

Staten Island University Hospital

**Annual Physician/Practitioner
Orientation & Mandatory Training
Program**

OPPE & FPPE

Policies and Procedures

On

Ongoing Professional Practice Evaluations

And

**Focused Professional Practice
Evaluations**

OPPE & FPPE

Policies and Procedures

On

Ongoing Professional Practice Evaluations

And

Focused Professional Practice Evaluations

STATEN ISLAND UNIVERSITY HOSPITAL

MEDICAL STAFF SERVICES

POLICIES AND PROCEDURES MANUAL

SUBJECT: Ongoing Professional Practice Evaluation	
EFFECTIVE DATE: January 31, 2011	SUPERCEDES: August 1, 2007

POLICY STATEMENT:

Ongoing Professional Practice Evaluation is done for all currently appointed and privileged Licensed Independent Practitioners and facilitates the evaluation of each practitioner's professional practice.

The **criteria used to evaluate performance** include, wherever possible:

1. **Patient Care:** (a) Operative and other procedures have been performed with acceptable outcomes and in sufficient number to build skill and competence (b) Blood usage review reveals cross-match:transfusion ratios are within acceptable standards and blood ordering and administration practices are performed in accordance with hospital policy (c) Requests for tests and procedures are made in accordance with hospital policy (d) quality issues and sentinel events, if identified, are addressed with acceptable follow up through education and/or counseling (e) Complaints, if any, are either without merit or have been followed up with appropriate education and/or counseling (f) Compliments on file are taken into consideration (g) Peer recommendation letters are evaluated to help further determine current competence.
2. **Medical/Clinical Knowledge:** (a) Continuing Medical Education Credits are within acceptable departmental standards (b) There is evidence of resident teaching activities (c) There is evidence of attendance/participation at Departmental Performance Improvement Meetings and/or Grand Rounds (d) There is evidence of attendance/participation at Conferences/Seminars applicable to the practitioner's service/specialty (e) Peer recommendation letters are evaluated to help further determine current knowledge base.

3. **Practice-Based Learning and Improvement:** (a) There is evidence of attendance/participation at Conferences/Seminars applicable to the practitioner's service/specialty (b) Length of Stay patterns – Average Length of Stay (ALOS) – is within acceptable limits (c) Morbidity and Mortality data are found to be within acceptable standards – based on chart review and any outliers identified are addressed with acceptable follow up through education and/or counseling (e) Practice patterns reflect compliance with clinical pathways/processes – any outliers identified are addressed with acceptable follow up through education and/or counseling (f) Case Management practices – including the appeals process – are in compliance with hospital policy.
4. **Interpersonal And Communication Skills:** (a) Complaints, if any, are either without merit or have been followed up with appropriate education and/or counseling (b) Compliments on file are taken into consideration as they pertain to patient satisfaction and effective collegial working relationships (c) There is evidence of compliance to HIPAA and privacy rules (d) Peer recommendation letters are evaluated to help further determine current interpersonal and communication skills.
5. **Professionalism:** (a) There is evidence that on-call responsibilities, if applicable, are being met (b) There is evidence that clinic responsibilities, if applicable, are being met (c) There is evidence that consultations are being called and/or responded to, as applicable, in accordance with the Rules and Regulations of the Medical and Dental Staff (d) Peer recommendation letters are evaluated to help further determine if standards of professionalism are being met (e) There is evidence of compliance to the SIUH Ethical Pledge (f) There is evidence of compliance to SIUH standards of professionalism (g) Complaints, if any, are either without merit or have been followed up with appropriate education and/or counseling (h) Compliments on file are taken into consideration as they pertain to professionalism and effective collegial working relationships.
6. **Systems-Based Practice:** (a) There is evidence of medical record completion in accordance with the Rules and Regulations of the Medical and Dental Staff (b) There is evidence of compliance to the SIUH Code of Conduct (c) There is evidence of adherence to SIUH Corporate Compliance Policies (d) Open Chart Review Results, when available, are taken into consideration (e) There is evidence of appropriate use of the Electronic Medical Record (f) There is evidence of compliance to Medication Ordering and Administration Practices.

It should be noted that the decision to assign a period of performance monitoring to further assess current competence is based on the evaluation of a practitioner's current clinical competence, practice behavior and ability to perform the requested privilege.

