



TITLE: Disaster Privileges for Licensed Independent Practitioners	SEARCH WORD: disaster, emergency, privilege, practitioner
DEPARTMENT: Medical Staff, All departments	
VP APPROVAL: Jason Smith, MD, CMO	DIRECTOR/MANAGER APPROVAL: Terri Sartain
EFFECTIVE DATE: 12/17/2007	REVIEWED DATE(no changes): 12/30/2014, 11/10/2015, 12/21/2018, 12/21/2021
LAST REVISED DATE: 08/12/2014	REVISION HISTORY: 01/10/2012, 08/12/2014

PURPOSE:

When the emergency management plan for St. Mary's Health Care System has been activated, the hospital may be unable to handle the immediate and emergent patient needs. At that time, it may become necessary to grant temporary privileges to volunteer physicians who are licensed as Licensed Independent Physicians (LIP) to help care for an unusually high number of critically ill patients.

POLICY STATEMENT:

During disaster(s) in which the emergency management plan has been activated in conjunction with Article 4.D. Disaster Privileges in the Medical Staff Credentials Policy, the Chief Executive Officer, Chief Medical Officer, President of the Medical Staff, or their designee(s) may, if the hospital is unable to handle immediate and emergent patient needs, grant disaster privileges to individuals deemed qualified and competent, for the duration of the disaster situation. Granting of these privileges will be handled on a case by case basis and are not a “right” of the requesting provider.

If the Chief Medical Officer or President of the Medical Staff is unable to fulfill these duties, or to name a designee, the responsibility will pass to the President-Elect of the Medical Staff, or the Immediate Past-President of the Medical Staff.

PROCEDURE:

1. Hospital Administration will inform the Medical Staff Office that the emergency management plan has been activated and that disaster privileging will be permitted.
2. A Disaster Privileging Form will be given to any physician wishing to request these privileges. The form must be completed, signed by the requesting physician, and returned to the Medical Staff Office prior to verification and approval of disaster privileges. The form must be accompanied by a current government-issued photo ID and at least one key identification document such as:

- Current hospital picture ID card that clearly identifies the individual's professional designation
 - Current medical license or primary source verification of licensure
 - An ID that certifies the physician is a member of a state or federal disaster medical assistance team (DMAT), or medical reserve corps (MRC), Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal organizations or groups
 - An ID that certifies the physician has been granted authority by a federal, state or municipal entity to administer patient care in emergencies
 - Identification by a current hospital or medical staff member who possesses personal knowledge regarding the volunteer's ability to act as a licensed independent practitioner during a disaster.
3. The Medical Staff Office will verify, as much as possible in the disaster situation, the medical license of the physician as soon as the immediate situation is under control but in any event within seventy-two hours. Other primary source verifications including Medicare sanction information, query NPDB and their primary hospital affiliation will be done as soon as possible. In the event primary source verification cannot be completed within seventy-two hours, there must be documentation of (a) the reason primary source verification could not be performed in the required time frame; (b) evidence of the volunteer's demonstrated ability to continue to provide adequate care and (c) an attempt to obtain primary source verification as soon as possible. If a volunteer has not provided care, then primary source verification is not required (Credentials Policy Article 4.D.)
 4. The Disaster Privileges Request Form and any supporting documents will be forwarded to the Chief Executive Officer, Chief Medical Officer, President of the Medical Staff, or designee for final approval.
 5. Once approved, the physician will be notified via telephone, e-mail or in person that he/she may begin working. A temporary ID (to include a photo if possible) will be provided to the physician along with information regarding dictation, access, computer systems, etc., as is available. The physician may begin working prior to all verifications being done only if directed by the Chief Medical Officer, President of the Medical Staff or designee.
 6. A member of the medical staff oversees the professional practice, care, treatment and services provided by the volunteer LIP through direct observation, mentoring, and clinical record review.
 7. A list of physicians who have been granted disaster privileges will be sent to the following departments and will be maintained in the Medical Staff Office in order to readily identify volunteer practitioners:
 - Emergency Department
 - Radiology
 - Pharmacy
 - Clinical Laboratory
 - Health Information Management
 - Appropriate Department Chiefs
 - Patient Access Services
 - Hospital Administration
 - Surgical Services

