

Medical Staff of Providence Regional Medical Center Everett
Medical Staff Policy and Procedure

Emergency Temporary Privileges

Approved 11/2003

Revised 06/2009

Policy

Emergency Temporary Privileges may be granted to a practitioner for care of a specific patient when there is an important patient care need that mandates an immediate unexpected authorization to practice for a limited period of time, e.g., a physician has the necessary skills to provide care to a patient that a physician currently privileged does not possess.

A practitioner must meet the qualifications for Medical Staff membership set forth in the Bylaws, Rules and Regulations and Policies, including current license, relevant training or experience, current competence, and ability to perform the privileges requested. The practitioner must have completed a residency program and be board certified or eligible to sit for boards within 5 years. Emergency temporary privileges are issued to a physician only for the specialty in which he/she did a residency or fellowship and/or is board certified. The granting of emergency temporary privileges does not constitute granting of staff membership or permanent privileges.

Procedure

1. Monday through Friday, 7:00 a.m. to 3:30 p.m., requests for emergency temporary privileges will be referred to Medical Staff Services at 425-261-3092.
2. For other times when emergency temporary privileges are indicated, the following process may be used:
 - a. Complete the attached Emergency Temporary Privileges form and leave no blanks.
 - b. Obtain copies of the following and attach them to the Emergency Temporary Privileges form:
 - Current Drug Enforcement Administration certificate
 - Current professional Washington State license (This can be verified at www.doh.wa.gov/Licensing.htm by clicking on Provider Credential Search Website, Provider Credential Search, and searching by name.)
 - Current professional liability insurance
 - Photo ID (Copy of driver's license will suffice.)

If these documents are not available, the number and expiration dates must to be recorded, copies to be collected later by the Medical Staff Services Department.

- c. If possible, call the primary admitting hospital to verify the practitioner's current competence for the privileges requested.
- d. Complete the temporary privileges form, maintain a copy, and forward the original with attachments to the Medical Staff Services Department as soon as possible for remaining processing as required by the Temporary Privileges Policy.

Emergency Temporary Privilege Form
(Return to PRMCE Medical Staff Office)

Date: _____

_____, MD / DPM / DO (circle one) has requested temporary privileges beginning _____ (date) and ending _____ (date)

Patient's name: _____ Privileges requested: _____

Specialty: _____ Date of Birth: _____

Office Phone: _____ Home Phone: _____

Office Address: _____

Primary Admitting Facility with Phone Number: _____

CONFIRMATION OF THE FOLLOWING HAS BEEN OBTAINED:

Board Certification(s): Yes _____ No _____ Specialty _____

Professional School attended: _____

Degree received: _____ Date of graduation: _____

Name and Address of Residency/Fellowship Program completed: _____

Date Completed _____ Field of Study _____

DSHS Number: _____ NPI Number _____ Medicare Number: _____

Washington State License Number: _____ Date of Expiration: _____

DEA Registration Number: _____ Date of Expiration _____

Professional Liability Insurance Company: _____

Policy No. _____ Date of Expiration _____

I have the training, experience, and knowledge necessary to practice in the specific specialty defined herein and I have had no restriction(s) on my clinical privileges at any organization now or in the past. I volunteer my medical services to the hospital during this emergency and agree to practice as directed by member(s) of the medical Staff of Providence Regional Medical Center Everett. I also acknowledge that these emergency privileges terminate once the emergency is ended.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Approved by any two of the following: Chair of Medical Staff Division where privileges are requested, Medical Staff President, Credentials Committee Chair, PRMCE Administrator On Call, or PRMCE Chief Medical Officer

Approved _____ Date: _____

Approved _____ Date: _____

RETURN THIS COMPLETED FORM TO THE MEDICAL STAFF SERVICES DEPARTMENT. PLEASE ATTACH COPIES OF INSURANCE, DEA, WASHINGTON STATE LICENSE, AND PHOTO ID.