

Appendix "F"

DISASTER CREDENTIALING PROCESS

**Emergency Management Plan Activated and** hospital unable to meet immediate patient needs

CEO or Medical Staff President (or designee) may grant disaster privileges to volunteer licensed independent practitioners and volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification or registration (both referred hereinafter as "Volunteer Practitioners").

Valid go	A current picture idential A current license to pro- Identification indicating (MRC), the Emergency federal response organidentification indicating circumstance as given Confirmation by a licer	entification (ie. driver's license or passport)- <u>and</u> at least one of the following: cation card from a health care organization that clearly identifies professional designation ctice Primary source verification of licensure that the Individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Cor System for Advance Registration of Volunteer health Professionals (ESAR-VHP), or other recognized station or group that the individual has been granted authority to render patient care, treatment, and services in disaster by federal state or municipal entity ed independent practitioner currently privileged by the hospital or by a staff member with personal knowlengs ability to act as a licensed independent practitioner during a disaster.	ite or
		Volunteer Practitioner granted disaster privileges works with a physician on FFTH Medical Staff for provision of care for at least one patient	
		Volunteer Practitioners_granted disaster privileges are under the direction of the VP of Medical Services / the Medical Staff Director in the Incident Command System	
	•		
	·	Manual log in Credentials Office identifies Volunteer Practitioners who are granted temporary disaster privileges and arrival time of Volunteer Practitioners are tracked	·
	,		
•		VP of Medical Services/Medical Staff Director in the Incident Command System will determine within 72 hours of the Volunteer Practitioner's arrival if granted disaster privileges should continue	
		Primary source verification of licensure of Volunteer Practitioners will be done by Medical Staff Credentials Coordinator or designee as soon as the disaster is under control or within 72 hours from the time the Volunteer Practitioner presented to the hospital, whichever is first.	
٠		If due to extraordinary circumstances, primary source verification of a Volunteer Practitioner's license cannot be completed within 72 hours of the Volunteer Practitioner's arrival, it will be performed as soon as possible. In the meantime, the Medical Staff Credentials Coordinator or designee will document the following:  Reason(s) it could not be performed within 72 hours of volunteer's arrival;  Evidence of the Volunteer Practitioner's demonstrated ability to continue to provide	

adequate care, treatment and services; and Evidence of the hospital's attempt to perform

primary source verification as soon as

possible.

# **Thempson**health

Procedure # & Title:

LS.05.002.21 Disaster Credentialing Procedure

Policy # & Title:

LS.05.002 Emergency Preparedness

**Effective Date:** 

11/16/2012

### **Purpose:**

Disaster privileges will enable the hospital to handle immediate patient care needs in the event the Emergency Management Plan has been activated and the hospital is otherwise unable to cover the needs of the community. These requirements are for volunteer licensed independent practitioners and volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification or registration (both licensed independent practitioner and licensed non-independent practitioner hereinafter referred to as "volunteer medical staff providers").

#### **Procedure:**

During disaster(s) in which the emergency management plan has been activated, the CEO or medical staff president or their designee(s) have the option to grant disaster privileges to volunteer medical staff providers.

#### Responsibilities of CEO, President of the Medical Staff or their designee(s):

- CEO or Medical Staff President or their designee(s) may grant disaster privileges upon presentation of:
  - 1) A valid government-issued photo identification of volunteer medical staff provider (ie. driver's license or passport) **AND**
  - 2) At least one of the following:
    - A current picture identification card of volunteer medical staff provider from a health care organization that clearly identifies professional designation;
    - Volunteer medical provider's current license to practice;
    - Primary source verification of volunteer medical provider's licensure;
    - Identification indicating that the volunteer medical provider 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 organization or group;
    - Identification indicating that the volunteer medical provider has been granted authority to render patient care, treatment, and services in disaster circumstance as given by federal state or municipal entity; and/or
    - Confirmation by a licensed independent practitioner currently privileged by F.F. Thompson Hospital or by a Thompson Health Associate with personal knowledge of the volunteer medical provider's ability to act as a licensed independent practitioner during a disaster and/or a supervised practitioner (ie. physician assistant; C.R.N.A.).

