

**MEDICAL STAFF
FOCUSED PROFESSIONAL PERFORMANCE EVALUATION POLICY
(FPPE)**

I. PURPOSE

To establish a process that defines the mechanism that will be employed to:

- Ensure the skills necessary to perform granted privileges meet the hospitals expected performance level when new members of the Medical Staff and/or Allied Health Staff are granted initial privileges.
- Monitor the professional performance of the individual members of the Medical Staff and Allied Health Staff in response to identified areas where individual performance improvement opportunities have been identified.
- Monitoring criteria will be designed to measure quality and safety of patient care provided based upon the identified individual performance improvement opportunities.

II. POLICY

- A. This policy, in conjunction with the Bylaws of _____ and all regulatory and accreditation requirements, shall guide the establishment of the FPPE monitoring process for each division/department. All new members of the Medical and/or Allied Health Staff will complete a period of FPPE as defined by their division/department. In addition, any member of the Medical and/or Allied Health Staff performing at a level below the acceptable performance for any granted privilege will be required to participate in a specific FPPE designed to address the deficient performance area.

III. DEFINITIONS

**Focused Professional
Practice Evaluation
(FPPE)**

A process through which the privilege-specific competence of a practitioner is evaluated. A focused professional practice evaluation in two distinct circumstances:

1. When a practitioner is granted a privilege for the first time (referred to as new-privilege FPPE or N-FPPE).
2. When a question arises regarding a currently privileged practitioner's ability to provide safe high-quality patient care (referred to as for cause FPPE or F-FPPE).

Note that N-FPPE and F-FPPE are different processes, and it is important to maintain this distinction.

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**Delineation of
(Clinical) Privileges
(DOP)**

A specific patient care activity, treatment or service, or a group of closely related patient care activities, treatments or services that may be granted to a member of the medical or allied health staff by the Board of Trustees. A member of the medical staff may only perform activity/procedures for which the DOP has been granted, except in emergency situations as defined in the Medical Staff Bylaws.

IV. RESPONSIBILITY- INITIAL FPPE PROCESS

- A. Medical Staff Member/Allied Health Staff Member
 - 1. Based upon the defined FPPE criteria for the division/department, identifies all cases which are representative of privileges granted as specified in DOP
 - 2. Forwards cases in a timely fashion to the Division Chair for review. The Division Chair randomly selects charts for review.
- B. Division Chair
 - 1. Selects and reviews cases sent by new practitioner, based upon the defined denominator of cases required.
 - 2. Discuss performance of new practitioner with peers, team members and other colleagues that have observed, assisted, or participated in the case.
 - 3. Makes a recommendation for continuing or completion of N-FPPE
- C. Medical Staff Office /Credentialing Office
 - 1. Encourages new practitioner and Division chair to complete N-FPPE as soon as possible
 - 2. Forwards completed N-FPPE evaluation forms to Credentials Committee
- D. Credentials Committee
 - 1. Reviews all N-FPPE results and makes a recommendation for continuing or completion of N-FPPE to Medical Executive Committee
- E. Medical Executive Committee (MEC)
 - 1. Reviews and determines acceptability of Credentials committee reports for N-FPPE. All N-FPPE data will be available for committee review.

V. PROCESS

- A. Specialty specific N–FPPE indicators will be included on each DOP.
 - 1. The DOP will specify the type of monitoring and the minimum duration or number of cases necessary for monitoring
 - 2. At initial appointment, the Credentials Committee reserves the right to add additional FPPE measures including direct proctoring
- B. N-FPPE processes may include:
 - 1. Discussion of treatment plan prior to the performance of the DOP
 - 2. Retrospective chart reviews

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3. Direct observation of clinical practice
 4. Discussion with team members, staff and colleagues who have interacted with the practitioner
 5. External review when no practitioners granted the DOP or there is a potential conflict of interest
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- C. All newly credentialed practitioners will undergo a period of N-FPPE for all initially granted privileges or whenever a practitioner is granted a new privilege for the first time at the organization. Indicators used to complete the evaluation will be reflective of the individual's specialty specific skills.
 - D. After initial credentialing is completed, the Medical Staff Office/Credentialing Office will forward the FPPE form to the newly credentialed practitioner and to the division chair.
 - E. As specified by the DOP, the practitioner and division chair will collect the necessary information to evaluate the newly credentialed practitioner's performance. Once the N-FPPE form has been satisfactorily completed it will be reviewed by the division chair.
 - F. The Division Chair will recommend one of the following:
 1. Recommend conclusion of N-FPPE; satisfactory performance
 2. Extend FPPE; inadequate opportunities for assessment
 3. Performance concerns raised by the review; consider F-FPPE
 - G. N-FPPE reports (Appendix A & B) will be forwarded to Credentials Committee at the next scheduled meeting.
 - H. Credentials Committee will review N-FPPE recommendations from the Division Chairs and make recommendations to the Medical Executive Committee
 - I. Medical Executive Committee will review N-FPPE recommendations from the committee and make recommendations to the Board of Trustees.
 - J. Final decision rests with the Governing body.

VI. RESPONSIBILITY AND PROCESS: "FOR CONCERN" FPPE (a/k/a F-FPPE)

- A. A "for concern FPPE" also known as F-FPPE, can be initiated at any time.
- B. Indications for this process include:
 1. Noted negative deviation from expected performance on OPPE evaluation
 2. Identified opportunities from other data sources including but not limited to:
 - a. Risk Management data
 - b. Patient Care Process and Outcomes data
 - c. Infection Prevention and Control data
 - d. Patient Experience data
 - e. Patient/Staff Complaints
 3. Any single egregious occurrence or Sentinel Event in which the practitioner's provision of care, treatment and services needs to be considered.
- C. The F-FPPE process will be facilitated by the Chair of the Department/Division. In the event the Chair of the department/Division is involved in the case(s), the Vice-Chair of the Department/Division will assume responsibility.

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- D. The purpose of the F-FPPE, plan for evaluation and timeline will be discussed with the practitioner. The timeline for evaluation will never exceed ____ days. F-FPPE evaluations may be extended for one additional ____ day period when improvement has been noted but opportunity still exists provided this extension does not have the potential to impact patient safety and quality of care.
- E. The F-FPPE plan shall be documented, measured and the results of the evaluation recorded by the Chair of the department/division.
- F. The Credentials Committee will be made aware of the initiation of all F-FPPE evaluations (within ____ days of initiation) and will be apprised of the progress for each F-FPPE and the conclusion and outcome of each F-FPPE.
- G. The results of all N-FPPE and F-FPPE evaluations will be made available for consideration during the Reappointment and Re-privileging processes.
- H. Results of the N-FPPE and F-FPPE evaluation process that do not meet the Medical Staff expectations will be referred to the Credentials Committee for further management as defined in the Medical Staff By-Laws.
- I. Policy to be reviewed every 3 years.

VII. References:

- OPPE Policy, Medical Staff Bylaws and Rules & Regulations
- The Joint Commission Hospital Accreditation Program, Medical Staff Chapter January 2021
- Policy to be approved by Credentials, Medical Executive Committees and Governing Body