

Manual	Professional Staff	Effective Date	02/28/2011
Policy #	PS 015	Date Revised	
Responsible Person	Director, Professional Staff Services	Next Scheduled Review	02/28/2023

PURPOSE

It is the express purpose of this policy to enhance quality patient care within the Resnick Neuropsychiatric Hospital by encouraging beneficial quality assessment, performance improvement, and peer review activities among the members of the professional staff and appropriate Hospital personnel.

POLICY

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

GENERAL APPLICATION

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

PROCEDURE

Maintenance of Professional staff Minutes and Records as Confidential

1. Minutes and records of professional staff committees or clinical divisions 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.

2. Minutes and records of professional staff committees and clinical divisions shall be maintained in an orderly and easily accessible fashion in the Professional Staff Services Department (“MSSD”), or clinical division under the direct custody and control of the Director, Professional Staff Services, the Clinical Division Chief, or his or her designees.

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 division in a confidential, locked area.

4. Credentials Files will be maintained in a confidential, locked area, in the MSSD. All professional 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 Professional staff members who serve on Professional staff Committees and any non-members who are present at Professional staff Committee meetings. This agreement appears as statement on the sign-in sheet for each professional staff meeting and as part of the initial and reappointment applications.

Access to Professional staff Records

All requests for access to professional staff records shall be presented to the Director, Professional Staff Services. Access to professional 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, Professional Staff Services. 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, Professional Staff Services, or the Chair of the appropriate professional staff committee.

1. Access by Individuals Performing Official Hospital or Professional staff Functions

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

- (a) The Director, Professional Staff Services, shall have access to all professional staff records as needed to fulfill his or her respective responsibilities.
- (b) Professional staff officers shall have access to all professional staff records to the extent necessary for the performance of their duties.
- (c) Members of professional 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 Professional staff Bylaws.
- (d) Clinical Division Chiefs shall have access to all professional staff records relating to the activities of individuals seeking or exercising privileges in the respective divisions. Clinical Division 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 divisions.
- (e) Professional Staff members shall have access to the minutes (and related documents or reports) of meetings of the clinical division to which they are assigned.

- (f) Consultants engaged by the Hospital to assist a professional staff committee or division shall have access to the credentials, quality assessment, and peer review files of the practitioner being reviewed and to any other relevant professional staff records which are necessary to enable such consultants to perform their function as determined by the Hospital.
- (g) The Medical Director shall have access to the minutes of all regular or ad hoc professional staff committee or clinical division meetings and to any quality assessment or risk management information contained in professional staff records.
- (h) The Associate Vice Chancellor of Hospitals or his or her designee shall have access to those professional staff records necessary for the performance of his or her University functions.

2. Access by Members of the Professional 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 Division 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-Professional 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 professional staff. All such disclosure shall be limited to the following information:

- Name
- Specialty
- Date of Initial appointment
- Professional staff status
- Good standing as a professional 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, Professional Staff Services, who may consult with legal counsel.

4. Access by Third Party Payors That Have Delegated Credentialing Responsibilities to the Resnick Neuropsychiatric Hospital and/or UCLA Medical Group

Third party payors that have delegated credentialing responsibilities to the Resnick Neuropsychiatric Hospital 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 Hospital 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 professional staff records shall be referred to University legal counsel for review.

Approved:

Professional staff Executive Committee: February 15, 2011/reviewed w/no revisions 2/28/20

Governing Body: February 28, 2011/reviewed w/no revisions 2/28/20

**PROFESSIONAL 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 Professional staff quality assurance activities, peer review, and consideration of the qualifications of Professional 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 Professional staff, Divisions, or other committees;

That I shall disseminate only the foregoing where expressly required by law pursuant to officially adopted policies of the Professional staff or where no officially adopted policy exists, only with the express approval of the Professional 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 Professional 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 Professional staff Bylaws include confidentiality provisions.

Signature: _____ Date: _____

Name: _____
(Please Print)

Committee: