



Rancho Los Amigos National Rehabilitation Center

MEDICAL STAFF POLICY AND PROCEDURE

SUBJECT: DISASTER CREDENTIALING POLICY

Policy No.: MS 104
Supersedes: April 10, 2010
Revision Date: June 22, 2016
Page: 1 of 5

PURPOSE:

To credential and grant privileges to practitioners who are not members of the consolidated medical staff at Rancho Los Amigos National Rehabilitation Center and who do not possess medical staff privileges and who may practice at our facility during a disaster.

POLICY:

Any practitioner providing patient care must be granted privileges prior to providing patient care, even in a disaster situation, and only when the emergency management plan has been activated and the organization is unable to meet immediate patient needs.

DEFINITIONS (exclude entirely if not applicable):

Disaster: Any officially declared disaster, whether it is local, state, or national.

PROCEDURE:

While disaster privileges are granted on a case by case basis, volunteers considered eligible to act as licensed independent practitioners in the organization 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:

1. A current picture hospital ID card that clearly identifies professional designation.
2. A current license, certification or registration to practice medicine or an allied health profession, and a valid picture ID issued by a state, federal or regulatory agency. Primary source verification of the licensure, certification or registration.
3. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or Medical Reserve Corps (MRC), Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal organizations or groups.
4. 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.
5. 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.
6. Primary source verification of medical license begins as soon as the immediate situation is under control and is completed within 72 hours from the time the volunteer practitioner presents to the organization. If unable to verify within 72 hours due to extraordinary circumstances, document reason and attempt to rectify the situation as soon as possible. No verification is required if the volunteer practitioner has not provided care, treatment, and services under the disaster privileges. A record of this information should be retained.

EFFECTIVE DATE: April 28, 2010

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Reviewed: 2/26/14, 7/22/15, 6/22/16

To oversee the professional practice of volunteer licensed independent practitioners, it is recommended that the volunteer practitioner be paired with a currently credentialed medical staff member and should act only under the direct supervision of a medical staff member.

When verifying a volunteer physician's credentials, the following items will be obtained:

1. National Practitioner Data Bank and OIG queries.
2. Verification of current competence and current licensure.
3. Medical Training (AMA Profile acceptable).

Verification of the above information is a high priority and will be done as soon as the immediate situation is under control.

Privileges would be granted on a case by case basis at the discretion of the appropriate incident commander (CEO/designee) handling the disaster, upon recommendation by the Chief Medical Officer. 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 adverse information is obtained during the credentialing process, the CEO/designee may terminate the disaster privileges without the right to a hearing.

Volunteer Physicians granted disaster privileges will be required to display a temporary ID badge while at RLANRC until Disaster privileges have been terminated.

When the hospital determines the disaster situation no longer exists, these temporary, disaster privileges terminate, without the right to a hearing.

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
APPLICATION FOR DISASTER PRIVILEGES DURING A
DECLARED STATE OF EMERGENCY**

Please Print

Name (including maiden name, if applicable): _____

Social Security Number: _____

Birth date: _____

Current Practice Affiliation: 1) Name _____
Address _____
Telephone _____

Home Address & Phone Number: _____

Beeper/Cell Phone Number: _____

State License Number: _____

California Narcotics License Number (if applicable): _____

DEA License Number (if applicable): _____

Malpractice Insurance Carrier: Co. Name _____
Address _____
Coverage Amt. _____
Policy # & Exp. _____

I certify that I am trained and experienced in the specialty of _____, hold a current, unrestricted license to practice in the State of California, a current California Controlled Substance License and DEA (if applicable), and current malpractice coverage. I understand that in making this request, I am bound by the applicable bylaws, rules & regulations, policies and procedures of Rancho Los Amigos National Rehabilitation Center and of its Medical Staff. **I further understand that my Disaster Privileges may be terminated my at any time for any reason, and that when the state of emergency no longer exists, these Disaster Privileges will automatically terminate. I understand that the termination of these Disaster Privileges is final, and that I am not entitled to the Hearing and Appellate Review.** I understand that if I wish to continue treating patients at this facility, I must request Medical Staff membership and/or clinical privileges through the normal Medical Staff application process.

In connection with my application for Disaster Privileges during a declared state of emergency, I hereby consent to any investigation and/or release of all pertinent records and documents containing information regarding my professional qualifications and my competence and ethical qualifications to designated members of the Medical Center's Medical Staff, Administration and the Department of Health Services' Governing Board. I acknowledge and agree to the authorization and release from liability as set forth in the Medical Staff Bylaws. I hereby acknowledge that I have received and understand the Medical Staff Bylaws and Rules & Regulations, and agree to be bound by the terms thereof while exercising disaster privileges at the Medical Center.

Signature of Practitioner or Provider

Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

NOTICE OF GRANTING OF DISASTER PRIVILEGES

This is to advise that _____ has been granted Disaster Privileges during a state of emergency 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 in the specialty of _____.

(Approval by the Chief Medical Officer or his/her designee and the Chief Executive Officer or his/her designee is required.)

Chief Medical Officer (or designee)

Date

Chief Executive Officer (or designee)

Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

**RECORD OF PATIENTS SEEN BY PRACTITIONER
DURING STATE OF EMERGENCY**

The following patients were seen/treated during this emergency by: _____
Practitioner Name

Date: _____	Patient: _____	Medical Record #: _____
Date: _____	Patient: _____	Medical Record #: _____
Date: _____	Patient: _____	Medical Record #: _____
Date: _____	Patient: _____	Medical Record #: _____
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Date: _____	Patient: _____	Medical Record #: _____

Please submit to: _____
(Department Chair)