Apply the Right Clinical Privileges for Disasters & Emergencies

symplr

symplr.com

In the midst of disasters or emergencies, your healthcare organization's leaders look to the Medical Staff Services function for recommendations and guidance on credentialing and privileging. Whether or not your organization has triggered its Emergency Operation Plan (EOP), it's imperative for medical staff service professionals (MSPs) to take the lead. Are you prepared to ensure the provision of safe patient care despite the potential chaos of any situation?

Disaster or emergency management privileges come into play when your organization or facility is unable to handle the immediate needs of patients or the community. The urgent situation could be triggered by any number of catastrophic events including those related to weather, widespread illness or pandemics, or human-related tragedies such as mass casualties. The common denominator in all of them is that your medical staff's call for aid may be answered by practitioners who have no clinical history with your organization, yet their help will be needed quickly.

Disaster volunteer practitioners who may require temporary privileges to treat patients include physicians, psychiatrists, dentists, and advanced practice professionals (APPs) such as clinical psychologists, physician assistants, and advanced practice registered nurses. But disaster planning extends beyond processing and management of individual practitioners and includes addressing key questions for hospitals concerning their collaborative emergency management efforts.

Know your disaster regulations, bylaws, and policy

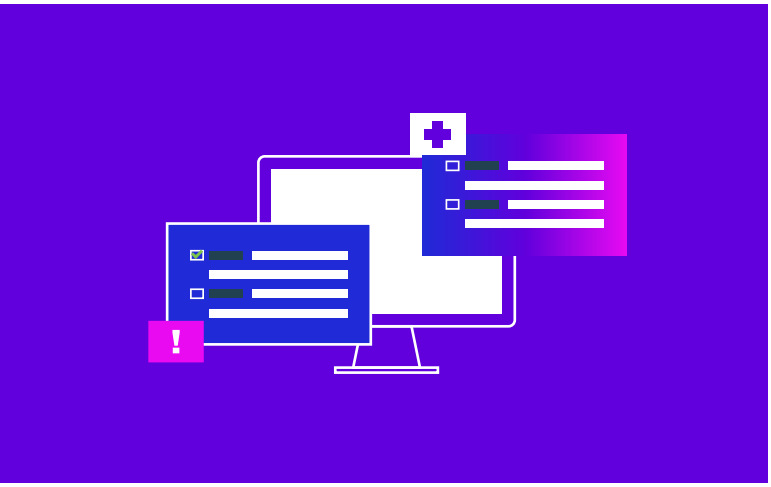
The Joint Commission, Centers for Medicare & Medicaid Services (CMS), and the Healthcare Facilities Accreditation Program (HFAP) have specific and lengthy guidance for disaster or emergency management plan privileges. Meanwhile, the National Committee for Quality Assurance, Det Norske Veritas (DNV), URAC (formerly "Utilization Review Accreditation Commission"), and Accreditation Association for Ambulatory Healthcare (AAAHC) either do not address them specifically or state that the healthcare organization's bylaws or policies should address the process for approving practitioners for care of patients in the event of an emergency or disaster.

Educating and training committee members, clinicians, and support staff about the proper provision of clinical privileges in emergency situations is no longer optional. Proactively incorporating disaster and emergency management planning into their initial training and onboarding helps them fulfill their roles and eliminates the need for this time wasting step once a disaster is underway. But first, ensure that your team understands and can communicate clearly what your accreditor's guidelines are, and what type of privileges will come into play for various contingencies.

Identify the differences between privilege types

Depending on your organization's medical staff bylaws and policies and procedures, the definition of disaster privileges may vary. For many, disaster privileges are not the same as emergency or temporary privileges, although all refer to privileges in effect for an abbreviated period of time and/or that are granted on an accelerated timeline.

