

# **COVENANT CHILDREN'S HOSPITAL**

## **FPPE POLICY TO CONFIRM PRACTITIONER COMPETENCE AND PROFESSIONALISM**

**(NEW MEMBERS/NEW PRIVILEGES)**

*Adopted by the Medical Staff: November 17, 2017*

*Approved by the Board: December 5, 2017*

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COMPETENCE AND PROFESSIONALISM**

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**TABLE OF CONTENTS**

	<u><b>PAGE</b></u>
<b>1. SCOPE OF POLICY .....</b>	<b>1</b>
<b>2. DEFINITIONS .....</b>	<b>1</b>
<b>3. FPPE CLINICAL ACTIVITY REQUIREMENTS.....</b>	<b>1</b>
3.A Development of Clinical Activity Requirements.....	1
3.B Gathering FPPE Data.....	2
<b>4. FPPE FOR PROFESSIONALISM .....</b>	<b>3</b>
<b>5. NOTICE OF FPPE REQUIREMENTS .....</b>	<b>3</b>
<b>6. REVIEW OF FPPE RESULTS .....</b>	<b>4</b>
6.A Review by PPE Support Staff.....	4
6.B Review by the Department Chair.....	4
6.C Review by Centralized Credentials Committee.....	5
6.D Review by Medical Executive Committee .....	6
6.E Input by Practitioner .....	6
<b>7. REVIEW OF TRANSFER TO AFFILIATE STAFF OR AUTOMATIC RELINQUISHMENT OF PRIVILEGES FOR FAILURE TO SATISFY CLINICAL ACTIVITY REQUIREMENTS .....</b>	<b>7</b>
7.A Notice.....	7
7.B Meeting with Department Chair, Centralized Credentials Committee, and Chief Medical Officer .....	7
7.C Written Report and Recommendation .....	7
7.D Final Board Decision .....	8
7.E Decision Not an Adverse Action .....	8
7.F Future Application for Privileges.....	8
<b>APPENDIX A:</b> Flow Chart of FPPE Process to Confirm Practitioner Competence and Professionalism	

**FPPE POLICY TO CONFIRM  
PRACTITIONER COMPETENCE AND PROFESSIONALISM**

**(NEW MEMBERS/NEW PRIVILEGES)**

1. ***Scope of Policy.*** All Practitioners who are granted clinical privileges at Covenant Children’s Hospital (the “Hospital”) are subject to focused professional practice evaluation (“FPPE”) to confirm their:
  - (a) clinical competence to exercise the clinical privileges that have been granted to them; and
  - (b) professionalism, which includes (i) the ability to work with others in a professional manner that promotes quality and safety; and (ii) the ability to satisfy all other responsibilities of Practitioners who are granted clinical privileges at the Hospital (i.e., “citizenship” responsibilities).
  
2. ***Definitions.***
  - (a) “FPPE” means a time-limited period during which a Practitioner’s professional performance is evaluated. All initially-granted clinical privileges, whether at the time of initial appointment, reappointment, or during the term of appointment, shall be subject to FPPE. A flow chart that depicts the FPPE process to confirm competence and professionalism is attached as **Appendix A**.
  - (b) “Practitioner” means any individual who has been granted clinical privileges and/or membership by the Board, including, but not limited to, members of the Medical Staff and Allied Health Professionals.
  - (c) “PPE Support Staff” means the clinical and non-clinical staff who support the professional practice evaluation (“PPE”) process generally and the FPPE process described in this Policy. This may include, but is not limited to, staff from the Medical Staff Office, quality management, human resources, and/or patient safety department.
  
3. ***FPPE Clinical Activity Requirements.***
  - 3.A ***Development of Clinical Activity Requirements.*** Each Department is responsible for recommending the following FPPE clinical activity requirements:
    - (1) ***For New Practitioners:***
      - (a) the number and types of procedures or cases that will be reviewed to confirm a new Practitioner’s competence to exercise the core and special privileges in his or her specialty;

- (b) how those reviews are to be documented; and
  - (c) the expected time frame in which the evaluation will be completed; and
- (2) ***For Practitioners with Existing Clinical Privileges Who Are Requesting New Privileges:***
- (a) the number of cases that must be reviewed to confirm a Practitioner’s competence to exercise a new privilege that is granted during a term of appointment or at reappointment;
  - (b) how those reviews are to be documented; and
  - (c) the expected time frame in which the review will be completed.

