisor/attending/resident. 4. Resident baseline labs drawn at SHC OHS. 5. Resident provides copy source patient lab results to SHC OHS.

ALWAYS CONTACT THE 1-STIX (17849) PAGER WHEN YOU HAVE A BBP EXPOSURE IT IS AVAILALE 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS OF THE YEAR
1-STIX (17849) via Smartpage
650-723-8222 enter pager ID: 17849 (enter your call back number)

Natural Disaster Policy

If, because of a disaster, an adequate educational experience cannot be provided for each Resident/Fellow the sponsoring institution will attempt to:

1. Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its Residents/Fellows.
2. Cooperate in and facilitate permanent transfers to other programs/institutions. Programs/institutions will make the keep/transfer decision expeditiously to maximize the likelihood that each Resident will complete the Resident year timely.
3. Inform each transferred Resident of the minimum duration of his/her temporary transfer, and continue to keep each Resident informed of the minimum duration. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency year, it must so inform each such transferred Resident.

The DIO will call or email the ACGME Institutional Review Committee Executive Director with information and/or requests for information. Similarly, the Program Directors will contact the appropriate Review Committee Executive Director with information and/or requests for information.

Residents should call or email the appropriate Review Committee Executive Director with information and/or requests for information. Within ten (10) days after the declaration of a disaster, the DIO will contact ACGME to discuss due dates that ACGME will establish for the programs.

1. To submit program reconfigurations to ACGME and
2. 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 ACGME.

Fees for Professional Services

Patients may not be billed by a Housestaff officer for professional services rendered in the course of a Housestaff officer's training program.

Licensure

California Medical License

California law provides that medical school graduates in the first postdoctoral year (PGY) may practice for that year without a California license, but must register with the Medical Board of California, which is accomplished during registration.

The law further provides that a Resident in the second or subsequent postdoctoral year may be appointed and may practice in an approved hospital, provided that such a Resident shall qualify for and take the next succeeding examination for physician's and surgeon's certificate, or qualify for such a certificate by one of the other methods specified in the California Business and Professional Code (USMLE or reciprocity with another state). Graduates of international medical schools must complete two (2) years of U.S. residency prior to receiving a California medical license.

All eligible housestaff must obtain a California physician's license **within two (2) months from the date the Housestaff officer becomes eligible for licensure**. The Resident must immediately (within two (2) months of eligibility for licensure) apply for a DEA number. Copies of the license and DEA certificate must be provided to the GME office. **Failure to promptly obtain a license and DEA certificate will result in a suspension of training until such time as they are obtained. Unreasonable delay in obtaining a medical license or DEA certificate may result in termination of the Resident at the discretion of the Program Director and the Director of GME.**

Note: MBC counts all months of ACGME training including partial years completed.

If an individual in their third postdoctoral and/or subsequent years (following completion of "internship" and one year of residency in the USA or Canada) does not have a valid California medical license, written confirmation will be requested from the Program Director of the Resident's department certifying that the Resident will be placed on leave from the residency program. Continuation in the program is at the discretion of the Program Director and the GME director/DIO. The Resident may be placed on leave and may be subject to termination. Salary may be continued only in the amount of personal time off not used.

Graduates of international medical schools must be licensed by the first day of their fourth year of training in order to continue residency.

Residents who have completed their first postdoctoral year are urged to seek full licensure as soon as possible (see California Medical License Fees under Other Benefits). It may take nine (9)-six (6) months or longer for the processing of an initial California physician's license application. GME office expects all Residents to file the application **no later than March 1st** of their internship. Applications may be obtained via the Medical Board of California website www.mbc.ca.gov.

Incoming Residents/Fellows requiring a California Medical license to start must show proof that an application has been submitted to the Medical Board of California (MBC) with their registration materials. Please allow a minimum of six (6) months for the MBC to process your application. Also, you must turn in initial Medical License for reimbursement no later than six (6) months of your start date.

Malpractice Insurance

Medical Malpractice Insurance - Tail Coverage

Professional liability and general liability insurance coverage or self-insurance will be provided for you without charge for patient care related activities that are part of your official duties at Stanford Health Care/Stanford Children's Health and at any other institutions to which you are assigned during the term of your appointment. Off-site insurance coverage is not automatic. The Risk Management Office riskmanagement@theriskauthority.com must be contacted for coverage to be in effect for off campus assignments, volunteer activities or training opportunities. All rotation malpractice insurance coverage requests must be requested through the GME office.

Stanford Health Care currently maintains a program of self-insurance through a licensed captive insurance company, SUMIT. Tail coverage, or coverage that allows for claims to be covered outside the policy year of their occurrence, is provided for individual physicians leaving the Stanford program. Specific information regarding the availability of tail coverage can be obtained from the Risk Management Office.

Housestaff are cautioned that SUMIT will not cover activities which have not been assigned as part of their Stanford postdoctoral training program, e.g., moonlighting at other institutions.

The professional conduct of Housestaff officers is a very important element in Stanford Health Care's exposure to medical malpractice claims. Maintaining good rapport with your patients reduces the risk of being sued.

Any patient care complaint against a Housestaff officer will be fully investigated by Risk Management and/or the Department of Graduate Medical Education. When applicable and appropriate, the Resident will be notified of the outcome of the investigation and any action taken. If the Resident wishes to appeal any decision made in such cases, the Resident may go through the mechanism for resolution of disputes described in Resolution of Disputes.

Any unusual occurrence or accident involving the care of a patient should be reported immediately using the online incident reporting system available at each nursing station. Incidents involving the possibility of serious consequences to a patient, or those situations in which a patient and/or family has threatened legal action or requested compensation, should be reported immediately by you or the Unit/Clinic/Department to the Risk A Department at (650) 723-6824 or by paging the on-call Risk Manager.

The Risk Management Office investigates adverse events, patient complaints/claims, and lawsuits involving the Hospitals, Clinics and physicians and arranges for assignment of outside defense counsel needed for the defense of these matters. If you are involved in an adverse event, or named in a claim or as a defendant in a suit, you will be contacted by a member of the Risk Management Office who will advise you of your role in the investigation as well as the details of the legal process for the matter in which you are involved.

It is also possible that you may be subpoenaed as a witness in a matter where you were the patient's treating physician but where they are not suing the hospital or providers for malpractice (for example, an auto accident, where the patient was treated in the emergency room). Should you receive any legal papers please call the Risk Management Office immediately.

For questions regarding certificates and medical malpractice claims history:

<http://portal.stanfordmed.org/depts/RiskManagement/Pages/CertificatesOfInsurance.aspx>

If you have general questions about liability or insurance, please review the following documents:

- <http://portal.stanfordmed.org/depts/RiskManagement/Documents/Medical%20Malpractice%20Request%20Form.pdf>
- http://portal.stanfordmed.org/depts/RiskManagement/Data%20Connections/Certificate%20of%20Insurance%20Request%20Form_%20Event%20or%20Contract.pdf
- <http://portal.stanfordmed.org/depts/RiskManagement/Data%20Connections/Medical%20Malpractice%20Claims%20History%20Letter%20Request%20Form.pdf>

Acceptance of Documents

You may be personally served with various legal documents, including summons and complaints (lawsuits) or personal subpoenas which are related to your Housestaff activities. If you receive such documents, please contact the Risk Management Office: (650) 723-6824 for advice. Your clinic staff may also contact you directly about accepting such documents. You or your clinic can contact Risk Management about how to handle such documents.

Ombudsperson's Office

The Office of the Ombudsperson's for Stanford University School of Medicine is available to all Residents and Fellows. The Ombudsperson is a neutral and confidential resource for assistance with any work- place related issue. Further information about the office is available at: www.med.stanford.edu/ombuds or by calling the office at: (650) 498-5744.

Ombudsperson:	James Laflin
Address:	Stanford University School of Medicine Medical School Office Building 1265 Welch Road, Suite X301, MC: 5404 Stanford, CA 94305
Phone:	(650) 498-5744
Fax:	(650) 498-5865
Email:	jlaflin@stanford.edu

Paging

Upon commencement of your training you may be issued a pager by Stanford Health Care. You will be asked to sign a "Responsibility Form" which guarantees return of the pager in the same condition as it was when received, with due consideration for normal wear. Warranty for the pager is for one year. If the pager is lost or stolen, you are required to reimburse Stanford Health Care for the full replacement value (at the time of replacement). The present cost of a pager is approximately \$110 and you may wish to find out if your personal property insurance will cover this, or add a rider if it does not.

It is an expectation of all Housestaff that they keep their pager on, with them and respond promptly to pages while in the hospital, on-duty or on-call.

- To page internally, dial x 222, enter the 5-digit pager number and then enter a 10-digit call back number. Alpha pages can be sent thru: <https://smartpage.stanford.edu/>.
- To page from an external location, dial (650) 723-8222 and follow the steps above.

Payroll

Change of Address

Address changes need to be reflected in the following three areas within 2 weeks of change for GME appointment purposes:

1. Housestaff's Department/Division	Let your Program Coordinator (PC) know of your new address/phone number.
2. MedHub	Either ask your PC or Mitra Haddad mhaddad@stanfordhealthcare.org to update your MedHub contact information.
3. Payroll using Lawson eConnect	Visit https://infor.stanfordmed.org/sitepages/inforsuite.aspx (accessible via SHC website only) to ensure you receive all payroll related mailings such as benefits information, reimbursements, tax documentations, etc. in a timely manner. Housestaff are welcome to use the computers in the GME workroom/library.

Housestaff should not list the GME office or the hospital address as their mailing address. Any mail sent to these locations for Housestaff will be returned to sender.

Direct Deposit

All Residents should use direct deposit for automatic deposit of their paycheck into their personal checking and/or saving account(s). Log into Lawson eConnect/Infor <https://infor.stanfordmed.org/sitepages/inforsuite.aspx> to setup or make changes to your account. You are allowed to have up to three (3) accounts at any one time.

Note: that your direct deposit will take 1-2 pay periods to go in effect. Direct deposit is the safest way to get your money in your account(s) and prevents lost or stolen live checks. Housestaff are paid 26 times annually or every other Friday.

Lawson eConnect is also where you can view/print paystubs, W2's, update your tax withholdings and opt in to have your direct deposit receipt mailed to your home. Please do not use the GME address. If you do not sign up for direct deposit you will be paid via live check. Live checks are sent to the GME office on payday and can be picked up during their office hours. For more information <http://portal.stanfordmed.org/depts/Payroll/Pages/default.aspx>. You may also contact the payroll department by phone 650-725-4700 or email: PayrollQA@stanfordhealthcare.org.

Stipend Deductions

In addition to deductions for optional items as spousal dental insurance, the following deductions are required:

Income Tax Withholding

Stanford Health Care is required by IRS regulations to withhold income tax on the entire stipend paid to Housestaff officers. If you wish to change the number of exemptions for withholding purposes, use the Benefits Office website <https://infor.stanfordmed.org/sitepages/inforsuite.aspx>

Social Security

The Federal Social Security Act (F.I.C.A.) requires the deduction of social security payments. Housestaff officers must have social security numbers.

California State Disability Insurance

Housestaff on the Stanford Health Care payroll are covered by California State Disability Insurance (CSDI). The coverage is mandatory under California law and is solely contributory by the covered individual. Certain requirements must be met for eligibility to claim CSDI benefits. (See CSDI on page 37.)

Photo ID's / Security Access Cards

Photographic ID badges will be issued prior to or during the orientation process. **You are required to wear your ID badge at all times when on duty at Stanford Health Care. Under no circumstances may your ID badge be loaned to anyone.** Your ID badge functions as your identification badge & security access card. Photo identification badges must be worn using red plastic badge holder sleeves to identify you as a housestaff. Photo identification badges must also be worn above the waist and be clearly visible, in compliance with Title XXII of the California Administrative Code.

Upon completion of training you will need to turn in your badge, security access card, VTA and Go Pass to GME Office. The Security Access Card remains Stanford Health Care property at all times and must be returned upon request of the GME office.

Consequences of transferring or fraudulently using the Go Pass and/or Eco Pass

The Go Pass and Eco Pass issued to eligible housestaff is valid only for the duration they are actively employed at Stanford. Once their employment ends, their ID badge and passes are no longer valid and must be returned to the GME office. Failure to return ID badge may result in a \$250 fine. Fraudulent use and transfer of the Go Pass and/or Eco Pass is a serious violation of the program. **If you are caught using a Go Pass and/or Eco Pass on an expired or inactive ID badge, or discovered to have transferred your passes or accepted a pass that was not originally issued to you, you will face confiscation and potential fines up to \$250.** In addition, otherwise eligible employees or Housestaff will immediately forfeit Commute Club privileges and the privilege of receiving future passes and prizes through Parking & Transportation Services. To learn more visit <https://transportation.stanford.edu/transit/free-transit-incentives/caltrain-go-pass/eligibility>.

University Courtesy/Gym Card

Access to University facilities is authorized by the GME office and cards are given out at orientation for the duration of Housestaff's appointment with SHC. This card must be returned to the GME office at the end of the Housestaff's appointment with SHC. To learn more contact Stanford Card Office located at: Tresidder Union, 459 Lagunita Drive, 2nd Floor (next to the Ticket Office & Wells Fargo Bank), Monday – Friday, 8:30 AM-12:30 PM & 1:00 PM-5:00 PM, phone (650) 498-2273.

