**Emergency Categorization Request Form**

**61 to 90 Days**

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| *Email this completed and signed form to* *dio@acgme.org**. The ACGME will contact the designated institutional official (DIO) with any questions and notify the DIO and institutional coordinator of the decision regarding Emergency or Non-Emergency categorization.* |

1. Sponsoring Institution Name

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1. ACGME 10-Digit ID

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1. DIO Name

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1. What is the requested additional term of the Sponsoring Institution’s Emergency categorization?

[ ]  30 additional days [ ]  Less than 30 additional days (please specify) \_\_\_\_\_\_\_\_

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**Indicators for Emergency GME Operations**

The ACGME will assign a Sponsoring Institution to the Emergency Category for 61 to 90 days if thresholds for all four indicators below are met or exceeded.

*Indicator 1: COVID-19 Case Positivity Rate*

Threshold: Greater than 15 percent COVID-19 case positivity rate at the county level for the location of the participating site where the largest number of the Sponsoring Institution’s residents/fellows are assigned (daily average over a recent seven-day period).

Instructions for Reporting: [Look up](https://www.covidactnow.org/?s=39636) the county of the participating site where the largest number of the Sponsoring Institution’s residents/fellows are assigned. Scroll to the second graph and mouse over the county’s daily case positivity rates. Calculate the mean average of the rates of seven recent, consecutive days, and report the measure as follows:

County, State:

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Participating Site:

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Dates Selected for Averaging:

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Case Positivity Rate:

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*Indicator 2: Intensive Care Unit (ICU) Bed Utilization*

Threshold: Greater than 80 percent ICU bed utilization at the state level (daily average over a recent seven-day period), or greater than 80 percent ICU bed utilization at the county or local level (daily average over a recent five- or seven-day period), for the location of the participating site where the largest number of the Sponsoring Institution’s residents/fellows are assigned.

Instructions for Reporting: [Select](https://covid19.healthdata.org/united-states-of-america) the state of the primary clinical site where the largest number of the Sponsoring Institution’s residents/fellows are assigned from the green drop-down menu labeled “United States of America.” Navigate to the “Hospital resource use” graph and click the “ICU beds” button. Scroll to the second graph and mouse over the daily values of ICU beds needed and ICU beds available. To calculate daily bed utilization as a percentage, divide the number of beds needed by the number of beds available for each of seven recent, consecutive days; then, take the mean average of the values. Alternatively, provide the same measure of ICU bed utilization from a county or local government source. Report the measure as follows:

City/County/State:

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Source (*if not using the website provided*):

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Date Range Selected for Averaging:

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Percentage of ICU Beds Available:

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*Indicator 3: Educational Disruption in the Sponsoring Institution*

Threshold: Greater than 50 percent of residents/fellows are reassigned to a clinical area other than that of their originally scheduled assignment to provide patient care related to COVID-19.

Instructions for Reporting: Estimate the number of residents/fellows reassigned to a clinical area other than that of their originally scheduled assignment to provide patient care related to COVID-19. In the “Reports” tab of the Sponsoring Institution’s [Accreditation Data System (ADS)](https://apps.acgme.org/connect/login?ReturnUrl=%252fconnect%252f) profile, click “Resident Data” and then click “View Report.” The “Record Count” in the resulting Excel spreadsheet is the number of filled resident and fellow positions at the Sponsoring Institution. Divide the estimated number of reassigned residents/fellows by the number of filled positions for the percentage of reassigned residents /fellows. Enter the percentage in the box below.

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*Indicator 4: Resumption of Elective Procedures*

Threshold: Elective procedures at the institution’s accredited programs’ participating sites are suspended beginning Day 61.

Instructions for Reporting: Are elective procedures suspended at all participating sites as described above? Respond “Yes,” “No,” or “Unknown” in the box below.

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**Secondary Review for Emergency Categorization (61-90 Days)**

*This section should only be completed if any reported indicator above does not meet or exceed the threshold. The ACGME’s Institutional Review Committee will review the information provided below and make a final decision regarding Emergency or Non-Emergency categorization.*

Provide additional information concerning any indicator(s) above that do not meet or exceed the threshold(s). *(Limit 250 words)*

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Describe emergency conditions for GME operations that exist within the Sponsoring Institution. *(Limit 250 words)*

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Do emergency conditions exist in all programs of the Sponsoring Institution?

[ ]  Yes [ ]  No

If “No,” indicate the program(s) in which there are emergency conditions for GME operations. *(Add or delete rows as needed.)*

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| **Specialty/Subspecialty Program** | **ACGME Program ID** | **Number of Residents/Fellows** |
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*By signing this form, the DIO:*

* *requests that the Sponsoring Institution and its ACGME-accredited program(s) be granted a renewal of the Emergency categorization;*
* *attests that this request for renewal of Emergency categorization has been approved by the clinical leadership of the primary clinical site(s) of the Sponsoring Institution’s accredited program(s);*
* *attests that all voting members of the Sponsoring Institution’s Graduate Medical Education Committee have been informed in writing of this request for renewal;*
* *attests that all residents/fellows have received accurate written information concerning the effect of reassignments for patient care related to COVID-19 on their ability to complete the program and their eligibility for board certification; and,*
* *attests that the Sponsoring Institution will ensure its compliance with ACGME Institutional Requirements, and will ensure that its ACGME-accredited programs are compliant with specified ACGME Common Program Requirements that protect residents/fellows, health care teams, and patients, as described on the ACGME website.*

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DIO Signature Date