

**SANTA ROSA
MEMORIAL HOSPITAL
AND AFFILIATED ENTITIES**

**FPPE Policy to Confirm
Practitioner Competence
and Professionalism
(New Members/New Privileges)**

**FPPE POLICY TO CONFIRM PRACTITIONER
COMPETENCE AND PROFESSIONALISM**

(NEW MEMBERS/NEW PRIVILEGES)

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APPENDIX A: Flow Chart of FPPE Process to Confirm Practitioner Competence and Professionalism

**FPPE POLICY TO CONFIRM
PRACTITIONER COMPETENCE AND PROFESSIONALISM**

(NEW MEMBERS/NEW PRIVILEGES)

1. ***Scope of Policy.*** All Practitioners who are granted clinical privileges at Santa Rosa Memorial Hospital (the “Hospital”) are subject to focused professional practice evaluation (“FPPE”) to confirm their:
 - (a) clinical competence to exercise the clinical privileges that have been granted to them; and
 - (b) professionalism, which includes (i) the ability to work with others in a professional manner that promotes quality and safety; and (ii) the ability to satisfy all other responsibilities of Practitioners who are granted clinical privileges at the Hospital (i.e., “citizenship” responsibilities).

2. ***Definitions.***
 - (a) “FPPE” means a time-limited period during which a Practitioner’s professional performance is evaluated. All initially-granted clinical privileges, whether at the time of initial appointment, reappointment, or during the term of appointment, shall be subject to FPPE. A flow chart that depicts the FPPE process to confirm competence and professionalism is attached as **Appendix A**.
 - (b) “Practitioner” means any individual who has been granted clinical privileges and/or membership by the Board, including, but not limited to, members of the Medical Staff and Allied Health Professionals.
 - (c) “PPE Support Staff” means the clinical and non-clinical staff who support the professional practice evaluation (“PPE”) process generally and the FPPE process described in this Policy. This may include, but is not limited to, staff from the Performance Improvement and/or Medical Staff Administration departments.

3. ***FPPE Clinical Activity Requirements.***
 - 3.A ***Development of Clinical Activity Requirements.*** Each Service is responsible for recommending the following FPPE clinical activity requirements:
 - (1) ***For New Practitioners:***
 - the number and types of procedures or cases that will be reviewed to confirm a new Practitioner’s competence to exercise the core and special privileges in his or her specialty;

- how those reviews are to be documented; and
- the expected time frame in which the evaluation will be completed; and

(2) ***For Practitioners with Existing Clinical Privileges Who Are Requesting New Privileges:***

- the number of cases that must be reviewed to confirm a Practitioner’s competence to exercise a new privilege that is granted during a term of appointment or at reappointment;
- how those reviews are to be documented; and
- the expected time frame in which the review will be completed.

In developing such recommendations, each Service Chair may consult with Medical Staff Administration, the Chair of the Professional Practice Evaluation Committee (“PPEC”), appropriate medical director(s), and the Chief Medical Officer. The FPPE clinical activity requirements shall be reviewed by the Credentials Committee and approved by the Medical Executive Committee, and shall become effective when adopted by the Board.

3.B ***Mechanism for FPPE Review.*** The FPPE clinical activity requirements will utilize at least one of the following review mechanisms in order to confirm competence:

- (1) retrospective chart review by internal or external reviewers;
- (2) concurrent proctoring or direct observation of procedures or patient care practices; and/or
- (3) discussion with other individuals also involved in the care of the Practitioner’s patients.

In addition, review of available Ongoing Professional Practice Evaluation (“OPPE”) data and other quality data as set forth in Appendix C of the Professional Practice Evaluation Policy may be used in conjunction with this data to confirm competence.

4. ***FPPE for Professionalism.*** In addition to the clinical activity requirements, the FPPE process will also assess a Practitioner’s professionalism. Examples of the types of professionalism criteria that may be used include, but are not limited to:

- (a) cooperation with the FPPE clinical activity requirements for the Practitioner’s specialty;

- (b) compliance with the Medical Staff Professionalism Policy, including appropriate interactions with nursing, other Hospital personnel, the Practitioner's colleagues, and patients and their families;
- (c) compliance with medical record documentation requirements, including those related to use of CPOE and the EHR;
- (d) timeliness and quality of response to consultation and ED call requests;
- (e) completion of any orientation program requirements (e.g, patient safety modules; EHR training);
- (f) patient satisfaction scores; and
- (g) compliance with approved protocols and guidelines.

Policies or guidelines detailing the data and information to be reviewed in order to assess professionalism shall be recommended by the PPEC, reviewed by the Credentials Committee, and approved by the Medical Executive Committee, and shall become effective when adopted by the Board.