Stanford Libraries Access Card

To obtain access to Stanford University Libraries, register at the Privileges Desk in the Green Library located at: 557 Escondido Mall, Stanford, CA 94305. You will become eligible for both physical and online access. For Privileges Desk hours visit <http://library.stanford.edu/libraries/green/about>. Please have your hospital photo ID badge.

Physician Order Entry/Verbal Order

The 4th floor Housestaff on-call quarters have computers in each call room that have access to the physician order entry system at Stanford Health Care. Verbal orders are accepted by nurses from the Housestaff who are sleeping in the on-call area. The person receiving the verbal order is required to read the order back to the physician and document that verification. Verbal orders must be signed within 48 hours.

Prescription Authority

Housestaff without California licenses are authorized **only** to prescribe medications for inpatients (chart orders). **Outpatient prescriptions and discharge prescriptions written by Housestaff without California licenses and Drug Enforcement Administration (DEA) numbers must be countersigned by a licensed physician.** The California license and DEA numbers of the licensed physician must appear on all outpatient prescriptions. Residents with California licenses should apply immediately for assignment of a DEA number at www.deadiversion.usdoj.gov.

Housestaff cannot use e-prescribe.

Qualified Bilingual Staff program

If you are bilingual and would like to use your language skills to communicate directly with patients, there is now a test you can take to ensure your language skills are of the highest quality and compliant with Joint Commission Standards. The Qualified Bilingual Staff program offers a process for bilingual physicians at Stanford to take a foreign language competency assessment. Signing up is easy, and the exam takes about 45 minutes over the phone. Passing the QBS exam helps you make sure and show the hospital that you are able to communicate with patients in their preferred language and obtain consent without the assistance of an interpreter.

Note: that passing the QBS exam does not qualify you to interpret for other providers. For more information or to register for the exam, go to:

<https://shconnect.stanfordmed.org/depts/InterpreterServices/Pages/PhysiciansAdvance-Practitioners.aspx>.

Research

Housestaff paid by Stanford Health Care are not qualified to participate in clinical research as Principal Investigators. They may participate in clinical research under the direction of a faculty member who is a qualified Principal Investigator as long as the participation is disclosed to the School of Medicine prior to commencement of the research project and the terms and conditions of the Housestaff's grant, tuition reimbursement or stipend do not conflict with the research project requirements.

Reimbursements

The following reimbursements are applicable to eligible Housestaff paid by SHC:

Academic Year Payment

All Residents will receive a one-time \$1,000³ payment added to their 2nd paycheck in July. The funds are designed to cover cell phone charges. The benefit will be subject to the appropriate taxes.

Medical Board License (MBC) Fees

Housestaff paid by SHC are eligible for reimbursement of the initial California Medical License (CML) application fee of \$491, if the application is submitted to the GME office for review by March 1st of their first residency year. License applications can be notarized in the Department of GME by setting up an appointment. License application forms can be found on the MBC's website at

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

Housestaff paid by SHC who are in their PGY II year are eligible for a partial reimbursement of their CML application fee in the amount of \$907.50, if the medical license is issued before September 1st. Eligible Housestaff that completed their first residency year at Stanford and were reimbursed the initial licensing fee of \$491, will receive an additional reimbursement of \$416.50, providing they meet the license issuance date deadline of September 1st, are continuing at SHC training program and are paid by SHC.

Housestaff starting at Stanford as a PGY III or higher are eligible for a partial reimbursement of their CA medical license application fee in the amount of \$907.50, if the medical license was issued after a formal

³ The \$1,000 Cell phone allowance will be subject to all appropriate taxes.

offer letter from Stanford was sent to the individual and before the individual's start date at Stanford Hospital. All Reimbursement must be submitted within 1-2 months of occurring the expense.

When Residents receive their license, they need to bring it by the Department of GME for verification and to make arrangements for reimbursement. A copy of the license will be maintained in the Department of GME.

California Medical License Renewal Fees

The Department of GME will reimburse Housestaff up to \$820 towards the renewal fee for their CML. To qualify for renewal reimbursement, the Residents' license must expire during the academic appointment year and the Housestaff is paid by SHC. Residents/Fellows will not be reimbursed if the CML has been allowed to lapse or become delinquent.

To qualify for reimbursement, Housestaff must provide a copy of the renewed CML showing the new license expiration date, along with a copy of the completed Reimbursement Request Form. **It is the Housestaff's responsibility to renew their license in a timely manner.** GME does not reimburse for Residents that have had their license lapse.

DEA Certificates

Effective 9/1/2012, Housestaff paid by SHC are eligible to receive \$731 for the cost of obtaining a DEA certificate. The certificate must be obtained while employed as a Stanford Health Care Resident/Fellow and must be obtained within six (6) months of becoming eligible.

To qualify for DEA renewal reimbursement, the certificate must expire during the academic year in which the Housestaff is requesting the reimbursement. A copy of the DEA certificate must be turned in to the GME Office along with the completed Reimbursement Request Form. Reimbursements must be submitted within 1-2 months of your Date of Hire.

Education and Other Business-Related Expense Reimbursements

Full-time, active Housestaff paid by SHC will receive an educational bonus of \$2,000⁴ in November in their paycheck. **If all their HealthStream assigned modules were completed by May 31 for continuing Housestaff and June 16 for new Housestaff officers.** Funds should be used for educational materials at the discretion of each Housestaff.

USMLE Part III

Effective 9/1/2013, Housestaff in the PGY I category who are paid by SHC are eligible to receive \$845 towards the cost of one sitting of the USMLE Part III examination. Individuals should provide a receipt from their money order or cashier's check to the Department of GME along with a completed Reimbursement Request form for reimbursement. Eligible to receive during your PGY I year at Stanford Health Care.

Reimbursements must be submitted to the GME office by last day of Housestaff's PGY I year.

Moving Allowance

Each Resident commencing training in a Stanford Housestaff program for the first time will be eligible for up to \$3,000⁵ in moving allowance. Individuals transferring from Stanford University to Stanford Health

⁴ The \$2,000 educational benefit funds will be subject to all appropriate taxes.

⁵ The \$3,000 moving allowance will be subject to all appropriate taxes.

Care while remaining within residency/fellowship programs or rehires to SHC **are not eligible** for the reimbursement. **Individuals failing to complete at least six (6) months of residency are expected to repay the \$3,000 in full.**

The moving allowance will be added to a paycheck in August. Residents do not need to apply or save receipts for this benefit.

Housing Allowance

Each Resident commencing training in a Stanford Housestaff program is eligible for a monthly housing allowance of \$6,000⁶ per year paid as \$500 on the 1st paycheck of the month. Housing allowances will not be provided during any period of extended training.

Restrictive Covenant

Stanford does not require Residents to sign noncompetition guarantees or agreements.

Rotations

Away Elections/Rotations

All elective rotations outside of Stanford Health Care, Stanford Children's Health, the Palo Alto VA Healthcare System, Kaiser Permanente, Santa Clara (KPSC), and Santa Clara Valley Medical Center (SCVMC) must be approved by the GME Director of Stanford Health Care at least sixty (60) days prior to the start of the away rotation. If Housestaff fail to obtain approval, resident will not be paid for any time worked on such elective rotation. The appropriate form for Away Rotations is available on our website (http://med.stanford.edu/gme/current_Residents/housestaff_forms.html). Please send the following to the GME Department, at HC435, MC: 5207. Housestaff wishing to rotate outside of the State must obtain malpractice coverage from the institution sponsoring the elective:

1. Completed checklist
2. Completed application Form
3. Letter of Acceptance from host program
4. Completed Program Letter of Agreement (PLA)
5. Competency-based goals and objectives for the rotation
6. If international Fellow/Resident on a J-1 visa-attach a completed "[ECFMG Required Notification of Off-Site Rotation/Elective](#)"
7. Global Health Scholars (check one item below):
 - 7a. Johnson & Johnson Global Health Scholars Program
 - 7b. Mary Duke Biddle Clinical Scholars Program
 - 7c. Stanford Health Care (Independent) Global Scholars Program
8. If not on a Global Health Scholar rotation, please provide PTA (Dept./Division charge code #) to bill for stipend during rotation.

⁶ The monthly housing allowance of \$500 will be subject to all appropriate taxes.

Visiting Residents

Stanford Health Care (SHC) welcomes and offers Visiting Resident (VR) electives from other institutions for short-term (4 week) rotations in a broad array of elective rotations that foster growth of medical knowledge through patient care. All required paperwork must be submitted to the department/division in which the training will take place at least sixty (60) days in advance of the rotation start date. Approval is at the discretion of the department/division. Completed application packet is sent to GME office by the department/division no later than thirty days prior to rotation start date to avoid late fees.

Stanford GME accepts Visiting Resident from Accreditation Council of Graduate Medical Education (ACGME) accredited residency and Fellowship programs in the United States. The Medical Board of CA recognizes graduates of Canadian medical schools for a full unrestricted CA Medical License. However, GME office is **unable** to sponsor Canadians on Educational Commission for Foreign Medical Graduates (ECFMG) J-1 visas for short-term electives (less than one (1) year). If such an individual continues to wish to experience Stanford, they will need to submit the appropriate paperwork but will be limited to only non-patient care status.

Documentations required (except Santa Clara Valley Medical Center and Kaiser Permanente Santa Clara)

Requirements	Details
<ul style="list-style-type: none"> • Applicants to provide three (3) elective date options to the department/division administrator along with a copy of their CV 	Once the department/division has approved a date, then the following materials need to be submitted to the department/division for consideration.
<ul style="list-style-type: none"> • A letter of Good Standing 	Letter from applicant's home institution Program Director to Stanford stating salary/benefits will be covered in full during VR's visit at SHC; that VR is in good standing position with their program and provide the approved elective dates.
<ul style="list-style-type: none"> • Acceptance letter 	This letter is generated by the Stanford department/division once elective rotation date is approved and application material is received.
<ul style="list-style-type: none"> • Program Letter of Agreement (PLA) 	Generated by Stanford department/division after elective dates have been approved by department/division.
<ul style="list-style-type: none"> • Copy of current Immunizations 	Measles, Rubella, Chickenpox, Hepatitis B, Influenza, & TB Surveillance.
<ul style="list-style-type: none"> • Copy of Curriculum Vitae (CV) 	Updated CV
<ul style="list-style-type: none"> • Copy of Medical School Diploma 	Copy of Medical School Diploma
<ul style="list-style-type: none"> • Copy of Medical License 	CA or other states. Approved VRs without a Medical License are allowed as "guest physicians" for a total of ninety (90) days within CA.
<ul style="list-style-type: none"> • Copy of ECFMG certificate 	If international medical graduate.
<ul style="list-style-type: none"> • Documentation of completed HIPAA training 	Updated documentation
<ul style="list-style-type: none"> • Copy of home institution ID badge 	Home institution ID badge

Santa Clara Valley Medical Center (SCVMC) and Kaiser Permanente Santa Clara Applicants

Due to existing contracts between SHC with SCVMC and Kaiser Permanente Santa Clara, VR applicants from these sites need only:

1. Approval of their rotation dates
2. A copy of their California Medical License
3. CV

Late fee

Applications submitted to the GME office less than thirty (30) days prior to the VR's start date will incur a program late fee charge of \$350.00 to the GME office by providing a Stanford Project, Task, Award (PTA) number.

Processing

Completed application packets are sent electronically in a "secure" email by the Stanford department/division to Marcy Kulakow (mkulakow@stanfordhealthcare.org), GME Registrar thirty (30) days in advance of the VR's elective start date.

Once the application packet has been reviewed and approved by the GME, VR will be electronically assigned the appropriate HealthStream and Electronic Patient Information Center (EPIC) training courses that must be completed a minimum of three (3) days prior to VR's start date.

After the training is assigned, VR and Stanford Program Coordinator will receive an email from the GME office containing further instructions.

It is important that VRs complete their assigned training. Please do so no sooner than twenty (20) days but no later than three (3) days prior to arrival. It can take up to two (2) days after completion of training to gain access to the Stanford systems.

Two (2) weeks prior to VR's start date the department/division is to send a welcome email to VR identifying their tentative schedule, reporting time, list of recommended conferences, appropriate reading and other pertinent rotation information.

The VR is required to stop by the GME office, 300 Pasteur Dr., HC435, Stanford, CA 94305 between the hours of 8 AM-12 PM for a five (5) minute check in the first day of their rotation. **VRs not reporting to the GME office on their start date will have their access revoked.**

VRs will be requested via email to review, complete, and bring with them the following three (3) documents to the GME office:

1. Confidentiality Statement
http://portal.stanfordmed.org/sites/hr/SiteAssets/SitePages/Other/HR_Forms/Confidentiality_Statement.pdf
2. VR Information Form
http://med.stanford.edu/gme/visiting_residents/documents/VR_Information_Form.pdf
3. Medical Board of California Postgraduate Training Registration
<http://www.mbc.ca.gov/Forms/Applicants/07m-175a.pdf> or a copy of their valid California Medical License

Visiting Residents do not obtain a Stanford Photo ID badge.

VRs must be in possession and have on display their home institution photo ID badge at all times during their rotation at Stanford. VRs without their home institution badge will not be able to commence their elective.