In developing such recommendations, Departments may consult with the PPE Support Staff, the Chair of the Committee on Professional Enhancement (“CoPE”), and the Chief Medical Officer. The FPPE clinical activity requirements shall be reviewed by the Centralized Credentials Committee and approved by the Medical Executive Committee.

3.B ***Gathering FPPE Data.***

- (1) ***Mechanism for FPPE Review.*** The FPPE clinical activity requirements will utilize at least one of the following review mechanisms in order to confirm competence:
- (a) retrospective chart review by internal or external reviewers;
  - (b) concurrent proctoring or direct observation of procedures or patient care practices; and/or
  - (c) discussion with other individuals also involved in the care of the Practitioner’s patients.

In addition, review of available Ongoing Professional Practice Evaluation (“OPPE”) data and other quality data may be used to confirm competence.

- (2) ***FPPE Reviewers.*** Practitioners who have completed the FPPE process described in this Policy and who hold applicable clinical privileges are obliged to provide a reasonable amount of service as an FPPE reviewer through chart review, proctoring, direct observations, and/or discussions with others involved in the patient’s care. Reviewers will be assigned by the Department Chair. If no qualified Practitioners are available, the

Department Chair shall consult with the Leadership Council regarding the need for an external review.

- (3) ***Partners as FPPE Reviewers.*** Consistent with the conflict of interest guidelines set forth in the Credentials Policy, partners and other individuals who are affiliated in practice with a Practitioner may participate in the FPPE process for new members/new privileges described in this Policy through chart review, proctoring, direct observations, and/or discussions with others involved in the patient's care. Such individuals shall comply with the standard procedures that apply to all other individuals who participate in the FPPE process, such as the use of Hospital forms and the requirements related to confidentiality.

4. ***FPPE for Professionalism.*** In addition to assessing clinical competence, the FPPE process for new Practitioners will also assess a Practitioner's professionalism. Examples of the types of professionalism criteria that may be used include:

- (a) cooperation with the FPPE clinical activity requirements for the Practitioner's specialty;
- (b) compliance with the Medical Staff Professionalism Policy, including appropriate interactions with nursing, other Hospital personnel, the Practitioner's colleagues, and patients and their families;
- (c) compliance with medical record documentation requirements, including those related to use of CPOE and the EHR;
- (d) timeliness and quality of response to consultation and ED call requests, and to pages and phone calls from other Practitioners and Hospital staff regarding clinical matters;
- (e) completion of any orientation program requirements (e.g., patient safety modules; EHR training);
- (f) patient satisfaction scores; and
- (g) compliance with protocols that have been adopted by the Medical Staff or the Practitioner's department.

The data and information to be reviewed in order to assess professionalism for new Practitioners shall be recommended by the CoPE, reviewed by the Centralized Credentials Committee, and approved by the Medical Executive Committee.

5. ***Notice of FPPE Requirements.*** When notified that a request for privileges has been granted, Practitioners shall be informed of the relevant FPPE clinical activity requirements and of their responsibility to cooperate in satisfying those requirements.

New applicants will also be informed that the FPPE process will be used to assess their professionalism, as described above. The Centralized Credentials Committee and Medical Executive Committee may modify the FPPE requirements for a particular applicant if the applicant's credentials indicate that additional or different FPPE may be required.

6. ***Review of FPPE Results.***

6.A ***Review by PPE Support Staff.***

- (1) Information gathered for purposes of FPPE shall be reported to the PPE Support Staff, which shall compile the information and prepare it for subsequent review.
- (2) If any information gathered for FPPE suggests that a concern may exist that requires expedited review, the FPPE reviewer and/or the PPE Support Staff shall notify the Chairs of the Centralized Credentials Committee and the Leadership Council, who shall work together to determine whether a concern exists such that the matter should be referred for processing under the Professional Practice Evaluation Policy (Peer Review), the Professionalism Policy, or the Credentials Policy.
- (3) The PPE Support Staff shall determine whether any of a Practitioner's cases have been reviewed pursuant to the Professional Practice Evaluation Policy (Peer Review). If so, a summary of the case(s) shall be included with the Practitioner's FPPE results.