5. ***Notice of FPPE Requirements.*** When notified that a request for privileges has been granted, Practitioners shall be informed of the relevant FPPE clinical activity requirements and of their responsibility to cooperate in satisfying those requirements. Practitioners will also be informed that the FPPE process will be used to assess their professionalism, as described above. The Service Chair, Credentials Committee, and/or Medical Executive Committee may modify the FPPE requirements for a particular applicant if the applicant's credentials indicate that additional or different FPPE may be required. Any modification will be documented with a explanation for the modification. Modifications by the Service Chair will not be effective until it is approved by the Chief of Staff.
6. ***Participation in FPPE for New Members/New Privileges by Partners.*** Consistent with the conflict of interest guidelines set forth in the Credentialing Policy, partners and other individuals who are affiliated in practice with a Practitioner may participate in the FPPE process for new members/new privileges described in this Policy through chart review, proctoring, direct observations, and/or discussions with others involved in the patient's care. Such individuals shall comply with the standard procedures that apply to all other individuals who participate in the FPPE process, such as the use of Hospital forms and the requirements related to confidentiality, and the requirements of the conflict of interest guidelines of the Credentialing Policy shall be observed. (As set forth in the Professional Practice Evaluation Policy (Peer Review), partners may also participate in reviews under that Policy, but they may not be the sole reviewers.)

7. ***Review of FPPE Results.***

7.A ***Review by PPE Support Staff.*** Information gathered for purposes of FPPE shall be reported to the PPE Support Staff, which shall compile the information and prepare it for subsequent review. If any such information suggests that a concern may exist that requires expedited review, the PPE Support Staff shall notify the Chair of the appropriate Service, who will work with the Credentials Committee and Leadership Council to determine whether a concern exists such that the matter should be referred for processing under the Professional Practice Evaluation Policy (Peer Review), the Professionalism Policy, or the Credentialing Policy.

7.B ***Review by the Service Chair.*** At the conclusion of the expected time frame for completion of the FPPE, the relevant Service Chair shall review the results of a Practitioner's FPPE and provide a report to the Credentials Committee. The assessment and report shall address whether:

- (1) the Practitioner fulfilled all the clinical activity requirements;
- (2) the results of the FPPE confirmed the Practitioner's clinical competence;
- (3) the results of the FPPE confirmed the Practitioner's professionalism;
- (4) additional FPPE is required to make an appropriate determination regarding clinical competence and/or professionalism; and/or
- (5) the Service Chair may release the proctor.

7.C ***Review by Credentials Committee.*** Based on the Service Chair's assessment and report, and its own review of the FPPE results and all other relevant information, the Credentials Committee will make one of the following recommendations to the Medical Executive Committee:

- (1) Competence and Professionalism Are Confirmed. The FPPE process has confirmed clinical competence and professionalism, and no changes to clinical privileges or the Practitioner's conditions of practice are necessary;
- (2) Extend FPPE Due to Questions. Some questions exist and additional FPPE is needed to confirm clinical competence and/or professionalism, what additional FPPE is needed, and the time frame for it (which may be coordinated by the PPEC or the Leadership Council);
- (3) Extend FPPE Due to Inactivity. The time period for FPPE should be extended because the individual did not fulfill the FPPE clinical activity requirements, thus preventing an adequate assessment of the individual's

clinical competence or professionalism. Although exceptions may be made for certain low volume Practitioners based on a need for services in their specialties or coverage requirements, generally the time frame for initial FPPE shall not extend beyond 12 months after the initial granting of privileges;

- (4) Performance Improvement Plan or Other Intervention is Necessary. Some concerns exist about the Practitioner's competence to exercise some or all of the clinical privileges granted or the Practitioner's professionalism, and the details of the Performance Improvement Plan (or other intervention) that should be pursued with the Practitioner in order to adequately address the concerns. In developing a Performance Improvement Plan, the Credentials Committee may request input or assistance from the PPEC (for clinical issues) or the Leadership Council (for behavioral issues);
- (5) Change to Privileges or Membership Is Necessary. More significant concerns exist about a Practitioner and the changes that should be made to the Practitioner's clinical privileges or membership (e.g., mandatory concurring consultation requirement imposed; suspension; revocation), subject to the procedural rights outlined in the Medical Staff Credentialing Policy; or
- (6) Transfer to Membership-Only Staff Category or the Automatic Relinquishment of Certain Privileges Due to Inactivity. The individual shall either: (i) be transferred to a membership-only staff category for failure to meet FPPE clinical activity requirements for all privileges, or (ii) automatically relinquish specific clinical privileges for which the individual failed to meet the applicable requirements. Such transfer or automatic relinquishment shall be subject to the procedural rights outlined in Section 8 of this Policy, and shall not become effective until a report is made to the Board. Exceptions may be granted based on a need for services in the Practitioner's specialty or coverage requirements.

