

## MEDICAL STAFF DISASTER CREDENTIALING POLICY

### I. POLICY:

Non-staff licensed independent practitioners (LIP) and non-staff licensed practitioners (non-LIP) who volunteer their services during a disaster will undergo limited credentialing, privileging, and/or a license/certification verification process.

### II. PURPOSE:

To ensure that in the event of an emergency or disaster, the needs of the community for immediate treatment can be met.

### III. SCOPE:

Licensed medical professionals (LIPs and non-LIPs) practicing within the scope of their practice who do not have privileges at BH but wish to be permitted to provide patient services at the hospital(s) during an emergency or disaster.

### IV. PROCEDURE:

1. When the emergency preparedness plan is activated and the hospital is unable to handle immediate patient care needs, disaster privileges may be granted. While disaster privileges are granted on a case-by-case basis, volunteers considered eligible to act as LIPs and non-LIP's must, at a minimum, present a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:
  - A current picture hospital ID card that clearly identifies professional designation.
  - A current license to practice (for LIPs) or a current license, certification, and/or registration for professional staff (non-LIPs).
  - Primary source verification of the license for (LIPs), or primary source verification of the license, certification, and/or registration (if required by law and regulation to practice a profession) for (non-LIPs).
  - Identification that the individual is a member of a Disaster Medical Assistance Team (MRC. ESAP-VHP), or other recognized state or federal organization or group.
  - Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances. Such authority should have been granted by a federal, state, or municipal entity. A picture ID will also be required.
  - Identification by a current hospital or medical staff member who possess personal knowledge about the qualifications of the volunteer's ability to act as a LIP or a non-LIP during a disaster.
2. The volunteer LIP or non-LIP should complete an Emergency Credentialing Privileges Form that discloses current licensure, scope of practice, the name and phone number of

the institution(s) where he/she holds clinical privileges, professional liability coverage, and emergency contact information. He/she must also present his/her current professional license. The hospital representative should review the Emergency Credentialing Privileges Form against the license and photo ID, and record the date and time of the request for emergency disaster privileges. If possible, a copy should be made of the license and photo identification. The hospital representative should forward the information to the Medical Staff Office to begin the verification process.

3. Verification of credentials and licensure include the following:
  - Once the immediate situation is under control, the hospital must begin to verify a LIP/non-LIP volunteer's credentials using a process identical to temporary privileges to fulfill an important patient care need. Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within seventy-two (72) hours from the time the LIP/non-LIP presents to the organization. For the non-LIP, the certification will also be verified.
4. If primary source verification cannot be completed in seventy-two (72) hours (e.g., there is no means of communication or there is a lack of resources), it is the expectation that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why the 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 and/or certification (for non-LIPs) would not be required if the volunteer LIP/non-LIP has not provided care, treatment or services, and services under the disaster responsibilities or privileges.
5. To readily identify volunteer LIP/non-LIPs granted privileges in an emergency, a special badge will be worn.
6. LIP and non-LIP staff responsibilities and oversight include the following:
  - Once the CEO or Medical Staff President or his/her designee inspects the situation and determines that the LIP volunteer's services are needed, the LIP volunteer can begin to administer care immediately. Disaster privileges are specialty-specific and time-limited. The LIP volunteer shall be assigned to the clinical department/ division of his/her specialty with supervisory authority granted to the respective department/ division chair or his/her designee. The medical staff oversees the professional performance of the LIP volunteer who has been granted disaster privileges by direct observation, mentoring, or clinical record review.
  - Once Clinical Hospital Leadership determines that the non-LIP volunteer's services are needed, the non-LIP volunteer can begin to administer care immediately. Disaster privileges are specialty-specific and time-limited. Clinical Hospital Leadership oversees the professional performance of the non-LIP volunteer who has been granted disaster privileges by direct observation, mentoring, or clinical record review. However, if the non-LIP volunteer is a nurse, then the volunteer non-LIP's professional performance will be observed and directed by the Chief Nursing Officer (CNO) or his/her designee during the disaster period.
7. Disaster privileges for LIP volunteers are for the duration of the disaster. Disaster privileges are terminated by the CEO or the Medical Staff President or his/her designee.

