MISH

POLICY NAME: FPPE Policy - Procedure Manual Focused Professional Practice Evaluation	Policy #: 179-304
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PURPOSE

To establish a systematic process to evaluate and confirm the current competency of practitioners initially granted and seeking additional privileges at the Minimally Invasive Surgery Hospital (MISH). This process, termed Focused Professional Practice Evaluation (FPPE) by the Joint Commission provides the basis for obtaining organization specific information that substantiates a practitioner's current competency to perform granted privileges.

The Focused Professional Practice Evaluation (FPPE) is a process whereby the medical staff evaluates the privilege-specific competence of the practitioner that lacks documented evidence of competently performing the requested privilege(s) at MISH. This process may also be used when a question arises of a currently-privileged practitioner's ability to provide safe, high quality patient care.

A period of FPPE is required for all new privileges. This includes privileges requested by new applicants and all newly-requested privileges for existing practitioners. There is no exemption based on board certification, documented experience, or reputation.

The period of FPPE begins at the time privileges are granted, regardless of which process was followed (e.g., temporary, expedited, full privileges, etc)

For purposes of this policy, the term "practitioner" means any medical staff member or allied health professional/mid-level provider (hereinafter referred to as AHP) granted clinical privileges.

Medical Staff Ethical Position on Proctoring

The proctor's role is typically that of an evaluator, not a consultant or mentor. The proctor is expected to report immediately to the appropriate Chief Medical Officer (CMO) any concerns regarding the care being rendered by the proctored practitioner that has the potential for imminent patient harm.

Medical Staff Oversight

The Credentials Committee is charged with the responsibility of monitoring compliance with this policy and procedure. It accomplishes this oversight through receiving regular status reports related to the progress of all practitioners required to be proctored as well as any issues or problems involved in implementing this policy and procedure. The CMO shall be responsible for overseeing the proctoring process for all applicants.

The medical staff committees involved with Ongoing Professional Practice Evaluation (OPPE) will provide the Credentials Committee with data systematically collected for OPPE that is appropriate to evaluate and confirm current competence for these practitioners during the FPPE period.

Scope of the Proctoring Program

Definition of Proctoring: For purposes of this policy, proctoring is a focused evaluation (FPPE) to evaluate and confirm an individual practitioner's current competence at the time new privileges are granted, either at initial granting of privileges as a current member of the medical or AHP staff. In addition to specialty specific issues, proctoring will also address the six general competencies of practitioner performance:

1. Patient Care
2. Medical Knowledge

3. Practice Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems Based Practice

Practitioners requesting membership but not requesting specific privileges are not subject to the provisions of this policy. They are not proctored and may not act as proctors.

The decision and process to perform FPPE for current practitioners with existing privileges is based on trends or patterns of performance identified by OPPE that are outside the scope of this policy (see ***Ongoing Professional Practice Evaluation***).

Selection of methods for each specialty

The appropriate proctoring methods to determine current competency for an individual practitioner will be part of the recommendation for granting of privileges by the CMO and will be reviewed and approved by the Credentials Committee and Executive Committee of the Medical Staff and recommended to the Board of Directors for final approval.

It should be noted that these are general guidelines and that the CMO is expected to customize potential proctoring requirements based on the background, training, reputation, and the Department Director first-hand knowledge of a practitioner's current competency (all of which must be documented when the CMO makes his/her recommendation related to clinical privileges and FPPE).

Proctoring Methods

Proctoring may utilize a combination of the following methods to obtain the best understanding of the care provided by the practitioner: It is up to the CMO to make a recommendation related to the need and methods of evaluation for a specific practitioner situation.

- Prospective Evaluation: Presentation of cases with planned treatment outlined for treatment concurrence, review of case documentation for treatment concurrence or completion of a written or oral examination or case simulation.
- Concurrent Proctoring: Direct observation of the procedure being performed or medical management either through observation of practitioner interactions with patients and staff or review of clinical history and physical and review of treatment orders during the patients hospital stay.
- Retrospective Evaluation: Review of case record after care has been completed. May also involve interviews of personnel directly involved in the care of the patient.

