

Subject:	FOCUSED PROFESSIONAL PRACTICE EVALUATION		
Approval:		Category:	Medical Staff Services
	Medical Executive Committee	9/20/2022, 04/18/2023	
	Board of Directors	9/30/2022, 04/30/2023	

PURPOSE:

To establish a systematic process to evaluate and confirm the current competency by evaluating technical and cognitive skills of practitioners (physicians and advanced practice providers (APP's) performing privileges at Providence Saint John's Health Center (PSJHC). This process is known as focused professional practice evaluation (FPPE or "focused evaluation").

This policy describes the FPPE process that is followed when practitioners are granted privileges for the first time, when existing members requesting new or expanded privileges or when a trigger indicates the need for performance evaluation. It describes the scope, method, frequency, and duration of this evaluation, as determined by the Department and as outlined in specialty specific delineation of privileges (SOP).

DEFINITION OF Focused Professional Practice Evaluation (FPPE):

FPPE is defined as a time-limited or case limited period during which the Medical Staff monitors and evaluates a practitioner's professional performance. FPPE may occur in all requests for new or expanded privileges and when t triggers indicate a need for performance evaluation regarding the provision of safe, high quality care by a current practitioner, as recognized through the peer review process. FPPE includes an assessment for proficiency in the following six areas of general competencies:

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

METHODOLOGY:

Information for this evaluation may be derived from the following:

1. Discussion with other individuals involved in the care of each patient (e.g., consulting physician, assistants in surgery, nursing or administrative personnel).
2. Peer review
3. Monitoring of clinical practice patterns
4. Concurrent or retrospective evaluation (sometimes referred to as proctoring)
5. Simulation
6. External review
7. Evaluations (other than triggered FPPE unless deemed necessary by the MEC) at another accredited facility; at least one (1) case must be done at this facility.

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Indicators for Triggered FPPE:

The triggers for FPPE can be based on the following:

1. Information obtained from ongoing evaluation/peer review activities;
2. Other evidence suggesting that a practitioner's performance does not fall within the accepted practice guidelines or standards of care of the Medical Staff of PSJHC;
3. Staff or patient/family complaints suggesting concern of a practitioner's clinical performance.

A focused review may be triggered by a specific or single incident, a sentinel/adverse event, evidence of trends in clinical practice, or other circumstances indicating that patient safety may be compromised. Examples may include peer review cases showing failure to meet standard of care within a reappointment cycle, two cycles of OPPE (Ongoing Professional Practice Evaluation) showing outlier performance, small number of admits or procedures over an extended time period that raise concern for competency.

The Medical Executive Committee (MEC) shall maintain oversight of peer review and may request further review of cases by the department when, in the estimation of a majority of its practitioners, such review is warranted. Cases that involve sentinel events will automatically be reviewed at MEC after department review.

While under FPPE, the provider may not serve on emergency call. Leadership service shall be placed on hold during FPPE as determined by the MEC.

External Review:

External review will be solicited when the MEC determines that an internal review would not be fair and objective when, for example:

1. The case under review is not performed by any other practitioner of the medical staff, or
2. When there is concern regarding competition between the practitioner in question and the practitioners on the Medical Staff who would be considered appropriate peers, or
3. Other circumstances exist that could compromise the review.

RESPONSIBILITIES:

The department chair shall be responsible for overseeing the evaluation process for new and existing practitioners assigned to that department unless a conflict of interest exists in which case the Medical Staff President or her/his designee will be responsible. The department chair is also charged with the responsibility of monitoring compliance with this policy. The MEC is charged with monitoring compliance with FPPEs created for performance issues. This is accomplished by receiving regular status reports on the progress of all practitioners undergoing FPPE as well as any issues or problems involving the implementation of this policy.

All new and existing practitioners who are granted new privileges, will be advised of the FPPE (proctoring) process. At the conclusion of the process, reports shall be evaluated and practitioners will be advised of their release following approval by the Board of Directors.

