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Policy Number: 86100-MS-146
Providence St. Peter Hospital

Focused Professional Practice Evaluation (FPPE)

PURPOSE: To define the process for the following:

1. Evaluation of members and non-members receiving new privileges.
2. Evaluation of providers in response to concerns regarding the provision of safe, high quality patient care, behavioral or performance related.
3. Focused review of the performance of providers, independent allied health professionals, and Level II provider extenders with privileges who have been identified as needing additional review beyond the ongoing professional practice evaluation.
4. Focused review of newly awarded special requests or newly awarded additional privileges.

APPLIES TO: Initial applicants and established members with privileges, non-members with privileges, independent allied health professionals and Level II provider extenders with clinical privileges.

POLICY STATEMENT: Focused professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege(s), prior to or at the time of renewal. Exceptions to this process may be allowed, provided such exceptions are approved by the applicable departmental committee chair.

Focused professional practice evaluations are a time-limited period during which the medical staff organization evaluates a provider's professional performance. The provider's departmental committee chair or delegate are responsible for monitoring all assigned FPPE's with oversight provided by the Medical Executive Committee.

The status of an assigned FPPE will be documented in the provider's credential file. When departmental committee executive session discussion results in the assignment of a focused review FPPE, the FPPE will be documented in departmental committee executive session minutes and will be reviewed by the Medical Executive Committee.

FPPE's may be closed by either the departmental committee, the corresponding committee chair, or the Medical Staff President. Details supporting the reason for closing a FPPE must be documented within the FPPE form.

For incomplete FPPE's, the provider's response will be placed in their confidential record. Upon receipt of an affiliation letter request and signed release, the medical staff office will send the provider's response notifying the facility that the requirements of FPPE remain incomplete and the date the FPPE was closed (unable to evaluate).

PROCEDURE:

1. Initial Privilege FPPE
 - A. The medical staff organization will monitor initial privilege FPPE's.
 - B. Data from the initial privilege FPPE will be used to determine whether competencies are met and whether to continue, limit, or revoke any of the(se) privilege(s).
 - C. Initial privilege FPPE requirements must be completed within the first 6 months after approval of initial appointment and clinical privileges.
 - 1) Extensions will be allowed to a maximum of 9 consecutive months.
 - a) A single three-month extension can be granted at the discretion of the departmental committee chair.
 - 2) Exceptions and extensions must be documented.

2. Additional Privilege FPPE
 - A. Each new privilege granted to a provider with existing privileges is subject to an additional privilege FPPE initiated by the provider's departmental committee chair with attention placed on assuring competency in that additional privilege.
 - B. Data from the additional privilege FPPE will be used to determine whether competencies are met and whether to continue, limit, or revoke any of these privilege(s).
 - C. Additional privilege FPPE requirements must be completed within the first 6 months after approval of those clinical privileges.
 - 1) Extensions will be allowed to a maximum of 9 consecutive months.
 - a) A single three-month extension can be granted at the discretion of the departmental committee chair.
 - 2) Exceptions and extensions must be documented.
3. Focused Review FPPE
 - A. A provider's departmental committee and/or the Medical Executive Committee may initiate a focused review FPPE for potential or validated practice concerns. An FPPE shall be conducted when questions arise regarding a provider's professional performance and/or behavior that may affect the provision of sound, high quality patient care which has been identified through the peer review process, ongoing feedback reports, or pursuant to a corrective action plan.
 - B. The focused review FPPE will be based on the provider's current clinical competence, practice behavior and ability to perform the privileges in question. Other existing privileges in good standing will not be affected by this review.
 - C. The FPPE duration will be determined by the provider's departmental committee or committee chair at the time of initiation and may be extended, or modified at their discretion.
4. FPPE Compliance
 - A. The provider's departmental committee is responsible for assessing compliance to an assigned FPPE. This may be delegated to the departmental committee chair or designee.
 - B. The FPPE New Privilege Review Form or Monitoring Plan Form must be completed upon successful completion of an assigned FPPE.
 - C. If a provider has been assigned an FPPE and their reappointment becomes due, the departmental committee chair will submit a progress report for review by the Credentials Committee and the Medical Executive Committee. The FPPE duration will be determined by the provider's departmental committee or committee chair at the time of initiation and may be extended, or modified at their discretion.
 - D. All Incomplete FPPE's will be reviewed by the Medical Executive Committee.
 - E. Any action taken by the departmental committee that could affect a provider's medical staff membership and/or privileges will be forwarded for review in accordance with the medical staff's established credentialing review process.
 - F. Once the FPPE process has been completed, the evaluation forms shall be scanned into the provider's confidential record.
 - G. The provider will be notified at initiation and conclusion of each focused review FPPE.
5. External Peer Review

- A. External peer review may be requested by Medical Staff leadership when the appropriate skill set is unavailable within the PSPH Medical Staff Organization.
- B. External peer review may be requested by Medical Staff leadership when there is a real or perceived appearance of bias or conflict of interest.

Key Words: Focused, professional, practice, evaluation, peer, FPPE

Reference: Joint Commission Standards

Owner: Medical Executive Committee

Administrative Approval:

A handwritten signature in black ink that reads "Francois Cady MD". The signature is written in a cursive style.

Francois M. Cady, MD, Medical Staff President

A handwritten signature in blue ink. The signature is highly stylized and appears to be "Jennifer Groberg".

Jennifer Groberg, Community Ministry Board Chair