

SYOSSET HOSPITAL
Focused Professional Practice Evaluation
Ongoing Professional Practice Evaluation
Procedure

The Medical Staff provides oversight of the quality of care, treatment, and services provided by practitioners who are credentialed and privileged at the Hospital¹ by evaluating their competency to execute the privileges that they are granted and by addressing concerns regarding their competency.

- A *Focused Professional Practice Evaluation* (FPPE) is conducted for all newly privileged practitioners for whom additional information or a period of evaluation is deemed necessary. The FPPE is a process whereby the Medical Staff evaluates the privilege-specific competence of the practitioner.
- An FPPE is also conducted when triggered by questions that may arise regarding a practitioner's ability to provide safe, high quality patient care (*Triggered FPPE*).
- The FPPE is a time-limited period, not to exceed one (1) year, during which the practitioner's professional performance is evaluated and his/her Medical Staff appointment is provisional.
- Based upon the findings of the FPPE, the Department Director/Division Chief shall determine whether:
 - The practitioner's performance is deemed satisfactory and the provisional status is removed;
 - The period of evaluation must be extended or modified;
 - Action must be taken to improve performance; or
 - The practitioner's privileges should be limited or revoked.
- Each practitioner's performance is continuously evaluated by way of conducting an *Ongoing Professional Practice Evaluation* (OPPE) at least every nine (9) months. This ongoing process determines whether additional focused evaluation is warranted, allows potential problems with a practitioner's performance to be identified and resolved as soon as possible, and fosters a more efficient, evidence-based privilege renewal process.
- The Medical Board is responsible for monitoring compliance with this policy. To accomplish this oversight, it shall receive regular reports related to the progress of all practitioners who are required to be evaluated, as well as any issues or problems involved in implementing this policy. The Medical Board, with input from the Department Director/Division Chiefs, shall determine the minimum criteria for FPPE and OPPE.
- The process by which these evaluations are conducted and their outcomes are utilized is standardized, is applied consistently, and is approved by the Medical Board.

¹ For the purposes of this policy, the term "practitioner" means all members of the Medical Staff and Allied Health Professional Staff at a particular Health System hospital.

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- Because the FPPE is a routine requirement for new privileges, the requirement to undergo a concurrent or prospective case evaluation as part of the FPPE process for new privileges shall neither be deemed a corrective action nor a limitation on privileges under the Medical Staff Bylaws or for the purposes of reporting to other facilities or regulatory agencies under state and federal law.
- If there is a recommendation to limit or terminate privileges as a result of the findings of the FPPE, the process for requesting corrective action set forth in the Medical Staff Bylaws shall apply.
- The Department Director/Division Chief and/or Medical Director (or his/her designee) shall, at any time, immediately act upon any reported concern regarding a privileged practitioner's clinical practice or competence.
- The FPPE and OPPE are quality assurance and peer review activities. As such, they are confidential and privileged under state law, and subject to the immunities afforded by state and federal law.

Competencies under Assessment

The competencies upon which the Medical Staff evaluates its members are derived from those established by the American Board of Medical Specialties and the Accreditation Council for Graduate Medical Education^{2,3}. They include, but shall not be limited to:

- Patient Care and Procedural Skills that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

² Accreditation Council on Graduate Medical Education Outcome Project General Competencies;
<http://www.acgme.org/outcome/comp/compMin.asp>

³ American Board of Medical Specialties Press Release: *ABMS, ACGME Increase Emphasis on "Procedural Skills" as a Core Competency for Physician Measurement*;
http://www.abms.org/News_and_Events/Media_Newsroom/Releases/release_ABMS-ACGME_ProceduralSkills_09302010.aspx

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- Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

Material for Consideration

In performing the professional practice evaluations, the material considered may include, but shall not be limited to:

- Review of the practitioner's assessment and treatment of patients;
- Review of the practitioner's invasive and noninvasive procedures, along with the associated complications and outcomes;
- Blood product utilization;
- Medication management;
- Utilization management, including length of stay, requests for tests and procedures, and use of consultants;
- Morbidity and mortality data;
- Participation in Medical Staff activities, including attendance at departmental and divisional meetings;
- Compliance with medical records requirements; and
- Other relevant criteria as directed within the Medical Staff Bylaws or by the Medical Board.

