



POLICY TITLE: Disaster Privileging	ADMINISTRATIVE POLICY AND PROCEDURE MANUAL
POLICY #: 100.002	CATEGORY: Administrative
System Approval Date: 11/26/18	Effective Date: 01/2013
Site Implementation Date: 12/26/18	Last Reviewed/Approved: 7/20/17
Prepared by: Medical Affairs; Emergency Management	Notations:

GENERAL STATEMENT of PURPOSE

This policy describes the procedures to be followed for initial processing of requests for Disaster Privileges in accordance with each hospital’s Medical Staff Bylaws. This policy also describes the additional procedures to be followed when the circumstances giving rise to the need for Disaster Privileges continue for an extended period of time.

POLICY

Disaster Privileges may be granted in the event of an Emergency, as defined below, to individuals not on the medical staff or allied health professional staff in accordance with each Northwell Health System hospital’s Medical Staff Bylaws and the procedures set forth in this policy. When the circumstances giving rise to the need for Disaster Privileges to continue for an extended period of time, the Medical Staff office shall conduct additional credentialing beyond that which is initially required when Disaster Privileges are first granted. A Northwell Health hospital will grant disaster privileges to volunteer licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility; and the faculty and students of the Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies.

DEFINITIONS

Emergency: An unexpected or sudden event that significantly disrupts the hospital's ability to provide care, treatment, or services; or the environment of care itself; or that results in a sudden, significantly changed or increased demand for the hospital's services. Emergencies can be either human-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity. The closing of another hospital, whether planned or unexpected, that results in a sudden demand for Northwell Health System hospital's services, shall be deemed an emergency whenever the usual credentialing process cannot be reasonably completed in time to safely meet patient care needs.

PROCEDURE

Applicants for Disaster Privileges shall be processed according to the following procedures:

Practitioners who currently hold privileges at a Northwell Health System hospital

1. A practitioner who currently holds privileges at a Northwell Health System hospital shall present his/her valid government-issued photo identification (for example, a driver's license or passport) and hospital ID card together with a completed #HS026 - *Emergency/Disaster Privileges Request Form* to the Medical Staff Services Central Office ("MSS") or a satellite thereof. The form may be delivered via email, fax, or hand.
2. MSS shall confirm that the practitioner currently holds privileges at a Northwell Health System hospital and that his/her credentials file is up to date.
3. MSS shall complete any missing information on the #HS026 - *Emergency/Disaster Privileges Request Form* using the credentialing database, e.g., license, department, hospital(s) where the practitioner currently has privileges, etc.
4. MSS shall begin primary source verification of the practitioner's licensure as soon as feasible, but no later than 72 hours after the time that the practitioner presents him/herself to the hospital. If primary source verification of licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, such verification shall be performed as soon as possible thereafter, and MSS shall document its attempts to do so and the reasons why it could not be performed sooner.
5. MSS shall obtain approval from the hospital's Department Chair of the practitioner's existing delineation of privileges at his/her primary Northwell Health System hospital.
6. MSS shall forward the completed #HS026 - *Emergency/Disaster Privileges Request Form* to the individual who is authorized to approve Disaster Privileges under the hospital's Medical Staff Bylaws. [At all Northwell Health System hospitals, the Executive Director, or designee, is authorized to grant Disaster Privileges. At most hospitals, the Medical Director and Medical Board Chair may do so as well.]

7. Upon approval, MSS shall activate the practitioner's privileges in the credentialing database. MSS shall also activate electronic access to the electronic databases such as medical records, admitting, laboratory, radiology, etc.
8. The Practitioner shall use his/her existing Northwell Health hospital ID for the duration of the Disaster Privileges. Identification of Northwell Health practitioners granted disaster privileges will be through the Privilege Portal accessible to all staff through Intranet, Northwell Health System's intranet portal.
9. Verification of the remainder of the practitioner's credentials shall be unnecessary provided that the practitioner's Northwell Health System hospital credentialing file is current.
10. The practitioner's clinical activities in the hospital shall be monitored by the Department Chair or a member of the Medical Staff designated by the Chair, unless the hospital's Medical Staff Bylaws designate another physician to perform such supervision. Monitoring shall include, but not be limited to, interdisciplinary rounds and concurrent and/or retrospective medical record review. All information pertaining to the clinical activities of the practitioner shall be maintained in a departmental file, in the same manner as other privileged practitioners.
11. Within 72 hours after a practitioner has been granted Disaster Privileges, the individual responsible for overseeing his/her practice shall determine whether such privileges should continue.
12. Practitioners shall be provided with a hospital orientation and, upon confirmation of competency, granted access to the clinical information system and prescriber order entry system.

