

## Stanford Health Care

March 12, 2024

Version: V21



When a provision in this document differs from the union contract,  
the contract shall take precedence.

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### Stanford Health Care Mission Statement

Stanford's Graduate Medical Education mission is to educate and empower the next generation care leaders in medicine by providing premier training in clinical care, scholarship, teaching and advocacy in a diverse and inclusive learning environment.

### Statement of Commitment to Graduate Medical Education

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 House Staff while facilitating the Residents'/Fellows' 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, trainees, 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.

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## COVID-19 Refresher

Stanford Medicine continues to quickly and judiciously vaccinate its health care workforce, in accordance with guidelines set by Santa Clara County. Please visit the Stanford Health Care (SHC) website [SHC Connect \(stanfordmed.org\)](https://stanfordmed.org) for updated information.

Stanford Health Care strongly encourage all employees to get their boosters *as soon as possible*: either in [Stanford Medicine's Occupational Health or community-facing vaccination clinics](#) or through additional providers, such as [other health systems or local pharmacies](#). Get your booster wherever you can get it soonest.

Here are other actions to consider:

- **Gather in highly ventilated settings**, with a limited number of people. Outdoor venues are very safe. For indoor gatherings, more ventilation is better, particularly with larger gatherings. If natural ventilation is limited, consider a portable high-efficiency particulate air (HEPA) filter.
- **Wear a mask**. Abide by local masking requirements in public spaces, and consider wearing a mask in private settings. Standard surgical masks offer the strongest protection.
- **Get tested**. PCR tests continue to be available. Additionally, antigen tests, though difficult to find, are an excellent risk-reduction strategy when gathering with individuals outside your immediate family.
- **Take precautions while traveling**. Take the same measures to mitigate risks while traveling as you would at home.
- **Be mindful**. Others in your group may not yet be vaccinated and boosted, or may have conditions that could impair their immunity or increase their risks of complications from an infection. We want to protect the most vulnerable in our communities.

## Residency and Fellowship Programs

### Application to Stanford Residency and Fellowship Programs

Information may be obtained from the individual training programs to which the application is made. Completed applications should be sent directly to the training 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 Lucile Packard Children's Hospital (LPCH). The Stanford residency and fellowship 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.

The term House Staff refers to all Stanford Residents and Fellows, and may be used interchangeably with the term's Resident, Fellow, Trainee or House Officer. All policies and procedures remain applicable to Stanford Residents and Fellows regardless of the term used.

### House Staff Eligibility-Recruitment

SHC is committed to providing a work environment free of harassment, discrimination, retaliation and disrespectful or other unprofessional conduct based on: Ancestry, age (40 and above), color, physical and mental disability (including HIV and AIDS), genetic information, gender, gender identity (including transition status), gender expression, marital status, registered domestic partner status, medical condition (including cancer, or a record or history of cancer), military and veteran status, national origin (including language use restrictions and possession of a driver's license under Vehicle Code section

12801.9), race, religion (including religious dress and grooming practices), sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), citizenship, primary language, immigration status, sexual orientation, or any other basis protected by federal, state or local law or ordinance or regulation. SHC also prohibits discrimination, harassment, disrespectful or unprofessional conduct based on the perception that anyone has any of those characteristics, or as having had any of those characteristics.

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

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of colleges of Osteopathic Medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications.
  - A. Have received a current valid certificate from the Educational Commission for Foreign Graduates (ECFMG).
  - B. Are able to obtain a full and unrestricted license to practice medicine in California.
4. Graduates of medical schools outside the United States who have completed a Fifth Pathway program<sup>1</sup> provided by an LCME-accredited medical school.

#### **Visa Policy for Graduates of International Medical Schools**

SHC offers the Educational Commission for Foreign Medical Graduates (ECFMG) J1 visa to graduates of international medical schools. Further information on application materials is available at [www.ecfmg.org](http://www.ecfmg.org). Completed application packages should be submitted in PDF format via email to the Executive GME Director, Ann Dohn at [adohn1@stanford.edu](mailto:adohn1@stanford.edu). Please allow 120 days for processing.

Under some circumstances, use of the H1B is permitted. Programs should reach out to the Executive GME Director, Ann Dohn for approval and to obtain the contact information for the SHC immigration attorney. The cost of obtaining a H1B visa is the responsibility of the House Officer's Stanford Training Program. To learn more visit GME website [https://med.stanford.edu/gme/housestaff/incoming/j1\\_visas.html](https://med.stanford.edu/gme/housestaff/incoming/j1_visas.html).

#### **National Resident Matching Program (NRMP) Main Match**

Stanford participates in the NRMP for all postgraduate year residency (PGY) I, II and many fellowship positions. The purpose of the NRMP is to match medical students and other applicant physicians with hospitals to obtain internships, residencies, and fellowships. Applicants submit a confidential list to the NRMP ranking their desired place of residency. Participating hospitals also enter a confidential list of most

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<sup>1</sup> 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).

desired applicants. On a uniform date (mid-March) all the applicants and hospitals are informed of the result of the match. To learn more visit [Match Calendars | NRMP](#).

The NRMP sends rank order list information to the individual programs starting in July of each year.

Lists are subject to the approval of the Executive 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 House Staff 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.

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 House Staff are due in the GME office no later than December 1 of each year. All recommendations of appointments are subject to review and final approval by the Executive Director of the Department of Graduate Medical Education.

House Staff contracts are issued electronically with a copy of this House Staff Policies and Procedures (P & P) document. House Staff P & P are part of the House Officer's contract. All House Staff are required to read the House Staff 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. House Staff must complete all required online training modules and provide proof of completion. To promote compliance, all House Staff need to be tested for tuberculosis (TB) and to comply with all the SHC WHW requirements annually. Please the visit

<https://stanfordhealthcare.sharepoint.com/sites/WorkforceHealthandWellness/> for the most up to date locations and hours.

To be eligible for the educational allowance of two thousand (\$2,000) dollars per year in November, all assigned HealthStream modules must be completed by the Resident/Fellow **within the first (1st) week of their academic year and/or hire date.**

Eligible Residents and Fellows shall receive an educational allowance of two thousand (\$2,000) dollars per year in November in their paycheck.

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

### Level of Appointment/

A House 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 House Staff to Stanford

This offer is subject to verification of House Staff's authorization to work as required by the Immigration Reform and Control Act of 1986 and a satisfactory background check.

House Staff will receive an email with a link to the online New Hire Registration Process in April. House Staff are to complete the checklist within the first (1st) week of their academic year and/or hire date.

1. GME cannot guarantee House Staff's June/July start date if their 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](http://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 send an email, as soon as possible the SHC GME Executive Director, DIO, Ann Dohn [adohn1@stanford.edu](mailto:adohn1@stanford.edu).
4. Residents shall be paid at their normal rate of pay for SHC Resident onboarding.

House Staff must bring proof of eligibility of employment to orientation along with receipt of the online I-9 registration. For a list of acceptable documents, please see the next page.

**GME will be unable to employ House Staff without this information and the trainee will be unable to commence training.**

## Lists of Acceptable Employment Documents

- All documents must be unexpired.
- House staff must provide two documents:
  - One Photo Identification
  - At least one Other Identity Document

### Photo Identification

Photo identification must show House Staff's name, date of birth, and photograph. Any of the documents from the following list is acceptable:

1. State identification (ID) card
2. Driver license
3. US passport or passport card
4. US military card (front and back)
5. Military dependent's ID card (front and back)



6. Permanent Resident Card
7. Certificate of Citizenship
8. Certificate of Naturalization
9. Employment Authorization Document
10. Foreign passport

### **Other Identity Document**

In addition to the one Photo Identification document listed above, House Staff must provide an identity document from one of the lists below:

1. Employment Record
  - W-2 from last year
  - A pay stub or payment statement that shows:
    - An issue date within 12 months prior to the date your claim was filed
    - House Staff's first name (or initial) and last name
    - At least the last four digits of House Staff's Social Security number or employee identification number
    - Employer's name of the House Staff
    - The pay period dates or the date it was issued
2. Address Verification
  - Any bill or financial statement showing House Staff's name and residence address
    - Utility bill (electricity, gas, garbage, water, or sewer)
    - Cable TV or internet bill
    - Telephone bill
    - Bank statement
    - Property tax bill
    - Mortgage statement
  - Lease or rental agreement showing your name and residence address
  - Registration for a PO Box or private mailbox
3. Social Security Number-Important: A Social Security card will not satisfy this requirement.
  - [Social Security statement](#) (all pages)
  - Notice to Third Party of Social Security Number Assignments (SSA-7028)
  - Report of Confidential Social Security Benefit Information (SSA-2458)
4. Date of Birth
  - Official birth certificate (with official translation, if any)

## **Mandatory Procedures**

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

House Officers 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 trainee until the suspension has been lifted). Any House Officer who feels that a proposed suspension is unfair should contact the Stanford Health Care GME Executive Director, DIO or the CMO within twenty-four (24) hours of the notice to suspend.

**1. Medical Records:**

All records are the property of SHC or its affiliate Hospitals. Original medical records shall not be removed from SHC or its affiliate Hospitals. 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 House Staff must be completed within the guidelines as stated in the Hospital Rules and Regulations.

<b>HIMS Stanford Health Care – Chart Completion</b>	<b>(510) 974-2258</b>
<b>HIMS Stanford Health Care – Transcription Front Desk</b>	<b>(510) 974-2239</b>
<b>Lucile Packard Children’s Hospital – Chart Completion</b>	<b>(650) 497-8605</b>

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 LPCH).

**2. Workforce Health & Wellness Requirements:**

The California Hospital Licensing Regulations require that House Staff obtains a physical assessment, 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 [Workforce Health & Wellness](#) (WHW). Two (2) step 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).

- 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.
- 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 WHW.

- Please provide documentation of positive titers for mumps, measles, rubella and varicella. Submit documentation of all previously administered vaccines prior to your physical; vaccines will be given to persons requiring vaccines to meet proof of immunity requirements.

House Staff may make arrangements for a physical examination and tuberculosis surveillance through [Workforce Health and Wellness](#) (WHW).

**All work-related injuries, including needle sticks, are to be reported to WHW as soon as possible after injury occurs. If WHW is closed, notify the 1 STIX pager (1-7849) for any blood or body fluid exposures. House Staff with injuries requiring immediate first aid and/or medical care must report to WHW 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:**

SHC shall either provide or pay for all required BLS, ACLS, ATLS, PALS while the Resident is actively employed at SHC, remains actively enrolled in a ACGME program, and the course is required by the ACGME Residency Review Committee.

All House Staff 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. House Staff 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 1850 Embarcadero Rd., Palo Alto, CA 94303. For questions call (650) 723-6366 or visit [SHC Continuing Education \(cloud-cme.com\)](#).

## Continuing Medical Education Requirement

Please visit [http://www.mbc.ca.gov/Licensees/Continuing\\_Education/](http://www.mbc.ca.gov/Licensees/Continuing_Education/) for full description of requirements. In summary:

1. All licensees, regardless of status as a trainee or a practicing doctor outside of training must complete at least fifty (50) hours of approved Continuing Medical Education (CME) during each biennial (2-years) renewal cycle. Licensees 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/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 trainee 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/](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, which 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. Post graduate training does not count towards this requirement.

**ACGME Training Programs**

Full time House Staff completing an ACGME accredited program do NOT need to complete any CMEs.

Please have your Stanford Program Director generate a letter stating on their letterhead to the MBC that the House Staff in question is a full time House Staff training in an ACGME training program and provide the program's full name and ACGME #.

**Non-ACGME Training Programs**

To ensure the continuing competence of licensed physician, House Staff must complete a minimum of 50 hours of approved Continuing Medical Education (CME) hours during each biennial renewal cycle. CME courses must have been completed during each two-year period immediately preceding the expiration of your license. Courses must be taken through a continuing education provider recognized by the Board (Code of Regulations section 1336).

On the Renewal notice, House Staff must certify under penalty of perjury they have complied with the CME requirements, unless the Board has approved a CME waiver. If House Staff "declare under penalty of perjury" that they have completed the required CME hours during the renewal process but fail to provide the required verification of completion upon request by the Board, it is considered unprofessional conduct by the Board and may result in disciplinary action.

If House Staff do not complete a minimum of 50 hours, they shall be ineligible for renewal unless they obtain a waiver. House Staff are not required to provide documentation to the Board unless they are contacted during a CME audit.

**Courses approved by the Licensing Program include:**

- Programs accredited by the California Medical Association (CMA), the American Medical Association (AMA), and the Accreditation Council for Continuing Medical Education (ACCME) that qualify for AMA PRA Category 1 Credit(s)<sup>™</sup>;
- Programs which qualify for prescribed credit from the American Academy of Family Physicians (AAFP); and
- Other programs offered by other organizations and institutions acceptable to the Division.
- Courses approved by the Licensing Program for Category 1 CME include programs that are approved by the California Medical Association and the American Medical Association and programs that qualify for prescribed credit from the American Academy of Family Physicians. For a list of courses visit <https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Renew/Current-Status/Continuing-Medical-Education.aspx>.

## Supervision

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

Each department shall develop a policy regarding House Staff 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.

# House Officer Reporting & Responsibilities

## **House Officer Reporting Procedures**

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

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

SHC or affiliate hospitals, through the CMO 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 House Staff training programs are accredited by the [Accreditation Council for Graduate Medical Education \(ACGME\)](#).

## **House Staff Responsibilities**

The hospital supports the delineation of House Staff responsibilities as outlined in the [Essentials of Accredited Residencies in Graduate Medical Education](#), which appear below:

### **House Staff 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 House Staff 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 SHC Hospital and their 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.

House Officers should be aware that federal and state agencies, either directly or through affiliates of Stanford Health Care, may require information concerning trainees (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. House Staff are expected to comply with such reporting requests if they are directed to the trainee.

There may be additional responsibilities and expectations of House Staff specific to the service to which they are assigned. Job descriptions may be found on the Stanford Health Care Connect website under [House Staff Job Description](#).

## 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.

### **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. SHC and affiliate hospitals 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 by calling	<b>(650) 724-2572</b>
Email your concern to	<a href="mailto:ComplianceOfficer@stanfordhealthcare.org">ComplianceOfficer@stanfordhealthcare.org</a> or <a href="mailto:PrivacyOfficer@stanfordhealthcare.org">PrivacyOfficer@stanfordhealthcare.org</a>
Fax concern/s to or	<b>(650) 723-3628; or</b>
Call the Compliance and Privacy 24-hour Hotline	<b>(800) 216-1784</b>

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. LPCH and SHC hospitals 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.

SHC and LPCH Hospitals 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 SHC/affiliate hospitals and for House Staff as an individual, imprisonment, and loss of one's professional license. Patients have the right to assert legal claims against SHC/affiliate hospitals and House Officer 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 SHC/affiliate hospital's 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

De-identified data is to be used for purposes other than treatment, payment, or healthcare operations or if the data will be used or disclosed outside of the hospital, permission must first be obtained from the Privacy Office. All patient information, including de-identified patient information, is the property of Stanford, including medical records, images, lab results, prescriptions and other patient data and is not to be used or disclosed for non-Stanford purposes, such as publishing, presenting outside Stanford, or posting on social media or other non-Stanford websites. If de-identified data is to be used for purposes other than treatment, payment, or healthcare operations or if the data will be used or disclosed outside of the hospital, permission must first be obtained from the Privacy Office.

All House Staff are expected to strictly comply with all policies of SHC/affiliate hospitals, including privacy and compliance policies and procedures. House Staff must be especially careful to adhere to the following patient privacy practices.

**Patient Privacy Practices House Staff are Required to Follow Include:**

**Do’s:**

- |  |
|--|
| <ul style="list-style-type: none"> <li>• DO use only hospital networks, shared drives, team sites and hospital approved devices and encrypted solutions for saving patient information.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• 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.</li> </ul> |
| <ul style="list-style-type: none"> <li>• DO log off your computer workstations when you step away. You will be held responsible for any access to electronic medical records that occurs under your login ID.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• DO use strong passwords i.e., eight (8) digits minimum, a combination of letters, numbers, and symbols.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• 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.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• DO report loss or suspected theft of a mobile device (laptop, tablet, smartphone), desktop, or media (CD, thumb drive, etc.) immediately.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Do contact the Compliance and Privacy Office of approval on any hospital data requests related to research or quality improvement projects.</li> </ul>  |



**Don't:**

- 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 post patient information, photos, videos, images, even if de-identified, on social media without a written HIPAA-compliant authorization signed by the patient.
- 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. Use My Health/My Chart for communicating with patients whenever possible.
- 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. The hospitals’ Privacy Office routinely monitors access to patient electronic medical records.

There are a number of information sources to assist House Staff in identifying and protecting PHI. One is the online Compliance Manual which is accessible from the SHC/LPCH Hospital’s intranet where you can access SHC/LPCH Hospital’s policies and procedures: [Compliance Department & Privacy Office \(stanfordmed.org\)](http://stanfordmed.org)

In addition, House Staff are required to complete Health Insurance Portability and Accountability Act (HIPAA) training, which is available on-line through the internet at: [Healthstream](http://Healthstream).

**Compliance and Privacy Office Contact**

Mail	<b>Compliance Department Stanford Health Care MC5780 300 Pasteur Dr. Stanford, CA 94305</b>
Main Line	<b>650-724-2572</b>
24 Hour Hotline	<b>800-216-1784</b>
Fax	<b>650-723-3628</b>
Email	<ul style="list-style-type: none"> <li>• <a href="mailto:ComplianceOfficer@stanfordhealthcare.org">ComplianceOfficer@stanfordhealthcare.org</a></li> <li>• <a href="mailto:PrivacyOfficer@stanfordhealthcare.org">PrivacyOfficer@stanfordhealthcare.org</a></li> </ul>

**Other SHC Hospital Resources**

SHC Interim Chief Compliance Officer	<b>Jorge Perez-Casellas</b> (650) 724-2055 <a href="mailto:jperezcasellas@stanfordhealthcare.org">jperezcasellas@stanfordhealthcare.org</a>
SHC Interim Associate Privacy Officer	<b>Darren Straker</b> (650) 724-2055 <a href="mailto:dstraker@stanfordhealthcare.org">dstraker@stanfordhealthcare.org</a>
SHC Chief Information Security Officers	<b>Michael Mucha</b> (650) 796-7462 <a href="mailto:mmucha@stanfordhealthcare.org">mmucha@stanfordhealthcare.org</a>
LPCH Chief Information Security Officers	<b>Rob Maclay</b> (650) 867-7053 <a href="mailto:rmaclay@stanfordchildrens.org">rmaclay@stanfordchildrens.org</a>
Compliance and Privacy 24-hour Hotline	<b>(800) 216-1784</b>
Privacy Assurance Team Pager	<b>#25584</b>
Email inquiries	<a href="mailto:PrivacyOfficer@stanfordhealthcare.org">PrivacyOfficer@stanfordhealthcare.org</a>

## Work Hours & Professional Activities

### **Outside Program**

With respect to working hours both on-site and off-site, all House Staff must comply with the rules of the department to which they are assigned and any applicable ACGME, State or Federal Regulations setting limitation on work hours. All House Staff are required to accurately record their work hours on a weekly basis on the Stanford web-based residency management system MedHub at [stanford.medhub.com](http://stanford.medhub.com) and will be disciplined if they fail to do so. Access to MedHub will be emailed to the House Staff upon completion of orientation.

### **Work Hours**

Work hours are defined as time spent by House Staff (which includes Interns, Residents and subspecialty Clinical Fellows performing enrolled in an ACGME program performing all clinical and academic activities required by the House Staff's training program: patient care activities (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, research and research-related training in an ACGME rotation, and scheduled activities, such as conferences and other didactics. Work hours do not include reading and preparation time spent off site.

House Staff 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 eighty (80) hours per week, averaged over a four-week (4) period, inclusive of all in-house clinical and educational activities, clinical work done from home, research and research-related training experiences, and all moonlighting.

House Staff must have eight (8) hours off between scheduled clinical work and education periods. There may be circumstances when House Staff 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.

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

House Staff 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 House Staff must not exceed 24 hours of continuous scheduled clinical assignments.

Up to four (4) hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or House Staff education.

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

In rare circumstances, House Staff, 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 House Staff to achieve the goals and objectives of the educational program and must not interfere with the House Staff's fitness for work nor compromise patient safety. All Moonlighting and any non-clinical outside work must be approved in writing and in advance by the Program Director and the GME office. House Staff acknowledges that moonlighting and other outside work or volunteering are subject to work hour requirements and are not covered by Stanford Health Care's professional liability or other insurance.

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

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

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

Time spent by House Staff taking calls from home 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 House Staff.

House Staff 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.

House Staff can report non-compliance with work hours to Stanford Health Care GME, Medical Director of Education or ACGME. Contact Ann Dohn [adohn1@stanford.edu](mailto:adohn1@stanford.edu), SHC GME Executive Director, DIO at: (650) 723-5948, if you have any questions about work hours or outside commitments or submit an anonymous report to [Contact | Graduate Medical Education | Stanford Medicine](#).

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

House Staff have access to their work hours in MedHub on a rolling two week basis, current week & previous week. MedHub work hours start on Sunday – Saturday. MedHub is based in the EST so access to the previous weeks hours end at 9pm PST on Saturday’s.

### **Professional Activities During Off Time**

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

### **Moonlighting**

Each Stanford training program must have a policy governing moonlighting.

The program's policy and procedures must comply with ACGME and House staff Policy & Procedures' on Moonlighting. A House Staff with a valid California Medical License (Post Graduate Training License or Physician’s & Surgeon’s License), who is also in good standing with the program, must obtain written permission annually from their Program Director to moonlight internally to SHC or externally. The Program Director must determine that the moonlighting will not conflict with or comprise the training experience or the obligation of each House Staff member to be adequately rested when providing clinical care. Moonlighting hours must be logged in MedHub by House Staff.

Prior to making any changes to moonlighting rates, SCH shall provide notice to the Union prior to implementation; and upon written request by the Union, SHC shall meet and confer in regards to the change. It is not the intent of SHC to reduce these rates.

Each program policy must contain a method for written pre-approval, monitoring (which must include the method for tracking hours), and periodic review. House Staff must not be required to engage in moonlighting (internal or external) and this must be clearly stated in the policy. Each program must demonstrate ongoing compliance with clinical and educational work hour requirements. SHC will comply with the ACGME guidelines for moonlighting. Moonlighting permissions and privileges may be revoked by the Program Director based upon clinical and educational concerns.

Prior to making any changes to moonlighting rates, SHC shall provide notice to the Union prior to implementation; and upon written request by the Union, SHC shall meet and confer in regards to the change. It is not the intent of SHC to reduce these rates.

Moonlighting includes direct patient care, outside advising and consulting, and outside business opportunities.

Moonlighting is not intended to be a substitute for adequate staffing.