When an FPPE is required as a result of a trigger, the individual involved as the subject of the FPPE will be notified of such by the MEC (Medical Executive Committee). After the FPPE results have been reviewed by the MEC, the individual will be advised of the outcome.

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PROCEDURE:

The scope of the FPPE to be used when triggered by indicators will be determined by the department committee and/or the department chair designees based on the individual practitioner's circumstance and granted privileges with the approval of the Medical Executive Committee.

Routine evaluation (outside triggered FPPE) will include:

Surgeries or procedures will be evaluated by concurrent or direct observation.

Non-surgeries/procedures (admissions or consultations) will be evaluated by retrospective review of records and may include discussion with the individual being evaluated.

The number of cases to be evaluated is as outline on each specialty specific delineation of privileges (DOP) listing.

Two different proctors shall be involved in proctoring unless specified in triggered FPPE. For interventional stroke procedures, due to the urgency of the need to cover call and due to the limited number of proctors, all cases may be initially proctored at another facility as long as the proctor is a member of the staff. Two cases shall be proctored at this facility following and while on call.

The department committee and Credentials Committee shall review all FPPE evaluations prior to submission to the MEC for final review unless a conflict of interest exists.

FPPE evaluator or proctor means the practitioner, or designed expert, appointed by the Medical Staff to perform FPPE to evaluate the current clinical competency of the practitioner for some or all general competencies.

Responsibilities of Practitioner Being Proctored:

- a. Contact division chair or Medical Staff Services Department for eligible evaluators/proctors.
- b. For procedural proctoring, practitioner to be evaluated must secure an evaluator/proctor and provide the their name when scheduling a procedure or surgery.
 - i. The practitioner to be evaluate/proctored should remind his/her evaluator/proctor of the case prior to the procedure/surgery.
 - ii. If the evaluator/proctor is not available for a scheduled procedure, in the interest of the patient, the department chair shall determine whether the case may proceed.
- c. Evaluator/proctor shall review the patient's clinical history, pertinent physical findings, diagnostic testing results, planned course of treatment or management, and any other relevant information to determine it's appropriateness.
- d. The evaluator/proctor shall ensure that written documentation of observation is delivered to the Medical Staff Services Department or the appropriate delegate who could be the unit where the evaluation occurred for example, Operating Room, GI Lab, Cath Lab, ICU, etc.
- e. Practitioners under triggered FPPE shall not participate on the Emergency Call Panel except for the following:
 - i. Provisional Staff in any surgical specialty (department of surgery) however, proctoring when possible, must continue simultaneously on emergency and elective cases

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- f. Practitioners under routine FPPE shall continue to arrange for evaluators/proctors until released by the division chief or department chair. Approval will be communicated to hospital staff and units via email and status updated in e-Priv (status changed from supervised to unsupervised).

In extreme circumstances, a practitioner may request approval to proceed without a proctor once existing proctor reports (if any) have been reviewed by the division chief or department chair.

Responsibilities of Evaluator/Proctor:

The role is typically that of an evaluator, not of a consultant or mentor serving for the purpose of assessing and reporting the current clinical competency of another practitioner and as an agent of the Medical Staff and Health Center. In procedures or surgical cases, the evaluator/proctor may serve as the assistant.

Unless serving as the assistant, the proctor shall have no duty to the patient to intervene if the care provided by the proctored practitioner is deficient or appears to be deficient. The proctor or any other practitioner, however, may nonetheless render emergency medical care to the patient for medical complications arising from the care provided by the proctored practitioner. The Health Center will defend and indemnify any practitioner who is subjected to a claim or suit arising from his/her acts or omissions in the role of evaluator/proctor.

An evaluator/proctor must have unrestricted privileges and membership to perform the procedure being evaluated.

If there are insufficient practitioners who qualify as evaluators/proctors, it may be acceptable for a practitioner to be proctored by an associate.