Practitioners Who Do Not Currently Hold Privileges at a Northwell Health System Hospital

1. A practitioner who does not currently hold privileges at a Northwell Health System hospital must present a valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following:
 - a) current photo identification card from a health care organization that clearly identifies professional designation; or
 - b) a current license to practice; or
 - c) primary source verification of licensure; or
 - d) identification 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 organization or group; or

- e) 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
 - f) presentation by current members of the hospital staff or medical staff with personal knowledge regarding the individual's identity and competence to practice.
2. The practitioner also shall complete and submit by hand delivery the following:
 - a) #HS026 - Emergency/Disaster Privileges Request Form;
 - b) #HS027 - Application for Emergency/Disaster Privileges;
 - c) #HS029 - Consent for Release of Information for Temporary/Visiting Pro Tem Privileges; and
 - d) Delineation of Privileges (DoP) request form (available at the site Medical Staff office).
 - e) Current malpractice information/certificate, when available.
 3. MSS shall begin primary source verification of the practitioner's licensure as soon as feasible, but no later than 72 hours after the time that the practitioner presents him/herself to the hospital. If primary source verification of licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, such verification shall be performed as soon as possible thereafter, and MSS shall document its attempts to do so and the reasons why it could not be performed sooner.
 4. If possible, the Chief Medical Officer, Department Chair or other knowledgeable individual at the practitioner's home institution shall be requested to attest to the general quality of the practitioner's practice.
 5. MSS shall obtain approval from the hospital's Department Chair, or designee, of the privileges requested.
 6. MSS shall forward the completed #HS026 - *Emergency/Disaster Privileges Request Form* to the individual who is authorized to approve Disaster Privileges under the hospital's Medical Staff Bylaws for approval. [At all Northwell Health System hospitals, the Executive Director, or designee, is authorized to grant Disaster Privileges. At most hospitals, the Medical Director and Medical Board Chair may do so as well.]
 7. The Hospital's Security Department shall issue an identification card to the practitioner once approval for Disaster Privileges is granted. The identification shall state the practitioner's name, professional title, specialty and, if applicable, assignment. When relevant, this assignment shall include the specific area(s) of the hospital in which the practitioner shall be permitted to render care. Identification of practitioners granted disaster privileges will be through the Privilege Portal accessible to all staff through Intranet, Northwell Health System's intranet portal.
 8. The practitioner's clinical activities in the hospital shall be monitored by the Department Chair or a member of the Medical Staff designated by the Chair, unless the hospital's

Medical Staff Bylaws designate another physician to perform such supervision. Monitoring shall include, but not be limited to, interdisciplinary rounds and concurrent and/or retrospective medical record review. All information pertaining to the clinical activities of the practitioner shall be maintained in a departmental file, in the same manner as other privileged practitioners.

9. Within 72 hours after a practitioner has been granted Disaster Privileges, the Department Chair or other physician responsible for overseeing his/her practice shall determine whether such privileges should continue.
10. Practitioners shall be provided with a hospital orientation and, upon confirmation of competency, granted access to the clinical information system and prescriber order entry system.
11. Upon termination of disaster privileges, the Department Chair or his/her designee, is responsible for notifying Security and Information Services to ensure that access has been revoked once privileges have been terminated.

Expanded Credentialing During Extended Emergencies

If it becomes reasonably foreseeable that the Emergency will extend for a period of more than seven (7) days after the initial granting of Disaster Privileges, then MSS shall verify the remaining credentials (i.e., those other than licensure) of non-Northwell Health System practitioners as follows:

1. As soon as the immediate situation is under control, time permits, and access to required sources is available, the verification of the remainder of the practitioner's credentials shall be given a high priority.
2. Primary source verification shall be performed for the following elements:
 - a) Current state licensure and registration
 - b) Drug Enforcement Agency (DEA)
 - c) Office of the Inspector General (OIG)
 - d) Office of the Medicaid Inspector General (OMIG; Medicare Exclusion)
 - e) Federation of State Medical Boards (FSMB)
 - f) National Practitioner Data Bank (NPDB)
 - g) Excluded Party Listing Service (EPLS)
3. If possible, MSS shall obtain assistance with the verification process from the practitioner's home institution. The practitioner shall cooperate with MSS in facilitating such assistance, which shall include, but is not necessarily limited to, providing unrestricted access to the practitioner's:
 - a) Department Chair;
 - b) Credentials file;

- c) Privileging documents;
- d) Quality assurance documents;
- e) Focused professional practice evaluation;
- f) Ongoing professional practice evaluations; and
- g) Other relevant documents or personnel who may authenticate the qualifications and competencies of the practitioner.

If the practitioner’s home institution provides access to his/her credentials file, elements that shall be incorporated into the Northwell Health System hospital’s Disaster Privileges credentials file shall include:

- a) Existing delineation of privileges;
- b) DEA certificate;
- c) Malpractice insurance certificate;
- d) Current curriculum vitae;
- e) Infection control certificate; and
- f) Health assessment clearance form.

