

**TRIHEALTH, INC.**  
**MEDICAL STAFF SHARING OF INFORMATION POLICY**

**I. PURPOSE**

TriHealth, Inc. (TriHealth) operates acute care hospitals, ambulatory surgery centers, and other affiliated entities in the Cincinnati, Ohio area. This Sharing of Information Policy (Policy) shall apply to all TriHealth hospitals and to other TriHealth entities with a defined peer review privileging process as may, from time to time, be so designated by the Board of each such TriHealth hospital or other TriHealth entity as set forth in attached Addendum A (hereinafter “Designated Entities”), as that Addendum may be amended from time to time. The appropriate use of Peer Review Information (PRI), as defined below, developed in the course of credentialing, evaluating professional competency, and taking actions aimed at improving Provider performance is essential to assure the delivery of quality patient care. In order to assure consistent quality decisions, it is the expectation that the Designated Entities will share designated PRI as provided herein regarding: Providers who apply for or currently have appointment and/or clinical privileges at a Designated Entity/Entities. The parties are therefore adopting this Policy to establish an orderly process that will allow the Designated Entities to effectively share designated PRI while, at the same time, maintaining the confidentiality of such PRI consistent with the terms of this Policy, applicable law, ethical principles, and good judgment.

**II. REPRESENTATIONS**

2.01 Designated Entities. Designated Entities represent that they:

- a. Are each Covered Entities that are part of an Affiliated Covered Entity structure, as that term is defined in the Health Insurance Portability & Accountability Act of 1996 (HIPAA).
- b. Meet the definition of a “health care entity” as that term is defined by Ohio Revised Code (O.R.C.) §§ 2305.25, *et seq.*, for purposes of Ohio’s peer review privilege.
- c. Each have a peer review process that is governed by one or more “peer review committees” as that term is defined by O.R.C. §§ 2305.25 *et seq.*, with appropriately designated agents.

**III. DEFINITIONS**

The definitions set forth below shall apply to this Policy unless otherwise specifically provided herein.

3.01 Peer Review Committee or PRC. This term means a committee established by a Designated Entity for the purpose of engaging in peer review activities as that term is recognized by O.R.C. §§ 2305.25, *et seq.* and relevant case law. The term includes designated agents of a PRC.

- 3.02 Provider. This term means a physician, dentist, podiatrist, psychologist, or advanced practice clinician (APC) who has requested and/or been granted, as applicable, appointment and/or clinical privileges at a Designated Entity/Entities.
- 3.03 Peer Review Information (PRI). This term is defined to include all documentation generated by or on behalf of a Peer Review Committee with respect to professional review activities falling within the purview of all applicable federal and state statutes governing the confidentiality and privileges that flow to professional review documents including, but not limited to, all information related to the credentialing of Providers and quality review and quality assessment of Providers. PRI may be generated as individual data as well as be included in documents such as unusual occurrence and/or incident reports, root cause analyses, and serious safety and/or sentinel event-type analyses. PRI does not include medical records, insurance/health plan claim files, employee assistance program records, and records of any Designated Entity-operated or sponsored substance abuse programs other than records generated as part of an agreement with a Provider in order that the Provider may maintain his/her appointment and/or privileges (or otherwise obtain a leave of absence and subsequently request reinstatement). PRI includes but is not limited to:
- a. Credentials file: The Designated Entity individual Provider files that generally contain information such as applications for appointment and reappointment (if applicable); application(s) for privileges; primary source verifications; requested documentation including, but not limited to, copies of all relevant licenses, professional liability insurance coverage, D.E.A. registration and other controlled substance numbers; board certification(s); clinical privilege delineation forms; additional documentation with respect to such applications; and informal and formal corrective action documentation related to final actions taken.
  - b. Quality file: The Designated Entity individual Provider files that generally contain individual and aggregate quality assessment documents including, but not limited to, focused and ongoing professional practice evaluation information, internal and external peer review reports, unusual occurrence and/or incident reports, utilization review, remediation plans, and underlying documents related to same.
  - c. Corrective action or remediation file: The Designated Entity individual Provider files that generally contain documents related to informal remediation, formal corrective action investigations/ recommendations, corrective action plans, and peer review proceeding documents regarding a Provider's clinical competence or professional conduct.
  - d. Designated Entity, medical staff, and other committee minutes: Those portions of Designated Entity administration, medical staff, and other committee minutes, including subcommittees and *ad hoc* committees of the same, at such time as the committees are discussing PRI related to one (1) or more Provider.

- e. Miscellaneous Peer Review Information and files: Quality data maintained in a paper or electronic format, other than as described above, that is either prepared by or for use by a Peer Review Committee.
- 3.04 Designation. Files and/or other documents containing PRI should be designated as such in order to assure that such files and information are maintained in a confidential and privileged manner consistent with applicable federal and state laws and Designated Entity policies. The fact that a file, document, or data is not appropriately marked shall not, in and of itself, disqualify the information from constituting PRI provided it is maintained and utilized consistent with this Policy, applicable policies, and applicable law.
- 3.05 Designee. For purposes of this Policy, when action is authorized to be taken by an individual based upon his/her position, reference to such individual shall also include the individual's designee(s).