Sources of Material

Information used for the professional practice evaluation may be obtained through, but shall not be limited to:

- Medical record review;
- Direct observation;
- Simulation;
- Discussion with other practitioners involved in the care of specific patients;
- Data collected and assessed for the organization's quality improvement indicators;
- Findings from sentinel event reviews; and/or
- Any applicable peer review findings.

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FOCUSED PROFESSIONAL PRACTICE EVALUATION

Developing the FPPE Plan for Each Practitioner

Each practitioner's FPPE plan shall be developed by his/her Department Director/Division Chief (or his/her designee) along the following guidelines. In developing the FPPE plan, the Department Director/Division Chief shall consider the practitioner's specialty, the array of requested privileges, the extent of professional experience, and the various evaluation methods. The Department Director/Division Chief shall formulate the plan simultaneously while considering the practitioner's request for privileges. The FPPE plan shall be approved by the Medical Board.

Consideration of Specialties and Requested Privileges

As all practitioners are assigned to one or more clinical departments based upon specialty, training, and the privileges to be exercised, the plan shall generally be standardized across each specialty, to the extent that all practitioners within that specialty exercise a similar array of privileges and must demonstrate equivalent minimal competency. For sub specialization, there may be greater specificity in the FPPE requirements, but these, too, shall generally be standardized within the subspecialty. The array of monitored cases shall be representative of the appointee's planned activity and scope of practice, with monitoring designed to assess competency across a range of comparable clinical activities and, when applicable, comparable procedure types.

Extent of Professional Experience

The practitioner's extent of prior experience shall be considered when determining the approach and the extent of the FPPE needed to assess current competence. The practitioner's experience may fall into one of the following categories, which are listed along with their minimum suggested monitoring requirements:

NSLIJ Trainee

A recent graduate from a training program affiliated with the NSLIJ Health System, who has requested privileges for which competency should have been attained in the training program.

An NSLIJ Trainee may require minimal FPPE, since members of the medical staff of a NSLIJ Health System hospital have directly observed the candidate's competence during the training period. To qualify for this approach, the director of the relevant training program must provide a detailed written evaluation of the candidate's performance and attest to his/her ability to exercise the requested privileges. This report may be satisfied by the summative evaluation that was drafted upon completion of the training program. If such a report is not available, then the NSLIJ Trainee shall be handled as an "Other Practitioner" (see below).

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Affiliated Practitioner

An active practitioner on the medical staff of another NSLIJ Health System hospital who has:

- Documented experience exercising the requested privilege(s);
- Successfully completed a period of FPPE, if he/she was appointed subsequent to the implementation of the FPPE process; and
- Had no triggers identified as the result of an OPPE.

An Affiliated Practitioner, based upon the judgment of the relevant Department Director/Division Chief and the Medical Board, may require minimal FPPE. *Reciprocal Evaluation* (described below), alone, may be sufficient. If concerns exist regarding the relative infrequency with which the candidate has been exercising the requested privilege(s), more intensive FPPE shall be required.

Experienced Practitioner

An active practitioner on the medical staff of a hospital not affiliated with the NSLIJ Health System who has:

- Documented experience exercising the requested privilege for more than five (5) years;
- Successfully completed a period of FPPE, if he/she was appointed subsequent to the implementation of the FPPE process; and
- Had no triggers identified as the result of an OPPE.

An Experienced Practitioner, based upon the judgment of the relevant Department Director/Division Chief and the Medical Board, may require minimal FPPE. If concerns exist regarding the relative infrequency with which the candidate has been exercising the requested privilege(s) elsewhere, more intensive FPPE shall be required.

Other Practitioner

All practitioners who do not meet the definitions of the categories above

Other Practitioners shall require a full FPPE, as defined by the respective department and the Medical Board. The full FPPE shall be comprised of various evaluation methodologies, as defined in the *Medical Staff Monitoring Policy* (Appendix A).

Evaluation Methods

As described in the *Medical Staff Monitoring Policy*, several types of evaluation methods may be utilized to determine clinical competence. These include:

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- Prospective Case Evaluation (PCE): Prospective presentation of a case, including the anticipated treatment plan, prior to the actual rendering of care, so as to evaluate the critical thinking surrounding the case, the diagnostic process, and the ability to formulate an appropriate treatment plan
- Concurrent Case Evaluation (CCE): Real-time observation of a procedure or concurrent, ongoing evaluation of a treatment plan and/or the care as it is rendered
- Retrospective Case Evaluation (RCE): The review of a case after care has been rendered, which may include interviews with other personnel involved in the care of the patient, chart review, and/or evaluation of outcomes or work product

Alternatively, when a practitioner has insufficient clinical activity to permit effective evaluation at a Health System hospital, relevant to a particular privilege, evidence of successful evaluation from a facility outside of the Health System may be acceptable. This alternative process, known as *Reciprocal Evaluation* (RE), shall be used on a limited basis and is acceptable only under the following conditions:

1. The practitioner is responsible for identifying the alternate facility from which information may be obtained and for ensuring that representatives of the alternate facility provide the requested information.
2. The monitor(s) at the alternate facility must have privileges at a Health System hospital or, if lacking such privileges, is qualified to serve in the capacity as a monitor as judged by the Department Director/Division Chief. Such determination may require submission of documentation verifying the proposed monitor's credentials.
3. The practitioner must authorize the alternate facility to release copies of his/her case evaluations or to provide a summary of monitored activities. The practitioner must release the alternate facility, including its physicians and the monitor, from claims potentially arising from such release.
4. The monitor from the alternate facility must complete an observation evaluation summary form or other documentation acceptable to the Health System hospital and submit it to the Hospital's Credentials Office.
5. The alternate facility must provide the Health System hospital with a copy of the clinical privileges that have been granted to the practitioner being evaluated.

It is within the discretion of the Department Director/Division Chief to determine whether the observation performed at the alternate facility satisfies the objectives of this policy. The Department Director/Division Chief's decision may be reviewed by the Medical Board.

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Process: Newly Privileged Practitioners

Pertains to initial appointments and to current members who have requested new privileges

1. When a practitioner has been granted new privileges under provisional status, either as a new appointee to the Medical Staff or as an existing member, he/she shall be notified in writing by the Credentials Office. The notification shall indicate this policy's general monitoring requirements and shall direct the practitioner to contact his/her Department Director/Division Chief to obtain the specific monitoring plan.
2. When the practitioner is ready to commence clinical activity at the Hospital, he/she shall notify the Department Director/Division Chief who shall coordinate monitoring. If the FPPE plan involves prospective or concurrent monitoring, the Department Director/Division Chief shall designate the monitor so as to facilitate scheduling of the cases to be evaluated. It shall be the practitioner's responsibility to work with the monitor so as to ensure that he/she complies with and completes the monitoring requirements.
3. As soon as the practitioner commences clinical activity, all of his/her work is subject to evaluation until the FPPE has been completed and competency evaluated.
4. To satisfy as one of the practitioner's required procedural cases, the practitioner must be the proceduralist of record.
5. When a practitioner has completed the requisite numbers of cases for evaluation, he/she shall notify the Department Director/Division Chief.
6. Evaluations shall be documented on standardized forms and returned to the Credentials Office. The Credentials Office will notify the Department Director/Division Chief of receipt of these forms. The Credentials Office shall maintain all completed evaluation forms on file. These forms shall be treated as confidential, peer review, quality assurance documents.
7. For cases being prospectively or concurrently evaluated, prior to the procedure or treatment, the monitor shall review the history, work-up, and indications that have led to the planned treatment. This review may include a presentation by the practitioner.
8. Retrospective case evaluations for episodic volume shall be completed within one (1) week following each patient discharge, or, for high volume, within one (1) week of completion of all requisite cases.
9. Concurrent or prospective case evaluations shall be completed within one (1) week of the monitoring activity.
10. Once all of the professional practice evaluations pertaining to a practitioner have been received by the Department Director/Division Chief, he/she shall review the evaluations and, when necessary, converse with the monitor(s), to determine whether:

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- a. The practitioner's performance is deemed satisfactory and the provisional status should be removed;
 - b. The period of FPPE must be extended;
 - c. Action must be taken to improve performance; or
 - d. The practitioner's privileges should be limited or revoked.
11. If the Department Director/Division Chief's recommendation is to limit or revoke any portion of the practitioner's privileges, he/she shall present this recommendation to the practitioner who then may:
- a. Voluntarily consent to the limitation or relinquishment of privileges; or
 - b. Challenge the Department Director/Division Chief's recommendation.