**Paid Internal on Call Coverage (Moonlighting withing SHC entities)**

SHC looks at moonlighting as a strategy to fill urgent/short-term staffing needs, in parallel with longer term strategies by service lines and departments to address growing needs for care delivery that do not solely rely on housestaff.

- Clinical coverage for patients beyond typical Resident/Fellow coverage as predefined by the training program (e.g. coverage for a service which Residents/Fellows do not usually cover). This is distinct from covering for a Co-Resident/Fellow on a typical Resident/Fellow service who is missing time for excused and/or unexcused absence.
- The Program Director must give permission for moonlighting, and shifts must not interfere with the Resident or Fellow's responsibilities in the training program, ability of the Resident/Fellow to achieve goals and objectives of the program, and not interfere with fitness for work.
- Internal paid shifts are only permitted if the GMEC has approved the program's written moonlighting policy and its procedure for verification of moonlighting work performed.
- Residents and Fellows are discouraged but not prevented from moonlighting while on vacation. They may not perform internal moonlighting while on paid or unpaid leave.
- Residents and Fellows on any academic probation or other probation may be reviewed for eligibility by the Program Director.
- Total work hours must comply with each specialty's ACGME Work Hour rules.

**Each program may have a system for jeopardy coverage. Definition of jeopardy coverage:**

- A system which defines the provision of coverage in the case that a Resident or Fellow cannot perform their duty based on excused absences that are pre-defined by the program, involving coverage by a trainee from another rotation. For the Resident/Fellow missing time, experiences will be reviewed by the Clinical Competency Committee to determine educational needs and specialty requirements.
- Considerations for excused absences that may require jeopardy coverage: Illness, Family Emergency, Extended leave (if no other coverage options are feasible).
- Not to be used for jeopardy coverage (unless for extraordinary circumstances defined by the program) for: conferences, interviews.

SHC looks at moonlighting as a strategy to fill urgent/short-term staffing needs, in parallel with longer term strategies by service lines and departments to address growing needs for care delivery that do not solely rely on House Staff.

- Clinical coverage for patients beyond typical Resident/Fellow coverage as predefined by the training program (e.g. coverage for a service which Residents/Fellows do not usually cover). This is distinct from covering for a Co-Resident/Co-Fellow on a typical Resident/Fellow service who is missing time for excused and/or unexcused absence.
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- Considerations for excused absences that may require jeopardy coverage: Illness, Family Emergency, Extended leave (if no other coverage options are feasible).
- Conferences and Interviews not to be used for jeopardy coverage, unless under extraordinary circumstances defined by the program.

House Staff 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 limited to clinical shifts but may include outside activities such as consulting, advising & research.

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

House Staff are not required to engage in “moonlighting.” All House Staff 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 House Staff for moonlighting activities. House Staff 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 House Staff’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 House Staff’s training progress or for other legitimate reasons. All external moonlighting must be logged into MedHub as work hours.

**Outside Activities with Professional Titles**

Activities or titles that constitute or imply managerial or supervisory responsibility are not permitted and are not allowable as consulting relations. Titles such as CEO, Director, Scientific Officer, or Vice President, etc., are designations generally assigned to people with line management responsibilities. Residents and Fellows must avoid titles that include terms such as Executive, Officer, Director, Manager, or Chief as they imply or indicate management responsibilities and create real or perceived conflicts of commitment. To avoid implying a line management role, terms such as ‘Officer’ or ‘Vice-President’ must not be used; on the other hand, the terms ‘Advisor’ or ‘Consultant’ may be used, e.g., ‘Chief Scientific Advisor,’ or ‘Chief Technical Consultant.’

## Performance Evaluation

These policies are generally applicable to all House Staff training programs. However, since House Staff 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 Stanford Health Care CMO.

**Recommendation of Residency Review Committee:**

As part of the educational mission of SHC/affiliate hospital training programs, each House Staff’s professional qualifications must be periodically evaluated by his or her department. Residents/Fellows

should be made aware of the results of these evaluations. The following policies are intended to assist the Resident/Fellow 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 trainee regarding performance. During the residency/fellowship, evaluation results should be personally presented to the House Staff no less than every six (6) months. A trainee 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 trainee. Information in this file shall be accessible to the trainee. Supervisory faculty should use MedHub to electronically submit evaluations of each House Staff after each rotation, but not less frequently than quarterly during the Post Graduate Year (PGY) I level or semiannually above the PGY I level. The Program Director should review each House Staff's file on a routine basis. If a trainee disagrees with statements in an evaluation in the file, the trainee has a right to submit a written response which shall become a part of the file.

Trainees 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 House Staff P & P, each trainee should expect to continue to the level of training agreed upon when the trainee was recruited, unless given four (4) months' 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 trainee both verbally and by written notification. While advance written notice is preferable, an unsatisfactory evaluation may result in a decision adversely affecting the trainee at any time and without advance notice, such as probation, non-advancement, non-renewal, or immediate termination. In such instance, the House Staff 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 House Officer will rotate may be notified of the existence of any current probation or other performance-related issue of which the House Officer has been apprised.

Unless circumstances warrant immediate termination, House Officers 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 trainee 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 House Officer agreement that has been issued by a program for a subsequent training year will be considered invalid and withdrawn until the House Staff has fulfilled the probationary requirements imposed in the current training year and successfully been removed from probation. At the time the House Officer completes a period of probation, the program has the following options: (1) allow the trainee to complete the remainder of the training year, (2) reappoint the House Officer for the next year, where applicable, (3) not reappoint for the next year, (4) immediately terminate the trainee's contract for the current training year.

If a House Staff disagrees with an evaluation or an adverse decision based on the evaluation, the trainee 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 House Staff wishes to appeal the adverse decision, the trainee may do so through the mechanism for resolution of disputes outlined below. **Trainees 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 trainee may at the discretion of the Program Director in consultation with the CMO be permitted to continue in the training program pending such appeal. If the trainee is permitted to continue in the program, the trainee may be assigned to a non-patient care rotation, unpaid leave, or observation status.

## Grievance Procedure

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

## Reappointment Procedure

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

A House Officer who is not performing satisfactorily is subject to probation, non-advancement, or immediate termination at any time during training, 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 House Staff reporting suspected harassment or discrimination in good faith will be tolerated.

Any House Staff subject to unwelcome or threatening verbal or physical conduct, telephone calls, mail or attention from patients, co-workers, or others should notify Ann Dohn, SHC GME Executive Director, DIO at: (650) 723-5948, or the [Office of the Ombudsperson](#), Stanford University School of Medicine at: (650) 498-5744 (James Laflin) <http://med.stanford.edu/ombuds.html> for immediate assistance. A copy of Stanford Health Care's harassment policy is attached hereto as Appendix A.



## House Staff Wellbeing Panel

WellConnect, Mickey Trockel, MD: Professor and Psychiatrist, 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. This service also provides mental health promotion coaching to address non-clinical problems such as distress resulting from a difficult patient outcome. WellConnect can be accessed via email, [wellconnect@stanford.edu](mailto:wellconnect@stanford.edu), or by phone, (650) 724-1395.

## Graduate Medical Education Review Committee

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

- Program Directors who are not Department Chairs
- One Department Chair who is not a Program Director
- Five (5) Resident/Fellow representatives elected by their peers
- The Associate Chief of Staff for Education at the VA
- DIO, SCVMC
- DIO, Kaiser, Northern CA Region
- CMO, LPCH
- An attorney from the Stanford University office of the General Counsel (ex-officio, non-voting)
- Stanford Health Care Department of Graduate Medical Education/Designed Institutional Official (DIO)
- Associate Dean for Graduate Medical Education
- Chair, Resident Safety Council
- Chair, Chief Residents Council

All ACGME documents must be reviewed and signed by the Stanford Health Care 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.

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

**Process:** A call for nominations/interest will be sent to all House Staff 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 trainee upon successful completion of their training. House Officers are to update their mailing address and contact information with their department, in [MedHub](#) and [Workday](#) to ensure receipt of timely communications and tax related documents after their graduation. Issuance of their certificate will require the following during their GME checkout process:

1. Completion of:

- All medical records and charts in EPIC prior to appointment end date by calling both the SHC and its affiliates Health Information Management Services (HIMS) to authenticate chart clearances.
  - Delivery of completed GME's House Staff "Check Out" form and signed Attestation form along with:
2. Return of the following during the GME checkout process:
- SHC and affiliates EPIC medical clearances emails
  - SHC Photo ID Badge and Hospital Security Access Card
  - Stanford University Access/Courtesy/Gym Card
  - Pager if applicable
  - Data Security Key (Encrypted USB Drive) if applicable
  - Generic Lab/white coat/s if applicable
  - Completion of House Staffs MedHub evaluations, work hours and to download procedure logs and portfolio entries
  - House Staff to discuss with their programs any additional steps needed to follow
  - Return of any borrowed computers, books, journals, keys (electronic access & office ) or materials to the lender/s

Graduating House Staff early checkout must be approved by the Program Director and Stanford DIO.

House Staff who are making time as the result of leave of absence are not eligible to receive the standard bonuses or request early checkout.

### **Consequences of Not Returning ID Badge**

Once the trainee's appointment end, their ID badge and associated passes become inoperative and must be returned to the GME office. Failure to return ID badge, Hospital Security Access Card may result in a \$250 fine.

House Staff must submit their completed "Check Out" form, signed Attestation form to the GME office along with materials loaned to them during their training prior to their graduation to receive their certificate/diploma. To obtain and complete this form, visit [Outgoing Residents/Fellows](#) website.

## **Program Closure/Reduction**

Stanford Health Care will make reasonable efforts to complete the training of trainee's actively enrolled in a training program in the event of program closure or reductions in House Staff numbers. In the event the training cannot be finished, Stanford Health Care will make a reasonable effort to place the affected House Staff in another training situation which will allow completion or continuation of the residency/fellowship training. Before making any reductions in a training program, Stanford Health Care will consider the effects of such reductions on its other training programs and its affiliated institutions. House Officers 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**

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

## Holidays

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

### **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 House Staff 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.

Start by visiting SHC Benefits portal at <https://healthysteps4u.org> to review your benefits package. To enroll in Benefits, click on "**Enroll, View, or Change Benefits**"; this will take you to **Workday** system where you will enroll in your benefits. Enroll in benefits in **Workday** within thirty one (31) days of your date of hire. If you have benefit questions or need assistance with enrollment, contact the Stanford Health Care Benefits Center at (833) 935.2167, Monday-Friday, 7:00 AM-4:00 PM 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, Health Care Benefit, Dental options, Flexible Spending Accounts (FSA), Life and Accident Insurance details are communicated with House Staff directly by SHC Benefits department.

### **Life and Accident Insurance**

Basic Life Insurance—The hospital provides coverage of onetime salary-up to \$50,000. Additional coverage is available which is paid for by the employee:

- 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 Stanford Health Care through The Health Professionals Insurance Services. For detailed information of the plans, please visit <https://healthysteps4u.org> or contact George Advisors at (650) 355-4247 or [ageorge@pacificadvisors.com](mailto:ageorge@pacificadvisors.com). To obtain more information, please review the Disability heading, section LTD Insurance of this document.

### **Wellness Program**

Stanford Health Care's wellness incentive program, [Healthy Steps to Wellness](#), is designed to encourage House Staff to focus on improving their health and well-being. When enrolled in a hospital-sponsored medical plan and participating in approved wellness activities, House Staff 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 Reimbursement Account (HRA) with HealthEquity. House Staff are eligible to earn up to \$500 for employee-only medical plan coverage and up to \$1,000 for employees with covered dependents.

**Health Reimbursement Account (HRA)**

Any wellness incentive dollars earned from the [Healthy Steps to Wellness](https://healthysteps4u.org) program will be deposited into a Health Reimbursement Account (HRA) that will be set up for House Staff with Health Equity. The funds are available any time during the year of active employment to help pay for House Staff's IRS-qualified medical expenses. Similar to a Flexible Spending Account, the money does not roll over at the end of the year, so House Staff must use all of their Health Incentive Account (HIA) money by December 31<sup>st</sup>. House Staff have until March 15<sup>th</sup>, of the following year to file claims for eligible expenses incurred through December 31<sup>st</sup>. **However, if House Staff 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 ninety (90) days from House Staff's date of termination from Stanford Health Care .** For more details visit <https://healthysteps4u.org>.

**Back-Up Care Advantage Program**

We provide employees with a back-up care benefit that offers up to eighty (80) hours per calendar year of child or adult and elder care when House Staff's regular caregiver is unavailable for a small copay. The Program supplements, rather than replaces, House Staff's normal care arrangements. Care is not guaranteed but Bright Horizons Back-Up Care Consultants will make every effort to help solve House Staff's temporary breakdown of care and get House Staff to work. For more information visit <https://healthysteps4u.org>. House Staff must register in advance with Bright Horizons. To learn more visit <https://cardinalatwork.stanford.edu/benefits-rewards/worklife/financial-assistance/emergency-back-care>.

**Employee Discounts**

House Staff 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://healthysteps4u.org> or call (866)205-7354.

**Voluntary Benefits Program**

SHC offers House Staff discounts to programs and services at group discount rates with the convenience of payroll deductions. Voluntary benefits help House Staff meet their personal needs by providing House Staff access to affordable protection for what is most valuable to House Staff and House Staff's family. House Staff may elect to participate in any of the following plans:

- Metlife Legal Plan
- Pet Insurance
- Auto and Home Program
- Allstate Identity Protection
- Purchasing Power - Purchasing Program

Metlife Legal Plan and Allstate Identity Protection enrollment is only allowed during a New Hire event or during Annual Open Enrollment and change or termination of coverage is only allowed during Annual Open Enrollment. For more information, visit <https://healthysteps4u.org> or the Corestream site for Pet Insurance, Auto and Home and Purchasing Power at <https://stanfordhealthcare.corestream.com/>, or contact the Corestream service center by phone at (650) 292-0867.

**Retirement Savings Plan**

SHC provides an opportunity by which House Staff can begin saving a portion of their own earnings through the Retirement Savings Plan (RSP). When participating in this program, House Staff can contribute

as much as 75% of their salary up to a \$23,000 IRS-annual limit for 2024 through pre-tax payroll deductions. The catchup for those 50 or older is \$7,500.

The pay period after House Staff have met the waiting period; they will be eligible for two employer contributions. The waiting period is met after House Staff has worked for one (1) year and worked at least 1,000 hours during that period. Once House Staff has met the waiting period, they are qualified going forward.

1. **Employer Basic Contribution:** Stanford Health Care will contribute a basic employer contribution of 2% to House Staff's retirement savings plan; House Staff will not need to contribute to receive this money.
2. **Employer Match Contribution:** Stanford Health Care will match House Staff's contribution up to 2% as long as House Staff contributes at least 2% every pay period.

Both the Basic 2% and the Match of House Staff's deferrals of up to 2% goes into effect the pay period after House Staff has met the waiting period.

House Staff may review the materials and enroll online by going to <https://healthysteps4u.org>.

### **Continuation of Group Coverage (COBRA)**

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

The Benefits section contains benefit highlights only and is subject to change. The specific terms of coverage, exclusion 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 House Staff through HealthySteps at <https://healthysteps4u.org>. For Benefit questions, please contact the Stanford Health Care Benefits Service Center telephone: (855) 278-7157, or contact Vita, our COBRA vendor (650) 966-1492 or [help@vitamail.com](mailto:help@vitamail.com).

## **PGY Level and Salary**

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

## **Housing Allowance**

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

## License Reimbursement and Required Training

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

### Reimbursement Process

Effective July 1, 2023 reimbursement procedural improvement went into effect using Concur to:

- Automate & simplify reimbursements
- Providing visibility to & status notifications
- Providing a single resource
- Eliminating the need for paper expense reports
- Providing faster & more convenient opportunities for reimbursement submissions

Within thirty (30) days of ratification, Residents/Fellows may submit documentation for reimbursement of costs for new or renewed license or USMLE Step III exam fees incurred on or after the Resident's start date for the 2023-2024 Academic Year.

1. Documentation of costs incurred following ratification for a new or renewed License or USMLE Step III exam must be submitted within thirty (30) calendar days of the incurred expense.
2. In no event shall any reimbursement be provided after separation from employment.
3. For the purpose of this Agreement, an academic year begins on July 1 and ends on June 30.
4. Reimbursements cannot be accrued or deferred to a following academic year.

### Relocation Allowance

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

### Cell Phone Allowance

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

### Meal Allowance

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

### Educational Allowance

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

### Reimbursement Types

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

#### California Medical License (CML): Initial, Transitions & Renewals

- Encompasses Doctor of Medicine (MD) and Doctor of Osteopathic Medicine (DO) Licenses.

- New/incoming House Staff must submit their reimbursement request after their Stanford appointment start date.

Doctor of Medicine (MD)	Doctor of Osteopathic Medicine (DO)
<ul style="list-style-type: none"> <li>• Postgraduate Training License (PTL)</li> <li>• Transition from PTL to Physicians &amp; Surgeons (P&amp;S) license</li> <li>• Physicians &amp; Surgeons (P&amp;S) license for new Stanford House Staff that are PGY 4 or higher</li> <li>• P&amp;S renewals</li> </ul>	<ul style="list-style-type: none"> <li>• DO (PTL or P&amp;S)</li> <li>• DO renewals</li> </ul>

### Step 3 Exam

- Encompasses United States Medical Licensing Examination (USMLE) Part/Step 3 and National Board of Osteopathic Medical Examiners (NBOME) Complex/Level III.
- Step 3 exam must be taken during House Staff’s active Stanford appointment.
- Exam is taken during House Staff’s Stanford PGY I, II or III and prior to House Staff’s PTL expiration.
- Reimbursement is made for one (1) sitting.

United States Medical Licensing Examination (USMLE) Part 3	National Board of Osteopathic Medical Examiners (NBOME) Complex/Level 3
<ul style="list-style-type: none"> <li>• USMLE Part III/Step 3 exam</li> </ul>	<ul style="list-style-type: none"> <li>• NBOME Complex/Level 3 exam</li> </ul>

### Drug Enforcement Administration (DEA) Certificates-Initial & Renewals:

DEA Initial & Renewals
<ul style="list-style-type: none"> <li>• DEA certificates</li> </ul>

- The certificate should only be obtained if the Stanford program requires it for the purpose of e-prescribing and it must be obtained while appointed as a GME House Staff.
- Initial DEA certificates applied for on/or after April 1<sup>st</sup> of the House Staff’s graduation year will NOT be reimbursed.

### Reimbursement Procedure

1. House Staff to complete and submit an electronic expense report via SHC [Concur](#) system.
2. Attach itemized receipt/s in image portable file format/s such as PDF, JPG PNG showing:
  - a. Name of the establishment
  - b. Date of service
  - c. Items paid for
  - d. Amount paid
  - e. If available at the time of the reimbursement submission a copy of valid CA Medical License and/or DEA Certificate containing the issuance & expiration dates, license # & business address on record.
3. To obtain a detailed reimbursement instructions process, visit the GME House Staff’s Reimbursement website at <https://med.stanford.edu/gme/housestaff/current/reimbursements.html>.

### Reimbursement Best Practices

- House Staff are required to be in possession of a valid CML & DEA Certificate (if applicable) during their entire Stanford training, except:

- New trainees with P&S and/or PTL licenses who have 180 days after [beginning an ACGME/Board-approved postgraduate program](#).
- Trainees entering a non-ACGME program **do not** have the 180 day grace period to obtain their CA Medical License.
- It is House Staff's responsibility to provide copies of their license & DEA (if applicable) to the GME office.
- House Staff's CML and/or DEA must contain:
  - Issuance & expiration dates
  - License/certificate #
  - Business address on record. Business address on record must be House Staff's complete Stanford program address & not residence's home or GME address.

If this is not available at the time of reimbursement submission, it must be provided to the GME office as soon as they become available to avoid lapse in EPIC access or e-prescribe.

- House Staff are to submit reimbursement requests upon incurring the charges, no later than 30-days of incurring the charges.
- To confirm receipt of payment, check your paystub by [visiting My Payslips – Workday in MyWorkday.com](#).
- GME does not reimburse transcription, finger printing or board exam charges.

## Computer Training

Residents, Fellows, and Visiting Residents are required to complete computer training (HealthStream, SHC & its affiliates 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 utmost importance. State and Federal laws require device management, including encryption, to protect patient data. It is the House Staff's responsibility to ensure that all their devices are fully compliant with data security policies.

As a trainee, the GME expects that House Officers will interact with Protected Health Information (PHI), this is considered restricted data by Stanford University policy; therefore, any device House Staff use to access School of Medicine, SHC/affiliate hospital 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 House Staff 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 Mobile Device management \(MDM\)](#)
- All devices must show in "Am I Encrypted" (AMIE) 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 trainee to complete the Data and Device Attestation. This is the step in which trainees declare what computers they have which access Stanford data at [New to Stanford – Computer & Information Security – Information Resources & Technology \(IRT\) – Stanford University School of Medicine | Technology & Digital Solutions | Stanford Medicine:](#)
  - 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 OneDrive

**State and Federal Law specify a very short timeline; therefore, House Officers 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

## 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:
  - GLOVES: non-intact skin, mucus membranes
  - GLOVES & GOWN: large draining wounds

- GLOVES, GOWNS, EYEWEAR: intubation, irrigating large wounds
4. If exposed to blood or other potentially infectious material, either by sharps or splash injury, follow instruction in Needlestick/Bloodborne pathogens section below.
  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 [Workforce Health and Wellness \(WHW\)](#) 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; Child (650) 497-8447.
  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 OHS during their normal hours of operation.

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 SHC/affiliate hospitals, call Infection Control and Epidemiology at: (650) 725-1106 or pager (1-6167) Adult; Child (650) 497-8447.

10. For COVID-19 updates, visit Stanford Health Care website [SHC Connect \(stanfordmed.org\)](#)

### **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. Workforce Health and Wellness has developed a plan to ensure that an appropriate medical evaluation is done in a timely manner even when House Staff 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. WHW 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 as soon as possible 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 report to [WHW](#) 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 [WHW](#) or the institution where the incident occurs, if not Stanford Health Care. Completion of WHW 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 SHC/affiliate hospitals or at an off-site facility such as Santa Clara Valley Medical Center. To obtain a copy of the Injury/Illness report form visit: [Workforce Health and Wellness \(WHW\)](#).

