

# LAC+USC MEDICAL CENTER

## ATTENDING STAFF GUIDELINES

Subject: <b>ATTENDING STAFF ASSOCIATION CREDENTIALS FILES AND RELATED INFORMATION</b>	Original Issue Date: June 5, 2002	Policy # <b>ASA 104</b>
	Supersedes: 1/3/2014	Effective Date: 5/4/2022
Departments Consulted: Medical Administration	Reviewed & Approved by: Attending Staff Association Executive Committee	Approved by:  (signature on file) President, Attending Staff Association

### I. LOCATION OF ATTENDING STAFF ASSOCIATION (ASA) CREDENTIALS FILES AND PEER REVIEW FILES

#### A. ASA Credentials File

The Credentials File(s), paper or electronic, for each member of the ASA shall be kept in the Medical Center's Attending Staff Office. These files shall be part of the records of the Credentials Committee.

#### B. ASA Peer Review File

A separate ASA Peer Review File(s), paper or electronic, for each member of the ASA shall be kept in the Medical Center's Attending Staff Office credentials file. These files shall be part of the records of the Credentials Committee.

### II. INFORMATION TO BE INCLUDED IN ASA CREDENTIALS FILES AND PEER REVIEW FILES

#### A. ASA Credentials File

Information to be included in each member's Credentials Files shall consist of:

1. The completed and verified application for ASA membership and/or privileging, including but not limited to:
  - Delineation of clinical privileges
  - California Medical License verification
  - Drug Enforcement Administration (DEA) verification
  - Medicare/Medicaid sanctions and exclusions
  - Other certificates, as needed (e.g., Fluoroscopy, CPR, etc.)
  - Photo I.D.
  - Peer reference letters
  - State licensure sanctions
  - Complaints, thresholds and adverse events
  - Explanations to attestation questions
  - National Practitioner Databank (NPDB) verification
  - Verification of Education and Training (AMA profile)
  - Current/previous hospital affiliations
  - Health status

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- EMTALA statement
  - Medicare Acknowledgment Statement
  - Data Security Statement
  - Central line training
  - Patient safety training
  - Code of conduct training
  - HIPAA compliance
  - Privileging thresholds
  - National Provider identifier (NPI)
  - Curriculum Vitae
2. Evidence that the ASA evaluated and acted upon the information in (1) above.
  3. Evidence of proctoring for initial membership and for additional privileges.
  4. Specific and current privileges recommended by the ASA and approved by the Governing Board representative.
  5. Data pertinent to reappraisal and reappointment, including, but not limited to, completed and verified reapplication form, current licensure, DEA registration, National Practitioner Data Bank documents, state licensing board(s) documents, and information on additional training, continuing medical education, attendance at required meetings, physical and mental health status, professional liability claims, experience, professional special commendations, honors and awards, and where appropriate, compelling evidence of public-spirited, health-related activities and dedication to the welfare and interest of the community.
  6. Evidence that the ASA evaluated all of the above information as well as assessed the current clinical competence for membership and privileges requested, and evidence that appropriate action was taken on reappointment and renewal of privileges.
  7. Evidence of any correction action initiated, including a summary by the Executive Committee of the resultant findings, recommendations and final outcome.
  8. All records, including, but not limited to, letters, notices, reports, exhibits, transcripts, findings, and recommendations, relating to any corrective action instituted pursuant to Article VI (Corrective Action) of the ASA Bylaws.
  9. All records, including, but not limited to, letters, notices, reports, exhibits transcripts, findings, and recommendations, relating to any hearing and

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appellate review instituted pursuant to Article VII (Hearing and Appellate Review Procedure) of the ASA Bylaws.

**Peer Review File**

Information to be included in each member's Peer Review File(s) shall consist of:

1. Practitioner-specific data from ASA monitoring and evaluation of clinical care which may include, but is not limited to, the member's statistical clinical activity profile, findings from peer review activities, outcome from documentation and completeness reports, surgical indications monitoring and individual proctoring reports.
2. The member's Profile Record or the equivalent.
3. Other information deemed pertinent by the member's department chairperson(s)/chief or the President of ASA, including, but not limited to, departmental findings and recommendations concerning a complaint or adverse information related to the professional competence or professional conduct of a member, and results of member satisfaction surveys and managed care site reviews.
  - a. The department chairperson(s)/chief, or the President of the ASA, shall notify the member of the insertion of such pertinent information by a written summary.
  - b. If correction action is deemed appropriate in light of the information to be included in the file, then procedures in Article VI (Corrective Action) of the ASA Bylaws shall be followed.
4. Statements provided by the member responding to any information contained in his/her Peer Review File(s).

**III. REVIEW OF ASA CREDENTIALS FILE AND PEER REVIEW FILES(S) AT THE TIME OF REAPPOINTMENT**

The following applies to the review of information in each member's Credentials File and Peer Review File(s) at the time of reappointment.

