

Manual	Medical Staff	Effective Date	04/27/2006
Policy #	MS 101	Date Revised	12/31/2008
Responsible Person	Director, Medical Staff Administration	Next Scheduled Review	12/31/2020

PURPOSE

To enhance quality patient care within the Ronald Reagan UCLA Medical Center by encouraging beneficial quality assessment, performance improvement, and peer review activities among the members of the Medical Staff and appropriate Medical Center personnel.

POLICY

In accordance with California law, the Medical Staff will maintain, to the fullest extent possible, the confidentiality of all medical staff records and discussions relating to credentialing, quality assessment, performance improvement, and peer review activities of its medical staff. Disclosure of any such records, information, and/or communications shall be permitted only as described in this policy.

GENERAL APPLICATION

This policy shall apply to all records maintained by, or on behalf of, the Medical Staff of the Ronald Reagan UCLA Medical Center. These shall include but not be limited to, the credentials and peer review files of individual practitioners; the records and minutes of all medical staff committees and clinical services, and the records of all medical staff credentialing, quality assessment, performance improvement, and peer review committees, groups and activities. This policy shall also apply to any and all discussions and/or deliberations regarding credentialing quality assessment, performance improvement, and peer review committees, groups and activities conducted under the Medical Center’s authority.

PROCEDURE

Maintenance of Medical Staff Minutes and Records as Confidential

- Minutes and records of medical staff committees or clinical services pertaining to credentialing, quality assessment, and/or peer review matters shall be maintained as strictly confidential. All such records or reports shall be identified and marked with the following statement:

Records/Reports

Confidential peer review document protected under the provisions of Section 1157 of the California Evidence Code. Do not redistribute.

Minutes

The proceedings, minutes and records of this committee are confidential and protected from disclosure pursuant to California Evidence Code section 1157 that protects the proceedings and records of organized committees of medical staffs having the responsibility of evaluation and improvement of the quality of care rendered in the hospital.

- Minutes and records of medical staff committees and clinical services shall be maintained in an orderly and easily accessible fashion in Medical Staff Administration (“MSSD”), or clinical service under the direct custody and control of the Director, Medical Staff Administration, the Clinical Service Chief, or his or her designees.

CONFIDENTIALITY OF RECORDS

MS 101

3. Sensitive documents distributed in the course of a committee shall be numbered to ensure that all copies are retrieved and, if appropriate, shredded at the conclusion of the meeting. The original documents shall be securely maintained in the MSSD or clinical service in a confidential, locked area.
4. Credentials Files will be maintained in a confidential, locked area, in the MSSD. All medical staff records shall be kept locked except when MSSD personnel are available to monitor access to the records in accordance with this policy.

Confidentiality Statements

A signed confidentiality agreement is required of all Medical Staff members who serve on Medical Staff Committees and any non-members who are present at Medical Staff Committee meetings. This agreement appears as statement on the sign-in sheet for each medical staff meeting and as part of the initial and reappointment applications.

Access to Medical Staff Records

All requests for access to medical staff records shall be presented to the Director, Medical Staff Administration. Access to medical staff records, as permitted pursuant to this policy, shall only be granted after the individual requesting access has signed and dated the appropriate Confidentiality Agreement.

An individual permitted access under this section shall be afforded a reasonable opportunity to inspect the records requested and to make notes regarding them, in the presence of the Director, Medical Staff Administration. In no case shall an individual remove the records (or portions thereof) from the MSSD or make copies of them, without the express permission of the Director, Medical Staff Administration, or the Chair of the appropriate medical staff committee.

1. Access by Individuals Performing Official Medical Center or Medical Staff Functions

The following individuals shall be permitted access to medical staff records to the extent described:

- (a) The Director, Medical Staff Administration, shall have access to all medical staff records as needed to fulfill his or her respective responsibilities.
- (b) Medical staff Officers shall have access to all medical staff records to the extent necessary for the performance of their duties.
- (c) Members of medical staff committees shall have access to the minutes and reports of the committees on which they serve as necessary to fulfill their responsibilities under the Medical Staff Bylaws.
- (d) Clinical Service Chiefs shall have access to all medical staff records relating to the activities of individuals seeking or exercising privileges in the respective services. Clinical Service Chiefs shall also have access to the credentials, quality assessment, and peer review files of individual practitioners whose qualifications and/or performance are being reviewed in their respective services.
- (e) Consultants engaged by the Medical Center to assist a medical staff committee or service shall have access to the credentials, quality assessment, and peer review files of the practitioner being reviewed and to any other relevant medical staff records which are

CONFIDENTIALITY OF RECORDS

MS 101

necessary to enable such consultants to perform their function as determined by the Medical Center.