Please refer to WHW – Blood Born Pathogen Exposures

**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 (650) 723-8222, internally dial 222.

## 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 <sup>rd</sup> Floor Room 364	<ol style="list-style-type: none"> <li>1. Report BBP to Kaiser OHS</li> <li>2. Page 1-STIX for guidance</li> <li>3. Ensure Kaiser attending orders source patient (SP) labs per Kaiser protocol (listed on Kaiser intranet: Rapid HIV, HBV, HCV)</li> <li>4. Monitor for SP lab results, inform 1-STIX of SP results, and report to WHW as directed for follow up</li> </ol>	<ol style="list-style-type: none"> <li>1. Page 1-STIX for guidance</li> <li>2. Ensure source patient (SP) blood is ordered per Kaiser protocol (listed on Kaiser intranet: Rapid HIV, HBV, HCV)</li> <li>3. Monitor for SP lab results, inform 1-STIX of SP results, and report to WHW as directed for follow up</li> <li>4. Notify Kaiser OHS the following business day for required OSHA reporting</li> </ol>
VA Palo Alto	(650) 493-5000 ext. 65480	M-F 8am-12pm, 1-4pm (Closed for lunch 12-1pm)  3801 Miranda Avenue Palo Alto, CA 94304	<ol style="list-style-type: none"> <li>1. Report BBP to VA OHS</li> <li>2. Page 1-STIX for guidance</li> <li>3. Ensure VA Attending orders source patient (SP) labs per VA protocol (Rapid HIV, HBV, HCV)</li> <li>4. Monitor for SP lab results, inform 1-STIX of SP results, and report to WHW as directed for follow up</li> </ol>	<ol style="list-style-type: none"> <li>1. Page 1-STIX for guidance</li> <li>2. Ensure VA Attending orders source patient (SP) labs per VA protocol (Rapid HIV, HBV, HCV)</li> <li>3. Monitor for SP lab results, inform 1-STIX of SP results, and report to WHW as directed for follow up</li> <li>4. Notify VA OHS the following business day for required OSHA reporting</li> </ol>
Santa Clara Valley Medical Center	(408) 793-2658	M-F 7:30am-4:30pm  751 Bascom Avenue San Jose CA, 95128	<ol style="list-style-type: none"> <li>1. Report BBP to SCVMC OHS</li> <li>2. Page 1-STIX for guidance</li> <li>3. Ensure SCVMC Attending orders source patient (SP) labs per SCVMC protocol (Rapid HIV, HBV, HCV)</li> <li>4. Monitor for SP lab results, inform 1-STIX of SP results, and report to WHW as directed for follow up</li> </ol>	<ol style="list-style-type: none"> <li>1. Page 1-STIX for guidance</li> <li>2. Ensure SCVMC Attending orders source patient (SP) labs per SCVMC protocol (Rapid HIV, HBV, HCV)</li> <li>3. Monitor for SP lab results, inform 1-STIX of SP results, and report to WHW as directed for follow up</li> <li>4. Notify SCVMC OHS the following business day for required OSHA reporting</li> </ol>

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 [Smarpage](https://www.smarpage.com) 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 trainee will complete the Resident year timely.

3. Inform each transferred trainee of the minimum duration of his/her temporary transfer and continue to keep each trainee 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 training year, it must so inform each such transferred trainee.

The Stanford Health Care 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.

House Staff 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 Stanford Health Care 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 trainees of trainee’s 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 House Officer for professional services rendered in the course of a House Officer’s training program.

## Licensure

### **California Medical License and DEA Certificates**

Effective January 1, 2022, House Staff must have completed ACGME-approved training for the following periods:

<ul style="list-style-type: none"> <li>• <b>12 months</b></li> </ul>	if from a US/Canadian Medical school
<ul style="list-style-type: none"> <li>• <b>24 months</b></li> </ul>	If from an International Medical Graduate (IMG) World Directory of approved Medical Schools Medical school

House Staff will need to complete 24 consecutive months of training and a total of 36 months of ACGME training to be eligible for a Physician’s and Surgeon’s (P&S) license completed by first license renewal.

A Postgraduate Training License (PTL) will be required for all House Staff participating in an ACGME accredited postgraduate training program in California to practice medicine as part of their training requirement if not holding a full P&S license. A PTL must be obtained within 180 days after enrollment in the program. The PTL can be extended (but not renewed) for an additional 90 days after 12 months of training if US/Canadian or 24 months of training if Internal Medical Graduate (IMG).

New hires coming from out of state who are enrolled in a non-ACGME program must have their P&S by their start date. New hires coming from out of state who are enrolled in an ACGME program must obtain their P&S within 180 days after enrollment in the program.

Continuing House Staff with PTLs expiring must obtain a P&S before the PTL expire. Any House Staff with an expired medical license must cease all clinical duties.

The House Staff must immediately (within six (6) months of licensing) apply for a DEA certificate associated with Stanford. Copies of active CA Medical License and DEA certificate must be provided to the GME office. Failure to promptly obtain a CA Medical license and DEA certificate will result in a suspension of training until they are obtained. Unreasonable delay in obtaining a medical license or DEA certificate may result in termination of the trainee at the discretion of the Program Director and the Stanford DIO.

**Incoming Residents/Fellows requiring a medical license to start must show proof that an CA Medical License application has been submitted to the MBC with their registration materials. Please allow a minimum of six (6) months for the MBC to process your application.**

## Malpractice Insurance

### Medical Malpractice Insurance

Insurance coverage will be provided for House Staff, without charge, for patient care related activities that are part of trainees' official duties at SHC/affiliate hospitals and at any other institutions to which House Staff are assigned during the term of their appointment. Insurance coverage for rotations, off campus assignments or volunteer activities must be requested through the GME office.

Stanford Health Care maintains a self-insurance program through its licensed captive insurance company, SUMIT Insurance Company Ltd. Tail coverage is provided for individual physicians leaving the Stanford program and will extend to incidents which happened during the time of their coverage but filed after they've left. Information regarding coverage, including tail, can be obtained from the Risk Management Office at [riskmanagement@stanfordhealthcare.org](mailto:riskmanagement@stanfordhealthcare.org).

**SUMIT will not cover activities which have not been assigned as part of an approved Stanford training program, e.g., moonlighting at other institutions. Malpractice coverage for non-standard off-site rotations must be provided by the host institution and not Stanford.**

The professional conduct of House 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 House Officer will be fully investigated by Risk Management and/or the Department of Graduate Medical Education. When applicable and appropriate, the trainee will be notified of the outcome of the investigation and any action taken. If the House Officer wishes to appeal any decision made in such cases, the House Officer may go through the mechanism for resolution of disputes described in Resolution of Disputes.

### **Incident Reporting**

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 the House Staff or the Unit/Clinic/Department to the Risk Management Department at (650) 723-6824 and select **option 1** for urgent clinical consults 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 at (650) 723-6824.

**When to Contact the Risk Insurance Team:**

- For insurance questions you may email: [Riskmanagement@stanfordhealthcare.org](mailto:Riskmanagement@stanfordhealthcare.org) or visit Risk Management Intranet page: <https://stanfordhealthcare.sharepoint.com/sites/RiskManagement/SitePages/InsuranceMgmt.aspx>.
- To Request a certificate of insurance or medical malpractice claims history for future employment or credentialing; complete the following request form [COI and Claims History Request Form.pdf \(stanfordmed.org\)](#) and submit to [riskmanagement@stanford.edu](mailto:riskmanagement@stanford.edu).

**When to Contact the Clinical Risk Team or Claims Support:**

After any unexpected or unanticipated occurrence or accident involving the care of a patient, the patient should be stabilized, and disclosure is advised per the disclosure policies of our organization.

Following those immediate steps, online incident reports should be made via the reporting system:

- SHC and Tri-Valley – SAFE: [https://stanfordhealthcare.sharepoint.com/sites/Safe\\_SHC](https://stanfordhealthcare.sharepoint.com/sites/Safe_SHC)
- LPCH-iCare at [Login \(stanfordchildrens.org\)](#)

It is recommended for House Staff or the Unit/Clinic/Department representative to contact the Stanford Risk Management Department when an unexpected or unanticipated event or outcome occurs that results in or has potential to result in serious consequence(s) (e.g., harm, pain, suffering, damages, long-term loss or function, or other long-term sequelae) to a patient. Risk Management can be reached at: (650) 723-6824, **option 1** for urgent consults or by paging the on-call Risk Manager between the hours of M-F 8:00 AM-5:00 PM.

In the event any of the below listed items arise, House Staff are advised to reach out to Risk Management at (650) 723-6824 and select **option 3**. Conversely, if Risk Management gets first notice of any of the below listed item, they will also reach out to House Staff:

- Subpoena/Deposition/Trial testimony
- Medical board complaints
- Lawsuit/Notice of Intent
- Claims for Compensation
- Attorneys calling for info re: potential claims or lawsuits
- Dental damage during intubation

## 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](http://www.med.stanford.edu/ombuds) or by calling the office at: (650) 498-5744.

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

## Leaves

Please visit the:

1. Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.
2. SHC's Appendix C-Guide to House Staff Leaves and procedural approval guidelines

## Severability

Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

## Duration

Collective Bargaining Agreement (CBA) document available on the home page of [MedHub](#), under Resources/Documents. This document is subject to final review and finalization by the parties.

## Disability

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.

**The following three steps must be taken by the House Staff for all leaves. For additional leave details visit Appendix C.**

**Steps to be taken by the House Staff:**

1. Contact the Hartford to request the leave and provide supporting documentation
3. Submit their Program Director’s approved [GME LOA Request Form](#) to the GME office
3. File a claim for State SDI or PFL benefits with the EDD

**Workers’ Compensation Insurance**

If a House Staff 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 trainees with the medical treatment needed to recover from work-related injury or illness, partially replace the wages lost while recovering and help the trainee return to work. Report all injuries to your supervisor immediately. Additionally, please contact [Workforce Health and Wellness \(WHW\)](#) at: (650) 723-5922 immediately if you sustain an injury in the workplace so that there is no delay in claim processing.

**Long Term Disability Insurance (LTD)**

Stanford Health Care Plan pays the premium for an LTD plan designed to provide House Staff with income protection in case of a disability during their tenure at Stanford Health Care . This insurance also offers the ability to purchase specialty-specific LTD coverage when House Staff leave Stanford Health Care.

The LTD coverage while at Stanford Health Care typically pays a benefit of 65% of House Staff’s salary to a maximum of \$4,500 per month after a period of disability of 90 days. House Staff will be enrolled in the plan automatically at time of hire.

On leaving Stanford Health Care , House Staff may also purchase an individual, specialty-specific policy without any revision of their medical history.

<b>Monthly Benefits</b>	<b>65% of salary to a maximum benefit of \$4,500/month</b>
<b>Integration</b>	<b>Policy coverage integrates with CA State Disability, Social Security and Workers Compensation.</b>
<b>Elimination</b>	<b>90 days</b>
<b>Own Occupation</b>	<b>5-year Resident definition allows for benefits if the Resident is unable to continue performing duties due to a disability during a 5-year period.</b>
<b>Length of Coverage</b>	<b>To age 65 whether disabled by sickness or accident.</b>



	Pre-existing Conditions:	Full coverage after 30 days as House Staff
	Loan Pay-off Provision:	\$225,000 max after 12-month period of Permanent and Total Disability.
	Lump sum Benefit	\$5,000 after a 12-month period of Permanent and Total Disability. This will not decrease the loan Payoff benefit.
	Survivor Benefit	5 times the monthly benefit.
<b>Mental Health &amp; Substance Abuse Limits</b>	Payment of LTD benefits caused by Mental Disorder or Substance Abuse is limited to 24 months per occurrence.	
<b>Continuation Option</b>	Guaranteed continuation option to an individual disability policy without any health, avocation, or financial questions up to \$15,000 a month of coverage with Guardian Life Insurance Company. Contact Anthony George at (650) 355-4247 <a href="mailto:ageorge@pacificadvisors.com">ageorge@pacificadvisors.com</a> .	
<b>Company</b>	Standard Insurance Company (A rated by A.M. Best), Policy # 756706	
<b>Contact</b>	Anthony George	
<b>Company</b>	George Advisors/HPIS 225 Rockaway Beach Ave, Suite 300 Rockaway Beach, CA 94044 Office: (650) 355-4247 Email: <a href="mailto:ageorge@pacificadvisors.com">ageorge@pacificadvisors.com</a>	

## Paging

Upon commencement of training, House Staff may be issued a pager by Stanford. If House Officer do receive a pager, they are required to return the pager as it was received, with due consideration for normal wear at the end of their training appointment. Warranty for the pager is for one year. If the pager is lost or stolen, House Officer is required to reimburse Stanford Health Care for the full replacement value (at the time of replacement). The present cost of a pager is approximately \$20, and House Officer may wish to find out if their personal property insurance will cover this or add a rider if it does not.

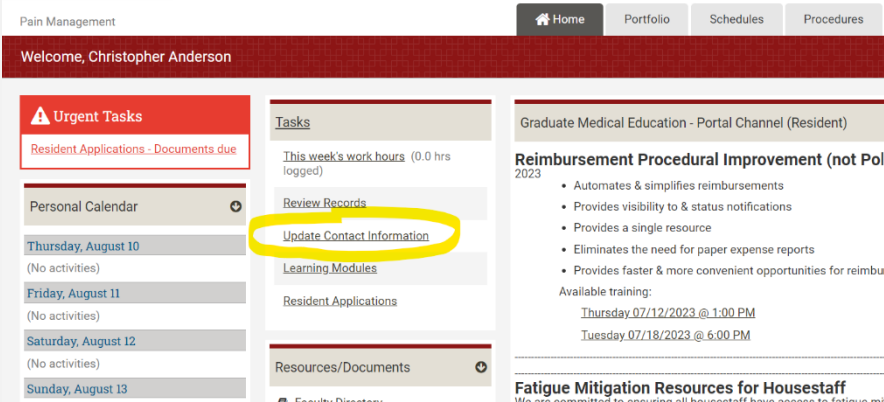
It is an expectation of all House Staff that they keep their pager on, with them and respond promptly to pages while in the hospital, on-duty, or on-call.

- 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 (3) areas within 2 weeks of change:

<p>1. House Staff's Program</p>	<p><b>House Staff to keep their Program Coordinator (PC) know of their accurate address, email &amp; phone number.</b></p> 
<p>2. MedHub</p>	<p><b>House Staff can update their address in MedHub or they can ask their Program Coordinator to update their MedHub contact information.</b></p>
<p>3. <u>Workday</u></p>	<p><b>House Staff to maintain their current contact information in <u>Workday</u> for SHC human resources, payroll and benefits.</b></p>

House Staff should list their completed Stanford program address and not the GME office address.

### Direct Deposit

The current salary for 2022-23 can be viewed on [Stipends & Bonuses | Graduate Medical Education | Stanford Medicine](#). All House Staff should use direct deposit for automatic deposit of their paycheck into their personal checking and/or saving account(s). Log into [Workday](#) to setup or make changes to their account. House Staff can have up to three (3) accounts at any one time. It is the House Staff's responsibility to notify SHC/HR and/or GME office of any monies overpaid in error in a timely manner.

**Note:** House Staff's direct deposit will take 1-2 pay periods to go in effect. Direct deposit is the safest way to get one's salary and prevent lost or stolen live checks. House Staff are paid 26 paychecks annually.

[Workday](#) is where trainees can view/print paystubs, W2's, update tax withholdings and opt in to have direct deposit receipt/s mailed to their home. Please do not use the GME address. If House Staff do not sign up for direct deposit, they will be paid via live check. Live checks are sent to the GME office on the payday and need to be picked up during GME during office hours. House Staff may also contact the payroll department by phone 650-725-4700 or email: [PayrollQA@stanfordhealthcare.org](mailto:PayrollQA@stanfordhealthcare.org).

For those with no banking set up in US, House Staff may want to consider the [Stanford Federal Credit Union](#) with a branch located at 300 Pasteur Dr. along with mobile banking services to Redwood City.

## Salary 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 Internal Revenue Service (IRS) regulations to withhold income tax on the salary paid to House Officers. If House Officer wishes to change the number of exemptions for withholding purposes, House Officer must use the [Workday](#) website.

### **Social Security**

The Federal Social Security Act (FICA) requires the deduction of social security payments. House Officers must have social security numbers.

### **California State Disability Insurance (CASDI)**

House Staff on the Stanford Health Care payroll are covered by CASDI. The coverage is mandatory under California law and is solely contributory by the covered individual. Certain requirements must be met for eligibility to claim CASDI benefits. To obtain more information, please review the Disability heading, section CASDI.

## Photo ID's / Security Access Cards

Photographic ID badges will be issued prior to or during the GME orientation process. House Staff are required to wear their ID badge at all times when on duty. Under no circumstances may House Staff's ID badge and/or security access card be used by anyone. House Staff's ID badge functions as their identification badge. Photo identification badges must be worn using **red plastic badge holder sleeves** to identify individual as a House Staff.

Photo identification badges must also be worn above the waist and be clearly visible, in compliance with Title XXII of the California Administrative Code.

House Officer's Photo ID badge and security access card are property of Stanford Health Care and must be returned to the GME office upon completion of their training during the checkout process. Failure to return ID badge and security access card may result in a \$250 fine.

### **Consequences of transferring or fraudulently using the Clipper Card**

The Clipper card issued to eligible House Staff is valid only for the duration of training at Stanford Health Care. Fraudulent use and transfer of the Clipper Card is a serious violation of the program. If trainees are discovered to have transferred their Clipper Card or accepted a pass that was not originally issued to them, trainee will face confiscation and potential fines up to \$250. In addition, otherwise eligible employees or House Staff will immediately forfeit Clipper card privileges and the privilege of receiving future passes and prizes through Stanford Medicine Transportation Services. For more information about Stanford Medicine Clipper cards and transit programs visit:

<https://www.stanfordmedicinetransportation.org/transportation-programs>.

### **University Courtesy/Gym Card**

Access to University facilities is authorized by the GME office and cards are given out during GME orientation for the duration of House Staff's appointment with Stanford Health Care. This card must be

returned to the GME office at the end of the House Staff's appointment with Stanford Health Care . To learn more contact Stanford Card Office located at: Tresidder Union, 459 Lagunita Drive, 2<sup>nd</sup> 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**

AS GME House Staff are affiliated with Stanford Health Care, they need to place their article requests via Lane Library's [DocXpress Document Delivery Service](#). [Lane Library](#) is considered a coordinate library and they are not a part of the Stanford Libraries system, which is why House Staff are unable to place a request via Stanford Interlibrary Borrowing.

DocXpress and Stanford Interlibrary borrowing are two separate document delivery service systems that operate independently from each other to provide service to different campus groups. Lane Library's DocXpress is the service that serves the Stanford Medicine community, including Stanford Health Care House Staff.

First-time users with DocXpress must first register by going to <https://docxpress.stanford.edu/> and clicking on "First Time User? Register." Instructions for submitting article requests can be found on: <https://docxpress.stanford.edu/services.html#MakeRequest>. GME House Staff are eligible for both physical, online access and [mobile access](#).

## **Physician Order Entry/Verbal Order**

The House Staff on-call quarters at 300 P and 500 P 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 House Staff 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**

**Outpatient prescriptions and discharge prescriptions written by House Staff without California licenses and Stanford DEA certificate must be countersigned by a licensed physician.** The CML and DEA numbers of the licensed physician must appear on all outpatient prescriptions. To learn more visit the GME website <https://med.stanford.edu/gme/housestaff/current/prescription-guidelines.html>.

## **Electronic Prescription (E-Prescribe) for Controlled Substances (EPCS)**

### **In-Patient**

All medication orders are placed in the Electronic Health Record (HER) (unless downtime) by the House Staff. These orders are immediately actionable for care. They include Controlled and Non controlled substances.

**Out-Patient**

All medication orders are placed in the HER (unless downtime) by the House Staff. These orders are issued to pharmacies electronically.

Controlled substances

Controlled substances should be prescribed electronically (not paper) per AB 2789 – came into effect January 2022.

Electronic prescribing of controlled substances (EPCS) requires the House Staff showing Stanford Program address as their business address for their:

1. CA Medical License (Postgraduate Training License (PTL) or CA Medical Physician's & Surgeon's (P&S) License
2. DEA certification
3. NPI

If House Staff is not in possession of these items, this must be ordered by their senior or attending.

Non controlled substances

Non-controlled substances should be prescribed electronically (not paper); House Staff can order these electronically and they will be sent under their supervising provider's authority if the House Staff is not yet eligible.

Electronic prescription privileges are not automatic. House Staff in possession of their valid documentations listed above need to submit an email to the GME Registrar requesting access.

## Qualified Bilingual Staff (QBS) Program

If House Officers are bilingual and would like to use their language skills to communicate directly with patients, there is now a test they can take to ensure their language skills are of the highest quality and compliant with Joint Commission Standards. The Qualified Bilingual Staff program (QBS) 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 House Officer make sure and show the hospital that they can communicate with patients in their preferred language and obtain consent without the assistance of an interpreter.

**Note:** Passing the QBS exam does not qualify an individual to interpret for other providers. For more information or to register for the exam, email: [DL-LanguageTesting@stanfordhealthcare.org](mailto:DL-LanguageTesting@stanfordhealthcare.org) or call (650) 721-7883.

## Research

House Staff may not 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 House Staff's grant, tuition reimbursement or salary do not conflict with the research project requirements.

**External Research Rotations**

Programs cannot approve external research rotations (rotations outside of SHC or SCH) for Residents or Fellows for training credit without the prior authorization of the GME office. Research rotations at SHC, SCH and the Stanford School of Medicine are not considered external. To be eligible for credit for training, an external rotation must be reviewed and approved by the Program Director and the Stanford DIO. A Program Letter of Agreement (PLA) must be in place with the external organization. PLAs provide details on faculty supervision and evaluation, educational content, length of assignment and policies and procedures for each required assignment. These documents are intended to protect the program’s House Staff by ensuring an appropriate educational experience under adequate supervision. All trainees participating in any external rotation as part of their training remain employees of SHC, are paid solely by SHC, and must track their rotation work hours in MedHub.

**Restrictive Covenant**

Stanford does not require House Staff to sign noncompetition guarantees or agreements.

**Rotations (Away Rotations and Visiting):**

**Away Rotations**

A COVID vaccine is highly encouraged for all participants

- Hospital policies regarding COVID testing on return must be followed:  
<https://files.constantcontact.com/7af97809001/70906df9-a9f2-447a-bed6-150741b865ca.pdf>  
 All (standard & non-standard) away rotations must be approved by the Stanford Program Director and Stanford GME.

**Guidelines:**

Away rotations are defined as rotations outside of Stanford Health Care (SHC). They generally fall into two categories with different processes that require the Stanford Program Director and Ann Dohn, Stanford Graduate Medical Education (GME) Designated Institutional Official (DIO) approvals.