Evaluation by an External Review - External performance review may be advisable under the following circumstances:

- Conflict of Interest - The review may not be conducted by any peer on staff due to a potential conflict of interest that cannot be appropriately resolved by the MEC.
- Lack of Internal Expertise - There is no peer on staff with similar or like privileges in the specialty under review.
- Ambiguity - There is confusion when internal reviews reach conflicting or vague conclusions.
- Litigation - When the hospital faces a potential medical malpractice suit, corporate legal counsel or risk management may recommend external review.
- New Technology/Technique - There is a new technology/technique involved that the hospital does not have the expertise to assess whether the practitioner possesses the required skills associated with the new technology/technique.
- Miscellaneous - The CMO, or Board of Directors recommends an external review (With the exception of the Board of Directors, the MEC has final decision if an external review is required);

SOURCES OF DATA

FPPE data may include:

1. Personal interaction with the practitioner by the proctor, or CMO
2. Detailed medical record review by the proctor, or CMO
3. Interviews of hospital staff interacting with the practitioner
4. Surveys of hospital staff interacting with the practitioner
5. Chart audits by non-medical staff personnel or CMO based on medical staff defined criteria for initial appointees
6. Hospital data collection such as: re-admission data, blood product usage, re-operation rate, complaints, complications, etc…

The data obtained by the proctor or CMO will be recorded for consistency and inter-rater reliability. Qualitative and quantitative criteria (data) that have been approved by the medical staff, is used for the FPPE process.

Qualitative Data:

Qualitative or 'categorical' data, may be described as data that 'approximates and characterizes' and is often non-numerical in nature. This type of data may be collected through methods of observations, discussion with other individuals, chart review, monitoring of diagnostic and treatment techniques, etc.

Examples may include, but are not limited to:

- Description of procedures performed
- Periodic Chart Review
  - quality/accuracy of documentation
  - appropriateness of tests ordered / procedures performed
  - patient outcomes
- Types of patient complaints
- Code of conduct breaches
- Peer recommendations
- Discussion with other individuals involved in the care of patient(s), e.g. consultants, surgical assistants, nursing, administration, etc.

When the data being collected is related to the quality of performance, e.g., appropriate management of a patient's presenting condition, or the quality of the performance of a procedure, then the organized medical staff should determine that someone with essentially equal qualifications would review the data.

Quantitative Data

Quantitative data often reflects a certain quantity, amount or range and are generally expressed as a unit of measure. Contrasted with qualitative data, quantitative data generally relates to data in the form of numerical quantities such as measurements, counts, percentage compliant, ratios, thresholds, intervals, time frames, etc.

Examples may include, but are not limited to:

- Length of stay trends
- Post-procedure infection rates
- Periodic Chart Review
- Dating/timing/signing entries
- T.O./V.O. authenticated within defined time frame
- Presence/absence of required information (H & P elements, etc)
- Number of H & P / updates completed within 24 hours after inpatient admission/registration
- Compliance with medical staff rules, regulations, policies, etc.
- Documenting the minimum required elements of an H & P / update.
- Compliance with core measures

Data Analysis
The CMO will review both the case-specific and aggregate data and provide the Credentials Committee with an interpretation as to whether a practitioner's performance was acceptable, in need of further data to complete the evaluation or unacceptable.

Low-volume/no-volume providers
Low-volume/no-volume providers pose a challenge in how to assess their competence when little or no data on their performance is available. Besides OPPE and FPPE, additional choices are limited and will consist of references for information about their competence, and privilege verification at other hospitals. MISH will accept evidence of successful evaluation from another hospital or ambulatory surgery center to meet a portion of the FPPE or OPPE requirements. The practitioner will be responsible for identifying the hospital or ASC where information may be obtained, and assure that the information can be forwarded directly to MISH medical Staff Office. A copy of the privileges granted by the hospital and/or ASC would be preferable. It is with the discretion that the CMO and/or Department Chair determine whether the observation at the hospital or ASC meets the requirements of MISH. The decision is reviewed by the executive / credentialing committee.

To strengthen the process for obtaining the most useful and accurate information from references. The reference form will include all of the pertinent Accreditation Council of Graduate Medical Education (ACGME)/Joint Commission general competency areas on the reference forms, along with the Joint Commission–required components of a peer recommendation. Each category with questions about specific performance and behavioral attributes that help differentiates one provider's performance from another. Medical staff will engage physicians in calling references personally when triggers are identified on reference form. If practitioner has privileges at another hospitals status of their privileges will be verified.

Member privilege delineation guide for credentialing/re-credentialing High/low-volume and Volume/No-volume practitioners encountered at MISH.

