

**PHARMACY POLICY MANUAL**

**POLICY NUMBER: PHM 250**

**SUBJECT: Post Graduate Year 1 Pharmacy Residents**

**EFFECTIVE: March 1, 2018**

**APPROVED:** \_\_\_\_\_  
**Andrea Jarzyniecki, Pharm.D.**  
**Director of Pharmacy**

**REVIEWED: November 1, 2020**

**REVISED: April 1, 2019**

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**I. POLICY**

Archbold Hospital pharmacy recognizes that residency year is as much if not more responsibility as a full time staff member and supports the employees need for time off for personal needs, vacation or illness. To support the residents, Archbold provides all residents with paid time off benefits for vacation, holidays and illness. In extenuating circumstances, a need for extended time off may be necessary.

**II. PURPOSE**

This policy outlines the procedure for requesting time off, extended leave of absence or illness. It will also explain the conditions under which a resident may return to the program. This policy will also outline the requirements for professional licensing and the requirements for successfully completing the residency and receiving a certificate of residency.

**III. PROCEDURE**

1. Start Date and Professional Licensing

A Resident should be available to begin the residency by July 1st of the given year. The Resident should attain his/her license to practice pharmacy in the state of Georgia by October 1st of the given year. While waiting for Georgia pharmacist licensure, pharmacy residents must hold a Georgia intern license and will complete orientation training under the supervision of a licensed pharmacist at all times. If pharmacist licensure is pending at the completion of orientation, residents may move into a rotation under the supervision of a licensed pharmacist. If a pharmacist license is not obtained by October 1st of the given year, the resident will be reviewed by the RAC. If the licensure delay is due to failure to pass, RAC will review the need to release the resident from the program. If the lack of licensure is due to issues beyond the resident's control, the program may be extended or resident may be transitioned to a graduate intern position/staff pharmacist position to re-start the residency the following year based on the determination of the RAC.

2. Staffing Requirements

All residents are schedule to work rotational staffing positions. The schedule is every other weekend day shift 8am to 4:30pm and one evening shift on weeknights. The resident will be provided with a day off following the worked weekend. Evenings will be schedule so not to interfere with clinical activities of the assigned rotation. Per duty policy the resident will not work greater than 80 hours average with staffing and rotation hours combined.

3. Paid Time Off

PTO is accrued throughout the residency year. PTO may be used for vacations (in limited amounts), holidays, and personal or family illness. PTO will be handled according to HR policy HR 100.5 and Pharmacy Policy PHM 5. Per pharmacy policy all PTO must be submitted the month prior to the schedule and must be approved by the Residency Program Director and the preceptor of record during the time of the PTO. Greater than 3 days PTO during a rotation block will require approval by the RAC committee and should be request at least 2 months in advance. Residents missing more than 3 days of rotation due to illness will have RAC review to assure rotational learning was not affected by the absence.

4. Leave of Absence (LOA)

Any extended absences must be discussed with the Residency Program Director and will be handled on an individual basis. Residents requiring LOA will be handled per policy HR 100.05 . For a leave of absence 3 months or less, the resident will be allowed to finish the residency by adding the allotted time to the end of the residency, sufficient to complete a total of 12 months of training. For a leave of absence greater than 3 months, the resident will be released from the program and may be moved into a staff pharmacist position to re-start the residency the following year. At the discretion of the Director of Pharmacy and the Residency Program Director and as allowed by budgetary restrictions.

5. Certificate of Residency

A certificate of residency will only be issued to residents who successfully complete all ASHP and Archbold Memorial Hospital required educational goals and objectives, successfully complete all Archbold Memorial Hospital required tasks, and complete a total of 12 months of residency training. The Residency Program Director will ensure all criteria are met by graduating residents and present the review to the Residency Advisory Committee for approval of certificates. The RPD and Residency Advisory Committee must both agree on successful completion of program requirements for a certificate of residency to be awarded.

