

INFORMATION SHARING POLICY

**Ridgeview Medical Center
Ridgeview Le Sueur Medical Center
Ridgeview Sibley Medical Center**

INFORMATION SHARING POLICY

1. GENERAL PROVISIONS

1.A *Scope of Policy.*

- (1) The Ridgeview Medical Center System (“Ridgeview”) adopts this Policy to govern the sharing of confidential information among entities that qualify as “Ridgeview Entities” (as defined below).
- (2) The sharing of confidential information with entities external to Ridgeview that do not qualify as Ridgeview Entities will be processed in accordance with applicable policy or practice on responding to reference requests about practitioners.

1.B ***Rationale for Policy.*** Information sharing is an essential and integral part of the credentialing, privileging, and peer review activities of Ridgeview Entities. It promotes timely and informed determinations regarding practitioners in furtherance of two (2) primary objectives: (i) ensuring patient safety and the quality of care provided to patients; and (ii) fostering a culture of continuous improvement for practitioners. Information sharing is particularly important in a health system such as Ridgeview where collaborative care is provided by multiple health care professionals and entities in an integrated setting.

1.C ***Two (2) Types of Information Sharing.*** This Policy promotes two (2) types of information sharing by Ridgeview Entities:

- (1) ***responding*** to requests for confidential information from other Ridgeview Entities (“***pull***” information sharing); and
- (2) proactively ***notifying*** other appropriate Ridgeview Entities of certain events and disclosing confidential information related to those events (“***push***” information sharing).

1.D ***No Waiver of Peer Review Privilege.*** This Policy is intended to reinforce that the appropriate and deliberate sharing of confidential information is a component part of the peer review activities of all Ridgeview Entities. As such, the information sharing procedures outlined in this Policy have been drafted to comply with Minnesota and federal law and to prevent any waiver of the confidentiality protections that apply to peer review activities.

1.E ***Authorization for Information Sharing Among Ridgeview Entities.*** Unless otherwise stated in this Policy, practitioners are not required to sign separate authorization forms to permit the sharing of confidential information because of:

- (1) the practitioner's obligation to comply with Ridgeview policies – including this Policy – as a condition of Medical Staff membership, employment, or other affiliation with Ridgeview or a Ridgeview Entity;
- (2) the affiliated status of Ridgeview Entities; and
- (3) language permitting the sharing of confidential information that is contained in the Medical Staff Credentials Policy or similar documents, policies, application forms, employment agreements, employment manuals, and/or service contracts of Ridgeview Entities.

1.F **Definitions.** The following definitions apply to this Policy:

- (1) **Confidential information** means any information maintained by a Ridgeview Entity in any format (verbal, written, or electronic) that involves:
 - (i) the evaluation of the quality, safety, necessity, and compliance with applicable law of services ordered or performed by a practitioner; and/or
 - (ii) a practitioner's professional qualifications, competence, conduct, health, experience, or patient care practices. Confidential information includes, but is not limited to, analyses, evaluations, reports, correspondence, records, proceedings, recommendations, actions, and minutes made or taken by, or on behalf of, a peer review committee at a Ridgeview Entity, or in response to a request for confidential information made by another peer review committee.
- (2) **Peer review committee** means any committee that engages in peer review. Peer review committees include, but are not limited to, the following:
 - (a) Medical Executive Committee, Credentials Committee, Leadership Council, Medical Staff QI Committee, or any other standing or ad hoc committee that performs peer review;
 - (b) a committee that engages in peer review that is formed by a Ridgeview Entity;
 - (c) services and service lines when engaging in peer review;
 - (d) hearing officers and hearing and appellate review panels;
 - (e) the Board of any Ridgeview Entity and its committees; and
 - (f) any individual who is authorized to perform functions on behalf of a peer review committee, including Medical Staff leaders, a Chief Medical Officer, Hospital personnel, and experts or consultants retained to assist in peer review activities.

All peer review committees are also “professional review bodies” as that term is defined in the Health Care Quality Improvement Act of 1986, 42 U.S.C. §11101 et seq. and “review organizations” as that term is defined by Minn. Stat. Ann. §145.61.

