Department: Medical Affairs

Version: 1

Effective Date: October 19, 2011 **Last Reviewed: 3/2019**

Title: GETTYSBURG HOSPITAL MEDICAL STAFF FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) POLICY

Policy Contact: Medical Affairs

Policy Statement: Assess and monitor the initial performance of the medical staff granted privileges at Gettysburg Hospital and to focus on any areas identified that exceed threshold criteria for focused review and use the outcomes of the assessments to improve patient care.

Definitions:

Peer - An individual practicing in the same medical profession, in good standing, who possesses the subject matter expertise to provide a meaningful evaluation of care. Should such a peer not be accessible at this facility, external peer review will be considered.

Peer Review Committee - The purpose of the Medical Staff Peer Review Committee is to monitor, measure, assess and improve patient care, treatment and services provided by practitioners with privileges and provide focused review of practitioner performance.

External Peer Review-When a provider who meets the above peer criteria is not available, or the case is of such a nature that unbiased external review is deemed advisable, an external source meeting the peer definition above will be requested to perform the review. Should a reasonable and customary fee be required, this fee will be paid out of the appropriate budget.

Low Volume Providers-Any providers that have 10 or fewer patients for 2 or more consecutive quarters.

Focused Professional Practice Evaluation (FPPE)- A process which assists in the evaluation of a practitioner's competency. This process is generally instituted either when a provider applies for privileges, requests new privileges, or when there are concerns raised regarding a practitioner's competency to provide safe patient care. FPPE can consist of a review of a retrospective chart review, or focus on a specific procedure/diagnosis, etc.

Ongoing Professional Practice Evaluation (OPPE)- A continuous evaluation of a provider's performance, by utilizing several means such as, but not limited to:

- Direct Observation
- Chart Review
- Trended data elements
- Peer Recommendations

Procedure:

CONFIDENTIALITY:

All information related to the FPPE process is considered privileged and confidential in accordance with state and federal laws and regulations covering peer review protection.

GUIDELINES:

1. Department chairs will ensure that case review is performed by staff members with related expertise.

2. The work of all practitioners granted privileges will be reviewed through the FPPE process. All providers granted initial privileges will have Core Competency form (s) completed by a peer. Additionally, Cases will also be selected for review if they meet predetermined departmental indicators, or if they are identified by other appropriate means. (Such as: referral from another department or committee, Safety Reporting System.)

3. Providers requesting special privileges will have at least 5 cases randomly selected for review, if available. Cases will also be selected for review if they meet predetermined departmental indicators, or if they are identified by other appropriate means. (Such as: referral from another department or committee, Safety Reporting System.)

4. Support staff will participate in the screening process as deemed appropriate.

5. Professional Practice Evaluation findings will be entered into a confidential peer review database and monitored for patterns and trends that could be detrimental to patient safety. All performance issues will be reported to the Department Chairman when identified and will also be presented to the Credential's Committee upon identification and at the time of reappointment when clinical privileges are renewed or revised.

FOCUSED PROFESSIONAL PRACTICE EVALUATION PROCESS (FPPE):

General Process-

1. Cases will be selected for review if they meet predetermined indicators, or if they are identified by other appropriate means. The Department Chairman for each department selects their own relevant indicators.

2. Support staff will participate in the screening process as deemed appropriate.

3. Cases will be reviewed by either the respective Department Chairman, or their designee(s).

4. If additional action is deemed necessary after reviewing a case, the responsible attending is permitted to provide a written response to address any questions related to the management of the patient.

5. The findings will be entered into a confidential peer review database and monitored for patterns and trends that could be detrimental to patient safety. All performance issues will be reported to the Department Chairman when identified and will also be presented to the Credential's Committee at the time of reappointment when clinical privileges are renewed or revised.

