

DISASTER, EMERGENCY, AND TEMPORARY CREDENTIALING AND PRIVILEGING

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What We Will Cover

Emergency Privileges

Temporary Privileges

Disaster Privileges

Other Considerations

EMERGENCY PRIVILEGES

Emergency Privileges – Typical Bylaws Language

In the case of an emergency, or disaster as defined herein, any practitioner, or licensed independent practitioner, to the degree permitted by his/her license and regardless of staff status or clinical privileges, shall, as approved by the CEO or his/her designee or the Chief of Staff, be permitted to do, and be assisted by Hospital personnel in doing everything reasonable and necessary to save the life of a patient or to prevent imminent harm to the patient.

TEMPORARY PRIVILEGES

Accreditation Requirements – Temporary Priv.

Joint Commission

- Fulfill an important patient care, treatment, or service need
 - Current licensure
 - Current competence
- Specific limitation of days for important patient care need not addressed – time limited and spelled out in Bylaws

HFAP Emergency/Disaster

- Primary source identification from the volunteer's hospital
- Documented phone call is acceptable

Accreditation Requirements – Who Approves Temp Priv

Joint Commission

Recommendation chief of staff or designee

Approval of CEO or designee

HFAP

Recommendation of the chief/ chair of a department or service

Approval of CEO or designee who is acting on behalf of Governing Body

DISASTER PRIVILEGES

September 11, 2001

“Sweet Jesus, two planes have crashed into the World Trade Center – two miles from us here at NYU. The morgue is filling up - the ER is on full alert just for the injured which they are saying right now is >1000 people.

All bridges, tunnels, airports, and subways are shut down. What is going on in this world. The Empire State [stet] Building is three blocks away and it is being evacuated. Please pray.”

August 29, 2005 – Hurricane Katrina

Things were obviously bad yesterday, but they are much worse today. Overnight the water arrived. Now Canal Street (true to its origins) is indeed a canal. The first floor of all downtown buildings is underwater. I have heard that Charity Hospital and Tulane are limited in their ability to care for patients because of water. Ochsner is the only hospital that remains fully functional. However, I spoke with them today and they too are on generator and losing food and water fast. The city now has no clean water, no sewerage system, no electricity, and no real communications. Bodies are still being recovered floating in the floods. We are worried about a cholera epidemic. The health care situation here has dramatically worsened overnight.

May 22, 2011 Joplin, MO Tornado

“Like a bomb went off. That’s the only way that I can describe what we saw next. Patients were coming into the ED in droves. It was absolute, utter chaos. They were limping, bleeding, crying, terrified, with debris and glass sticking out of them, just thankful to be alive.”



March 13, 2020

PROCLAMATIONS

**Proclamation on Declaring a
National Emergency Concerning
the Novel Coronavirus Disease
(COVID-19) Outbreak**

Issued on: March 13, 2020



Waiver or Modification of Requirements Under Section 1135 of Social Security Act – March 13, 2020

- Waived requirements that physicians or other health care professionals hold licenses in the State in which they provide services, if they have an equivalent license from another State (and are not affirmatively barred from practice in that State or any State a part of which is included in the emergency area)
- Sanctions under EMTALA for the direction or relocation of an individual to another location to receive medical screening
 - Pursuant to an appropriate state emergency preparedness plan
 - For transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared Federal public health emergency for the COVID-19 pandemic
- Sanctions under section 1877(g) relating to limitations on physician referral
- Limitations on payments for health care items and services furnished to individuals enrolled in a Medicare Advantage plan by health care professionals or facilities not included in the plan's network
- HIPAA requirements

Accreditation Requirements – Disaster Privileges

Joint Commission

- When the emergency operations plan has been activated AND
- Hospital is unable to meet the immediate patient needs

HFAP Emergency/Disaster

- **03.01.18 Temporary Privileges** - For times of emergency and disaster
- **03.01.17 Emergency Privileges** - Medical Staff Bylaws shall provide for the granting of emergency privileges. This practice is generally limited to circumstances within an overwhelming disaster

TJC - EM.02.02.13

- Before a volunteer practitioner is considered eligible to function as a volunteer LIP, the hospital obtains his or her valid government-issued photo ID and at least one of the following:
 - A current picture ID card from HC organization that clearly identifies professional designation
 - A current license to practice
 - PSV of licensure
 - ID 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 hospital or group
 - ID indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances
 - Confirmation by LIP currently privileged by the hospital or a staff member with personal knowledge of the volunteer practitioner's ability to act as LIP during a disaster.

Joint Commission

- EM.02.02.07 EP 9 - The Emergency Operations Plan describes how the hospital will identify LIPs, staff, and authorized volunteers during emergencies. (ID card, wrist bands, vests, hats, badges, etc.)