- (3) **Practitioner** means an individual who has applied for or been granted clinical privileges, medical staff appointment, employment, or other permission to practice by a Ridgeview Entity currently or in the past, including, but not limited to, members of the Medical Staff and Non-Physician Provider Staff at any Ridgeview hospital.
- (4) **Ridgeview Entity** means:
 - (a) a health care entity owned and operated by Ridgeview Medical Center that conducts peer review of its practitioners; or
 - (b) a health care entity contracting with any entity described in (a) that conducts peer review of its practitioners.

2. RESPONDING TO “PULL REQUESTS” FROM OTHER RIDGEVIEW ENTITIES

2.A **When Pull Requests May Be Made.** A Ridgeview Entity may request confidential information (i.e., make a “pull request”) about a practitioner from another Ridgeview Entity at any time. This includes, but is not limited to:

- (1) at any point during the process used to evaluate a practitioner’s qualifications for appointment, privileges, employment, or other affiliation;
- (2) when there is a need to gather confidential information for peer review activities; or
- (3) whenever a question or concern has been raised about the clinical competence, professional conduct, health/ability to safely practice, or utilization practices of a practitioner.

2.B **Process for Responding to Pull Requests.**

- (1) Upon receipt of a request about a practitioner from another Ridgeview Entity, the Ridgeview Entity receiving the request shall provide responsive confidential information to the requesting Ridgeview Entity for review by its peer review committees. The response shall be subject only to the limitations set forth in Section 4 of this Policy (if applicable).

- (2) Any response to a request for confidential information will:
 - (a) include only information about the practitioner in question. While aggregate data may be provided for comparison, information about the clinical competence or professional conduct of other individual practitioners will be redacted;
 - (b) not include information that could be used to determine the identity of any individual who raised a concern about the practitioner; and
 - (c) comply with all federal and state laws regarding the confidentiality of protected health information, as well as Ridgeview and Ridgeview Entity policies related to those laws, if the disclosure includes protected health information.

3. MAKING “PUSH NOTIFICATIONS” TO OTHER RIDGEVIEW ENTITIES

3.A ***Mandatory Push Notifications.*** A Ridgeview Entity will notify other applicable Ridgeview Entities where a practitioner is providing patient care in a timely manner of any action that raises a question about a practitioner’s ability to safely and competently exercise his or her clinical privileges or scope of practice. Such notifications may be based on, but are not limited to, the following:

- (1) credible reports about a practitioner’s clinical competence or professional conduct;
- (2) a practitioner’s agreement to voluntarily refrain from exercising certain clinical privileges while a matter is reviewed;
- (3) a practitioner’s agreement to the terms of a performance improvement plan;
- (4) a leave of absence;
- (5) the commencement of an investigation into a practitioner’s clinical competence or professional conduct; or
- (6) the automatic relinquishment, suspension, restriction, or revocation of a practitioner’s clinical privileges.

3.B ***Process for Making Push Notifications.***

- (1) The notifying Ridgeview Entity will identify the specific event or concern about a practitioner and provide a summary of the circumstances to the Ridgeview President and Chief Executive Officer in a timely manner. The notifying Ridgeview Entity may also provide documentation related to the

event or concern, subject to the limitations set forth in Section 4 (if applicable).

- (2) The President and Chief Executive Officer will review the information provided and obtain any additional or clarifying information as may be necessary to understand the circumstances. The President and Chief Executive Officer will work with the notifying Ridgeview Entity to resolve any questions that may arise (e.g., whether a push notification is indicated or whether there are any limits on the information that may be shared).
- (3) The President and Chief Executive Officer will then ensure that the push notification is forwarded to all appropriate Ridgeview Entities where the practitioner is providing patient care in a timely manner. Specifically, the President and Chief Executive Officer will notify all Ridgeview Entities at which a practitioner has, or is applying for, clinical privileges, medical staff appointment, employment, or other permission to provide clinical services.
- (4) Any push notification of confidential information will:
 - (a) include only information about the practitioner in question;
 - (b) not include information that could be used to determine the identity of any individual who raised a concern about the practitioner; and
 - (c) comply with all federal and state laws regarding the confidentiality of protected health information as well as Ridgeview and Ridgeview Entity policies related to those laws, if the notification includes protected health information.