Essentially, House Staff’s Stanford program and GME must know of House Staff’s electives. Stanford Program Coordinator is to submit completed form electronically to Mitra Haddad [mhaddad@stanfordhealthcare.org](mailto:mhaddad@stanfordhealthcare.org) in one (1) PDF file 30 days in advance of the rotation start date. Mitra will obtain Stanford DIO’s approval and contact the House Staff and the Program Coordinator when the rotation has been approved. The requirements of each type of rotations are:

	Standard Away Rotations	Non-Standard Away Rotations
Descriptions	<ul style="list-style-type: none"> <li>• Are rotations to institutions where House Staff rotate on an on-going basis. Examples of already established sites are:                             <ul style="list-style-type: none"> <li>○ Palo Alto Veterans (VA) Healthcare System</li> <li>○ Kaiser Permanente, Santa Clara (KPSC)</li> <li>○ Santa Clara Valley Medical Center (SCVMC), etc.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Are rotations to institutions where no master affiliation agreement exists with the program or SHC.</li> </ul>

	Standard Away Rotations	Non-Standard Away Rotations
Instructions	<ul style="list-style-type: none"> <li>To establish a new Standard Away Rotation, Program Coordinator is to work with their Stanford GME Education Manager to submit a <a href="#">Stanford Program Letter of Agreement (PLA)</a> for approval by their Program Director and Stanford DIO.</li> <li>Once established, the program must notify Mitra Haddad <a href="mailto:mhaddad@stanfordhealthcare.org">mhaddad@stanfordhealthcare.org</a> of the following 30 days prior to the rotation start date:                             <ul style="list-style-type: none"> <li>House Staff name</li> <li>Stanford program name</li> <li>Host institution name, address</li> <li>Host contact person’s email &amp; phone #</li> <li>Rotation start &amp; end dates</li> <li>Include Program Director on the email as a confirmation of their approval</li> <li>Any special requests</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Stanford Program Coordinator to email completed, signed forms by Stanford program &amp; host institution to Mitra Haddad <a href="mailto:mhaddad@stanfordhealthcare.org">mhaddad@stanfordhealthcare.org</a> in one (1) PDF file 30 days in advance of the rotation start date. Mitra will obtain DIO’s approval. The documents below are:                             <ul style="list-style-type: none"> <li>Checklist</li> <li>Application form</li> <li>PLA</li> <li>Any special requests</li> </ul> </li> </ul>
Malpractice	<ul style="list-style-type: none"> <li>The standard elective away rotation institution’s master affiliation agreement covers the malpractice.</li> </ul>	<ul style="list-style-type: none"> <li>Malpractice coverage for non-standard away rotations must be provided by the host institution &amp; not Stanford.</li> </ul>
Details	<ul style="list-style-type: none"> <li>All malpractice requests must be submitted to GME for approval and submitted to Stanford Risk Manage by the GME office.</li> <li>All Away Rotations must be submitted to GME by the Stanford Program Coordinator &amp; qualify as:                             <ul style="list-style-type: none"> <li>Cases/clinical experience from the rotation must count for board certification</li> <li>Faculty supervision must equal the level of supervision on other rotations</li> </ul> </li> </ul>	
Appr	<ul style="list-style-type: none"> <li>Continuation of salary &amp; benefits during away rotations is subject to the approval of the Stanford Program Director &amp; Stanford DIO.</li> </ul>	

To learn more and obtain a copy of the non-standard away rotation, visit the GME website [https://med.stanford.edu/gme/housestaff/current/away\\_rotations.html](https://med.stanford.edu/gme/housestaff/current/away_rotations.html).

## Visiting Residents (VR)

Stanford Health Care welcomes and offers VR elective rotations from other ACGME training institutions for short-term (2-4 weeks) 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 Stanford’s department/division. Completed application packet is sent to the GME office by the Stanford department/division no later than thirty days (30) prior to rotation start date to avoid late fees.

Stanford GME accepts VRs from Accreditation Council of Graduate Medical Education (ACGME) accredited residency and fellowship programs in the United States. The MBC recognizes graduates of Canadian medical schools for a full unrestricted CML. However, the 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).

**Required Documentations from all institutions** except Kaiser Permanente of Northern CA, Santa Clara Valley Medical Center, and Valley Children’s Health Care Madera:

Requirements	Details
<ul style="list-style-type: none"> <li>• <b>Applicants to provide three (3) elective date options to the Stanford department/division coordinator along with a copy of their CV</b></li> </ul>	Once the Stanford 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"> <li>• <b>A letter of Good Standing</b></li> </ul>	Letter from applicant’s home institution Program Director to Stanford stating: <ul style="list-style-type: none"> <li>• Salary/benefits will be covered in full during VR’s visit at Stanford Health Care</li> <li>• VR is in good standing position with their program</li> <li>• Home institution Program Director approves the elective dates</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Acceptance letter</b></li> </ul>	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"> <li>• <b>Program Letter of Agreement (PLA)</b></li> </ul>	Generated by Stanford department/division after elective dates have been approved by department/division.
<ul style="list-style-type: none"> <li>• <b>Copy of current Immunizations</b></li> </ul>	Measles, Rubella, Chickenpox, Hepatitis B, Influenza, TB Surveillance, flu shot & COVID-19.
<ul style="list-style-type: none"> <li>• <b>JPEG Photo</b></li> </ul>	Photo to be used to generate a Stanford Health Care photo ID badge.
<ul style="list-style-type: none"> <li>• <b>Copy of Curriculum Vitae (CV)</b></li> </ul>	Updated CV
<ul style="list-style-type: none"> <li>• <b>Copy of Medical School Diploma</b></li> </ul>	Medical School Diploma
<ul style="list-style-type: none"> <li>• <b>Copy of Medical License</b></li> </ul>	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"> <li>• <b>Copy of ECFMG certificate</b></li> </ul>	If international medical graduate (IMG)
<ul style="list-style-type: none"> <li>• <b>Documentation of completed HIPAA training</b></li> </ul>	Updated documentation
<ul style="list-style-type: none"> <li>• <b>Copy of home institution ID badge</b></li> </ul>	Home institution ID badge
<ul style="list-style-type: none"> <li>• <b>Copy of Photo Identification card</b></li> </ul>	To be presented during GME check-in process
<ul style="list-style-type: none"> <li>• <b>Completed <a href="#">Confidentiality Statement</a></b></li> </ul>	Submission of completed and signed form during GME check in process
<ul style="list-style-type: none"> <li>• <b>Completed <a href="#">VR Information Form</a></b></li> </ul>	Submission of completed and signed form during GME check in process



**Required documentations from Kaiser Permanente of Northern CA, Santa Clara Valley Medical Center, and Valley Children's Health Care Madera** these institutions have an existing contracts between Stanford Health Care and their institutions:

Requirements
• <b>Program Letter of Agreement (PLA)</b>
• <b>COVID-19 documentation of immunizations</b>
• <b>JPEG Photo</b>
• <b>CV</b>
• <b>Medical School Diploma</b>
• <b>Copy of California Medical License</b>
• <b>ECFMG certificate-if international medical graduate</b>
• <b>Completed <a href="#">Confidentiality Statement</a></b>
• <b>Completed <a href="#">VR Information Form</a></b>

### **Late fee**

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

### **Processing**

All required paperwork must be submitted to the Stanford department/division. To obtain a list of the Stanford program list visit GME website <https://med.stanford.edu/gme/programs.html> and click on Program Contacts List.

Stanford department/division is to submit completed VR application packet to the GME Registrar thirty (30) days prior to the elective start date. The GME Registrar will have training modules assigned, process the application, provide the VR and Stanford Program Coordinator with a welcome email, steps to obtain a Stanford parking pass and other guidelines.

The Stanford University program will provide the VR their tentative schedule, reporting time, list of recommended conferences, appropriate reading, and other pertinent rotation information.

### **VRs are required to:**

- Complete their assigned training at least three (3) days prior to their rotation start date.
- Check in with the GME office on their 1<sup>st</sup> day of rotation between the hours of 8:00-10:00 AM. The GME office is located at 300 Pasteur Dr., HC435, Stanford, CA 94305. Those not checking in will have their EPIC access revoked.
- VRs will receive their Stanford Photo ID badge and security access badge during their GME check in process with the GME office and which must be returned to GME at the end of rotation.
- VRs are to complete their EPIC notes prior to their rotation end date and during their EPIC access.

### **Observership**

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

GME does not administer or manage:

- [Visiting Clerkships](#)
- [Visiting Observer](#)
- [Visiting Scholars](#), please visit the Stanford University website for options.
- [Visiting Student Researchers](#)

## 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 listed below. To contact an ABMS Member Board, click on the name of the Member Board. To learn more about where board certification is offered, visit specialty and the subspecialties.

<p>The American Board of <a href="#">Allergy and Immunology</a> 1835 Market Street, Suite 1210 Philadelphia, PA 19103 Phone: (215) 592-9466 Toll-free: (866) 264-5568 Fax: (215) 592-9411 <a href="http://www.abai.org">www.abai.org</a></p>	<p>The American Board of <a href="#">Anesthesiology</a> 4200 Six Forks Road, Suite 1100 Raleigh, NC 27609-2687 Phone: (919) 745-2200 <a href="http://theaba.org">theaba.org</a></p>
<p>The American Board of <a href="#">Colon and Rectal Surgery</a> 20600 Eureka Road, Suite 600 Taylor, MI 48180 Phone: (734) 282-9400 <a href="http://www.abcrs.org">www.abcrs.org</a></p>	<p>The American Board of <a href="#">Dermatology</a> 2 Wells Avenue Newton, MA 02459 Phone: (617) 910-6400 <a href="http://www.abderm.org">www.abderm.org</a></p>
<p>The American Board of <a href="#">Emergency Medicine</a> 3000 Coolidge Road East Lansing, MI 48823 Phone: (517) 332-4800 <a href="http://www.abem.org">www.abem.org</a></p>	<p>The American Board of <a href="#">Family Medicine</a> 1648 McGrathiana Parkway, Suite 550 Lexington, KY 40511 Phone: (877) 223-7437 <a href="http://www.theabfm.org">www.theabfm.org</a></p>
<p>The American Board of <a href="#">Internal Medicine</a> 510 Walnut Street, Suite 1700 Philadelphia, PA 19106 Phone: (215) 446-3500 or toll-free: (800) 441-2246 <a href="http://www.abim.org">www.abim.org</a></p>	<p>The American Board of <a href="#">Medical Genetics and Genomics</a> 6120 Executive Blvd., Suite 525 Rockville, MD 20852 Phone: (301) 634-7315 <a href="http://www.abmgg.org">www.abmgg.org</a></p>
<p>The American Board of <a href="#">Neurological Surgery</a> 2766 Commerce Drive NW, Suite B Rochester, MN 55901 Phone: (507) 322-0400 <a href="http://www.abns.org">www.abns.org</a></p>	<p>The American Board of <a href="#">Nuclear Medicine</a> 1030 Highlands Plaza Drive, Suite 511E St. Louis, MO 63110-1343 Phone: (314) 367-2225 <a href="http://www.abnm.org">www.abnm.org</a></p>

<p>The American Board of <a href="#">Obstetrics and Gynecology</a>  2828 Routh Street  Suite 700  Dallas, TX 75201  Phone: (214) 871-1619  <a href="http://www.abog.org">www.abog.org</a></p>	<p>The American Board of <a href="#">Ophthalmology</a>  PO Box 1887  Doylestown, PA 18901  Phone: (610) 664-1175  <a href="http://www.abop.org">www.abop.org</a></p>
<p>The American Board of <a href="#">Orthopaedic Surgery</a>  400 Silver Cedar Court  Chapel Hill, NC 27514  Phone: (919) 929-7103  <a href="http://abos.org">abos.org</a></p>	<p>The American Board of <a href="#">Otolaryngology – Head and Neck Surgery</a>  3900 Essex Lane, Suite 1110  Houston, TX 77027  Phone: (713) 850-0399  <a href="http://www.abohns.org">www.abohns.org</a></p>
<p>The American Board of <a href="#">Pathology</a>  4830 Kennedy Blvd., Suite 690  Tampa, FL 33609  Phone: (813) 286-2444  <a href="http://www.abpath.org">www.abpath.org</a></p>	<p>The American Board of <a href="#">Pediatrics</a>  111 Silver Cedar Court  Chapel Hill, NC 27514  Phone: (919) 929-0461  <a href="http://www.abp.org">www.abp.org</a></p>
<p>The American Board of <a href="#">Physical Medicine and Rehabilitation</a>  3015 Allegro Park Lane SW  Rochester, MN 55902  Phone: (507) 282-1776  <a href="http://www.abpmr.org">www.abpmr.org</a></p>	<p>The American Board of <a href="#">Plastic Surgery</a>  Seven Penn Center, Suite 400  1635 Market Street  Philadelphia, PA 19103  Phone: (215) 587-9322  <a href="http://www.abplasticsurgery.org">www.abplasticsurgery.org</a></p>
<p>The American Board of <a href="#">Preventive Medicine</a>  111 West Jackson, Suite 1340  Chicago, IL 60604  Phone: (312) 939-2276  <a href="http://www.theabpm.org">www.theabpm.org</a></p>	<p>The American Board of <a href="#">Psychiatry and Neurology</a>  7 Parkway North  Deerfield, IL 60015  Phone: (847) 229-6500  <a href="http://www.abpn.com">www.abpn.com</a></p>
<p>The American Board of <a href="#">Radiology</a>  5441 East Williams Circle  Tucson, AZ 85711  Phone: (520) 790-2900  <a href="http://www.theabr.org">www.theabr.org</a></p>	<p>The American Board of <a href="#">Surgery</a>  1617 John F. Kennedy Boulevard, Suite 860  Philadelphia, PA 19103  Phone: (215) 568-4000  <a href="http://www.absurgery.org">www.absurgery.org</a></p>
<p>The American Board of <a href="#">Thoracic Surgery</a>  633 North St. Clair Street, Suite 2320  Chicago, IL 60611  Phone: (312) 202-5900  <a href="http://www.abts.org">www.abts.org</a></p>	<p>The American Board of <a href="#">Urology</a>  600 Peter Jefferson Parkway, Suite 150  Charlottesville, VA 22911  Phone: (434) 979-0059  <a href="http://www.abu.org">www.abu.org</a></p>

## Smoke-Free Workplace

Stanford Health Care and affiliate hospitals have a 100% smoke-free policy. Smoking is not permitted anywhere inside SHC or affiliate hospital 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 House Staff are referred to the Department of Graduate Medical Education. House Staff repeatedly violating this policy may be subject to appropriate action to correct any violation(s) and prevent future occurrences.

## Transportation and Parking

House Staff are required to comply with the Stanford Health Care Transportation Services Policy, which can be reviewed online: <https://stanfordhealthcare.policytech.com/docview/?docid=13330>.

The following standard parking options are provided to House Staff by SHC:

1. Stanford University Parking Permit Eligibility:
  - a. The parties recognize that SHC does not control parking at Stanford University parking permit facilities. However, SHC asserts that it is not aware of any present intent by Stanford University to discontinue the availability of these parking permits to House Staff.
  - b. All House Staff are eligible to purchase an 'A' or 'C' parking permit from Stanford University.
  - c. 'A' parking permits are currently priced at \$116/month or \$19/day.
  - d. 'C' parking permits are currently priced at \$40/month or \$6.50/day.
  - e. 'A' and 'C' parking permits may be purchased online here:  
<https://transportation.stanford.edu/order-or-apply>
  - f. The pricing of these parking permits is subject to annual review & update by Stanford University.
2. Stanford Health Care 500 Pasteur Staff Garage Parking Permit:
  - a. All House Staff are eligible to purchase daily parking permits for the 500P – Pasteur Staff Garage located at 1189 Welch Road.
  - b. Permits are available on a first-come first-served basis and may sell out on any given day.
  - c. Daily parking permits are available starting at 4:00 PM the day before.
  - d. The daily permits are currently priced at \$12 per day.
  - e. Permits can be purchased through the Stanford Medicine Parking App. Additional details can be found at: <http://www.stanfordmedicinetransportation.org/psg-app-flyer>.
  - f. Discounted permits are available for vehicles who participate in the carpool program at this location. Additional details about the carpool program can be found at:  
[https://www.stanfordmedicinetransportation.org/PSG\\_Carpool\\_Program\\_Flyer](https://www.stanfordmedicinetransportation.org/PSG_Carpool_Program_Flyer).
  - g. The pricing of these parking permits is subject to annual review & update by SHC.
3. House Staff arriving for shifts beginning after 1:00 PM shall continue to be eligible for special swing shift parking access:
  - a. Currently, House Staff can request Swing Shift access to the 500P – Pasteur Staff Garage parking on a cost free basis.
  - b. As SHC works to ensure adequate parking for patients & visitors in response to increased parking demand, plans are being evaluated for all swing shift staff to explore transitioning

- free swing shift parking to Hoover Pavilion Garage and providing discounted parking for swing shift staff in locations closer to the 500 and 300 Pasteur hospitals.
4. Current House Staff with Swing Shift parking access at Pasteur Staff Garage will retain that access if any changes occur, but program changes may impact any new House Staff after the changes are implemented. The Hospital shall provide notice to the Union of any program changes. House Staff arriving for shifts beginning after 4:00 PM or on the weekends shall continue to be eligible for special night shift and weekend parking access:
    - a. House Staff can request Night Shift and weekend parking at the:
      - i. Pasteur Visitor Garage (200 Pasteur Drive)
      - ii. LPCH West (725 Welch Road) or
      - iii. Hoover Pavilion Garage (217 Quarry Road)with no exit time restriction at no charge with proper identification from the Department program.
    - b. House Staff can also request Night Shift and weekend parking at the Pasteur Staff Garage (1189 Welch Road) at no charge but must exit the garage by 7:00 AM on weekdays or be subject to daily parking fees.
  5. To apply for swing or night shift parking visit <https://bit.ly/2Rr32Qd>

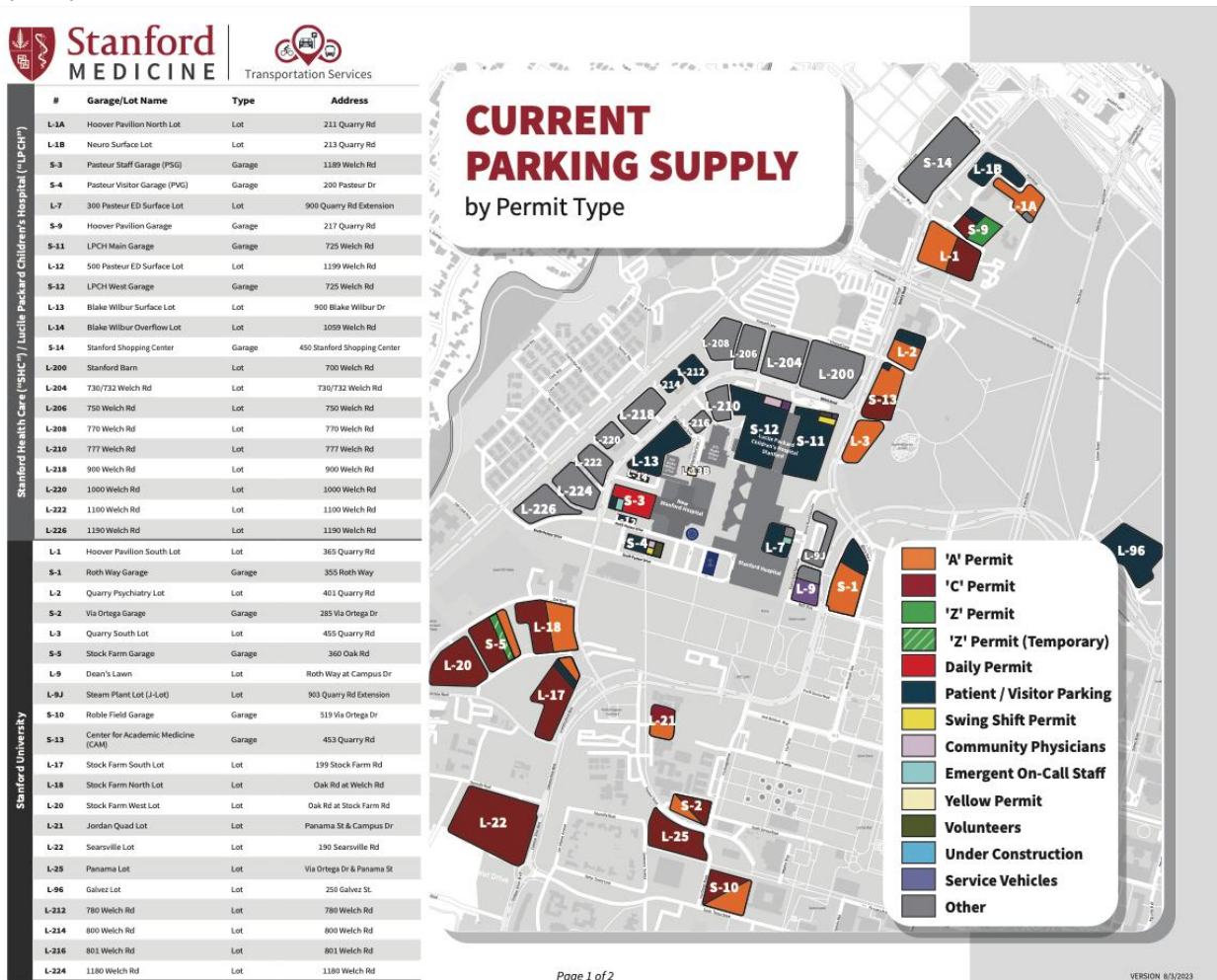
In addition to the standard parking options, certain House Staff may be eligible for the following parking exceptions:

1. Emergent On-Call Parking Access at Pasteur Staff Garage and 300 Pasteur:
  - a. Stanford Health Care staff with an emergency response time of 30 minutes or less arriving after 4:00 PM or anytime on weekends or holidays may park in the reserved Emergent On-Call Staff parking spaces in Pasteur Staff Garage or the 300 Pasteur Pediatric Emergency Surface Lot.
  - b. Additional information can be found online here:  
<http://www.stanfordmedicinetransportation.org/shc-night-shift>.
2. Special All-Day Parking Access at Pasteur Staff Garage:
  - a. Due to a legacy agreement created for H travelling between Redwood City and Palo Alto while the Redwood City campus was under construction, certain House Staff groups such as Ortho & Pain have historically been granted free all day parking access to Pasteur Staff Garage
  - b. No additional access will be granted under this parking exception
  - c. House staff who currently have this parking access will be allowed to maintain this access through the duration of their programs.
3. Redwood City Underground Parking Access:
  - a. SHC House Staff who work in the Redwood City Campus may apply for complimentary badge access at the underground garage parking.
  - b. Additional details about parking at the Stanford Medicine Outpatient Center in Redwood City are available here:  
<http://www.stanfordmedicinetransportation.org/RedwoodCity-Staff-Parking>.
4. Welch Road Properties Parking Access:
  - a. Departments who are assigned space in SHC or LPCH buildings along Welch Road (700, 730, 732, 750, 770, 777, 900, and 1000 Welch Road) are allotted a number of parking permits based on their square footage in the building.

- b. Departments may choose how to determine eligibility for these permits for their staff, and may or may not choose to provide that parking option to House Staff within the department.
- c. Staff who are eligible to purchase a parking permit at their assigned Welch Road Property can do so through the Stanford Medicine Parking App at a rate of \$12 per day or \$133 per month.
- d. For information about purchasing parking permits at Welch Road properties for eligible staff view the guide at: <https://www.stanfordmedicinetransportation.org/welch-app-opl>.
- e. The pricing of these parking permits is subject to annual review & update by SHC.

