The Office of Graduate Medical Education permits Residents and Fellows to participate in outside, extended employment situations under certain specific conditions (see key requirements as noted below). As long as ALL of these conditions are met, insurance coverage will be provided under the clinical system’s self insurance program. Both the Medical School and the clinical system support these “moonlighting” arrangements because extended employment opportunities provide valuable physician services to community sites and expand Residents/Fellows’ community-based experience and financial resources.

Requirements for Residents/Fellows are as follows:

1. **Each Resident or Fellow must submit a COMPLETE MOONLIGHTING AUTHORIZATION FORM to the OGME with ALL QUESTIONS FULLY ANSWERED** – including ACLS and BLS expiration dates, service provided and site supervisor. Partially completed applications will not be approved.

2. **Each Resident or Fellow must provide the OGME with a copy of a valid Massachusetts FULL License and a copy of his/her most recent license application.**

3. **Each Resident or Fellow must obtain his/her own State and Federal DEA number. Copies of both must be submitted to the OGME.** The Resident/Fellow has 3 months from the date of receiving his/her full license to apply for State & Federal DEA numbers. The UMMC hospital DEA number can be used on the UMass or Memorial campus ONLY for up to 3 months, after which time it will be deactivated. An individual DEA number will be required from that point forward.

4. Residents/Fellows on a limited license may receive additional compensation for providing additional coverage in the program training sites, which may become necessary as a result of Resident/Fellow shortage and patient coverage needs. Such additional coverage and compensation **must be pre-approved by the Program Director and the OGME, and must comply with UMMS and ACGME Duty Hours requirements** (80 hour weekly limit on duty hours, 24 hours of continuous patient care, and 10 hours between shifts).

5. **Residents/Fellows on an H1B visa must provide required documentation and receive approval from the Immigration Services Office PRIOR to authorization.** If an amendment to the original H1B petition is necessary, moonlighting will not be permitted.

6. **Residents/Fellows on a J-1 visa are not permitted to moonlight (per regulations of the USIA).** Residents/Fellows on a J-1 visa may receive additional compensation for providing additional coverage within the program training rotations which may become necessary as a result of training rotation coverage needs. All such additional shifts must have program director approval and must comply with UMMS and ACGME Duty Hours requirements (80 hour weekly limit on duty hours, 24 hours of continuous patient care, and 10 hours between shifts).

7. **Residents/Fellows must register with the city(ies) or town(s) where they will work, in compliance with State regulations.**
8. Program directors **must submit individual written renewal authorizations each academic year for each Resident/Fellow, listing each moonlighting site.** Authorizations may be withdrawn during the academic year based on less than satisfactory Resident/Fellow academic or clinical performance, or for violation of these requirements. Because graduate medical education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the Resident/Fellow to achieve the goals and objectives of the educational program. Residents and Fellows cannot be required to moonlight.

9. Moonlighting opportunities are limited to **approved services at approved sites** (Note: Approvals are service specific). The name of the clinical supervisor at the facility **must** be provided. Residents/Fellows who work **BEFORE** they receive written authorization **will not be paid** through the OGME and **will not have malpractice coverage** for shifts worked.

10. Claims Management must approve each moonlighting request. **Moonlighting is not permitted until written notification of approval is received from the OGME.**

11. The moonlighting site must reimburse each Resident/Fellow through the Office of Graduate Medical Education. **Residents/Fellows may NOT be reimbursed directly by the site.**

12. **The total number of in-hospital hours worked per week (residency or fellowship activity combined with moonlighting activity) must remain in full compliance with the Residency Review Committee (RRC) and Accreditation Council for Graduate Medical Education (ACGME) Common Program requirements.** Additional moonlighting hours of out-of-hospital back-up or beeper call must be reviewed by the Residency/Fellowship Program Director and may be approved on a case-by-case basis. In-House Moonlighting is limited to no more than 24 consecutive hours with a period of 10 hours between shifts. This applies to all residents and fellows, whether involved in clinical or research activities. Residents and fellows must be in compliance with the 24+4 duty hour rule – if a Resident/Fellow works at their regular job during the day and then moonlights at night, they must have off the next day.

13. Each Resident/Fellow who wishes to participate in a moonlighting opportunity must agree to strictly abide by these extended employment requirements including Claims management reporting requirements, and must indicate this agreement by signing his/her name to the moonlighting authorization form.

14. Each Resident/Fellow must abide by billing policies and must indicate this agreement on the moonlighting authorization form.

15. Each Resident/Fellow should keep the pink copy of the Extra Compensation form for payment verification, tax records and Claims management documentation.
REQUIREMENTS FOR SITES (from MA regulations)

No Health care facility in the Commonwealth shall appoint, hire, associate with for the purpose of providing patient care, or grant privileges to a licensee unless the health care facility first completes the credentialing requirements set forth below. The health care facility must repeat these credentialing requirements at least every two years. These credentialing requirements are modified as follows:

a) The credentialing requirements may be performed during the time in which the health care facility grants temporary appointment or privileges for up to 120 days in any one year period to a licensee seeking initial staff membership, provided the health care facility maintains on file a completed application for staff membership and written and timely evidence of a valid Massachusetts license, malpractice insurance, a current DEA certificate of registration for licensees who will be prescribing controlled substances, and appropriate references: and provided further that the health care facility pursues in good faith the credentialing of each licensee holding such temporary appointment or privileges.

b) The credentialing requirements do not apply when the health care facility grants temporary appointment or privileges for up to 30 days in any one year period to a licensee who is not seeking staff membership provided the health care facility maintains on file written and timely evidence of a valid Massachusetts license, malpractice insurance, a current DEA certificate of registration for licensees who will be prescribing controlled substances, and letters of recommendation or references as deemed appropriate by the health care facility.

c) Sites must decide if they will have Residents moonlight, in which case they must provide names of supervising physicians and level of supervision as outlined on the application form. This is not required for Fellows.
1. Billing for moonlighting services in the Resident/Fellow’s name may only be generated in the outpatient or emergency departments. No inpatient services provided by a Resident/Fellow at UMass Memorial Medical Center may be billed under the Resident/Fellow’s name. A professional billing for an inpatient service may be generated under the attending physician’s name only when the attending physician has completed and documented a patient examination or procedure.