7.D ***Review by Medical Executive Committee.*** At its next regular meeting after receipt of the written findings and recommendation of the Credentials Committee, the Medical Executive Committee shall:

- (1) adopt the findings and recommendation of the Credentials Committee as its own; or
- (2) refer the matter back to the Credentials Committee for further consideration and responses to specific questions raised by the MEC prior to its final recommendation; or

- (3) state its reasons in its report and recommendation, along with supporting information, for its disagreement with the Credentials Committee's recommendation.

If the recommendation of the Medical Executive Committee would entitle the Practitioner to request a hearing pursuant to the Medical Staff Bylaws, then the process shall proceed in the manner described in the Bylaws.

8. ***Review of Transfer to Membership-Only Staff Category or Automatic Relinquishment of Privileges for Failure to Satisfy Clinical Activity Requirements.*** If an individual is transferred to a membership-only staff category or must automatically relinquish clinical privileges due to inactivity, the Practitioner shall not be entitled to the hearing and appeal rights outlined in the Medical Staff Bylaws. Rather, the Practitioner shall be entitled to the rights outlined in this section.

8.A ***Notice.*** The Practitioner shall be notified in writing before a report of the transfer or automatic relinquishment is made to the Board. The notice shall inform the Practitioner of the reasons for the transfer or automatic relinquishment and that the Practitioner may request, within 10 days, a meeting with the Service Chair, the Credentials Committee, and the Chief Medical Officer (or designees).

8.B ***Meeting with Service Chair.*** The individual shall have an opportunity to explain or discuss extenuating circumstances related to the reasons for failing to fulfill the FPPE requirements. No counsel may be present at the meeting. A report to the Credentials Committee shall be made. The meeting shall be informal in nature and shall not be conducted as a hearing, as that term is used in the Medical Staff Bylaws. No attorneys shall be permitted at the meeting.

8.C ***Written Report and Recommendation.*** At the conclusion of the meeting, the Credentials Committee shall make a written report and recommendation. The Credentials Committee may recommend that the transfer or automatic relinquishment be maintained, or that the Practitioner be granted additional time to fulfill the FPPE requirements. That additional time may not exceed 24 months from the date the privileges were initially granted. The report shall include the minutes of the meeting held with the individual. After reviewing the Credentials Committee's recommendation and report, the Medical Executive Committee may:

- (1) adopt the Credentials Committee's recommendation as its own and forward it to the Board;
- (2) send the matter back to the Credentials Committee with specific concerns or questions; or
- (3) make a recommendation to the Board that is different than the Credentials Committee's and outline the specific reasons for its disagreement.

- 8.D ***Final Board Decision.*** The Board shall either maintain the automatic relinquishment or transfer, or made a different decision. The decision of the Board shall be final with no rights to challenge.
- 8.E ***Decision Not an Adverse Action.*** A decision that a Practitioner will be transferred to a membership-only staff category or will automatically relinquish his or her clinical privileges for failure to satisfy clinical activity requirements is not based on the practitioner's clinical performance and therefore is not an adverse action that must be reported to the National Practitioner Data Bank or any state licensing board.
- 8.F ***Future Application for Privileges.*** A Practitioner who is transferred to a membership-only staff category or who automatically relinquishes certain privileges will be ineligible to apply for the clinical privileges in question for two years from the date of the transfer or automatic relinquishment. Exceptions will only be made under extraordinary circumstances, i.e. community need, in the sole discretion of the Medical Executive Committee. A decision by the Medical Executive Committee not to grant an exception is not subject to the hearing and appeals provisions found in the Medical Staff Bylaws.

Adopted by the Medical Executive Committee on March 13, 2018.

Adopted by the Board on March 27, 2018.