- ASHP required educational goals and objectives are selected by the RAC and outlined in both the program evaluation and individual rotation evaluations. Archbold Memorial Hospital required educational goals and objectives are selected by the RAC and outlined in the program evaluation, quarterly plans and individual rotation evaluations. The Archbold Memorial Hospital required tasks are determined by the RAC and listed below. Residents must obtain a status of achieved (ACH) on the ASHP goals R1, R2, R3, and R4 with no “Needs Improvement” and at least 80% of objectives for each goal. Residents who do not achieve identified educational goals and objectives or who do not complete the Archbold Memorial Hospital required tasks will not be issued a final certificate of residency. If all required work products are not received by the end of the residency year, a 90-day extension may be granted by the Residency Program Director. In the event of an extension, certificates will not be officially rewarded until receipt of all outstanding work products.

**PGY-1 Residency Completion Requirements**

- 2 Medication Use Evaluations (may be completed in conjunction with scheduled rotation or in addition to scheduled rotations)
- Administrative project (budgetary/cost analysis, evaluation of new service, policy/procedure, etc)
- 2 journal reviews with students and preceptors
- Poster presentation in ASHP format
- Completion of manuscript which is publishable format
- 2 presentations to Medical Staff Committee (Pharmacy & Therapeutics Committee, Antibiotic Subcommittee, Disease State Committees, etc)
- 6 presentations to pharmacy staff, students or medical staff with at least one an hour in length approved by a pharmacy organization or the RPD for CE
- Attend at least 6 continuing education programs through GSHP or other approved pharmacy education program as approved by the Residency Director.
- A status of achieved (ACH) on the ASHP goals R1, R2, R3, and R4 with no “Needs Improvement” with at least 80% of objectives for each goal met.
- Completion of all program required evaluations

**PHARMACY POLICY MANUAL**

**POLICY NUMBER: PHM 252**

**SUBJECT: Duty-Hour Requirements for Pharmacy Residents**

**EFFECTIVE: September 1, 2018**

**APPROVED:** \_\_\_\_\_

**REVIEWED: November 1, 2020**

**Andrea Jarzyniecki, Pharm.D.**  
**Director of Pharmacy**

**REVISED: November 1, 2018**

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Archbold Memorial Hospital (AMH) uses the duty hour requirements adapted as best practice by ASHP.

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the following duty-hour requirements:

**1. Personal and Professional Responsibility for Patient Safety**

- a. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.
- b. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
- c. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.
- d. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

**2. Maximum Hours of Work per Week and Duty-Free Times**

- a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house, call activities, and all moonlighting.
- b. Moonlighting is not allowed at this time within the AMH PGY 1 program.
- c. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

- d. Residents should have 10 hours free of duty between scheduled duties, and must have at a minimum 8 hours between scheduled duty periods.

### **3. Maximum Duty-Period Length**

- a. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

### **4. Tracking of Duty Hours**

- a. As employees of AMH, residents are subject to electronic monitoring of duty hours utilizing a time and attendance system. All duty hours are scheduled monthly and review every two weeks by either the residency program director, director of pharmacy, or assistant director of pharmacy.

### **5. Paid Time Off**

- a. PTO is accrued throughout the residency year. PTO may be used for vacations (in limited amounts), holidays, and personal or family illness. PTO will be handled according to HR policy HR 100.5 and Pharmacy Policy PHM 5. In addition, the Residency Program Director and the immediate preceptor must approve all PTO requests. Vacation periods of more than two consecutive days must be prearranged with the RPD in order to assure achievement of activities for effected rotation.

ARCHBOLD MEDICAL CENTER  
PERSONNEL POLICY AND PROCEDURE

POLICY NUMBER: 100.05

SUBJECT: Paid Time Off (PTO)

EFFECTIVE: January 2009  
REVISED: December 2017  
EXPIRES: When Superseded

APPROVED:   
Vice President of Human Resources

REVIEW: Annually

I. POLICY

The Medical Center grants paid time off (PTO) for its employees so that they will benefit mentally and physically by a period of rest and relaxation during the year and to take care of personal / family issues. PTO must be scheduled in advance and approved by your supervisor, except in cases of illness or emergency. This policy supersedes Personnel Policy Number 100.02 (Personal Leave) and Personnel Policy Number 100.03 (Sick Leave).