2. Any plan to bill for outpatient or emergency department services under a Resident or Fellow’s name and UPIN number requires a brief description of moonlighting services and responsibilities which states that these are separate from and do not occur during the same time period as those activities and rotations required as part of the approved GME program in which the Resident/Fellow is enrolled.
UMass Memorial Medical Center
Policy

1080 Occurrence (Incident) Reporting

<table>
<thead>
<tr>
<th>Developed By/Policy Owner: Patricia Garvey, Clinical Risk Management</th>
<th>Effective Date: 1/14/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Approved by: Patrick L. Muldoon, FACHE</td>
</tr>
<tr>
<td></td>
<td>President, UMass Memorial Medical Center</td>
</tr>
</tbody>
</table>

Applicability: All workforce members at all campuses of UMMMC and other sites operating under UMMMC’s provider number.

Keywords: Occurrence, Incident, Severity, Harm, Untoward Event, Adverse Event, Error Reporting

I. Policy:
UMass Memorial utilizes the following process for identifying and documenting occurrences/adverse events, unanticipated outcomes and incidents that cause harm or have the potential to cause harm to the patient, visitors and/or employees or those who damage hospital property.

All errors/events/outcomes that vary from the acceptable standard of practice, whether or not they reach the patient, must be documented in the online occurrence reporting system for risk reporting that is found on the OurNet homepage. Anyone with access to the system may enter an occurrence; those without access should report all untoward events to their manager or supervisor. If the electronic system is “down” or you cannot log into the system, paper occurrence reports may be completed and will be inputted by the Risk Management Department.

Risk Management will serve as a resource to staff who have questions or need assistance in completing occurrence reports. For death or serious injury the Risk Management office must be called at 774-443-7475 Monday thru Friday 0830 - 1700. On weekends or off-hours, have the Operator call the “on call” risk manager or the manager of Risk Management by calling the hospital operator.

II. Definitions:

Workforce Members: All employees, volunteers, trainees (including medical students and residents), members of the medical staff including employed and private physicians, temporary employees, and other persons employed, credentialed or under the control of UMMMC whether or not they are paid by UMMMC.

Occurrence/Incident: An event that results in an actual or potential adverse outcome for a patient, visitor, or employee or damage to the hospital property.

Harm: Temporary or permanent impairment of the physical, emotional or psychological function or structure of the body and/or pain resulting from the adverse event/outcome or intervention.

Severity Levels: A methodology used to describe how serious an event may be and how it impacts the patient when it does affect them.

A. No error; circumstances or events have the potential to cause error.
B. An error/event/outcome occurred but did not reach the patient; a “near miss.”

Revised 1-26-2016
C. An error/event/outcome occurred that reached the patient, but did not cause harm.
D. An error/event/outcome occurred that reached the patient and required monitoring to confirm that it resulted in temporary harm to the patient and required intervention.
E. An error/event/outcome occurred that may have resulted in temporary harm to the patient and required intervention.
F. An error/event/outcome occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization.
G. An error/event/outcome occurred that may have resulted in permanent harm.
H. An error/event/outcome occurred that required intervention to sustain life.
I. An error/event/outcome occurred that may have contributed to or resulted in the patient’s death.

III. General Procedure:
- Reporting should be done as close to the actual time of the event as possible in order that the details of the event are easily recollected.
- Reporting should state “just the facts” and avoid any subjectivity or judgment when completing a report (for example, a patient rolls out of bed onto the floor. If the reporter did not witness the event, the reporter should not write “fell out of bed.” Maybe he got up and slipped, was tripped or was pushed. The appropriate entry would be “patient found on floor.”)
- All mandatory fields, identified by asterisks, must be completed for the submission to be successful.
- Department managers receive e-mail notification of all Occurrence Reports after reports are submitted into the system. The managers are required to view all occurrences, update the information and determine an action plan to rectify the situation. They should then enter their name in the manager reviewed box by selecting from the drop-down list. This assigns ownership to the manager and facilitates contact with Risk Management if discussion about the event is required.
- Managers may report additional information by clicking on the Attachment link and clicking the Attach New button which will open a note page. Anyone adding a note should identify themselves by electronically signing the information by providing your name, job title and the date the note was created in the first line of the note.
- Risk Management reviews all occurrence reports and assigns and/or validates all severity codes. If an Occurrence/Incident reaches a patient who is also enrolled in a Clinical Research Trial as a study subject, Risk Management will notify the Office of Research at the University of Massachusetts, Worcester Campus.
- Timely reporting is encouraged in order that accuracy is assured in this process.
- Reports made to departments or individuals other than Risk Management do not fulfill an employee’s responsibility as outlined in this policy.
- If one begins an occurrence report in the online occurrence reporting system and does not complete it within 40 minutes, the system will “time out” which will require the reporter to start from the beginning.
- Incident reports should never be printed, copied or filed in the medical record. There should be no reference in the medical record that an incident report was filed or that Risk Management was notified.

IV. Clinical/Departmental Procedure: N/A

V. Supplemental Materials:
To initiate an Occurrence Report, go to OurNet, locate the heading Occurrence Reporting, click on that option and follow the directions. The link is: OurNet - Occurrence Reporting System

VI. References: N/A