Disaster privileges: Granted to qualified practitioners who don't hold privileges at an organization or site where they will volunteer services after the hospital has activated its emergency operations plan and when it needs additional clinicians to meet immediate patient or community needs. Typically, a major crisis creates a situation that overwhelms the organization's internal capabilities to provide its typical breadth of care. Individuals granted disaster privileges must be eligible based on the criteria as outlined in the medical staff bylaws or policies and procedures. Those documents must indicate which individual(s) or committee(s) may grant disaster privileges, under what circumstances, what the process is for granting and monitoring disaster privileges, and when the privileges expire. Disaster privileges are temporary, but they allow privileged practitioners to care for patients for as long as needed during the course of the event.



CMS and NCQA regulations don't contain language on disaster privileging, while DNV and HFAP use the same language for disaster and emergency privileges. The Joint Commission guides on disaster privileges and has a list of specific requirements that must be met to grant such privileges to a licensed independent practitioner.

Emergency Privileges

Clinical privileges that extend beyond those currently held by a member of the medical staff so that they may provide care, treatment, or services to a patient as a life-saving action or to prevent serious harm—as long as the care, treatment, and services are within the scope of the practitioner's license. As soon as the emergency has abated, the patient's care turns over to a provider with appropriate privileges (or care stays with that provider if the ongoing care needed falls within their scope of privileges). As with disaster privileges, criteria must be outlined in the medical staff bylaws or policies and procedures

Temporary Privileges

In general, temporary privileges may be granted in two circumstances: to fulfill an important patient care need, and for initial applicants or initial privileges with a complete application that raises no concerns. The CMS is silent on the granting of temporary privileges but widely interpreted to guide that there should be no abbreviation for the privileging process and organizations must follow their bylaws or policies and procedures when obtaining governing body approval for temporary privileges

Consider using telemedicine during disasters

While most care and services during disasters or emergencies must be delivered in person, consider the use of telemedicine where it may be beneficial. Ensure that your policy for use of telemedicine adheres to accreditation and state regulations on:

Cross-state licensing.
One key source for credentialers on the state licensing front is the Interstate Medical Licensure Compact.

Prescribing medications via telehealth.

What constitutes the establishment of a patient-physician relationship. All 50 states allow the provider-patient relationship to be formed via telehealth technology, but the type of technology used varies by state.

Whether the state requires written patient informed consent. CMS doesn't require it, but state guidelines vary.

Monitor for care quality

It's difficult enough to keep up with primary source verification when disaster or emergency privileges are used, but patient safety must not take a back seat. As a result, your organization's policy should consider options for monitoring the care provided by any volunteer clinician exercising disaster privileges.

For example, consider designating a current medical staff member with active privileges—if possible in the same specialty as the volunteer—to initially oversee the activities of the practitioner. Initial clinical activities may include assisting with triage and stabilization of patients. Or, it could include only treatments and services for which the practitioner already holds privileges at another institution.

Monitoring can take the form of direct observation, time-limited mentoring, and/or review of their clinical records, in accordance with any focused or ongoing professional practice evaluation (FPPE or OPPE) policies in existence at the host organization.

Don't neglect documentation and technology

In the midst of rapid privilege delineation during disasters or emergencies, it may be necessary to temporarily fall back to hardcopy applications, especially when hours and minutes count or there are power outages. However, there are numerous reasons to use the technology you have at hand as soon as possible to ensure patient safety:

- You're managing provider data for multiple facilities and entities where the credentialing and verification rules may vary
- Expediting the process of primary source verification requires that you leverage advanced tools such as online applications and web crawlers
- You need to quickly contact providers to gather missing information or documents
- You need to assign, and later follow-up with, designated physician monitors of volunteer practitioners
- Your hospital has a reciprocal "practitioner-sharing" arrangement with another hospital or healthcare facility during a disaster or emergency
- It's no longer just forward-thinking healthcare organizations that produce clear, concise plans to deploy their already existing policies disasters or emergencies. From the way you'll source volunteer practitioners to the way you'll identify them onsite and track the care they deliver, MSPs must be ready to adapt and lead.

