

MEDICAL STAFF POLICIES & PROCEDURES

Applicability: Community Hospital East, Community Heart and Vascular Hospital (A Department of Community Hospital East), Community Hospital North, Community Hospital South

POLICY: PROFESSIONAL PRACTICE EVALUATION

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), 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. 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 or 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:

- a) Review of the practitioner's assessment and treatment of patients
- b) Review of invasive and non-invasive clinical procedures performed and their outcomes
- c) General behavior and conduct in the hospital
- d) Blood utilization, medication management, and morbidity and mortality data
- e) Request for tests and procedures, use of consultations and response times, length of stay and medical records compliance
- f) Other relevant criteria as directed by the Department(s), Credentials Committee or 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. Medical Staff Services will forward a list of all new privileges requiring FPPE to Quality and HIM. The FPPE patient encounters or procedures will be forwarded to the physician reviewer, who will make a recommendation to the Medical Staff Quality Committee. The Medical Staff Quality Committee will make

a recommendation regarding completion of FPPE to the MEC. The MEC will forward final recommendations to the Board of Directors for approval. FPPE will conclude when sufficient patient encounters or procedures have been evaluated or when the physician reviewer, with the approval of the Medical Staff Quality Committee, feels that sufficient information has been gathered to confirm competency.

If at the end of the practitioner's FPPE period, he/she has not performed five patient encounters or procedures, FPPE may be extended by the physician reviewer or Medical Staff Quality Committee 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 MEC to remove the privileges due to inability to validate competency. Patient encounters or procedures from another CHNw hospital may be used to supplement the data from the hospital where the privilege has been granted only if the use of supplemental data is not used in lieu of capturing data from the hospital where the privilege has been granted.

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:

- a) Sentinel events, Serious Reportable Safety, State Reportable Events, or events that have required investigation
 - b) Validated complaints or safety event reports
 - c) Significant variances from acceptable practice patterns; and/or
 - d) Significant variances with regard to comparative peer performance data
1. A referral for quality concerns may be submitted by a physician reviewer, MEC Officer, Risk Manager, or the Medical Staff Peer Review Committee. Referrals should be submitted in writing and must include: Reason for the referral, Scope of the Evaluation, and Timeframe for completion.
 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 Medical Staff Quality Committee. The Medical Staff Quality Committee will then make a recommendation to the MEC. Recommendations may include but are not limited to:
 - a. Extension of review period
 - b. Counseling
 - c. Continuing Education/Training
 - d. Proctoring
 - e. Revision of Medical Staff Policy or Procedure (for identified process or system issues)
 - f. 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 Board of Directors for approval.
 5. At the end of the FPPE review period, the practitioner will be notified in writing of the outcome and any corrective actions.

A copy of all completed file reviews shall 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 the performance of practitioners with privileges at CHE/CHVH/CHN/CHS. OPPE will be performed on all practitioners at least every nine (9) months. The nine-month time frame may be extended, not to exceed twelve months, in rare circumstances to accommodate logistical

barriers, including but not limited to reviewer availability and software system issues. 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 is identified through the OPPE process that may trigger FPPE.

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. The Peer Review Manager will prescreen all OPPE reports and flag any report that deviates from the comparison group for specific review by the physician reviewer.
3. The physician reviewer will review available data and make a recommendation to the Medical Staff Quality Committee. The Medical Staff Quality Committee will make a recommendation to the MEC to either continue OPPE or to initiate FPPE.
4. At the end of the practitioner's OPPE period, the MEC will decide to either continue the practitioner on OPPE or initiate FPPE. If at the end of the reappointment period a practitioner has still not performed the minimum number of patient encounters or procedures, the MEC may recommend to remove the privileges due to inability to validate competency.

Policy Originated 10/2020

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