GME does not administer or manage:

- Observerships
- [Visiting Clerkships](#)
- [Visiting Scholars](#)
- [Visiting Student Researchers](#)

Observership

Stanford Health Care does NOT offer clinical observership. No unauthorized visitors should be brought to observe clinical interactions or procedures. Violations of this policy by Housestaff are referred to the Department of Graduate Medical Education.

Smoking-Free Workplace

Stanford Health Care and Stanford Children's Health have a 100% smoke-free policy. Smoking is not permitted anywhere inside Stanford Health Care or Stanford Children's Health buildings, including private offices and internal patios. This policy applies to all hospital-controlled premises and leased hospital offices, including those within the City of Palo Alto. Smoking is also not permitted outside anywhere within the geographic area bounded by Welch Road, Quarry Road and Campus Drive West. Additionally, all our off-campus locations are either entirely smoke-free or follow the applicable city/county smoking ordinances.

Violations of this policy by Housestaff are referred to the Department of Graduate Medical Education. Housestaff repeatedly violating this policy may be subject to appropriate action to correct any violation(s) and prevent future occurrences.

Specialty Board Contact Information

The 24 Member Boards of The American Board of Medical Specialties (ABMS), including current contact information and Web site addresses, are:

<p>The American Board of Allergy and Immunology 1835 Market Street, Suite 1210 Philadelphia, PA 19103 phone: (215) 592-9466 toll-free: (866) 264-5568 fax: (215) 592-9411 online: www.abai.org</p>	<p>The American Board of Anesthesiology 4208 Six Forks Road, Suite 1500 Raleigh, NC 27609-5735 phone: (919) 745-2200 fax: (919) 745-2201 online: www.theaba.org</p>
<p>The American Board of Colon and Rectal Surgery 20600 Eureka Road, Suite 600 Taylor, MI 48180 phone: (734) 282-9400 fax: (734) 282-9402 online: www.abcrs.org</p>	<p>The American Board of Dermatology 2 Wells Avenue Newton, MA 02459 phone: (617) 910-6400 online: www.abderm.org</p>

<p>The American Board of Emergency Medicine 3000 Coolidge Road East Lansing, MI 48823 phone: (517) 332-4800 fax: (517) 332-2234 online: www.abem.org</p>	<p>The American Board of Family Medicine 1648 75 Parkway, Suite 550 Lexington, KY 40511 phone: (859) 269-5626 toll-free: (888) 995-5700 fax: (859) 335-7501 online: www.theabfm.org</p>
<p>The American Board of Internal Medicine 510 Walnut Street, Suite 1700 Philadelphia, PA 19106 phone: (215) 446-3500 or toll-free: (800) 441-2246 fax: (215) 446-3473 or (215) 446-3590 online: www.abim.org</p>	<p>The American Board of Medical Genetics and Genomics 9650 Rockville Pike Bethesda, MD 20814 phone: (301) 634-7315 fax: (301) 634-7320 online: www.abmagg.org</p>
<p>The American Board of Neurological Surgery 245 Amity Road, Suite 208 Woodbridge, CT 06525 phone: (203) 397-2267 fax: (203) 392-0400 online: www.abns.org</p>	<p>The American Board of Nuclear Medicine 4555 Forest Park Boulevard, Suite 119 St. Louis, MO 63108 phone: (314) 367-2225 fax: (314) 362-2806 online: www.abnm.org</p>
<p>The American Board of Obstetrics and Gynecology 2915 Vine Street Dallas, TX 75204 phone: (214) 871-1619 fax: (214) 871-1943 online: www.abog.org</p>	<p>The American Board of Ophthalmology 111 Presidential Blvd., Ste. 241 Bala Cynwyd, PA 19004 phone: (610) 664-1175 fax: (610) 664-6503 online: www.abop.org</p>
<p>The American Board of Orthopaedic Surgery 400 Silver Cedar Court Chapel Hill, NC 27514 phone: (919) 929-7103 fax: (919) 942-8988 online: www.abos.org</p>	<p>The American Board of Otolaryngology 5615 Kirby Drive, Suite 600 Houston, TX 77005 phone: (713) 850-0399 fax: (713) 850-1104 online: www.aboto.org</p>
<p>The American Board of Pathology 4830 Kennedy Blvd., Suite 690 Tampa, FL 33609 phone: (813) 286-2444 fax: (813) 289-5279 online: www.abpath.org</p>	<p>The American Board of Pediatrics 111 Silver Cedar Court Chapel Hill, NC 27514 phone: (919) 929-0461 fax: (919) 929-9255 online: www.abp.org</p>
<p>The American Board of Physical Medicine and Rehabilitation 3015 Allegro Park Lane SW Rochester, MN 55902 phone: (507) 282-1776 fax: (507) 282-9242 online: www.abpmr.org</p>	<p>The American Board of Plastic Surgery Seven Penn Center, Suite 400 1635 Market Street Philadelphia, PA 19103 phone: (215) 587-9322 fax: (215) 587-9622 online: www.abplasticsurgery.org</p>

<p>The American Board of Preventive Medicine 111 West Jackson, Suite 1340 Chicago, Illinois 60604 phone: (312) 939-2276 fax: (312) 939-2218 www.theabpm.org</p>	<p>The American Board of Psychiatry and Neurology 2150 E. Lake Cook Road, Suite 900 Buffalo Grove, IL 60089 phone: (847) 229-6500 fax: (847)229-6600 online: www.abpn.com</p>
<p>The American Board of Radiology 5441 East Williams Circle Tucson, AZ 85711 phone: (520) 790-2900 fax: (520) 790-3200 online: www.theabr.org</p>	<p>The American Board of Surgery 1617 John F. Kennedy Boulevard, Suite 860 Philadelphia, PA 19103 phone: (215) 568-4000 fax: (215) 563-5718 online: www.absurgery.org</p>
<p>The American Board of Thoracic Surgery 633 N. St. Clair Street, Suite 2320 Chicago, IL 60611 phone: (312) 202-5900 fax: (312) 202-5960 online: www.abts.org</p>	<p>The American Board of Urology 600 Peter Jefferson Parkway, Suite 150 Charlottesville, VA 22911 phone: (434) 979-0059 fax: (434) 979-0266 online: www.abu.org</p>

Time Off

Family and Medical Leave Act

Family and Medical Leave is leave authorized by the Federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). In most cases, FMLA and CFRA run concurrently with each other and with periods of Short-Term Disability, including leave due to work-related illness or injury. Eligible Housestaff are entitled to up to 12 weeks of unpaid leave for a qualifying reason during a 12-month period. The criteria for eligibility are one year of service, and 1,250 hours during the 12 months preceding the leave and that the leave entitlement has not been exhausted within the last year. (As discussed below, CFRA does not run concurrently with periods of Pregnancy Disability Leave.)

FMLA will not be provided beyond the end date of a fixed term appointment.

See appendix D for a more detailed description of FMLA and CFRA leave.

Reasons for Taking Leave

Unpaid FMLA/CFRA leave will be granted for any of the following reasons:

- The birth of your child, or placement for a child with you through adoption or foster care;
- To care for your spouse, domestic partner, child or parent who has a serious health condition;
- For a serious health condition that makes you unable to perform your job; or
 - Leave is for a qualifying exigent circumstance relating to the active duty or deployment of a qualifying service member; or
- Leave is to provide for the care of a family member who is an ill or injured military service member

Certain kinds of paid disability benefits may be used to provide salary replacement during unpaid leave.

Advance Notice and Medical Certification

You are required to provide advance notice of leave and medical certification. Taking of leave may be denied until requirements are met.

- Ordinarily you must provide 30 days' advance notice when the leave is "foreseeable".
- If the reason for the leave is not foreseeable, then you are required to provide as much advance notice as possible.
- Stanford Health Care requires medical certification to support a request for leave because of a serious health condition, and may require second opinions (at Stanford Health Care's expense) regarding the need for leave and/or a fitness-for-duty report prior to your return to work.

California State Disability Claims may be filed online and can be scanned/mailed to the GME Office. If you file a claim online, you need to print and submit a copy to the GME Office to ensure your leave dates are recorded correctly with the payroll department and in MedHub.

SDI dates not communicated correctly to the GME Office may result in over or under payments from SDI which the Resident will be responsible for repaying.⁷

For CA State Disability Forms visit <http://www.edd.ca.gov/disability>

Job Benefits and Protection

- For the duration of authorized FMLA/CFRA/PDL leave, Stanford Health Care will maintain your health coverage under its group health plan for a period not to exceed six (6) months, provided you continue to pay any premiums you were paying prior to the leave.
- Upon return from authorized leave, consistent with applicable law, you will be restored to your original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of leave will not result in the loss of any employment benefit that accrued prior to the start of your leave.

Note: Residents are advised that absences of longer than four (4) weeks per year may require additional training in order to comply with board regulations. Please contact your Program Director for more information.

In cases where a leave of absence has been approved by the Department Chair and the Chief Medical Officer, residents will be paid in full during the additional weeks of residency required to be Board eligible if the GME Office is notified. If the GME Office is **NOT** notified of the leave, continuation of pay during any required make-up time is at the discretion and cost of the residency program.

Employees are entitled to no greater rights on leave than if they were working. Therefore, if an employee would have been demoted, transferred, laid off, terminated or subject to any other employment action had the employee not been on leave, nothing in this policy will prevent Stanford Health Care from taking such employment action while on Leave. Leave of Absence will not automatically extend the length of a Housestaff contract beyond its established end date for the training year, nor will it change the number of hours required to complete a Housestaff contract. Please contact the GME Office for additional information on how the length of your Leave of Absence may affect your Program/Contract requirements.

⁷ Stanford will not reimburse for any under or overpayments that result from inaccurate information provided by the resident.

Pregnancy Leave

In accordance with California law, a female resident must be granted an unpaid Pregnancy Disability Leave of up to 17.5 weeks if the employee is incapable of performing her job duties because of medical disability resulting from pregnancy, delivery, or post-childbirth recovery, as verified by a physician. In addition, under the California Family Rights Act (CFRA), eligible employees have a right to unpaid family care/baby bonding leave of up to 12 weeks in the 12-month period following the birth, adoption or foster care placement of a child. With the consent of the resident, GME will offset unpaid time and/or applicable state disability benefits with any **unused** personal time off (up to 3 weeks) and/or any unused sick days (up to 20 days).

Failure to file for SDI benefits or ineligibility for California SDI benefits will not result in Stanford Health Care paying the equivalent of the disability benefit available from the State of California.

The GME Office will verify the amount of personal time off remaining. The resident's failure to properly designate personal time off in MedHub will not result in additional personal time off.

California Pregnancy Disability Leave and any applicable periods of CFRA or FMLA leave run concurrently with the paid periods noted above. See Appendix D for a more detail description of these and other FMLA and CFRA entitlements. Any other arrangement should be negotiated with your department/division and cleared with the Department of Graduate Medical Education. Any pregnant Housestaff officer should notify her Program Director as soon as possible after discovery of pregnancy so that scheduling changes can be made to accommodate any leave. The sick leave policy will apply during the extended period of disability.

The Graduate Medical Education Office must be notified at least 30 days prior to a leave or as soon as resident is aware of the need for a leave. See "Advanced Notice and Medical Certification" above.

Paternity Leave

Stanford Health Care offers one week with pay; (5 days). Additional unpaid time off will be provided in accordance with FMLA & CFRA (see Appendix D for more information regarding these policies).

Bereavement Leave

Residents are eligible for up to five (5) work days of pay in the event of a death of the employee's immediate family, including parents, legal guardian, spouse, children, stepchildren, grandparents, grandchildren, siblings, step-siblings, step-parents, mother-in-law, father-in-law and eligible domestic partners as defined in the Employer's Health Benefits Summary Plan Descriptions.

Bereavement will be granted immediately following the death unless arrangements require other dates approved by the Program Director and the Director of Graduate Medical Education.

Holidays

Holidays for residents will be consistent with the schedule at the institution to which the resident is assigned and with the policies of the program and/or department.

Educational Meetings and Activities

Request to attend educational, scholarly and professional activities/seminars should be submitted to the Program Director for approval. Duty hours must be entered for the dates and times you are in attendance in compliance with ACGME regulations.

Personal Time Off

Housestaff do not accrue vacation. Housestaff are permitted to take up to three (3) weeks of personal time off with pay during each one-year period. Personal time off must be scheduled in advance with the approval of the Director of the Residency Training Program in each department or division. Stanford Health Care believes that personal time away from the residency program is important to the welfare of Housestaff, so unused personal time off does not accumulate from year to year and there is no provision to pay in lieu of time off.

A leave of absence for professional reasons will be considered on a case by case basis. Written consent must be obtained from the Program Director and the Director of Graduate Medical Education. Continuation of salary is at the discretion of the Chief Medical Officer. Benefits, however, will not continue for more than six (6) months.

Jury Duty

If you are called to jury duty on a day in which you are scheduled to work, you will be given leave with pay for the actual time spent on jury service (time required to spend sitting on a jury or physically waiting at the courthouse in anticipation of being called to sit on a jury) and in related travel. The Program Director and/or department must be notified as soon as a jury summons is received.

Only the court, as outlined in the Jury Summons Notice can grant deferment or excused absence from jury service.

