


<b>Name of Policy:</b> <u>Credentialing Licensed Independent Practitioners in the Event of a Disaster</u>	
<b>Policy Number:</b> 3364-87-41	
<b>Approving Officer:</b> Chief of Staff Chief Medical Officer	
<b>Responsible Agent:</b> Chief Medical Officer	
<b>Scope:</b> All University of Toledo Campuses	
<input checked="" type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy

THE UNIVERSITY OF TOLEDO

Effective Date: December 1, 2017

(A) Policy statement

Any practitioner providing patient care must be granted privileges prior to providing patient care, even in an emergency or disaster situation. These temporary (**disaster privileges**) privileges go into effect when the emergency management plan has been activated and the hospital needs assistance to provide immediate patient care.

(B) Purpose of policy

To verify credentials and grant temporary (**disaster**) privileges to non- staff practitioners at the University of Toledo Medical Center in the event of a disaster or an emergency, the medical staff and Board have outlined a process that allows the CEO or Chief of Staff to grant temporary privileges to LIPs during the disaster. Emergency being defined as circumstance(s) in which the emergency management plan has been activated and the organization is unable to meet immediate patient needs.

(C) Procedure

In the event of a disaster, any practitioner requesting emergency (**disaster**) privileges must report to the Medical Staff Office and provide **at a minimum, a valid government issued photo identification issued by state or federal agency (e.g., driver's license or passport) and at least one of the following:**

- **A current picture hospital ID that clearly identifies professional designation**
- **A current license to practice**
- **Primary source verification of the license**
- **Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or MRC, ESAR-VHP, or other recognized state or federal organizations or groups**
- **Other identification from Federal/State/Municipal entity indicating 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**).

- **Identification by 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**

Upon verification of such, Medical Staff Services personnel will sign an attestation that they have verified a government issued identification; i.e. driver's license, passport, etc. on this date and time.

Once all of the above information is obtained, approval will be obtained via either the Chief of Staff and/or the CEO (Designated Disaster Emergency Privileges Form attached). Once the above process is complete, the physician will be given an ID tag that must be worn when exercising privileges at the University of Toledo Medical Center.

- The ID tag will indicate the following information:
- Name and title
- Specialty
- ID #

The attached Designated Disaster Emergency Privileges Form shall be completed, and a record of patients seen by the volunteer physician, to the extent possible, shall be maintained, as attached.

Once the volunteer physician has begun to see/treat patients, within 72 hours of privileges being granted, credentialing shall occur as follows:

- NPDB verification;
- Government-issued photo ID;
- OIG verification;
- Ohio State License verification
- Current DEA

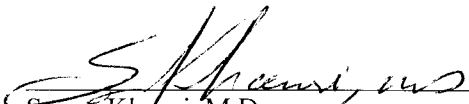
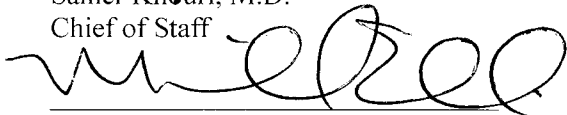
***Note: In the extraordinary circumstance that primary source verification cannot be completed in 72 hours (e.g., no means of communication or a lack of resources), it is expected that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and an attempt to rectify the situation as soon as possible. Primary source verification of licensure would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster privileges.***

**The medical staff oversees the professional practice of volunteer licensed independent practitioners.**

**The organization makes a decision (based on information obtained regarding the professional practice of the volunteer) within 72 hours related to the continuation of the disaster privileges initially granted.**

If any member of the health care team directly observes care that gives rise to concerns about the volunteer physician's competence, the information must be reported immediately to the individual who granted the emergency privileges, whereupon the individual who granted the emergency privileges shall make a determination about limiting or terminating the emergency privileges granted. Limitation or termination of emergency privileges for reasons of competence or for any other reason, including the conclusion of the designated disaster, shall not give rise to hearing and appeal rights under the Bylaws of the Medical Staff.

When the emergency situation no longer exists, these temporary, emergency privileges terminate.

<p>Approved by:</p> <p> Samef Khouri, M.D. Chief of Staff</p> <p> Michael Ellis, M.D. Chief Medical Officer</p> <p><u>19 Dec 2017</u> Date</p> <p><i>Review/Revision Completed by:</i> <i>Credentials Committee</i> <i>Medical Executive Committee</i></p>	<p><b>Review/Revision Date:</b></p> <p>December 1, 2017</p> <p><b>Next Review Date:</b> December 1, 2020</p>
<p><b>Policies Superseded by This Policy: None</b></p>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*