If the practitioner opts to comply with the Department Director/Division Chief's recommendation, the request for limitation or revocation of privileges shall be handled in accordance with the Medical Staff Bylaws. This limitation or revocation of privileges shall be deemed reportable to other facilities and to regulatory agencies under state and federal law.

If the practitioner opts to challenge the Department Director/Division Chief's recommendation, the Department Director/Division Chief shall request corrective action in accordance with the Medical Staff Bylaws.

12. If the practitioner has not completed the requisite number of cases for review within three (3) months of commencing the FPPE period, the Credentials Office shall notify the Department Director/Division Chief and shall grant the practitioner a three (3)-month extension. If, after another three (3) months, the practitioner's activity has still not met the requisite case volume, the Credentials Office shall notify the Department Director/Division Chief and consideration shall be given to recommending withdrawal of the relevant privilege(s) due to insufficient volume. At his/her discretion, the Department Director/Division Chief may elect to extend the period of FPPE for up to two (2) additional three (3)-month intervals, for a total FPPE period of one (1) year. If the practitioner has not completed the requisite number of cases within one (1) year, the practitioner shall be given an opportunity to
- a. Voluntarily relinquish the relevant privilege(s) and have his/her provisional status removed;
 - b. Voluntarily request a change of status to that which has no clinical privileges and have his/her provisional status removed;
 - c. Resign his/her Medical Staff appointment; or
 - d. Be granted a waiver of the FPPE requirement, which shall only be considered under the conditions stipulated below.

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If the practitioner does not voluntarily select one of these options, the Department Director/Division Chief shall recommend termination of the provisional appointment. As this termination is being effected based solely on the lack of sufficient volume to perform an effective evaluation of the practitioner's competency, it shall not be deemed corrective action and the practitioner shall not be afforded the hearing and appeal rights described in the Medical Staff Bylaws.

13. If the practitioner has been on provisional status for one (1) year, but during that period his/her volume of activity has been insufficient to permit an effective evaluation of competency, then the Department Director/Division Chief may recommend waiving the FPPE requirement, rather than terminate the appointment; provided, however, that such a waiver may be granted only in rare circumstances where the needs of the Hospital so require (e.g., in order to assure adequate on-call coverage), and only with the approval of the Medical Director and the Medical Board, based on a written justification for the waiver from the Department Director/Division Chief .

Process: Triggered FPPE

Pertains to all members of the Medical Staff with clinical privileges

For all current members of the Medical Staff, each Department Director/Division Chief shall maintain and regularly review standard sets of event types and/or thresholds (Appendix A) that serve as triggers for the initiation of an FPPE. These event types and thresholds shall be approved by the Medical Board.

A Triggered FPPE may also result from findings of the OPPE, as explained below, or by other information or events that are brought to the attention of the Department Director/Division Chief or Medical Director. Other events that may warrant consideration of a Triggered FPPE include, but are not limited to:

- Specific questions of clinical competence, patient care and treatment, case management;
- Inappropriate or disruptive behavior as referenced in the Professional Behavior policy; or
- Violations of applicable ethical standards; the Medical Staff Bylaws, Rules & Regulations, or Policies & Procedures; the Corporate Bylaws; or the Code of Ethical Conduct.

A quality concern regarding a practitioner may be raised by members of the Medical or Allied Health Professional Staff; Nursing or other department staff; patients, family members, or others; or through the Hospital's performance improvement activities.

