Medical Staff Services

Credentialing Volunteer Licensed Independent Practitioners in the Event of a Disaster  

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<td>Manager, Medical Staff Services</td>
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Policy 

Any volunteer Licensed Independent Practitioner not currently privileged by the Medical Staff wishing to provide patient care services in a disaster must be granted temporary privileges pursuant to the Medical Staff Bylaws, or be granted temporary disaster privileges pursuant to this policy.

The individuals authorized to grant temporary disaster privileges are not required to grant temporary disaster privileges to any volunteer practitioner and are expected to make such decisions on a case-by-case basis in accordance with the needs of the organization and its patients, and on the qualifications of its volunteer practitioners. Temporary disaster privileges shall be granted to an appropriately qualified practitioner based upon the needs of the Hospital to augment staffing due to the disaster situation.

Purpose 

Volunteer Licensed Independent Practitioners who are not members of the Medical Staff of the SM-UCLA Medical Center and who do not already possess clinical privileges at the Hospital may be granted temporary or emergency privileges during a disaster. A disaster is defined as any occurrence that inflicts destruction, harm or distress, and that creates healthcare demands that exceed the capabilities of the Hospital and/or the Medical Staff to meet immediate patient needs. Such occurrence may be due to a natural disaster or a man-made disaster, and may be an officially declared emergency, whether it is local, state or national. The Hospital emergency management plan must be activated for this policy to become effective.

Procedures 

The Chief Administrative Officer of the Hospital or the Chief of the Medical Staff or their designees may grant temporary disaster privileges upon presentation of any of the following:
1. Valid Government-issued photo identification issued by a state or federal agency and a valid, current professional license to practice in the State of California, or if the practitioner has been deployed by the Federal government (e.g., expert physician from the CDC or other government agency, or a physician member of a Disaster Medical Assistance Team or MRC, ESAR-VHP or other recognized state or federal organizations or groups), a valid professional license to practice in the practitioner’s home state; or

2. Current hospital-issued photo identification that clearly identifies professional designation; or

3. 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.

The Medical Staff Services Department will utilize the “Temporary Disaster Privileges Application and Approval Form” when gathering the required documentation and verifying the information (MS Policy 111A).

Additional requirements for granting temporary disaster privileges:
   1. Approvals shall be documented in writing.
   2. The practitioner shall be issued appropriate Hospital security identification.
   3. The practitioner shall be assigned to a Medical Staff member, in the same specialty if possible, with whom to collaborate in the care of disaster victims.
   4. As soon as reasonably possible, the appropriate service chief shall be given all information available regarding those practitioners who have been granted temporary disaster privileges in his/her service.
   5. Care provided under temporary disaster privileges by the practitioner, to the extent possible, shall be under the supervision of the appropriate department chair.
   6. Federally deployed practitioners shall be limited in their privileges to the scope of their Federal employment.
   7. Photocopies of the above-listed documents should be made and retained.
   8. Primary source verification of licensure by the Medical Staff Services Department begins as soon as the immediate situation is under control and is completed within 72 hours from the time the volunteer practitioner presented to the hospital.
If primary source verification cannot be completed within 72 hours of the practitioner’s arrival due to extraordinary circumstances, the Medical Staff Office will document all of the following:

(a) The reason verification could not be performed within 72 hours of the practitioner’s arrival;
(b) Evidence of the licensed independent practitioner’s demonstrated ability to continue to provide adequate care, treatment, and services; and
(c) Evidence of an attempt to perform primary source verification as soon as possible.

The following additional information shall be obtained and verified as soon as is reasonably possible:

1. Drug Enforcement Agency registration;
2. Certificate of malpractice insurance, except for practitioners deployed by the Federal government who are covered by the Federal Tort Claims Act;
3. List of hospital affiliations where the practitioner holds active staff privileges, or evidence of government agency employment (e.g., CDC identification badge); and

The Chief Administrative Officer or the Chief of the Medical Staff or their designees will make a decision (based on the information obtained regarding the professional practice of the volunteer) within 72 hours to determine whether the temporary disaster privileges should be continued.

Termination of temporary disaster privileges shall occur:

1. In the event that verification of information results in negative or adverse information about the qualifications of the practitioner;
2. When the emergency situation no longer exists, or when Medical Staff members can adequately provide care; or
3. When temporary disaster privileges are otherwise removed by the individual(s) authorized to grant temporary disaster privileges.
APPROVAL:
Executive Medical Board: 10/23/01
Governing Body: 10/23/01

REVIEW HISTORY
2008
2010
2014