



**Policy: Focused Professional Practice Evaluation**

**I. Scope:**

This policy applies to all practitioners credentialed and privileged through the Medical Staff process.

**II. Purpose:**

To establish a systematic, data based process for evaluation of practitioner performance for initially requested privileges and for addressing opportunities for improvement.

**III. Definitions:**

**Focused professional practice evaluation (FPPE)** is a process whereby the medical staff evaluates the privilege-specific competence of the practitioner, who does not have documented evidence of competently performing the requested privilege(s) in the organization. This process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care. FPPE is performed for a specified time frame determined by the Medical Executive Committee (MEC), and the findings are reviewed by the Credentials Committee and reported to the MEC.

**FPPE for Cause** is the term referring to FPPE which is used for the evaluation of the performance of practitioners when issues affecting the provision of safe, high-quality patient care are identified.

**Peer** is an individual practicing the same profession and who has expertise in the appropriate subject matter. The level of subject matter expertise required to provide meaningful evaluation of a practitioner's performance determines what "practicing in the same profession" means on a case-by-case basis. For example, for quality issues related to general medical care a physician may review the care of another physician. For specialty specific clinical issues, such as evaluating the technique of a specialized surgical procedure, a peer is an individual who is well-trained and competent in that surgical specialty.

**Practitioner:** For purposes of this policy, practitioner is defined as an individual with Medical Staff or Allied Healthcare privileges.

**IV. Policy:**

- A. The organized medical staff, through the department and committee process, will define the circumstances requiring monitoring and evaluation of a practitioner's professional performance.
- B. A period of focused professional practice evaluation (FPPE) will be implemented for all initially requested privileges whether practitioner is new to the organization or is requesting new privileges.
- C. The FPPE may be initiated when questions arise regarding a currently privileged practitioner's ability to provide safe, quality patient care (FPPE for Cause).
- D. The organized medical staff, as defined by the structure outlined in the Medical Staff Bylaws, will monitor and evaluate the quality and appropriateness of patient care provided by all licensed independent practitioners and allied healthcare professions with delineated clinical privileges.
- E. All peer review documents are handled with strictest confidence and are protected under federal and state laws addressing peer review. The documents are the sole property of the hospital and may not be released without a court order. Relevant information resulting from the ongoing and focused evaluation processes are integrated into performance improvement activities, consistent with the organizations policies and procedures that are intended to preserve confidentiality and privilege of information.

## **V. Procedure:**

### **Initial Privileging**

- A. The organized medical staff defines the performance measures to be used for practitioner evaluation.
- B. For new physicians joining the medical staff, a period of FPPE will occur during their year of Provisional Staff appointment, and during that period at least 3 procedures/admissions/activities will be reviewed by a physician reviewer. If the minimal activity does not occur during one year following privileging, the MEC may extend the FPPE period for a defined time. The medical staff may choose a different methodology for subsequent evaluation periods or the physician's medical staff status may be changed to that of Affiliate Staff, with no privileges.
- C. The monitoring plan will be specific to the requested privileges.
- D. No exemptions will be made for board certifications, documented experience, or reputation.
- E. FPPE may be completed by the following methods:
  - 1. Physician chart review
  - 2. Monitoring clinical practice patterns
  - 3. Simulation
  - 4. Proctoring
  - 5. External peer review
  - 6. Discussion with other individuals involved in the care of each patient (e.g., consulting physicians, assistants at surgery, nursing or administrative personnel).
- F. Triggers that indicate the need for performance monitoring will be clearly defined by the medical staff. FPPE for newly requested privileges must meet 50% of required elements to complete the FPPE process. Those practitioners who do not meet this requirement will be notified of the results of the review and placed on an additional FPPE cycle.
- G. The Medical Staff Quality Improvement Committee Credentials Committee is charged with the responsibility of monitoring FPPE and making privileging decisions based on the data received. Note: The Chief of the Department may be assigned to oversee the evaluation process for all applicants or medical staff members assigned to a respective department.
- H. The Medical Executive Committee (MEC) will have approval on all recommendations for privileging and will make recommendations to the Governing Board.
- I. External peer review may be used in the following circumstances:
  - 1. Cases involving litigation, or the potential for a lawsuit as determined by Risk Management
  - 2. Ambiguity—when dealing with vague or conflicting recommendations from internal reviewers or medical staff committee and conclusions from this review will directly affect a practitioner's membership or privileges
  - 3. Lack of internal expertise or peer—when no one on the medical staff has adequate expertise in the specialty under review or when the only practitioners on the medical staff with that expertise are determined to have a conflict of interest regarding the practitioner under review.
  - 4. New technology—when a medical staff member requests permission to use new technology or perform a procedure new to the hospital and the medical staff does not have the necessary subject matter expertise to adequately evaluate the quality of care involved.
  - 5. The Medical Executive Committee or Governing Board may request external professional evaluation in any circumstances they deem appropriate.
- J. Performance improvement measures will be consistently implemented for any practitioner undergoing FPPE for that privilege.