Access sample bylaws language and application form

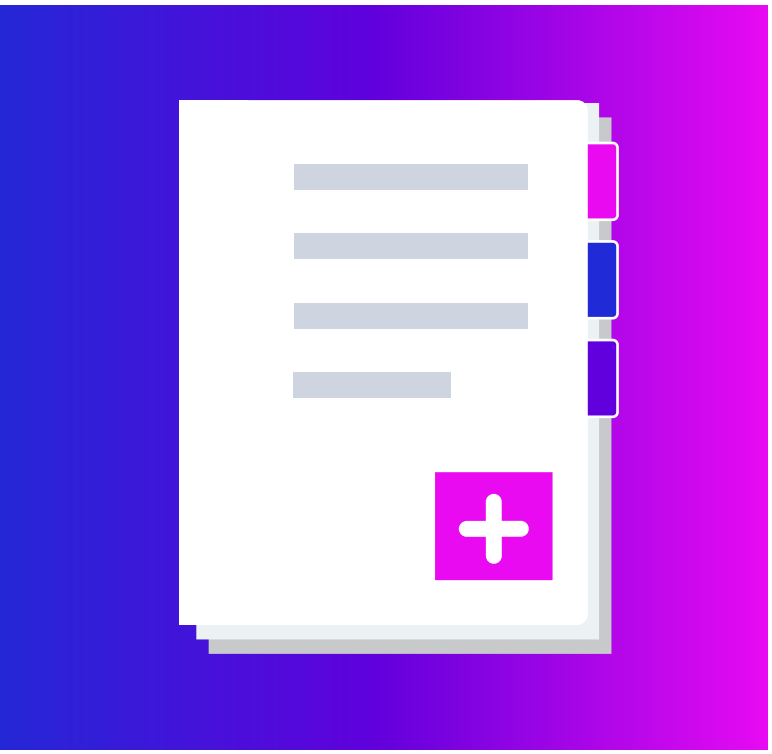
Use the following as resources to supplement your organization's bylaws, policies, or procedures documents.

Sample Hospital Disaster Privileges Policy and Procedure

POLICY STATEMENT

Emergency privileges may be granted to healthcare professionals who volunteer their services when the hospital has activated its Emergency Operations Plan and requires additional health personnel to meet immediate patient needs and/or needs of the community.

During a disaster in which the Emergency Operations Plan has been activated, the Medical Director or designee has the option to grant, deny, suspend, modify, restrict, or terminate emergency privileges. The Medical Director or designee is not required to grant privileges to any individual, and is expected to make such decisions on a case-by-case basis at her/his discretion.



PROCEDURE

Initial Authorization

The Medical Director or designee may grant emergency privileges upon presentation of a valid government-issued photo ID any one of the following:

- A current picture ID card from a healthcare organization that clearly identifies the volunteer's professional designation
- A current professional license to practice
- Primary source verification of licensure
- ID 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 hospital or group
- ID 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 (LIP) currently privileged by the hospital or a staff member with personal knowledge of the volunteer practitioner's ability to act as LIP during a disaster