The Hospital shall provide notice to the Union of any proposed parking fee increases.

Parking locations by permit type can be viewed on the below map. The parties recognize that SHC does not control parking at Stanford University parking permit facilities. Exact location and distribution of Stanford University parking permit parking is subject to change by Stanford University. For the most current version of the below map, visit: <http://www.stanfordmedicinetransportation.org/Parking-Supply-Map>



Stanford Medicine Transportation Services will help answer employee questions regarding parking places, permits and alternative transportation options. For more detailed information, visit their website at: <https://www.stanfordmedicinetransportation.org/>, text or call: 650-736-8000 or e-mail questions to: [transportationservices@stanfordhealthcare.org](mailto:transportationservices@stanfordhealthcare.org).

### Alternative Transportation

- The Stanford University Commute Club program offers \$300 per year in Clean Air Cash for all employees, including House Staff, who commute to campus using alternative transportation options. Employees who participate in this program cannot buy a monthly university or hospital parking permit or more than 4 daily university or hospital parking permit.
- The Marguerite Shuttle System (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.
- Commuter bus program – TransBay services (AE-F, EB and U Line), Campbell, and Santa Clara are available to commuters. For more information visit: <https://www.stanfordmedicinetransportation.org/shuttles>.

VTA Smart Pass-The Smart Pass allows unlimited travel on the following transit services to eligible SHC House Staff: VTA buses (including express buses); VTA light rail. For more information about VTA Smart Pass visit: <http://www.stanfordmedicinetransportation.org/VTA-SmartPass>. Caltrain Go Pass – The GoPass allows unlimited travel on Caltrain to eligible House Staff. For more information about the Caltrain Go Pass visit: <http://www.stanfordmedicinetransportation.org/Caltrain-Go-Pass>.

- AC Transit EasyPass allows unlimited travel on AC Transit and the Dumbarton Express. For more information about the AC Transit EasyPass visit: <http://www.stanfordmedicinetransportation.org/AC-Transit-Easy-Pass>.
- Bicycle Program. For bicycling information, including bike routes, bike lockers, showers, and bicycle registration visit <http://transportation.stanford.edu/bike>.
- Vehicle Rentals (Hourly, half-day, and full-day car rental through on-campus office <https://transportation.stanford.edu/hertz> and/or <https://transportation.stanford.edu/zipcar-stanford>).
- Charter Bus Services (On-and off-campus group transportation services for conferences, events, activities etc.)-For more information visit <http://transportation.stanford.edu/charterbus>.
- Guaranteed Ride Home Program. Full Time Day Shift staff who's assigned work location is at the Palo Alto Hospital Campus who use an alternative mode of transportation other than driving alone to work or telecommuting may use the Guaranteed Ride Home program in the event of a qualifying emergency including: Personal Illness/ Injury, Home Emergencies, Family Emergencies, Carpool/vanpool disruption, Unplanned overtime, bike issues, and scooter issues. Eligible staff may use this program for up to a maximum of 6 events per year. The program will provide a Lyft rideshare code at no cost to provide a ride from the work location to the staff members' home, transit stop, or location that their vehicle is parked. To access the Guaranteed Ride Home program and view full program details, visit: <https://shc.luum.com/commute>.

Find more details about these programs including eligibility requirements at: <https://www.stanfordmedicinetransportation.org/transportation-programs>.

## Fatigue Mitigation

- A. Fatigue Mitigation Transportation. In accordance with Housestaff Policies & Procedures, in the event a Resident or Fellow is too fatigued to drive home safely at the end of a shift the Resident or Fellow has the following options:
  1. Sleep in an available call room until able to drive safely; or
  2. Utilize an available taxi voucher; or

3. Access an app based transportation service for round-trip transportation to their verifiable home address from a rotation site.
- B. Use of these transportation services and/or reimbursements for any other purpose may result in discipline and an obligation of repayment by the Resident or Fellow to SHC.

## Other Services

### Resident Lounges & Call Rooms

- A. GME Residents/Fellows lounge is accessible and located at 300 Pasteur Ave. The lounge is equipped with a hospital phone, microwave, refrigerator, utensils, and seating.
- B. Sleep/Call rooms are located at 300 Pasteur Ave. and 500 Pasteur Ave. that are proximate to patient care areas, safe, quiet, clean, and private to accommodate rest for on call Residents/Fellows needing access; including rooms that will either not require elevator access or be elevator accessible Sleep rooms shall have housekeeping services.

### On-Call Rooms

Sleep quarters are provided for House Officers who are required to take call at SHC/LPCH Hospital. House Staff taking call from home should check with their Stanford Program Director regarding any response time requirements.

- All the call room doors will start the evening open. A closed door could mean that the room is unavailable or that it has been closed accidentally. If the room is occupied, one will not be able to access the room. If the door has been closed accidentally on Monday-Friday, request assistance from GME staff. On weekends and after hours, contact security at (650) 723-7222.
- Do NOT reserve call rooms (no notes on doors, no putting their 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 at:
    - 300 P on the 4<sup>th</sup> floor in GME Library/work room
    - 500 P the break rooms near the center of each unit are intended for “day use” (i.e. while House Staff are in the hospital) only. These are available not only to House Staff but also to physicians on the unit.
- It is imperative that House Staff notify the GME office of the lack of available rooms by sending an email to [gme@med.stanford.edu](mailto:gme@med.stanford.edu).
- Materials should not be left in the unoccupied on-call quarters. If found at 300 P, they will be brought to the GME office. After a discretionary period, the materials left at 300 p will be placed in the lost & found shelf located in the House Staff workroom, HC403. Materials left at 500 P will be taken to Stanford Health Care Lost & Found.
- Please remember there are 3 sets of call rooms at 300 P and 4 sets of call rooms at 500 P:

### 300 P Call Rooms

Call rooms are available on the 4<sup>th</sup> floor of both stairwells “N” and “L” shown below in red.

1. On BOTH sides of the hall beside the GME office on the 4<sup>th</sup> floor (see map)
2. Four additional call rooms on the east side of the hospital, 4<sup>th</sup> floor by pavilion G (see map)





3. Additional clean sheets are in the cupboard leading to gym (across the hall from the GME office)

500 P Call Rooms

1. House Staff call rooms are available on each of the 4 floors.

**500P: Call Rooms**

Level	Room	Location	Priority Occupier
1 <sup>st</sup>	L157	ED	Trauma
2 <sup>nd</sup>	J283 J285 J286	J2: Diagnostics (CVICU)* J2: Diagnostics (CVICU)* J2: Diagnostics*	CVICU Attending CTS Resident Nocturnist
3 <sup>rd</sup>	J321 J322 J323 L321 L322 L323	Chapel/Wellness Chapel/Wellness Chapel/Wellness Surgical Lounge Surgical Lounge Surgical Lounge	24-hr ICU Resident 24-hr ICU Resident 24-hr Neuro ICU Resident Anesthesia Faculty Anesthesia Faculty/Resident Surgery Senior Resident
4 <sup>th</sup>	J461 K465 L461 M465	J4: Cardio ICU K4: Trauma, GS ICU L4: Neuro AAU M4: Neuro, Neurosurgery, Medicine	Cardiology Resident SICU Resident Neurosurgery Resident MICU Fellow

**PATH TO ACTIVATION**

Prioritization

1. Critical Care
2. Anesthesia
3. Trauma

Call Rooms

1 <sup>st</sup> floor	1
2 <sup>nd</sup> floor	3
3 <sup>rd</sup> floor	6
4 <sup>th</sup> floor	4
<b>Total</b>	<b>14</b>

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

**GME Gym**

The GME gym is located on the 4<sup>th</sup> floor of the Stanford Health Care , 300 P. Equipment includes: stair-climbers, treadmills, bicycles, and weights. House Staff must use their access card to enter and exit the roof access door that leads to the gym. The gym door can be opened by sliding the door. Please remember to close the door before you leave protect the room and equipment from elements and animals and do not remove any equipment and wipe down equipment after each use.

**Lactation Accommodations**

Lactation rooms or other comparable space at 300P/500P shall be provided in accordance with SHC policy and prevailing law.

SHC will allow adequate time for a Resident to express breast milk and will provide a refrigerator for storage (and will make efforts to provide a dedicated refrigerator). In most instances the refrigerator shall be in the lactation room, but the parties recognize that an in-room refrigerator may not be feasible in every instance; in such circumstances one shall be made available in reasonable proximity. Facilities shall be clean, private, and of a proximity appropriate for safe patient care. A bathroom shall not be considered an appropriate space.

SHC shall provide notice about material changes to the SHC policy with respect to lactation rooms or accommodations to the Union and shall meet and confer upon request in regards to the effects of such changes.

**GME Lounge at 300 P, Room HC433**

The GME lounge is located on the 4<sup>th</sup> floor of the 300 P, room HC435, next to the GME Office. The lounge is furnished with sofas, chairs, television, pool table, refrigerator, phone and microwave. This is provided to House Staff 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 on call, SHC provide dinner at the Stanford Younger Dining Room located at 500 P, 3<sup>rd</sup> floor for use after hours when the cafeteria is closed.

**300P Lactation Lounge HC404**

The GME lactation lounge is located on the 4<sup>th</sup> floor of the Stanford Health Care , room HC404, across the stairway from the GME Office.

**500 P Lactation**



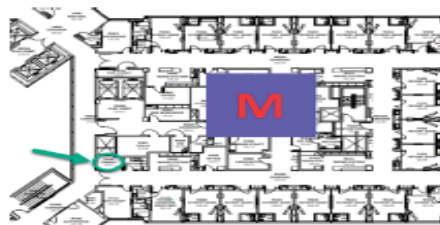
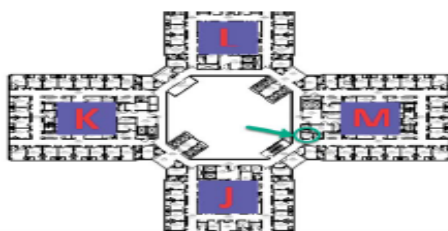
### One Point Lesson: Temporary Mother's Room Locations in 500P

**Purpose:** To communicate the interim plan to provide Mother's Rooms in 500P between Patient Day 1 (PD1) and the completion of the Mother's Rooms User Change Request.

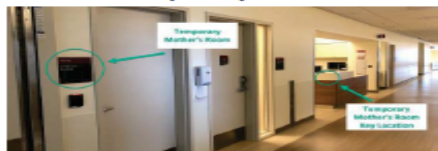
- 1 Mother's Rooms (permanent locations) within 500P will be completed after PD1
- 2 Temporary Mother's Rooms have been identified within 500P on floors 4, 5, 6, 7

	PD1 through Mother's Rooms UCR complete	After completion of Mother's Room UCR
Room Locations	M445 M545 M645 M745	Locations will be communicated when the designated Mother's Rooms have been completed.
Room Access	<ul style="list-style-type: none"> <li>• Use the key that is located at the patient care station closest to the temporary Mother's Room</li> <li>• This is an unstaffed patient care station, and the key will be hanging on the wall behind the workstation</li> <li>• The key is labeled for "ISO Room Airborne" or "Bathroom"                             <ul style="list-style-type: none"> <li>• This key will unlock both of those doors and the temporary Mother's Rooms</li> </ul> </li> <li>• Please knock on the door before entering</li> </ul>	Access will be communicated when the designated Mother's Rooms have been completed.

3 Locations on floors 4, 5, 6, 7: Map



4 Access to temporary Mother's Rooms: Visuals



Questions? Contact Transition Strategy: [pathtoactivation@stanfordhealthcare.org](mailto:pathtoactivation@stanfordhealthcare.org)

## Uniforms

A. White Coats

Two (2) new long white physician coats in appropriate sizes will be issued to each House Staff.

B. Scrubs

House Staff will continue to receive access to free scrubs.

### Resident/Fellow Workroom at 300 P, Room HC403

The GME House Officer workroom is on the 4<sup>th</sup> floor of the Stanford Health Care, 300 P, room HC403, across the stairway from the GME Office. This workroom offers day lockers, three (3) computers, a phone, and a printer for trainees to enjoy a quiet workspace. Additionally, House Staff can request permission to use a locker at all of the Stanford facilities by reaching out to the appropriate Unit Clerk.

### Collaborative Workspace at 300 P, H1510

The collaborative workstation provides individual workspace and meeting rooms hoteling space for work related meetings and team collaborations. It is open 24/7 for all SHC employees. It contains 62 workstations and 12 reservable meeting rooms. The workspace offers Mother's room, lockers, break room and phone booths.

To find the Collaborative Workspace visit PowerPoint Presentation ([stanfordmed.org](http://stanfordmed.org)). To reserve a meeting room and/or workstation visit Room Booking Tip Sheets & Resources ([stanfordmed.org](http://stanfordmed.org)).

### **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. House Staff 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, 300 P, room HC435.
- To allow access for all, House Staff are given up to two (2) months on a first come, first serve basis.
  - House Staff 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.
- Guests pay \$125, subject to change.
- For fees, rules, golf course hours and general information, call: (650) 724-0944 or go to <https://www.stanfordgolfcourse.com/golf>.

### **Housing**

#### **Welch Road Apartments**

One hundred and eight-unit (108) Residential community of studio, one and two bedroom apartments is located southwest of Sand Hill Road, right across the street from Stanford Health Care are available for House Staff. To learn more visit [Welch Road Apartments | \(stanford.edu\)](http://stanford.edu).

#### New/Incoming

The application for the Welch Road Apartments is sent to the new/incoming House Staff along with their contracts in late April. Assignments are made via lottery in May. Tenancy is limited to the term of House Staff's initial Stanford Health Care training appointment. The Results of the 2024 GME Lottery will be posted here after the draw has been completed. Please use your Lottery Identification Number to determine your position in the lottery. To view the detailed information regarding the 2024 GME housing lotter visit the [2024 Graduate Medical Education \(GME\) Housing Lottery Information | Welch Road Apartments \(stanford.edu\)](http://stanford.edu).

#### Continuing

Continuing House Staff are to call the Welch Road Apartment Leasing Office 650 497-0101 to inquire about availability.

For additional housing opportunities, visit GME website

<https://med.stanford.edu/gme/housestaff/current/housing.html>

## **SHC GME Department**

The office services include licensure, reimbursements, student loans, Visiting Residents and away rotation. The office is available to assist House Officers with questions on physician licensure, and general questions.

GME Office Contact

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

**Phone: (650) 723-5948, Fax: (650) 723-3045, Website: [gme.stanford.edu/](http://gme.stanford.edu/)**

Directions	<b>GME office is located on the 4th floor/rooftop of 300 P. Staircase “N” is the only staircase that will bring you to our floor. If you are facing Patient Unit C3, staircase “N” is located to your right. Once you are on the 4<sup>th</sup>/rooftop floor, use the door to your left. The GME office is the 1<sup>st</sup> door to your left.</b>
Hours	<b>Monday to Friday 7:30 AM to 3:30 PM</b>

## GME Education Staff & their Respective Roles

Name, Title	Responsibilities	Email	Phone
<b>Ann M. Dohn, MA</b> Executive GME Director, DIO	Executive GME Director, DIO: <ul style="list-style-type: none"> <li>Affiliate Relations</li> <li>CA MD License Exemptions: Section 2111, 2113, 2168</li> <li>Special Programs Coordinator</li> <li>Institutional Official</li> <li>Internal Reviews</li> <li>Medical Board of California</li> <li>NRMP</li> <li>On Call Coverage</li> <li>Policies</li> <li>Training Program Liaison, ECFMG</li> <li><a href="#">Visas: J-1 and H1-B</a></li> <li><a href="#">Well-Being</a></li> </ul>	<a href="mailto:adohn1@stanford.edu">adohn1@stanford.edu</a>	(650) 723-5948
<b>Pedro P Tanaka, MD, PhD, MACM</b> Associate Designated Institutional Official (DIO), Associate Dean for Academic Affairs, Associate Program Director, Department of Anesthesiology, Pain and Perioperative Medicine	<ul style="list-style-type: none"> <li>Faculty Development</li> <li>Evaluation and Assessment</li> </ul>	<a href="mailto:ptanaka@stanford.edu">ptanaka@stanford.edu</a>	(650) 724-4066
<b>Becky Blankenburg, MD, MPH</b> Assistant Dean for GME, Clinical Professor of Pediatrics, Associate Chair of Education SCH		<a href="mailto:rblanke@stanford.edu">rblanke@stanford.edu</a>	(650) 497-8979
<b>Lahia Yemane, MD</b> Assistant Dean, Diversity in GME, Office of Diversity in Medical Education		<a href="mailto:lyemane@stanford.edu">lyemane@stanford.edu</a>	(650) 497-8979

Name, Title	Responsibilities	Email	Phone
<b>Jie Li, PhD</b> Senior Program Manager/Education Specialist	<ul style="list-style-type: none"> <li>• Evaluation/Assessment</li> <li>• GME Research</li> <li>• Internal Reviews</li> <li>• <a href="#">MedHub</a></li> <li>• Program Accreditation</li> <li>• <a href="#">Self-Studies</a></li> <li>• <a href="#">Site Visits</a></li> <li>• <a href="#">Special Reviews</a></li> </ul>	<a href="mailto:jieLi@stanfordhealthcare.org">jieLi@stanfordhealthcare.org</a>	(650) 723-6558
<b>Thang “Trey” Huynh-Ngo, MBA</b> Program Manager/Education Specialists	<ul style="list-style-type: none"> <li>• Evaluation/Assessment</li> <li>• GME Research</li> <li>• Internal Reviews</li> <li>• <a href="#">MedHub</a></li> <li>• Program Accreditation</li> <li>• <a href="#">Self-Studies</a></li> <li>• <a href="#">Site Visits</a></li> <li>• <a href="#">Special Reviews</a></li> </ul>	<a href="mailto:thuynhngo@stanfordhealthcare.org">thuynhngo@stanfordhealthcare.org</a>	(650) 498-2418
<b>Matt O'Neill, Med</b> Training Coordinator II	<ul style="list-style-type: none"> <li>• HealthStream Assignment &amp; Support</li> <li>• Website Management</li> <li>• SUNet ID Provision and Monitoring</li> <li>• Media Production</li> </ul>	<a href="mailto:moneill@stanfordhealthcare.org">moneill@stanfordhealthcare.org</a>	(650) 407-9968
<b>Rose Marie Frey</b> Program/Project Coordinator	<ul style="list-style-type: none"> <li>• Ann Dohn’s Assistant including calendar &amp; reimbursements</li> <li>• Evaluation/Assessment</li> <li>• Event Scheduling</li> <li>• Facilities</li> <li>• GME Master &amp; Listserv Directories</li> <li>• GME Meeting administrator</li> <li>• <a href="#">MedHub</a></li> <li>• On Call</li> <li>• Program expansion and funding</li> <li>• Uber Usage Monitoring</li> </ul>	<a href="mailto:RoseMarieFrey@stanfordhealthcare.org">RoseMarieFrey@stanfordhealthcare.org</a>	(650) 723-6564

## GME Operations Staff & their Respective Roles

Name, Title	Responsibility	Email	Phone
<b>Robbin Bankston</b> Finance and Business Operation Director	<ul style="list-style-type: none"> <li>• Allowances</li> <li>• <a href="#">Benefits</a></li> <li>• Daily supervision of the GME Finance &amp; Operations</li> <li>• Orientation supervision</li> <li>• Overseeing Leave of absences</li> </ul>	<a href="mailto:rbankston@stanfordhealthcare.org">rbankston@stanfordhealthcare.org</a>	(650) 723-5948

Name, Title	Responsibility	Email	Phone
<b>Farishta (Farah) Yawary, MBA</b> Operation Manager	<ul style="list-style-type: none"> <li>• Payroll</li> <li>• Daily operations/supervision of the GME Office</li> <li>• <a href="#">Fatigue Mitigation</a></li> <li>• Orientation</li> <li>• Payroll</li> <li>• Vacation track management</li> <li>• <a href="#">Uber</a></li> <li>• <a href="#">Welch Rd., House Staff Housing Verifications</a></li> </ul>	<a href="mailto:fyawary@stanfordhealthcare.org">fyawary@stanfordhealthcare.org</a>	(650) 723-5948
<b>Brett Toensing, MS</b> GME Finance Manager	<ul style="list-style-type: none"> <li>• Budget Planning &amp; Tracking</li> <li>• Finance Operations</li> <li>• Grants</li> <li>• Orientation supervision</li> <li>• PTA Billings</li> </ul>	<a href="mailto:btoensing@stanfordhealthcare.org">btoensing@stanfordhealthcare.org</a>	(650) 725-1951
<b>Bettina Flores, BS, BA</b> Registrar	<ul style="list-style-type: none"> <li>• <a href="#">CA Medical Licensure</a></li> <li>• EPIC</li> <li>• <a href="#">ePrescribe</a></li> <li>• IT/SHC &amp; affiliates</li> <li>• Meal Tickets-Holidays</li> <li>• MSOW</li> <li>• <a href="#">Name changes</a></li> <li>• <a href="#">New/Incoming appointments</a></li> <li>• <a href="#">Visiting Residents</a></li> </ul>	<a href="mailto:bettinaflores@stanfordhealthcare.org">bettinaflores@stanfordhealthcare.org</a>	(650) 723-5948
<b>Mitra Haddad, BA</b> Administrator	<ul style="list-style-type: none"> <li>• Away Elective Rotations</li> <li>• <a href="#">Certificates/Diplomas</a></li> <li>• <a href="#">Clinical Postdoctoral Appointments</a></li> <li>• <a href="#">Continuing House Staff Appointments</a></li> <li>• <a href="#">Jury duty letters</a></li> <li>• Loan Deferments, Forbearances &amp; Loan Verifications</li> <li>• Outgoing/Graduating</li> <li>• Policies &amp; Procedure</li> <li>• <a href="#">Reimbursements</a></li> <li>• Verifications (Historical &amp; Internal)</li> </ul>	<a href="mailto:mhaddad@stanfordhealthcare.org">mhaddad@stanfordhealthcare.org</a>	(650) 723-5948

## 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 that all Supervisors, Managers, Directors and above receive two (2) hours of sexual harassment training every two (2) years and that all non-supervisory employees receive one (1) hour of 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 needs 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.
  4. The individual accused will also be notified of the results.
- 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.