II. PURPOSE

Paid Time Off (PTO) is an employee benefit that may be used for vacation, holiday, illness, medical appointments, or time off to care for dependents.

III. PROCEDURES

A. Eligibility

PTO shall be granted to all regular full-time and regular part-time employees who are budgeted to work a minimum of 30 hours a week on a regular basis. PRN employees are not eligible for PTO.

PTO shall be used to make up shortfalls in paid time up to an employees budgeted number of hours. Only in a case where an employee took time off and later in the pay period volunteered to take an uncovered shift will PTO be paid above the budgeted number of hours.

When an employee goes on leave of absence, PTO and EIB must be used. Supervisors are responsible for entering the PTO/EIB used into the time keeping system. The amount of PTO and EIB entered per week should match the number of hours an employee is typically scheduled to work. If the employee is eligible to receive Short Term Disability benefits, PTO and EIB payments will stop once the employee is out for 30 calendar days.

Physicians with contracts will receive paid time off benefit as indicated in their contract.

B. Accumulation

Beginning the on the first pay period of 2015 regular full-time employees in all job classifications accumulate PTO at the equivalent rate of twenty-two (22) working days per year. Employees who have completed three (3) years of employment accumulate PTO at the equivalent rate of twenty-four (24) days per

year. Employees who have completed ten (10) years of employment accumulate PTO at the equivalent rate of twenty-eight (28) days per year. For the purposes of accumulation, days are considered eight (8) hours and annual amounts are based on per pay period accruals.

Regular part-time employees accumulate PTO prorated in accordance with the number of hours budgeted, provided they are budgeted for and work a minimum of 30 hours per week on a regular basis.

New employees who are eligible for PTO will accumulate but not earn hours at the rates shown above for the first six (6) months of employment. After six (6) months of employments employees earn full rights to these hours as indicated in this policy. During this period only hours used on or near a designated holiday are considered earned hours. The four (4) designated holidays are New Years Day, July 4<sup>th</sup>, Thanksgiving, and Christmas.

Other accumulation options may be made available to staff as new scheduling programs are created and will be addressed by memorandum and maintained by Human Resources.

PTO is not accumulated during a leave of absence without pay.

PTO may be accumulated to a maximum of thirty (30) days and will be carried forward from year to year (calendar) until the maximum thirty (30) days is reached.

C. Incentive Payment / Selling PTO

1. Automatic Option.

Employees will receive an incentive payment for up to five (5) days / forty- (40) hours when the accumulation is in excess of thirty (30) days / 240 hours as of either the first or second payroll date in November of each year. This incentive payment will be made automatically unless employee elects to rollover time to their EIB.

2. Alternative Option.

Employees who have a minimum of 301 hours in the EIB but less than 288 hours of PTO will receive an incentive payment for up to five (5) days / forty- (40) hours

of their PTO hours in November of each year based on the chart below. The number of hours will range from one (1) PTO hour if the employee has 301 EIB hours to a maximum of forty (40) PTO hours if the employee has 384 EIB hours. The EIB/PTO Incentive Alternative form (HR 227). must be submitted to Payroll no later than October 31<sup>st</sup> of each year to request that no incentive payment is made and the PTO hours remain in the PTO. Under no circumstance will more than 40 hours be paid.