4. EXCEPTIONS TO DISCLOSURE

- 4.A ***NPDB Reports.*** National Practitioner Data Bank (“NPDB”) reports are subject to confidentiality requirements contained in federal regulations and will not be disclosed pursuant to this Policy. However, the information underlying a report may be disclosed.
- 4.B ***Fair Credit Reporting Act.*** Background check results that are subject to the Fair Credit Reporting Act will not be disclosed without the written authorization of the practitioner.
- 4.C ***Health Information.*** Unless there is a need to disclose information to prevent a serious and imminent threat of harm, additional steps must be taken before the details of any health information may be provided either in a push notification or in response to a pull request. Therefore, disclosures will be made in the following manner:

- (1) **Limited Initial Disclosure of Health Issue.** The initial push notification or the initial response to a pull request by the Ridgeview Entity will be limited to a general statement that a health issue is being reviewed and that additional information will be forthcoming once the practitioner has signed an appropriate authorization.
- (2) **Additional Disclosure Following Written Authorization.** No additional information and documentation related to the health issue involving a practitioner will be disclosed by a Ridgeview Entity unless the practitioner signs the authorization form set forth as **Appendix A** to this Policy.

Appendix A includes the elements necessary for the disclosure of drug or alcohol treatment information under 42 C.F.R. Part 2, mental health information under state law, general medical information under the HIPAA Privacy Rule, and health information in an employment file under the Americans with Disabilities Act.

5. DOCUMENTATION AND CONFIDENTIALITY

- (a) Confidential information will be placed in the practitioner's secure and confidential file at each Ridgeview Entity that receives it. If the practitioner is also employed by a Ridgeview Entity, the confidential information will **not** be maintained in the employment or personnel file, but rather in the practitioner's peer review-protected file at the Ridgeview Entity. Any practitioner health information generated or received by a Ridgeview Entity will be maintained in accordance with applicable laws, including the Americans with Disabilities Act.
- (b) Each Ridgeview Entity shall maintain any confidential information it receives from another Ridgeview Entity pursuant to this Policy in **strict confidence**, in accordance with all Minnesota and federal laws providing protection for credentialing, privileging, and professional practice evaluation/peer review activities.
- (c) No Ridgeview Entity shall disclose confidential information that is exchanged pursuant to this Policy to any third party except: (i) in accordance with applicable policy or practice on responding to reference requests about practitioners; or (ii) if required by law to do so.

Approved by the Board on December 18, 2023.

APPENDIX A

CONFIDENTIAL PEER REVIEW DOCUMENT

**AUTHORIZATION FOR DISCLOSURE
OF HEALTH INFORMATION TO OTHER RIDGEVIEW ENTITIES**

_____ [*insert name of Ridgeview Entity*] (the “Disclosing Entity”) has either:

- (1) created health information about me in its role as a treatment provider; or
- (2) received health information about me from _____ (the “Provider”).

I hereby authorize the Disclosing Entity to disclose such health information to the following Ridgeview Entities where I am currently practicing or where I may apply for privileges, employment, or permission to practice:

Name of Ridgeview Entity	Name of representative at Ridgeview Entity Receiving the Health Information

Except as set forth below (i.e., genetic information), this Authorization applies to any and all general medical information about me. To the extent applicable, this Authorization also applies to any and all drug and alcohol treatment information protected by 42 C.F.R. Part 2, mental health treatment information, and health information in my employment file. Without limiting the foregoing, this Authorization applies to written reports or correspondence from the Provider, notes to file regarding verbal conversations with the Provider, and the contents of any verbal disclosures from the Provider.

As noted above, this Authorization does not apply to “genetic information,” which is defined to include my family medical history, the results of genetic tests provided to me or a family member, the fact that I or a family member sought or received genetic services, and genetic information of a fetus carried by me or a family member, or an embryo lawfully held by me or a family member receiving assistive reproductive services.

The purpose of the disclosure of this health information is to allow the Ridgeview Entity that receives my information to evaluate my health status and my ability to safely practice.

I may revoke this Authorization at any time, in writing, except to the extent that the Disclosing Entity has already relied upon it in making a disclosure. My written revocation will become effective when the Disclosing Entity has knowledge of it.

This Authorization expires when my Medical Staff appointment, clinical privileges, employment, or other permission to practice at the Disclosing Entity expires or is terminated for any reason. Once this Authorization has expired, the Disclosing Entity may no longer disclose the information described above unless I sign a new Authorization form.

Any Ridgeview Entities that receive information about me pursuant to this Authorization are prohibited from further redisclosing my information unless I sign a separate Authorization form.

Date

Signature of Practitioner

Printed Name of Practitioner