MEDICAL STAFF MSPP-002
POLICY & PROCEDURE

PURPOSE: To provide guidelines for Focused Professional Practice Evaluation (FPPE) which allows the Medical Staff and the hospital to substantiate current competence for practitioners initially granted privileges or who apply for new privileges at St. James Healthcare.

SCOPE: All members of the medical staff and Allied Health Professionals privileged through the medical staff process.

CLINICAL SECTION: All Clinical Sections

POLICY:

Focused Professional Practice Evaluation (FPPE), will provide the basis for obtaining organization-specific information that substantiates current competence for practitioners initially granted privileges or who apply for new privileges at St. James Healthcare.

1. Definitions
   A. Practitioner – For the purpose of this policy, the term “practitioner” means any medical staff member or allied health professional (AHP) who applies for and receives clinical privileges at St. James Healthcare.

   B. Evaluating – For the purpose of this policy, FPPE is a focused evaluation to confirm an individual practitioner’s current competence, either at initial granting of privileges as a current member of the medical or AHP staff or when new privileges are requested. The hospital’s medical staff has elected to use the six general competencies as defined by the American Board of Medical Specialties (ABMS) as a general framework for evaluation of practitioners. The six competencies include:

      1) Patient care and Procedural Skills – Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.

      2) Medical knowledge – Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.

      3) Practice-based learning and improvement – Able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.

      4) Interpersonal and communication skills – Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).

      5) Professionalism – Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.

      6) Systems-based practice – Demonstrate awareness of and responsibility to larger context and systems of healthcare. Be able to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).

2. Medical Staff Oversight
   A. The Section Chair is responsible for overseeing the FPPE process for all applicants assigned to his/her Section. The Section Chair may delegate the review; however, has primary responsibility as assigned by the Medical Staff Bylaws. Evaluations are part of the quality files, with the Section Chair recommending removal of the FPPE process upon successful completion. All identified
quality issues are referred through routine quality review processes and are protected as such under peer review protection guidelines.

B. The Medical Executive Committee assumes the responsibility of monitoring compliance with this policy. It accomplishes this oversight through receiving quarterly status reports from the Section Chairs related to the progress of all practitioners required to be evaluated, as well as any issues or problems involved in implementing this policy.

3. **Review**
Selection of criteria for review will be determined by the Section Chair and is dependent on the privileges requested. The appropriate methods to determine current competency will be part of the recommendation for granting of privileges by the Section Chair and will be reviewed and approved by Medical Executive Committee and recommended to the Board of Directors.

4. **Sources of Data**

A. FPPE data may include (but is not limited to):
   1) Personal interaction with the practitioner
   2) Detailed medical record review
   3) Interviews of hospital staff interacting with the practitioner
   4) Chart audits based on medical staff-defined criteria by non-medical staff personnel
   5) Quantros and/or Risk Management reports

B. The data obtained by the evaluator will be recorded on the appropriate retrospective evaluation form for consistency.

5. **FPPE Period**
   Evaluation will begin when a practitioner is informed of the appointment to the medical staff, AHP staff, or upon being granted a new privilege. The evaluation period may be extended for a period not to exceed 24 months from the granting of privilege(s) that require evaluation, as defined by Medical Staff Bylaws.

6. **Results and Recommendations**
   At the end of the FPPE period, the Section Chair shall provide a summary report to the Medical Executive Committee. After review, the Medical Executive Committee provides a recommendation to the Board of Directors.

7. **Responsibilities**

A. **Reviewer** – A reviewer must be a member in good standing of St. James Healthcare’s Medical or AHP staff and must have privileges in the area relative to the privileges to be evaluated. In the absence of a suitable reviewer, an appropriate external reviewer may be utilized. The reviewer shall:
   1) Use appropriate methods and tools approved by the Medical Executive Committee.
   2) Assure the confidentiality of the evaluation results and forms and deliver the completed forms to the Medical Staff Office for review by the applicable Section Chair.
   3) If the practitioner being evaluated lacks sufficient cases to complete the evaluation process in the prescribed timeframe, the reviewer should report this to the Section Chair.
   4) If at any time during the evaluation period concerns are identified about the practitioner’s competency to perform specific clinical privileges or care related to specific patients, the Section Chair should be notified.

B. **Section Chairs** – Each medical staff Section Chair shall:
   1) Assign of reviewers as reflected above.
   2) Review treatment records of the patient(s) if, at any time during the FPPE period, the Section Chair is notified of concerns and:
      a) Review the case for possible referral for peer review, and/or
b) Recommend to the Medical Executive Committee that
   ● Additional or revised evaluation requirements be imposed upon the practitioner
   ● Corrective action is undertaken pursuant to applicable corrective action procedures

3) Review both case-specific and aggregate data and provide the Medical Executive Committee
   with an interpretation of the practitioner’s performance and whether it is acceptable, in need
   of further data to complete the evaluation, or unacceptable.

C. Medical Executive Committee
   1) Receive and review the recommendations of the Section Chairs.
   2) Make recommendations for extension or completion of FPPE to the Board of Directors.
   3) Perform annual review and analysis of the process.

8. Procedure
   The specific steps needed to perform the FPPE process are outlined below:

A. Evaluation Assignments
   Prior to privileges being granted by the Board of directors, the Medical Staff President and
   Section Chairs make and confirm evaluation assignments to members from appropriate
   specialties.

   1) Initiation of Evaluation. The Section Chair and Medical staff Coordinator inform the evaluator
      and the practitioner of the FPPE plan at orientation and activation of privileges.

   2) Distribution of Evaluation Forms. The Medical Staff Coordinator distributes evaluation forms
      to the evaluator prior to or at the time the privileges are activated.

   3) Completion of Evaluation Forms. The evaluator submits completed evaluation forms to the
      Medical Staff Office quarterly for the duration of the proctoring period.

   4) Review of Evaluation Forms. The Medical Staff Coordinator collects evaluation forms as
      needed during the evaluation period and alerts the Section Chair that they are ready for
      review.

   5) Recommendation. At the end of the initial evaluation period or volume (unless substantial
      concerns are raised earlier requiring immediate action), the Section Chair provides to the
      Medical Executive Committee an overall assessment of evaluation data and recommendation
      to end or extend evaluation or terminate privileges.

   6) Written Response.
      a. If at any time during the initial FPPE procedure there is evidence of negative findings by
         the evaluation process, the practitioner shall be notified by the Section Chief in writing or
         in person, of the findings and given the opportunity to provide a written response to the
         findings. Upon receipt of the provider’s written response, if the negative findings are not
         upheld by the Section Chief and the Medical Executive Committee, the evaluation form(s)
         will not be incorporated into the practitioner’s quality file which is maintained in the
         Medical Staff Office.
      b. If the negative findings are upheld, the written response will be placed in the provider’s
         quality file that is maintained in the Medical Staff Office.

B. Final Recommendation and Decision
   At its next scheduled meeting, the Medical Executive Committee reviews the evaluation data and
   Section Chair’s recommendation and submits a final recommendation to the Board of Directors.