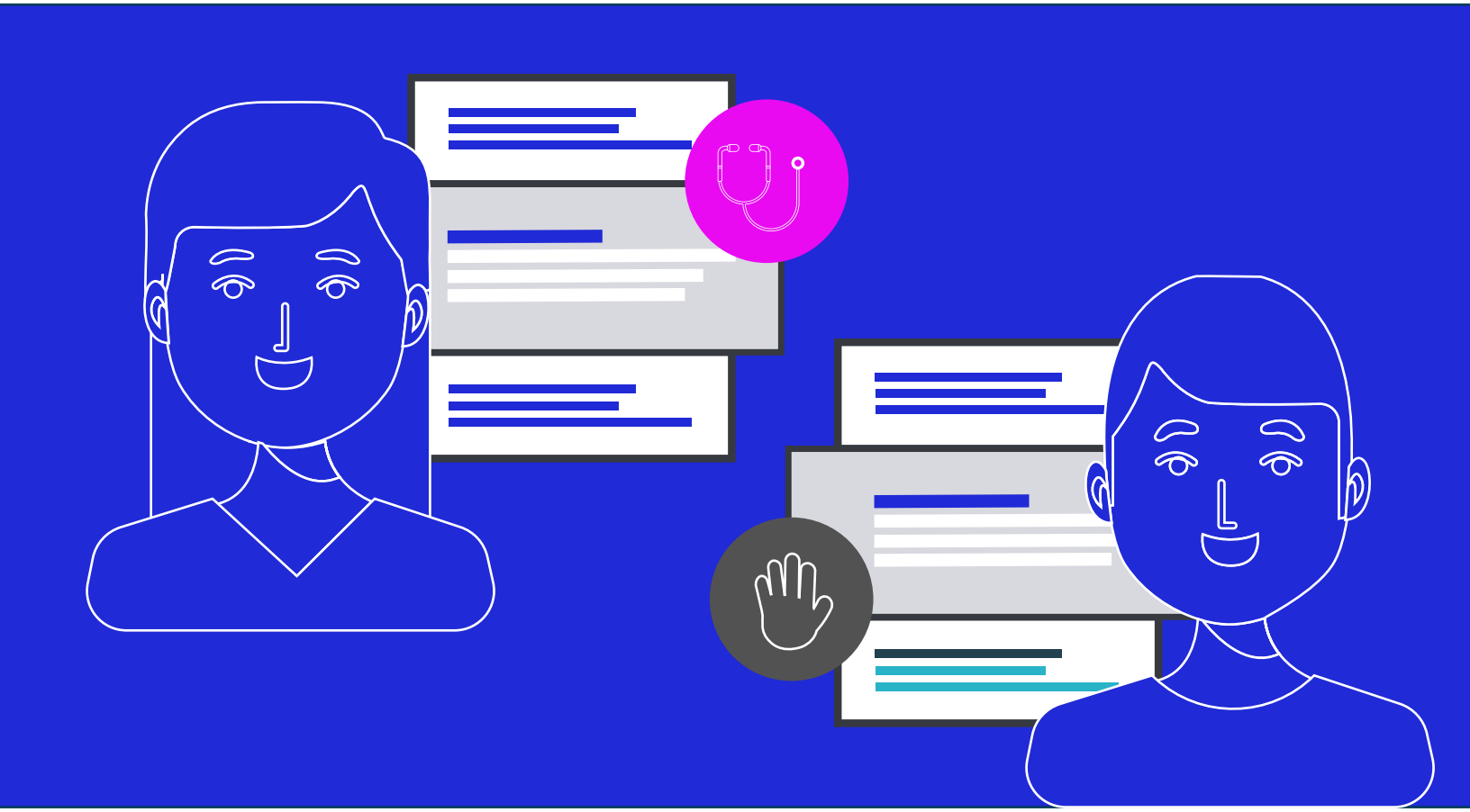
Scope of Clinical Activities and Monitoring

The practitioner will be assigned to provide services appropriate to her or his specialty. A current medical staff member will be designated to initially oversee the activities of the practitioner. Initial clinical activities may include assisting with initial triaging and stabilizing of patients and/or clinical activities for which they already hold privileges at another institution. The professional performance of the volunteer practitioner granted disaster privileges will be monitored by either direct observation, mentoring and/or clinical record review.

Identification

Practitioners granted privileges during a disaster will be given special identification so they will be easily recognized as an unaffiliated volunteer who is authorized to participate in response operations. An ID number will be assigned.

Messages identifying the names and clinical specialty of volunteer practitioners will be distributed to appropriate parties throughout the response organization.



Credentials Verification

Verification of the credentials and privileges of individuals who receive emergency privileges will be given high priority. The timing for verification of credentials will be based on the judgment of the Medical Director or designee based on the demands of the emergency and the resources available. In severe or out-of-control emergencies, verification should begin when the immediate situation is under control. In less severe situations, verification should be done before the individual is assigned to provide patient care, treatment, or services.

Depending on the communications resources available during the emergency situation, the following will be verified as soon as possible:

- Licensure in [state] verified by the licensure board
- National Practitioner Data Bank query
- American Medical Association profile

If it is determined that the volunteer practitioner did not provide patient care, treatment, or services, no verifications will be necessary.