Allowable amounts are as follows:

EIB HOURS	PTO SELL	EIB HOURS	PTO SELL	EIB HOURS	PTO SELL	EIB HOURS	PTO SELL	EIB HOURS	PTO SELL
301	6	315	13	329	20	343	27	357	34
302	6.5	316	13.5	330	20.5	344	27.5	358	34.5
303	7	317	14	331	21	345	28	359	35
304	7.5	318	14.5	332	21.5	346	28.5	360	35.5
305	8	319	15	333	22	347	29	361	36
306	8	320	15.5	334	22.5	348	29.5	362	36.5
307	9	321	16	335	23	349	30	363	37
308	9.5	322	16.5	336	23.5	350	30.5	364	37.5
309	10	323	17	337	24	351	31	365	38
310	10.5	324	17.5	338	24.5	352	31.5	366	38.5
311	11	325	18	339	25	353	32	367	39
312	11.5	326	18.5	340	25.5	354	32.5	368	39.5
313	12	327	19	341	26	355	33	369+	40
314	12.5	328	19.5	342	26.5	356	33.5		

3. Department Heads / Executives

a. Department Heads and other executives who receive more than the one times salary life insurance benefit will have access to a short-term disability bank that will pay employee at a rate of 50% of base rate if they have an extended illness or injury which keeps them out of work for greater than 90 calendar days and employee has exhausted all PTO and EIB hours. This will not apply to employees receiving workers' comp payments. Payment may extend to a maximum of 180 calendar days. No accumulation will occur for this short-term disability bank.

b. Department Heads and executives who are eligible for an annual incentive based on Leader Evaluation Manager (LEM) scores are eligible for the short-term disability bank but are not eligible for a PTO Incentive Payment. Newly hired or promoted individuals in this category will receive an initial EIB accrual of 240 hours (30 days) and can accumulate as indicated elsewhere in this policy. Further accruals or current rollover amounts are subject to the same maximum accruals as outlined below.

4. Automatic Rollover

Any accumulation of PTO in excess of thirty (30) days as of December 31<sup>st</sup> will be automatically rolled over to the Extended Illness Bank (EIB) up to the maximum accrual of 480 hours.



D. Extended Illness Bank (EIB)

EIB can be accessed by employees after forty (40) hours of lost time due to personal illness or from the first hour of lost time if hospitalized for an overnight stay. Employees who are undergoing specific treatments (for example certain chemotherapy) that require multiple periods of time off to recover will only be required to meet the forty hour threshold once per calendar year for time off directly related to that treatment.

EIB hours accumulate from hours rolled over from PTO over thirty (30) days as of December 31<sup>st</sup> of each year and/or from accumulated sick time earned prior to December 31, 2008.

EIB hours may be accumulated to a maximum of sixty (60) days / 480 hours and will accumulate from year to year (calendar) until the maximum sixty (60) days is reached.

E. Scheduling

Requests for PTO must be made in advance utilizing the time and attendance system unless it is an emergency or illness.

PTO must be approved by the department head, with due consideration being given to the operation of the department and the employee's request.

PTO may be scheduled in hours or days.

Appointments with physicians, dentists, or any other personal business, etc., should be arranged on days off whenever possible. However, PTO may be used for these situations if requested and approved by the department head.

Department heads/supervisors must monitor PTO used and report it accordingly in the Time and Attendance system.

F. Termination of Employment

Accumulated PTO will only be paid to employees leaving in good standing. Leaving in good standing requires all of the following: resignation with appropriate notice given and worked, return of all medical center property, equipment, or possessions, payment of any owed tuition reimbursement or scholarship money, and completion of an exit interview.

An employee who terminates and has been employed for at least six (6) months may be entitled to their accumulated PTO, up to a maximum of 20 days/160hours.

Employees who meet retirement qualifications may be entitled to their accumulated PTO, up to a maximum of 30 days /240 hours. Retirement qualifications require a minimum of ten (10) years of service and have attained the age of sixty-two (62). The maximum number of hours will be reduced by the number of hours of incentive payment (III. C.) received in that calendar year.

An employee whose service terminates prior to the completion of six (6) months of employment is not eligible to receive accumulated PTO except leave which has been granted on or near the four (4) designated holidays. Amounts paid for PTO taken but not earned will be deducted from final paychecks.

Employees with more than six months of service who change their employment status to PRN are paid-out their accumulated PTO as indicated above and do not accumulate any more PTO. Employees with less than six months of service who change employment status to PRN lose all accumulated PTO. Employees changing to PRN status will lose all accumulated EIB.