Sick Leave

Housestaff will be granted up to 20 days of sick leave (four (4) weeks) per year, if needed. Housestaff do not accumulate sick leave credit, and no additional compensation will be paid for unused sick leave. Salary will continue, offset by state disability or worker's compensation benefits, until the 20 days of sick leave are exhausted.

Transportation and Parking

Stanford Parking and Transportation Services will help answer employee questions regarding parking places, permits and alternative transportation options. For more detailed information, visit their website at: <http://transportation.stanford.edu> or visit their office in person at: 340 Bonair Siding, Stanford, CA 94305. You may also call them at: (650) 723-9362 or e-mail questions to: transportation@stanford.edu.

Alternative Transportation

- The Stanford Commute Club offers hundreds of dollars in Clean Air Cash or Carpool Credit to eligible individuals who agree not to drive alone to work and who choose not to purchase a Stanford parking permit. Commute Club members also receive up to 12 free hourly car rental vouchers each year, free membership gifts, automatic enrollment in the Emergency Ride Home program and more. For more information, visit: <http://transportation.stanford.edu/commuteclub> or send email to commuteclub@stanford.edu
- Marguerite Shuttle (free comprehensive campus shuttle system, open to the public and connecting with local transit, including CalTrain, and to shopping and dining). For more information visit: <http://transportation.stanford.edu/marguerite> for Marguerite maps and schedules.

- Eco Pass⁸ (Free use of VTA buses and light rail, Dumbarton Express, Highway 17 Express, and Monterey-San Jose Express by eligible Stanford Health Care/Stanford Children's Health employees. For more information visit <https://transportation.stanford.edu/transit/free-transit-and-incentives/vta-eco-pass>).
- Line U Stanford Express (Free use of East Bay express bus that connects BART and ACE train to Stanford. Requires a valid Stanford University, Stanford Health Care or Stanford Children's Health ID for free service). For more information visit <https://transportation.stanford.edu/transit/free-transit-incentives/line-u>).
- Bicycle Program. For bicycling information, including bike lockers, showers, and bike registration visit <http://transportation.stanford.edu/bike>.
 - Vehicle Rentals (Hourly, half-day, and full-day car rental (through on-campus Enterprise Rent-a-Car office or Zipcar at Stanford) available to faculty, staff, and students 18 years of age and older). Visit the following sites for more information: <http://transportation.stanford.edu/enterprise> and/or <http://transportation.stanford.edu/zipcar>.
 - Charter Bus Services (On-and off-campus group transportation services for conferences, events, activities etc.)-For more information visit <http://transportation.stanford.edu/charterbus>.
 - Commute Planning-Contact commuteclub@stanford.edu.

Find more details of the eligibility requirements at:

http://transportation.stanford.edu/alt_transportation/EcoPass.shtml.

Parking

Commuting Housestaff are required to purchase parking permits to park in designated parking lots from 6am to 4pm., Monday through Friday. "A" and "C" permits are available to commuters for various durations, including daily parking scratchers, by the month, or up to a year for longer-term parking.

For more information about parking at Stanford Health Care and Stanford Children's Health, visit <http://parking.stanford.edu>.

When purchasing a permit, Residents must present either an Stanford Health Care or Stanford Children's Health ID or a sponsorship form from their department administrator (forms are also available online at <http://transportation.stanford.edu>).

For information about parking at [Stanford Health Care](#) and [Stanford Children's Health](#) parking facilities, click on the names.

Uber transportation for trainees when they are too tired to drive home

SHC uses UBER as a means for transportation home for trainees when they are too tired to drive home. To learn more visit MedHub [SHC UBER Guidelines](#), under Resources/Documents on the left-hand side of this MedHub Home Page. As a reminder, UBER is only to be used if trainees are too tired to drive home. It is not to be used if their car is being repaired or for any other reasons. It is only for transportation from SHC & LPCH and does not apply to other affiliate hospitals.

⁸ Zip codes that do not qualify for the ECO and Go pass are: anyone whose residence address in the HR Database has a 94304, 94305, 94309, or blank ZIP code.

Other Services

On-Call Meals

Effective 7/1/2013, Residents/Fellows receive \$10 for every 12 hours (or longer) worked on clinical rotations at Stanford Health Care/Stanford Children's Health. Meal money will no longer be dependent upon in-house call. The funds will be assigned based on your duty hours logged into MedHub, which must be submitted on time. Payments are made on the 2nd paycheck of each month.

On-Call Quarters

Sleep quarters are provided for Housestaff officers who are required to take call at Stanford Health Care/Stanford Children's Health. Residents taking call from home should check with their residency Program Director regarding any response time requirements.

- All the call room doors will start the evening open. A closed door means it is unavailable.
- Do NOT reserve call rooms (no notes on doors, no putting your stuff in the room ahead of usage). Only go to the room when you intend to sleep.
 - For those unable to keep their belongings in their own department ahead of time, lockers are provided adjacent to the call rooms. These are located on the 4th floor, directly across the hall from GME office entrance.
- If you get to the call rooms and cannot find an open door there is a sign-in board for you to put your name, time, and service so we can track how often rooms are unavailable. The board is located on the door to the break room in the main area of call rooms and by the door at the entrance to the east side call rooms. It is imperative that you document the lack of available rooms.
- Please remember there are 2 sets of call rooms
 1. On BOTH sides of the hall beside the main GME office on the 4th floor (see map)
 2. 4 additional call rooms on the east side of the hospital, 4th floor by pavilion G (see map)
 - Additional clean sheets are in the cupboard leading to gym (across the hall from the GME office)

Call rooms available on the 4th floor at both stairwells in red:

The sleep rooms are single occupancy and are designated as "hotel". They are open to all Housestaff needing to sleep. For assistance call the GME office at: (650) 723-5948, located on the 4th floor of Stanford Health Care in the "C" wing.



GME Gym

The GME gym is located on the 4th floor of the SHC. Equipment includes: stair-climbers, treadmills, bicycles and weights. Residents must use their access card to enter and exit the roof access door that leads to the gym. The code for the gym door can be found posted above the keypad used to access the gym.

GME Lounge HC433

The GME lounge is located on the 4th floor of the hospital, room HC433, next to the GME Office. The lounge is furnished with sofas, chairs, television, pool table, refrigerator and microwave. This is provided to Residents for their comfort, however we ask to please be mindful of the noise level for the nearby on-call sleeping rooms.

After Hours Food

As an additional service for our Residents and Fellows, the GME stocks the lounge with healthy snacks for after hours, meaning when the cafeteria and other food options are not available. This food is for Residents and Fellows only.

Lactation Lounge HC404

The GME lactation lounge is located on the 4th floor of the SHC, room HC404, across the stairway from the GME Office.

Resident/Fellow Workroom HC403

The GME Resident/Fellow workroom is on the 4th floor of the SHC, room HC403, across the stairway from the GME Office. This workroom offers day lockers, computers, a phone and a printer for Residents to enjoy a quiet workspace.

Stanford Golf Course

Stanford University Golf Course is in the foothills above the Stanford University Campus, the golf course is consistently rated one of the finest courses in the world. Residents may sign up to be on the GME golf list and play at a reduced rate of \$25.

Rules:

- Sign-ups must be in person at the GME Office, room HC435.
- To allow access for all, Residents are given up to two (2) months on a first come, first serve basis.
 - Residents may sign up for additional months in the low-demand months. In order for these additional months not to count against your two (2) months, sign-up must be on the last day of the month based on availability.
- Guest pay \$125, subject to change. Fees can be found at:
http://golfcourse.stanford.edu/fees_policies.htm
- For additional rules, golf course hours and general information, call: (650) 724-0944 or go to <http://golfcourse.stanford.edu>

Welch Road Apartments

Seventy-two (72) apartments located adjacent to Stanford Health Care are available for Housestaff. They are configured as studios, one (1) and two (2) bedroom units. The application for the Welch Road Apartments are sent to incoming Housestaff along with their contracts in late March/April. Assignments are made via lottery in May. Tenancy is limited to the term of Housestaff's initial Stanford residency. There is a strict no pet policy.

Graduate Medical Education Department

The GME offices are located at:

300 Pasteur D., Room HC435, Stanford, CA 94305, MC 5207

Phone: (650) 723-5948, Fax: (650) 723-3045, gme.stanford.edu/

GME list of staff and their respective roles-Education

Name	Title	Email	Phone
Ann M. Dohn, MA	Director/DIO: Affiliate Relations Budgets CA Medical License Issues-Section 2113 & 2111 Institutional and Program Accreditations J-1 and H-1B Visas Policies Well-Being	adohn1@stanford.edu	650-723-5948
Nancy Piro, PhD	Senior Program Manager/Education Specialists: Program Accreditation Internal Reviews GME Research Evaluation/Assessment	npiro@stanfordhealthcare.org	650-723-3575
Jie Li, PhD	Program Manager/Education Specialists: Program Accreditation Internal Reviews GME Research Evaluation/Assessment	JieLi@stanfordhealthcare.org	650-723-6558
Diane Steinberg, PhD	Program Manager/Education Specialists: Program Accreditation Internal Reviews GME Research Evaluation/Assessment	dsteinberg@stanfordhealthcare.org	650-723-6562
Thi Dinh La, BA, BS	Web Project Specialist: GMEC Meeting Management Housing/Daycare Internal Reviews & Special Reviews (Scheduling) Scheduling for Ann Dohn Scheduling for Laurence Katznelson, MD Website Management GME Directory Management	tola@stanfordhealthcare.org	650-498-2418

GME list of staff and their respective roles-Operations

Name	Title	Emails	Phone
Robbin Bankston	Program/Office Manager: Benefits Daily operations/supervision of the GME office Meal Money Orientation Payroll	rbankston@stanfordhealthcare.org	650-723-5948
Brett Toensing	Financial/MedHub Analyst: Budgets New Hire Process HealthStream MedHub Orientation	btoensing@stanfordhealthcare.org	650-725-1951

Name	Title	Emails	Phone
Marcy Kulakow	Registrar: CA Medical Licensure EPIC Healthstream IT/SHC & LPCH MSOW New Hires Visiting Residents	mkulakow@stanfordhealthcare.org	650-723-5948
Mitra Haddad	Administrative Coordinator: Away Electives Continuing Housestaff Graduating Housestaff Loan Deferments/Forbearances Reimbursements Verifications	mhaddad@stanfordhealthcare.org	650-723-5948

The Department of Graduate Medical Education is located on the 4th floor of Stanford Health Care. Access is via the stairwell located adjacent to the Hospital Gift Shop or you can take the escalators by the Gift Shop up to the third floor, as you enter the hallway take a right then another right around the corner and on your immediate left is the stairwell. Take the stairwell up to the 4th floor and knock on the door to your left. Office hours are Monday to Friday 7:45am to 4:45pm or by appointment.

The office services include payroll, verification of training for student loans, employment and licensure. The office is available to assist Housestaff officers with questions on physician licensure, housing and general questions on relocating/living in the Palo Alto area.

Appendix A-Stanford Health Care-Harassment Policy

I. Purpose:

This policy defines harassment and explains the procedures for responding to harassing behavior by members of the hospital community.

II. Policy:

A basic value of Stanford Health Care is the respect for each individual and for individual differences. In keeping with that principle, we are committed to maintaining an environment which is free of harassment or intimidation based on race/color, national origin/ancestry, sex (including gender expression), religion, age (for persons 40 and older), mental or physical disability, veteran status, medical condition (including genetic characteristics), marital status, sexual orientation, and pregnancy. Harassment includes any behavior or conduct that unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment. Such behavior is in violation of policy and will not be tolerated. While all forms of harassment are prohibited, this policy also separately emphasizes the prohibition against sexual harassment. To that end, Stanford Health Care will comply with the State-mandated requirement (AB 1825) that all Supervisors, Managers, Directors and above receive two (2) hours of sexual harassment training every two (2) years.

All employees and supervisors should be aware that Stanford Health Care will take appropriate action to prevent and correct any behavior which constitutes harassment or sexual harassment as defined and that individuals who are found to be engaged in such behavior are subject to discipline up to and including termination.

III. Definitions:

A. Harassment (Based on a Legally-Protected Status)

1. Harassment is verbal, visual, or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race/color, national origin/ancestry, sex (including gender expression), religion, age (for persons 40 and older), mental or physical disability, veteran status, medical condition (including genetic characteristics), marital status, sexual orientation, and pregnancy or that of his/her relatives, friends, or associates and that:
 - a. Has the purpose or effect of creating an intimidating, hostile, or offensive working environment;
 - b. Has the purpose or effect of unreasonably interfering with an individual's work performance; or
 - c. Otherwise adversely affects an individual's employment opportunities.
2. Harassing conduct includes, but is not limited to, the following:
 - a. Epithets, slurs, negative stereotyping, or threatening, intimidating or hostile acts that relate to race/color, national origin/ancestry, sex (including gender expression), religion, age (for persons 40 and older), mental or physical disability, veteran status, medical condition (including genetic characteristics), marital status, sexual orientation, and pregnancy.
 - b. Written or graphic material that denigrates or shows hostility or aversion toward an individual or group because of race/color, national origin/ancestry, sex (including gender expression), religion, age (for persons 40 and older), mental or physical disability, veteran status, medical condition (including genetic characteristics), marital status, sexual

orientation, and pregnancy and that is placed on walls, bulletin boards, or elsewhere on Stanford Health Care premises, or circulated in the workplace.