The following guidelines may be used:

New Member:

- a. Peer recommendations from previous institutions.
- b. Department performance indicators or aggregate data.
- c. Concurrent FPPE will be performed as outlined on the specialty specific delineation of privileges (DOP).
- d. Procedure and clinical activity logs no older than 24 months from either other accredited institutions or training programs.
- e. Concurrent (for surgeries or procedures) or retrospective evaluations done at another accredited facility; all except two cases must be done at this facility. Proctors must be member of Saint John's Medical Staff with unsupervised privileges.

FPPE required as a result of peer review:

When identified, the department chair will establish a plan on an individual basis to be approved by the MEC. The practitioner whose performance is the subject of the review may participate in this process.

Upon completion of the focused evaluation, recommendations and findings shall be reported to the MEC. The MEC shall review the results of the evaluation and make a final recommendation.

Recommendations may include, but are not limited to, the following:

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- a. No further action required.
- b. There are immediate threats to patient safety. In this case, the matter is referred to the Medical Staff President for consideration of summary suspension of relevant privileges, followed by referral to the MEC for further evaluation as necessary.
- c. Impairment is suspected. In this case, the matter is referred to the Physicians' Health Committee for review.
- d. There are training/current competence issues. In this case, the matter is referred to the MEC for evaluation recommendation.

DURATION:

New Applicant: FPPE shall begin with the applicant's first admission or performance of procedures/surgeries. Each department/division will determine the number of cases or charts to be evaluated. All evaluations should be completed prior to the end of the first twelve (12) months following initial appointment. FPPE shall be evaluated during the first reappointment which shall occur 24 months following initial appointment.

Existing Staff Practitioner: Review of the newly requested privilege will begin when the newly approved privilege is exercised. Evaluation reports must be completed following completion of the evaluation.

Peer Review: For FPPE, as a result of peer review, the department chair and department committee shall determine the number of charts to be reviewed. The MEC will have oversight of this decision.

The duration of focused review shall be determined by the MEC but shall be for a minimum of three (3) months. The period of focused evaluation shall not exceed two (2) years unless special circumstances exist or if the practitioner's request to extend is approved.

The initial review period may be extended at the discretion of the department or the MEC based upon the extent to which sufficient information to fully evaluate the practitioner's performance does not exist. Similarly, the initial method of evaluation may be expanded or supplemented with other methods as needed during the initial and any subsequent review periods.

If at any time during the focused evaluation, a question arises as to the practitioner's competence to exercise the affected privileges and there is concern about imminent threat to patient safety, review by the relevant medical staff leader with input from the Medical Staff President, shall occur to determine the appropriateness of continuing to allow the practitioner to exercise the privilege(s) in question.

At the end of the period of focused evaluation described above, in the event that the practitioner's activity at PSJHC has not been sufficient to appropriately evaluate his/her competence, any of the following may be considered:

1. The practitioner shall voluntarily resign the relevant privileges(s), or
2. The practitioner shall submit a written request for an extension of the period of focused evaluation, or
3. If the practitioner has significant volume of the privileges in question at another local hospital, external peer references specific to the procedures may be considered.

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In situations in which the practitioner does not voluntarily resign the relevant privilege(s), he/she may request an extension of the focused evaluation period by providing a letter of explanation describing the circumstances suggesting that an extension is appropriate or request consideration of review of activity at another local hospital. The decision of the MEC will be final in approving or disapproving these requests. The period of focused evaluation for individuals who are approved in advance for a leave of absence shall be automatically extended for the duration of the leave of absence.

This policy was developed in collaboration with the following:

Medical Staff Services, Chief Medical Officer, and Medical Executive Committee

**RESPONSIBILITY FOR REVIEW AND MAINTENANCE OF THIS POLICY IS ASSIGNED
TO:** Director of Medical Staff Services, and Chief Medical Officer