

MEDICAL STAFF POLICIES & PROCEDURES

Applicability: Community Hospital Anderson, Community Hospital East, Community Heart and Vascular Hospital (A Department of Community Hospital East), Community Fairbanks Recovery Center, Community Howard Regional Health, Community Hospital North, Community Hospital South

POLICY: PROFESSIONAL PRACTICE EVALUATION (FPPE / OPPE)

SCOPE: As part of the performance improvement efforts of Community Hospital East (CHE), Community Heart and Vascular (CHVH), Community Hospital North (CHN), Community Hospital South (CHS), Community Fairbanks Recovery Center (CFRC), Community Howard Regional Health (CHRH), and Community Hospital Anderson (CHA), the services provided by practitioners granted Clinical Privileges are continuously monitored. Community Health Network (CHNw) performs professional performance evaluations through routine internal reviews, internal focused professional practice reviews, internal ongoing professional practice reviews, and external reviews. The purpose of this policy is to define the process or structure of these various reviews. Medical Staff Services, Quality, and Health Information Management (HIM) work collaboratively to collect all appropriate information for Professional Practice Evaluations. Practitioners requesting membership but not requesting specific privileges are not subjected to the provisions of this policy or initial focused professional practice evaluation.

I. Focused Professional Practice Evaluation

The purpose of the focused professional practice evaluation (FPPE) is to provide a mechanism for monitoring, evaluating, documenting, and reporting the performance of practitioners granted clinical privileges at CHE/CHVH/CHN/CHS/CFRC/CHRH/CHA. At initial appointment, FPPE is conducted at least one time during the first year of privileges. FPPE is also conducted on established practitioners when a new privilege is granted, when a new program / service is established, and / or if quality/performance issues arise.

The FPPE process may include retrospective chart review, review of clinical practice patterns, simulation, close monitoring, proctoring, or supervision by the Medical Staff, external peer review, or discussion with individuals involved in the care of any patients. During the FPPE period, any modification, alteration, or conditioning of privileges warranted by the FPPE results may be subject to summary action.

Criteria developed for FPPE are based on the practitioner specialty, common diagnoses treated, procedures performed, required CMS elements, common complications, and input from practitioners in each specialty. The criteria used for evaluation may include but are not limited to:

- Review of the practitioner's assessment and treatment of patients
- Review of invasive and non-invasive clinical procedures performed and their outcomes
- General behavior and conduct in the hospital
- Blood utilization, medication management, and morbidity and mortality data
- Request for tests and procedures, use of consultations and response times, length of stay and medical records compliance
- Other relevant criteria as directed within the Medical Staff Bylaws and / or the Department(s), the Credentials Committee, Medical Staff Quality Committee (MSQC) or the Medical Executive Committee (MEC)

FPPE Procedure – Initial Privileges, Existing Practitioners Granted New Privileges

1. All new practitioners granted initial privileges, or existing practitioners granted new privileges, will be under a period of FPPE for a minimum of the first five patient encounters or procedures or a period of six (6) months for the privileges granted.
2. If at the end of the practitioner's FPPE period, the practitioner has not performed five patient encounters or procedures, FPPE may be extended by the physician reviewer or MSQC due to lack of clinical activity. FPPE may also be extended when concerns are raised during FPPE that require further evaluation. If at the end of the FPPE extension period, a practitioner has not yet performed the minimum number of patient encounters or procedures, it may be the recommendation of the MSQC or MEC to remove the privileges due to inability to validate competency.
 - a. The MSQC may waive the five patient encounters or procedures requirement for Privileged Practitioners requesting additional privileges if the procedure is rarely performed and the practitioner's skill has been deemed competent overall.
 - b. If a Practitioner does not have sufficient local activity where a privilege has been granted, supplemental data may be used from another Community Health Network (CHNw) hospital or another CMS-certified organization where the provider holds the same privileges. The use of supplemental data may NOT be used in lieu of a process to capture local data.

FPPE Procedure – Practitioners with Identified Quality Concerns

A practitioner may be placed on FPPE when an issue has been identified that affects the provision of safe, high-quality patient care. Examples include but are not limited to:

- Sentinel events, Serious Reportable Safety Events, State Reportable Events, or events that have required investigation
 - Validated complaints or safety event reports
 - Significant variances from acceptable practice patterns; and/or
 - Significant variances with comparative peer performance data
1. A referral for quality concerns may be submitted by a physician reviewer, MEC Officer, Risk Manager, the MSQC or subcommittee.
 2. The practitioner will be notified in writing of their placement on FPPE for identified quality concerns.
 3. The FPPE patient encounters or procedures will be forwarded to the physician reviewer, who will make a recommendation to the MSQC. The MSQC will make a recommendation to the MEC. For CFRC, the recommendation will go directly to the MEC. Recommendations may include but are not limited to:
 - Extension of review period
 - Counseling
 - Continuing Education/Training
 - Proctoring
 - Conclusion of FPPE without further action
 - Revision of Medical Staff Policy or Procedure (for identified process or system issues)
 - Corrective action as defined in the Medical Staff Bylaws (Note: Any corrective action taken must be within the requirements of the Bylaws and the provision for Fair Hearing and Appellate Review.)
 4. The MEC will forward final recommendations to the Governing Body for approval.

5. At the end of the FPPE period, the practitioner will be notified in writing of the outcome and any corrective actions.
6. A copy of all completed file reviews will be placed in the practitioner's Confidential Peer Review File.

II. Ongoing Professional Practice Evaluation

The purpose of Ongoing Professional Practice Evaluation (OPPE) is to provide a mechanism for ongoing monitoring, evaluating, documenting, and reporting of the performance of practitioners with privileges at CHE/CHVH/CHN/CHS/CFRC/CHRH/CHA. OPPE will be performed on all practitioners at least every 12 months. This process allows any potential issues with a practitioner's performance or trends that impact quality of care and patient safety to be identified and resolved in a timely manner. The OPPE also fosters an efficient, evidence-based privilege renewal process. The OPPE results are used to determine whether to continue, limit, or revoke any existing privileges.

The criteria developed for OPPE are the same as outlined above for the FPPE, as well as individual events or possible trends that may be brought to the attention of the Medical Staff Services Department or Quality Department.

There may also be circumstances where an event or trend, performance reflective of quality and / or safety concerns, is identified through the OPPE process that may trigger FPPE. If so, this will be conducted according to established policy.

OPPE Procedure

1. Medical Staff Services and Quality will coordinate the generation of OPPE reports. Every practitioner holding clinical privileges will be reviewed by the physician reviewer. This review will be factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the renewal of privileges. Review of privileges is evaluated at reappointment and the reason for zero or low volumes is taken into consideration (e.g., no longer performing the procedure, taking patient elsewhere for the procedure or specific procedure is typically a low volume procedure).
2. At the end of the practitioner's OPPE period, the MSQC will decide to either continue the practitioner on OPPE or initiate FPPE. If at the end of the reappointment period, a practitioner has not performed the minimum number of patient encounters or procedures, the MSQC may recommend removal of the privilege(s) due to inability to validate competency.

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- *replaces Ongoing Professional Practice Evaluation Policy (OPPE) and Focused Professional Practice Evaluation Policy (FPPE)*