



Policy /Procedure Document	
Manual:	N/A
Origination Date:	07/24/2008
Last Review Date:	08/06/2018
Next Review Due:	08/2021
Policy Owner:	Medical Staff
Required Approvals:	
Committee:	Medical Executive Committee
Leadership/Board:	Board of Trustees

TITLE:	Medical Staff Professional Practice Evaluation
SCOPE:	This policy applies to all individuals who have been granted Clinical Privileges
DOCUMENT TYPE:	N/A
PURPOSE:	To establish a systematic process to ensure that there is sufficient information available to confirm the current and ongoing competency of Practitioners granted Privileges at Memorial Hospital in order to comply with state and regulatory requirements regarding Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE).
PHILOSOPHY:	N/A
DEFINITIONS:	<p>Focused Professional Practice Evaluation (FPPE): Focused Professional Practice Evaluation is a process whereby the organization evaluates the Privilege-specific competence of the Practitioner who does not have documented evidence of competently performing requested Privilege(s) at 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. Focused Professional Practice Evaluation is a time-limited period during which the organization evaluates and determines the Practitioner's professional performance.</p> <p>Ongoing Professional Practice Evaluation (OPPE): Ongoing Professional Practice Evaluation allows the organization to identify professional practice trends that impact quality of care and patient safety. Such identification may require intervention by the Organized Medical Staff.</p>
PROCEDURE:	

A. Focused Professional Practice Evaluation (FPPE):

1. Focused Professional Practice Evaluation will be implemented for all initially requested Privileges by Practitioners new to the Hospital and for requests by existing Practitioners for grants of new Privileges. FPPE will include at least five proctored or reviewed cases for Practitioners new to the Hospital and a representative number of cases as determined by the Department Chief, or designee, for additional Privilege grants (unless a specific number of cases is referenced on the individual Privilege request form). For Licensed Independent Allied Health Professionals and Advance Practice Professionals, FPPE will include at least five proctored or reviewed cases by a peer or the Department Chief, or designee. FPPE for Dependent Allied Health Professionals will consist of an evaluation by their Sponsoring Practitioner.

MEDICAL STAFF PROFESSIONAL PRACTICE EVALUATION Policy /Procedure Document

2. A Focused Evaluation may also be initiated when a single or Sentinel event occurs and/or patterns or trends indicate potentially unsafe patient care or substantial deviations from reasonable standards of practice. Focused review of a Practitioner's performance will be implemented in accordance with the Medical Staff Peer Review Policy.
3. FPPE will be accomplished by chart review, direct observation, and/or discussion with other Practitioners involved in the care of specific patients. If after the designated review period, competency (which includes the Practitioner's current clinical competence, practice behavior, and ability to perform the requested Privilege(s)), is not yet verified, the evaluation period may be extended, a different type of evaluation process assigned, or evidence of successful proctoring from another facility may be accepted as long as the evaluation period does not extend beyond the duration of the current biennial Reappointment period. Should FPPE not be completed by the end of the biennial Reappointment period, privileges may be reduced to "Refer and Follow."
4. Information to be considered for FPPE may include but is not limited to, chart reviews, monitoring of clinical practice patterns, simulation, proctoring, external peer review and/or discussion with other individuals involved in the care of specific patients including consulting physicians, assistants, nursing, or administrative personnel.
5. External sources may be utilized in the FPPE process if there is concern about conflict of interest or the possession of an appropriate level of experience or skill by internal reviewers.
6. FPPE results will be reported to the Credentials Committee for its Recommendation; however, in the case of Performance Improvement, evaluation results and Recommendations of the MEC will be reported to the Hospital Board of Trustees, unless the Practitioner demonstrates to the reasonable satisfaction of the MEC that implementation of its Recommendations or other changes have resulted in improved and satisfactory performance with respect to the applicable measurement and assessment activities.
7. A Credentials Committee and/or MEC Recommendation which includes a satisfactory evaluation will generally result in the approval of the requested Privilege(s) or in the case of Performance Improvement, will allow the Practitioner to resume exercise of the Privilege(s). A Recommendation which includes an unsatisfactory evaluation or lack of demonstrated competency shall be acted on immediately and could result in denial of the requested Privilege(s) or in the case of Performance Improvement, reduction, suspension or revocation of the Privilege(s).

B. Ongoing Professional Practice Evaluation (OPPE):

1. Ongoing Professional Practice Evaluation will begin immediately after satisfactory completion of the FPPE process and will provide continuous monitoring of a Practitioner's performance. Such evaluation will be a factor in any decision to re-grant existing Privilege(s), to revise existing Privilege(s), or to revoke existing Privilege(s) prior to or at the time of renewal.
2. In accordance with the Medical Staff Peer Review Policy, ongoing data review and findings are evaluated every eight (8) months and will be utilized to assess the quality of care of each Practitioner at the time of reappointment/recredentialing or at any time additional Privileges are requested. This information will be reported to the Medical Staff Quality Assessment Committee for review and Recommendation.
3. Elements for OPPE review may include, but are not limited to, case reviews and review of aggregate data based on review, rule, and rate indicators in comparison with generally

MEDICAL STAFF PROFESSIONAL PRACTICE EVALUATION Policy /Procedure Document

recognized standards, benchmarks, or norms; review of operative and other clinical procedures(s) performed and their outcomes; review of patterns of blood and pharmaceutical usage; as well as reviews of medical record completion, infection control results, morbidity and mortality data, patient satisfaction/complaints, sentinel event data; and any additional elements of performance as defined by the Department or the Organized Medical Staff. Information may be acquired through concurrent and/or targeted medical record review, direct observation, monitoring of diagnostic and treatment techniques, and/or discussion with other individuals involved in the care of specific patients including consulting physicians, assistants, nursing, and administrative personnel.

4. Patterns, trends or issues identified will be addressed for further review, Corrective Action and/or additional monitoring, as necessary.
5. At the time of reappointment/recredentialing if there are no data available for review, it may be Recommended that the Practitioner be re-granted existing Privilege(s), as long as there are no known issues/concerns regarding the Practitioner. Such Recommendation without available data will not occur for more than three concurrent biennial Reappointment periods, and should this time limit be exceeded, the Practitioner will be responsible for providing a professional peer evaluation and/or clinical data from a primary facility, or may be encouraged to consider "Refer and Follow" Privileges.
6. The OPPE process provides Practitioners with feedback for personal improvement or confirmation of personal achievement related to the effectiveness of their professional, technical, and interpersonal skills in providing patient care.

Reviewed Date:	Reviewed/Revised By	Summary of Changes:
07/24/2008		Original Document
04/06/2015	Michael Blakesley, MD	No changes made
12/2016	Michael Blakesley, MD	FPPE/OPPE explained in greater detail
04/2018	Michael Blakesley, MD	Reviewed