6.B ***Review by the Department Chair.***

- (1) At the conclusion of the expected time frame for completion of the FPPE, the relevant Department Chair shall review the results of a Practitioner's FPPE and provide a report to the Centralized Credentials Committee. The report shall address whether:
  - (a) the Practitioner fulfilled all the clinical activity requirements;
  - (b) the results of the FPPE confirmed the Practitioner's clinical competence;
  - (c) the results of the FPPE confirmed the Practitioner's professionalism; and/or
  - (d) additional FPPE is required to make an appropriate determination regarding clinical competence and/or professionalism.

- (2) In addition, the Department Chair may engage in a collegial discussion with a Practitioner where the FPPE indicates that competence and professionalism are confirmed, but where there is nonetheless an opportunity for the Practitioner to improve upon an aspect of his/her clinical care or citizenship responsibilities.

6.C ***Review by Centralized Credentials Committee.*** Based on the Department Chair's assessment and report, and its own review of the FPPE results and all other relevant information, the Centralized Credentials Committee will make one of the following recommendations to the Medical Executive Committee:

- (1) ***Competence and Professionalism Are Confirmed.*** The FPPE process has confirmed clinical competence and professionalism, and no changes to clinical privileges or the Practitioner's conditions of practice are necessary;
- (2) ***Extend FPPE Due to Questions.*** Some questions exist and additional FPPE is needed to confirm clinical competence and/or professionalism, what additional FPPE is needed, and the time frame for it;
- (3) ***Extend FPPE Due to Inactivity.*** The time period for FPPE should be extended because the individual did not fulfill the FPPE clinical activity requirements, thus preventing an adequate assessment of the individual's clinical competence or professionalism. Although exceptions may be made for certain low volume Practitioners based on a need for services in their specialties or coverage requirements, generally the time frame for initial FPPE shall not extend beyond 12 months after the initial granting of privileges;
- (4) ***Performance Improvement Plan or Other Intervention is Necessary.*** Some concerns exist about the Practitioner's competence to exercise some or all of the clinical privileges granted or the Practitioner's professionalism, and the details of the Performance Improvement Plan (or other intervention) that should be pursued with the Practitioner in order to adequately address the concerns. Prior to making such a recommendation to the Medical Executive Committee, the Centralized Credentials Committee will obtain the input of the Practitioner as set forth in Section 6.E of this Policy. In developing a proposed Performance Improvement Plan, the Centralized Credentials Committee may also request input or assistance from the CoPE (for clinical issues) or the Leadership Council (for behavioral issues);
- (5) ***Change to Privileges or Membership is Necessary.*** More significant concerns exist about a Practitioner and the changes that should be made to the Practitioner's clinical privileges or membership (e.g., mandatory concurring consultation requirement imposed; suspension; revocation),

subject to the procedural rights outlined in the Medical Staff Credentials Policy. Prior to making such a recommendation to the Medical Executive Committee, the Centralized Credentials Committee will obtain the input of the Practitioner as set forth in Section 6.E of this Policy; or

- (6) ***Transfer to Affiliate Staff or the Automatic Relinquishment of Certain Privileges Due to Inactivity.*** The individual shall either: (i) be transferred to the Affiliate Staff for failure to meet FPPE clinical activity requirements for all privileges, or (ii) automatically relinquish specific clinical privileges for which the individual failed to meet the applicable requirements. Such transfer or automatic relinquishment shall be subject to the procedural rights outlined in Section 7 of this Policy. Exceptions may be granted based on a need for services in the Practitioner's specialty or coverage requirements.

6.D ***Review by Medical Executive Committee.*** At its next regular meeting after receipt of the written findings and recommendation of the Centralized Credentials Committee, the Medical Executive Committee shall:

- (1) adopt the findings and recommendation of the Centralized Credentials Committee as its own;
- (2) refer the matter back to the Centralized Credentials Committee for further consideration and responses to specific questions raised by the MEC prior to its final recommendation; or
- (3) state its reasons in its report and recommendation, along with supporting information, for its disagreement with the Centralized Credentials Committee's recommendation.

