

ARTICLE

Emergency, Temporary or Disaster Privileges – Which One is Right for You?

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<https://www.greeley.com/insights/emergency-temporary-or-disaster-privileges-which-one-right-you>

The COVID-19 pandemic has caused many challenges for healthcare organizations across the country. Many organizations have been forced to activate their Emergency Operations / Emergency Response Plans (hereafter EOP) as they face a growing number of patients with COVID-19.

What does the activation of an EOP mean for the Medical Staff Services Department? What is our role in the midst of a disaster? Healthcare organizations are accustomed to trial runs or mock disasters to ensure all the necessary precautions are in place and that key personnel know and understand their role. The Medical Services Professional (MSP) is typically part of those prep events but rarely does the MSP get a true sense of what a disaster means for the Medical Staff Services Department and for the Medical Staff and other privileged practitioners.

The role of the MSP has always been a supportive role, supportive to the Medical Staff and hospital leadership. We take our responsibility in the delivery of patient care very seriously and for good reason, we are the gate keepers of patient safety. The activation of an EOP is no different, the MSP plays a vital role in ensuring all

practitioners are appropriately authorized to render care to patients as needed.

During a disaster, the MSP is primarily tasked with guiding their medical staff leaders on the most appropriate mechanism for practitioners to obtain authorization to practice in order to meet the demand for increased clinical resources to support the increase in patients.

However, despite the activation of an EOP, many MSPs are still utilizing temporary privileges rather than disaster privileges as the method to achieve this authorization. The question is why? How is it that the more tedious task of processing temporary privileges and one that requires more work, is the approach chosen during a state of emergency? It may be that the organization has the time to devote to the more comprehensive process of temporary privileges and decides to do so from a risk management perspective. Many healthcare attorneys are looking post COVID-19 in anticipation of even more scrutiny of the due diligence performed by hospitals and advising risk adverse, pro-active measures to avoid successful negligent credentialing suits down the road.

Organizations have three options to consider when it comes to privileges during a disaster:

- **Temporary Privileges** – To fulfill a patient care, treatment and service need
- **Disaster Privileges** – EOP has been activated
- **Emergency Privileges** – To save life or prevent untold harm

Knowing the difference between the three types of authorizations is important, not only from a regulatory standpoint but also to determine what is practical based on the individual organization's circumstances when managing their response to a disaster.

In accordance with the TJC and most other accrediting bodies (HFAP, DNV GL, CIHQ) standards, temporary privileges are permitted under two circumstances, 1) patient care need or 2) pendency of application. Temporary privileges under patient care need is the circumstance most applicable to today's COVID situation and typically requires the organization at a minimum to primary source verify current state licensure and current competence. Additional requirements may be outlined within an organization's MS Bylaws. A NPDB query is also required. The time limit for temporary privileges under patient care need is based on your medical staff bylaws. It's important to remember, for organizations that are TJC accredited, a Focused Professional Practice Evaluation (FPPE) is required for temporary privileges under patient care need; the provider has been granted a privilege, a new privilege which warrants a FPPE.

The requirements for Temporary Privileges and Disaster Privileges are purposely different and for good reason. Disaster privileges are intended to allow the authorization process to be quick so that needs of the organization and patient care can be immediately met. Therefore, the requirements are minimal. Primary source verification of licensure must be done within 72 hours of practitioner arriving on site. If verification of licensure cannot be done, the organization is required to document appropriately the circumstance that prohibited the verification from being done within 72 hours. In addition to licensure verification, the Medical Staff is required to oversee the performance of the practitioner and within 72 hours determine if disaster privileges continue. As with temporary privileges for patient care need, a NPDB query is also required for disaster privileges. The Medical Staff must have a written process in place for overseeing volunteer providers that are granted disaster privileges and within 72 hours a decision if those disaster privileges continue or end. No further evaluation process or even an FPPE is required. Organizations who are quickly needing to ramp up privileged / authorized LIPs and other practitioners who provide a medical level of care should do so utilizing the disaster

privilege option.

Another key point to consider regarding Disaster Privileges, is that the authorization process not only applies to volunteer LIPs who do not currently hold privileges within the facility but also may apply to LIPs already privileged within the facility.

Organizations may have practitioners that are privileged in one specialty area but now need to expand their scope of practice so that they can provide necessary coverage to patients during a disaster. Authorizing the extension of privileges through Disaster Privileges simplifies the and accelerates the process. Disaster Privileges do not require a privileging form, nor is an organization required to specify what “privileges” or “procedures” are being authorized. The intent of Disaster Privileges is to authorize the LIP to render care as needed, supporting the organization’s efforts during an active EOP.

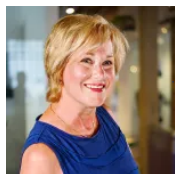
Many MSPs are making reference to “Emergency Privileges” when they are actually referring to either temporary privileges or disaster privileges. Accreditors vary slightly in their use of the terms and you should be aware of how your accrediting body references the terms emergency, disaster, and temporary privileges.

“Emergency Privileges” typically are to save life and limb and remove any restriction on the clinical privileges granted to practitioners already on your medical staff essentially allowing a waiver of specific authorization in an emergency situation; recognizing that the practitioner’s actions outside of their granted privileges are governed (and authorized) by the applicable section in the Medical Staff Bylaws or related documents.

Organizations will need to determine what approach will work best based on individual circumstances; temporary privileges or disaster privileges. However, it is important that MSPs provide their Medical Staff leadership and Hospital leadership with clear, accurate and compliant information and use the correct nomenclature when communicating about the appropriate steps. While MSPs are more familiar with processing temporary privileges, it might not be the most feasible option if time

is of the essence. Temporary privileges may be your chosen process if there is sufficient time to perform additional due diligence in accordance with your temporary privileges policy.

LEARN MORE ABOUT THE AUTHOR



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