ACCOUNTABILITY:

Chief Medical Officer

OBJECTIVES:

RELATION TO MISSION:

Our Lady of Lourdes Medical Center (“OLLMC”), a Catholic Health System – a member of Catholic Health East – dedicated to its Franciscan tradition of serving all, will demonstrate the value of Stewardship by using a systematic process to evaluate and confirm the current competency of practitioners’ performance of privileges at Our Lady of Lourdes Medical Center. This process is known as focused professional practice evaluation (“FPPE”) or “focused evaluation”.

RELATION TO OPERATION:

To describe the process for evaluating privilege specific competence of practitioners to provide safe, high-quality patient care.

SOURCE: The Joint Commission; Medical Staff Bylaws

POLICY:

A period of focused professional practice evaluation (FPPE) will be implemented for all practitioners initially requesting privileges who do not have documented evidence of competence in the specific privilege at OLLMC.

Each division or department will develop criteria to be used for evaluating the performance of practitioners initially requesting privileges to evaluate their performance. FPPE will also occur when there are issues of competency that arise in individuals already granted specific privileges that affect the provision of safe high-quality patient care.
Focused professional practice evaluation is defined as a time limited period during which Our Lady of Lourdes Medical Center evaluates and determines the practitioner’s professional competency in the performance of privileges. FPPE will occur in all requests for new privileges, and when there are concerns regarding the provision of safe, high-quality care by a current medical staff member, as recognized through the peer review process.

This process includes an assessment for proficiency in the following areas of general competencies:

1. Patient care
2. Medical and clinical knowledge.
3. Practice based learning improvement.
4. Interpersonal and communication skills.
5. Professionalism.

Information for this evaluation may be derived from the following:

1. Discussion with individuals involved in the care of patient (e.g. consulting physician, surgical assists, nursing, administrative and ancillary personnel), patient, or patient’s family
2. Medical Record Review
3. Monitoring clinical practice patterns (e.g. performance improvement monitoring)
4. Proctoring
5. Simulation.

Responsibilities:

The department chair (or division chief) shall be responsible for overseeing the evaluation process for all applicants and staff members assigned to their department or division. The Credentials Committee is charged with the responsibility of monitoring compliance with his policy. It accomplishes this by receiving regular, status reports on the progress of all...
practitioners undergoing focused evaluation as well as any issues or problems involving the implementation of this policy.

**Performance of FPPE:**

The type of focused professional performance evaluation to be used will be determined by the department chair based on the individual practitioner’s circumstances using the following guidelines:

1. **New Applicant**
   a. Peer recommendations from previous institutions will be confirmed by the department chair.
   b. Performance indicators, or aggregate data, within the department will be monitored.
   c. Focused evaluations will be completed within three months of initial clinical activity. The department chair will be responsible for approving the criteria and plan for the FPPE and reviewing the results of the FPPE.

2. **New Privilege for Existing Staff Member**
   If a new requested privilege is significantly different from one’s current practice, then training in the new privilege or proctoring of cases should be arranged, documented, and confirmed. This process and the number of cases necessary for monitoring should be determined by the department chair and the Credentials Committee.

3. **FPPE Required as a Result of Peer Review**
   The department chairman will establish a plan on an individual basis to be approved by the Medical Executive Committee when focused evaluation has been recommended by the department chair or Physician Subcommittee for Performance Improvement.

4. **When a Privilege is Used Infrequently**
The department may determine a minimum number of cases performed to maintain proficiency for specific privileges if the department chair finds the privilege so warrants. This should be noted in the delineation of privileges plan. If the minimum amount is not being met, then the department chairman will establish a plan for focused evaluation.

**Duration of FPPE**

FPPE shall begin with the applicant’s first admission or performance of the requested privilege. Each department will determine the number of cases or medical records to be reviewed. FPPE for new applicants should be completed by three months. The period of FPPE may be extended upon the recommendation of the department chair. All proctoring, physician evaluation, summaries and reports need to be completed prior to the end of the 12 month initial appointment cycle. If the FPPE has not been completed, then unrestricted privileges will not be granted.

