



Focused Professional Practice Evaluation Policy

OVERVIEW

Focused professional practice evaluation (FPPE) is a process whereby the organization evaluates the privilege-specific competence of a practitioner who does not have documented evidence of competently performing the requested privilege at the organization. FPPE is for a time-limited period during which the organization evaluates and determines the practitioner's professional performance. (JC MS4.30 Intro)

Initial competency of practitioners new to the medical staff shall have privilege specific competency evaluated by review of competency information obtained from current and former institutions, where privileged, followed by a focused review during the provisional period.

FPPE will occur under the following circumstances:

- New Applicants: During the provisional period (as defined by the Bylaws)
- Current staff requesting new/additional privilege(s) not previously performed at SBUH
- When a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care

Specific competency will be determined by either:

Proctoring: as determined by the specific service
Chart review as determined by the specific service

POLICY

Purpose: To establish a systematic proctoring process to ensure that there is sufficient information available to confirm the current competence of Practitioners who initially request privileges at SBUH, as part of a Focused Professional Practice Evaluation ("FPPE").

Definitions: Proctoring may be performed using prospective, concurrent or retrospective approaches. Practitioners, who most often provide cognitive care as opposed to procedural care, will be evaluated prospectively and/or retrospectively. Prospective, concurrent and retrospective proctoring may be used for evaluating practitioners who request privileges to perform various procedures.

Proctoring includes one or more of the following as part of a FPPE:

- (1) presentation of cases with planned treatment outlined for treatment concurrence or review of case documentation for treatment concurrence (prospective proctoring),

- (2) real-time observation of a procedure (concurrent proctoring), or
- (3) review of a case after care has been completed, which may include interviews with personnel involved in the care of the patient (retrospective proctoring)

Scope: This Policy applies to all Practitioners who request initial privileges, including initial applicants for Medical or Allied Staff appointment and current members of the Medical or Allied Staff who request additional clinical privileges.

Practitioners requesting membership but not exercising specific privileges do NOT need to be proctored.

The scope of the proctoring plan shall be as indicated above. However, each department shall define the appropriate proctoring method to determine what constitutes a practitioner's current competency.

Oversight/Responsibilities:

The Department Credentials Committee (DCC) is charged with the responsibility of monitoring departmental compliance with this policy. It accomplishes this oversight by submitting regular reports related to the progress of each practitioner, who is required to be proctored, as well as any issues or problems involved in implementing this policy to the Medical Staff Office.

The Chief of Service, or his/her designee, will determine changes to improve performance based on results of FPPEs, including proctoring, and implementation of practitioner-specific performance improvement plans, if appropriate, for practitioners who complete the FPPE. Practitioner specific improvement plans will be submitted to the DCC for review and approval.

The department QA liaison involved with Ongoing Physician Performance Evaluation ("OPPE") will provide the DCC with data that is systematically collected through the OPPE processes for those practitioners, as appropriate, to confirm current competence during the FPPE period.

Proctoring Method: Proctoring may be performed using prospective, concurrent, or retrospective approaches, as defined above. The appropriate methods for proctoring for each individual practitioner will be determined by the DCC based on recommendations from the Division Chief, if applicable or Chief of Service.

The institutional proctoring forms must be utilized. Departments may submit revisions of the proctoring forms to the Medical Director for approval.

Selection of Proctor(s): The Chief of Service shall be responsible for selecting the proctor(s).

Duration of Proctoring Period: At a minimum, a retrospective review of five cases over the first six months will be the standard for all new practitioners and practitioners requesting for practitioners currently on staff requesting additional privileges. The cases shall be representative of the practitioner's principle practice for newly appointed practitioners or for practitioners currently on staff for the new procedure(s) requested. The DCC may define additional proctoring needs based on specific cases. The proctoring period may be extended by the DCC if initial concerns are raised that require further evaluation or there is insufficient activity during the initial period, provided, however, the total proctoring period should not exceed 6 months.