Each time a trigger-event occurs or a trigger-threshold is breached, a standardized process to address the situation shall be implemented:

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1. The Department Director/Division Chief or his/her designee shall conduct a prompt investigation to understand the circumstances. The investigation shall include a discussion with the practitioner.
2. Based on the findings of the investigation, the Department Director/Division Chief or his/her designee shall determine whether the situation warrants (a) no action; (b) the implementation of a Triggered FPPE directed at the concerns raised by the investigation; or (c) corrective action. If corrective action is warranted, it shall be requested in accordance with the Medical Staff Bylaws.
3. If, based upon the findings of the investigation, the Department Director/Division Chief or his/her designee determines that a Triggered FPPE directed at the concerns raised by the investigation is warranted, he/she shall formulate an FPPE plan and review it with the practitioner, who may provide input into developing the plan. The plan may involve prospective, concurrent or retrospective case evaluation, as defined above.
4. The practitioner may opt to comply with the plan or to voluntarily relinquish the privilege(s) in question.
5. Depending on the cause for the Triggered FPPE and whether the resulting plan constitutes a restriction or limitation on privileges, the institution of the plan or the voluntary relinquishment of privileges may necessitate reporting to other facilities or regulatory agencies in accordance with state and federal law.
6. The Department Director/Division Chief shall present the targeted FPPE plan to the Medical Board at its next meeting. The Medical Board may modify the plan.
7. Failure to comply promptly with the FPPE plan or to provide an acceptable alternative shall trigger a request for corrective action.
8. Once the plan is instituted, its completion shall follow the FPPE process for new appointees, described above, except that it shall be completed within 30 days.
9. If, after 30 days, the FPPE has not been concluded, the reason(s) shall be presented at the next meeting of the Medical Board where a determination will be made whether to extend the FPPE period for another 30 days or to take alternative action.

Temporary Privileges

Special requirements for supervision and reporting may be imposed upon any individual who has been granted temporary clinical privileges. Notice of any failure by the individual to comply with such special requirements may result in immediate termination of privileges. In general, all of the clinical activities of a temporarily privileged practitioner shall be subject to FPPE, following identically the process for newly appointed members of the Medical Staff.

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ONGOING PROFESSIONAL PRACTICE EVALUATION

Each Department Director/Division Chief shall maintain and regularly update sets of measures or indicators (Appendix A) that serve to screen in an ongoing manner the competence of his/her staff members. Furthermore, each Department Director/Division Chief shall determine the minimum volume of clinical activity that a member of his/her department must achieve so as to generate sufficient material upon which to evaluate current competence. These measures/indicators, along with any minimum volume standards, shall be approved by the Medical Board.

As the ultimate purpose of the OPPE is to determine when greater scrutiny of a practitioner's clinical activity is warranted, it utilizes three types of indicators to identify triggers for FPPE. Furthermore, when possible, these indicators are linked back to one or more of the six ABMS/ACGME competencies described above.

- *Rate Indicators* identify outcomes or process steps that are aggregated for statistical analysis. They provide insight into the number of events that have occurred compared to number of opportunities for that event to have occurred. Thus, a rate indicator has a numerator and denominator and is expressed as a percentage, frequency, average, rank or ratio. A target range is established for each rate indicator based on benchmark data or internal targets.
- *Rule Indicators* represent standards, generally recognized professional guidelines, or accepted medical practices where individual variation does not, in and of itself, directly cause adverse patient outcomes. While the existence of such rules generally implies that non-compliance is a defect, such rare or isolated deviations usually represent only a minor problem and occasionally are justified. A threshold number violations for each rule, based on the criticality of the rule, determines whether further follow-up is needed and of what kind.
- *Review Indicators* identify significant individual events or situations that require focused analysis to assess the effectiveness and appropriateness of the care provided. Generally, a review indicator measures relatively broad outcomes that may or may not relate to physician performance; it should flag a case for detailed chart analysis when the actual (or potential) outcome for the patient is serious and too complex to be understood by measuring how frequently such an outcome occurs.

The Department Director/Division Chief or his/her designee shall monitor performance on these measures/indicators for each member of his/her department at least as often as every nine (9) months. When, during the course of the OPPE process, an outlier is identified, the Chairman shall evaluate the available data to determine if this finding warrants the initiation of a Triggered FPPE, as described above.

