

Community Health Network, Inc.
MEDICAL STAFF POLICIES & PROCEDURES

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| <input checked="" type="checkbox"/> Community Hospital East | <input checked="" type="checkbox"/> Community Hospital South |
| <input checked="" type="checkbox"/> Community Hospital North | <input checked="" type="checkbox"/> Community Heart and Vascular Hospital |

TITLE: PEER REVIEW FILES OF PRACTITIONERS – MAINTENANCE, CREATION, CONTENTS, CONFIDENTIALITY AND PERMITTED ACCESS

PURPOSE: To establish and communicate to Members of the Medical Staff the nature and treatment of the Peer Review Files maintained with respect to certain practitioners.

Maintenance of Peer Review Files

A Peer Review File is maintained for every practitioner who has requested or received privileges at Community Health Network if that practitioner has been the subject of any level of peer review. The Quality Department maintains Peer Review Files.

Creation and Contents of Peer Review Files

A Peer Review File is created when a practitioner's cases come under peer review. The peer review process is defined in the Medical Staff Peer Review Policy.

Departmental screening criteria are applied to episodes of care in locations on the hospital license. Peer Review Committees review cases identified through screening or referred from safety events or grievances. The Peer Review File includes the issue, finding, action date, and any correspondence.

Limits On Access to Practitioner's Peer Review File

- a. **Access by practitioner:**
A practitioner can view the entire contents of his/her Peer Review File by requesting access from his/her Department Chair or Departmental QA Chair and then scheduling a time with the Quality personnel during normal business hours.
- b. **Access by Medical Staff and Hospital personnel:**
The following individuals will be permitted access to a practitioner's Peer Review File to the extent necessary for the performance of their duties: Department Chair; Departmental QA Chair; Medical Staff Officers; Quality Department personnel; others participating in Hospital's credentialing process and authorized by one of the foregoing individuals; legal counsel for any of the foregoing individuals. These individuals will be permitted to copy materials in the practitioner's Peer Review File only for legitimate business purposes related to granting, denying, limiting, suspending, or otherwise regulating the practitioner's membership and privileges on the Medical Staff.
- c. **Inquiries from Other Hospitals:**
If a non-network hospital requests information in a practitioner's Peer Review File, the Quality Department will refer the request to Legal. Inquiries from another network hospital concerning quality issues of a practitioner are handled through the Quality Department.
- d. **Inquiries from Other Outside Persons:**
Information in a practitioner's Peer Review File is not shared with third parties unless required by applicable laws or regulations. The Peer Review File is Peer Review privileged.

Retention of Peer Review Files

A practitioner's Peer Review File is retained permanently.

Originated:	08/03 (EN); 11/05 (S); 12/05 (TIHH)
East/North Medical Executive Council Approval:	11/18/03; 6/21/05; 4/21/09; 01/20/2015; 9/2018; 9/2022
South Medical Executive Committee Approval:	02/13/06; 04/13/09; 10/8/12; 10/2022
Board of Directors Approval	02/04/04; 04/24/06; 07/11/05; 06/01/09; 11/2022