



Department: MEDICAL STAFF

Policy/Procedure: DISASTER PRIVILEGES

Policy:

In times of local, state, or national emergency or disaster, disaster privileges of external practitioners will be allowed, per the following procedures, in order to help care for an unusually high number of patients.

Procedure:

1. Declaration of Emergency

- a. The Chief of Staff, the CMO or his/her designee shall declare an emergency once the CEO or his/her designee of Torrance Memorial Medical Center activates the Emergency Operation Plan.
- b. The Chief of Staff or the CMO shall determine that Torrance Memorial Medical Center requires additional practitioners to handle its immediate patient care needs.
- c. Volunteer practitioners shall be directed to the Physician Pool, located inside the Medical Staff Services Department/Medical Library on the first floor of the West Tower. Medical Staff Services Department personnel shall manage disaster credentialing activities.
- d. Other priorities shall cease in order to expedite the processing of volunteer practitioners for disaster privileges.

2. Request for Disaster Privileges

- a. A "Temporary Disaster Privilege Request" form (see Attachment 1) (in person, via email, fax, or telephone) by Medical Staff Services Department personnel.
 - i. The copies of the following items must be submitted with the form:
 - A valid current government issued ID (for example, a driver's license or passport) and one of the following:
 - A current picture identification card from a health care organization that clearly identifies professional designation
 - A current license to practice (if feasible)
 - Primary source verification of licensure
 - 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
 - Identification 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 currently privileged by the hospital or by a staff member with personal knowledge of the volunteer practitioner's ability
 - DEA certificate (if feasible)
 - Proof of malpractice insurance (if feasible)

- b. The completed form and required documents shall be provided to the Medical Staff Services Department personnel.
3. Credentialing of Volunteering Practitioner
 - a. The following will be verified, if possible, by Medical Staff Services Department personnel upon receipt of a completed "Temporary Disaster Privilege Request" form:
 - i. Primary source verification of State license/sanctions through state licensing board (via website or phone).
 - ii. Current competence (via telephone to active hospital for confirmation of privileges, good standing, restriction of privileges; or by having a current member of the Medical Staff of TORRANCE MEMORIAL MEDICAL CENTER attest to competence through knowledge or personal relationship with volunteer practitioner). This will be documented on the "Temporary Disaster Privilege Request" form.
 - iii. National Practitioner Data Bank (NPDB) using basic information requested in the "Temporary Disaster Privilege Request" form.
 - Note: NPDB results will not be required prior to volunteer practitioner exercising disaster privileges, but if other information received is cause for concern, the department chair/designee will be notified, which may result in immediate termination of disaster privileges.
 - iv. Sanction by the Office of the Inspector General (OIG) and the General Services Administration (GSA).
 - b. In the event none of the above items are available, the Chief of Staff or CMO or his/her designee at his/her sole discretion may grant disaster privileges.
 4. Granting Disaster Privileges
 - a. During a disaster, the medical staff oversees the performance of each volunteer licensed independent practitioner.
 - b. Upon completion of the credentialing process outlined above, Medical Staff Services Department personnel shall notify the appropriate department chief for recommendation to the Chief of Staff, via telephone or other communication. The department chief shall recommend disaster privileges on a case-by-case basis at his/her discretion.
 - c. Medical Staff Services Department personnel shall next notify the Chief of Staff or CMO for approval and once approval is received notify the volunteer practitioner. The Command Center will also be notified.
 - d. The Chief of Staff or CMO will assign volunteer practitioners to a practitioner currently on the Medical Staff of TORRANCE MEMORIAL MEDICAL CENTER, preferably of the same specialty. "Buddy" practitioners shall immediately report any concern regarding the volunteer's competence to the Chief of Staff, the CMO and/or the Medical Staff Services Department. The name of the "buddy" will be documented in the volunteer practitioner's file (temporary credential file).