The hospital may have an arrangement with another hospital or healthcare facility to "share" medical personnel during a disaster. Should such an arrangement exist, the hospital can accept verification information provided by the contracted facility in lieu of obtaining these verifications directly from the source.

Emergency privileges may be terminated at any time during the verification process if areas of concern are identified. Emergency privileges will terminate when the service being provided by a volunteer is demobilized.

Records

The hospital shall maintain records of volunteer healthcare providers that include:

- The starting and ending time for hours worked by each practitioner
- The type of service provided by each practitioner
- The location where these services were provided
- Documentation of any evaluations of the care provided by the provider
- [Add any additional information required by for federal and state reimbursement]

Sample Hospital Emergency/Disaster Privileges for Licensed Independent Practitioners Application Form

Last Name	First Name	Middle Name	Degree

Other Name Used/Maiden Name

Primary Specialty	Sub-Specialty

GENERAL INFORMATION

Subspecialty	Social Security Number	Date of Birth	Medicare UPIN

PRIMARY OFFICE ADDRESS

Street and Suite Number	City	State	Zip	Telephone Number

PRIMARY HOSPITAL AFFILIATION

Name of Organization, Hospital, or Office Practice	Address	City	State	Zip

From	To	Position

LICENSES AND REGISTRATION

State	License Number	Date Granted	Expiration Date
State	License Number	Date Granted	Expiration Date
Federal DEA Number		Date Granted	Expiration Date

SPECIALTY IN WHICH VOLUNTEER DISASTER PRIVILEGES ARE DESIRED

Anesthesiology	Radiology	Pediatrics
Ophthalmology	Family Medicine	Surgery
Psychiatry	Pathology	Neurosciences
Dentistry/Oral Surgery	Reproductive Medicine	Podiatry
Orthopedics	Medicine	Other

MEDICAL CENTER REFERENCE

Name of current hospital or medical staff member(s) who possesses personal knowledge regarding volunteer's ability to act as a licensed independent practitioner during a disaster

NAME _____ TELEPHONE # _____

RELATIONSHIP _____

PROFESSIONAL LIABILITY INSURANCE CARRIER(S):

NAME OF CARRIER _____

POLICY NUMBER _____ DATES OF COVERAGE_____

RELEASE OF INFORMATION CONSENT/ATTESTATION

I agree to defend, indemnify, and hold harmless [HOSPITAL] for all acts and omissions. I understand that I shall not be granted the general privileges accorded to attending medical staff, but will adhere to the standards of patient care of the Medical Center and Medical Staff. I certify that I have not had a professional license that has been revoked or suspended in any State or possession of the United States.

_____ _____

Date Signature

THIS SECTION TO BE COMPLETED BY MEDICAL STAFF ADMINISTRATION

PRACTITIONER TO BE SUPERVISED BY: _____

PHYSICIAN IDENTIFICATION NUMBER: _____

= = = = = = = = = = VERIFICATIONS = = = = = = = = = =

1. HOSPITAL AFFILIATION VERIFICATION DATE: _____GOOD STANDING:_____
2. MEDICAL STAFF REFERENCE VERIFICATION DATE: _____
3. LICENSE VERIFICATION DATE: _____STATUS: _____
4. DEA: DATE VERIFIED: _____STATUS: _____
5. NPDB VERIFICATION DATE: _____
6. OIG VERIFICATION DATE: _____STATUS: _____
7. AMA PROFILE DATE:_____

DATE PRIVILEGES GRANTED:_____ Time Granted:_____

DATE PRIVILEGES TERMINATED: _____ Time Terminated:_____

About symplr

symplr's comprehensive, market-leading suite of enterprise healthcare operations SaaS solutions, anchored in governance, risk management and compliance, enables our customers to navigate the unique complexities of healthcare. For over 30 years, our customers trust our expertise and depend on our provider data management, workforce and talent management, contract management, spend management, access management, and compliance, quality, safety solutions to help drive better operations for better outcomes.

As your trusted guide, we help you achieve your organization's priority outcomes by breaking down silos, optimizing processes, and improving operational systems.

Learn how at www.symplr.com.