Part-time employees who are budgeted and work at or below 30 hours per week will not accrue benefits but will maintain their balances until their status changes. These employees may also use their PTO to get to their budgeted level.

PTO, EIB, or unpaid time taken during the notice period does not count towards the required working notice. Employees who have been employed for less than six months will not be paid for PTO during their notice period or at termination.

No payment will be made for hours in the Extended Illness Bank (EIB) at termination.

G. Donation of Time.

In extreme cases employees may be allowed to donate their PTO to help another employee. Donations are only allowed for cases of extreme hardship and severe injury or illness.

A severe illness is one where the employee qualifies and is approved for Family Medical Leave (FMLA) whether for themselves or a qualified family member. If an employee has exhausted FMLA timeframes and are out for the same or another FMLA qualifying event they may be eligible up to donation limits. For a personal illness an employee must have used all hours in their PTO and EIB banks and will not otherwise receive a full payroll check from Archbold. For the care of a family member the employee must have used all PTO hours and will not otherwise receive a full payroll check from Archbold.

Prior use of PTO and EIB time will be evaluated to determine if the reason for lack of time is due to purely personal use or part of the illness or injury causing

the lost time. Employees are expected to bank some PTO for unexpected events and lack of such planning may cause a delay or denial of donations.

Department Heads are required to submit a request for designation of an extreme hardship for one of their employees. The final determination is made by Human Resources.

Employees wishing to donate PTO hours are required to fill out a PTO Donation form (HR 226) and submit it to Human Resources. Donations of time are purely voluntary and no other employee should pressure another employee to donate.

Individual employees may donate up to twenty-four (24) hours of PTO to another employee in cases of extreme hardship.

A cumulative maximum of 240 hours may be donated to an individual employee in any twelve (12) month period. In no case will donations exceed the amount of time off granted to the employee during the emergency situation.

PTO donations will not extend benefit eligibility for the employee. Benefit continuation will be based on FMLA eligibility and/or earned PTO and EIB only.

So that an employee does not lose certain benefit entitlements, employees who have short-term disability (STD) policies will be limited to donations equaling the shortfall of between their PTO/EIB banks and the needed to qualify for STD benefits. Once STD benefits commence then the employee may receive donations to make up shortfalls in pay which may be up to 16 hours a pay period. Should STD benefits be denied then donations up to the maximum of 240 hours will be allowed and can be paid retroactively.

IV. JOHN D. ARCHBOLD MEMORIAL HOSPITAL, INC. (INCLUDING OPERATIONS D/B/A BROOKS COUNTY HOSPITAL, GRADY GENERAL HOSPITAL, MITCHELL COUNTY HOSPITAL, GLENN-MOR NURSING HOME, MITCHELL CONVALESCENT CENTER, PELHAM PARKWAY NURSING HOME), ARCHBOLD HEALTH SERVICES, ARCHBOLD FOUNDATION, ARCHBOLD MEDICAL GROUP.

A. No changes.

**ARCHBOLD MEDICAL CENTER**  
P.O. Box 1018 \* Thomasville, GA 31799

**PTO DONATION**

**DONATION:**

I, \_\_\_\_\_, request to donate:

\_\_\_\_\_ PTO hours (maximum of 24)

to my fellow co-worker \_\_\_\_\_  
Name, Facility, and Department

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ARCHBOLD MEDICAL CENTER**  
P.O. Box 1018 \* Thomasville, GA 31799

**EIB / PTO INCENTIVE ALTERNATIVE**

**SELL BACK:**

I, \_\_\_\_\_, I have in excess of 301 hours in my Extended  
Illness Bank as of November 1<sup>st</sup> of this year and am requesting that I do not receive any PTO  
incentive payment and that my PTO hours remain in my PTO bank. This form must be  
submitted to the Payroll Department by October 31<sup>st</sup>.

(Payment of this time will happen in November if this form is not received)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

HR 227