If it is impossible to make such an assignment, medical record review may be considered as an option for evaluation of the volunteer's practice during the disaster.

- e. The Chief of Staff or CMO makes a decision (based on information obtained regarding professional practice of the volunteer) within 72 hours related to the continuation of the disaster privileges initially granted. If a continuation is granted, the performance of the volunteer practitioner will be evaluated weekly.
- f. In the event that the Chief of the Department is not available, the Chief of Staff, CMO or his/her designee at his/her sole discretion may grant disaster privileges.

5. Identification of Volunteer Practitioner

- a. Once approval of disaster privilege has been granted to the volunteer practitioner, his/her photo will be taken and he/she will be immediately issued a temporary disaster privilege badge.
- b. The photo will then be attached to the original "Temporary Disaster Privilege Request" form and documentation.
- c. When disaster privileges are granted, the Medical Staff Services Department personnel shall notify appropriate hospital departments (emergency department, surgery, nursing administration, medical records, admissions, pharmacy) immediately (via phone call, email, or other method) of the name and specialty of the volunteer practitioner.
- d. In the event that the Medical Staff Services Department is unable to print a photo badge, the volunteer practitioner will be issued a pre-made Temporary Disaster Privilege Badge. This badge may be worn with the photo ID from another facility if that ID is available.

6. Termination of Disaster Privileges

- a. The Chief of Staff or CMO, as his/her own discretion, may terminate a volunteer practitioner's disaster privileges at any time without cause or reason.
- b. The declaration by the CEO or his/her designee that the emergency is over will automatically terminate all disaster privileges.
- c. Termination of disaster privileges shall not give rise to appeal rights under the Medical Staff Bylaws or any other authority.
- d. Upon termination of disaster privileges, the Chief of Staff, CMO or his/her designee will reassign patients.

7. Long-term, After-the-Fact Credentialing

- a. As soon as the immediate emergency situation is under control, the Medical Staff Services Department shall verify current competence and licensure for all volunteer practitioners, as if the volunteer were receiving temporary privileges, if not already done so. The Department shall report any irregularities immediately to the Chief of Staff. The Department shall complete credentialing for volunteer practitioners within 72 hours from the time that the volunteer practitioner presents to the organization.

- b. In the extraordinary circumstance that primary source verification cannot be completed in 72 hours (e.g. no means of communication or lack of resources), it is expected to 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 timeframe; 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 would not be required if the volunteer practitioner has not provided care, treatment and services under the disaster privilege.

Attachment 1



TEMPORARY DISASTER PRIVILEGE REQUEST FORM

In case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of his/her license to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted. The purpose of this form is to ensure that the individual requesting disaster/local emergency privileges is qualified and licensed to provide care.

LAST NAME	FIRST NAME	MIDDLE NAME	DEGREE	SPECIALTY

SS#	DATE OF BIRTH	DRIVER'S LICENSE #	CITIZENSHIP

MEDICAL LICENSE #	EXPIRATION DATE	DEA #	EXPIRATION DATE	INSURANCE CARRIER/COVERAGE AMT/EXP DATE

PROFESSIONAL SCHOOL	CITY/STATE	YEAR OF GRADUATION

PRIMARY OFFICE ADDRESS	CITY/STATE/ZIP	OFFICE NUMBER	FAX NUMBER

EMAIL ADDRESS	CELLPHONE #

HOME ADDRESS	CITY/STATE/ZIP	HOME NUMBER

PRIMARY HOSPITAL AFFILIATION	CITY/STATE	PHONE NUMBER	STAFF CATEGORY

Do you have any current restrictions/limitations against your medical license or your DEA certificate? YES NO

Do you have any current restrictions to your privileges at the primary hospital listed above? YES NO

I certify that I am trained and experienced in the privileges requested; hold a current unrestricted license to practice medicine in this state and a current DEA, and the information above is true and correct. I understand that in making this request I am bound by the applicable bylaws, rules & regulations, and policies of the hospital and medical staff. I further understand that when the emergency no longer exists, then these temporary privileges will be terminated and I must request privileges through the normal medical staff process if I wish to continue treating patients at this facility.