Minimum Clinical Activity - Reciprocal Observation: When a practitioner has insufficient (minimal) clinical activity at SBUH or does not have the type of clinical activity for the requested privilege that is required to be proctored, SBUH may accept evidence of successful proctoring from another facility, provided the conditions defined above for reciprocal proctoring are met.

Responsibilities of Proctors:

1. The proctor's role is that of an evaluator, to review and observe cases, not of a supervisor or consultant. The practitioner who is serving solely as a proctor is an agent of the hospital. The proctor receives no compensation directly or indirectly from any patient for this service.
2. Proctors must be members in good standing of the active medical staff of SBUH and must have unrestricted privileges to perform any procedure(s) to be concurrently proctored.
3. Proctors will monitor those portions of the medical care rendered by the practitioner that are sufficient to be able to judge the quality of care provided in relationship to the privilege(s) requested. The performance of a specific procedure shall be reviewed, or in the situation that the privilege encompasses cognitive care, then the relative components of the patient's chart must also be reviewed for that aspect of care.
4. Proctors will ensure the confidentiality of the proctoring results and forms. The proctor will deliver the completed proctoring form(s) to the DCC.
5. If at any time during the proctoring period, the proctor has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), the proctor should promptly notify the respective Chief of Service. One of the following may be recommended:
 - (a) The Chief of Service will intervene and adjudicate the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for the patient.
 - (b) The QA liaison will review the case for possible peer review at the next department meeting.
 - (c) Additional or revised proctoring requirements may be imposed upon the practitioner until the proctor can make an informed judgment and recommendation regarding the clinical performance of the individual being proctored.
6. If during the initial period of proctoring the proctor feels there may be imminent danger to the health and safety of any individual, the continuation of the privilege(s) requested and proctoring are subject to being discontinued by the Chief of Service or Medical Director.
7. All members of the medical staff with relevant privileges, within each department, must serve as proctors when asked to do so.
8. In addition to specialty and privilege specific issues, proctoring also will address the general competencies.

Responsibilities of the Proctored Practitioner:

1. The practitioner must provide the necessary cases to the proctor for review in a timely manner; if applicable, must obtain agreement from the proctor to attend and observe the procedure and/or the practitioner must provide the proctor with access to all information regarding the patient's clinical history and care, pertinent

physical findings, lab and x-ray results; the course of treatment or management including a copy of the H&P, operative reports, consultations, and discharge summaries.

2. The practitioner shall notify the proctor of each case in which care is to be evaluated and, when concurrent proctoring is required, do so in sufficient time to enable the proctor to conduct. For surgical or invasive procedures where concurrent proctoring is required, the practitioner must secure agreement from the proctor to attend and observe the procedure.

3. The practitioner has the option of requesting from the Chief of Service, a change of proctor if disagreements with the current proctor may adversely affect his/her ability to complete the proctorship timely and satisfactorily.

4. Inform the proctor of any unusual incidents associated with his/her patients.

5. It is the responsibility of the practitioner to ensure documentation of the satisfactory completion of his/her proctorship, including the completion and delivery of proctorship forms to the DCC. The proctoring period will be automatically extended if the summary proctor report is not completed and submitted at the end of the initial proctoring period. The automatic extension under this section shall be until the date that is 3 months from the expiration of the initial period.

6. If the summary proctor report is not completed and submitted to the DCC when due, or if the practitioner fails to complete the proctoring requirements prior to the expiration of the proctoring period, the additional or new privileges that are the subject of proctoring shall be deemed to be voluntarily relinquished by the practitioner and the practitioner shall immediately stop performing these privileges.

