

# COVENANT HEALTH

## Medical Staff Policy and Procedure

**Title:** Professional Practice Evaluation

**Approved:** February 16, 2023

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- I. PURPOSE:** To clearly outline the purpose, function, and procedures for Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE). This policy provides a structure for monitoring, evaluating, documenting, and reporting performance of medical staff practitioners granted clinical privileges.
- II. SCOPE:** Unless otherwise noted, this policy applies to all Physicians and Allied Health Practitioners who have been granted clinical privileges.
- III. FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**
  - A. FPPE is conducted to assist the medical staff in assessing current clinical competence of physicians and allied health practitioners at Covenant Health. FPPE will occur under the following circumstances:
    - 1. Initially requested privileges of all new practitioners**
      - a) **Period:** New practitioners will be subject to a one-year evaluation. Upon review, this may be extended for an additional year, but may not exceed two years.
      - b) **Process:** After the Board has approved an Initial Applicant, the practitioner will be subject to a yearlong focused review of professional and clinical competence.
      - c) **Evaluation:** At the time of evaluation, one or more of the following may be used to assess a Practitioner:
        - (1) Appropriate specialty-specific metrics as measured
        - (2) One references from a colleague of same or similar specialty
        - (3) Letter of Good Standing
        - (4) External reviews (as applicable. See **B. External Review** at the end of the FPPE section), and  
It is the Practitioners responsibility to submit a colleague reference prior to review.
      - d) **Review:** The Department Chair will review the information supplied and will make a recommendation to MEC to release the Practitioner from Provisional Status. The Department Chair may make the recommendation to MEC to extend FPPE and Provisional status if there is evidence of the following:

- (1.) Significant quality issues
- (2.) There is not enough evidence to release the Practitioner from focused review (i.e. no cases)
- (3.) There is an unfavorable colleague assessment

If a Practitioner is released from focused review, he/she will automatically move into the OPPE process. If the review period is extended for an additional year, the Practitioner will receive a letter of the continuation. If the Practitioner is not released after the subsequent year, the Department Chair will establish an alternate plan for focused evaluation, recommend corrective action or request that the practitioner voluntarily withdraw all privileges from the facility.

## 2. Currently privileged Practitioners seeking additional privileges

- a) **Period:** Practitioners requesting additional privileges will be subject to a 6-month focused review period, or the number of cases as specified by the privilege. This review may be extended for a period not to exceed one year.
- b) **Process:** A practitioner requesting a new privilege will be subject to a focused review, relevant to the new privileges granted. The Practitioner will receive notice of the FPPE period via letter.
- c) **Evaluation:** At the time of evaluation, one or more of the following may be used to assess a Practitioner:
  - (1) Appropriate specialty-specific metrics as measured
  - (2) Proctoring reports (if the privilege is a new privilege requiring proctoring)
  - (3) One references from a colleague of same or similar specialty, and External reviews (as applicable. See **B. External Review** at the end of the FPPE section)

It is the Practitioners responsibility to submit a colleague reference, as well as applicable proctoring reports (as defined by specific privileges) prior to review.

- d) **Review:** The Department chair, will make a recommendation to MEC to end or extend the review period. The Department chair may make the recommendation to MEC to extend FPPE if there is evidence of the following:
  - (1.) Significant quality issues with particular attention to whether or not the concern is tied to the newly requested privilege.
  - (2.) There is not enough evidence to release the Practitioner from focused review (i.e. no cases)
  - (3.) There is an unfavorable peer assessment

If a Practitioner is released from focused review, he/she will automatically move into the OPPE process. If the review period is extended for an additional six months, the Practitioner will receive a letter of the continuation. If the Practitioner is not released after the subsequent six-month period, the Department Chair will establish an alternate plan for focused evaluation, recommend corrective action or request that the practitioner voluntarily withdraw the privilege under FPPE review from the facility while all other privileges would remain intact.

