

Medical Staff Services

POLICY TITLE: Focused and Ongoing Professional Practice Evaluations	CLINICAL POLICY AND PROCEDURE MANUAL
POLICY #: MS.1501	CATEGORY SECTION:
System Approval Date: 1/25/17	Effective Date: NEW
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Prepared by: Medical Staff Services – Central Office	Notation(s): N/A

GENERAL STATEMENT of PURPOSE

The purpose of this policy is to provide a mechanism for monitoring, evaluating, documenting, and reporting the performance of Practitioners granted clinical privileges.

POLICY

- Initial and ongoing professional practice evaluation is required for all Practitioners.
- Through Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE), Northwell Health (Northwell) provides oversight of the quality of care, treatment, and services provided by Practitioners. The evaluation process enables initial and ongoing review of a Practitioner’s competency to execute the privileges they are granted and to address concerns regarding their competency.
- 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.
- All Practitioners will be treated equitably.
- The six General Core Competencies upon which the organized 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 and include:
 - Patient Care & Procedural Skills
 - Medical/Clinical Knowledge
 - Practice-Based Learning & Improvement
 - Interpersonal & Communication Skills
 - Professionalism
 - Systems-Based Practice

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Hofstra Northwell School of Medicine conducting research on behalf of the School of Medicine on or at any Northwell Health facility; and the faculty and students of the Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies.

DEFINITIONS

Focused Professional Practice Evaluation (FPPE): a process whereby the organization evaluates the privilege-specific competence of the Practitioner who does not have documented evidence of competently performing the requested privilege or group of privileges at the Organization. This process may also be used when a question arises regarding a currently privileged Practitioner's ability to provide safe, high quality patient care. It is a time-limited period during which the Organization evaluates and determines the Practitioner's professional performance.

Ongoing Professional Practice Evaluation (OPPE): a process which allows the Organization to perform ongoing review of a Practitioner's competency and identify professional practice trends that impact on quality and patient safety. Such identification may require intervention by the organized medical staff.

Practitioner: For purposes of this policy, Practitioner is defined as individuals with Medical Staff or Allied Health privileges.

General Core Competencies:

- Patient Care & Procedural Skills - Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.
- Medical/Clinical Knowledge - Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, and the application of their knowledge to patient care and the education of others.
- Practice-Based Learning & Improvement - Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.
- Interpersonal & Communication Skills - Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, their colleagues and other members of health care teams.
- Professionalism - Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society.
- Systems-Based Practice - Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

Triggers: are unacceptable levels of performance with the established criteria defined. Triggers can be single incidents or evidence of a clinical practice trend. Examples of triggers include but are not limited to:

- A defined number of events occurring
- A defined number of individual peer reviews with adverse determinations
- Elevated infection rates
- Sentinel events
- Increasing lengths of stay compared to others
- Request/repeat readmission for the same issue
- Increasing number of returns to surgery
- Patterns of unnecessary diagnostic testing/treatments
- Failure to follow approved clinical practice guidelines

PROCEDURE

General

- The organized medical staff, including Department Chairs/Division Chiefs, defines the circumstances requiring monitoring and evaluation of a Practitioner's professional performance.
 - Criteria is developed and shall be used for evaluating the performance of practitioners
 - Criteria should be objective and based on general measures, specialty-specific measures/procedures, and/or evidence-based measures
 - Monitoring plans are established specific to a privilege or group of privileges.
 - Specialty-specific data/indicators for the same privilege are managed the same way for all practitioners with that privilege or group of privileges.
 - External non health system data may be used to supplement existing data.

Professional and clinical indicators may change as deemed appropriate and as approved by the organized medical staff

- The Six General Core Competencies shall be used as the framework for professional performance.
- When performance issues are identified, measures employed to resolve these issues must be clearly defined, include the type of monitoring, length of monitoring, and performance measurements. They may include:
 - Necessary education
 - Proctoring/assisting for defined privilege
 - Counseling
 - Practitioner assistance program
 - Suspension or revocation of specific privilege

- The Medical Director is responsible for general organizational oversight and compliance with the FPPE and OPPE processes.