6. All sentinel events are handled according to the policies and procedures developed for sentinel events.

7. The Peer review Committee may be asked to review cases when the initial screen by the Department Chair or Division Chief indicates significant concern for substandard quality of care. If needed, arrangements will be made for a panel or an external review. Circumstances under which external peer review is required include the following:

    - Occurrence of negative trend for a specialist who has no internal peers with like subject matter expertise
    - Conflict of interest or circumstances that would suggest biased review

ADDITIONAL CONSIDERATIONS

Provisional Status-

Any Providers without documented evidence of performance within the system will have three core competency peer review recommendation letters sent to a peer that is selected by a Medical Affairs Staff member. This is practice is utilized to determine if the provider has any cause to have their privileges limited or revoked due to patient safety concerns. Should concerns be raised as a result of these assessments, the provider will have 5 random cases selected for review.

Any providers that are requesting a special privilege will have a maximum of 5 cases randomly selected and reviewed. If the provider has zero cases during this time period, they will fall under the regular professional practice evaluation process thereafter.

The results of the review will be forwarded to the Department Chairman, VPMA, and to the Credentials Committee upon completion. Additionally, this information will be made available at the time of credentialing. If the Department Chair identifies issues that indicate the need for action, he/she may recommend that these concerns be shared with the Peer Review Committee for final recommendation.

Intensive Performance Monitoring-

Periodically a physician-specific report is generated detailing the total cases that have a moderate or severe patient harm outcome due to at risk or reckless behavior and is referred to the Department Chairman and the Vice President of Medical Affairs (VPMA). When a physician has two or more cases in the two-year re-appointment period that are outside the standard of care, the physician is eligible for intensive monitoring and the Department Chairman, in consultation with the VPMA will forward these cases to the Peer Review Committee for review. This committee will then determine if the provider should be placed on intensive performance monitoring. The results of this process are also shared with the Credential's Committee.

The process is as follows:

- A member of Medical Affairs notifies the Department Chairman of any physicians identified.
- The Department Chairman and VPMA forward the eligible cases to the Peer Review Committee for review to determine whether the provider should be placed on Intensive Monitoring.
- The Peer Review Committee notifies the physician in writing that they are going to be placed on Intensive performance monitoring.
- A review of two random cases per month or 100%, whichever is less, for a six-month period will occur, or specific procedural or disease-specific cases could be recommended for focused review, depending upon the case.
- It is the Peer Review Committee's discretion to have more than the two cases per month reviewed, where appropriate.
- The Peer Review Committee could suggest a Performance Improvement plan which would either include both chart review and/or process monitoring etc.

- A summary of the intensive review findings will be forwarded to both the Peer Review Committee and to the Department Chairman upon completion of the process for conclusions, recommendations and appropriate follow-up actions as needed.
- The physician will be notified of the Intensive Review findings and any recommendations made by the Peer Review Committee.
- During this process, any other cases identified through the normal peer review process are also subject to review. The Peer Review Committee, in conjunction with the Department Chairman, will make the determination if an extended evaluation period is needed based upon the results of the summary. A time-limited individualized performance plan may be developed if deemed necessary, in order to resolve any performance concerns.

Ongoing Professional Practice Evaluation Process

An additional possible indication for more intensive performance monitoring is when any pre-defined thresholds are at a red threshold for 2 or greater consecutive quarters, not on a downward trend and the provider has an N of 10 or greater cases. (As per the OPPE Policy)

The above reasons for initiating the Intensive Monitoring Process are not all inclusive. The number may be less than two cases in the two-year period if it is deemed appropriate. Also, if significant patient care concerns become known, the Peer Review Committee may initiate this process at its discretion.

Reports of concerns regarding practice or competency whether identified via our computerized Complaint or Patient Safety modules, direct interaction, or by some other means, will be investigated on a case-by-case basis. Whenever possible, trends and correlation with volumes will be included in the analysis of such reports.

Documentation: (if applicable)

References: Ongoing Professional Practice Evaluation Policy (Medical Affairs Policy #115)

Submitted By:

Reviewed By:

Approved By: Medical Executive Committee

Document History

Version No.	Approved By/ Date	Published Date/ Initials	Description of Revision(s)
1			Converted to new Template