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Kenneth E. Raske, President

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TO: Chief Executive Officers (New York State Hospitals Only)

FROM: Kenneth E. Raske, President

RE: New York State Department of Health's Position on JCAHO Standard Regarding Disaster Privileges

I am writing to inform you that the New York State Department of Health (DOH) has concluded that it will endorse the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO's) standard regarding the process and criteria to be used for granting privileges to medical practitioners who present at an institution to offer their services during a disaster.

#### **DOH Position on JCAHO Standard**

During GNYHA meetings regarding emergency preparedness, GNYHA members have consistently discussed the need to utilize medical practitioners who are not part of their medical staffs during emergencies. As a result, members have also raised the question of what process and criteria DOH would find acceptable from a regulatory perspective for purposes of granting disaster privileges in the midst of a disaster.

After significant review, DOH recently indicated that it endorses the attached JCAHO disaster privileging standard (MS.4.110) described below. Therefore, during a disaster in which a hospital's emergency management plan has been activated, the hospital's chief executive officer (CEO), medical staff president, or their designee(s) has the option of granting disaster privileges upon presentation of the forms of identification listed under "Elements of Performance – Identification" below.

DOH has indicated that it is continuing to review issues regarding credentialing, including the possibility of establishing a statewide system of identification of practitioner specialties. In addition, DOH is planning to implement a statewide system of identification cards for physicians who are part of New York State's physician volunteer program. The cards would indicate that the physicians are currently licensed in New York State and that they are part of the State's volunteer program. GNYHA will keep members apprised of DOH's activities regarding credentialing, including its physician volunteer program.



## JCAHO Standard

The attached JCAHO disaster privileging standard (MS.4.110), which became effective in January 2004, outlines the process for granting disaster privileges. The standard was revised slightly from the previous version that became effective in 2002.

**Standard:** MS.4.110 states, “[d]isaster privileges may be granted when the emergency management plan has been activated and the hospital is unable to handle the immediate patient needs (*see* standard EC 4.10).”

**Rationale:** The rationale for MS.4.110 states, “[d]uring disaster(s) in which the emergency management plan has been activated, the CEO or medical staff president or their designee(s) has the option to grant disaster privileges.”

**Elements of Performance – Medical Staff:** The “elements of performance” indicate that the “medical staff identifies in writing the individual(s) responsible for granting disaster privileges” and also describes in writing “the responsibilities of the individual(s) granting disaster privileges.” The elements of performance also states that the individual responsible for granting disaster privileges “is not required to grant privileges to any individual and is expected to make such decisions on a case-by-case basis at his or her discretion.”

The elements of performance for MS.4.110 also indicate that:

- the medical staff describes in writing a mechanism to manage individuals who receive disaster privileges;
- the medical staff includes a mechanism to allow staff to readily identify these individuals;
- the medical staff addresses the verification process as high priority;
- the medical staff begins the verification process of credentials and privileges of individuals who receive disaster privileges as soon as the immediate situation is under control; and
- the verification process is identical to the process established under the medical staff bylaws or other documents for granting temporary privileges to meet an important patient care need (*see* standard MS.4.100).

**Elements of Performance – Identification:** According to the elements of performance for MS. 4.110, the CEO, president of the medical staff, or their designee(s) may grant disaster privileges upon presentation of any 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, treatment, and services 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.

### **GNYHA Activities Regarding Utilizing Volunteers During Disasters**

GNYHA will be holding a briefing session in August regarding the use of volunteers during disasters and will inform you of the date of the briefing session via a separate meeting notice.

If you have any questions, please contact Doris R. Varlese at GNYHA.

cc (via e-mail):       Emergency Preparedness Coordinating Council  
                              Emergency Medicine Chairs/Administrators  
                              Chairs, Disaster Committee  
                              Medical Directors  
                              Legal Affairs Committee  
                              Directors, Risk Management  
                              Quality Management Committee  
                              Vice Presidents of Nursing

attachment

Scoring Grid

- 0 Insufficient compliance
- 1 Partial compliance
- 2 Satisfactory compliance
- NA Not applicable

### Disaster Privileges

- Compliant
- Not Compliant

#### Standard MS.4.110

Disaster privileges may be granted when the emergency management plan has been activated and the hospital is unable to handle the immediate patient needs (see standard EC.4.10).

#### Rationale for MS.4.110

During disaster(s) in which the emergency management plan has been activated, the CEO or medical staff president or their designee(s) has the option to grant disaster privileges.

#### Elements of Performance for MS.4.110

A 0 1 2 NA

A 0 1 2 NA

B 0 1 2 NA

A 0 1 2 NA

A 0 1 2 NA

A 0 1 2 NA

A 0 1 2 NA

B 0 1 2 NA

1. The medical staff identifies in writing the individual(s) responsible for granting disaster privileges.
2. The medical staff describes in writing the responsibilities of the individual(s) granting disaster privileges. (The responsible individual is not required to grant privileges to any individual and is expected to make such decisions on a case-by-case basis at his or her discretion.)
3. The medical staff describes in writing a mechanism to manage individuals who receive disaster privileges.
4. The medical staff includes a mechanism to allow staff to readily identify these individuals.
- Ⓜ 5. The medical staff addresses the verification process as a high priority.
- Ⓜ 6. The medical staff begins the verification process of the credentials and privileges of individuals who receive disaster privileges as soon as the immediate situation is under control.
7. This verification process is identical to the process established under the medical staff bylaws or other documents for granting temporary privileges to meet an important patient care need (see standard MS.4.100).
- Ⓜ 8. The CEO or president of the medical staff or their designee(s) may grant disaster privileges upon presentation of any of the following:
  - A current picture hospital ID card
  - A current license to practice and a valid picture ID 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, treatment, and services 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 practitioner's identity

### Telemedicine

#### Introduction

The services covered under these standards are narrowly defined, focusing solely on LIPs who have either total or shared responsibility for patient care, treatment, and services (as evidenced by having the authority to write orders and direct care, treatment, and services) through a