- c. Retaliation for having reported harassment or for participating in an investigation into a complaint of harassment is prohibited by law and hospital policy.

B. Harassment (Sexual)

1. The determination of what constitutes sexual harassment will vary with the particular circumstances. However, in general, unwelcome sexual advances, requests for sexual favors and other verbal, visual or physical conduct of a sexual nature may constitute sexual harassment when:
 - a. Submission to such conduct, made either directly or indirectly, is a term or condition of an individual's employment;
 - b. Submission to such conduct or rejection of such conduct is used as a basis for employment decisions affecting an individual; or
 - c. Such conduct unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment. Examples of conduct which may create an offensive work environment include, but are not limited to, repeated and unwanted sexual advances or requests for sexual favors, displays of sexually suggestive objects, cartoons, web pages, screen savers, or pictures; suggestive or derogatory comments, insults or jokes; gestures or physical contact which are sexual in nature.
2. Prohibited acts of sexual harassment can take a variety of forms ranging from subtle words or actions to physical assault. Sexual harassment can be male to female, female to male, female to female, or male to male. Examples of conduct which may create an offensive work environment include, but are not limited to:
 - a. Verbal conduct such as using epithets, derogatory comments, slurs, or making unwanted sexual advances, invitations, comments or noises;
 - b. Visual conduct such as displaying derogatory posters, photographs, cartoons, or web pages, or viewing or disseminating offensive material online;
 - c. Unwelcome physical conduct such as touching, purposely blocking normal movement, or interfering with work directed at an individual because of his/her sex (including gender expression);
 - d. Insinuations, threats and demands of an individual to submit to sexual requests in order to keep his/her job or avoid some other adverse impact on his/her job, and offers of job benefits in return for sexual favors. An adverse impact on an individual's job need not amount to a loss of his/her job or a demotion, but could mean an action that adversely impacts the individual's evaluation, wages, advancement or promotion, assigned duties, shift or any other condition of employment or career development.
3. Retaliation for having reported harassment or for participating in an investigation into a complaint of harassment is prohibited by law and hospital policy.

IV. Procedure:

A. Manager Responsibility

Each manager has a responsibility to maintain the workplace free of any form of harassment, whether by a manager, supervisor, employee, or other person (including a patient or vendor).

B. Discussing and Reporting Incidents or Problems

1. We urge anyone who believes he or she has been subjected to discrimination, harassment or offensive sexual behavior to immediately contact one of the resources listed in Section E. below to discuss the situation.
2. All complaints of discrimination, harassment or offensive sexual behavior will be investigated promptly and in an impartial manner by a staff member of Employee and Labor Relations or other appropriate person designated by Employee and Labor Relations.
3. Because the subject of sexual harassment may be particularly sensitive to some, you are encouraged to choose the resource you feel most comfortable with in order to resolve the situation as quickly as possible. These discussions will be kept confidential to the extent possible and every reasonable effort shall be made to protect the privacy of all parties. However, please keep in mind that reporting of the situation and cooperation in the inquiry is important in order to prevent it in the future.
4. In addition, employees may call an Employee and Labor Relations representative on an anonymous basis to explore, discuss or gain clarification about sexual harassment.

C. Investigation

An Employee and Labor Relations representative or appropriate designee will promptly conduct a thorough and objective investigation of the alleged incident, and will make a determination as to whether the harassment occurred, whether it did not occur, or whether the evidence is inconclusive.

1. The investigation will include, but may not be limited to, a meeting or meetings with the individual accused of harassment ("individual accused"), the complaining employee ("complainant"), and potential witnesses, including other employees or non-employees who have frequent contact with the individual accused.
2. An Employee and Labor Relations representative or appropriate designee will meet with the individual accused and:
 - a. Inform the individual that an investigation is being conducted;
 - b. Summarize the procedure that will be followed in conducting an investigation;
 - c. Inform the individual that the hospital will treat the complaint and its investigation confidentially to the extent possible and that it expects the individual accused to do the same; and
 - d. Advise the individual of the hospital's policy against harassment and retaliation and inform him/her that any retaliation against or intimidation of any individual who has made a complaint or who has participated in an investigation of a harassment charge will not be tolerated.
3. The complainant will be informed:
 - a. That he or she should contact any of the available resources identified below immediately if he or she believes that any further violation of this policy against harassment or retaliation occurs; and
 - b. That Stanford Health Care will treat the complaint and its investigation confidentially to the extent possible and that it expects the individual accused and the complainant to do the same; and

- c. That intentionally submitting a complaint of sexual or other harassment which contains material false facts may be grounds for disciplinary action, but that no disciplinary action will be taken against an employee who submits a complaint which, although accurate, does not qualify as harassment under the definition contained in this policy. Further, that a finding that a complaint is not supported by the evidence, or is inconclusive, is not in itself evidence that material false facts were made as part of the complaint; and
- d. That any retaliation against or intimidation of any individual who has made a complaint or who has participated in an investigation of a harassment charge will not be tolerated and should be reported immediately to Employee and Labor Relations.

D. Resolution

1. If it is determined that harassment or retaliation has occurred, prompt and effective measures will be taken to remedy.
2. The Employee and Labor Relations representative will inform the complainant of the results of the investigation, and any action that will be taken to remedy the harassment.
3. Any employee, supervisor, manager, director or above who is found, after appropriate investigation, to have engaged in harassment of another employee will be subject to appropriate disciplinary action depending on the circumstances, up to and including termination.

E. Available Resources

1. Your immediate supervisor or the next level manager
2. Staff member of Employee and Labor Relations (650) 724-0958
3. Any member of Stanford Health Care management
4. Compliance Office (650) 724-2572
5. Employee Assistance Program (855) 281-1601
6. Stanford Health Care Hotline (800) 216-1784
7. External resources:

In addition to the internal resources that are available, employees may file complaints regarding unlawful discrimination, harassment or retaliation with either the Federal Equal Employment Opportunity Commission or with the California Department of Fair Employment & Housing. Contact information for these agencies is available in the Government section of the telephone book and online.

<http://portal.stanfordmed.org/policies/hrmanual/Documents/harassmentPolicy.pdf>

Appendix B-Agreement to Arbitrate Disputes

1. As a condition of appointment as a Housestaff officer, each Housestaff officer agrees that all disputes relating to or arising out of his/her residency training program and employment with Stanford Health Care, including the termination of his/her appointment, or the terms of his/her appointment, shall be resolved through final and binding arbitration under the terms and conditions set forth below.
2. In the event that any dispute arises between the Housestaff officer and Stanford Health Care concerning or related to the Housestaff officer's training program and employment with Stanford Health Care, the Housestaff officer and Stanford Health Care agree to make a good faith effort to resolve such dispute informally pursuant to the Dispute Resolution Procedures contained in these Housestaff Policies and Procedures. However, if they are unable to resolve such dispute, either party shall have the right to demand that the dispute be resolved by final and binding arbitration.
3. This arbitration agreement is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act, 9 U.S.C. ss 1-16.
4. This agreement to arbitrate all disputes includes but is not limited to claims of discrimination, harassment or retaliation under Title VII of the 1964 Civil Rights Act, as amended, the Civil Rights Act of 1991, the California Fair Employment & Housing Act, the Americans with Disabilities Act, the Age Discrimination in Employment Act, the Family and Medical Leave Act, the California Family Rights Act, the California Pregnancy Disability Leave Act, or any other State, Federal or municipal statute, rule, regulation or ordinance governing employment-related claims, as well as other claims related to or arising out of the Housestaff officer's training and employment, including claims for wrongful termination, fraud, misrepresentation, defamation, tort, or breach of contract. The only claims not covered by this agreement to arbitrate workplace disputes are claims for unemployment insurance benefits under any state law and claims for workers' compensation benefits under Stanford Health Care's workers' compensation insurance policy or fund.
5. The parties agree that in order to preserve the status quo pending arbitration, either party reserves the right to seek injunctive or other equitable relief in court where appropriate.
6. Any arbitration under this agreement shall be administered by the Judicial Arbitration and Mediation Services ("JAMS"), conducted by a single, neutral arbitrator mutually selected by the parties and in accordance with the then applicable Rules for the Resolution of Employment Disputes of JAMS. The arbitrator shall have all the powers available to a court of law or equity. The opinion and award shall be final and binding to the fullest extent permitted by law and be enforceable in any court of competent jurisdiction.
7. Each party to the arbitration shall bear his/her own attorney's fees and costs, including witness fees and the cost of exhibits or transcripts. If the Housestaff officer initiates arbitration, he/she shall be required to pay an arbitration fee equivalent to the cost of filing a civil complaint in the superior court in the county in which the arbitration will be conducted. Stanford Health Care shall be responsible to pay all costs that are unique to arbitration as required by law. However, nothing herein shall prevent the arbitrator from awarding fees and costs at the conclusion of the arbitration in accordance with law or contract.
8. THE PARTIES UNDERSTAND AND AGREE THAT UNDER THIS AGREEMENT TO ARBITRATE, STANFORD HEALTH CARE AND THE HOUSESTAFF OFFICER ARE KNOWINGLY AND VOLUNTARILY WAIVING THEIR

RESPECTIVE RIGHTS TO A TRIAL BEFORE A JUDGE AND/OR JURY REGARDING ANY DISPUTE BETWEEN THEM WITHIN THE SCOPE OF THE AGREEMENT.

9. The parties agree that should a court determine that any aspect of this agreement is unconscionable, unenforceable, or otherwise invalid, such provision may be severed so that the remainder of this agreement to arbitrate may be enforced.

Appendix C-Very Important Notice of Group Health Coverage Continuation Rights Under Cobra

Our benefit program complies with the Federal COBRA law, which requires that companies continue health coverage under certain circumstances explained in this notice. If you have health coverage under our benefit plan, and if that coverage ends for a reason listed below, you may be able to continue your health coverage for a certain period of time. It is important that you, your covered spouse, and any covered child(ren) until age 26 read this notice carefully as it outlines both your rights and your responsibilities under the law.

What is a COBRA Qualifying Event?

A COBRA qualifying event is an event that causes Housestaff or their dependents to lose health benefits. The law defines COBRA qualifying events as:

- Termination of employment (voluntary or involuntary except for gross misconduct)
- Reduction in work hours
- Death of employee
- Divorce or legal separation
- A child no longer satisfying eligibility requirements of a plan (for example a child no longer qualifying as a dependent because of age).

When Does Continued Coverage Apply?

If you are an employee or the dependent of an employee, you may elect up to 18 months of continued health coverage if you lose coverage due to the employee's:

- Termination of employment (voluntary or involuntary except for gross misconduct); or
- Reduction in work hours less than the minimum needed to remain covered by the plan.

If you are an employee's spouse or dependent child, you may elect up to 36 months of continued health coverage if you lose coverage due to:

- Death of the employee; or
- Divorce or legal separation; or

If you are a dependent child, you may elect up to 36 months of continued health coverage if you lose coverage due to:

- No longer satisfying the dependent eligibility requirements of a plan.

If you are a retiree and your employer commences a bankruptcy proceeding, you and your dependents who lose a substantial portion of coverage within one year before or after the bankruptcy filing is also entitled to continuation coverage. Coverage may be continued for the lifetime of retiree, or surviving spouse of a retiree who was deceased at the time of the filing. If the retiree is living at the time of the filing, dependents are entitled to up to 36 months of coverage from the date of the retiree's death.

What Coverage is Continued?

COBRA continuation rights apply only to health coverage as defined by the law (typically medical, dental, vision, health reimbursement accounts, employee assistance programs and health care spending accounts). Other coverages provided by your employee benefit plan are not included in these continuation rights.

Your continued health coverage will be the same as the health coverage provided for similarly situated employees or dependents who have not had a Qualifying Event. Any future plan or rate changes affecting the benefit plans for current employees will affect your continued coverage as well.

Continuation is available only for coverage's that you or your dependents were enrolled in at the time of the Qualifying Event. However, you may enroll new dependents acquired while you are covered under COBRA in the same manner as similarly situated employees. A child born to or placed under adoption with an employee covered under COBRA is considered a qualified beneficiary, provided the child is enrolled under COBRA, and may have additional COBRA extension rights. The covered employee or family member must notify the plan administrator within 30 days of the birth or adoption, in order to enroll the child on COBRA.

How Long Can Coverage Continue?

There are three (3) potential durations of COBRA coverage, depending on the type of qualifying event.

18 Months: Termination of the employee's employment or a reduction in the employee's work hours.

36 Months: Death of the employee, divorce or legal separation of the employee, losing dependent status. In addition, if you become entitled to Medicare and, within 18 months, experience a termination of employment or reduction in hours resulting in a loss of coverage, your covered dependents may elect to continue coverage for the period ending 36 months after the date you became entitled to Medicare.

Extension beyond 18 months: There are three additional circumstances when you can potentially continue COBRA beyond 18 months.

If you or your dependents have a second qualifying event during the initial 18 months of continuation coverage, dependents of the original employee may continue their coverage for up to 36 months' total, from the date of the initial qualifying event.