### **FPPE for Cause**

- A. Issues that could trigger the need for FPPE for Cause:
  - 1. A sentinel event directly or indirectly attributed to the practitioner,
  - 2. Failure to follow standard of care based on evidence based practice,
  - 3. Morbidity and mortality exceeding internal benchmarks or nationally recognized rates,
  - 4. A trend of patient, family, staff, or peer complaints,
  - 5. Patient infections
- B. Criteria for performance issues could include, but not limited to the following:

1. Small number of admissions or procedures over an extended period of time that raise the concern of continued competence,
  2. Increasing lengths of stay compared to service/other providers without known or documented explanation,
  3. Unplanned returns to surgery,
  4. Frequent or repeat readmissions suggesting possibly poor or inadequate initial management or treatment, or
  5. Patterns of unnecessary diagnostic testing or treatments
- C. Performance improvement plans for LIPs and AHPs may include the following:
- D.
1. Necessary education
  2. Proctoring/assisting for defined privilege
  3. Counseling
  4. Physician/practitioner assistance programs
  5. Suspension of specific privileges
  6. Revocation of specific privileges
- E. MEC will determine when a practitioner must undergo FPPE for cause.
- F. For practitioners under FPPE for cause, MEC will determine what aspects of the practitioner's privileges will be reviewed and for what period of time or for the number of cases to be reviewed

**VI. References:**

The Joint Commission, (2012) Hospital Standards Manual, MS.08.01.01

**VII. Related NWTBS Policies:**

On-Going Professional Practice Evaluation

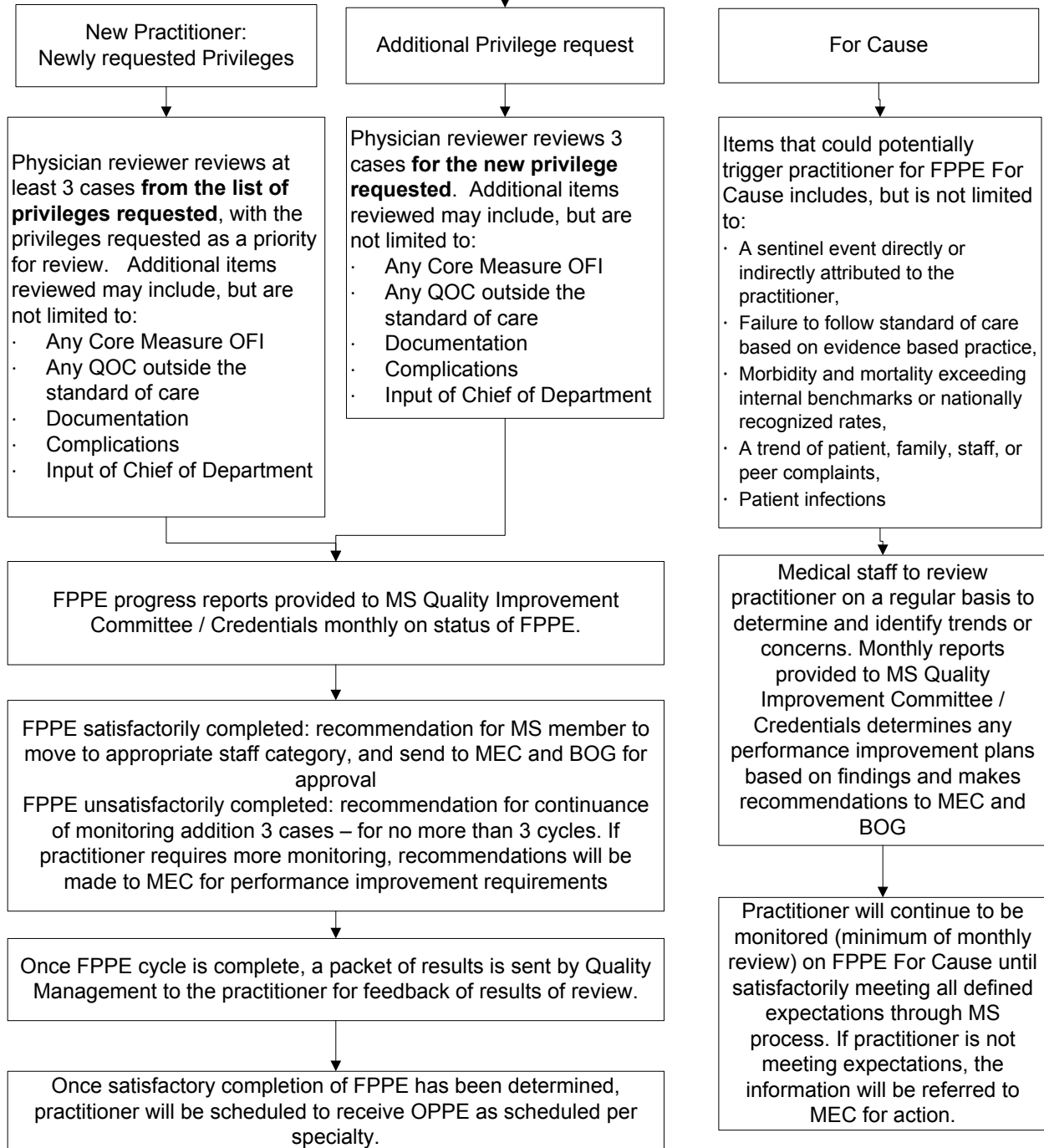
**VIII. Attachments:**

FPPE Flowchart

Effective date: 12/2012

Modified: 05/2013

# Medical Staff Focused Professional Practice Evaluation (FPPE)



\*\*Allied Healthcare Practitioners are informed that they are required to submit patient contact information upon receipt of initial privileging request.