Medical Staff  
Focused Practitioner Practice Evaluation (FPPE)  
April, 2011

POLICY & PROCESS

The Medical Staff shall have a process to evaluate the privilege-specific competence of an applicant who does not have documented evidence of competently performing the requested privilege at the Hospital. This process may also be used when a question arises regarding a currently privileged individual’s ability to provide safe, high quality patient care. This process of focused professional practice evaluation shall be a time-limited period during which the Medical Staff evaluates and determines the individual’s professional performance. Affiliate Staff members do not require FPPE.

FPPE will occur in all requests for initial appointments, new privileges and when there are concerns regarding the provision of safe, high quality care by a current Medical Staff member or individual with clinical privileges, as recognized through the Ongoing Practitioner Practice Evaluation (OPPE) process. This process includes an assessment for proficiency in the following six areas of general competencies: Patient care; Medical and clinical knowledge; Practice-based learning and improvement; Interpersonal and communication skills; Professionalism; Systems-based practice.

MEDICAL STAFF OVERSIGHT:

The Credentials Committee will have primary oversight of the FPPE process. The FPPE process will be integrated with the organization’s Ongoing Practitioner Practice Evaluation (OPPE) process. FPPE for practitioners with existing privileges when questions arise regarding a practitioner’s ability to provide safe, high-quality patient care as the result of a single incident or during the course of an Ongoing Practitioner Practice Evaluation (OPPE) or because of infrequent use of specific privileges are identified within the OPPE Policy.

Ethical Positions of the Medical Staff: The Evaluating Physician is not considered a mentor or consultant. The Evaluating Physician is an agent of the Hospital and shall receive no extra compensation for this service.

EVALUATION PERIOD

During the first three to six months after approval of the practitioner’s privileges, the practitioner’s performance will be reviewed and evaluated by the Chairperson of the Department in which the individual has privileges and by the Credentials and Medical Executive Committees. The specific type and duration of focused evaluation will be based upon the practitioner’s documented training and experience, as well as the anticipated volume of the privilege(s) to be reviewed, and the risk assigned to those privileges. Each new privilege granted must be evaluated; however, it is acceptable to group similar skills or procedures together and evaluate them as a bundle.

DATA COLLECTED

Information collected for the FPPE by the Quality Management Department and Medical Staff Office may include: clinical outcomes data as defined by Department/Specialty-specific indicators; Universal indicators; Retrospective chart reviews; Direct observation or proctoring; Discussion with other individuals involved in the care of each patient including physicians, surgical assistants, nursing staff, and administrative personnel; Monitoring of diagnostic and treatment techniques; OPPE reports from other facilities where the practitioner holds the same clinical privileges (for low-volume practitioners); Other information as may be requested by the Department Chair or Credentials Committee.
ROLE & RESPONSIBILITY OF EVALUATING PRACTITIONER:

Evaluators must be Active Staff members holding relevant privileges to that of the evaluated practitioner. The Evaluator’s role is that of an evaluator, not a consultant or mentor. As an agent to the hospital, the sole purpose of the Evaluating Practitioner is to assess and report on the competence of another practitioner. The Evaluating Practitioner assumes no responsibility for the care and treatment of the patient. The Evaluating Practitioner or any other practitioner may render emergency medical care and exercise emergency privilege in accordance with the Medical Staff Bylaws.

- Directly observe the procedure being performed, concurrently observe medical management or retrospectively review the completed medical record following discharge and will complete appropriate evaluation forms;
- Ensure confidentiality of evaluation results and forms and submit completed forms to the Medical Staff Office;
- Submit a summary report at conclusion of evaluation period; and,
- Notify the Department Chair if any concerns arise relevant to specific clinical privileges or care related to a specific patient.

DEPARTMENT CHAIR RESPONSIBILITY

Each Medical Staff Department Chair shall be responsible for:
- Accepting an individualized FPPE plan with a minimum number of cases to be reviewed and/or procedures to be evaluated and the duration of evaluation timeframe for each practitioner at the time of the initial privilege request (initial appointment or increase in privilege);
- Serving as the Evaluating Physician for each Practitioner or assigning an Evaluating Physician;
- Recommending approval of the FPPE plan to the Credentials Committee;
- Overseeing and evaluating the progress of each Practitioner that has an ongoing FPPE Plan;
- Upon completion of the FPPE plan, reviewing any concerns or reports from Evaluating Physician regarding a Practitioner’s competency to perform specific clinical privileges or care; and,
- Recommending to the Credentials Committee acceptable completion of the FPPE process or additional evaluation or extension of the initial evaluation timeframe or other actions in accordance with the Medical Staff Bylaws.