Clinical scenario	Privilege delineation	OPPE q 6mon	FPPE	Special considerations
Clinically active members of the medical staff with sufficient quality data at MISH	Independent	Yes	As needed for new privileges or performance concerns	None
Clinically less active members of the medical staff with sufficient quality data elsewhere	Independent	Yes	Yes, due to lack of firsthand observation. As needed for new privileges, performance concerns, or inadequate volume to perform ongoing professional practice evaluation	Verify hospital privilege status elsewhere, reference letters
Clinically active members of the medical staff who practice primarily in an **ambulatory facility** (e.g., ambulatory surgery center or endoscopy suite)	Independent	Yes	Yes, due to lack of no firsthand observation	Acquire and utilize ambulatory- based quality data when possible Verify hospital privilege status elsewhere, reference letters

Clinically less active members of the medical staff who provide a **specific/necessary clinical service** with sufficient quality data elsewhere	Independent	Yes	Yes, due to lack of firsthand observation. As needed for new privileges, performance concerns, or inadequate volume to perform ongoing professional practice evaluation	Q 6 mon Verify hospital privilege status elsewhere, reference letters
Clinically Inactive member of the medical staff who provide a **specific/necessary clinical service** with sufficient quality data elsewhere	Independent	Yes	Yes, due to lack of firsthand observation As needed for new privileges, performance concerns, or inadequate volume to perform ongoing professional practice evaluation	q 6mon Verify hospital privilege status elsewhere, reference letters acquire and utilize hospital quality data when possible Consider minimum threshold volumes for privilege eligibility for each clinical specialty to determine necessity for FPPE after prolonged inactivity
Clinically Inactive member of the medical staff who provide a **specific/necessary clinical service** with In-sufficient quality data elsewhere	Independent	Yes	Yes, due to lack of no firsthand observation As needed for new privileges, performance concerns, or inadequate volume to perform ongoing professional practice evaluation, and continued FPPE	q 6mon Verify hospital privilege status elsewhere, reference letters, request OPPE process from other facility

<u>Proctoring Period</u>
Proctoring may begin when a practitioner is informed of appointment to the medical or AHP staff or upon being granted a new privilege.

Newly granted privileges shall be considered under FPPE for either a specific period of time or for a specific number of patients/procedures. Recommended period is 6 months. A proctoring period may be extended for a period not to exceed a total of 24 months from the granting of the privilege(s) that require proctoring if either initial concerns are raised that require further evaluation or if there is insufficient activity during the initial period if the provider is active. The applicant will remain on Provisional Status until successful completion of proctoring requirements. Provisional Status will not last beyond two years.

The medical staff will take into account the practitioner's previous experience in determining the need, approach and extent of proctoring needed to evaluate and confirm current competency. The practitioner experience may fall into one of the following categories:

1. A recent graduate completing training within the past two years
2. Practitioner with experience at another medical staff of lees than two years.
3. A new privilege being added, with no prior experience.

<u>Results and Recommendations</u>
At the end of a FPPE period, the CMO shall determine one or more of the following:

1. Whether a sufficient number of cases done at MISH or **at another hospital** have been presented for review to properly evaluate the clinical privileges requested.
2. If a sufficient number of cases have not been presented for review, whether in the CMO's opinion, the FPPE period should be extended for an additional period.

3. If sufficient treatment of patients has occurred to properly evaluate the clinical privileges requested, the CMO shall make his/her report concerning the appointee's qualifications and competence to exercise these privileges.
4. Make a recommendation related to clinical privileges as requested or recommend an additional period of monitoring and/or proctoring or that membership and clinical privileges NOT be approved as requested.
5. 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 medical staff member shall be entitled to the hearing and appeal process outlined in the Medical Staff Bylaws. AHPs shall be entitled to rights as defined in AHP policies and procedures.

Responsibilities

Responsibilities of CMO:

CMO shall be responsible for:

1. Assignment of proctors as noted above when indicated.
2. Assist in establishing a minimum number of cases/procedures to be proctored and determining when the proctor must be present. The minimum number of cases to be proctored and type of proctoring required shall be made at the time privileges are recommended.
3. Identifying the names of practitioners eligible to serve as proctors as noted above.
4. Review practitioner performance data, perform retrospective and prospective chart reviews
5. If at any time during the FPPE period, a proctor, medical staff member or non-med staff member notifies the CMO that he/she has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), the CMO shall then review the medical records of the patient(s) in question and shall:
   a. Assign a proctor
   b. Intervene and adjudicate the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for a patient;
   c. Review the case for possible referral to the peer review committee;
   d. Recommend to Executive Committee of the Medical Staff that:
      - Additional or revised proctoring requirements be imposed upon the practitioner;
      - Corrective action be undertaken pursuant to applicable corrective action procedures.

Responsibilities of Medical Staff (MS):

Medical Staff shall assure that the following steps are taken.