Focused Professional Practice Evaluation

- FPPE is implemented for all initially requested privileges or when Triggers are noted based on the Practitioner's current clinical competence, behavior, and ability to perform the required privilege.
- The "period" of FPPE can be volume oriented or based on time. The FPPE period can be extended if minimum activity does not occur.
- The process for FPPE may vary based on different levels of documented training and experience.
- At the end of the review period, the Department Chair/Division Chief will document pertinent findings and recommendations on a review form and make one of the following decisions:
 - FPPE successfully completed, continue existing privileges; transition to OPPE process
 - FPPE extended for a defined period (duration as decided by the Department Chair/Division Chief)
 - FPPE unsuccessfully completed; privileges to be limited or revoked
 - Request external monitoring
 - Request additional specialty review, when there are a limited number or no medical staff members within the required specialty (or with the appropriate technical expertise) on the medical staff.
- At any time during this review process, there may be a request for corrective action according to the Medical Staff Bylaws. This may include, but not be limited to, a peer review referral, actions in accordance with the Medical Staff Code of Conduct Policy, or a request for monitoring by an external source if the peer review is unable to make a determination.

Ongoing Professional Practice Evaluation

- OPPE pertains to all Practitioners and shall begin immediately after satisfactory completion of the FPPE process to provide continuous monitoring of performance.
- Each Practitioner's performance is continuously evaluated by way of conducting an OPPE at least every nine (9) months.
- The Department Chair/Division Chief shall review the OPPE indicators for each member of their Department. In performing this evaluation, it shall be determined whether the Practitioner's activity is satisfactory or whether it warrants more focused evaluation.
- In conjunction with this review, the Department shall maintain an evaluation tool which will include elements of performance related to the General Core Competencies.
- The evaluation, results and recommendations shall be factored into a decision to continue, limit, or revoke existing privileges.

- If a Practitioner’s activity upon OPPE review is deemed insufficient to generate enough data to perform an effective evaluation of ongoing competency, the Practitioner shall be notified. The OPPE file shall include a report of data supporting low to no volume activity.
 - Practitioner may aggregate their total volume of activity and collateral data, to include other Northwell facilities, for which they have similar privileges. The practitioner shall provide a detailed report of clinical activity to include the volume of work, and provide documentation from a Northwell entity of the quality of the work performed. The Department Chair/Division Chief will decide if the report(s) from other Northwell institutions provide sufficient evidence of competency.
 - Practitioner may increase his/her clinical activity to levels that permit effective evaluation, such that by the next OPPE review the Department Chair/Division Chief has sufficient data to conduct the evaluation. If, however, the volume is still too low to permit effective evaluation, the practitioner may voluntarily request a reduction in privileges or request a change in staff status. If the practitioner does not elect or satisfy any of these options, then, upon his application for reappointment, the Chairman may recommend an involuntary reduction, status change, or non-reappointment. Such a recommendation due to inadequate volume to permit effective evaluation is not reportable to regulatory agencies under state and federal law.
 - The Department Chair/Clinical Chief may utilize a satisfactory competency assessment from a peer to ensure the Practitioner maintains ongoing competency to perform the privileges granted. When obtaining a peer competency assessment a copy of the practitioner’s delineation of privileges must be provided to the evaluator, the peer evaluator must be able to attest to the practitioner’s current competency (within last 2 years), the assessment must include the six General Core Competency evaluation criteria.

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

The Joint Commission Hospital Accreditation Standards

ATTACHMENTS

Attachment A - Professional Practice Evaluations Guidelines

FORMS

N/A

APPROVAL:	
System Clinical P&P Committee	1/25/17❖
System PICG/Clinical Operations Committee	1/25/17❖

Standardized Versioning History:

*=Clinical Policy Committee Approval; ** =PICG/Clinical Operations Committee Approval

❖Expedited Approval Granted by:

Alex Hellinger, Co-Chair – System Clinical P&P Committee

Morris Rabinowicz, Co-Chair, - System PICG/Clinical Operations Committee

Professional Practice Evaluations Guidelines

In performing 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
- Adherence to evidence-based practices
- 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
- Written complaints/grievances
- Other relevant criteria as directed within the Medical Staff Bylaws or by the Medical Board.

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

- Medical record review monitoring clinical practice patterns
- Direct observation/proctoring
- 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
- Peer Competency Assessment
- Any applicable peer review findings