



Policy /Procedure Document	
Manual:	N/A
Origination Date:	07/24/2003
Last Review Date:	08/22/2018
Next Review Due:	08/2023
Policy Owner:	Medical Staff
Required Approvals:	
Committee:	Medical Executive Committee
Leadership/Board:	Board of Trustees

TITLE:	Credentialing Licensed Independent Practitioners in the Event of a Disaster.
SCOPE:	This policy applies to Volunteer Licensed Independent Practitioners when the Emergency Operations Plan (EOP) has been activated.
DOCUMENT TYPE:	N/A
PURPOSE:	To establish a systematic process for granting Disaster Privileges to Volunteer Licensed Independent Practitioners.
PROCEDURE:	

Purpose:

In times of a local, state, or national disaster emergent situation, it may become necessary to grant Disaster Privileges to Volunteer Licensed Independent Practitioners. Disaster Privileges may be granted when the Emergency Operations Plan (EOP) has been activated in response to a disaster and the Hospital is unable to meet immediate patient needs. The individual granting Disaster Privileges is not required to grant Privileges to any particular individual and is expected to make such decisions on a case-by-case basis in accordance with the needs of the Hospital and its patients, and on the qualifications of the Volunteer Practitioners.

Procedure:

1. All Volunteers considered eligible to act as Licensed Independent Practitioners should be directed to the Medical Staff Office for processing of Disaster Privileges.
2. The Hospital President or Medical Staff President or their designee(s) may grant Disaster Privileges on a case-by-case basis upon presentation of a valid government-issued photo identification issued by a state, or federal-agency (e.g., a driver’s license or passport) and at least one of the following:
 - A current picture identification card from a healthcare organization that clearly identifies professional designation
 - A current license to practice in a US state or the District of Columbia
 - Primary source verification of licensure
 - Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organizations or groups,
 - Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances
 - Confirmation by a Licensed Independent Practitioner currently Privileged by the Hospital or by a Staff Member with personal knowledge of the Volunteer Practitioner’s ability to act as a Licensed Independent Practitioner during a disaster.

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3. Each Volunteer Practitioner will be required to wear a hospital badge which will include their name, credentials, and specialty, indicating that they are an “Emergency Medical Volunteer” in order to readily identify Volunteer Practitioners who have been granted Disaster Privileges.
4. Volunteer Practitioners will be paired with a current Medical Staff Privilege Holder to oversee the professional performance and practice of Volunteer Practitioners who receive Disaster Privileges. The Medical Staff Privilege Holder will collaborate with the Vice President in the care of patients. The performance of the Practitioner is to be documented on the Oversight of Volunteer Practitioner Form (See Appendix C.)
5. The Volunteer Practitioners will be required to provide a written record of patients seen during the disaster (See Appendix D.)
6. After 72 hours, the Hospital will make a decision to continue with a Volunteer Practitioner’s assigned responsibilities based on information obtained during the verification process and the observed performance; however, a Practitioner’s Privileges, granted under this disaster situation, may be terminated at any time without reason or cause. Termination of these Privileges will not give rise to a hearing or review.
7. Disaster Privileges terminate on their own, when the disaster is under control and the EOP is no longer activated, although the verification process will continue until it is completed.

Verification Process:

The following steps for credentialing Volunteer Licensed Independent Practitioners will be taken; all other volunteer personnel will be credentialed and granted privileges in accordance with the current Human Resources policy.

1. Complete the Credential Verification Log for Volunteer Medical Care Providers (Appendix A) with the following information:
 - The Volunteer Practitioner must present identification as listed above and a copy should be made for our records.
 - The Volunteer Practitioner shall complete the Temporary Disaster Privilege Request Form (Appendix B).
 - The Volunteer Practitioner shall be given a Hospital ID Badge indicating that they are an “Emergency Medical Volunteer.”
2. The Volunteer Practitioner will be paired with a current Medical Staff Privilege Holder who will be given the Oversight of Volunteer Practitioner form (Appendix C) to complete.
3. The Volunteer Practitioner will be given a form (Appendix D) on which to record the patients seen during the disaster.
4. Primary source verification of licensure occurs as soon as the immediate emergency situation is under control or within 72 hours from the time the Volunteer Practitioner presents to the organization, whichever comes first. A query of the NPDB and OIG will be conducted and a record of this information will be attached to the application and retained in the Medical Staff Office. If, due to extraordinary circumstances, primary source verification of a Volunteer Practitioner’s licensure cannot be completed within 72 hours of the Practitioner’s arrival (e.g., lack of resources or no means of communication), it is performed as soon as possible. Under these circumstances, there must be documentation of the following:

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- Reason(s) why primary source verification could not be performed within 72 hours of the Practitioner's arrival.
- Evidence of a demonstrated ability to continue to provide adequate care, treatment, and services.
- Evidence of the Hospital's attempt to perform primary source verification as soon as possible.
- Primary source verification of licensure would not be required if the Volunteer Practitioner has not provided care, treatment, or services under the Disaster Privileges.