1. Direct correspondence to the practitioner being proctored and to the assigned proctor containing the following information:
   a. A copy of the privilege form of the practitioner being proctored
   b. The name, address and telephone numbers of the practitioner being proctored and the proctor
   c. A copy of this FPPE Policy and Procedure
   d. Proctoring forms to be completed by the Proctor
2. Provide information to appropriate hospital departments about practitioners being proctored including the name of the proctor and a supply of proctoring forms as needed.
3. Contact both the proctor and practitioner being proctored on a monthly basis to ensure that proctoring and chart reviews are being conducted as required.
4. Report to the Credentials Committee related to proctorship activity for all practitioners being proctored biannually.

Responsibilities of a Proctor:

Proctor(s) must be members in good standing of the medical staff (or AHP staff) of MISH and must have privileges in the specialty area relative to the privileges(s) to be evaluated whenever possible. The proctor shall:

1. Use appropriate methods and tools approved by the MEC for that department.
2. Assure the confidentiality of the proctoring results and forms and deliver the completed proctoring forms to the CMO.
3. Submit any summary reports or additional information requested by the CMO
4. If the practitioner being proctored is not sufficiently available or lacks sufficient cases to complete the proctoring process in the prescribed timeframe, the CMO may recommend to the Credentials Committee an extension of the proctoring period to complete the report.
5. If at any time during the proctoring period, the proctor has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), the proctor shall promptly notify the CMO

Responsibilities of a Practitioner Being Proctored
The practitioner being proctored is informed by the CMO

2. For concurrent proctoring, make every reasonable effort to be available to the proctor including notifying the proctor of each patient where care is to be evaluated in sufficient time to allow the proctor to concurrently observe or review the care provided. For elective surgical or invasive procedures where direct observation is required, and the department requires proctoring be completed before the practitioner can perform the procedure without a proctor present, the practitioner must secure agreement from the proctor to attend the procedure.
3. Provide the proctor with information about the patient's clinical history, pertinent physical findings, pertinent lab and radiology results, the planned course of treatment or management and direct delivery to the proctor of a copy of all histories and physicals, operative reports, consultation reports and discharge summaries documented by the proctored practitioner.
4. Shall have the prerogative of requesting from the CMO a change of proctor if disagreements with the current proctor may adversely affect his or her ability to satisfactorily complete the proctorship. The CMO will keep the Credentials Committee and MEC informed about changes in proctors.
5. Inform the proctor of any unusual incident(s) associated with his/her patients.

Responsibilities of the Credentials Committee:
The Credentials Committee shall:

1. Have the responsibility of monitoring compliance with this policy and procedure.
2. Receive regular status reports related to the progress of all practitioners required to be proctored as well as any issues or problems involved in implementation of this policy and procedure.
3. Make recommendations to the MEC regarding clinical privileges based on information obtained from the proctoring process.

Procedure

The specifics steps needed to perform monitoring and/or proctoring by the CMO and/or proctor and practitioner undergoing monitoring / proctoring are outlined in table below:

Task	Activity	Timeframe	Responsibility
Determination of FPPE Period/ Volume and Methods	Applicant classified regarding amount of monitoring and/or proctoring required based on applicants experience and available data.	At the time privileges are recommended by the CMO	CMO and Credentials Committee
Proctor Assignment	Members from appropriate specialty contacted.	Prior to privileges granted by Board	CMO
Initiation of monitoring / proctoring	Proctor and practitioner informed of proctoring / monitoring plan	At orientation and activation of privileges	CMO and MS

Scheduling of proctoring sessions	Proctor and practitioner determine schedule if used/needed.	Within one week following privilege activation	Proctor Practitioner
Notify CMO of any evolving issues	CMO reviews monitoring and/or proctoring data	As needed for duration of monitoring/proctoring period	CMO
Data Collection Chart Audits	CMO performs audits required by monitoring / proctoring plan and submits data to MEC and negative information is identified during audits	Quarterly for duration of monitoring / proctoring period	CMO
CMO Recommendation	CMO provides Credentials Committee with assessment of monitoring data, and/or proctoring data and recommendation to end or extend monitoring period and/or proctoring or terminate privileges	Any time during initial monitoring / proctoring plan C M O / proctor's raise substantial concerns or proctor reports concerns, CMO will develop action plan.	CMO
Final Recommendations and Decision-Making	Credentials Committee reviews monitoring data and/or proctor data and CMO recommendations and submits recommendation to MEC. MEC submits recommendation to the Board.	At next scheduled meetings of the MEC and Board	Credentials Committee MEC Board