If at any time during the evaluation period, the evaluator notifies the Department Chair that he/she has concerns about the practitioner’s competency to perform specific clinical privileges or care related to a specific patient(s), the Department Chair may then take one of the following actions:
- Intervene and adjudicate the conflict if the evaluator and practitioner disagree as to what constitutes appropriate care for a patient;
- Refer the case(s) to the Hospital Professional Review Committee pursuant to HPRC policy; or,
- Make one of the following recommendations to the Medical Executive Committee:
  - Additional or revised evaluation or proctoring requirements should be imposed upon the practitioner; or.
  - Corrective action should be undertaken pursuant to Medical Staff Bylaws.
CREDENTIALS COMMITTEE OVERSIGHT

The Credentials Committee holds primary oversight of the FPPE process and is responsible for the following:

- Reviewing, approving with or without modifications, and monitoring FPPE Plans;
- Making recommendations to the Medical Executive Committee regarding new and ongoing FPPE Plans;
- Recommending to the MEC acceptable completion of the FPPE process or additional evaluation or extension of the initial evaluation timeframe or other actions in accordance with the Medical Staff Bylaws; and
- Referring to the Hospital Professional Review Committee, when appropriate, additional or intensive review or referring to MEC for possible formal investigation according to the Medical Staff Bylaws.

Recommendations made by the Credentials Committee will be reviewed by the MEC. After review of the information collected, the MEC may find that additional review is indicated and may choose to modify the Credentials Committee recommendation. Any recommendations for corrective actions that arise shall be reviewed and processed through the Hospital Professional Review Committee. Final FPPE results will be forwarded to the Practitioner for educational purposes.

Each Medical Staff member has a responsibility to serve as an Evaluating Physician in accordance with this Policy as requested. The Practitioner being evaluated is responsible for cooperating with the FPPE review process.

The process for identifying and obtaining external reviewers as defined in the Hospital Professional Review Guidelines will be followed. External review may be required in the following circumstances:

- In quality of care situations when there are no peers with the appropriate expertise who are available and deemed suitable to perform the review; and/or,
- There is difficulty obtaining a peer who does not have (or have the appearance of) a conflict of interest.

DETERMINATION OF VOLUNTARY RELINQUISHMENT

If a Practitioner’s appointment or clinical privileges are deemed to be voluntarily relinquished for failure to complete evaluation requirements or cooperate with the FPPE process, the practitioner shall be notified in writing before a report of that voluntary relinquishment is made to the Governing Board.

As part of the notice of acknowledging the voluntary relinquishment and the reason(s) for it, the Practitioner shall be given an opportunity to request, within 10 days, a meeting with the Credentials Committee Chair, the applicable Department Chair, and the Medical Staff President. During that meeting, the Practitioner shall have an opportunity to explain or discuss extenuating circumstances involving his/her failure to provide sufficient clinical experience for a satisfactory evaluation or to meet specified requirements. At that meeting, none of the parties shall be represented by counsel, minutes shall be kept, the practitioner may present evidence of extenuating circumstances and why the evaluation period should be extended, and any party may ask questions of any party relative to the practitioner’s appointment or clinical privileges.

At the conclusion of the meeting, the Credentials Committee shall make a written report and recommendation. After reviewing the Credentials Committee recommendation and report, the MEC shall either adopt the Credentials Committee’s recommendation as its own, send the matter back to the Credentials Committee with specific concerns or questions, or make a recommendation different than the Credentials Committee’s Committee outlining specific reasons for disagreement. The decision of the Governing Board shall be final.

The Practitioner shall not be entitled to a hearing or other procedural rights as set forth in the Medical Staff Bylaws if appointment or any privilege is deemed to be voluntarily relinquished.

If there is a recommendation by the MEC to terminate the Practitioner’s appointment or additional clinical privileges due to questions about qualifications, behavior, or clinical competence, the Practitioner shall be entitled to the hearing and appeal process outlined in the Medical Staff Bylaws.
FPPE DOCUMENTATION

All minutes, reports, recommendations, communications, and actions made or taken pursuant to this Policy are deemed to be covered by the provisions of the Colorado Medical Practice Act. Medical Staff members who are charged with making reports, findings, recommendations, or investigations pursuant to the Policy shall be considered to be acting on behalf of Swedish Medical Center and its Medical Staff, as well as the Board when engaged in such professional review activities. Thus, these individuals shall be deemed to be “professional review bodies” as defined by the Health Care Quality Improvement Act of 1986. All FPPE Evaluation Forms and relevant reports shall be filed in the individual practitioner’s credentials file.

END OF FPPE

The Ongoing Professional Practice Evaluation monitoring process will begin upon conclusion of the FPPE process.