8. As soon as possible after the initial implementation of the emergency management plan but in any event within seventy-two hours, the Medical Staff Office will verify additional information on all physicians who have requested disaster privileges such as:

- Primary source verification of medical license
- Education
- Training
- Current competence (primary hospital affiliation and/or peer referenced)
- DEA certification
- Medicare/ Medicaid Sanctions
- National Practitioner Data Bank query (if not done initially)

In the event primary source verification cannot be completed within seventy-two hours, there must be documentation of (a) the reason primary source verification could not be performed in the required time frame; (b) evidence of the volunteer's demonstrated ability to continue to provide adequate care and (c) an attempt to obtain primary source verification as soon as possible. If a volunteer has not provided care, then primary source verification is not required (Credentials Policy Article 4.D.)

9. If any adverse information is uncovered during this verification process, such will be brought to the attention of the appropriate Department Chief as well as the Chief Medical Officer, Chief Executive Officer and the President of the Medical Staff. A determination will be made at that time whether or not to immediately terminate the disaster privileges for that physician. If disaster privileges are terminated, a notification will be sent to the distribution list stated in number 7.

10. When the Hospital has deemed that the emergency management plan is no longer needed, all disaster privileges will immediately terminate.

DISASTER PRIVILEGES REQUEST FORM

Name and Degree:		Specialty:
Other names by which you have been known? Last: _____ First: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #:	Birth Date	Foreign Languages Spoken:
Primary E-mail Address		Pager # or Cell Phone #
ECFMG # (If foreign medical graduate):	Valid Until (Date):	Date Issued:
Practitioner Type: <input type="checkbox"/> Physician <input type="checkbox"/> Podiatrist <input type="checkbox"/> Dentist <input type="checkbox"/> Psychologist		Department:

Office Name:			
Office Address: :	City:	State:	Zip:
Office Telephone Number:		Office Fax Number:	

Primary Hospital Name:			
Primary Hospital Address: :	City:	State:	Zip:
Primary Hospital Telephone Number:		Primary Hospital Fax Number:	

GA Medical License #:	Expiration Date:
Out of State Medical License #: (Include name of State)	Expiration Date:
DEA License #:	Expiration Date:

I certify that I hold current, unrestricted license(s) as stated above and that I have the training, knowledge, and experience to practice in my specialty. I hereby volunteer my medical services to St. Mary's Health Care System during this emergent situation and agree to practice as directed and under the supervision of a member of the medical staff. I agree to wear my ID badge issued by the Hospital at all times when functioning under these temporary disaster privileges to enable staff and patients to readily identify my status. I understand that I am bound by the hospital's Medical Staff Bylaws, Rules and Regulations, Policies, *Ethical and Religious Directives for Catholic Healthcare Services*, and Code of Conduct. **I also acknowledge that my emergency privileges at this facility will immediately terminate when the emergent situation no longer exists, as determined by the hospital.**

Signature of Provider

Date

The information provided by the above provider has been reviewed and will be verified as soon as possible – medical licensure within 72 hours, by the Medical Staff Office. On this basis, this provider is hereby granted temporary disaster privileges to treat patients presenting at the Hospital during this emergency/disaster.

Signature of Medical Staff President, CMO, or Designee

Date

Verification Log – For Hospital Use Only

- All forms appropriately completed and signed

- Current licensure verified – no restrictions
Date verified _____ Via _____ Initials _____

- Primary Hospital verified – no restrictions
Date verified _____ Via _____ Initials _____

- NPDB queried
Date queried _____ Report received _____ Initials _____

- Practitioner assigned ID badge

- Practitioner assigned to Medical Staff Member:
Name _____

- Date of Approval _____