SANTA ROSA MEMORIAL HOSPITAL

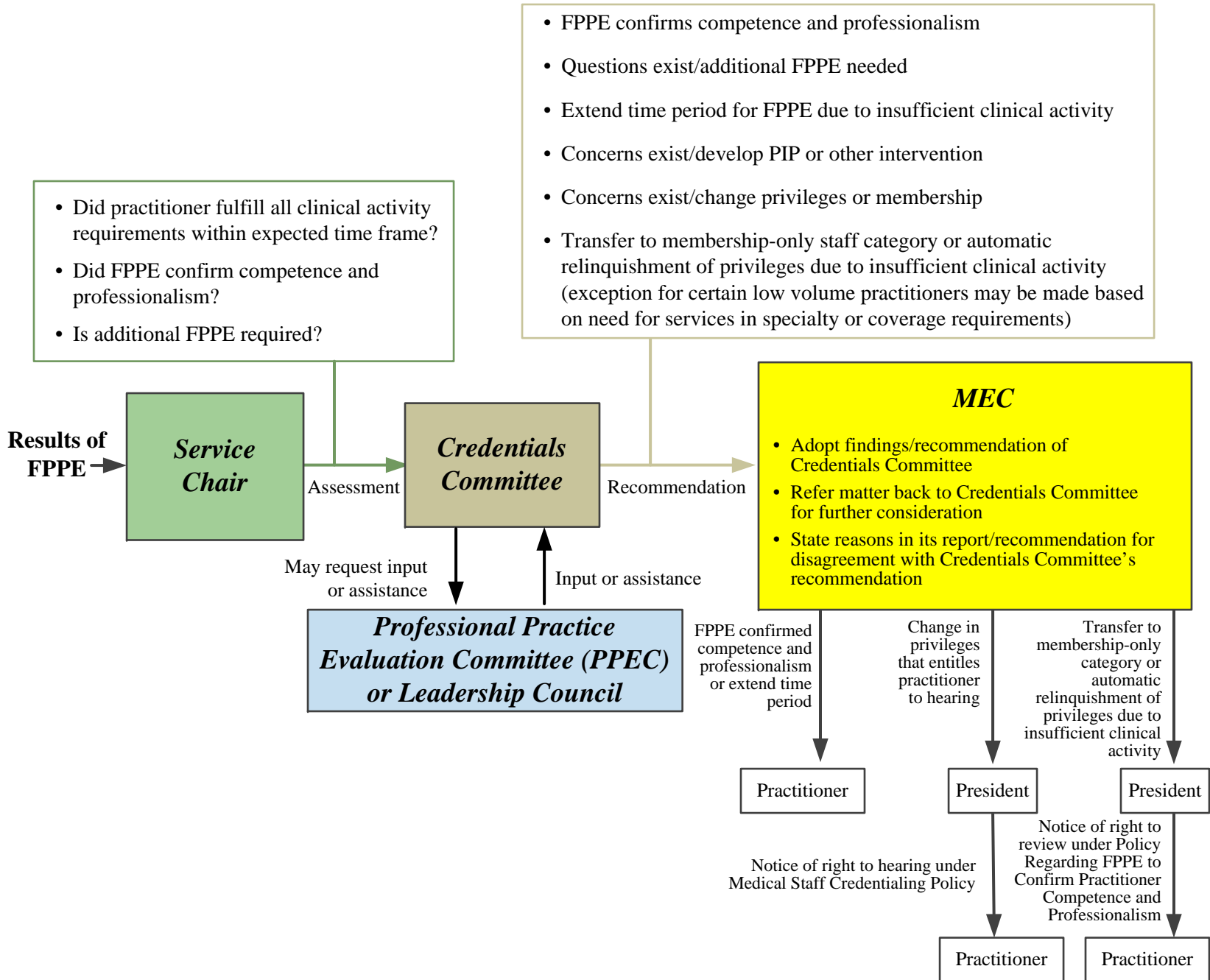
Appendix A: FPPE Process to Confirm Practitioner Competence and Professionalism

FPPE Requirements

- **Clinical activity requirements recommended by Services**
- **Professionalism requirements recommended by PPEC**
- **All requirements reviewed by Credentials Committee and adopted by MEC**

FPPE may include:

- chart review by internal or external reviewers;
- concurrent proctoring or direct observation;
- discussion with other individuals involved in the care of the practitioner's patients;
- review of available quality and OPPE data; and/or
- review of concerns about professionalism.



- Did practitioner fulfill all clinical activity requirements within expected time frame?
- Did FPPE confirm competence and professionalism?
- Is additional FPPE required?

- FPPE confirms competence and professionalism
- Questions exist/additional FPPE needed
- Extend time period for FPPE due to insufficient clinical activity
- Concerns exist/develop PIP or other intervention
- Concerns exist/change privileges or membership
- Transfer to membership-only staff category or automatic relinquishment of privileges due to insufficient clinical activity (exception for certain low volume practitioners may be made based on need for services in specialty or coverage requirements)

- Adopt findings/recommendation of Credentials Committee
- Refer matter back to Credentials Committee for further consideration
- State reasons in its report/recommendation for disagreement with Credentials Committee's recommendation