

Name of Policy: Confidentiality and Access to Proceedings and Records of Peer Review Committees Policy Number: 3364-87-01 Approving Officer: Chief of Staff Responsible Agent: Chief Medical Officer Scope: University of Toledo Medical Center and University of Toledo Physicians, LLC Clinical Premises		 Effective date: Original effective date: 3/8/2000	
Key words: Confidentiality, Access to Proceedings, Records of Peer Review Committees, Credential Files, Medical Staff			
☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy statement

It is the policy of the University of Toledo Medical Center and its Medical Staff that any proceedings and records created within the scope of peer review committees be held in confidence. These proceedings and records include, but are not limited to, practitioner credentials files, quality committee, service, and Medical Staff meeting minutes, ~~reports~~reports, and discussions.

(B) Purpose of policy

To establish a process for securing confidential proceedings and records and provide guidelines for access.

(C) Scope

All proceedings and records related to peer review committees, as defined in ORC 2305.25, including but not limited to credentialing, ~~quality~~quality, and peer review committees of UTMTC.

(D) Procedure

(1) Credentialing Committee Activities

(a) Location and Security Precautions

All records created within the scope of the Credentialing Committee are maintained in the Medical Staff Office under the custody of the Director of Medical Staff Services. The Medical Staff Office is locked except during those times that the Director and/or an authorized representative is present

and able to monitor access in accordance with this policy. Records created within the scope of the Credentialing Committee are only released from the Medical Staff Office in accordance with this policy. Electronic versions of records created within the scope of the Credentialing Committee are maintained on secure, password-protected computers in the Medical Staff Office or on password-protected or restricted access network data drives.

(b) Confidentiality: Use of Information

All records created within the scope of the Credentialing Committee are confidential. This requirement of confidentiality extends not only to the information documented but to proceedings, discussions and deliberations concerning this information. Confidential information may only be disclosed to those persons and for the purposes set forth in Section 6 below. Confidential information may only be used in aid of the purposes for which it was disclosed and will not be used for any other purpose. Confidentiality must be maintained for subsequent use of the information and is the responsibility of the person requesting or receiving the information.

(2) Performance Improvement and Other Peer Review Committee Activities

- (a) Records of performance improvement and utilization review proceedings are maintained in the Quality Management Department and the Medical Staff Office. These records are confidential under Ohio statutes. Access to these records may only be obtained through the Quality Management Department or Medical Staff Office in accordance with institutional or departmental policies.
- (b) Peer review, appointment and reappointment applications and profiles are stored in a practitioner's peer review and credentials files maintained in the Medical Staff Office. This information is considered confidential and privileged under the Ohio peer review statute.

(3) Distribution of Committee, Service, and Medical Staff Minutes

All committee, service, and Medical Staff minutes are confidential. Committee ~~chairmen~~chairs, Clinical Service Chiefs, and appropriate medical staff leader(s) have discretion over the distribution of minutes or portions of minutes. When such minutes are distributed, special precautions must be utilized to ensure confidentiality. The minutes must be stamped "CONFIDENTIAL" and distributed in an envelope or folder also marked "CONFIDENTIAL." Minutes that are considered sensitive in content are only (1) available for review in the Medical Staff Office by those granted access and/or (2) distributed at the committee's subsequent meeting and collected and destroyed at the conclusion of the meeting.

(4) Means of Access

All requests for information by persons within UPMC and medical staff must be presented to the Director of Medical Staff Services, or authorized representative. A

record of all requests made and granted are maintained by the Medical Staff Office. Those requests which require notice to, or approval by, other officials are forwarded to those persons by the Director, or authorized representative. The request for any copies of records, or information contained in the records, from the Medical Staff Office by patients, general public, press, etc. are referred to the Chief of Staff and the clinician will be notified of the request. The Chief of Staff may seek legal counsel before releasing confidential information.

An individual medical provider may be granted access to review records or information created within the scope of the Credentialing or Peer Review Committees to which he/she was the subject. Such access is limited to review and does not include copies of any records or information.

(5) Access by Persons Performing Official Hospital or Medical Staff Functions

Access to information contained in medical staff records to the extent necessary to perform official functions shall be permitted to:

- (a) Officers of the Medical Staff
- (b) Clinical Service Chiefs
- (c) Medical Staff Committee Members
- (d) Members of the Board of Trustees
- (e) Medical Staff Office Personnel
- (f) Quality Review Personnel
- (g) CEO of the University of Toledo Medical Center
- (h) Chief Medical Officer

Approved by: Daniel Barbee Chief Executive Officer Date Puneet Sindhvani, MD Chief of Staff Date Michael W. Ellis, M.D. Chief Medical Officer Date <i>Review/Revision Completed by:</i> <i>Credentials Committee</i> <i>Medical Executive Committee</i> <i>Office of Legal Affairs – HSC</i>	Policies Superseded by This Policy: • <i>MS-001 Confidentiality and Access to Credentials Files and Medical Staff Minutes</i> Initial effective date: 3/8/2000 Review/Revision Date: 02/21/04 05/09/07 02/23/11 06/26/13 07/01/2016 08/27/2019 10/26/2022 Next review date:
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