

TITLE: Provisional/Focused Professional Practice Evaluation (FPPE) Policy/Procedure

4-09, *Approved*
PHFH MEC 9/16/13; PSHMC MEC 9/17/13
Reviewed 8/14

Purpose: The goal of FPPE is to demonstrate the current competence of staff privileged at Providence (/PHFH)/PHFH).

Policy: Focused professional practice evaluations to determine competency will be performed for the following reasons:

- New applicants requesting privileges at PSHMC/PHFH
- Current practitioners who are requesting a new privilege
- New procedures or technology are introduced into the organization
- Whenever a question arises regarding a current practitioner's ability to provide safe and high quality patient care

Criteria for FPPE review: The criteria used for evaluation may include any of the following:

- a) Concurrent review of the practitioner's assessment and treatment of patients
- b) Review of invasive and noninvasive clinical procedures performed and their outcomes
- c) Blood utilization, medication management, and morbidity and mortality data
- d) Requests for tests and procedures, use of consultants, and medical records compliance
- e) Compliance with hospital policies and the Medical Staff Code of Conduct
- f) Pattern of complaints from staff or patients

The evaluation process: Information used for evaluation may be obtained through, but is not limited to:

- a) Concurrent or targeted medical record review
- b) Direct observation
- c) Monitoring/proctoring
- d) Discussion with other practitioners involved in the care of specific patients
- e) Data collected and assessed for the organization's quality improvement, patient safety, or patient satisfaction indicators
- f) Sentinel event data
- g) Any other applicable peer review data
- h) Peer references
- i) For AHPs - Feedback from the applicant's sponsoring physician.

New practitioners without documented current performance at SHMC/PHFH:

- a) Each new medical staff member will be given a copy of the attached document which outlines the evaluation process specific for his/her department or specialty (Attachment A), as well as the core competencies which will be reviewed.
- b) In addition to the review process outlined on Attachment A, proctoring may be required for specific procedures at the recommendation of the Department/Service Line Chair. The requirement will be communicated to the practitioner, including the number of cases and/or duration of the required proctoring.
- c) Proctors must be approved by the Credentials Committee or Department Chair (See 'Proctoring/Observing/Precepting Policy'. It is the responsibility of the physician being proctored to assure that his/her proctor provides proctoring reports on approved forms to Medical Staff Services for evaluation by the Department/Service Line Chair. The Chair may endorse the practitioner to perform the specific privileges independently after review of the proctor's report and clinical information as appropriate. External proctors may be approved by the Department Chair and Chief Medical Officer or their respective designees (See 'Visiting Surgeon/Proceduralist' policy).
- d) At the next Ongoing Professional Practice Evaluation (OPPE) period, which is performed at approximately six/eight-month intervals) by specialty, Medical Staff Services will review data to consider if the applicant has a level of activity from which a recommendation may be made. If sufficient activity, the Medical Staff Services Office will initiate the focused review process by gathering the specified information for the Department or Service Line Chair's review. If insufficient activity, the focused review will be deferred to the next OPPE review. Recommendations may include, but are not limited to, the following:
 - Full membership and privileges requested
 - Extension of provisional/focused review status if concerns have been identified regarding clinical care, behavior, or citizenship
 - Continuation in focused review due to limited activity; focused review may continue at eight-month intervals up to two years from the date of appointment. If very limited or no activity at the two-year reappointment period, the Department and Credentials Committee will make a recommendation to the MEC regarding continuation of privileges. Note that information from other Providence Health Care (PHC) hospitals may be considered in the decision-making process at this point. A recommendation may be made to appoint the practitioner to Community Associate status (membership without privileges).
 - Extension of provisional/focused status beyond the two years for some of the privileges requested (See Proctoring/Observing/Precepting Policy regarding expiration of privilege requests when proctoring is not complete within specified time periods.)
 - Communication with the practitioner regarding areas for improvement
 - Recommendation for specific continuing medical education
 - Proctoring or mentorship
 - Recommendation to deny advancement to full membership and privileges
 - Recommendation that privileges not be continued due to lack of activity
- e) The further process for provisional/focused review is fully covered in Appendices B and C of the Medical Staff Bylaws.

- f) If advancement or any specific privilege is denied for reasons other than lack of activity/lack of data from which to demonstrate current competence, the practitioner will be informed of his/her rights under the Fair Hearing Plan of the Medical Staff Bylaws.

Current practitioners requesting an additional privilege:

Applicants will be required to meet the established criteria for the privilege. Proctoring or mentoring may be required as with initial applicants. The period for review will be established by the Department Chair at the time of the privilege request. The Credentials Chair or Committee may be called upon to confer with the Department Chair in establishing the review requirements, if needed.

New procedures or technology:

See the 'Privileging for New Procedures Policy.' The review period for each practitioner requesting the privilege will be established at the time the new privilege list is developed.

Quality of care issues regarding a current practitioner:

As part of the Ongoing Professional Practice Evaluation (OPPE), the Department or Service Line Chair reviews the practice of those within his/her department at eight-month intervals, according to criteria established by the Department/Service Line.

If a practitioner is above established trigger criteria (see 'Peer review dimensions and targets by Department') for two evaluation periods, the Department/Service Line Chair will provide an initial review of available data.

The Chair may:

- Determine issues do not warrant further review at this time, but follow at next OPPE.
- Request outside peer review be obtained as outlined in the 'Peer Review and Ongoing Professional Practice Evaluation' policy.
- Perform or assign a more targeted review of additional data as outlined at the beginning of this policy. Comparative data may be developed as part of this process.
- Refer the issue for discussion at MEC to consider whether a collegial intervention or an investigation should be undertaken, as specified in the Fair Hearing Plan of the Medical Staff Bylaws.

Additionally, the Department/Service Line Chair, Medical Staff President, Chief Medical Officer, Division Chief, Chief Operating Officer, or Medical Center President may determine that one significant patient care event or conduct issue triggers a targeted review by the Department/Service Line Chair, or warrants a MEC review to consider recommendation of a collegial intervention or an investigation as specified in the Fair Hearing Plan of the Medical Staff Bylaws.

FPPE reporting:

Practitioners recommended by the Department and Credentials Committee to be advanced from provisional/focused status will be included on the MEC and Board Credentials Report, and the practitioner will be notified by letter following the Board approval.

Practitioners not advanced by the two-year reappointment period due to low activity, or no activity, may not be reappointed or may receive a communication from the Credentials Committee or Department Chair regarding their continued plan for activity at the Medical Center/Hospital. Physicians who regularly refer patients to the Medical Center/Hospital or to Providence providers, may be moved to Community Associate status.

A summary of FPPE activity will be reported by the Department/Service Line Chair to the Credentials Committee, MEC and Board.

Temporary privileges:

Special requirements of supervision and reporting may be imposed upon any individual granted temporary clinical privileges. Notice of any failure by the individual to comply with such special requirements may result in immediate termination of privilege/s. Practitioners granted locum tenens status will be assigned a proctor/mentor, and that individual will complete a FPPE regarding the practitioner at the end of their locum tenens assignment.