If you or any family member are determined to have been disabled (for Social Security disability purposes) on the date of the original qualifying event (termination of employment or reduction of hours) or within the first 60 days of COBRA coverage, all qualified beneficiaries may extend COBRA coverage for up to 29 months' total, from the date of the qualifying event. Non-disabled family members of COBRA coverage may also be eligible for this extension. To receive such an extension, you must notify the plan administrator of your disability determination before the end of the initial 18-month period and within 60 days of the Social Security determination date. If Social Security makes a determination of disability prior to the date of the qualifying event, then you must notify the plan administrator within 60 days of the date of the qualifying event.

The Cal-COBRA extension provides up to 36 months of medical coverage from the date Federal COBRA coverage began, provided you were entitled to less than 36 months of Federal COBRA, your former employer's insurance contract is issued in California and you are enrolled in a fully-insured medical plan. The premium charged under this Cal-COBRA extension may be up to 110% of the employer cost. Please

contact your medical insurance carrier directly, 30 days prior to the termination date of your Federal COBRA coverage, to inquire about the availability of this option.

When Does Coverage End?

COBRA coverage can be terminated before the maximum coverage period expires. Continuation coverage will terminate on the earliest of the following dates. In no event can coverage continue beyond 36 months from the original qualifying event date.

- a. When no health coverage is provided by your employer for any employees; or
- b. When premium payment for your continued coverage is not made on time; or
- c. After electing COBRA coverage, when you become covered under another group health plan; or
- d. After electing COBRA coverage, when you first become entitled to Medicare; or
- e. After electing COBRA coverage, the date you or your dependent is no longer disabled if you have extended coverage for up to 29 months due to your disability and Social Security has made a final determination that you or your dependent is no longer disabled. (You must notify the plan administrator within 30 days of this Social Security determination).

What Does It Cost?

You are required to pay the entire cost of your continued health coverage to the COBRA Representative plus a 2% administration fee. The cost of coverage during the 19th through the 29th month extension period for individuals under the Social Security disability extension may be up to 150% of the total cost.

You have 45 days from the day you elect COBRA to pay all current and retroactive premiums back to the day you lost coverage. Thereafter, you have a grace period of 30 days for regularly scheduled premium payments.

What Do You Have to Do?

In the event of a divorce, legal separation or dependent child who is no longer eligible as a dependent, you or a family member must formally advise your employer of the qualifying event. Such notification must be received on a COBRA Employee Notice of Qualifying Event Form. This form may be obtained in your human resources department.

The form must be provided to your employer within 60 days of the date of the Qualifying Event or loss of coverage, whichever is later. No exceptions can be made.

In the event of a termination of employment, reduction of hours or death, you need not take any action to request election materials. You should automatically receive a COBRA Election Kit at your home via the U.S. Postal Service. This COBRA Election Kit will outline coverage costs and options available to you and your dependents. If you wish to elect coverage, you must follow the guidelines detailed in the COBRA Election Kit.

If you decide to elect continued coverage, you must return your COBRA Election Form to the COBRA Representative within 60 days from the later of:

- a. The date your coverage would terminate due to the Qualifying Event; or
- b. The date on which the COBRA Election Kit is provided.

You then have 45 days to pay all current and retroactive premiums. Your coverage will be retroactively reinstated once the premium(s) and all required re-enrollment forms are received.

Is There Continuation Beyond COBRA?

You may be eligible to continue health coverage beyond COBRA by converting to an individual plan. A conversion privilege must be exercised within 30 days of termination of coverage. Individual conversion plans offer different plan designs at higher costs. The coverage and cost will not be the same as under COBRA.

Individual health insurance can be purchased through an online Marketplace in lieu of electing COBRA or after your COBRA coverage ends. You have a “special enrollment” period 60 days from the date you lose your employer’s group health coverage to enroll in the Marketplace. After 60 days, your special enrollment period will end, and you may not be able to enroll until a Marketplace “open enrollment” which typically begins in November for coverage starting as early as January 1st. However, if you elected COBRA and your coverage ends involuntarily, such as exhausting the maximum COBRA coverage period or if the employer no longer offers group health plan coverage, you may be able to enroll in the Marketplace through the special enrollment period. Coverage through the Marketplace may cost less than COBRA. Subsidies may be available through the Marketplace if your household income is between 138% and 400% of the Federal poverty level.

For more information about health insurance options available through the Marketplace, visit www.healthcare.gov or call 1-800-318-2596. If you live in California, contact Covered California at www.coveredca.com or 1-888-975-1142.

What About Life Insurance?

Group life insurance benefits are not subject to the COBRA continuation provisions. However, your life insurance policy may offer a port or conversion privilege. This must be exercised within 30 days following the date of termination. If you wish to exercise this conversion, please refer to your certificate of coverage for specific requirements.

Note: Questions regarding continuation of benefits should be referred to our COBRA Administrator, VitaCOBRA, at (650) 810-1480.

Appendix D-Family Care and Medical Leave (CFRA Leave) & Pregnancy Disability Leave

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to an unpaid family care or medical leave (CFRA leave). This leave may be up to 12 work weeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse. Unlike FMLA, the CFRA covers registered domestic partners the same as it covers spouses. Corresponding Federal leave under the Family Medical Leave Act (FMLA) also provides for leave to care for family members who are members of armed services and injured and for exigent circumstances in connection with a family member's deployment to service or active service. An eligible employee may take up to 12 workweeks of leave during any 12-month period when leave is for a qualifying exigency. When leave is to care for an injured or ill service member, an eligible employee may take up to 26 workweeks of leave during a single 12-month period.

Even if you are not eligible for CFRA or FMLA leave, if disabled by pregnancy, childbirth or related medical conditions, you are entitled to take a Pregnancy Disability Leave of up to four months, depending on your period (s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reasons of the birth of your child. Both leaves contain a guarantee of reinstatements to the same or to a comparable position at the end of the leave, subject to any defense allowed under law. Coverage by FMLA and CFRA will run concurrently, except in the case of a leave taken for disability due to pregnancy, childbirth or a related medical condition and for leave taken to care for a registered domestic partner.

If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events, which are unforeseeable, we need you to notify us, at least verbally as soon as you learn of the need for the leave.

Failure to comply with these notice rights is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

We may require certification from your health care provider before allowing you to leave for pregnancy or your own serious health condition or certification from the health care provider of your child, parent, registered domestic partner, or spouse who has a serious health condition before allowing you a leave to take care of the family member. When medically necessary, leave may be taken on an intermittent or a reduced work schedule.

If you are taking a leave for birth, adoption or foster care placement of a child, the basic minimum duration of the leave is two weeks; however, leave may be granted for less than two weeks on any two occasions. The leave must be taken and conclude within one year of the birth or placement for adoption or foster care.

Taking a family care pregnancy disability leave may impact certain of your benefits and your adjusted hire date. If you want information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact the Benefits Office at (650) 723-4748 or <https://stanfordhc.service-now.com/hr/home.do>.

Appendix E-Vendor Policy

Policy and Guidelines for Interactions between the Stanford University School of Medicine, the Stanford Health Care, and Stanford Children's Health with the Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries ("Industry")

Purpose of Policy:

The purpose of this policy is to establish guidelines for interactions with industry representatives for medical staff, faculty, staff, students, and trainees of the Stanford School of Medicine, Stanford Health Care and the Stanford Children's Health. Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies onsite, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical education.

Faculty and trainees also participate in interactions with industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the Medical Center. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the faculty member or the institution.

Statement of Policy:

It is the policy of the Stanford School of Medicine, Stanford Health Care and the Stanford Children's Health that interactions with industry should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise, they must be addressed appropriately, as described herein.

Scope of Policy:

This policy incorporates the following types of interactions with industry. It does not include faculty research and related activities, which are included in the Stanford University Faculty Policy on Conflict of Commitment and Interest: <http://www.stanford.edu/group/coi/overview/overview.html#c0>

- I. Gifts and compensation
- II. Site access by sales and marketing representatives
- III. Provision of scholarships and other educational funds to students and trainees
- IV. Support for educational and other professional activities
- V. Disclosure of relationships with industry
- VI. Training of students, trainees, and staff regarding potential conflict of interest in industry interactions

I. Gifts and Compensation

- A. Personal gifts from industry may not be accepted anywhere at the Stanford School of Medicine, Stanford Health Care, the Stanford Children's Health, the Menlo Clinic or off site clinical facilities such as other hospitals at which Stanford faculty practice, outreach clinics and the like.

1. It is strongly advised that no form of personal gift from industry be accepted under any circumstances. Individuals should be aware of other applicable policies, such as the AMA Statement on Gifts to Physicians from Industry

(<http://www.amaassn.org/ama/pub/category/4001.html>) and the Accrediting Council for Continuing Medical Education Standards for Commercial Support (<http://www.accme.org/>).

- B. Individuals may not accept gifts or compensation for listening to a sales talk by an industry representative.
- C. Individuals may not accept gifts or compensation for prescribing or changing a patient's prescription.
- D. Individuals must consciously and actively divorce clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.
- E. Individuals may not accept compensation, including the defraying of costs, for simply attending a CME or other activity or conference (that is, if the individual is not speaking or otherwise actively participating or presenting at the event).

II. Site Access by Sales and Marketing Representatives

- A. Sales and marketing representatives are not permitted in any patient care areas except to provide in-service training on devices and other equipment and then only by appointment.

Note: Vendor policies are already in place in the hospitals and will need to be made consonant with this policy.

- B. Sales and marketing representatives are permitted in non-patient care areas by appointment only. Appointments will normally be made for such purposes as:
 - 1. In-service training of Stanford Health Care or Stanford Children's Health personnel for research or clinical equipment or devices already purchased.
 - 2. Evaluation of new purchases of equipment, devices, or related items.
- C. Appointments to obtain information about new drugs in the formulary will normally be issued by the hospital pharmacy or by Pharmaceutical and Therapeutics Committees.
- D. Appointments may be made on a per visit basis or as a standing appointment for a specified period of time, at the discretion of the faculty member, his or her division or department, or designated hospital personnel issuing the invitation and with the approval of appropriate hospital management.

III. Provision of Scholarships and Other Educational Funds to Students and Trainees

- A. Industry support of students and trainees should be free of any actual or perceived conflict of interest, must be specifically for the purpose of education and must comply with all of the following provisions:
 - 1. The School of Medicine department, program or division selects the student or trainee.
 - 2. The funds are provided to the department, program, or division and not directly to student or trainee.
 - 3. The department, program or division has determined that the funded conference or program has educational merit.

4. The recipient is not subject to any implicit or explicit expectation of providing something in return for the support, i.e., a “quid pro quo.”
- B. This provision may not apply to national or regional merit-based awards, which are considered on a case-by-case basis.

IV. Support for Educational and Other Professional Activities

- A. Individuals should be aware of the ACCME Standards for Commercial Support. They provide useful guidelines for evaluating all forms of industry interaction, both on and off campus and including both Stanford- sponsored and other events. The Standards are appended to this policy and may be found at: <http://www.accme.org/>.
- B. All education events sponsored by the Stanford School of Medicine, Stanford Health Care or the Stanford Children’s Health must be compliant with ACCME Standards for Commercial Support whether or not CME credit is awarded.
- C. Meals or other types of food directly funded by industry may not be provided at Stanford School of Medicine, Stanford Health Care, the Stanford Children’s Health, or the Menlo Clinic.
- D. Faculty and medical staff should evaluate very carefully their own participation in meetings and conferences that are fully or partially sponsored or run by industry because of the high potential for perceived or real conflict of interest. This provision does not apply to meetings of professional societies that may receive partial industry support, meetings governed by ACCME Standards, and the like.
- E. Individuals who actively participate in meetings and conferences supported in part or in whole by industry (e.g., by giving a lecture, organizing the meeting) should follow these guidelines:
 1. Financial support by industry is fully disclosed by the meeting sponsor.
 2. The meeting or lecture content is determined by the speaker and not the industrial sponsor.
 3. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.
 4. The Stanford participant is not required by an industry sponsor to accept advice or services concerning speakers, content, etc., as a condition of the sponsor’s contribution of funds or services.
 5. The lecturer makes clear that content reflects individual views and not the views of Stanford School of Medicine, Stanford Health Care or the Stanford Children’s Health.
 6. The use of the Stanford name in non-Stanford event is limited to the identification of the individual by his or her title and affiliation.

V. Disclosure of Relationships with Industry

- A. Individuals are prohibited from publishing articles under their own names that are written in whole or material part by industry employees.

- B. In scholarly publications, individuals must disclose their related financial interests in accordance with the International Committee of Medical Journal Editors (<http://www.icmje.org/>).
- C. Faculty with supervisory responsibilities for students, Residents, trainees or staff should ensure that the faculty's conflict or potential conflict of interest does not affect or appear to affect his or her supervision of the student, Resident, trainee, or staff member.
- D. Individuals having a direct role making institutional decisions on equipment or drug procurement must disclose to the purchasing unit, prior to making any such decision, any financial interest they or their immediate family have in companies that might substantially benefit from the decision. Such financial interests could include equity ownership, compensated positions on advisory boards, a paid consultancy, or other forms of compensated relationship. They must also disclose any research or educational interest they or their department have that might substantially benefit from the decision. The purchasing unit will decide whether the individual must recuse him/herself from the purchasing decision.
 - 1. This provision excludes indirect ownership such as stock held through mutual funds.
 - 2. The term "immediate family" includes the individual's spouse or domestic partner or dependent children.
- E. For disclosure requirements related to educational activities, see the ACCME Standards for Commercial Support (<http://www.accme.org/>).