## Appendix B-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 House Staff 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 19<sup>th</sup> through the 29<sup>th</sup> 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](http://www.healthcare.gov) or call 1-800-318-2596. If you live in California, contact Covered California at [www.coveredca.com](http://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 C-Guide to House Staff Leaves

Leaves of absence (LOA) must be requested and approved by the Program Director and GME Executive Director and meet the required protocols listed below:

Types of Leave	Approval Request Protocol
<ul style="list-style-type: none"> <li> <b>Bereavement Leave</b>  Residents are eligible for up to five (5) workdays 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 Executive GME Director. </li> </ul>	<ol style="list-style-type: none"> <li>House Staff's Stanford Program Director</li> <li>Stanford Health Care (SHC) Graduate Medical Education (GME)  Submit request using <a href="#">GME LOA Request Form</a></li> </ol>
<ul style="list-style-type: none"> <li> <b>Educational Meetings and Activities</b>  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 residents are in attendance in compliance with ACGME regulations. Requests shall not be unreasonably denied.   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 GME Executive Director. Professional leave may not extend beyond six (6) months or between academic years. Continuation of salary is at the discretion of the Stanford's Chief Medical Officer (CMO). Benefits, however, will not continue for more than six (6) months. </li> </ul>	
<ul style="list-style-type: none"> <li> <b>Vacation</b>  House Staff are permitted to take up to four (4) weeks of vacation, (one week of vacation may be used as educational leave) with pay during each one-year period. Personal time off must be scheduled in advance with the approval of the Director of the </li> </ul>	



Types of Leave	Approval Request Protocol
<p>residency/fellowship Program in each department or division.</p> <p>Vacation may be scheduled in full weekly increments or may be requested by the day in accordance with each Program's vacation procedures.</p> <p>For vacation accounting purposes only, Residents will not be required to use a paid vacation day on Saturdays or Sundays.</p> <p>Vacation shall be requested by the Resident/Fellow in accordance with their Program's vacation procedures for approval by the Program Director or designee. To the extent possible, vacations will be granted in accordance with Resident/Fellow requests and shall not be unreasonably denied.</p> <p>Programs' procedures for requesting and assigning vacation schedules must be made available to Residents and be in compliance with each program's requirements.</p> <p>The Program Director or designee shall arrange coverage for the Resident/Fellow on vacation.</p> <p>A House Staff shall not be expected to engage in work-related duties during vacation. The Program Director or designee shall ensure that any time-sensitive obligations or opportunities are communicated to Residents/Fellows with sufficient advance notice so they may complete them prior to taking vacation.</p> <p>Vacation days shall not supplant or replace any days off which would normally be granted in accordance with ACGME work hours' requirements and restrictions.</p> <ul style="list-style-type: none"> <li> <p><b>Jury Duty</b></p> <p>If Resident/Fellow is called to jury duty on a day in which Resident/Fellow is scheduled to work, Resident/Fellow 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</p> </li> </ul>	

Types of Leave	Approval Request Protocol
<p>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.</p> <p>Only the court, as outlined in the Jury Summons Notice can grant deferment or excused absence from jury service.</p> <ul style="list-style-type: none"> <li> <b>Sick Leave</b>                      House Staff will be granted up to twenty (20) days of sick leave (four [4] weeks) per year, if needed. House Staff 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 twenty (20) days of sick leave are exhausted.                 </li> </ul>	
<ol style="list-style-type: none"> <li><b>Pregnancy Disability</b></li> <li><b>Parental/Bonding Leave</b> (following pregnancy disability)</li> <li><b>New Parent/Bonding Leave</b> (non-pregnancy)</li> <li><b>Disability Leave</b> (non-pregnancy) <b>for House Staff's own Medical Condition</b></li> <li><b>Family Medical Leave-Care for a Family Member</b></li> </ol>	<ol style="list-style-type: none"> <li>House Staff's Stanford Program Director</li> <li>Stanford Health Care (SHC) Graduate Medical Education (GME)</li> <li>The Hartford</li> </ol> <p>The Hartford will confirm the House Staff's eligibility for leave under Federal &amp; State leave entitlements and intake any documentation required to approve the leave, including medical certification from the healthcare provider.</p>

House Staff are expected to file for State Disability Insurance (SDI) benefits and/or Paid Family Leave (PFL benefits) with the State Employment Development Department (EDD) during leave. House Staff cannot forgo applying for eligible SDI/PFL benefits to receive full pay from SHC during leave.

SHC will coordinate with eligible State benefits to maintain 100% salary for a minimum of six (6) weeks during an approved leave. If a House Staff is not eligible for State benefits, SHC will maintain 100% salary for a minimum of six (6) weeks during an approved leave using unused sick and vacation days.

Make-up time to graduate from the training program is determined by the applicable specialty board and Program Director. Make-up will be at full pay and medical benefits.

**Steps to be taken by the House Staff:**

- Contact the Hartford to request the leave and provide supporting documentation
- Submit their Program Director's approved [GME LOA Request Form](#) to the GME office
- File a claim for State SDI or PFL benefits with the EDD

**Forms and Links**

- [GME LOA Request Form](#)
- [The Hartford](#)
- [State EDD \(SDI or PFL\)](#)
- [GME Policies & Procedures](#)

Pregnancy Disability	
Time Off:	Pay:
<p>Pregnant House Staff are eligible for Pregnancy Disability Leave (PDL) as of their first day of employment. They are eligible for (up to) 17.3 weeks of PDL – actual disability period will be determined by their physician (typically six to eight (6)-8 weeks post-birth).</p> <p>If a House Staff exhausts PDL and needs additional time-off for pregnancy-related disability, GME and SHC Human Resources (HR) will consider a request for additional leave as a reasonable accommodation under the Americans with Disabilities Act (ADA).</p>	<p>The first week of Pregnancy Disability will be paid in full by GME using the House Staff’s New Parent Leave pay (5 days) per GME policy.</p> <p>During the disability leave period, House Staff must file for State Disability Insurance (SDI) benefits from the CA State EDD. After the one-week waiting period, SDI will pay up to 60% of the house staff’s weekly salary during disability. GME will pay the remaining 40% of the House Staff’s weekly salary to maintain 100% salary for a minimum of six (6) weeks during disability using unused sick and/or vacation time.</p> <p>If a House Staff is not eligible for SDI benefits (new hire, hasn’t worked in CA), GME will maintain 100% weekly salary for a minimum of six (6) weeks using unused sick and/or vacation time. The first week of Pregnancy Disability will be paid in full by GME using the House Staff’s New Parent Leave pay (5 days) per GME policy.</p> <p>One (1) week of paid time off must be reserved for use outside of a leave.</p> <p>If disability will exceed 90 days, the House Staff may be eligible for Long-Term Disability (LTD) benefits.</p>

Bonding Leave (following pregnancy disability)	
Time Off	Pay
<p>Once the House Staff has been medically released from disability, they may be eligible to take an additional 12 weeks for Bonding Leave under the California Family Rights Act (CFRA). The House Staff must have at least one (1) year of employment with Stanford Health Care (SHC) and worked 1,250 hours within the 12-month period immediately prior to the leave request in order to be eligible for this additional time-off. This leave can be taken intermittently (minimum</p>	<p>Following disability, if the House Staff takes additional time-off for bonding, they must file for Paid Family Leave (PFL) benefits through the CA State EDD. PFL will pay up to 60% of the House Staff’s weekly salary for up to eight (8) weeks. There is no waiting period with the State for PFL benefits.</p> <p>House Staff may use available vacation time to integrate with PFL to maintain 100%</p>

Bonding Leave (following pregnancy disability)	
Time Off	Pay
<p>of two (2) weeks at a time), but cannot be taken after the child’s first birthday.</p> <p>If the House Staff is not eligible for bonding leave under CFRA, they may use their available vacation time following their release from disability leave. One (1) week of paid time off must be reserved for use outside of a leave.</p>	<p>salary. One (1) week of paid time off must be reserved for use outside of a leave.</p>

New Parent/Bonding Leave (non-pregnancy)	
Time Off	Pay
<p>Non-pregnant House Staff are eligible for a minimum of six (6) weeks of New Parent/Bonding Leave.</p> <p>Any House Staff who has at least one (1) year of employment with SHC and has worked 1,250 hours within the 12-month period immediately prior to the leave request is eligible for up to 12 weeks of leave to bond with their newborn under the California Family Rights Act (CFRA). This leave can be taken intermittently (minimum of two (2) weeks at a time), but cannot be taken after the child’s first birthday.</p>	<p>During time off for baby bonding, House Staff must file for Paid Family Leave (PFL) benefits through the CA State EDD. PFL will pay up to 60% of the House Staff’s weekly salary for up to eight (8) weeks. There is no waiting period with the State for PFL benefits. If eligible for PFL, GME will pay the remaining 40% of the House Staff’s weekly salary to maintain 100% salary for a minimum of six (6) weeks during bonding leave using unused sick and/or vacation time.</p> <p>If a House Staff is not eligible for PFL benefits (new hire, hasn’t worked in CA), GME will maintain 100% weekly salary for a minimum of six (6) weeks during an approved bonding leave using unused sick and/or vacation time. The first week of bonding leave will be paid in full by GME using the House Staff’s New Parent Leave pay (5 days) per GME policy. One (1) week of paid time off must be reserved for use outside of a leave.</p>

Disability Leave (non-pregnancy)-For House Staff’s Own Medical Condition	
Time Off:	Pay:
<p>House Staff are eligible for a minimum of six (6) weeks of medical/disability leave.</p> <p>Any House Staff who has at least one (1) year of service and has worked 1,250 hours within the 12-month period immediately prior to the leave request is eligible for up to 12 weeks of leave under the Family Medical Leave Act (FMLA) for their own medical condition.</p>	<p>During disability leave, the House Staff must file for State Disability Insurance (SDI) benefits from the CA State EDD. After the one-week waiting period, SDI will pay up to 60% of the House Staff’s weekly salary during disability. GME will pay the remaining 40% of the House Staff’s weekly salary to maintain 100% salary for a minimum of six (6) weeks during disability leave using unused sick and/or vacation time.</p>

Disability Leave (non-pregnancy)-For House Staff's Own Medical Condition	
Time Off:	Pay:
<p>If a House Staff is not eligible for leave under FMLA, GME and SHC Human Resources (HR) will consider a request for medical leave as a reasonable accommodation under the Americans with Disabilities Act (ADA).</p>	<p>If a House Staff is not eligible for SDI benefits, GME will maintain 100% weekly salary for a minimum of six (6) weeks during an approved medical leave using unused sick and/or vacation time. One (1) week of paid time off must be reserved for use outside of a leave.</p> <p>After 90 days, House Staff are eligible for Long-Term Disability (LTD) benefits.</p>

Family Medical Leave-Care for a Family Member	
Time Off:	Pay:
<p>House Staff are eligible for a minimum of six (6) weeks of leave to care for a covered family member.</p> <p>Any House Staff who has at least one (1) year of service and has worked 1,250 hours within the 12-month period immediately prior to the leave request is eligible for up to 12 weeks of leave under the Family Medical Leave Act (FMLA) &amp; California Family Rights Act (CFRA) to care for a covered family member.</p>	<p>During leave to care for a family member, the House Staff must file for Paid Family Leave (PFL) benefits through the CA State EDD. PFL will pay up to 60% of the House Staff's weekly salary for up to eight (8) weeks. GME will pay the remaining 40% of the House Staff's salary to maintain 100% salary for a minimum of six (6) weeks during an approved caregiver leave using unused sick and/or vacation time.</p> <p>If a House Staff is not eligible for PFL benefits (new hire, hasn't worked in CA), GME will maintain 100% weekly salary for a minimum of six (6) weeks during an approved caregiver leave using unused sick and/or vacation time. One (1) week of paid time off must be reserved for use outside of a leave.</p>

**Benefits will continue for up to six (6) months of leave. House Staff on leave greater than six (6) months will have the option to continue coverage through COBRA. Benefits will not be terminated for House Staff who are eligible and approved for any Federal or State leaves.**

## Appendix D-Stanford Industry Interactions Policy

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

### I. **PURPOSE**

The purpose of this policy is to establish guidelines for interactions with industry representatives for Stanford Health Care, Lucile Packard Children's Hospital, Menlo Medical Clinic and the Stanford School of Medicine.

Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies on-site; 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.

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.

### II. **DEFINITIONS**

**Industry** means any pharmaceutical, biotech, medical device, and/or hospital and research equipment and supplies company or entity.

### III. **POLICY STATEMENT**

It is the policy of the Stanford Health Care, Lucile Packard Children's Hospital and the Stanford School of Medicine 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.

### IV. **SCOPE OF POLICY**

This policy incorporates the following types of interactions with Industry.

- A. Gifts and Compensation
- B. Site Access by Sales and Marketing Representatives
- C. Provision of Scholarships and Other Educational Funds to Students and Trainees
- D. Support for Educational and Other Professional Activities
- E. Disclosure of Relationships with Industry
- F. Training of Students, Trainees, and Staff Regarding Potential Conflicts of Interest in Industry Interactions.

In addition, faculty must all comply with the Stanford University Faculty Policy on Conflict of Commitment and Interest. Additional information specifically related to Industry interactions involving ACCME – accredited educational activities (also called CME) can be found at <https://med.stanford.edu/cme/planning-services/commercial-support.html>. This policy does not address relationships with other entities that are not encompassed by “Industry.”

## V. **PROCEDURE**

### A. GIFTS AND COMPENSATION

1. Medical staff, faculty, staff, students, trainees and employees may not accept gifts from Industry anywhere at Stanford Health Care, Lucile Packard Children’s Hospital, Menlo Medical Clinic and the Stanford School of Medicine or at any other clinical facility operated by either hospital, such as the Lucile Packard Children’s Hospital Pediatric Unit at El Camino Hospital. Philanthropic gifts from Industry may only be accepted through the Stanford Health Care Development Office, the Lucile Packard Children’s Hospital Foundation or the Stanford School of Medicine Office of Medical Development.
  - a. 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 (<https://www.ama-assn.org/delivering-care/ethics/gifts-physicians-industry>) and the Accrediting Council for Continuing Medical Education Standards for Commercial Support ([www.acme.org](http://www.acme.org)).
  - b. Free drug samples given directly to members of Stanford Hospital and Clinics, Lucile Packard Children’s Hospital or Menlo Medical Clinic are considered gifts under this policy and may not be accepted. However, free samples can sometimes be an important source of pharmaceuticals for patients with financial needs and they may be accepted and dispensed by the Stanford Health Care or Lucile Packard Children’s Hospital pharmacies if processed in accordance with applicable hospital policies and procedures.
2. The following provisions apply to the Stanford School of Medicine faculty, staff, students and trainees without limitation as to location. Adjunct Clinical Faculty are expected to follow these provisions whenever and wherever they are actively engaged in their Stanford or other teaching responsibilities and using their Stanford titles. Gifts or compensation may not be accepted:
  - a. At any non-Stanford-operated clinical facility such as other hospitals, outreach clinics and the like.
  - b. For listening to a sales talk by an Industry representative.
  - c. For prescribing or changing a patient’s prescription.
  - d. For simply attending a CME or other activity or conference, including the defraying of costs (that is, if the individual is not speaking or otherwise actively participating or presenting at the event).

### B. SITE ACCESS BY SALES AND MARKETING REPRESENTATIVES

1. 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.
2. Sales and marketing representatives are permitted in non-patient care areas by appointment only. Appointments will normally be made for such purposes as:
  - a. In-service training of Stanford Hospital and Clinic personnel for research or clinical equipment or devices already purchased
  - b. Evaluation of new purchases of equipment, devices, or related items.

- c. Appointments to obtain information about new drugs in the formulary will normally be scheduled by the hospital pharmacy or by the Pharmaceutical and Therapeutics Committees.
  3. Appointments for these purposes 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.
- C. PROVISIONS OF SCHOLARSHIPS AND OTHER EDUCATIONAL FUNDS TO PARTICIPATE IN STANFORD SCHOOL OF MEDICINE EDUCATIONAL PROGRAMS
  1. Industry support of students and trainees in the Stanford School of Medicine educational programs 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:
    - a. The Stanford School of Medicine department, program or division selects the student or trainee.
    - b. The funds are provided to the school, department, program, division or institute and not directly to the student or trainee or to an individual faculty member.
    - c. The department, program, division or institute has determined that the funded conference or program has educational merit.
    - d. 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.”
    - e. Notification of receipt of Industry support should be submitted at the time of receipt to the office of the Senior Associate Dean for Medical Education, who will provide the Dean and the Conflict of Interest Review program with an annual summary of this information for review.
  2. This provision does not apply to national or regional merit-based awards.
- D. SUPPORT FOR EDUCATIONAL AND OTHER PROFESSIONAL ACTIVITIES
  1. All ACCME-accredited Continuing Medical Education (CME) activities (further described simply as CME) must be compliant not only with the ACCME Standards for Commercial support but also with the School of Medicine CME Commercial Support Policy. Effective September 1, 2008, new direct commercial funding for specific CME courses or programs is not allowed. However, support from Industry for CME may be accepted by the Stanford Center for CME office in the following general areas of interest:
    - a. Medical, pediatric and surgical specialties
    - b. Diagnostic and imaging technologies and disciplines
    - c. Health policy and disease prevention
    - d. Other broadly defined topic areas

Such support cannot be designated for a specific course or program, but every effort is made to direct support, as appropriate, to the general area specified by the industry supporter. Further information may be found at <https://med.stanford.edu/cme/planning-services/commercial-support.html> and inquiries should be directed to the Stanford Center for Continuing Medical Education.

2. All other Stanford School of Medicine educational events (non-CME) that are partially or fully supported by Industry must follow these guidelines:



- a. Support from Industry may be accepted and managed by the department, program, division or institute but not by an individual faculty member.
  - b. Industry supporters must sign Stanford's Gift Letter of Agreement
  - c. Support must be designated for a broadly defined topic (e.g. cardiology, psychiatry, neurosurgery) or recurring educational activity (e.g. grand rounds). Support may not be designated for a specific topic, speaker or activity.
    - i. "In-kind" Industry support such as equipment and supplies may be designated to an activity.
  - d. Industry support for education must be spent on education.
  - e. Industry support may not influence curriculum in any way.
  - f. Industry exhibits are not permitted either on or off campus.
  - g. Industry promotion or marketing (e.g., corporate logos, slogans) are not allowed.
  - h. Industry employees will normally not serve as educators at such activities.
  - i. When a faculty member has a financial interest that poses a content relevant conflict of interest, this should be disclosed to the learners.
  - j. Receipt of Industry support for educational activities for Stanford medical and graduate students and post-doctoral Fellows and trainees must be reported at the time of receipt to the Senior Associate Dean of Medical Education.
3. Meals or other types of food directly funded by Industry may not be provided at the Stanford School of Medicine, Stanford Health Care, Lucile Packard Children's Hospital or the Menlo Medical Clinic.
4. Meetings and conferences supported in part or in whole by Industry as they relate to the Stanford School of Medicine faculty, students, staff and trainees are governed by the following guidelines:
- a. Stanford School of Medicine faculty, students, staff and trainees should evaluate carefully their attendance at meetings and conferences that are fully or partially sponsored or run by Industry because of the potential for perceived or real conflict of interest. They should be especially cognizant of this potential when considering whether to play a leadership role in such meetings and conferences by giving a lecture, organizing the meeting and the like. These activities are allowed as long as the guidelines listed below (Section 4.b) are followed. Adjunct Clinical Faculty are expected to follow these guidelines whenever they are engaged in their role as teachers of Stanford students or trainees when they use their Stanford titles.

This provision does not apply to meetings of professional societies that may receive partial Industry support and meetings that provide CME credit, which are governed by ACCME and other applicable standards.
  - b. Guidelines for participation in meetings and conferences supported in part or in whole by Industry (e.g., giving a lecture or organizing the meeting):
    - i. The activity is designed to promote evidence-based clinical care and/or advance scientific research;
    - ii. The activity is not a dedicated marketing and training program designed solely for sales or marketing personnel;
    - iii. The activity is not an Industry-sponsored "speakers bureau" (i.e., a contractual relationship to give talks in which the topic(s) and/or content are provided by the company);
    - iv. Financial support by Industry is fully disclosed by the meeting sponsor;

- v. The lecturer and not the industry sponsor determines and prepares the meeting or lecture content;
- vi. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse;
- vii. 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;
- viii. The lecturer makes clear that the content reflects individual views and not the views of the Stanford School of Medicine;
- ix. The use of the Stanford name in a non-Stanford event is limited to the identification of the individual by his or her title and affiliation; and
- x. Attendees do not receive gifts or other compensation for attendance.

#### E. DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

1. All faculty must disclose all personal financial relationships on an annual basis for posting in the school's publicly accessible Community Academic Profiles (CAP) system.
2. All faculty engaged in clinical care activities must disclose on an annual basis any financial relationship with a company, entity or third party that produces, manufactures, or distributes a medical device, implant, pharmaceutical or other medical care-related product that they recommend or prescribe to their patients.
3. The following provisions about scholarly and educational activities apply to School of Medicine faculty, students, staff and trainees and to Adjunct Clinical Faculty when they are engaged in their teaching activities and/or using their Stanford titles.
  - a. Individuals are prohibited from engaging in ghost-writing; in other words, individuals may not publish 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. In scholarly and public presentations, faculty should disclose all relevant personal financial interests when appropriate.
  - c. Faculty with teaching or 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 teaching or the supervision of the student, Resident, trainee, or staff member.
4. Individuals having a direct role making institutional decisions on equipment or drug procurement must disclose to the purchasing unit or selection committee, prior to making any such decision, any financial interest they or their immediate family members have in companies that might substantially benefit from the decision. Additional policies concerning procurement activities at the hospitals can be found in hospital and medical staff policy documents. The purchasing unit, following the applicable guidelines, will decide whether the individual must recuse him/herself from the purchasing decision.

#### F. TRAINING OF STUDENTS, TRAINEES AND STAFF REGARDING POTENTIAL CONFLICTS OF INTEREST IN INTERACTIONS WITH INDUSTRY

1. All Stanford School of Medicine Students, Residents, and trainees will receive this policy document as well as training regarding potential conflicts of interest in interactions with Industry. Stanford

School of Medicine staff will receive a copy of this policy document in their initial Stanford School of Medicine employment materials.