Attachments:

Credential Verification Log Volunteer Medical Care Providers (Appendix A)

Temporary Disaster Privileges Request Form (Appendix B)

Oversight of Volunteer Practitioner / Your Role in Emergency Response (Appendix C)

Record of Patients Seen by Volunteer Practitioner During Disaster (Appendix D)

Reviewed Date:	Reviewed/Revised By	Summary of Changes:
07/24/2003		Original Document
04/06/2015	Michael Blakesley, MD	Capitalization
04/2018	Michael Blakesley, MD	Minor edits

TEMPORARY DISASTER PRIVILEGES REQUEST FORM

During a disaster situation, any individual who has been granted Clinical Privileges is authorized and will be assisted to do everything possible to save a patient's life or to save a patient from serious harm, to the degree permitted by the Privilege Holder's license but regardless of Department affiliation, Staff category or Privileges. The purpose of this form is to ensure that the individual requesting Disaster Privileges is qualified and licensed to provide care.

Last Name		First Name		Middle Initial	Credentials
DOB	SSN	Birthplace		Specialty/Subspecialty	
Home Address		City/State/Zip		License #	State of Licensure
				Exp Date:	
Medical/Professional School		City/State		Year of Graduation	
Primary Office Address		City/State/Zip		Office Phone #	
Current Primary Hospital Affiliation		City/State		Staff Category	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any current restrictions/limitations against your medical license or your DEA certificate?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any current restrictions to your privileges at the primary hospital affiliation listed above?			

I certify that I am trained and experienced in the Privileges requested, hold a current unrestricted license to practice medicine and a current DEA permit, and that the information above is true and correct. I release from any liability all representatives of Memorial Hospital and its Medical Staff for their acts performed in good faith in evaluating my competence, ethics, character, and other qualifications, including otherwise privileged or confidential information and specifically authorize Memorial Hospital to consult with a third party who may have information bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter reasonably having a bearing on my satisfaction of the criteria for temporary Disaster Privileges.

I hereby volunteer my medical services to Memorial Hospital during this disaster and agree to abide by all Hospital Policies and Medical Staff Bylaws, Policies and Rules and Regulations.

I also acknowledge that my Privileges at this hospital may be terminated at any time and shall immediately terminate once the disaster has ended, as notified by the Hospital.

Practitioner's Signature: _____ **Date:** _____

TEMPORARY DISASTER PRIVILEGES REQUEST FORM

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FOR HOSPITAL USE ONLY:

Date: _____ **Time:** _____

Provide Hospital ID Badge:

As soon as possible, the following will be verified / queried by Medical Staff Office personnel:

- License/sanctions through the Health Professions Bureau
- NPDB
- OIG

Key Identification Presented: (Whenever possible, copy each ID presented and attach to this form)

Required:

- Valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport)

Copy of at least one of the following:

- Current hospital photo ID (Hospital: _____)
- Current license to practice
- DMAT, MRC, ESAR-VHP Identification
- ID from state, federal or municipal entity granting authority to administer patient care in a disaster: _____
- Personal knowledge of volunteer by current Medical Staff Member or Privilege Holder:
Name: _____

Verifications:

- Current licensure verified and copied
- NPDB Queried
- OIG

Verification completed by: _____ Date: _____

The information as provided by the Practitioner has been reviewed and verified, as possible. On this basis, this Practitioner is hereby granted Disaster Privileges to treat patients presenting to Memorial Hospital during the disaster.

Signature of CEO, Medical Staff President, or their designee **Date:** _____

Give to Medical Staff Members Providing Oversight of Volunteer Practitioners

MEMORIAL HOSPITAL MEDICAL STAFF Your Role in Emergency Response

WHERE TO REPORT:

When Memorial Hospital's Emergency Operations Plan is activated, Practitioners will be asked to report to the Medical Staff Office which has been designated as the Medical Staff Pool area. The Labor Pool location may vary depending upon the type of disaster. Contact the Emergency Incident Command Center for approximate location.

Should a general call to the Hospital be issued for Practitioners, it will be issued over local television/radio stations; WSBT and WNDU, assuming they are operational. Emergency communication with Practitioners will primarily be accomplished using Memorial's Emergency Communication System.

Upon arrival at the Labor Pool, give the Labor Pool Leader your name, credentials (e.g. MD/DO), and specialty and await assignments.

IDENTIFICATION:

Practitioners entering the Hospital during an Emergency Incident will be required to provide a Memorial Hospital Photo ID or Driver's License. Physicians without Photo IDs will be required to report to the Medical Staff Office for verification of ID and emergency credentialing. Practitioners working during the Emergency Incident will be required to wear their Hospital ID Badge or an Emergency Incident Temporary Badge.

VOLUNTEER PRACTITIONERS:

Volunteer Practitioners who are granted Disaster Privileges are assigned to a current Medical Staff Privilege Holder who must supervise the Volunteer.

The performance of the Volunteer Practitioner is documented on the *Oversight of Volunteer Practitioner Form*. If a Volunteer Practitioner is assigned to you, you will be asked to provide a brief summary of your observations of the Volunteer's patient care within the first 72 hours of the Volunteer's arrival. If at any time you have concerns or questions about a Practitioner assigned to you, contact the Medical Staff President, the Vice President of Medical Affairs, or their designee.

Volunteer Practitioners will be identified by a name tag with the word "EMERGENCY MEDICAL VOLUNTEER" and the Volunteer's name, credentials, and specialty.