The CEO or the Medical Staff President or his/her designee determines the duration of the disaster and terminates privileges accordingly.

8. Disaster privileges for non-LIP volunteers is terminated by Clinical Hospital Leadership, or in the case of a nurse, the Chief Nursing Officer (CNO) or his/her designee. The Clinical Hospital Leadership, or in the case of a nurse, the Chief Nursing Officer (CNO) or his/her designee, determines the duration of the ability to provide services as necessary and terminates these abilities accordingly.
9. A LIP/non-LIPs disaster privileges may be denied, restricted or terminated at the discretion of the person who has oversight. A LIP/non-LIPs privileges will be immediately denied, restricted or terminated if any information is received or observations made that suggest the LIP/non-LIP is not capable of rendering the services described on the emergency disaster credentialing privileges form.
10. Termination of these disaster privileges, regardless of the reason, shall not give rise to a hearing or review under the medical staff bylaws or any other applicable standard, regulation or law.
11. A LIP/non-LIPs services are completely voluntary. It does not create any entitlement for compensation or benefits, including workers compensation or professional liability insurance coverage from BH or any affiliated organization, in exchange for services.

attachment

*Approved:*

BMC MSEC on 04/02/14  
BFMC MSEC on 04/01/14  
BMLH MSEC on 04/03/14  
BNH Hospital on 02/01/17  
BWH MSEC on 01/09/17

Replaces the previous policy dated 02/04

**Baystate Health**

**Emergency Credentialing Privileges Form**

I, \_\_\_\_\_ hereby volunteer my services to the community at:

(please check all that apply):

- \_\_\_\_\_ Baystate Medical Center (includes Baystathe Children's Hospital)
- \_\_\_\_\_ Baystate Franklin Medical Center
- \_\_\_\_\_ Baystate Noble Hospital
- \_\_\_\_\_ Baystate Wing Hospital (includes BML Outpatient Center)

During this emergency I agree to provide professional services that are within the scope of my education, licensure, and expertise in a manner consistent with the standards, policies, and practices of my profession. I certify that I am licensed and/or certified as a:

\_\_\_\_\_

by the state of: \_\_\_\_\_, license #: \_\_\_\_\_, with an expiration date of:

\_\_\_\_\_.

I certify that I have training, knowledge, and experience to practice in the specialty of:

\_\_\_\_\_

and that I currently hold membership and clinical privileges in (describe membership and privileges):

\_\_\_\_\_

at (list name, city, state and phone number of institution(s)): \_\_\_\_\_

\_\_\_\_\_

I am covered by the following professional liability insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

I understand and acknowledge that:

- privileges are being granted only for the duration of the present emergency and shall terminate automatically when the state of emergency ends;
- privileges shall be terminated immediately if I have misrepresented or withheld any information required by this application;
- privileges may be denied or terminated at any time at the discretion of the person who has direct oversight;
- denial or termination of emergency privileges, regardless of the circumstances, shall not give rise to the right for a hearing, review or appeal under the respective hospital medical staff bylaws or any other standard, regulation or law, and
- I am offering my services to the community on a completely voluntary basis and I am doing so without any expectation or promise of compensation or benefits including workers compensation or professional liability insurance coverage from BH or any affiliated organization in exchange for this service.

In the event of an emergency, please contact the following person: \_\_\_\_\_

List the name, address and phone number of your emergency contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of the Medical Professional

\_\_\_\_\_  
Date

This information provided by the medical professional has been reviewed and verified to the extent possible. On this basis, this medical professional is hereby granted emergency privileges to provide services to patients presenting to Baystate Health (please refer to the specific Baystate Health hospital(s) listed above).

\_\_\_\_\_

Signature of the President & CEO or Designee

Date