

<b>Policy #</b> HVL.ORG.387	<b>Policy Name</b> Focused Professional Practice Evaluation [FPPE]
<b>Policy Location</b> AH Hendersonville	<b>Responsible Department</b> Clinical Improvement
<b>Policy Owner or Executive Owner</b> Amy Hajek (PR-Quality Manager)	<b>Original Creation Date</b> 10/21/2020
<b>Policy Effective Date</b> 05/20/2021	<b>Policy Review Date</b> 05/20/2021

- I. SCOPE:** This policy applies to all practitioners granted clinical privileges at AdventHealth Hendersonville.
- II. PURPOSE:** The purpose of the Focused Professional Practice Evaluation (FPPE) is a focused evaluation of a practitioner’s specific competencies when the practitioner is new to the organization or is seeking additional privileges. It is also used when patterns, outcomes, complications or other indicators associated with an individual’s practice suggests the need for a focused evaluation.
- III. POLICY:** The FPPE process will ensure the organization evaluates the privilege-specific competence of medical staff members when he or she does not have documented evidence of competency performing the requested privilege at this organization and in response to concerns regarding their provision of safe, quality patient care. It is also the vehicle to identify opportunities for improvement, improve performance and outcomes of care, and to take appropriate privilege action when necessary.
- IV. PROCEDURE/GUIDELINES:**
- A. Responsible Party(ies)/Authorized to Perform:**
1. Primary Responsibility: Department Chairs
  2. Oversight Responsibility: Credentials Committee (for initial privileges), Performance Improvement Committee (for performance-triggered FPPE), Medical Executive Committee
  3. Facilitator Responsibility: Medical Staff Office
  4. Data Support: Office of Collaborative Improvement, Quality Services
- B. Practitioners Without Current Performance Documentation for New or Additional Privileges:**
1. Chart Review – A minimum of five Practitioner charts will be reviewed during his or her first six months with the organization. Review will include hospital-wide criteria in addition to specialty criteria determined by the appropriate Department Chair. The chart review will be completed by the Quality Manager and/or Medical Staff Office staff and presented for review by the Department Chair.

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2. Proctoring — it is the Credentials Committee’s decision if focused proctoring is a necessary component of the FPPE process. The Credential’s Committee will determine the proctor’s qualifications, number of procedures or cases to be assessed, and the time period. In certain circumstance, the Committee will determine if focused proctoring should be performed by an external source, including if the procedures are new to the organization.
  - a. The Proctor will document observations and recommendations for each procedure/case as well as an overall comment. Documentation will be submitted to Medical Staff Office staff for inclusion with the chart review.
3. All documentation will be placed in a sealed envelope, and the Medical Staff Office will notify the appropriate Department Chair that the FPPE information is available for review **and must be completed within 21 days.**
  - a. Once the review is completed, the Department Chair documents his or her findings and recommendations:
  - b. All thresholds are met with no potential problems noted that would impact the delivery of quality care or patient safety. Ongoing monitoring will continue through the OPPE process. Or;
  - c. Additional review is requested, based on an identified issue. It is the Department Chair’s discretion on type of review.
4. The FPPE documentation and the Department Chair’s recommendation will be presented to the Practitioner and the Credentials Committee.
5. The Credentials Committee will make the determination of whether to continue, limit, or revoke any existing privilege(s).

**C. Practitioners identified for Focused Evaluation by a Triggering Event:**

1. FPPE will be triggered when:
  - a. OPPE performance indicates that focused evaluation may be necessary
  - b. A single untoward event or a pattern of inappropriate performance is identified by peer review
  - c. A sentinel event occurs as a result of an error made by the practitioner
2. The components and the time frame of the FPPE process will be determined by the Department Chair or his/her designated Reviewer, in conjunction with the Performance Improvement Committee.
3. The Performance Improvement Committee will determine if the circumstances under which monitoring should be performed by an external source. Considerations include:
  - a. Reviewers are economic competitors of the Practitioner
4. If FPPE identifies continued concerns about the quality or safety of a practitioner’s performance, The Performance Improvement Committee will escalate the issue to the department Chair and Medical executive Committee and provide a recommended Performance Improvement plan.

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- a. The plan will contain metrics specific to the triggering event that must be accomplished, such as additional training, education; direct observation or proctoring of technical skills, behavior as well as a completion date.
  5. The plan will be monitored for adequacy in the provider's compliance by the Performance Improvement Committee.
  6. At the end of the stated monitoring period, the Performance Improvement Committee will provide the final outcome of the Performance Plan to MEC.
  7. The MEC will make decisions on 'next steps' for practitioners who do not complete the plan successfully.
  8. Upon successful completion of the plan, monitoring will continue through OPPE process.
- D. A written summary will provide a written report to the MEC will include a summary of all FPPE actions compliance with this policy, no less frequently than annually.

**V. DEFINITION(S):**

- A. **Focused Professional Practice Evaluation (FPPE)** is a process that focuses on the privilege-specific competence of providers. The FPPE process is a time-limited assessment of practitioner competence specific to the request of initial or additional clinical privileges. The FPPE process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care (i.e. when thresholds of OPPE indicators are not met, a single untoward clinical incident, a sentinel event or an adverse event, evidence of undesired clinical practice trends or significant unprofessional behaviors).
- B. **Ongoing Professional Practice Evaluation (OPPE)** is a process with the goal to make the decision of privileging more objective and continuous. The OPPE screening tool is used at a minimum of every eight months to evaluate all licensed providers who have been granted privileges, to identify those who might be delivering an unacceptable quality of care. Relevant information obtained from the ongoing professional practice evaluation is integrated into performance improvement activities. During OPPE, the provider is not considered to be "under investigation" for the purposes of reporting requirements.
- C. **Patient Safety Work Product (PSWP)** is data, reports, records, memoranda, analyses or written oral statements which could improve patient safety, health care quality, or health care outcomes and may be considered as protected information by the Patient Safety Organization (PSO). The Ongoing Professional Practice Evaluation (OPPE) process is a mechanism for conducting the monitoring of quality assessment/performance improvement reviews; however, this information may be shared with other health care organizations that produce the provider's authorization to release the information **and is not considered as protected information**. The Focused Professional Practice Evaluation (FPPE) data focuses on a practitioner's specific competencies as they relate to patient safety, health care quality, or health care

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outcomes and is collected, analyzed, and presented to the Credentials and Performance Improvement Committees for further analysis and recommendation. **It is considered a component of this organization's Patient Safety Evaluation System (PSES) and is a confidential Patient Safety Work Product.**

D. **Practitioner** includes any provider granted privileges at AdventHealth Hendersonville.

**VI. EXCEPTION(S):**

**VII. REFERENCE(S):**

**VIII. RELATED DOCUMENT(S) / ATTACHMENT(S):**

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