- (f) The Chief Medical Officer shall have access to the minutes of all regular or ad hoc medical staff committee or clinical service meetings and to any quality assessment or risk management information contained in medical staff records.
- (g) The Vice Chancellor, Health Sciences or his or her designee shall have access to those medical staff records necessary for the performance of his or her University functions.

2. Access by Members of the Medical Staff

Credentials, quality assessment and peer review files

- (a) A practitioner shall not have access to the credentials, quality assessment and peer review files of other practitioners, except as described in the preceding section.
- (b) A practitioner shall be permitted access to, and copies of, those items in his or her personal credentials, quality assessment and peer review files that he/she submitted.

Additional Information

Upon request, Clinical Service chiefs shall provide access to each practitioner to his or her individual Ongoing Professional Practice Evaluation (OPPE). Each member shall be permitted to attach a written explanation to the OPPE.

3. Access by Third Parties (non-University Employees or non-Medical Staff Members); 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 MSSD may release information about a practitioner to another hospital or medical staff. All such disclosure shall be limited to the following information:

- Name
- Specialty
- Date of Initial appointment
- Medical staff status
- Good standing as a medical staff member

- (b) If a practitioner has been the subject of any recommendation or action (and is therefore not in “good standing”), the request must be reviewed and approved by the Director, Medical Staff Administration, who may consult with Legal Counsel.

4. Access by Third Party Payors That Have Delegated Credentialing Responsibilities to the Ronald Reagan UCLA Medical Center and/or UCLA Medical Group

Third party payors that have delegated credentialing responsibilities to the Ronald Reagan UCLA Medical Center and/or the UCLA Medical Group will be provided with access only to the credentials portion of the practitioner's file.

5. Requests from Regulators (including the Medical Board of California) and Accreditation Surveyors

Requests for records covered by this policy from surveyors from the Joint Commission, the federal Health Care Financing Administration, the State Department of Health Services, and/or the Medical Board of California, shall be immediately referred to University Legal Counsel for further disposition in accordance with applicable laws, regulations and/or accreditation standards.

Under no circumstances shall original or photocopied records be removed from Medical Center premises, unless there is shown to be explicit legal authority so requiring, which authority has first been reviewed by University legal counsel.

6. Subpoenas

All subpoenas pertaining to medical staff records shall be referred to University Legal Counsel for review.

Approved:

Medical Staff Executive Committee: December 31, 2008/reviewed with no revisions 12/31/2017

Governing Body: December 31, 2008/reviewed with no revisions 12/31/2017

**MEDICAL STAFF COMMITTEE, SERVICE AND DIVISION ACTIVITIES
CONFIDENTIALITY AGREEMENT**

I understand and agree as follows:

That confidentiality is vital to the free and candid communication necessary to effective Medical Staff quality assurance activities, peer review, and consideration of the qualifications of Medical Staff members and applicants to perform specific procedures;

That I shall respect and maintain the confidentiality of all discussions, deliberations, records, and any other information generated in connection with these activities by the Medical Staff, Services, Divisions, or other committees;

That I shall disseminate only the foregoing where expressly required by law pursuant to officially adopted policies of the Medical Staff or where no officially adopted policy exists, only with the express approval of the Medical Staff Executive Committee or its designee. I shall make no voluntary disclosures of such discussions, deliberations, records, and information except to persons authorized to receive it in the conduct of the Medical Staff affairs;

That in the event of a breach or threatened breach of this confidentiality agreement, the University may, as applicable and as it deems appropriate, pursue University procedures and/or take any other action available to the University to address such noncompliance. The University Faculty Code of Conduct and the Medical Staff Bylaws include confidentiality provisions.

Signature: _____

Date: _____

Name: _____
(Please Print)

Committee: