


**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	6170-02	1 of 2
TITLE: MEDICAL STAFF CREDENTIALS AND PEER REVIEW FILES				
LAST REVIEWED/REVISED: 9/17				
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, and that confidentiality will be maintained for the protection of the practitioner and the facility.

POLICY:

It is the policy of Guam Memorial Hospital to maintain two files on each practitioner credentialed through the Medical Staff process. The Medical Staff Services Department compiles practitioner-specific information as a result of the initial credentialing process and the reappointment process. In addition, results Focused and Ongoing Professional Practice Evaluations (OPPE) assessment information are accumulated for utilization in the reappointment process for Medical Staff and will information contained therein will be reviewed bi-annually by the respective Department Chairperson. All information contained in the practitioner's FPPE/OPPE file is privileged, confidential, and protect from disclosure to the fullest extend permitted by state, local and federal law.

PROCEDURE

1. Location of Credentials and FPPE/OPPE Files:

Each member of the Medical Staff and each Allied Health Practitioner with delineated clinical privileges have a credentials and peer review file. All are separate practitioner specific files maintained together in the Medical Staff Department. They are kept in locked file cabinets.

2. Content of Credentials Files:

- A. The completed and verified application for Medical Staff membership and /or clinical privileges, including information on training, experience, references, work history, malpractice history.
- B. Continuously updated information on licensure, DEA registration, malpractice insurance, other expirable certification and credentials.
- C. Specific and current clinical privileges requested by the applicant, recommended by the Medical Staff, and approved by the Board of Trustees.

- D. Data pertinent to reappraisal and reappointment/renewal of privileges, including reappointment application, continuing medical education, attendance at required meetings.

- E. Evidence that the Medical Staff critically evaluated the above information and assessed the current clinical competence for privileges requested, as well as evidence that appropriate action was taken on appointment, and on granting and renewal of clinical privileges.

3. Content of FPPE/OPPE Files:

- A. Chronological copies of any Focused Professional Practice (FPPE) or Ongoing Professional Practice Evaluation (OPPE) completed on each Medical Staff and Allied Health Practitioner.

A. Retention of File Contents:

- A. Credentials files of current practitioners may be purged periodically of old copies of license, insurance and/or DEA certificates, CME activity, and meeting attendance. A list of purged documents must be maintained in the credentials file.

- B. Documents of current practitioners related to previous reappointments, privilege delineations, peer review, and disciplinary action may be removed periodically and placed in a secured area in Central Storage. However, a log of these documents must be maintained in the current credentials and/or peer review file.

- C. Files of inactive practitioners may be placed in a secured area in Central Storage. Files may be destroyed after five years, but a log of appointment/reappointment /disciplinary action must be maintained. (Exception: files of individuals with OB/GYN privileges-check with legal counsel.)

REVISION:

GMHA Medical Staff Office Policy No.6170-09, Medical Staff Credentials and Peer Review Files, made effective January 10, 2007.