As needed, the Medical Executive Committee may obtain additional input from the Practitioner as set forth in Section 6.E of this Policy before making a decision. If the recommendation of the Medical Executive Committee would entitle the Practitioner to request a hearing pursuant to the Medical Staff Credentials Policy, the Medical Executive Committee shall forward its recommendation to the Chief Executive Officer, who shall proceed as set forth in the Credentials Policy.

6.E ***Input by Practitioner.***

- (1) ***General.*** The Practitioner shall provide input in writing, responding to any specific questions posed in the request. Upon the request of either the Practitioner or the committee conducting the review, the Practitioner may also provide input by meeting with appropriate individuals to discuss the issues. The committee requesting input may ask the Practitioner to provide a copy of, or access to, medical records from the Practitioner's



office. Failure to provide such copies or access will be viewed as a failure to provide requested input.

- (2) ***Failure to Provide Requested Input.*** If the Practitioner fails to provide input within the time frame specified in the request, the Practitioner will be required to meet with the Leadership Council to discuss why the requested input was not provided. Failure of the Practitioner to either meet with the Leadership Council or provide the requested information prior to the date of that meeting will result in the automatic relinquishment of the Practitioner's clinical privileges until the information is provided. If the Practitioner fails to provide the requested input within thirty (30) days of the automatic relinquishment, the Practitioner's Medical Staff membership and clinical privileges will be deemed to have been automatically resigned.

7. ***Review of Transfer to Affiliate Staff or Automatic Relinquishment of Privileges for Failure to Satisfy Clinical Activity Requirements.*** If a determination is made by the Medical Executive Committee that an individual shall be transferred to the Affiliate Staff or shall automatically relinquish clinical privileges for failure to fulfill FPPE clinical activity requirements, the Practitioner shall not be entitled to the hearing and appeal rights outlined in the Medical Staff Credentials Policy. Rather, the Practitioner shall be entitled to the rights outlined in this section.

7.A ***Notice.*** The Practitioner shall be notified in writing before a report of the transfer or automatic relinquishment is made to the Board. The notice shall inform the Practitioner of the reasons for the action and that the Practitioner may request, within 10 days, a meeting with the Department Chair, the Centralized Credentials Committee, and the Chief Medical Officer (or designees).

7.B ***Meeting with Department Chair, Centralized Credentials Committee, and Chief Medical Officer.*** The individual shall have an opportunity to explain or discuss extenuating circumstances related to the reasons for failing to fulfill the FPPE requirements. No counsel may be present at the meeting. Minutes shall be kept.

7.C ***Written Report and Recommendation.*** At the conclusion of the meeting, the Centralized Credentials Committee shall make a written report and recommendation. The report shall include the minutes of the meeting held with the individual. After reviewing the Centralized Credentials Committee's recommendation and report, the Medical Executive Committee may:

- (1) adopt the Centralized Credentials Committee's recommendation as its own and forward it to the Board;
- (2) send the matter back to the Centralized Credentials Committee with specific concerns or questions; or

- (3) make a recommendation to the Board that is different than the Centralized Credentials Committee's and outline the specific reasons for its disagreement.
- 7.D ***Final Board Decision.*** The decision of the Board shall be final, with no right to further hearing or appeal under the Medical Staff Credentials Policy.
- 7.E ***Decision Not an Adverse Action.*** A decision that a Practitioner will be transferred to the Affiliate Staff or will automatically relinquish his or her clinical privileges for failure to satisfy clinical activity requirements is not an adverse action that must be reported to the National Practitioner Data Bank or any Texas licensing board.
- 7.F ***Future Application for Privileges.*** A Practitioner who is transferred to the Affiliate Staff or who automatically relinquishes certain privileges will be ineligible to apply for the clinical privileges in question for one year from the date of the transfer or automatic relinquishment.

Adopted by the Medical Staff: November 17, 2017.

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## Appendix A: FPPE Process to Confirm Practitioner Competence and Professionalism

### *FPPE Requirements*

- **Clinical activity requirements recommended by Departments**
- **Professionalism requirements recommended by Committee on Professional Enhancement ("CoPE")**
- **All requirements reviewed by Centralized Credentials Committee and adopted by MEC**

FPPE may include:

- chart review by internal or external reviewers;
- concurrent proctoring or direct observation;
- discussion with other individuals involved in the care of the practitioner's patients;
- review of available quality and OPPE data; and/or
- review of concerns about professionalism.