TJC - EM.02.02.13

- During a disaster, the medical staff oversees the performance of each volunteer LIP
- Based on its oversight of each volunteer licensed independent practitioner, the hospital determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue

TJC - EM.02.02.13

- PSV of licensure when situation under control or W/I 72 hours or must document
 - Reason(s) why it could not be performed within 72 hours of the practitioner's arrival
 - Evidence of demonstrated ability to continue to provide adequate care/treatment/services
 - Evidence of attempt to perform PSV ASAP
- If PSV of licensure can't be completed W/I 72 hours, do ASAP
- PSV of licensure is not required if the volunteer has not provided care, treatment, or services under the disaster privileges

TJC FAQ Recredentialing During Disaster

- If an established provider's privileges are scheduled to expire during the time of the declared national emergency TJC will allow an automatic extension of medical staff reappointment beyond the 2-year period under the following conditions
 - A national emergency has officially been declared
 - The organization has activated its emergency management plan
 - Extending the duration of providers' privileges during an emergency is NOT prohibited by State Law
- Not to exceed 60 days after the declared state of emergency has ended
- The organization determines how the extension will be documented

https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/emergency-management-em/000002281/?fbclid=IwAR3UvmIHpF_deTLamsJNRNy-nupqfP3M-eoa5yiuNxtDq-C5o4r55qGhLxo

Emergency State Licensure Waivers

- CMS waiving for telemedicine for Medicare reimbursement
- States have control of licensure
- State Licensure
 - Beginning March 17, the Federation of State Medical Boards (FSMB) offered access to the **Physician Data Center (PDC)** free of charge for hospitals and other eligible parties
 - FSMB list of states with waivers of licensing requirements
<http://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensure-requirements-covid-19.pdf>

DEA - Telemedicine Allowance Under Section 802(54)(D)

- During public health emergency, healthcare professionals are no longer required to conduct an in-person evaluation of the patient before being able to prescribe schedule II-V controlled substances
- Can prescribe via telehealth as long as
 - Prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
 - The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system
 - The practitioner is acting in accordance with applicable Federal and State laws
- <https://www.deadiversion.usdoj.gov/coronavirus.html>

Board Resolution – Emergency Declaration

- Allow practitioners who are currently credentialed to work in any facility that is part of the health system
- Allow practitioners to work outside previously approved scope of privileges (but within scope of licensure)
- Extend reappointments

ADDITIONAL CONSIDERATIONS

Suspending Elective Surgeries

CMS Adult Elective Surgery and Procedures Recommendations

https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf?fbclid=IwAR2EnrURuMsJrBvGivO6MubCgj8rnQLYHHJWavat6VCZW-5-KnyFxec_krU

Tiers	Action	Definition	Locations	Examples
Tier 1a	Postpone surgery/procedure	Low acuity surgery/healthy patient- outpatient surgery Not life threatening illness	HOPD* ASC** Hospital with low/no COVID-19 census	-Carpal tunnel release -EGD -Colonoscopy -Cataracts
Tier 1b	Postpone surgery/procedure	Low acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census	-Endoscopies
Tier 2a	Consider postponing surgery/procedure	Intermediate acuity surgery/healthy patient- Not life threatening but potential for future morbidity and mortality. Requires in-hospital stay	HOPD ASC Hospital with low/no COVID-19 census	-Low risk cancer -Non urgent spine & Ortho: Including hip, knee replacement and elective spine surgery -Stable ureteral colic

Telemedicine - CMS

- No payment restrictions for distant site providers furnishing Medicare telehealth services from home
 - The practitioner is required to update their Medicare enrollment with the home location
 - Update using provider enrollment hotline

Reimbursement – Keep in Mind...

- Commercial plans are not all bound by CMS' waivers and rules
- Reimbursement for telemedicine/telehealth visits dependent on the patient's benefit plan
- Some states mandating health insurance plans and short-term medical plans to cover for out-of-network providers if network can't provide access

TJC FAQ 3/16/2010

- LIPs CURRENTLY credentialed and privileged by the organization, who would now provide the same services via a telehealth link to patients, would not require any additional credentialing or privileging
- <https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/emergency-management-em/000002276/?p=1>

Professional Liability Insurance

- Need to determine scope of coverage for medical malpractice
- Will hospital cover volunteer?
- Will volunteer cover self?
- Coverage may be specific to specialty so what if we assign new privileges as we redeploy practitioners?
- Does policy cover telehealth?
- Does policy cross state lines?

What Can I do Now to Prepare?

- Identify providers credentialed for onsite privileges in the ED/ICU/CCU
- Determine who has ventilator management privileges
- Know your facility's requirements for disaster/emergency/temporary privileges
- Evaluate/develop processes for sharing information
- Meet with administration to determine if a need has been identified for additional medical staff based on projected patient needs
 - In person
 - Telemedicine

What Can I do Now to Prepare?

- Determine if additional privileges are going to be needed for medical staff and advanced practice providers who will be shifting services
- Consider virtual meetings in lieu of meeting in person
- Suspend non-critical medical staff meetings during emergency situation
- Social distancing for essential meetings

Things to Think About...

- Are you identified as a “key resource”?
- What department will maintain records of LIPs who were granted disaster privileges?
- For volunteers, will need to track
 - Who has privileges – beginning and end dates
 - Where they are practicing
 - Who is supervising

Q & A