The criteria used to determine the type of monitoring include:

1. Expanded privilege requested – observation or proctorship/period to be determined by Department Chairman
2. Performance Issues:
 - (A) Sentinel Events – observation and chart review/period to be determined by Department Chairman
 - (B) Wrong Side/Site Procedure/Surgery – observation and chart review/period to be determined by Department Chairman, Chief Medical Officer and/or Medical Staff Performance Improvement Committee
 - (C) Trends and/or Patterns related to Technical Error or Error in Judgment – observation or proctorship and chart review/period to be determined by Department Chairman, Chief Medical Officer and/or Medical Staff Performance Improvement Committee

It should be noted that the **method for establishing a monitoring plan** (which may include observation, proctoring, and/or chart review) is at the discretion of the Department Chairman (and with concurrence from the Chief Medical Officer and/or Medical Staff Performance Improvement Committee, as applicable).

It should further be noted that the circumstances under which **monitoring by an external source** is required include: (a) when there is a noted discrepancy in the findings of the professional practice evaluation, as determined by the Department Chairman with concurrence by the Chief Medical Officer (b) when internal peer review findings are inconclusive in terms providing data useful in determining a practitioner's current competence in the performance of a particular procedure (c) when there are no practitioners in-house who are privileged to perform the procedure for which the involved practitioner is under evaluation and/or monitoring.

In addition, it should be noted that the information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privileges.

The process used for ongoing professional practice evaluation is as follows:

- (1) The **Professional Practice Evaluation Profiles** for all currently credentialed and privileged practitioners is forwarded to the applicable Department Chairmen on a biennial basis (every six months), accompanied by a copy of their respective Delineation of Privilege Sheets and a "Professional Practice Evaluation" Form.
- (2) Each professional practice evaluation profile shall be signed following review by the Department Chairmen and returned to the Department of Medical Staff Services for incorporation into the individual practitioner's credentials file.

- (3) If it is determined that a monitoring plan is warranted, the "Professional Practice Evaluation" Form shall be completed and forwarded to the Department of Medical Staff Services along with the signed Professional Practice Evaluation Profile; and the plan shall be implemented, (with a period of monitoring established), by the Department Chairman.
- (4) The information resulting from the ongoing professional practice evaluation shall be used to determine whether to continue, limit or revoke any existing privileges. This determination shall be documented directly on the Professional Practice Evaluation Profile. If it is determined that an existing privilege be limited or revoked, an accompanying "Professional Practice Evaluation" Form shall indicate the specific recommendation and shall be returned to the Department of Medical Staff Services along with the completed Professional Practice Evaluation Profile.

Signature Approvals:

Director of Medical Staff Services Date _____

Vice President, Quality Management Date _____

Chief Medical Officer Date _____

Chairman, Credentials Committee Date _____

President, Medical and Dental Staff Date _____

Board of Trustees Representative Date _____

**STATEN ISLAND UNIVERSITY HOSPITAL
PROFESSIONAL PRACTICE EVALUATION**

NAME: _____

DEPARTMENT: _____

CURRENT ATTENDING RANK: _____

Please reference the attached delineation of privileges in completing this evaluation:

Is the above named practitioner qualified by training and experience to be approved for the privileges requested?

YES _____ NO _____ (If no, please provide details on separate page).

Evaluation: This evaluation should be based on demonstrated performance compared to that reasonably expected of a practitioner at his/her level of training, experience and background.

PROCESS/ACTIVITY	Below Average	Average	Above Average
Patient Care			
- Availability & thoroughness of patient care			
- Quality/appropriateness of patient care outcomes			
Medical/Clinical Knowledge			
- Medical/clinical knowledge (Attends CME)			
- Clinical judgment			
- Technical and clinical skills			
Practice-Based Learning & Improvement			
- Utilizes current best practices (i.e. core measures, IHI indicator compliance)			
- Attends CME applicable to specialty/service			
Interpersonal & Communication Skills			
- Ability to work with members of healthcare team			
- Rapport with patients and families			
Professionalism			
- Commitment to continuous professional development (i.e. CME, meeting attendance)			
- Demonstration of ethical standards in treatment			
Systems-Based Practice			
- