

Title: Disaster Credentialing Policy	EMP Appendix J
Manual: Emergency Operations Plan	Effective Date: 2/2015
Scope: Housewide	Replaces: 3/2012
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STATEMENT:

When the Emergency Management Plan of St. Mary Medical Center has been activated the hospital may not be able to care for the emergent needs of mass casualties or increased surge capacity of victims. During a disaster it may be necessary to grant temporary privileges to volunteer physicians, physician assistants or nurse practitioners who are eligible as Licensed Independent Physicians. During a disaster primary source verification will occur according to Medical By Laws. In the case of a disaster where electricity is interrupted, internet is unavailable or phone lines are not functional this Disaster Credentialing Policy will go into effect.

Disaster: A medical disaster occurs when the destructive effects of natural or man-made forces overwhelm the ability of a given area or community to meet the demand for health care. (Source: American College of Emergency Physicians policy statement, Disaster Medical Services)

PURPOSE:

When the St. Mary Medical Center Emergency Preparedness Plan and Hospital Incident Command System (HICS) has been activated the Chief Executive Officer, Senior Medical Director, Chief of Staff or his/her designee may grant disaster privileges on a case by case basis.

PROCEDURE:

Practitioners who do not possess clinical privileges at St. Mary Medical Center may be granted temporary disaster privileges by the CEO or the Medical Staff President or their designee(s) when the Hospital Incident Command Center has been activated. The CEO or Medical Staff President 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 or her discretion.

Disaster privileges may be granted upon presentation of any of the following:

1. Practitioner with a current picture hospital ID card; or
2. A current license to practice and a valid picture ID issued by a state, federal, or regulatory agency; or
3. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT); or
4. Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity); or
5. Presentation of registration in the local Medical Reserve Corps (MRC) or ESAR-VIP

The Medical Staff will address the verification process as a high priority, and will begin the verification process of the credentials and privileges of individuals who receive disaster privileges as soon as the immediate situation is under control. The verification process will be identical to the process described in the Medical Staff Policy on Temporary Privileges.



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Appendix J

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The Hospital Disaster Policy defines the mechanism for staff members to readily identify the practitioner with disaster privileges. The practitioner will be paired with a currently credentialed Medical Staff member and should act only under the direct supervision of a Medical Staff member. The practitioner's privileges will be for the period needed during the duration of the disaster only. They will automatically be cancelled at the end of needed services as determined by the CEO or the Medical Staff President or their designee(s).

IDENTIFICATION:

If resources are available Human Resources or Medical Staff Offices staff members will provide the LIP with a St. Mary Medical Center photo ID Badge.

VERIFICATION OF INFORMATION:

As soon as power is available, internet is reconnected or telephone communication is returned- Primary source verification will occur. Primary source verification of licensure, malpractice insurance coverage will be done as soon as feasible by the Medical Staff Services designee.

REFERENCES:

Joint Commission Standard MS.4.110.
St. Mary Medical Center Medical Staff Bylaws