VI. Training of Students, Trainees, and Staff Regarding Potential Conflict of Interest in Interactions with Industry

- A. All students, Residents, trainees, and staff shall receive training regarding potential conflicts of interest in interactions with industry.

Appendix F-Transfer of Care Policy

I. Purpose

To establish protocol and standards within Stanford Health Care to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances

II. Policy

This policy is intended to guide transfer of care activities **to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances**. All Stanford Health Care Training Programs, including affiliate training sites, will adhere to current accreditation requirements as set forth by the Accreditation Council for Graduate Medical Education (ACGME) for all matters pertaining to the house officer training programs, including the transfer of care activities requirement.

III. Procedures

Each training Program Director shall develop explicit, written descriptions of transfer of care responsibility for the care of patients. Such guidelines must be communicated to all Residents and all members of the programs' teaching staff. Residents must be provided with prompt reliable systems for communication and interaction with attending physicians. **Individual programs must design schedules and clinical assignments to maximize the learning experience for Residents as well as ensure quality care and patient safety, and adhere to general institutional policies concerning transitions of patient care. Transitions of care are necessary in the hospital setting for various reasons. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:**

- Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or ER and transfer to or from a critical care unit.
- Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas
- Discharge, including discharge to home or another facility such as skilled nursing care
- Change in provider or service change, including change of shift for nurses, Resident sign-out, and rotation changes for Residents.

The transition/hand-off process must involve face-to-face interaction with both verbal and written communication. The transition process should include, at a minimum, the following information in a standardized format that is universal across all services:

- Identification of patient, including name, medical record number, and date of birth
- Identification of admitting/primary physician
- Diagnosis and current status/condition of patient
- Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken.
- Changes in patient condition that may occur requiring interventions or contingency plans

Each Program Director must develop components ancillary to the institutional transition of care policy and that integrate specifics from their specialty field. Programs are required to develop scheduling and transition/hand-off procedures to ensure that:

- Residents do not exceed the 80-hour per week duty limit averaged over 4 weeks.
- Faculty are scheduled and available for appropriate supervision levels according to the requirements for the scheduled Residents.

Document Information

This policy is reviewed by the Graduate Medical Education Committee every five years.

Approved By: Graduate Medical Education Committee-February 13, 2014.

Appendix G-Supervision Policy

I. Purpose

The GMEC must establish and implement policies and procedures regarding the quality of education and the work environment for the Residents in all programs. These policies and procedures must include Resident Supervision: Monitor programs' supervision of Residents and ensure that supervision is consistent with:

- a. Provision of safe and effective patient care;
- b. Educational needs of Residents;
- c. Progressive responsibility appropriate to Residents' level of education, competence, and experience; and
- d. Other applicable Common and specialty/subspecialty-specific Program Requirements.

II. Policy

This policy is intended to guide patient care activities in which Residents participate in are appropriately supervised and documented during the course of their inpatient and outpatient training. Resident supervision begins with the initial contact with the attending physician and the patient and continues through all care experiences the Resident has with the patient. All Resident patient care activities are to be conducted within the scope of their training programs.

All Stanford Health Care Training Programs, including affiliate training sites, will adhere to current accreditation requirements as set forth by the Accreditation Council for Graduate Medical Education (ACGME) for all matters pertaining to the house officer training programs, including the level of supervision provided.

Each residency training program is required to maintain a level of faculty supervision of Residents which complies with ACGME requirements. Each department shall develop a policy regarding Residents who request to participate in patient care provided by non-faculty and non-visiting clinical faculty physicians. This policy will include a provision to assess the educational benefits of the participation. The proximity and timing of supervision as well as the specific tasks delegated to Resident depends on a number of factors including:

- The acuity of the situation and the degree of risk to the patient.
- The level of training (i.e. year in residency) of the House Officer
- The skill and experience of the House Officer with the particular care situation
- The familiarity of the supervising physician with the House Officer's abilities

III. Procedures

Each training Program Director shall develop explicit, written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all Residents and all members of the programs' teaching staff. Residents must be provided with prompt reliable systems for communication and interaction with attending physicians. Resident supervision should reflect graduated levels of responsibility based on individual skill and level of training.

Attending physicians must be scheduled to ensure that supervision is readily available to the Resident on duty, particularly during on call periods. The level of responsibility accorded to each Resident must be determined by the teaching faculty according to the program-specific criteria for competency-based evaluation and promotion.

Monitoring

- The GME Office shall maintain program-specific supervision policies on MedHub and shall take steps to ensure that this file is updated periodically.
- The adequacy of supervision and House Officer satisfaction with supervision will be evaluated during the GMEC internal review process, Annual Program Reviews, GME and ACGME surveys.
- The annual GME report provided to all participating institutions shall specifically address the adequacy of supervision policies, as required by ACGME standards.
- The GME Committee shall review all accrediting and certifying bodies' concerns regarding supervision of Residents and ensure that appropriate follow-up with corrective actions occurs as needed.

Appendix H-Duty Hours Policy

I. Purpose

The Sponsoring Institution must have formal written policies and procedures governing Resident duty hours.

II. Policy

With respect to working hours both on-site and off-site, all Housestaff must comply with the rules of the department to which they are assigned and will also comply with any applicable ACGME, State or Federal Regulations setting limitation on work hours. All Housestaff are required to accurately record their work hours and report their work hours on the MedHub system (<https://stanford.medhub.com/>) and will be disciplined if they fail to do so. Access to MedHub will be emailed to the Resident/Fellow upon completion of Orientation.

III. Procedures

Residents can report non-compliance with residency work hours to the Department of Graduate Medical Education, Medical Director, of Education or ACGME. Contact Ann Dohn, Department of Graduate Medical Education at (650-723-5948), if you have any questions about work hours or outside commitments. Residents can report non-compliance with residency duty hours to the Department of Graduate Medical Education (http://gme.stanford.edu/anon_report.html).

All Residents must accurately report their work hours on a weekly basis using the MedHub system. Failure to do so may result in disciplinary action including termination from the residency program.

- Requirements for entering hours accurately into existing and future time recording systems weekly.
- The need for Faculty Chairs to observe hours worked by Residents to check compliance.
- Details of required Whistle Blower protection arrangements; and
- The need to reference the ACGME website on Procedures Addressing Complaints against Residency Programs.

Professional activities in your off-time hours should be arranged so as not to interfere with your House Officer obligations and your ability to benefit from the Graduate Medical Education Program.

Document Information

This policy is reviewed by the Graduate Medical Education Committee every five years.

Approved By: Graduate Medical Education Committee

REV. 1/8/2008

REV. 5/10/2012

False Claims Recovery Policy

This policy applies to: <input checked="" type="checkbox"/> Stanford Hospital and Clinics <input type="checkbox"/> Lucile Packard Children's Hospital	Last Approval Date: June 2015
Name of Policy: False Claims Recovery Policy	Page 1 of 8
Departments Affected: All Departments	

I. PURPOSE

The purpose of this policy is to comply with the requirements in Section 6032 of the Deficit Reduction Act of 2005 (the "DRA"), which amends Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)). Under the DRA, any entity that receives or pays five million dollars (\$5,000,000) or more in Medicaid payments each year is required to implement specific policies that provide detailed information about the following: (a) the federal False Claims Act; (b) federal administrative remedies for false claims and statements; (c) the California False Claims Act; (d) the civil or criminal penalties for false claims and statements under the California Act; (e) whistleblower protections under the federal False Claims Act and California law; (f) the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs; and (g) detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse. The information in this policy must also be included in entity's Employee Handbook. Effective January 1, 2007, the existence of such policies will be a condition for any such entity's participation in the Medicaid program. In addition, the policy must apply to all of the entity's employees, including management, and any contractors or agents of the entity. SHC is subject to these requirements of the DRA and must adopt policies as described above.

II. DEFINITIONS

- A. Under the federal False Claims Act, a "claim" is any request or demand, whether under a contract or otherwise, for money or property which is made to an officer or agent of the United States or a contractor, grantee, or other recipient if the money or property is to be spent or used on the Government's behalf and if the Government provides any portion of the money or property requested or demanded, or if the Government will reimburse such contractor, grantee or recipient for any portion of the money or property.
- B. Under the California False Claims Act, a "claim" is any request or demand for money, property, or services made to any employee, officer, or agent of the state or of any political subdivision, or to any contractor, grantee, or other recipient, whether under contract or not, if any portion of the money, property, or services requested or demanded issued from, or was provided by, the state or by any political subdivision thereof.
- C. Under both the federal False Claims Act and the California False Claims Act, "knowing" or "knowingly" means that a person, with respect to information, has (1) actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

- D. Under the California False Claims Act, a “political subdivision” includes any city, city and county, county, tax or assessment district, or other legally authorized local governmental entity with jurisdictional boundaries.
- E. Under the California False Claims Act, a “person” includes any natural person, corporation, firm, association, organization, partnership, limited liability company, business or trust.

III. POLICY STATEMENT

SHC shall provide this policy to all SHC employees, including management, and any contractors or agents of SHC, to educate them about the federal false claims statute, administrative remedies for false claims and statements under federal law, state laws pertaining to civil or criminal penalties for false claims and statements, whistleblower protections under such laws, and the role of such laws in preventing and detecting fraud, waste and abuse in federal health care programs. SHC shall also include detailed provisions regarding any policies and procedures for detecting and preventing fraud, waste and abuse.

IV. PRINCIPLES

A. OVERVIEW

False claims statutes play an important role in preventing fraud and abuse in government health care programs by enabling the Government to bring civil actions to recover damages and civil penalties when false claims are submitted to the Government. The federal False Claims Act (the “FCA”) prompted many states to implement similar statutes that address fraud and abuse in state and local government programs. Some false claims statutes, including the FCA, also allow certain individuals, usually employees or former employees, to file a qui tam suit against the entity that submitted the false claims.

B. FEDERAL FALSE CLAIMS ACT

1. Background

Generally, the FCA applies to any federally funded program. *See* 31 U.S.C. § 3729. Under the FCA, any person or entity who knowingly submits or causes to be submitted, a false or fraudulent claim for payment of United States Government funds, is liable for the following: (a) three times the Government’s damages; (b) civil penalties ranging from \$5,500 to \$11,000 per false claim; and (c) the costs of the civil action to recover the penalty or damages from the false claim.

The FCA is also implicated when a person or entity does any of the following:

- a. knowingly makes, uses, or causes to be used a false record or statement material to a false or fraudulent claim;
- b. has possession, custody, or control of property or money to be used by the Government, and knowingly delivers, or causes to be delivered, less than all of that money or property;
- c. certifies receipt of property on a document without completely knowing whether the information on the receipt is true;
- d. knowingly buys government property from an unauthorized officer or employee of the Government; or
- e. knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Government; or
- f. conspires to commit a violation of any of the above.

When the Attorney General has reason to believe that a person (or entity) may have material or information related to a false claims investigation, he/she can initiate an investigation. The Attorney General can issue a civil investigative demand, which requires the person (who is the subject of the investigation) to do any of the following: (a) produce the relevant materials for inspection and copying; (b) answer written questions; (c) provide oral testimony regarding the information; or (d) furnish any combination of the information described in (a), (b) and (c). See 31 U.S.C. § 3733.

2. Qui Tam Suits

The “qui tam” provision, more commonly referred to as the whistleblower provision, permits a private person, (the “relator”, also known as a “whistleblower”), to bring a civil action on behalf of the Government, when he or she has information that the defendant knowingly submitted, or caused to be submitted, to the Government false or fraudulent claims. The purpose of a qui tam suit is to recover the funds received as a result of the false claims. If the suit is successful, the relator may receive a percentage of the funds recovered.

Generally, filing a qui tam suit and participating in the corresponding court procedure is a complicated process with many specific requirements. Initially, the relator must provide a copy of the complaint and written disclosure of substantially all material evidence and information in his or her possession to the Government. Once the qui tam suit is filed, the suit remains under seal for a minimum of sixty days, during which time the Department of Justice decides whether to intervene in the relator’s suit.

If the Government joins the suit, the relator may receive between fifteen and twenty-five percent of the proceeds of the action or settlement of the claim, depending upon the extent to which the relator substantially contributed to the prosecution of the action. If the Government declines to intervene in the suit, the relator can proceed on behalf of the Government. Although the Government is not an actual party to the case when the relator proceeds independently, the Government is still entitled to any recovery obtained from the relator’s suit. Generally, the relator may receive between twenty-five and thirty percent of the proceeds, depending upon what amount the court determines is reasonable for collecting the civil penalty and damages

There are two limitations on the relator’s recovery of proceeds:

- a. regardless of whether the Government participates in the action, if the relator planned and initiated the false claims violation, the court may reduce the relator’s share of the proceeds based on his/her role in advancing the case to litigation and other relevant circumstances; and
- b. if the relator is convicted of criminal conduct related to his/her role in the false claims, the relator will be dismissed from the civil action without receiving any portion of the proceeds. See 31 U.S.C. § 3730.