#### **IV. SHARING OF PEER REVIEW INFORMATION**

4.01 Provider Recognition of Policy. By submitting an application for appointment/reappointment, for privileges/regrant of privileges, and at all times during which each such Provider has a medical staff appointment and/or privileges at a Designated Entity/Entities, designated PRI will be shared between the Designated Entity/Entities, regardless of whether the Provider has signed a separate consent or release related to the PRI, provided the PRI is to be and is used solely for peer review purposes.

#### 4.02 Ability to Share PRI Between Designated Entities

Designated Entities agree as follows:

- a. Designated Entities will share relevant PRI related to Providers, as necessary, in order to effectuate the purposes of this Policy. As used in this Section 4.02, relevant PRI is information directly related to an event or issue that triggers the obligation to share PRI pursuant to this Policy. For example, if one Designated Entity initiates a corrective action based solely on clinical competency concerns regarding a Provider, the other Designated Entity will share PRI in its possession, if any, limited to the Provider's clinical competency.
- b. Each Designated Entity will consider the Peer Review files of the other, at times of appointment/reappointment/grant/regrant of clinical privileges if the Provider under review has an application pending or an appointment/clinical privileges at more than one Designated Entity.
- c. Relevant PRI must be provided by one Designated Entity to the other in the event a Provider has an appointment/clinical privileges at more than one Designated Entity and any of the following circumstances occur:

- (1) The Provider's application is denied, in whole or in part.
  - (2) The Provider becomes the subject of a formal corrective action.
  - (3) The Provider's appointment and/or clinical privileges (or any portion thereof) are automatically, voluntarily, or summarily limited, suspended, or terminated at the Designated Entity/Entities or at any other health care entity of which a Designated Entity/Entities become(s) aware.
  - (4) There is a change in the Provider's Medicare/Medicaid status that does not result in an action pursuant to (3) above.
  - (5) A Designated Entity/The Designated Entities learn(s) that a Provider is the subject of an investigation by any licensing board or other government entity (*e.g.*, a state medical board, Office of the Inspector General, *etc.*).
- d. This Policy does not govern the procedure to be followed by a Designated Entity's medical staff committees with respect to reports and recommendations that may be required to be made pursuant to applicable bylaws, policies, or related documents within a Hospital.

#### 4.03 Security of Peer Review Information.

The Designated Entities agree that:

- a. PRI shared among the Designated Entities may be used only for evaluation of Providers for medical staff appointment and/or clinical privileges, professional practice evaluation (and related remediation activities), performance improvement/quality assessment activities, informal remediation and/or performance improvement plans, and formal corrective actions.
- b. They may not use or rely upon shared PRI for purposes other than peer review (*e.g.*, shared PRI cannot be used for purposes such as education, risk management, or employment decisions) without the prior express written consent of the Designated Entity that provided the information, recognizing that such consent may result in such information no longer being protected by Ohio's peer review privilege and that the Designated Entity using such information may be required to disclose it in a subsequent civil proceeding.
- c. PRI identified in this Policy may not otherwise be disclosed outside the scope of this Policy except in response to a mandatory legal process or applicable Designated Entity policies.

- 4.04 Designated Entity Access. A Provider's PRI will be available for review by those authorized Peer Review Committees and designated individuals at the Designated Entity/Entities who require such information as part of the peer review process as set forth in this Policy or applicable Designated Entity policies implementing this Policy. The Quality Department of each Designated Entity shall be the designated agent for receipt of all PRI unless the Designated Entity specifically identifies another individual/department and provides written notice to all other Designated Entities of such alternate designation. The Quality Department (or other designee) will thereafter be responsible for disseminating the information consistent with this Policy, Ohio's peer review privilege, and any other policies particular to each such Designated Entity.
- 4.05 Individual Access. A Provider's ability to review and/or have copies of his/her own PRI and/or to place clinical clarification/rebuttal letters in his/her own PRI files shall be determined by Designated Entity-specific policies, as applicable.
- 4.06 Access to PRI as Part of Procedural Due Process. A Provider's ability to have access to a Hospital's PRI in relation to any procedural due process to which the Provider may be entitled shall be determined by Designated Entity-specific policies, as applicable.
- 4.07 Confidential Information Otherwise Available. Requests from third parties for PRI that is otherwise available from a non-confidential source must be obtained from the non-confidential source. Such information may not be released from a peer review protected location.
- 4.08 Sanctions for Misuse. Any improper disclosure or other misuse of information identified in this Policy will be grounds for invoking the sanctions set forth in any applicable Designated Entity policy or medical staff governing document or other remedies available under the law.

## **V. EFFECTIVE DATE**

- 5.01 Adoption. This Policy was hereby adopted by action of the Board of Directors of each Designated Entity with an effective date of \_\_\_\_\_.
- 5.02 Continuous Application. This Policy shall continue to be in effect until action by the Board of Directors of each Designated Entity is taken to supersede this Policy.

## **ADDENDUM A**

The following are Designated Entities for purposes of this Medical Staff Sharing of Information Policy:

TriHealth Bethesda Hospital

TriHealth Good Samaritan Hospital