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**Effective Date:** 11/16/2012

• The CEO, President of the Medical Staff or their designee(s) is not required to grant privileges to any individual and is expected to make such decisions on a case by case basis at his/her discretion

#### Management of volunteer medical staff providers given disaster privileges:

- The patient tracking form/chart will include the name of the volunteer medical staff provider required by law and regulation to have a license, certification or registration providing treatment.
- If feasible, volunteer medical staff provider(s) who are independent licensed practitioner(s) who are granted disaster privileges will work with a physician on F.F. Thompson Hospital Medical Staff for provision of care for at least one patient.
- Volunteer medical staff provider(s) who are not licensed independent practitioner(s), but who are required by law and regulation to have a license, certification or registration who are granted disaster privileges will be assigned a physician on F.F. Thompson Hospital Medical Staff as his/her supervising physician. The supervising physician will directly observe volunteer medical provider's provision of care for at least one patient and will continue to oversee performance of volunteer by being available to mentor the volunteer as needed and review medical records of care provided by volunteer.
- Volunteer medical staff provider(s) granted disaster privileges are under the direction of the VP of Medical Services/the Medical Staff Director in the Incident Command System.

#### System to readily identify volunteers who are given disaster privileges:

• A manual log identifying volunteer medical staff provider(s) who are granted disaster privileges will be maintained in the Credentials Office (see supporting instruction LS.05.002.21.01.)

# Verification is a high priority as soon as the immediate situation is under control:

- Primary source verification of licensure of volunteer medical staff provider(s) will be done by the Medical Staff Credentials Coordinator or designee as soon as the disaster is under control or within 72 hours from the time the volunteer medical staff provider(s) present to the hospital, whichever is first.
- If due to extraordinary circumstances, primary source verification of a volunteer medical staff provider's license cannot be completed within 72 hours of the volunteer's arrival, it will be performed as soon as possible. In the meantime, the Medical Staff Credentials Coordinator or designee will document the following:
  - Reason(s) it could not be performed within 72 hours of volunteer's arrival;
  - o Evidence of the volunteer's demonstrated ability to continue to provide adequate care, treatment and services; and

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o Evidence of the hospital's attempt to perform primary source verification as soon as possible.

Duration of temporary appointment given to a volunteer medical staff provider as part of the "disaster privileging" will be granted for the timeframe of the immediate situation

- VP of Medical Services/Medical Staff Director in the Incident Command System will determine within 72 hours of the volunteer medical staff provider's arrival if granted disaster privileges should continue.
- The temporary disaster appointment expires immediately once the Emergency Management Plan is no longer in effect.

# **Supporting Instruction:**

LS.05.002.21.01 Disaster Credentials Log

#### **References:**

**Committee Review:** 

Medical Staff Executive Committee

Joint Commission:

EM.02.02.13 and EM.02.02.15

NYSDOH:

N/A

Other References:

N/A

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Author:

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Policy's Dept.:

03.900 - Administration

Supersedes:

LS.05.002.21

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Department List:

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Administrator)



Supporting Instruction # & Title: LS.05.002.21.01 Disaster Credentials Log

Procedure # & Title:

LS.05.002.21 Disaster Credentialing Procedure

**Effective Date:** 

11/16/2012

# DISASTER CREDENTIALS LOG FOR **VOLUNTEER MEDICAL STAFF PROVIDERS**

Volunteer's Name					Degree:		DOB:		
Medical License Info: #					State:	Ex	p Date:		
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		Passport (State: _		; License #	e #	; Exp	Date:		
		Other, specify:					·		
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					of the volunteer's a				
		practitioner durin	ng a disas	ter and/or supervi	sed practitioner (ie	e. physician	ı assistant; C	CRNA).	
Physic	ian	presented for vo	lunteer v	vork: Date/Tim	e:	· · · · · · · · · · · · · · · · · · ·	<del></del>		
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