

Title: Sharing of Peer Review Information	
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Discrete Operating Unit/Facility: Banner Baywood Medical Center Banner Behavioral Health Banner Boswell Medical Center Banner Casa Grande Medical Center Banner Churchill Community Hospital Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Fort Collins Medical Center Banner Gateway Medical Center Banner Goldfield Medical Center Banner Heart Hospital Banner Ironwood Medical Center Banner Lassen Medical Center Banner Ocotillo Medical Center Banner Payson Medical Center Banner Thunderbird Medical Center Banner—University Medical Center Phoenix Banner—University Medical Center South Banner—University Medical Center Tucson East Morgan County Hospital McKee Medical Center North Colorado Medical Center Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional MedCenter Torrington Community Hospital Washakie Medical Center	Ambulatory Services Banner Imaging Services Banner Medical Group Banner--University Medical Group

I. Purpose/Population:

- A. **Purpose:** In the interest of patient safety and welfares, and to ensure that the exchange of specified, Practitioner-specific Peer Review Information among Banner Hospitals where the affected Practitioner has (or has applied for) privileges, or is employed, is done in a manner designed to preserve confidentiality and statutory privileges and is consistent with state peer review/quality improvement laws.
- B. **Population:** This policy applied to Medical Staff, Advanced Practice Providers and Allied Health Professionals.

II. Definitions:

- A. Appointment or Reappointment is defined for purposes of this policy to include initial Appointments and periodic Reappointments to hospital Medical Staffs as well as initial hire and periodic assessments by Clinics.
- B. Banner Hospital is defined for purposes of this policy as all Banner owned, leased or managed hospitals, outpatient surgical centers, including all Banner owned Clinics, and other facilities in which Banner has an ownership interest and which have entered into a reciprocal agreement to provide notification of Restrictive Action as specified in this policy.
- C. Chief/President of Staff is defined for purposes of this policy to include the Chief Medical Officer or equivalent of a Banner facility that does not have an elected chief/president of the Medical Staff.
- D. Clinic is defined for purposes of this policy as a Banner owned physician practice that is authorized by state law to conduct, and does conduct, quality assurance activities that are confidential in accordance with state law.
- E. Employed Practitioners are defined for purposes of this policy to include Practitioners employed by or contracted with a Clinic.
- F. Focused Review is defined for purposes of this policy as a professional review that is conducted in accordance with Medical Staff Bylaws and/or policies after concerns have been identified that the Practitioner does not meet the standards required by the Medical Staff Bylaws or is or may be engaged in a course of conduct that is detrimental to patient care or lower than the standards or aims of the Medical Staff.
- G. Peer Review Information is defined for purposes of this policy to include:
 - 1. Practitioner-specific aggregated quality/performance data;
 - 2. Medical Staff applications for Appointment and Reappointment;
 - 3. references;
 - 4. summaries of interviews;
 - 5. report of:
 - a. outside reviewers/programs,
 - b. consultants,
 - c. concurrent monitoring, and
 - d. retrospective monitoring;
 - 6. findings and recommendations by Medical Staff and Board Committees evaluating the Practitioner's performance or conduct;
 - 7. correspondence to or from the affected Practitioner;
 - 8. transcripts of interviews with the Practitioner and hearings and appeals held in accordance with the applicable Fair Hearing Plan; and

9. written statements in support of the Medical Executive Committee and the Practitioner submitted in accordance with the applicable Fair Hearing Plan.
10. Peer Review Information to be shared hereunder does not include:
 - a. peer review minutes of any Medical Staff Committee, or
 - b. communications about activities of a Practitioner Health Committee, except those communications to a licensing board or communications to the Chief/President of the Staff, department chairman and/or CEO recommending action, which communications may be shared with the Practitioner Health Committees of other Banner Hospitals in accordance with this Policy.
- H. Medical Staff is defined for purposes of this policy to include both Hospital Medical Staff and Clinic Medical Staff, consisting of employed or contracted health care Practitioners, advanced practice providers and allied health professionals.
- I. Medical Staff Bylaws is defined for purposes of this policy to include both Hospital Medical Staff Bylaws and policies and Clinic Medical Staff policies.
- J. Medical Staff Services is defined for purposes of this policy as the Banner Hospital department or representative(s), including the Clinic Chief Medical Officer, responsible for managing Medical Staff credentialing and peer review processes and information.
- K. Peer Review Committees is defined for purposes of this policy to include all designated Hospital Peer Review Committees and Clinic's Quality Assurance Review Committees.
- L. Practitioner is defined as a Medical Staff member, a Clinic Medical Staff member, whether employed or contracted, an advanced practice provider or an allied health professionals.
- M. Restrictive Action is defined for purposes of this policy as:
 1. Medical Staff or Administrative actions or recommendations of the Medical Executive Committee pursuant to the Medical Staff Bylaws to deny, suspend, revoke, terminate or otherwise limit the Practitioner's privileges (other than medical records suspension);
 2. Imposition of consultation or concurrent or retrospective monitoring of a Practitioner's professional practice other than the initial requirements necessary to obtain unsupervised privileges;
 3. Any agreement by a Practitioner to withdraw his/her application or request for clinical privileges or to refrain from exercising clinical privileges, either permanently or temporarily. Such agreements include, e.g., resignation or a leave of absence until such time as the Practitioner completes additional training suggested by the Medical Staff or until the Practitioner receives medical treatment for a physical or mental condition which may impair his or her ability to engage safely in the practice of medicine; and/or
 4. Actions or recommendations of the Clinic to deny, suspend, revoke, terminate or otherwise limit the Practitioner's authority to treat patients, including employment or contract terminations, whether voluntary or involuntary, based upon concerns regarding performance and/or conduct.
- N. Application process is defined for purposes of this policy to include the assessment and reassessment process conducted by Banner facilities, including Clinics.