**Supervision of FPPE**

An Evaluating Physician(s) or Proctor(s) will be identified by new medical staff applicants, existing staff members requesting new privileges, and when FPPE is initiated because a privilege is used infrequently, to review the competency for each specific privilege under the criteria established by each department. The applicant will be responsible for identification of potential physicians as an Evaluating Physician or Proctor with the assistance of the department chair, as needed. All Evaluating Physicians or Proctors must be approved by the department chair. The department chair will appoint staff member(s) to complete the monitoring for FPPE for practitioners undergoing focused evaluation as a result of peer review. If an external reviewer is deemed necessary, the Evaluating Physician or Proctor shall also be approved by the department chair before the focused evaluation. More than one Evaluating Physician(s) or Proctor(s) may be identified, when necessary, to assist in completion of the physician’s FPPE. The practitioner undergoing FPPE shall be responsible for obtaining the signatures of Evaluating Physicians or Proctors on the Focused Professional Practice Review form that documents satisfactory demonstration of meeting the criteria for competency for each privilege under focused review.
Evaluating Physician or Proctor’s Qualifications

The Evaluating Physician or Proctor must be a member in good standing of the active medical staff and be sufficiently knowledgeable or have unrestricted privileges for the specific privileges the Evaluating Physician or Proctor is to review. The physician may be a member of the same practice group as the physician undergoing FPPE. The Evaluating Physician or Proctor must be approved for the specific FPPE by the department chair. If there are no qualified members of the medical staff available to evaluate or proctor the applicant, external peer-review may be requested. All external reviewers must also be approved by the department chair before initiating the FPPE.

Responsibilities of the Evaluating Physician or Proctor

1. Shall directly observe the procedure being performed, concurrently observe medical management or simulation, or retrospectively review the completed medical record as defined under the criteria for the specific FPPE.

2. Complete appropriate forms and submit to the medical staff office.

3. Insure confidentiality of results and forms.

4. Shall receive no compensation. Exceptions for reimbursement of reasonable expenses may be allowed where external reviewers are required.

5. If at any time during the focused evaluation, the Evaluating Physician or Proctor has concerns about the practitioner’s competency to perform specific clinical privileges or care, the supervising physician shall promptly notify the department chair.

Responsibility of the practitioner undergoing Focused Evaluation

The practitioner shall agree to the procedures described above. Failure to satisfactorily meet the criteria established for the privilege specific FPPE or failure to complete the FPPE will result in voluntary relinquishment of existing privilege or failure to obtain unrestricted privileges. The period of FPPE may be extended upon the recommendation of the department chair.
Conflict of Interest

Within the context of the evaluation process, a conflict of interest will preclude an individual from making a performance review determination in the evaluation of the competency of another practitioner. The conflict of interest may exist if the reviewer has a significant financial or personal conflict, or direct professional involvement in a case under evaluation. In those cases, the department chairperson, or CMO will assign an alternate peer screener. If necessary, legal counsel may be contacted to assist in identifying a review process which will minimize conflict of interest. If requested by the CMO or Medical Executive Committee, a special panel may be assigned to review the data. External review may be requested when there is a conflict of interest that cannot be resolved, there is a lack of internal expertise, ambiguity, litigation, new technology/technique, or where otherwise recommended by the CMO or Medical Executive Committee because of reasons deemed a significant conflict of interest.

APPROVED BY:
Alan R. Pope, M.D., Chief Medical Officer
LHS

APPROVED BY:
Gene Johnson, Chief Operating Officer
LHS

APPROVED BY:
Lisa Rink, D.O., President OLLMC Medical Staff

APPROVED BY:
Stephen Kabel, D.O. President LMCBC Medical Staff

ORIGINAL & REVISION DATE(s): OLLMC - 08/11/08, 5/25/2011

NOTE: ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR THE MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO OUR LADY OF LOURDES MEDICA CENTER STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.
Focus Professional Practice Evaluation (FPPE)

NEW EFFECTIVE DATE: 6/6/2011

REQUIRES REAUTHORIZATION IN: 08/31/13