- A. Prior to ASA recommendation on reappointment, the member's department chairperson(s)/chief as part of his/her/their reappraisal function, or the President of the ASA if the member is the department chairperson, shall review information in the member's Credentials File and Peer Review File(s).
- B. Following this review, the member's department chairperson(s)/chief or President of the ASA shall make recommendations regarding reappointment and delineation of privileges to the Credentials Committee, and the procedures in Article IV (Procedure for Appointment and Reappointment) Section 3 (Reappointment Process) of the ASA Bylaws shall be followed.

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**IV. CONFIDENTIALITY**

- A. The records of the ASA and its committees responsible for the evaluation and improvement of the quality of patient care rendered in the Medical Center shall be maintained as confidential. These records include, but are not limited to, the ASA Credentials Files and the Peer Review Files.
- B. Access to a member's Credentials File shall be limited to:
- (1) the chairperson(s)/chief of the member's assigned department(s), the President of the ASA or his/her designee, , the Credentials Committee, the Executive Committee, for the sole purpose of discharging ASA responsibilities subject to the requirement that confidentiality shall be maintained,
  - (2) the particular member subject to the provisions in Section IV G, and (3) other persons or entities as required by law.
- C. Access to a member's Peer Review File(s) shall be limited to
- (1) the chairperson(s)/chief of the member's assigned department(s), the President of the ASA or his/her designee, , the Credentials Committee, and the Executive Committee, for the sole purpose of discharging ASA responsibilities subject to the requirement that confidentiality shall be maintained,
  - (2) the particular member subject to the provisions in Section IV G, and
  - (3) other persons or entities as required by law.
- D. Members of the secretarial support staff who may have access to these records in performing their duties shall be informed of the confidential nature of these records and shall follow a procedure to assure their confidentiality.
- E. Information contained in the Credentials File of any member shall not be disclosed to anyone except:
- (1) with the member's written consent,
  - (2) as provided in Section IV B or G, or
  - (3) as required by law.
- F. Information contained in the Peer Review File(s) of any member shall not be disclosed to anyone except:
- (1) as provided in Section IV C or G, or
  - (2) as required by law.
- G. A member shall be granted access to his/her own Credentials File or Peer Review File(s), subject to the following provisions:
1. The member shall provide thirty (30) days prior written notice to the President of the ASA or Designee that the member requests access to the particular file(s).

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2. The member may review, and receive a copy of, only those documents provided by or addressed personally to the member. In addition, the member may review his/her statistical clinical activity profile, statistics provided by the Quality Assessment/Resource Management Department, and medical record deficiency reports. A summary of all other information, including, but not limited to, ASA committee findings, letters of reference, proctoring reports, and complaints, shall be provided to the member, in writing, by the designated officer of the ASA within thirty (30) days of the member's written request. Such summary shall disclose the substance, but not the source, of the information summarized.
3. The review by the member shall take place in the Attending Staff Office during normal work hours with an ASA officer or his/her designee and/or the Director of the Attending Staff Office present.

**V. MEMBER'S OPPORTUNITY TO REQUEST CORRECTION/DELETION OF AND TO MAKE ADDITION TO INFORMATION IN HIS/HER ASA CREDENTIALS FILE AND PEER REVIEW FILE(S)**

- A. After a member has received notification of the insertion of information in his/her Peer Review File(s) as provided in Section II B 3, or has reviewed information in his/her Credentials File or Peer Review File(s) as provided in Section IV G, he/she may address to the member's department chairperson(s), or, in the case where the member is the department chairperson/chief, a written request for correction or deletion of information in his/her file(s). Such request shall include a statement of the specific information concerned and the basis for the action requested.
- B. The department chairperson(s)/chief or President of the ASA shall review such a request within thirty (30) days. After such review, the department chairperson(s) or President of the ASA may:
  1. Delete or modify the information requested by the member: or
  2. Refer the matter to the quality assurance committee of the member's assigned department(s); or
  3. Make no change.

The department chairperson(s)/chief or President of the ASA will notify the member, in writing, of the action(s) taken within sixty (60) days following receipt of the member's written request.

- C. Within thirty (30) days after receiving the notice from the department chairperson/chief or the President of the ASA as described in Section V B, the member may request that the Executive Committee review the issue if his/her request is not granted. Executive Committee shall consider the issue at its next regularly scheduled meeting and shall notify the member, in writing, of its decision within thirty (30) days following the meeting. The decision of the Executive Committee shall be final and shall not be subject to further review.

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**RESPONSIBILITY**

Attending Staff

**PROCEDURE DOCUMENTATION**

Attending Staff Manual, Policies, Procedures and Guidelines

**REFERENCES**

California Code of Regulations, Title 22, §70703  
California Business and Professions Code, §2282.5  
California Healthcare Association  
Joint Commission Standards (Medical Staff)  
LAC+USC Attending Staff Association Bylaws

**REVISION DATES**

June 5, 2002; May 5, 2005; May 5, 2010; September 26, 2013; January 3, 2014; May 4, 2022