

## PHYSICIAN EMERGENCY CREDENTIALING FOR DISASTERS

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The potential for pandemic H1N1 flu is still with us and is predicted to intensify this fall. Health care facilities are critical to any effective response to the pandemic and should be gearing up on all aspects of their disaster planning. With planning comes the question of liability and specifically how to reduce liability to health care organizations during a disaster. Although systems will be stressed, health care organizations will still be expected to provide an acceptable standard of care, meet all regulatory requirements and have qualified physicians and nursing staff available. Many organizations anticipate using physicians and nurses not currently on their staff, either volunteers or those borrowed from other organizations during an outbreak. Proper planning for disaster credentialing is essential to ensure that adequate and well qualified practitioners are available.

The American College of Emergency Physicians recommends that all hospitals have a process in place to allow for the emergency privileging of additional physicians in the event of activation of the hospital disaster (emergency preparedness) plan. Additional physician support may be needed immediately to supplement the existing medical staff.

Physicians who request disaster credentialing must be currently licensed practitioners who maintain equivalent privileges at another facility. Privileges requested should be consistent with those currently in place in the appropriate department and specialty at the physician's "home" hospital.

To ensure proper credentialing, hospital medical staff bylaws that address disaster credentialing should specify identification requirements for those physicians requesting disaster privileging. Such identification may include one or more of the following:

- A current picture hospital identification card
- A current license to practice and a valid picture identification issued by a state, federal or regulatory agency
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT)
- Identification indicating that the individual has been granted authority to render patient care in disaster circumstances, such authority having been granted by a federal, state or municipal entity
- Presentation by current hospital or medical staff member(s) with personal knowledge regarding the practitioner's identity

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Disaster privileges may be granted in accordance with the bylaws of the medical staff. The individual responsible for granting such privileges must be designated in writing in the medical staff bylaws and referenced in the hospital's disaster (emergency preparedness) plan. The bylaws should specify that this individual is not required to grant privileges to any requestor and is expected to make such decisions on a case-by-case basis at his or her discretion. The privileges should be effective immediately and continue through the completion of the patient care needs or until the orderly transfer of the patient's care to another properly credentialed physician can be accomplished. Following disaster credentialing, the physician should be provided with and maintain on his or her person written verification of said privileges. The medical staff bylaws, rules and regulations should require that his or her notations in the medical record reflect that the physician is working under disaster privileges. For quality review purposes, a list of all patient encounters should be kept, if practical.

As soon as practical, primary source verification of the disaster-credentialed physician should be undertaken. This verification should include:

- Current and unencumbered medical licensure verification.
- DEA and state narcotics registration verification. If required by the hospital's policy for granting temporary privileges, one or more of the following may be verified:
  - National Practitioner Data Bank discovery
  - Health and Human Services/Office of Inspector General (HHS/OIG) List of Parties Excluded from Federal Programs
  - One current active hospital affiliation

Advance planning and disaster drills that include all aspects of making health care accessible during a disaster are crucial to supporting community health needs and controlling the spread of disease.

Credentialing can hold up the delivery of care when time is of the essence, so proper planning can save lives.

## REFERENCES

American College of Emergency Physicians  
2003 Statement Hospital Disaster Privileging  
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