**3. When questions arise regarding a practitioner's professional performance that may affect the provision of safe, high-quality patient care.**

- a) **Period:** Practitioners will be subject to a focused review period as determined by the Medical Executive Committee (MEC). This review may be extended for a period not to exceed one year.
- b) **Process:** A focused review of a practitioner's performance by the MEC will occur when issues are identified that may affect the provision of safe, high-quality medical care. This may be concerns over quality relating to a particular case, or a pattern of incidents. The MEC may also recommend for an FPPE review period to occur as part of the recredentialing process. The Practitioner will receive notice of the FPPE period via letter by the Chairman of MEC or his designee. One or more of the following criteria may trigger the need for a focused evaluation:
  - (1) There is aggregate, valid, Practitioner specific data that demonstrates a significant untoward variation from internal or external performance benchmarks.
  - (2) There is a problematic pattern or trend identified as a result of the ongoing professional practice evaluation of the Practitioner.
  - (3) There is a complaint or quality of care concern raised against the Practitioner that is of a serious nature as evidenced by a case brought to Peer Review for review.
  - (4) There is evidence of behavior, health, and/or performance issues that carries a threat to the health and safety of the patient, public, or other members of the health care team.
- c) **Evaluation:** At the time of evaluation, the following may be used to assess a Practitioner:
  - (1) Cases reviewed by the Peer Review Committee (monitoring of practice patterns)

(2) External reviews

(3) Responses received from and/or interviews with the Practitioner based on questions posed by the Peer Review Committee.

d) **Review:** The MEC will review the information supplied and may make a recommendation to end or extend the review period. The MEC may make the recommendation to extend FPPE if there is evidence of the following:

(1.) Unfavorable chart audit

(2.) Non-compliance with prescribed plan

The recommendation of the Medical Executive Committee will go to the Board, which may also accept, reject, or modify the recommendation of the Medical Executive Committee. If a Practitioner is released from focused review, he/she will receive a letter to that effect. If the review period is extended for an additional six months, the Practitioner will receive a letter of the continuation. If the Practitioner is not released after the subsequent six months, the issues at hand may be referred to the Medical Executive Committee for further action.

B. **External Review:** At times, there may be need for an outside evaluation to occur. The outside evaluation will be sent to the Peer Review Committee and/or MEC based on the situation.

#### IV. ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)

- A. OPPE is the continuous evaluation of the practitioner's professional performance, rather than an episodic evaluation. It is intended to identify and resolve potential professional practice trends and performance issues as soon as possible, as well as foster a more efficient, evidence-based privilege renewal process.
- B. **OPPE Indicators:** The medical staff determines indicators that comprise the ongoing professional practice evaluation of its members. These indicators are recommended by the Department Chairs. If clinical competencies are added, these will be approved at the department prior to going to MEC.
- C. **Reporting of Information:** Data will be compiled and reported for each provider on an eight-month basis. Reports will be compiled based on the practitioner's birth month to coincide with reappointment. Individual profiles will be available on each provider.
- D. **Scoring of Information:** Data from the three indicators will be scored based on department or specialty average. Above performance target (Green), At performance target (Yellow), and below performance target (Red).
- E. **Evaluation of Information:**

1. No action is necessary as the review of data, by designated staff, demonstrates satisfactory performance by the practitioner.
2. If the MEC observes three Red scores in OPPE evaluation, they will refer concern to the Peer Review committee.
3. Appropriate mechanisms as outlined in medical staff bylaws, rules, regulations, or other policy are implemented to address suspension, termination, limitation, and/or revocation of the privilege(s) in question.

F. **Data Not Attainable:** If no data is attainable at the time of evaluation, peer evaluation by an active member of the medical staff that has a referral relationship will be obtained.

G. **Use of Information at Re-Appointment:** Information from the ongoing professional practice evaluation will be made available to the Department Chair at the time of the practitioner's reappointment and/or request for privileges. This information shall be considered in making the recommendation for reappointment and/or privileging.

V. **CONFIDENTIALITY OF INFORMATION:** All activities surrounding the professional evaluation of members of the medical staff are considered part of the medical staff's quality improvement program and are therefore considered protected and confidential to the extent permitted by law and regulation.