III. Policy:

- A. When a Practitioner applies for Appointment or Reappointment at more than one Banner Hospital or when so requested by the Chief/President of Staff on behalf of a peer review

committee for peer review purposes, Medical Staff Services may share Peer Review Information in accordance with this policy.

- B. Whenever a Medical Staff of a Banner Hospital takes Restrictive Action, it shall notify other Banner Hospitals where the affected Practitioner has or has applied for privileges and Clinics where the affected Practitioner is employed and, upon request, provide Peer Review Information to such other Banner Hospital peer review committees.
- C. Each Practitioner, as a condition for obtaining and maintaining staff privileges or employment at any Banner Hospital, must authorize the disclosure of Restrictive Action and Peer Review Information to the Medical Staffs of other Banner Hospitals where the Practitioner has privileges or to which the Practitioner has applied or is employed.
- D. Whenever a Practitioner requests that his/her health information be shared with other Banner Hospital health committees or consents to a request by a Medical Staff health committee that health information be shared, the Banner Hospital health committee may share health information with the Medical Staff health committees of other Banner Hospitals where the affected Practitioner has or has applied for privileges and with the health committee of Clinics where the affected Practitioner is employed.

IV. Procedure/Interventions:

- A. Restrictive Action
 - 1. Determine the Practitioner's status at the other Banner Hospitals. (Banner Hospital Medical Staff Services where the Restrictive Action was taken)
 - 2. Provide notification of the Restrictive Action, including a short explanation of the reasons therefore, to peer review committees (c/o Medical Staff Services) of the other Banner Hospitals where the Practitioner has privileges or has applied or where the Practitioner is employed. (Banner Hospital Medical Staff Services where the Restrictive Action was taken)
 - 3. Notify the Practitioner that notice of Restrictive Action and Peer Review Information has been provided to other Banner Hospitals where the Practitioner has privileges or to which the Practitioner has applied. (Medical Staff Services)
 - 4. Provide Peer Review Information requested by a peer review committee of another Banner Hospital where the Practitioner has or has applied for privileges or where the Practitioner is employed. (Medical Staff Services)
- B. Application Process
 - 1. During the (Re)appointment process, contact the Medical Staff Services Offices of other Banner Hospitals where the Practitioner has or has applied for privileges or where the Practitioner is employed to request Peer Review Information. (Medical Staff Services)
 - 2. Provide Peer review Information that is requested by another Banner Hospital where the Practitioner has or has applied for privileges or where the Practitioner is employed. (Medical Staff Services)
 - 3. When requested by the Chief/President of Staff, notify the Practitioner that Peer Review Information has been provided to other Banner Hospital(s) where the Practitioner has or has applied for privileges or where the Practitioner is employed. (Medical Staff Services)
- C. Focused Peer Review
 - 1. When requested by a peer review committee conducting a Focused Review of a Practitioner, the Chief/President of Staff may request Peer Review Information from other Banner Hospitals where the Practitioner has or has applied for privileges or where the Practitioner is employed. (Chief/President of Staff of requesting Banner Hospital)

2. Advise the requesting Banner Hospital of the nature of Peer Review Information in the Practitioner's file. Provide the Peer Review Information determined by the requesting Banner Hospital to be relevant to the Focused Review. (Medical Staff Services of other Banner Hospital where the Practitioner has or has applied for privileges or where the Practitioner is employed)
3. When requested by the Chief/President of Staff, notify the Practitioner that Peer Review Information has been provided to a Banner Hospital peer review committee that is conducting a Focused Review of the Practitioner. (Medical Staff Services of other Banner Hospital where the Practitioner has or has applied for privileges or where the Practitioner is employed that has supplied Peer Review Information)

D. Professional Health Review

1. Whenever a Practitioner requests that his/her health information be shared with other Banner Hospital health committees or consents to a request by a Medical Staff health committee that health information be shared, the Medical Staff health committee will share correspondence and other health information with the Medical Staff health committees of other Banner Hospitals where the affected Practitioner has or has applied for privileges and with the health committee of Clinics where the affected Practitioner is employed.

V. Procedural Documentation:

A. N/A

VI. Additional Information:

A. N/A

VII. References:

A. N/A

VIII. Other Related Policies/Procedures:

A. N/A

IX. Keywords and Keyword Phrases:

- A. Medical Staff Services
- B. MedStaff

X. Appendix:

A. N/A