In addition, the FCA has a statute of limitations that restricts the period of time during which a person can file a qui tam action. A civil action under the FCA must be filed (a) within six years from the date of the false claims violation, or (b) within three years of when the Government knows, or reasonably should have known, about facts material to the illegal conduct, but in no event more than ten years after the violation occurred, whichever occurs last. See 31 U.S.C. § 3731

3. Whistleblower Protections

Under the FCA, a relator/whistleblower is protected from retaliation by his or her employer when he or she files a qui tam case. Any employee, contractor, or agent who is discharged, demoted, suspended, threatened, harassed, or discriminated against in his or her employment because of lawful acts done in furtherance of their efforts to stop one or more violations of the FCA, is entitled to all relief necessary to make the employee, contractor, or agent whole. The employee, contractor, or agent may bring an action based on the employer's retaliation in the appropriate federal district court. If the action is successful, the employee/whistleblower is entitled to:

- a. reinstatement with the same seniority status the employee, contractor, or agent would have had without the discrimination,
- b. two times the amount of back pay,
- c. interest on the back pay, and
- d. compensation for any special damages incurred as a result of the discrimination, including litigation costs and reasonable attorneys' fees. See 31 U.S.C. § 3730(h).

C. ADMINISTRATIVE REMEDIES FOR FALSE CLAIMS AND STATEMENTS

The Program Fraud Civil Remedies Act of 1986 (the "PFCRA") is similar to the FCA and sets forth the administrative remedies for false claims and statements. A person violates the PFCRA by making, presenting or submitting (or causes to be made, presented or submitted), a claim that he or she knows, or has reason to know, is one of the following:

1. false, fraudulent, or fictitious (collectively, "false");
1. for payment for the provision of property or services that the person did not provide as claimed; or
3. includes or is supported by a written statement that either:
 - a. asserts a material fact that is false, or
 - b. omits a material fact, is false as a result of the omission, and is a statement in which the person making, presenting or submitting such statement has a duty to include such material fact.

A violation of this section of the PFCRA results in a maximum civil penalty of \$5,000 for each claim and an assessment of up to twice the amount of each claim (or the relevant portion of the claim.) However, an assessment will not be made on claims that the Government has not paid.

A person also violates the PFCRA by submitting a written statement that he/she knows or has reason to know:

1. (a) asserts a material fact that is false, or (b) omits a material fact, is false as a result of the omission, and the person has a duty to include the material fact in the statement; and
2. includes or is accompanied by an express certification of affirmation of the truthfulness and accuracy of the statement's contents.

A person is subject to a maximum civil penalty of \$5,000 for each statement that violates this section of the PFCRA. See 31 U.S.C. § 3802.

D. CALIFORNIA FALSE CLAIMS ACT**1. Criminal/Civil Penalties**

Under the California False Claims Act (the “CFCA”), any person or entity who knowingly presents, or causes to be presented, a false claim for payment or approval to an officer or employee of the state, or of any political subdivision of the state (hereinafter, the “state”), or knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the state, is liable for: (a) three times the amount of the damages to the state, and (b) the costs of the civil action to recover the penalties or damages. In addition to the penalties above, the person or entity may be liable to the state for civil penalties of up to \$10,000 for each false claim. *See CA Govt Code § 12651(a).*

The other actions that result in civil and criminal penalties under the CFCA mirror those of the federal FCA (described above in Section D (1)); however, the CFCA has an additional component under which a person or entity may be liable if (a) he or she is a beneficiary of an inadvertent submission of a false claim to the state, (b) subsequently discovers the falsity of the claim, and (c) fails to disclose the false claim to the state within a reasonable time after discovery of the claim.

A person who violates the CFCA may be liable for a lesser amount, (between two and three times the amount of the state’s damages and no civil penalty), if the court makes the following findings: (a) the person committing the violation provided the state with all information known about the violation within 30 days of when the person first obtained the information; and (b) the person fully cooperated with any state investigation; and (c) when the person furnished the state with information, no criminal prosecution, civil action, or administrative action had commenced with respect to the violation, and the person did not have actual knowledge of an investigation into the violation. *See CA Govt Code § 12651(b).*

The CFCA does not apply to a controversy involving less than \$500 in value, nor does it apply to claims involving workers’ compensation, claims against public entities and employees, or claims, records or statements made under the Revenue and Taxation Code. *See CA Govt Code § 12651.*

A civil action under the CFCA must be filed within three years from the date of the state’s discovery of the violation, or within ten years after the date the violation occurred. However, unlike the federal FCA, the CFCA can be applied retroactively if the limitations period has not lapsed. *See CA Govt Code § 12654.*

2. Qui Tam Suits

Under the CFCA, a person (the “qui tam plaintiff”) may bring an action for a false claims violation on behalf of either the state or a political subdivision, depending on which funds are involved. Similar to the federal FCA, the complaint may remain under seal for sixty days until the Attorney General decides whether to intervene in the action. On the day the complaint is filed, the qui tam plaintiff must provide (by mail, return receipt requested) to the Attorney General a copy of the complaint and written disclosure of substantially all material evidence and information that the qui tam plaintiff has. Within sixty days of receipt of the complaint and written disclosure, the Attorney General may intervene in the action if the alleged violations involve state funds. *See CA Govt Code § 12652(c).*

Under the CFCA, a qui tam plaintiff is entitled to a greater share of the proceeds from a false claims action than under the federal FCA. If the state proceeds with the action, the qui tam plaintiff receives between fifteen and thirty-three percent of the proceeds of the action or settlement of the claim, depending upon the extent to which the qui tam plaintiff substantially contributed to the prosecution of the action. When the state declines to intervene, the qui tam plaintiff is entitled an amount that the court determines is reasonable for collecting the civil penalty and damages on the Government's behalf, which is at least twenty-five percent, but not more than fifty percent, of the proceeds.

In the event the qui tam plaintiff actively participated in the fraudulent activity, he or she is not guaranteed any minimum amount of recovery from the proceeds. The court considers the significance of the information, the qui tam plaintiff's role in moving the case to litigation, the scope of the employee's past or present involvement in the fraudulent activity, the employee's attempts to avoid or resist the activity, and any other circumstances surrounding the activity.

If the court does allow recovery to the qui tam plaintiff, the amount may not exceed thirty-three percent of the proceeds if the state intervened or fifty percent if the state did not intervene. See CA Govt Code § 12652(g).

3. Whistleblower Protections

Under the CFCA, an employer is prohibited from making, adopting, or enforcing any rule, regulation or policy that prevents employees from disclosing information to a government/law enforcement agency or from acting in furtherance of a false claims action, including investigating, initiating, testifying, or assisting in an action filed under the CFCA. In addition, an employer may not discharge, demote, suspend, threaten, harass, deny promotion to, or discriminate against an employee in his/her employment because of the employee's lawful actions to further a false claims action. An employer that violates this section is liable for all relief necessary to make the employee whole which includes the following:

- a. reinstatement of the employee with the same seniority status that he or she would have had without the discrimination;
- b. two times the amount of back pay;
- c. interest on the back pay;
- d. compensation for any special damages incurred as a result of the discrimination;
- e. litigation costs and reasonable attorneys' fees; and
- f. punitive damages where appropriate, (a remedy that is not provided under the federal FCA.)

When the employee is discharged, demoted, suspended, harassed, denied promotion or discriminated against by his or her employer because of the employee's participation in conduct that directly or indirectly resulted the submission of a false claim to the state, the employee is entitled the remedies above, only if: (a) the employee voluntarily disclosed information to the Government or acted in furtherance of a false claims action; and (b) the employee was harassed, threatened with termination or demotion, or coerced by the employer or its management to engage in the fraudulent activity. See CA Govt Code § 12653.

V. PROCEDURES

- A. SHC shall establish a procedure for implementing this policy. Accordingly, SHC shall be responsible for the following:

1. Ensuring that all SHC employees, including management, and any contractors or agents of SHC, are provided with this policy by making the policy available on the SHC Intranet effective January 1, 2007 and including the policy in the SHC *Employee Handbook* and/or *Code of Conduct*, as appropriate. A copy of the policy will be distributed to employees, agents, and contractors in accordance with the requirements of the DRA.
2. Implementing training for all SHC employees, management, contractors, and agents regarding the state and federal laws discussed in this policy (including whistleblower protections for employees) and any SHC policies and procedures for detecting and preventing fraud, waste, and abuse.
3. Confirming that all SHC employees, management, contractors and agents received sufficient training regarding this policy and any SHC policies and procedures for detecting and preventing fraud, waste and abuse.
4. Revising this policy when necessary to comply with changes in the laws or regulations and documenting and implementing any such changes.
5. Ensuring that all SHC employees, management, contractors, and agents have access to SHC policies involving the detection and prevention of fraud, waste, and abuse.
6. SHC employees, agents, and contractors are aware of their responsibility to report potential or suspected incidents of fraud and/or abuse, and other wrongdoing directly to their supervisor or use one of the reporting methods described in the SHC *Code of Conduct*.
7. The Chief Compliance and Privacy Officer, in consultation with the Office of General Counsel, is responsible for receiving and acting upon all information suggesting the existence of possible fraud, abuse, or other wrongdoing
8. This policy will be revised when necessary to comply with changes in the laws or regulations and any such changes will be documented and implemented.

VI. COMPLIANCE

- A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at SHC is responsible for ensuring that individuals comply with those policy provisions that are applicable to their respective duties and responsibilities.
- B. Violations of this policy will be reported to the Compliance and Privacy Department and any other department as appropriate or in accordance with hospital policy. Violations will be investigated to determine the nature, extent, and potential risk to the hospital. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

VII. RELATED DOCUMENTS

- A. SHC/LPCH *Code of Conduct*
- B. SHC/LPCH *Employee Handbook*
- C. Anti-Retaliation Policy

VIII. DOCUMENT INFORMATION

A. Legal Authority/References

1. Ca Govt. Code § 12650-12656
2. 31 U.S.C. § 3801-3812
3. 31 U.S.C. § 3729-3733
4. Deficit Reduction Act of 2005, Sections 6031, 6032 (S. 1932, Feb. 8, 2006)
5. Fraud Enforcement and Recovery Act (S. 386, May 20, 2009)
6. Patient Protection and Affordable Care Act, Section 6402 (H.R. 3590, March 23, 2010)

B. Author/Original Date

November 2006, Office of the General Counsel

C. Distribution and Training Requirements

1. This policy resides in the Compliance Policy Manual on the SHC Intranet.
2. New versions of the policy will be posted on the Intranet and communicated to applicable staff.

D. Review and Renewal Requirements

This policy will be reviewed every three (3) years and/or as required by change of law or practice.

E. Review and Revision History

March 2007, New Policy
May 2008, Chief Hospital Counsel
April 2012, Chief Compliance and Privacy Officer
April 2012, Chief Hospital Counsel
June 2015, Director of Compliance Program Integrity

F. Approvals

November 2006, Chief Hospital Counsel, November 2006, Vice President of Human Resources, September 2008, SHC Vice President of Human Resources, April 2012, Chief Compliance and Privacy Officer, April 2012, Chief Hospital Counsel, June 2015, Chief Compliance and Privacy Officer

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Glossary

Abbreviation	Full Name
ABMS	American Board of Medical Specialties
ACCME	Accreditation Council for Continuing Medical Education
ACGME	Accreditation Council for Graduate Medical Education
AD&D	Accidental Death & Dismemberment
ADA	Disabilities Act of 1990
AMIE	Am I Encrypted
AOA	American Osteopathic Association
BBP	Blood Borne Pathogen
BTA	Business Travel Assistance
Cal COBRA	California Consolidated Omnibus Budget Reconciliation Act
CFEHA	California Fair Employment and Housing Act
CFRA LEAVE	Family Care and Medical Leave
CME	Continuing Medical Education
CMO	Chief Medical Officer
COBRA	Consolidated Omnibus Budget Reconciliation Act
CSDI	California State Disability Insurance
DEA	Drug Enforcement Administration
DIO	Designated Institutional Official
EAP	Employee Assistance Program
ECFMG	the Educational Commission for Foreign Medical Graduates
FICA	Federal Insurance Contributions Act
GME	Graduate Medical Education
GMEC	Graduate Medical Education Review Committee
HIA	Health Incentive Account
HIA	Health Incentive Account
Housestaff	Refers to all Stanford residents and fellows; and may be used interchangeably with the terms resident, fellow, provider, workforce, trainee or House Officer.
Housestaff or Housestaff officer	Residents and Fellows
ICMJE	International Committee of Medical Journal Editors
IMG	International Medical School Graduate
IRS	Internal Revenue Service
JAMS	Judicial Arbitration and Mediation Services
LCME	Liaison Committee on Medical Education
LTD	Long-Term Disability
MBC	Medical Board of CA
MedHub	Stanford GME's online web-based resident management program
MSO	Medical Staff Office
NRMP	National Resident Matching Program
OHS	Occupational Health Services
P & P	Policies & Procedures
PHI	Protected Health Information
PIFs	Program Information Forms
PM/ELC	Pain Management and End of Life Care

Abbreviation	Full Name
PTAL	California Applicant Status Letter
QBS	Qualified Bilingual Staff
Resident	In ACGME vocabulary, it includes Fellows and Residents
SCH	Stanford Children's Health
SDI	State Disability Insurance
SHC	Stanford Health Care
Stanford	Stanford—the Stanford University School of Medicine, Stanford Health Care and Stanford Children's Health Stanford Children's Health

Policies and Procedures Are Subject to Change at Any Time by Stanford Health Care Administration.