Procedural Rights: Failure to Meet FPPE/Proctoring Requirements:

1. Failure to meet proctoring requirements will automatically result in a review, conducted by the departmental QA committee, of clinical cases performed. If failure to satisfy proctoring requirements is simply numerical, the privilege(s) is deemed to be withdrawn for administrative reasons, which is not reportable

2. If a practitioner's appointment or clinical privileges are deemed to be voluntarily relinquished for failure to complete proctoring requirements, the practitioner shall be notified in writing before a report of that voluntary relinquishment is made to the MEC.

3. As part of the notice of acknowledging the voluntary relinquishment and the reason(s) for it, the practitioner shall be given an opportunity to request, within ten days, a meeting with the DCC, at which time the practitioner shall have an opportunity to explain or discuss extenuating circumstances involving his or her failure to provide sufficient clinical experience for a satisfactory evaluation. At that meeting none of the parties shall be represented by counsel; minutes shall be kept; the practitioner may present evidence of extenuating circumstances and why the evaluation period should be extended; any party may ask questions of any party relative to the practitioner's appointment or clinical privileges.

4. At the conclusion of the meeting, the DCC shall make a written report and recommendation. The report shall include the minutes of the meeting held with the practitioner. After reviewing the DCC's recommendation and report, the Chief of Service shall make a recommendation to the MEC. The MEC shall adopt the Chief of Service's

recommendation as its own, send the matter back to the Chief of Service with specific concerns or questions, or make a recommendation different from the Chief of Service outlining specific reasons for disagreement.

5. The Practitioner shall not be entitled to a hearing or other procedural rights as set forth in the Medical Staff Bylaws (Article III) for any privilege that is voluntarily relinquished.

Procedural Rights: Recommendations for Termination of Appointment or Reduction in Clinical Privileges:

If there is a recommendation by the MEC to terminate the practitioner's appointment, privileges being proctored, or other clinical privileges due to questions about qualifications, behavior or clinical competence, the practitioner shall be entitled to the hearing and appeal process outlined in the Medical Staff Bylaws (Article III).

FPPE shall be conducted when a question arises, as a result of peer review, regarding a currently privileged practitioner's professional performance that may affect the provision of safe and high quality patient care, ongoing monitoring or when there appears to be a trend of any of the following circumstances.

Sentinel Events - as defined by the Joint Commission (JC).

Near Misses - Any process variation which did not affect the outcome, but for which a recurrence carries a significant chance of a serious adverse outcome.

Serious Events - An event, occurrence or situation involving the clinical care of a patient that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional health care services.

Unusual pattern of behavior or pattern of care

Professional practice that impacts on the quality of care and patient safety

Other complaints/issues that may arise that are referred by the President Medical Board, Chief of Service Medical Director or Assoc Medical Director for Quality Management.

The decision to assign a period of performance monitoring to further assess current competence will be based on the evaluation of a practitioner's current clinical competence, practice behavior and ability to perform the requested privileges that are at issue. Other existing privileges in good standing should not be affected by this decision. The terms, methods and duration of the evaluation period shall be determined by the Chief of Service and/or Medical Director, or designee and may include:

Chart review

Monitoring clinical practice patterns

Proctoring

Continuing Medical Education

Retraining

Medical evaluation and treatment

External peer review

Participants in the FPPE Process: The FPPE shall be conducted by the respective DCC. In the event that the review requires specific expertise in a clinical area, the credentials committee may supplement their review by obtaining the assistance of a practitioner with expertise in the specific area.

It is essential that the FPPE be conducted in a way that avoids conflict of interest or circumstances that suggest a conflict of interest.

External Peer Review: If external peer review is necessary, the external peer review process delineated in the Rules and Regulations shall be followed. External peer review may be obtained when:

- there is a lack of internal expertise or when the only practitioners on the medical staff with the expertise are partners, associates, or direct competitors of the practitioner under review.
- the potential for conflict of interest cannot be appropriately resolved by the MEC or Medical Board.
- the MEC or Medical Board requires external peer review in any circumstances deemed appropriate by either of these bodies.

No practitioner can require the hospital to obtain external peer review.

References: Joint Commission MS 4.30

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