**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 or LPCH are responsible for ensuring that individuals comply with all SHC 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. Stanford Health Care Code of Conduct Policy
- B. Stanford Health Care Vendor Management Policy
- C. Medical Staff Code of Professional Behavior

**VIII. APPENDICES**

- A. ACCME Standards for Commercial Support

**IX. DOCUMENT INFORMATION**

- A. Legal Authority/References
  - 1. AMA Statement on Gifts to Physicians from Industry
  - 2. Accrediting Council for Continuing Medical Education Standards for Commercial Support
  - 3. International Committee of Medical Journal Editors
- B. Author/Original Date  
Compliance Director, 2006
- C. Gatekeeper of Original Document  
Compliance Manual Coordinators and Editors
- D. Distribution and Training Requirements
  - 1. This policy resides in the Compliance Policy Manuals of SHC and LPCH.
  - 2. New documents or any revised documents will be distributed to Compliance Policy Manual holders. The department/unit/clinic manager will be responsible for communicating this information to the applicable staff.
- E. Review and Renewal Requirements  
This policy will be reviewed and/or revised every three years or as required by change of law or practice.
- F. Review and Revision History  
September 2008, K. Pyke, Compliance and Privacy Director  
May 2010, C. Goforth, Compliance Program Integrity Director

May 2010, D. Meyer, Chief Compliance and Privacy Officer  
May 2013, C. Goforth, Director of Compliance Program Integrity  
April 2016, Director, Compliance Program Integrity  
April 2019, Director, Compliance Program Integrity

**G. Approvals**

June 2006, Stanford School of Medicine Executive Committee  
August 2006, Stanford Health Care Medical Board  
August 2006, Stanford Health Care Board of Directors  
November 2008, SHC MEC  
May 2010, D. Meyer, Chief Compliance and Privacy Officer  
May 2013, D. Meyer, Chief Compliance and Privacy Officer  
April 2019, Chief Compliance and Privacy Officer

## Appendix E-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 F-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 G-Work Hours Policy

### I. **PURPOSE**

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

### II. **POLICY**

With respect to working hours both on-site and off-site, all House Staff 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 House Staff 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, or ACGME. Contact Ann Dohn, SHC GME Executive Director, DIO at (650-723-5948), if you have any questions about work hours or outside commitments. Residents can report non-compliance with residency work hours to the Department of Graduate Medical Education ([https://med.stanford.edu/gme/gme\\_team/anon\\_report.html](https://med.stanford.edu/gme/gme_team/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

## Appendix H-False Claims Recovery Policy

### 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 organizations comply with relevant state regulations where the organization meets the threshold of five million dollars (\$5,000,000) in Medicaid payments each year. 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. Stanford Health Care (SHC) and Lucile Packard Children’s Hospital (LPCH) are 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 and LPCH shall provide this policy to all SHC and LPCH employees, including management, and any contractors or agents of SHC and/or LPCH, 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 and LPCH 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 claim's 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");
2. 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 claim's 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.

### E. NEVADA FALSE CLAIMS ACT

The Nevada False Claims Act (NRS § 357) mirrors many of the provisions of the FCA, and the corresponding civil penalties under the Nevada Act re identical to those of the FCA. However, under the Nevada law, the following action establishes liability for false claims and statements (in addition to those under the FCA): any person who knowingly receives an inadvertent submission of a false *claim to the State of Nevada, and after discovering the falsity, fails to report or disclose the falsity* to the State of Nevada.

The Nevada False Claims Act also contains the following criminal penalties for false claims and statements:

- If the value is less than \$250.00, the criminal penalties include imprisonment in the county jail for a maximum of six months to one year; or a maximum fine of \$1,000 to \$2,000; or both.
- If the value is \$250.00 or more, the criminal penalties include imprisonment in the state prison for a minimum of one year, or maximum of four years; and a maximum fine of \$5,000. The Nevada False Claims Act has a whistleblower provision (NRS § 357.240-250) that parallels most of the provisions in the FCA. Similar to the FCA, the Nevada law prohibits an employer from forbidding an employee from disclosing information on a false claim or statement to

the state or law enforcement agency and from taking any retaliatory action against an employee for such disclosures.

Under the Nevada law, the relief available to an employee may include (in addition to the other remedies provided under the FCA), damages in lieu of reinstatement, if appropriate.

#### **F. NEW MEXICO MEDICAID FALSE CLAIMS ACT**

The New Mexico False Claims Act is set forth in NMSA 1978 §§ 27-14-1 et Esq. In general, there is much overlap between the federal FCA, the CFCA, and New Mexico's Medicaid False Claims Act.

### **V. PROCEDURES**

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

1. Ensuring that all SHC and LPCH employees, including management, and any contractors or agents of SHC and LPCH, are provided with this policy by making the policy available on the SHC and LPCH Intranet effective January 1, 2007, and including the policy in the SHC and LPCH *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 and LPCH employees, management, contractors, and agents regarding the state and federal laws discussed in this policy (including whistleblower protections for employees) and LPCH policies and procedures for detecting and preventing fraud, waste, and abuse.
3. Confirming that all SHC and LPCH employees, management, contractors and agents received sufficient training regarding this policy and any SHC and LPCH 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 and LPCH employees, management, contractors, and agents have access to SHC and LPCH policies involving the detection and prevention of fraud, waste, and abuse.
6. SHC and LPCH 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 and LPCH *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 and LPCH are 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 and LPCH *Code of Conduct*
- B. SHC and LPCH *Employee Handbook(s)*
- 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)
  7. NRS §§ 357; 422.410-570;193.130;357.240-250
  8. New Mexico Medicaid False Claims Act, NMSA 1978 §§ 27-14-1 et Esq
- B. Author/Original Date  
November 2006, Office of General Counsel
- C. Gatekeeper of original Document  
Compliance Manual Coordinators and Editors
- D. Distribution and Training Requirements
  1. This policy resides in the Compliance Policy Manual on the SHC and LPCH Intranet pages.
  2. New versions of the policy will be posted on the Intranet and communicated to applicable staff.
- E. Review and Renewal Requirements  
This policy will be reviewed every three (3) years and/or as required by change of law or practice.
- F. Review and Revision History  
May 2008, Chief Hospital Counsel  
October 2008, Chief Hospital Counsel  
April 2012, Chief Compliance and Privacy Officer  
April 2012, Chief Hospital Counsel

June 2015, Director of Compliance Program Integrity  
March 2018, Director of Compliance Program Integrity

G. Approvals

November 2006, Chief Hospital Counsel  
November 2006, Vice President of Human Resources  
September 2008, LPCH Vice President of Human Resources  
November 2008, Chief Compliance and Privacy Officer  
April 2012, Chief Compliance and Privacy Officer  
April 2012, Chief Hospital Counsel  
June 2015, Chief Compliance and Privacy Officer  
March 2018, Chief Compliance and Privacy Officer

## Appendix I-Substance Abuse-Free Workplace Policy

### I. **PURPOSE**

The unauthorized use or possession of alcohol and/or other illegal drugs or prescribed medications in the workplace is a potential threat to the health and safety of employees and to our patients. Stanford Health Care (SHC) is committed to providing a working environment free from abuse of alcohol and illegal drugs and the abuse of legal substances in a manner that impairs an employee's work performance. This policy is designed to aid Stanford Health Care's operational leadership in ensuring a safe and healthful workplace for its employees.

### II. **POLICY**

The implementation, administration and management of this policy shall be the joint responsibility of Graduate Medical Education, Human Resources, Operational Leadership and Workforce Health and Wellness (WH&W).

A violation of this policy may result in disciplinary action, up to and including termination.

Please note that the use of the word "drug" throughout this policy includes alcohol.

It is our policy to abide by all local, federal and state laws.

### III. **PROCEDURES**

#### A. General Prohibitions

It is the policy of Stanford Health Care to provide and maintain a substance free workplace. The unlawful manufacture, distribution, cultivation, dispensation, possession, sale, offer to sell, purchase, offer to purchase, and/or unlawful use of controlled substances or alcohol on Stanford Health Care premises, and/or at other locations whenever a member of the hospital community is participating in an employer sponsored event or representing Stanford Health Care is prohibited. In addition, employees are required to remain free from the influence of controlled substances, illegal or prescribed substances, alcohol or any substance that may impair the employee's ability to perform his or her job duties safely or productively, or that otherwise impair his or her senses, coordination, or judgment while on duty.

Using any Schedule I substance that is detectable on the employee (either through behavior, smell, or test), whether for non-medical or ostensible medical purposes, is considered a violation of the Stanford Health Care Substance Abuse-Free Workplace Policy. The presence of these drugs is inconsistent with the performance of safety-sensitive, health-sensitive, and security-sensitive positions within Stanford Health Care. The Medical Review Officer (MRO) must not accept a prescription or the verbal or written recommendation of a physician for a Schedule I substance as a valid medical explanation for the presence of a Schedule I drug or metabolite.

Persons who are not employees of Stanford Health Care but who perform work at Stanford Health Care for its benefit (such as non-employee medical professionals, contractors and their employees, temporary employees provided by agencies, volunteers or visitors engaged in joint projects at Stanford Health Care ) are required to comply with this policy. Violation of this policy is likely to result in being barred from Stanford Health Care Facilities even for a first offense.

**B. Reporting Obligations**

1. Any employee who is convicted (including a plea of nolo contendere [no contest]) of a criminal drug statute violation must, within five (5) calendar days after the conviction, notify the Director of Graduate Medical Education in writing of such a conviction in accordance with Section IV.L. of the Employment Policy. This reporting obligation does not apply to convictions for marijuana possession. Failure to do so may result in corrective action, up to and including termination.
2. Any workforce member who is concerned that a co-worker may be impaired is responsible for contacting his/her immediate supervisor to report the potential impairment.
3. Any employee who has knowledge of drug diversion by a Fellow employee has an obligation to report such information to a Stanford Health Care manager or security official. The Stanford Health Care Compliance Hotline at 1-800-216-1784 is available 24 hours daily and may also be used for this purpose.

Stanford Health Care shall treat such information as confidential and to the fullest extent possible take all reasonable steps to protect the confidentiality of the information and the identity of the employee furnishing information. Such information, however, may be compelled by law enforcement and/or regulatory agencies. Stanford Health Care will comply with all information requests from such law enforcement and regulatory agencies.

Failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow an employee to work in an area of the hospital where drugs are administered and will be subject to disciplinary action.

**C. Pre-Employment (Post-offer) Drug Testing**

Stanford Health Care requires a uniform drug screening test for all prospective employees as part of its fitness for work procedure as described in Section IV.H.3. of the Employment Policy. Each prospective employee will be required to sign a Consent to Drug and Alcohol Screening form (see Appendix B) and submit to a screening as a condition of employment. By signing this form, the prospective employee will also declare that he or she is not currently using illegal drugs, or abusing alcohol or prescribed or over-the-counter drugs, and acknowledge that he or she may be subject to testing based on a reasonable suspicion of illegal drug or alcohol use during his or her employment. Any applicant who refuses to submit to a pre-employment (post-offer) drug and alcohol screening test or who does not effectuate the test within the time period determined by Stanford Health Care will be denied employment with Stanford Health Care. Any applicant that has a positive drug or alcohol screen test may be subject to having his/her offer of employment withdrawn. An applicant who has his/her offer of employment withdrawn due to having a positive drug screen test will be ineligible to reapply for a position at Stanford Health Care for a period of twelve (12) months.

**D. Employee Drug Testing**

1. When Testing is Warranted - Reasonable Suspicion Testing
  - a. Stanford Health Care reserves the right to conduct testing of an employee who is reasonably suspected of using alcohol or illegally using drugs or being under the influence of illegal or prescribed drugs or alcohol in the workplace.
  - b. Employees who have been requested to submit to a drug and alcohol screening test based on reasonable suspicion criteria must do so immediately.

- (1) Where an employee is entitled upon request to a representative, every reasonable effort will be made to assist the employee in obtaining a representative, if requested, within thirty minutes.
    - a) If one cannot be obtained within that time, the employee must choose whether to submit to the screening, or have the determination and decision made based upon the information and evidence available to Stanford Health Care .
  - (2) Employees may not delay in taking the test or otherwise cause the test to be delayed. Any employee who violates this provision may be terminated from employment with Stanford Health Care in accordance with the Corrective Action policy.
- c. Any employee who refuses to submit to a drug and alcohol screening test when one is requested based on a reasonable suspicion that the employee is under the influence of alcohol or illegal drugs will be considered to have waived the opportunity to demonstrate by such means that he or she was not under the influence, and such refusal/waiver will be deemed to be consent by the employee to have Stanford Health Care make and base its decision and corrective action, if any, upon the information and evidence then available to it.
2. OHS will coordinate the test according to the For Cause Drug Testing Procedure in Section F below. Once tested, the employee is to be relieved from duty and placed on administrative leave.
3. Results
- a. OHS will inform Graduate Medical Education and the employee’s manager of positive or negative results.
  - b. Upon a negative test result, the employee shall return to work if otherwise fit for duty.
  - c. If the test result is positive, the following shall apply:
    1. A positive drug or alcohol test may result in disciplinary action, up to and including termination. The severity of the disciplinary action will be based on factors including, but not limited to:
      - a) The employee’s status, work history, and any prior instances;
      - b) whether the employee has engaged in any other workplace misconduct concurrent with testing positive for drug or alcohol use;
      - c) whether such drug or alcohol use posed a direct threat to patients, staff, or the public;
      - d) whether the employee accepts responsibility.
    2. In addition to disciplinary action an employee may receive a formal, Mandatory Referral to the Employee Assistance Program (EAP), using established referral procedures.
      - a) This referral will only occur if the employee has engaged in no other workplace misconduct.
      - b) A written record of this referral will be maintained in a confidential employee medical file.
      - c) The EAP assigned provider will evaluate the employee’s need for treatment and make treatment recommendations.

- d) If an employee who receives a mandatory referral declines to be evaluated by the EAP provider or fails to set up or keep an appointment with the EAP provider that employee will be relieved of all duty with the intention to terminate employment.
  - e) The EAP will follow the progress of the employee's treatment. To this end, the employee will sign a release allowing the EAP provider to advise Stanford Health Care about whether the employee is participating in and cooperating with treatment. No other information can be released about the problem or treatment.
  - f) If the employee fails to successfully complete the program recommended by the EAP provider, the employee may be relieved of all duty and may be terminated.
  - g) In order to ensure that persons who are enrolled in or who have successfully completed a drug or alcohol counseling, or rehabilitation program are no longer engaging in the use or abuse of alcohol or illegal substances, random testing may be conducted. Any employee refusing to submit to such a drug test as part of his/her referral to the EAP Mandatory Referral Program and participation in a rehabilitation program may be subject to corrective action, up to and including termination.
  - h) Stanford Health Care reserves the right to reassign to a different shift or a different unit any employee who has been referred to the EAP Mandatory Referral Program and is participating in or has completed a rehabilitation program.
- d. A second positive test at any time during the remainder of employment may result in immediate termination in accordance with the Corrective Action policy.
- e. Confidentiality of Test Results  
The results of any drug and/or alcohol screening test will remain confidential and be limited to essential personnel, except as otherwise required by law or by any applicable regulatory licensing agency. Reports from drug and/or alcohol testing will be forwarded to Employee and Labor Relations and will confirm only whether or not the employee tested positive for either drug or alcohol use.

E. For Cause Signs and Symptoms

Refer to Appendix J<sup>A</sup> for an Impaired Behavior Checklist that can be used to identify signs and symptoms of substance abuse.

1. For cause signs and symptoms can include but are not limited to:
  - a. Employee has sustained a suspicious work-related accident or injury.
  - b. Employee has difficulty with movements, balance, or coordination:
    1. Loss of balance
    2. Stumbling
    3. Staggering
    4. Leaning on objects for support
  - c. Observed changes in employee's speech, content of speech, or slurring of words.
  - d. Concern about physical appearance at time of knowledge:
    1. Eyes red or glossy
    2. Pupillary changes (small-pinpoint or dilated)
    3. Unkempt general appearance
  - e. Reports of concern about employee in regard to any unusual behavior on day of accident/injury, performance deviations or while caring for patients or on duty.
  - f. Evidence of possible alcohol/drug use at work:
    1. There is odor of alcohol or marijuana on employee's breath or person

2. Employee observed or discovered to be in possession of alcohol, drugs, or drug paraphernalia
3. Employee witnessed to be using alcohol or other drugs before or during the work period

F. For Cause Testing Procedure

1. The Supervisor, Manager or designee is responsible for escorting the employee to the main OHS Clinic located on the ground floor of Stanford Health Care for drug testing. The Supervisor, Manager or designee may contact Security for support with escort. If the Supervisor, Manager or designee is not comfortable transporting the employee, taxi reimbursement/vouchers are available in OHS. However, the employee must still always be escorted.
2. The Supervisor/Manager will notify:
  - a. The Administrative Nurse Supervisor (ANS) on duty immediately if the employee is involved in patient care at any time and for all for cause testing after hours (see below)
  - b. The Supervisor/Manager will contact OHS through the 1-Stix pager (1-7849) that they have an employee to be evaluated for substance abuse testing. The pager system number is 650-723-8222 if calling from the outside
  - c. GME during regular business hours or on the following day
  - d. Security will escort the employee as requested by the Supervisor/Manager and will stay with the employee until they leave the site
3. Refusal to Test

Any employee who refuses to submit to a drug and alcohol screening test when one is requested based on a reasonable suspicion that the employee is under the influence of alcohol or illegal or prescribed drugs will be considered to have waived the opportunity to demonstrate by such means that the he or she was not under the influence, and such refusal/waiver will be deemed to be consent by the employee to have Stanford Health Care make and base its decision and corrective action, if any, upon the information and evidence then available to it. The employee is relieved of duty until the employee is cleared back to work through ELR and OHS.
4. After Hours Procedure

On weekends and after hours' page:

  - a. Administrative Nursing Supervisor (ANS), and
  - b. OHS by calling the 1-Stix pager (1-7849). The pager system number is 650-723-8222 if calling from the outside
5. Post Testing
  - a. During normal business hours, the Supervisor/Manager and Security are responsible for securing transportation for the employee to home. Afterhours, the ANS or Stanford Health Care designee is responsible for securing transportation for the employee to home. Taxi vouchers are available in the drug testing room in OHS.
  - b. The employee is relieved of duty until results are obtained and the employee is cleared back to work through OHS.

G. Notification

1. The Medical Review Officer (MRO) is sent results per the Quest contract.

2. The MRO reviews the results to ensure the results are valid. The MRO contacts the employee and discusses the results. The employee is given the opportunity to discuss any positive findings. Results and MRO notes are placed in the green folder.
3. When a positive test involves prescription drugs, the MRO requires verification of a current prescription. OHS will follow Department of Transportation (DOT) regulations in confirming positive results with the employee. The procedures are as follows:
  - a. MRO or staff member makes three (3) attempts over 24 hours to contact employee. Only the MRO can conduct the actual employee interview
  - b. If no response from employee, then MRO contacts the Designated Employee Representative (DER) on record to contact the employee. The DER makes three (3) attempts in 24 hours to reach employee. If unsuccessful, must let MRO know
  - c. The MRO can verify a test as positive if employee failed to contact the MRO within 72 hours after notification by DER or if no MRO or DER contact with employee after 10 days (meaning neither the MRO nor DER had any successful contact with the employee)
  - d. Appeals to “re-open” the verification process due to “exceptional circumstances” may be reviewed by ELR, OHS and Legal Services in consultation with the MRO within 60 days
  - e. Documentation  
All attempts to contact the employee must be documented, such as the following:
    1. Time and date of attempt
    2. Pertinent comments (i.e. left voice message to call phone number 123-4567)
    3. Phone number called during the attempt to reach the employee
    4. Name of person who attempted the employee phone call
4. Test results are communicated to the OHS Nurse and/or Clinic Director by the MRO. The OHS Nurse contacts ELR and the employee’s Supervisor/Manager and relates whether the employee is cleared or not cleared to return to work.

#### H. Appeals

Corrective action and termination decisions will be determined by the hospital’s management team and Human Resources.

#### I. Substance Abuse Treatment

Stanford Health Care recognizes substance abuse as a treatable condition. Stanford Health Care will make substance abuse treatment available to employees in the following way:

1. Self-Referral
  - a. Employees who suspect they have a substance abuse problem may voluntarily refer themselves for professional help through the EAP. jeopardize an employee's job. However, participation in the program will not relieve an employee of the responsibility to perform assigned duties safely and effectively.
  - b. Those employees who voluntarily seek help for alcohol or drug problems through the EAP may make a confidential appointment with a provider/counselor assigned through the EAP. The counselor will evaluate the case and recommend the appropriate level and type of treatment, if any. Employees are entitled to a free counseling benefit through the Employee Assistance Program (EAP). Participation will be confidential.
  - c. Personal Time Off (PTO) and/or medical leave may be granted in accordance with policy for the purpose of participating in public or private treatment programs. For additional information, refer to the Stanford Health Care Leaves of Absence Policies.
  - d. Any individual, who has a documented substance abuse problem and chooses not to enroll in a rehabilitation program, will be subject to disciplinary action up to and including termination (see Corrective Action policy).



## 2. Formal Referrals

Under certain circumstances, an employee may be asked to seek assistance from the EAP for suspected substance related issues. If the employee accepts treatment, the procedures for developing a treatment plan are the same as for a person who self-refers. Nothing in this provision limits Stanford Health Care's right to discipline any employee who engages in misconduct or conducts himself/herself in a way that violates any policy or fails to meet performance expectations.

## J. Drug Diversion

### 1. Definition and Prohibition Against Diversion

Drug "diversion" occurs when a controlled substance or a drug having a similar effect is not used as prescribed. Drug diversion includes drug substitution, drug theft, and prescription forgery. Drug diversion is unlawful and is strictly prohibited under Stanford Health Care policy and is considered Gross Misconduct (see Corrective Action policy).

The employee who is the subject involved in a drug diversion investigation will be temporarily relieved of duty in accordance with appropriate procedures pending the results of an investigation to determine the extent of the diversion. Stanford Health Care will address the conduct in accordance with the Corrective Action policy as it applies to Gross Misconduct. Those who are found diverting controlled substances will not be eligible for re-hire without approval from the Stanford Health Care DIO and CMO. Diversion of controlled substances in the workplace will be reported to the appropriate law enforcement and regulatory authorities according to Hospital policy.

## K. Drug Awareness Program

Periodically Stanford Health Care will inform employees about the dangers of substance abuse in the workplace, its policy of maintaining a substance free workplace, available counseling and rehabilitation, and penalties that may be imposed upon employees for substance abuse violations.

## L. Involvement of Law Enforcement Agencies/Licensing Agencies

The use, sale, purchase, transfer, theft or possession of an illegal substance or illegally obtained substance will be referred to law enforcement, licensing and credential agencies when appropriate and as authorized by law.

## IV. **RELATED DOCUMENTS**

- A. Corrective Action Policy
- B. PTO and Other Time Off Policy
- C. Leaves of Absence Policy
- D. Employments Policy

## V. **APPENDICES**

- JA. Impaired Behavior Checklist (Optional)
- JB. Consent to Drug and Alcohol Screening

## VI. **DOCUMENT INFORMATION**

- C. Author/Original Date  
January 2001, by L. Boland, Director of Employee and Labor Relations
- D. Gatekeeper of Original Document

Stanford Health Care Human Resources Compliance Officer

E. Distribution and Training Requirements

1. This policy resides on the Intranet of the hospital.
2. New versions of the policy will be posted on the Intranet and communicate to applicable staff.