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Process: Ongoing Professional Practice Evaluation

Pertains to all members of the Medical Staff with clinical privileges

1. Annually, the Medical Board shall receive, for approval, a report from each Department Director/Division Chief on the proposed indicators that the clinical departments intend to use for their OPPE activities.
2. No less frequently than every nine (9) months, the Department Director/Division Chief shall review the OPPE indicators for each member of his/her Department. In performing this evaluation, the Department Director/Division Chief shall determine whether the practitioner's activity is satisfactory or whether it warrants more focused evaluation.
3. Criteria that would lead the Department Director/Division Chief to recommend focused evaluation include, but shall not be limited to:
 - a. Insufficient clinical activity with regards to certain privileges;
 - b. *Rate* concerns where the practitioner's performance on standardized metrics breaches a threshold that is either established prospectively or that stands out retrospectively when considering the body of work of the department as a whole;
 - c. *Rule* violations where the practitioner repeatedly breaches accepted standards of practice in a manner that cannot be satisfactorily rationalized on clinical grounds; and/or
 - d. *Review* of specific untoward events that generate concerns regarding clinical practice and any of the six competencies.
4. If the Department Director/Division Chief determines that the practitioner's activity warrants further evaluation, he/she shall follow the protocol for a *Triggered FPPE* described above.

OPPE for Low-Volume Practitioners

Pertains to all members of the Medical Staff with clinical privileges

Due to the nature of certain specialties (e.g. dermatology, rheumatology, medical ophthalmology, or psychiatry) or to the style of an individual's particular practice (e.g. splitting his/her patient load amongst two or more facilities), a practitioner's volume of clinical activity at a Health System hospital may be insufficient to be evaluated effectively by the standard OPPE approach described above.

If a practitioner's activity upon any routine OPPE review is insufficient to generate enough data to perform an effective evaluation of ongoing competency, the practitioner shall be notified that his/her activity falls below the necessary threshold. If the practitioner's volume is insufficient to be evaluable, he/she has several options:

1. If the practitioner's total volume of activity, when aggregated along with that from other facilities, is sufficient to permit effective evaluation and if collateral data is available from other facilities where the practitioner exercises similar privileges, the practitioner

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may provide a detailed report of his/her clinical activity from those facilities, demonstrating the volume of work, and provide attestations from hospital officials of the quality of the work performed. Such reports shall be completed on a form provided by the Health System. If the activity performed at the Health System hospital remains low when subsequent six-month OPPE reviews are performed, the practitioner shall be required to repeat this process for each OPPE cycle to maintain his/her privileges. It shall be up to the Department Director/Division Chief and the Medical Board to decide if the report(s) from outside institutions provide sufficient evidence of competency. This option shall only be acceptable if there is ongoing activity at the Health System hospital.

2. The practitioner may increase his/her clinical activity to levels that permit effective evaluation, such that by the next OPPE review the Department Director/Division Chief has sufficient data to conduct the evaluation. If, however, at the next OPPE review, the volume is still too low to permit effective evaluation, the Department Director/Division Chief shall consider recommending reducing the practitioner's privileges to match those that are being exercised at a level sufficient to permit evaluation. This reduction may result in a change of status such that the practitioner shall have no clinical privileges.
3. The practitioner may voluntarily request a reduction in privileges to match those that he/she actively exercises in sufficient quantity at the Hospital.
4. The practitioner may voluntarily request a change in staff status to a category without inpatient activity, obviating the need for OPPE.

Alternatively, if the practitioner does not elect or satisfy any of these options, the Medical Board may recommend that (a) the practitioner's privileges be reduced to match his/her actual clinical activity; (b) the practitioner's privileges may be terminated, altogether; or (c) the practitioner's staff category or status be changed to that without clinical privileges, obviating the need for OPPE. Such an involuntary reduction, termination, or status change may be reportable to other facilities and regulatory agencies under state and federal law.

Performance & Quality Issue Resolution

The North Shore - LIJ Health System supports the Medical Staff in its efforts to address all quality-of-care concerns regarding practitioners through a non-biased, non-punitive process by which all provider-related occurrences are reviewed, evaluations are documented, and appropriate actions are taken. The Medical Director and Medical Board shall perform such oversight, with input from the clinical services.

Attachments

Appendix A: *Medical Staff Monitoring Policy*

Appendix B: *Department-Specific FPPE Requirements for Newly Privileged Practitioners, FPPE Triggers, and OPPE Measures*

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