

The Miriam Hospital:
Administrative Manual

Subject:
Focused Professional Practice
Evaluation (FPPE) Policy

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MS-02
Medical Staff

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Quality Management

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Approved By:

(Director)

(Executive)

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) POLICY

- I. **PURPOSE:** It is the policy of The Miriam Hospital to use the information produced through execution of the Hospital Quality Improvement Plan to enable providers and their supervisors to assess and improve, as indicated, individual performance. This is accomplished through the provision of individual feedback performance data presented, whenever possible, with relevant comparative performance.

This ensures a standardized and objective process is used to assess the competency of all staff members and Allied Health Professionals (nurse practitioners, physician assistants and certified registered nurse anesthetists) – collectively Licensed Independent Practitioners (LIP’s), who initially request privileges or patient care services at The Miriam Hospital, or current staff (refer to OPPE Policy) who are identified for a Focused Professional Practice Evaluation (“FPPE”). This information is part of the peer review process and is subject to the protection of Health Care Quality Improvement Act of 1986 and State law.

II. DEFINITIONS:

A Focused Professional Practice Evaluation will be conducted for the following:

New Applicant – All new applicants are granted provisional status for one year, in accordance with the Medical Staff Bylaws. During the provisional period, an FPPE review will be completed to confirm competence in the clinical privileges or patient care services requested.

Crossing the Threshold for Competence as determined by the departmental/hospital indicators – Any instance of a practitioner showing competence below the standard as defined by the department or hospital as reflected in the Ongoing Professional Practice Evaluation (OPPE) policy for greater than two (2) review periods will result in an FPPE for this area or areas of competence. Other aspects of competence or quality may be reviewed as well, but are not required.

A Focused Professional Practice Evaluation may be conducted when appropriate for the following:

Sentinel Event – An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof, including variation for which a recurrence would carry a risk of serious adverse outcome, as defined by The Joint Commission.

Near Miss – Any process variation that did not affect the outcome, but for which a recurrence carries a significant chance of a serious adverse outcome, as defined by The Joint Commission.

III. SCOPE: This Policy applies to all LIP’s who request initial privileges or patient care services, including initial applicants for Medical or Allied Health appointment, current staff members or allied health professionals who are either identified in the OPPE process, or who request additional clinical privileges and LIP’s requesting temporary privileges.

This Policy is not applicable to LIP’s with staff membership only.

IV. PROCESS

Proctoring: Proctoring is an objective evaluation of a physician’s clinical competence. Types of physician care that may be assessed include cognitive and procedural skills. Methods of proctoring may include one or more of the following as part of an FPPE:

- (1) Concurrent proctoring: real-time observation of a procedure (*Applicable to: performance of procedure or discussion about the plan of care or treatment being considered.* Minimum Standard: Observation of initial two (2) operative/procedural cases/review of first five admissions.)
- (2) Retrospective proctoring: review of a case after care has been completed, which may include chart review, monitoring of clinical practice patterns, simulation and interviews with personnel involved in the care of the patient (*Applicable to: cognitive care, performance of procedures.* Minimum Standard: Review initial five (5) patient charts and assess quality through review of H&P, progress notes, discharge summary.)
- (3) Departments may develop proctoring policies specific to procedures, technologies, and services. The specific proctoring policies are reviewed by the Clinical Quality Council and the Medical Executive Committee.

Responsible Person

Task

Credentials Committee

Develop proctoring forms for review/approval by the MEC.

Department Chief

Department Chiefs consider and document the linkage to the peer review and OPPE process and clinical privileging system that forms the basis for the FPPE process in their departments.

Department Chief identifies/assigns proctor, determines proctoring criteria, monitoring plan and time period.

Medical Staff Office

Communicate to the new LIP and proctor/mentor the following:

LIP: (a) A copy of the proctoring plan and FPPE policy and procedure

(b) The name, address, and contact number of the proctor.

Proctor: (a) A copy of the proctoring plan and FPPE policy and procedure.

b) A copy of the privilege form of the LIP being proctored.

(c) The name, address, and contact number of the LIP.

(d) Proctoring forms to be completed by the proctor.

Proctor/Mentor

Evaluate the clinical performance of the new staff member assigned through one or more of the methodologies cited above and record the proctoring results on the proctoring form. Report any significant concerns or variance to thresholds immediately to the Department Chief.

Submit the proctoring forms to the Department Chief at the conclusion of the proctoring period.

External Reviewer

May be used whenever a determination by the Department Chief and/or the Sr. Vice President/Chief Medical Officer (or his/her designee) determines that:

1. The clinical expertise needed to conduct the review is not available on the Medical Staff and/or
2. The practitioner under review is likely to raise or has raised questions regarding the objectivity of the Medical Staff
3. The practitioner is the Chief of the department or the Vice President/CMO

Department Chief
(or his/her designee)

For those performing satisfactorily, provide feedback to the LIP and recommendation to the Credentials Committee at the conclusion of the proctoring period.

When performance is reported to be below threshold, review the variances, discuss the performance with the LIP and recommend appropriate action(s) for remediation. The proctoring period may be extended by the Chief or designee if concerns are raised that require further evaluation or there is insufficient activity during the initial period. The total proctoring period may not exceed 12 months.

Report proctoring activities periodically to the Clinical Quality Council.

Credentials Committee

Monitor department compliance. Receive recommendations or remedial plans from departments for communication to the MEC and BOT.

Medical Staff Office

Communicate to new staff member satisfactory completion of proctoring period.

LIP and Department Chief
(or his/her designee)

Implement changes to improve performance based on results of FPPEs.

For staff members who are unsuccessful in attaining departmental standards of competency during the one-year provisional period, the Chief will discuss with the Vice President of Medical Affairs and the Chair of the Credentials Committee appropriate next steps, which may include extension of the proctoring period or limitation, reduction or denial of privileges.

V. FPPE REFERRAL FROM OPPE (see OPPE policy)

Should an FPPE be required as a result of poor performance by an LIP during the on-going review of practice, a focused review of cases and/or incidents will be initiated. The findings will be discussed with the LIP, and a plan of remediation will be developed. This plan will be shared with the Credentials Committee. As part of the remediation plan, assessment of other areas of competence or quality may be reviewed, but are not required by this policy. Proctoring, as defined above, may be one of the mechanisms used to ensure that the remediation plan has achieved its goal. At the conclusion of the remediation period, the Department Chief will submit a report to the Credentials Committee. All options afforded in the FPPE review and recommendations will be applicable.

References:

Joint Commission Standard Medical Staff 4.30

The Miriam Hospital Ongoing Professional Practice Evaluation Policy

The Miriam Hospital Quality Improvement Plan Admin Policy 11b