SAMPLE - Focused Professional Practice Evaluation Policy

Subject: Focused Professional Practice Evaluation Policy
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I. STATEMENT OF PURPOSE:

To establish a system for evaluating the competency of practitioners to perform the privileges they are granted

II. STATEMENT OF POLICY:

1. Focused professional practice evaluations (FPPEs) will be conducted for a time-limited period in the following circumstances:
   a. New applicants without internal documentation of competency validation
   b. Current medical staff members requesting new privileges without internal documentation of competency validation
   c. Current medical staff members when there is a concern regarding the provision of safe, high quality patient care - Triggers for an FPPE for current members include the following:
      i. A severe, unexpected adverse outcome with questionable care
      ii. A pattern or trend of clinical practice or behavior that creates concerns about patient safety
      iii. Triggers identified in the ongoing professional practice evaluation (OPPE)

2. Focused professional practice evaluations will assess performance in the following six areas of general competency:
   a. Patient care
   b. Medical and clinical knowledge
   c. Practice-based learning and improvement
   d. Interpersonal and communication skills
   e. Professionalism
   f. System-based practice

III. Responsibility:

1. The credentials committee will monitor department compliance with this policy. The department chairperson will submit periodic or monthly status reports to the credentials committee, as requested, regarding the progress of each practitioner in the FPPE process.
2. The department chairperson is responsible for determining the appropriate type of FPPE for each practitioner, based on the practitioner’s circumstances, and for ensuring that the FPPE is properly conducted and thoroughly documented. The department chairperson will also assign proctors as needed.
3. Medical staff members are responsible to proctor colleagues, as assigned by the department chairperson

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IV. Procedure

1. The department chairperson establishes an FPPE plan based on the individual practitioner’s situation. Different approaches may be taken for high-volume versus low-volume privileges or high-risk versus low-risk privileges. For example, for privileges for procedures that are low-volume, the FPPE plan may address the number of procedures that must be evaluated rather than an evaluation period. The plan may include the following methods for evaluating the practitioner:
   a. Proctoring – Proctoring includes one or all of the following:
      i. Prospective review – patient treatment plans reviewed by the proctor before treatment
      ii. Concurrent proctoring – direct observation of performance of a treatment or service by the proctor
      iii. Retrospective proctoring – review of cases after care has been provided
      iv. Simulation
      v. Chart review
      vi. External peer review
      vii. Monitoring clinical practice patterns
      viii. Discussions with those involved in the care of the patient, such as consultants, surgeons, nurses, technicians, administrative personnel (often referred to as “360 degree evaluations”)
      ix. Review of activity and outcome data
2. The department chairperson may also determine that a specific number of cases are necessary to establish competency.
3. When there are concerns about a practitioner with current privileges, the department chairperson will develop a FPPE based on the area of concern. Other privileges will not be affected. The FPPE plan will be approved by the medical executive committee.

V. Proctor qualifications and responsibilities

1. Proctors must be members in good standing of the active medical staff of hospital and must have unrestricted privileges to perform any procedure to be concurrently observed.
2. Based on the FPPE guidelines for each service, the proctor must:
   a. Directly observe the procedure being performed, if required, and complete the appropriate FPPE form.
   b. Retrospectively review the completed medical record following discharge, if required, and complete the appropriate FPPE form.
   c. Ensure the confidentiality of the FPPE results and forms. All FPPE forms must be delivered in a timely manner to Medical Staff Services.
   d. If, at any time during the FPPE period, the proctor has concerns about the practitioner’s competency to perform specific clinical privileges or care related to a specific patient, the proctor shall promptly notify the department chair and may recommend departmental intervention or review.

VI. Duration of the FPPE

1. Each department chairperson will determine the number of cases that will be evaluated and the timeframe for completion. For example, the chairperson may determine that a minimum of five cases must be reviewed in a three- to six-month timeframe. The chairperson considers the following guidelines:
   a. For new applicants, the FPPE begins with the applicant’s first admission. Cases reviewed represent the privileges that have been granted to the new provider. The duration may differ for providers with different levels of training and experience, for example:
      • Practitioners coming directly from an outside residency program
      • Practitioners coming directly from the organization’s residency program
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- Practitioners coming with a documented record of performance of the privilege and its associated outcomes
- Practitioner coming with no record of performance of the privilege and its associated outcomes

b. For current medical staff members with new privileges, the cases reviewed will be limited to the new privileges.

c. For current medical staff members for whom there is a concern about their care, the cases reviewed will be limited to the area of concern.

VII. External Review

1. External review may be conducted in accordance with the medical staff bylaws and peer review policies, which may include:
   a. If there is a lack of internal expertise
   b. If all peers/proctors are either competitors or members of the same group creating a conflict in interest

VIII. Responsibilities of the Proctored Practitioner

Practitioners Being Proctored shall:

1. Notify the proctor of each case in which care is to be evaluated and, when required, do so in sufficient time to enable the proctor to observe or review the case concurrently.
2. Provide the proctor with information about the patient’s clinical history; pertinent physical findings; pertinent lab and x-ray results; planned course of treatment or management; and direct delivery of any documents that the proctor may request
3. Shall have the prerogative of requesting from the Department Head/Service Chief a change of proctor if disagreements with the current proctor may adversely affect his or her ability to complete the proctorship satisfactorily
4. Inform the proctor of any unusual incident association with his/her patients.
5. Ensure documentation of the satisfactory completion of his/her proctorship, including the completion and delivery of proctorship forms
   a. If the FPPE forms are not completed and returned at the end of the 12 month FPPE period, the practitioner will be granted an extension for one week to complete chart reviews and three months to complete observations.
   b. If an additional extension is requested, the Department Head/Service Chief will make a recommendation to the Credentials and Privileging Committee for its review and approval.
   c. If the requirement for a practitioner is only for a “special privilege” and he/she has not met the timelines set forth by the Credentials and Privileging Committee, the privilege shall be withdrawn due to noncompliance with medical staff requirements.
   d. If FPPE for core privileges has not been completed at the end of the extended time period, the practitioner’s privileges will be suspended until the requirement is met. Once the provider has been suspended for six months, privileges and membership will be considered voluntarily withdrawn due to noncompliance with medical staff policy.
   e. If the requirement is met after the suspension period and before six months, the applicant will be required to pay a $150 activation fee to re-establish his or her privileges. However, if the FPPE process is delayed due to the proctor, the fee will be waived. If a provider is having difficulty getting proctoring documents competed by the proctor, the clinical service chief will be informed and a new proctor may be assigned.
IX. Procedural Rights: Recommendations for Termination of Appointment or Reduction in Clinical Privileges

1. The Credentialing Committee shall monitor compliance with the FPPE policy and process. If, at any time during the provisional appointment, the Service Chief, Department Head, or Credentials Committee determines that the provisional appointee is not competent to perform specific clinical privileges and his/her continued exercise of the privileges jeopardizes patient safety, the committee shall then review the medical records of patients treated by the provisional appointee and shall make a recommendation regarding the appointment and clinical privilege to the Medical Board. If necessary, the clinical privileges of the provisional appointee may be summarily suspended as outlined in the medical staff bylaws.11

References:
1. The Joint Commission, Accreditation Requirements – Hospital Program, Introduction to Standard MS .06.01.03, E-dition, The Joint Commission, Joint Commission Resources, Oakbrook Terrace, IL, Effective July 1, 2016.
3. Ibid.
4. Ibid.
5. Ibid.
6. Ibid.
7. Ibid.
9. Ibid.
10. Ibid.
11. Ibid.

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