SIGNATURE	DATE

FOR HOSPITAL USE ONLY	
<input type="checkbox"/> Copy of Photo ID obtained for file	
<input type="checkbox"/> Licensure verified CURRENT: <input type="checkbox"/> YES <input type="checkbox"/> NO RESTRICTION: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Initials: _____	
<input type="checkbox"/> Hospital Affiliation verified CURRENT: <input type="checkbox"/> YES <input type="checkbox"/> NO RESTRICTION: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Initials: _____	
<input type="checkbox"/> NPDB Queried RESTRICTION: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Initials: _____	
<input type="checkbox"/> OIG Queried RESTRICTION: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Initials: _____	
<input type="checkbox"/> SAM Queried RESTRICTION: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Initials: _____	
Recommend Temporary Disaster Privileges to be granted in specialty of: _____	
Privileges effective until: _____ Extension: _____	
Department Chief/Designee _____	Date _____
Chief of Staff _____	Date _____

Attachment 2




**Temporary
Disaster Privilege**



TORRANCE
MEMORIAL



An Affiliate of
Cedars
Sinai



Thomas Simko, M.D.

Authorities: In the event of disaster or civil disorder, please permit cardholder to report to the hospital.

**Temporary
Disaster Privilege**



TORRANCE
MEMORIAL



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Cedars
Sinai

**Temporary
Disaster Privilege**

Authorized by:

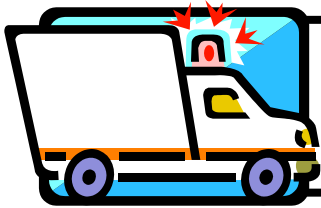
Chief of Staff

Attachment 3



1. Assess Medical Staff Services Department using “Disaster Status Report”
2. Retrieve the “Disaster Privileging Packet” located in the 1st Cabinet in the File Room of the Medical Staff Services/Performance Improvement Department.
3. Take Disaster Status Report form to “Hospital Command Center.”
4. Personnel will remain in the Medical Staff Services Department to assist with Disaster Credentialing
5. Complete “Physician Availability” sheet
6. Take “Physician Availability” to “Hospital Command Center”
7. “Disaster Privileging” set up in Medical Staff Services Department located in the West Tower
8. Follow policy until emergency is over

Attachment 4



MONTHLY ACTIVITIES:

1. The Administrative Assistant in the Medical Staff Services/Performance Improvement Department will make copies of the physician roster (see number and types below) and place them in the Disaster Box after updating the the electronic database with Board-approved actions.
 - Roster Listing Name, Staff Status, Specialty, Address and Phone/Fax: 10 copies
 - Confidential Roster Listing Name, Specialty, Pager #, Home Phone # and Cell Phone #: 10 copies
 - Group Roster Listing Name, Group Name, Office Phone/Fax and Specialty: 6 copies

In the event of a disaster, a paper roster will be immediately distributed to the Command Center, however, copies will be available to the following areas on request:

- Emergency Department
- Operating Room
- House Supervisor
- Operator (PBX)

Initial Approval and Major Revisions:

Bylaws Committee: 8/31/2004; 3/30/2006;8/30/2007; 8/12/2008; 6/25/2012; 10/1/2014;
9/30/2015; 10/3/2017; 8/29/2019; 8/4/2020; 08/18/2023

Medical Executive Committee: 2/11/2003; 9/14/2004; 4/11/2006; 6/13/2006; 9/11/2007; 9/9/2008;
9/11/2012; 12/9/2014; 12/9/2015; 12/12/2017; 10/15/2019; 9/15/2020; 10/10/2023

Board of Trustees:10/31/2019; 9/30/2020; 10/31/2023