F. Review and Renewal Requirements

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

G. Review and Revision History

February 2004 by T. Davis, Director of Human Resources

June 2007 name changed from Substance Abuse in the Workplace Policy

June 2007 by the Diversion Task Force

June 2007 by Beverley Tobias, Director of Workforce Health and Wellness (WH&W)

February 200 by B. Duncan, manager of Human Resources Compliance

July 2010 by mary Spangler, Director of Workforce Health and Wellness (WH&W)

August 2012 by Angeline Covey, OGC Attorney

December 2013, Create Separate policies for SHC and LPCH

October 2015 by Employee and Labor Relations Team

February 2016 by Mary Spangler, Director of Workforce Health and Wellness (WH&W)

October 2017 by M. Gaines, Administrative Director Employee and Labor Relations - Stanford Health Care

F. Approvals

January 2001 by Felix Barthelemy, Vice President of Human Resources

June 2007 by Lori Curry, Vice President of Human Resources – SHC

June 2007 by Greg Souza, Vice President of Human Resources – LPCH

February 2010 by the Human Resources Policy Committee – SHC/LPCH

February 2012 by the Human Resources Policy Committee – SHC/LPCH

February 2012 by the Human Resources Steering Team – SHC/LPCH

November 2015 by K. Duron, Vice President of Human Resources

March 2016 by Mary Gaines, Admin Director of Employee and Labor Relations

October 2017 by David D. Jones, Chief Human Resources Officer – SHC

## Appendix J<sup>a</sup> Impaired Behavior Checklist (Optional)

**Employee Name:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

When there is reasonable suspicion that an employee is unfit for duty, the supervisor or Supervisor/Manager observing the behavior should complete the checklist below. When “Other” is checked please provide a description.

**Checklist:**

**Walking:**

<input type="checkbox"/> Holding for Stability	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Unable to Walk
<input type="checkbox"/> Unsteady	<input type="checkbox"/> Staggering	<input type="checkbox"/> Swaying
<input type="checkbox"/> Falling		
<input type="checkbox"/> Other _____		

**Standing:**

<input type="checkbox"/> Swaying	<input type="checkbox"/> Feet Wide Apart	<input type="checkbox"/> Unable to Stand
<input type="checkbox"/> Rigid	<input type="checkbox"/> Staggering	<input type="checkbox"/> Sagging at Knees
<input type="checkbox"/> Other _____		

**Speech:**

<input type="checkbox"/> Whispering	<input type="checkbox"/> Slurred	<input type="checkbox"/> Shouting
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Slobbering	<input type="checkbox"/> Silent
<input type="checkbox"/> Rambling	<input type="checkbox"/> Slow	
<input type="checkbox"/> Other _____		

**Demeanor:**

<input type="checkbox"/> Cooperative	<input type="checkbox"/> Calm	<input type="checkbox"/> Talkative
<input type="checkbox"/> Polite	<input type="checkbox"/> Sarcastic	<input type="checkbox"/> Sleepy
<input type="checkbox"/> Crying	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Excited/Nervous
<input type="checkbox"/> Other _____		

**Actions:**

<input type="checkbox"/> Sleeping on Job	<input type="checkbox"/> Hostile	<input type="checkbox"/> Fighting
<input type="checkbox"/> Using Profanity	<input type="checkbox"/> Threatening	<input type="checkbox"/> Hyperactive
<input type="checkbox"/> Erratic	<input type="checkbox"/> Resistant	<input type="checkbox"/> Jumpy
<input type="checkbox"/> Other _____		

**Eyes:**

<input type="checkbox"/> Bloodshot	<input type="checkbox"/> Watery	<input type="checkbox"/> Drooping
<input type="checkbox"/> Dilated	<input type="checkbox"/> Glassy	<input type="checkbox"/> Nystagmus
<input type="checkbox"/> Other _____		

**Skin:**

<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale	<input type="checkbox"/> Sweaty
<input type="checkbox"/> Other _____		

**Appearance/  
Clothing:**

<input type="checkbox"/> Unkempt	<input type="checkbox"/> Stained	<input type="checkbox"/> Dirty
<input type="checkbox"/> Has Odor	<input type="checkbox"/> Job Inappropriate	
<input type="checkbox"/> Other _____		

**Breath:**

<input type="checkbox"/> Alcohol Odor	<input type="checkbox"/> Marijuana Odor
<input type="checkbox"/> Faint	

Strong  
 Other \_\_\_\_\_

Movements:  Fumbling  Jerky  Slow  
 Clumsy  
 Other \_\_\_\_\_

Additional:  
 Alcohol and/or other drugs in employee’s possession or vicinity  
 Employee admits to use or possession  
 Employee asks for help  
 Employee trying to avoid contact with supervisor or co-workers  
 On-the-job behavior by employee (describe below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other witnesses to employee’s conduct below, if any:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Observations and Documentation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature (if possible) \_\_\_\_\_ Date \_\_\_\_\_



## Appendix K Inventions, Patents and Licensing

### I. PURPOSE

The purpose of this policy is to establish procedures for disclosure and assignment of ownership of potentially patentable inventions created in the course of work at Stanford Health Care (SHC) or with more than incidental use of SHC resources.

### II. POLICY

- A. All potentially patentable inventions conceived or first reduced to practice in whole or in part by employees of SHC in the course of their responsibilities, or with more than incidental use of SHC resources, shall be disclosed on a timely basis to SHC. Title to such inventions shall be assigned to SHC, regardless of the source of funding, if any
- B. SHC shall share royalties from inventions assigned to SHC with the inventor(s) as set forth in this policy.
- C. If SHC cannot, or decides not to, proceed in a timely manner to patent and/or license an invention, it may reassign ownership to the inventor(s) upon request to the extent possible under the terms of any agreements that supported or related to the work.
- D. Waivers of the provisions of this policy may be granted by SHC's CEO or delegate on a case-by-case basis, giving consideration among other things to SHC's obligations, whether the waiver would be in the best interest of technology transfer, whether the waiver would be in the best interest of SHC and whether the waiver would result in a conflict of interest. In addition, SHC's CEO or delegate may expand upon these provisions and shall adopt rules, based on the same factors as well as appropriateness to SHC's relationship with inventors, for the ownership of potentially patentable inventions created or discovered with more than incidental use of SHC resources by students when not working as employees of Hospital, by visiting practitioners, and by others not in SHC employ.

### III. DEFINITIONS

- A. There shall be a class of inventions defined as "Hospital Works," which include works created by employees in their scope of work at SHC or supported by an allocation of SHC funds.
- B. An invention disclosure is a document which provides information about the inventor(s), what was invented, circumstances leading to the invention, and facts concerning subsequent activities. It provides the basis for a determination of patentability and the technical information for drafting a patent application. An invention disclosure is also used to report technology that may not be patented but is protected by other means such as copyrights.
- C. Patent: A U.S. patent is a grant issued by the U.S. Government giving an inventor the right to exclude all others from making, using, or selling the invention within the United States, its territories and possessions for a period of 20 years. When a patent application is filed, the U.S. Patent Office reviews it to ascertain if the invention is new, useful, and nonobvious and, if appropriate, grants a patent - usually two to five
- D. years later. Other countries grant similar patent rights. Not all patents are necessarily valuable or impervious to challenge.
- E. Invention: An invention is a novel and useful idea relating to processes, machines, manufactures, and compositions of matter. It may cover such things as new or improved devices, systems, circuits, chemical compounds, mixtures, etc. It is probable that an invention has been made when something new and useful has been conceived or developed, or when unusual, unexpected, or nonobvious results have been obtained and can be exploited. An invention can be made solely or jointly with others as coinventors. To be recognized legally, a coinventor must have conceived of an essential element of an invention or contributed

substantially to the general concept. (See section V.C. for information and procedure regarding the formal disclosure of an invention.)

#### IV. PROVISIONS

- A. In addition to employees of SHC (including student employees), the provisions of this patent policy will extend to:
1. All Residents and post-graduate students (excluding those who have signed Stanford University Patent Agreement (SU-18))
  2. Non-employees who participate or intend to participate in clinical projects at SHC (including but not limited to visiting faculty, industry personnel, fellows, etc.)
    - a. In the case of non-employees, all potentially patentable inventions conceived or first reduced to practice in whole or in part in the course of their participation in projects at SHC, or with more than incidental use of SHC resources, shall be disclosed on a timely basis to SHC, and title shall be assigned to SHC, unless a waiver has been approved
  3. This policy does **not** apply to clinical faculty employed by the Stanford University School of Medicine, who are covered by the University's IP policy.
  4. The SHC CEO's authority to grant waivers of provisions of this policy is delegated to SHC CEO's Delegate.

#### V. PROCEDURE

- A. Office of Technology Licensing
1. The mission of the Office of Technology Licensing (OTL) is to promote the transfer of SHC technology for society's use and benefit. OTL is responsible for the administration of SHC's invention reporting and licensing program, the commercial evaluation of inventions, patent filing decisions, petitions to agencies for greater rights in inventions, and negotiation of licensing agreements with industry.
- B. Patent and Copyright Agreements
1. All SHC employees must sign SHC's Patent and Copyright Agreement (SHC- 18). Non-employees who participate or intend to participate in projects at SHC must also sign a Patent and Copyright Agreement. A variation of this agreement has been created for individuals with prior obligations regarding the disclosure and assignment of intellectual property. See SHC's Patent and Copyright Agreement for Non-Employee Personnel (SHC-18A).
  2. SHC is responsible for getting the appropriate Patent and Copyright Agreement signed, normally at the time of the individual's initial association with SHC.
- C. Invention Disclosures
1. Inventors must prepare and submit on a timely basis an invention disclosure for each potentially patentable invention conceived or first actually reduced to practice in whole or in part in the course of their SHC responsibilities or with more than incidental use of SHC resources.
  2. A disclosure form describing the invention and including other related facts should be prepared by the inventor and forwarded to Stanford University's Office of Technology Licensing (OTL). Forms may be requested from OTL.
  3. OTL will review the invention disclosure with SHC's CEO or CEO Delegate and, if necessary, the inventor(s). Based on OTL's recommendation, SHC's CEO or CEO's Delegate, in its sole discretion, will determine whether SHC will proceed on the invention disclosure and whether the work is categorized as a Hospital Work. The inventor(s) may request reconsideration of the categorization with SHC's CEO.
  4. The following practical considerations relate to invention disclosures:
    - a. Individuals covered by this policy are expected to disclose applicable inventions to SHC

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- and identify whether the invention has potential for commercial marketing.
- b. Individuals may not use SHC resources, including facilities, personnel, equipment, or confidential information, except in a purely incidental way, for any non-Hospital purposes, including outside consulting activities or other activities in pursuit of personal gain.
  - c. “More than incidental use of SHC resources” would include:
    - i. The use of specialized facilities, equipment or supplies, provided by SHC for clinical purposes;
    - ii. Use of “on-the-job” time;
    - iii. Use of SHC or patient data.
  - d. The occasional and infrequent use of the following would typically not constitute “more than incidental use of SHC resources”:
    - i. Routinely available, office-type equipment, including desktop computers and commercially available software; and
    - ii. Reference materials or other resources collected at SHC, and which are generally available in non-SHC locations.
5. The Patent and Copyright Agreement (SHC-18 or SHC-18A as applicable) does not apply to an invention which qualifies fully as a non-assignable invention under Section 2870 of the California Labor Code. In accordance with Section 2872, SHC does not require staff to assign any invention developed entirely on staff’s own time without using SHC’s equipment, supplies, facilities, or trade secret information except for those inventions that either:
- a. Relate at the time of conception or reduction to practice of the invention to SHC’s business, or actual or demonstrably anticipated research or development of SHC; or
  - b. Result from any work performed by staff for SHC.
  - c. Labor Code sections 2870, 2871 and 2872 may be found [here](#).
- D. Alternative Disposition of Rights
1. If OTL cannot proceed in a timely manner to patent and/or license an invention, SHC CEO or CEO’s Delegate, in its sole discretion, may reassign ownership to the inventor(s), with OTL’s assistance, upon request to the extent possible under the terms of any agreements that supported or related to the work
- E. Licensing
1. SHC recognizes that protection of proprietary rights in the form of a patent or copyright are often necessary - particularly with inventions derived from basic research - to encourage a company to risk the investment of its personnel and financial resources to develop the invention. In some cases, an exclusive license may be necessary to provide an incentive for a company to undertake commercial development and production. Nonexclusive licenses allow several companies to exploit an invention.
  2. The clinical and teaching missions of SHC shall always take precedence over patent considerations. While SHC recognizes the benefits of patent development, it is most important that the direction of SHC activity not be established or unduly influenced by patent considerations or personal financial interests.
  3. OTL handles the evaluation, marketing, negotiations and licensing of SHC- owned inventions with commercial potential. Royalty distribution for non-SHC Works is as follows:
    - a. Cash Royalties
      - i. A deduction of 15% to cover the administrative overhead of OTL is taken from gross royalty income, followed by a deduction for any directly assignable expenses, typically patent filing fees. After deductions, royalty income is divided one-third to the inventor(s) and two-thirds to SHC. Disagreements involving royalty distribution will be reviewed and resolved by OTL; involved parties may appeal the OTL
-



resolution to SHC's CEO or CEO's Delegate.

- b. Equity
  - i. SHC may at times accept equity as part of the license issue fee. Net equity, i.e., the value of the equity after the deduction of 15% to cover OTL administrative costs, will be shared between the inventor(s) and SHC, with SHC share going to the OTL Research and Fellowship Fund. SHC's share of equity will be managed by the Stanford Management Company. (All other cash payments, including royalties based on sales, will be distributed in accordance with the provisions described above.)
- c. For Hospital Works, SHC receives the entire share of cash royalties (after deductions) and net equity (after deductions). SHC's CEO or CEO's Delegate has sole discretion to determine whether, and in what amount (not exceeding one-third of the gross royalty following OTL deductions), an award may be given to the inventor(s) of a Hospital Work out of the royalties from such work.

#### F. Patentability

- 1. Not all inventions are patentable. Questions relating to patentability are often complex and usually require professional assistance.
- 2. General criteria for patentability
  - a. An important criterion of patentability is that an invention must not be obvious to a worker with ordinary skill in that particular field. It must also be novel, in the sense that it has not been previously publicly known or used by others in this country or patented or described in a printed publication anywhere.
- 3. Loss of patentability
  - a. Inventions that are patentable initially may become unpatentable for a variety of reasons. An invention becomes unpatentable in the United States unless a formal application is filed with the U.S. Patent Office within 12 months of disclosure in a publication or of any other action which results in the details of the invention becoming generally available.
- 4. Circumstantial impairment of patentability
  - a. Many other circumstances may impair patentability, such as lack of "diligence." For example, unless there is a record of continuous activity in attempting to complete and perfect an invention, it may be determined that the invention has been abandoned by the initial inventor, and priority given to a later inventor who showed "due diligence."
- 5. International variation of patentability regulations
  - a. Regulation covering the patentability of inventions and application filing procedures vary from country to country and are subject to change. It is important to note that an invention is unpatentable in most foreign countries unless a patent application is filed before publication.

#### G. Value of Unpatented Inventions

- 1. An invention, although unpatentable for various reasons, may still be valuable and important for SHC and should be disclosed. For example, unpatented inventions that improve and streamline patient processing may (or may not) be patentable but would be valuable for SHC.

## 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 are responsible for ensuring that individuals comply with this policy.
- B. Violations of this policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with SHC policy. Violations will be investigated to determine the nature, extent, and potential risk to the SHC.

Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

**VII. RELATED DOCUMENTS / PROCEDURES**

- A. Inventions, Patents, and Licensing (School of Medicine)

**VIII. APPENDICES**

- A. NA

**IX. DOCUMENT INFORMATION**

- A. Legal References / Regulatory Requirements:
  - 1. Labor Code sections 2870, 2871 and 2872
- B. Original Document:
  - 1. 06/20/1980
  - 2. Stored in SHC Document Management System
- C. Review and Renewal Requirements:
  - 1. This policy will be reviewed and/or revised every three years or as required by change of law or practice.
- D. Review and Revision History:
  - 1. 07/2020 Charlette Stallworth, VP Strategic Partnership, SCH; Monique Bouvier, Director of Nursing Quality, Patient Care Services
- E. Approvals:
  - 1. 09/2020 Medical Executive Committee (MEC), Policy & Procedure Steering Committee, SHC Hospital Board Credentials, Policies and Procedures Committee

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## Glossary

Abbreviations	Full name
<b>ABMS</b>	American Board of Medical Specialties
<b>ACCME</b>	Accreditation Council for Continuing Medical Education
<b>ACGME</b>	Accreditation Council of Graduate Medical Education
<b>AD&amp;D</b>	Accidental Death & Dismemberment
<b>ADA</b>	Disabilities Act of 1990
<b>AMIE</b>	Am I Encrypted
<b>AOA</b>	American Osteopathic Association
<b>BBP</b>	Blood Borne Pathogen
<b>BTA</b>	Business Travel Assistance
<b>CAL COBRA</b>	California Consolidated Omnibus Budget Reconciliation Act
<b>CASDI</b>	California State Disability Insurance
<b>CFEHA</b>	California Fair Employment and Housing Act
<b>CBA</b>	Collective Bargaining Agreement
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CFRA</b>	Family Care and Medical Leave
<b>CIR-SEIU</b>	The Committee of Interns and Resident-Service Employees International Union
<b>CME</b>	Continuing Medical Education
<b>CMO</b>	Chief Medical Officer
<b>COBRA</b>	Consolidated Omnibus Budget Reconciliation Act
<b>DEA</b>	Drug Enforcement Administration
<b>DIO</b>	Designated Institutional Official
<b>EAP</b>	Employee Assistance Program
<b>ECFMG</b>	the Educational Commission for Foreign Medical Graduates
<b>EPIC</b>	Electronic Patient Information Center
<b>FICA</b>	Federal Insurance Contributions Act
<b>FMLA</b>	Federal Family and Medical Leave Act
<b>GME</b>	Graduate Medical Education
<b>GMEC</b>	Graduate Medical Education Review Committee
<b>HIA</b>	Health Incentive Account
<b>HIMS</b>	Health Information Management Services
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>House Staff or House Officer</b>	Refers to all Stanford Residents and Fellows; and may be used interchangeably with the terms Resident, Fellow, provider, workforce, trainee or House Officer.
<b>ICMJE</b>	International Committee of Medical Journal Editors
<b>IMG</b>	International Medical School Graduate. A graduate from a medical school outside the United States and Canada. IMGs may be citizens of the United States who chose to be educated elsewhere or non-citizens who are admitted to the United States by US Immigration authorities.
<b>IP</b>	Internet Protocol
<b>IRS</b>	Internal Revenue Service

Abbreviations	Full name
JAMS	Judicial Arbitration and Mediation Services
LCME	Liaison Committee on Medical Education
LPCH	Lucile Packard Children's Hospital
LTD	Long-Term Disability
MBC	Medical Board of CA
MDM	Medicine Mobile Device Management
MedHub	Stanford GME's online web-based Resident management program
MSO	Medical Staff Office
NRMP	National Resident Matching Program
P & P	Policies & Procedures
P&S	Physicians and Surgeons Medical License
PDL	Pregnancy disability leave
PFL	Paid Family Leave
PHI	Protected Health Information
PIFs	Program Information Forms
PM/ELC	Pain Management and End of Life Care
PPE	personal protective equipment
PTL	Postgraduate Training License
QBS	Qualified Bilingual Staff
Resident	In ACGME vocabulary, it includes Fellows and Residents
SCH LPCH	Stanford Children's Health formally known as Lucille Packard Children's Hospital
SCVMC	Santa Clara Valley Medical Center
SDI	State Disability Insurance
SHC	Stanford Health Care
SPD	Summary Plan Description
Stanford	Stanford—the Stanford University School of Medicine, Stanford Health Care and Stanford Children's Health Lucile Packard Children's Hospital Stanford Children's Health
SWDE	Stanford Whole Disk Encryption
URLs	Web Universal Resource Locators
USMLE	United States Medical Licensing Examination
Clinical and educational work hours	All clinical and academic activities related to the program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases. Formerly known as "duty hours."

## Useful Stanford Links

Name	Link
Ask HR	<a href="https://stanfordhc.service-now.com/esc?id=emp_taxonomy_topic&amp;topic_id=c12227ffc3655510c8157a4ce00131df">https://stanfordhc.service-now.com/esc?id=emp_taxonomy_topic&amp;topic_id=c12227ffc3655510c8157a4ce00131df</a>

Name	Link
Benefits	<a href="https://healthysteps4u.org">https://healthysteps4u.org</a>
Bright Horizons	<a href="https://cardinalatwork.stanford.edu/benefits-rewards/worklife/financial-assistance/emergency-back-care">https://cardinalatwork.stanford.edu/benefits-rewards/worklife/financial-assistance/emergency-back-care</a>
Code of Conduct	<a href="#">Compliance Department &amp; Privacy Office - Code of Conduct - Standard View (sharepoint.com)</a>
Compliance Department & Privacy Office	<a href="#">Compliance Department &amp; Privacy Office - Home (sharepoint.com)</a>
Concur	<a href="#">Sign in to Concur   Concur Solutions</a>
COVID-19	<a href="#">COVID-19 Latest Updates (Updated - April 10) (sharepoint.com)</a>
Dept/Division Contacts	<a href="https://stanfordmedicine.app.box.com/s/csw7utkduc_d1ydef6wuuq87p80wh550k">https://stanfordmedicine.app.box.com/s/csw7utkduc_d1ydef6wuuq87p80wh550k</a>
Emergency Department	<a href="#">Emergency Department</a>
Express Care	<a href="#">Stanford Express Care</a>
Fatigue Mitigation/Uber Rideshare Registration & Guidelines	<a href="https://med.stanford.edu/gme/housestaff/current/fatigue.html">https://med.stanford.edu/gme/housestaff/current/fatigue.html</a>
GME	<a href="http://gme.stanford.edu">gme.stanford.edu</a>
House Staff Job Description	<a href="#">MedHub - Job Descriptions</a>
Malpractice	<a href="#">Malpractice &amp; Certificate of Insurance   Graduate Medical Education   Stanford Medicine</a>
MedHub	<a href="http://stanford.medhub.com">stanford.medhub.com</a>
Ombudsperson	<a href="https://med.stanford.edu/ombuds.html">https://med.stanford.edu/ombuds.html</a>
Paging	<a href="https://smartpage.stanford.edu/">https://smartpage.stanford.edu/</a>
Parking & Transportation	<a href="https://www.stanfordmedicinetransportation.org">https://www.stanfordmedicinetransportation.org</a>
Reimbursements	<a href="#">Reimbursements   Graduate Medical Education   Stanford Medicine</a>
Stanford DX	<a href="http://dx.stanford.edu/numbers.html">http://dx.stanford.edu/numbers.html</a>
Well Connect	<a href="https://med.stanford.edu/psychiatry/special-initiatives/wellconnect.html">https://med.stanford.edu/psychiatry/special-initiatives/wellconnect.html</a>
Workday	<a href="#">Workday</a>
Workforce Health & Wellness	<a href="https://stanfordhealthcare.sharepoint.com/sites/WorkforceHealthandWellness">https://stanfordhealthcare.sharepoint.com/sites/WorkforceHealthandWellness</a>

**Policies and Procedures are Subject to Change at any Time by Stanford Health Care Administration.**

**When a provision in this document differs from the union contract, the contract shall take precedence.**

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