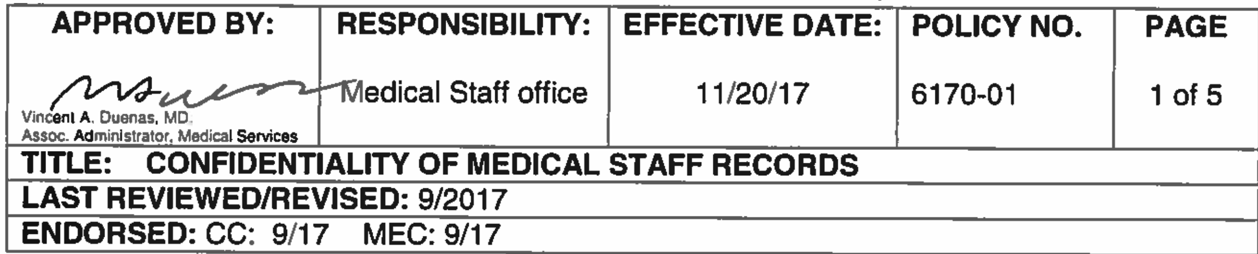
GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE MANUAL



APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
Vincent A. Duenas, MD Assoc. Administrator, Medical Services	Medical Staff office	11/20/17	6170-01	1 of 5
TITLE: CONFIDENTIALITY OF MEDICAL STAFF RECORDS				
LAST REVIEWED/REVISED: 9/2017				
ENDORSED: CC: 9/17 MEC: 9/17				

PURPOSE:

To ensure that all medical staff records maintained by or on behalf of the Medical Staff will be handled and preserved according to the procedures outlined in this policy.

POLICY:

All medical staff records will be consistently handled and maintained in a confidential manner.

DEFINITIONS:

MEDICAL STAFF RECORDS shall include but not be limited to: records of meetings, proceedings, interviews, reports, communication (written and oral), memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, actions, data, credentials files, peer review files, patient care/risk management files that relate to Medical Staff members and their responsibilities.

INFORMATION shall include but not be limited to: Physician specific demographics, medical staff roster, listing of departmental members, etc.

ACTIVITIES shall include: all documents and proceedings related to the quality management, utilization review, risk management/patient care assessment, and credentialing processes.

PERSONNEL shall include: all hospital personnel, members of the Medical Staff governing body.

IMPLEMENTATION OF POLICY:

BREACH OF CONFIDENCE A breach of this policy by any hospital personnel would includebut not be limited to the intentional release or exchange of any oral or written information to any person or group/agency not directly involved in the work related to the areas in this policy.

Any person found to violate this policy will be subject to immediate disciplinary action and/or dismissal.

CONFIDENTIALITY STATEMENT All involved hospital personnel, members of the Medical Staff and governing body will be required to sign a confidentiality statement (see Medical Staff Services Department Confidentiality Statement). These originally signed confidentiality statements will be maintained in the appropriate department.

IMPLEMENTATION OF LOCATION AND SECURITY PRECAUTIONS:

MEDICAL STAFF OFFICE (MSO)

The minutes and records of all medical staff committees, and ad hoc committees supported by MSO personnel and credentials files shall be maintained in the Medical Staff office under the custody of the director or authorized representative.

QUALITY MANAGEMENT SERVICES (QMS)

The Minutes and records of all Medical Staff quality management committees, subcommittees and ad hoc committees supported by QMS personnel, quality and utilization data and peer review files shall be maintained in QMS under the custody of the director or authorized representative.

RISK MANAGEMENT SERVICES (RMS)

The minutes and records of all committees, subcommittees and ad hoc committees supported by RMS personnel, variance or occurrence reports, complaints, patient care assessment reports and documents pertaining to patient compensable/clinic events shall be maintained in RMS under the custody of the director or authorized representative.

In all cases, active and inactive medical staff records and files shall be kept locked when authorized representatives are not present. All active and inactive files shall be permanently maintained in the appropriate department or in an officially designed safe storage area.

IDENTIFICATION SYSTEM

Records of quality review data and reference to individuals in peer review minutes shall be coded to protect the identity of the practitioner, patient and medical record. The Quality Management Administrator, in concert with the direction of MSO and RMS, is responsible for establishing and maintaining the integrity of the identification system.

COMPUTERIZED DATA

Precautions for data processed or stored in a computer shall include:

1. Limited access through the use of passwords and individual levels of security.

ACCESS TO MEDICAL STAFF RECORDS

A. MEANS OF ACCESS

All requests for information by persons within the hospital shall be presented in writing to the Hospital Administrator/CEO, as appropriate. A record of all requests made and granted shall be maintained in the appropriated department.

Those requests which require notice to, or approval by, other officials shall be forwarded to those persons.

IMPLEMENTATION:

A person permitted access under this policy shall be allowed to inspect the records in question in the presence of an appropriate authorized departmental representative and to make notes regarding them, but will not be allowed to remove or make copies of them.

B. ACCESS BY PERSONS PERFORMING OFFICIAL FACILITY OR MEDICAL STAFF FUNCTIONS:

1. The following Administrators/Officers shall be granted access to information contained in medical staff records to the extent necessary to perform official functions:

   Hospital Administrator/CEO
   Associate Administrator, Medical Services
   Medical Staff President
   President-Elect Medical Staff
   Clinical Department Chairpersons/Division Directors

1. The following committee/boards shall be granted access to information contained in medical staff records to perform committee or governing body functions:

   Credentials Committee
   *Medical Executive Committee
   *GMHA Board of Trustees

   *Any requests to review files by members of these committees/governing bodies will have such request noted.

2. The following personnel shall be granted access to information contained in medical staff records to the extend necessary to prepare documents, reports, profiles:

   Medical Staff Office Personnel
   Quality Management Personnel
   Risk Management Personnel
   Chairs of Patient Care Assessment, Utilization Review, Clinical Monitoring and Clinical Risk Committees

3. Statistical information may be provided to the Planning and Marketing Department in accordance with guidelines established by the Medical Staff and Administration.

C. ACCESS BY INDIVIDUAL PRACTITIONER:

A practitioner may view his or her entire file in the presence of the Director or designee of the Department where the file is maintained. The practitioner may not remove the file or any part of the file or make copies of any portion of the file except for copies of certificates, clinical privileges, CME documentation, and application which were provided by the applicant. Copies of any other documents (credentials, peer review and risk files) must be requested in writing. The reason for the request must be stated and such requests must be approved by the Department Chairperson in which the physician is a member and by the President of the Medical Staff.

If the practitioner disagrees with the inclusion of and item in his or her file, he or she may request in writing an amendment to add a document to the file of to request the removal of a document form the file. The decision to amend the file or remove an item from the file requires the consensus of the Department Chairperson in which the physician is a member, the Medical Staff President and the Associate Administrator of Medical Services.

D. BY PERSONS OR ORGANIZATIONS OUTSIDE OF THE HOSPITAL:

1. Credentialing of Peer Review at other Health Care Facilities.

   All requests for practitioner information shall be in writing on the requested hospital's stationery. The request must include the reasons and a statement signed by the practitioner specifically releasing Guam Memorial Hospital from liability and dated within the previous 12 months.

   Any request for additional information will require that the practitioner be contacted and an additional release signed by the practitioner prior to the information being released. Requests for information about practitioners whose file contains adverse information (having negative effect on a practitioner's membership or privileges) should be appropriately reviewed by hospital legal counsel.

E. TELEPHONE REQUESTS:

Only confirmation or acknowledgment of a specific practitioner's period of affiliation, staff category and department/division membership and place of medical, podiatric, dental or other appropriate training, all internships, residencies, fellowships and board certifications may be released upon telephone request. All such requests should be referred to the Medical Staff Office. All other requests for information contained in the medical staff records by persons or organizations outside the hospital shall be in writing and forwarded to the Hospital Administrator/CEO or his designee. The release of any such information shall require the concurrence of the Hospital Administrator/CEO, Associate Administrator of Medical Services and President of Medical Staff.

The does not preclude Department Chairs/Division Directors and Medical Staff Officers/leaders from responding to legitimate telephone inquires concerning Medical Staff and/or physicians who have been affiliated with the Guam Memorial Hospital in order to provide a personal reference or to expand upon written information already provided.

F. <u>SUBPOENAS:</u>

All subpoenas of medical staff records involving potential liability shall be referred to the Hospital Administrator/CEO. The Hospital Administrator will determine legal counsel involvement and shall so advise the Hospital Risk Manager. The Hospital Risk Manager will simultaneously advise and consult the Hospital Administrator/CEO, Associate Administrator of Medical Services and the President of the Medical Staff as appropriate to the particular situation.

G. <u>REQUESTED BY FACILITY SURVEYS:</u>

Facility Surveyors (from the Joint Commission on Accreditation of Healthcare Organizations, State Department of Public Health Care Finance Administration or any other facility surveyors) shall be entitled to inspect records covered by this policy on the facilities premises in the presence of appropriate hospital or medical staff personnel provided that (1) no originals or copies may be removed from the premises, (2) only with the concurrence of the Hospital Administrator/CEO or his designees.

RECISION:

GMHA Medical Staff Office Policy No. 6170-08, Confidentiality of Medical Staff Records, made effective January 10, 2007.