

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital</i>	Last Approval Date: May 2019
Name of Policy: Disaster Privileges for Volunteer Licensed Independent Practitioners (LIP) and Advance Practice Providers (APP)	Page 1 of 5
Departments Affected: All Departments	

I. PURPOSE

When the emergency management plan for Stanford Health Care (SHC) and/or Lucile Packard Children's Hospital (LPCH) has been activated, the hospitals may be unable to handle the immediate and emergent patient needs. This policy provides a process to grant temporary privileges when necessary under these circumstances to volunteer physicians, physician assistants and advanced practice nurses who are eligible to be licensed as Licensed Independent Practitioners (LIP/APP) to help care for an unusually high number of seriously ill patients.

II. POLICY

During disaster(s) in which the emergency management plan has been activated, the Chief Executive Officer, Chief of Staff/Medical Staff President, or their designee(s) may, if the hospitals are unable to handle immediate and emergent patient needs, grant disaster privileges to individuals deemed qualified and competent, for the duration of the disaster situation. Granting of these privileges will be handled on a case-by-case basis and are not a "right" of the requesting provider.

If the Chief of Staff/Medical Staff President is unable to fulfill these duties, or to name a designee, the responsibility will pass to (in order of authority) the Vice Chief of Staff (SHC), Vice President of the Medical Staff (LPCH) or President-Elect of the Medical Staff (LPCH).

III. PROCEDURE

- A. Hospital Administration will inform Medical Staff Services that the emergency management plan has been activated and that disaster privileging will be required.
- B. A Disaster Privileging Form will be given to any physician/APP wishing to request these privileges. The form must be completed, signed by the requesting physician/APP, and returned to a Medical Staff Services representative prior to verification and approval of disaster privileges. Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner/APP, a Medical Staff Services representative obtains a valid government-issued identification issued by a state, federal, or regulatory agency (i.e. a driver's license or a passport), and at least one of the following:
 - Current hospital photo ID card that clearly identifies professional designation
 - Current medical/Professional license
 - Primary source verification of the license

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Name of Policy: Disaster Privileges for Volunteer Licensed Independent Practitioners (LIP) and Advance Practice Providers (APP)	Page 2 of 5
Departments Affected: All Departments	

- An ID that certifies the physician/APP is a member of a state or federal disaster medical assistance team (DMAT), or MRC, ESAR-VHP, or other recognized state or federal organizations or groups.
- An ID that certifies the physician/APP has been granted authority by a federal, state, or municipal entity to administer patient care in emergencies
- Identification by a current hospital or medical staff member who possesses personal knowledge regarding the volunteer's ability to act as a licensed independent practitioner during a disaster.

- C. The Medical Staff oversees the performance and professional practice, care, treatment and services provided by the volunteer LIP/APP through direct observation, mentoring, and clinical record review. Based on the oversight of each volunteer licensed independent practitioner, the medical staff will determine within 72 hours of the practitioner's arrival if granted disaster privileges should continue.
- D. Volunteer LIPs/APPs will be identified by name badges provided by a Medical Staff Services Representative. LIP/APP's who are already on the Medical Staff or have been granted privileges will be provided name badges in the event that his/her Hospital identification is not available.
- E. Primary source verification of licensure occurs as soon as the immediate emergency situation is under control, or within 72 hours from the time the volunteer practitioner presents to the organization, which ever comes first.

If, for any reason, the primary source verification of licensure cannot be completed within 72 hours, the Medical Staff Services Representative documents the following:

- Why the primary source verification could not be performed in the required time frame
- Evidence of a demonstrated ability to continue to provide adequate care, treatment and services
- Evidence of the attempt to perform primary source verification as soon as possible

If the volunteer practitioner has not provided any care, treatment or services under the disaster privileges process, primary source verification of licensure would not be required.

- F. When the Hospitals have deemed that the emergency management plan is no longer needed, all disaster privileges will immediately terminate.

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Departments Affected: All Departments	

- G. When the emergency management plan for SHC and LPCH has been activated, providers who receive temporary privileges pursuant to this policy will be covered for professional and general liability for acts undertaken in this capacity on behalf of SHC and LPCH by SHC/LPCH Professional Insurance Company.

I. DOCUMENT INFORMATION

- A. Legal Authority/References:
1. Joint Commission Comprehensive Accreditation Manual for Hospitals (2009)
 2. Medical Staff Bylaws SHC and LPCH
- B. Author / Original Date:
- Sandi Edgar, 5/2003
Debra R. Green, MPA, CPMCM, CPCS, 6/08, 2/09, 8/12
- C. Gatekeeper of Original Document
- The Director, Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials Policy and Procedure Manual, a copy of which is kept in the Medical Staff Office.
- D. Distribution and Training Requirements
- The distribution and training requirements for this Policy will be handled through the Credentials Department.
- E. Review and Renewal Requirements
- This policy will be reviewed by the Credentials and Privileges Committee every three years and/or as required by change of law or practice,. The review is facilitated by the Director of Medical Staff Services. Any changes must be approved by the Credentials and Privileges Committee (on authority by the Medical Board.)
- F. Review / Revision History:
- 12/06, 12/07, 6/08, 2/09, 5/19
- G. Approvals:
- Legal – 6/18/03
LPCH Policy Committee – 3/09, 9/12, 11/16, 5/19
Credentials Committee SHC – Dec 2006, Dec 2007, Mar 2009, 9/12, 12/16, 5/19
Credentials Committee LPCH – Dec 2006, Dec 2007, Mar 2009, 9/12, 12/16, 5/19
- H. Board Approvals
- Medical Executive Committee – SHC and LPCH –3/09, 10/12, 12/14, 12/16, 5/19
Board of Directors – SHC and LPCH –3/09, 10/12, 12/16, 5/19

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Name of Policy: Disaster Privileges for Volunteer Licensed Independent Practitioners (LIP) and Advance Practice Providers (APP)	Page 4 of 5
Departments Affected: All Departments	

**VOLUNTEER LICENSED INDEPENDENT PRACTITIONER
DISASTER PRIVILEGES FORM**

I, (*print*) _____, certify that I am licensed as a:

Physician
 Podiatrist
 Dentist
 Psychologist

in the State of _____, license # _____, and I certify that I have no restrictions on my licensure to practice.

I also certify that I have the training, knowledge, and experience to practice in the specialty of _____ with no restrictions on clinical privileges at any hospital.

I hereby volunteer my clinical services to Stanford Health Care/Lucile Packard Children's Hospital ("Hospitals") during this emergency/disaster situation and agree to practice as directed and under the supervision of a current member of the Medical Staff at the Hospitals. I agree to wear my ID badge issued by the Hospitals at all times when functioning under these temporary disaster privileges to enable staff and patients to readily identify my status.

I agree to abide by all policies at the Hospitals regarding confidentiality of patient information.

I also acknowledge that my temporary disaster privileges at the Hospitals shall ***immediately terminate*** once the emergency has ended, as notified by the Hospitals, and that these privileges may be terminated at any time without cause or reason, and without right to a hearing or review.

Signature of provider

Date

The information as provided by the provider has been reviewed and will be verified, as soon as possible, as outlined in the Policy, by Medical Staff Services. On this basis, this provider is hereby granted temporary disaster privileges to treat patients presenting at the Hospital during this emergency/disaster.

Signature of Chief of Staff (or designee)

Date

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Name of Policy: Disaster Privileges for Volunteer Licensed Independent Practitioners (LIP) and Advance Practice Providers (APP)	Page 5 of 5
Departments Affected: All Departments	

DISASTER PRIVILEGES TRACKING LOG FOR VOLUNTEER LIP/APP'S

MEDICAL STAFF SERVICES USE ONLY									
L Name	F Name	MD, DO, NP, PA, DDS, DPM, PHD	Specialty	Lic#	Type ID Provided (See Key – A required)	Lic Verified (Date)	Verified In 72 hrs Y/N	MS Member Y/N	PRIV FORM COMP Y/N
SAMPLE	DOCTOR	MD	MEDICINE	123456	A, B	1/1/09	Y	N	Y

ID Type Key

A – Govt issued ID – **REQUIRED**
 B – ID from another HC Org
 C – License to practice
 D – ID from DMAT/MRC/ESARVHP
 F – ID from Govt entity granting authority to provide care
 G – Confirmation from another Medical Staff Member