

## Policy: Medical Staff Credentials and Peer Review Files

DEPARTMENT SPECIFIC: Only affects one department.							
Folder	Medical Staff Services			Sub-Folder (If Applicable)	n/a		
Effective Date	2/12/2002	Approved Approver/Date	Credentials Committee 08/18/20 ; Medical Executive Committee 08/25/20; Board of Directors 09/24/20				
Last Reviewed/ Revised Date	8/12/2020	OSHA Category (If Applicable)	Not Applicable	Standard (If Applicable)	n/a	Number of pages	3

### PURPOSE:

To maintain a credentials and a peer review file on each Medical Staff practitioner and ensure confidentiality of Medical Staff records.

### GUIDELINES:

The Medical Staff Services Department compiles and maintains practitioner specific information in the credentials files (information specific to the initial credentialing process and the reappointment process). As a result of the Medical Staff quality assessment and improvement program, the Quality Management Department compiles and maintains peer review files, which contain information that is accumulated for utilization in the peer review process, and considered at the time of reappointment and renewal of clinical privileges. This information will be utilized to provide objective data with which to assist the Medical Staff and the governing body in forming the consistent and careful performance of all members of the Medical Staff. All information contained in the practitioner's peer review file is privileged, confidential, and protected from disclosure to the fullest extent permitted by state and federal law.

### PROCEDURE:

1. Location of Credentials and Peer Review Files: An electronic, separate, practitioner-specific credentials and peer review file is maintained for each Medical Staff member. Credentials files are primarily maintained electronically in Medical Staff Services via a web-based, secure site. Paper files are stored in the Medical Staff Credentialing office next door to Quality Management. Peer review files are maintained electronically in the shared drive in the Quality Management Department.
2. Content of the Credentials Files

- a. The completed and verified application for Medical Staff membership, including, but not limited to, information on training, experience, medical malpractice coverage and claims history, professional references, National Practitioner Data Bank reports, current licensure, Drug Enforcement Administration (DEA) and Bureau of Narcotics and Dangerous Drugs (BNDD) registrations, health status, and request for clinical privileges.
  - b. Evidence that the Medical Staff has evaluated and acted upon such information
  - c. Specific and current clinical privileges recommended by the Medical Staff and approved by the Hospital's Board of Directors
  - d. Data pertinent to reappraisal and reappointment, including current licensure, DEA and BNDD registrations, continuing medical education, health status, and medical malpractice coverage and claims experience
  - e. Evidence that the Medical Staff critically evaluated such information and assessed the current clinical competence for privileges requested, as well as evidence that appropriate action was taken on reappointment and renewal of privileges
3. Content of Peer Review Files
- a. Patterns of care as demonstrated in findings of quality assessment/improvement activities (i.e. surgical case review, blood usage evaluation, utilization management, etc.)
  - b. Completed peer review forms showing evaluation of specific cases
  - c. Correspondence to and from the practitioner relative to peer review, quality assessment/improvement activities, or risk management activities
  - d. Documentation referencing practitioner-related patient care concerns or allegations of improper behavior or conduct
4. Access to Credentials and Peer Review Files
- a. Access shall be granted after the individual requesting access has signed and dated the appropriate Confidentiality Agreement.
  - b. Credentials and peer review files are accessible to members of the Medical Executive Committee, the Credentials Committee, the Chief of Staff the Chairman of the Department to which the practitioner is assigned, and members of hospital administration.
  - c. Individual approved practitioner privilege lists are available on the Hospital's intranet site and visible to staff to assure that each practitioner practices within the scope of granted privileges. Paper copies of privilege lists are housed in Medical Staff Services, the Emergency Department, Perioperative Services, and the GI Lab in the event of computer downtime. Original privilege request forms (submitted prior to privilege approval) are maintained in the Credentialing file and are not shared publicly.
  - d. Copies of any documents in the credentials and peer review files which were submitted by the practitioner (within the initial application process, reappointment

- process, request for privileges, or correspondence from the practitioner) or which were addressed to the practitioner, may be provided to the practitioner upon request.
- e. Practitioners shall have the right to inspect their own documents regarding questions concerning quality of care matters, National Practitioner Data Bank response, admissions, treatments, consultations, and suspensions for failure to complete medical records.
  - f. The practitioner's review of records shall take place in Administration in the Medical Staff Services Department, or in the Quality Management Department during normal business hours with an officer or designee of the Medical Staff present.

#### **5. Access by Third Parties: Written or Telephone Requests**

- a. If a practitioner has not been the subject of any recommendation or action pertaining to disciplinary or peer review actions, then designated individuals in the Medical Staff Services office may release information about a practitioner to another hospital or medical staff, provided that the request is accompanied by an authorization for release of information signed by the practitioner within the past 12 months. Such disclosures may contain:
  - i. Name
  - ii. Specialty
  - iii. Dates of appointment (initial and end date, if applicable)
  - iv. Medical staff status
  - v. Good standing as a medical staff member
- b. If a practitioner has been the subject of any recommendation or action, the request (accompanied by an authorization for release of information signed by the practitioner within the past 12 months) must be reviewed and approved by the Medical Staff Services Manager, who may consult with General Counsel regarding disclosure of the final action
- c. Subpoenas pertaining to medical staff records shall be referred to General Counsel for review

#### **REFERENCES:**

HCPPro--The Top 45 Medical Staff Policies and Procedures, Fifth Edition, Todd Sagin, MD, JD, 2014

#### **Attachments:**

None