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

- The Joint Commission Emergency Management Standards
- CMS Conditions of Participation: Emergency Preparedness

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

ATTACHMENTS

N/A

FORMS

- Form #HS026 - Emergency/Disaster Privileges Request Form
- Form #HS027 - Application for Emergency/Disaster Privileges
- Form #HS029 – Consent for Release of Information for Temporary/Visiting Pro Tem Privileges

APPROVAL:	
Northwell Health Policy Committee	10/25/18
System PICG/Clinical Operations Committee	11/26/18

Standardized Versioning History:

*=Northwell Health Policy Committee Approval; ** =PICG/Clinical Operations Committee Approval

12/17/12 * Provisional
 1/31/13 * Final 2/14/13 **
 5/28/15* 6/18/15**
 6/29/17* 7/20/17**
 9/20/18* Provisional



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ART DEPARTMENT
PROOF 3
4/19/17
THIS DOCUMENT WILL BE
CANCELED PER 6.030096

APPLICATION FOR EMERGENCY/DISASTER PRIVILEGES

Date: _____

Practitioner: Last Name, First, Middle Initial _____ Prof. Title: _____
MD/DO/DDS/DMD/DPM
RN/NP/PA/NA/OTHER

Practitioner's Address: _____

Practitioner's Telephone: _____

Specialty: _____ DOB: _____

SSN: _____ Email Address: _____

NYS/Other State Prof License/Cert #: _____

Type (MD, PA, NP, etc.): _____ Expires: _____

DEA #: _____ Expires: _____

Malpractice Ins. Carrier: _____ Policy #: _____

Current Primary Affiliation/Hospital: _____

Other Affiliations: _____

NPI Number: _____

NYS/Other State Drivers License #: _____ Expires: _____

Medical/Professional School & Grad Month/Year: _____

- Please include with your application a copy of a valid governmental issued photo ID (Drivers License or Passport)
AND one of the following:
- 1. Hospital ID Badge
 - 2. A current license to practice
 - 3. Primary Source Verification of Licensure

INTERNAL USE ONLY

Practitioner assigned on (start date): _____

Department/Specialty: _____

Area assignment: _____

Practitioner assigned through (end date): _____

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ART DEPARTMENT
PROOF 3
6/26/17
ARTWORK FEES WILL BE
CHARGED ON ALL PROOFS

LAST NAME: _____

CONSENT FOR RELEASE OF INFORMATION FOR TEMPORARY/VISITING PRO TEM PRIVILEGES

By applying for temporary/visiting pro tem privileges to a Hospital that is a member of Northwell Health (hereinafter referred to as "Hospital"), I hereby signify my willingness to supply information and/or appear for an interview in regard to my application, authorize the Hospital(s), their medical staff and their representatives to consult with the administrative members of the medical staffs of other hospitals, New York State Medical Society and health related facilities with which I have been associated and with others who may have information bearing on my professional competence, character and ethical qualifications. I hereby further consent to the inspection by the Hospital(s) and its staff of all records and documents, at other hospital(s), that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested, as well as my ethical qualifications for staff membership.

I hereby release from liability all representatives of the Hospital(s), or their staff(s) for their acts performed in good faith, in connection with evaluating my application, credentials and qualifications, and I hereby release from any liability, any and all individuals and organizations who provide information to the Hospital(s) or their staff in good faith, concerning my professional competence, ethics, character and other qualifications for staff appointment/reappointment and clinical privileges, and I hereby consent to the release of such information. I also consent to the release of information about my malpractice insurance, including but not limited to claims histories from the companies, agencies, and hospitals/health care providers who provided or currently provide it.

I further authorize the Hospital(s) to communicate to other Hospital(s) and to other persons or organizations with a legitimate interest therein, any information concerning my professional competence, character and ethics that the other Hospital(s), person or organization may have to acquire, and where such communication is made in good faith, I consent to the release of information and agree to hold the Hospital(s) and its authorized representatives free of liability for the release of information.

By applying for temporary/visiting pro tem privileges of Northwell Health, I hereby signify my willingness for each such Hospital to share relevant quality assurance and related information reflecting my professional competence and character with other Hospitals in the Northwell Health where I exercise clinical privileges. I agree and authorize the release of my address, phone, fax, pager and email for Northwell Health communications.

I understand and agree that I, as an applicant for temporary privileges/visiting pro tem privileges have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

I acknowledge that the Medical Staff Bylaws and the Rules and Regulations of the Medical Staff of the Hospital(s) have been made available to me, and I agree to abide by them. As per the Bylaws and Rules and Regulations, I also pledge to provide for the continuous care of my patients.

I further acknowledge that I am familiar with the *Accreditation Manual for Hospitals* issued by The Joint Commission and will cooperate with the Hospital(s) in maintaining The Joint Commission accreditation, as well as continuance of the Hospital(s) Operating Certificate issued to the Hospital(s) under the provisions of the Public Health Law of the State of New York. I also agree to conduct my professional activities in the Hospital and elsewhere in accordance with the highest ethical standards.

Signature

Date

Print Name

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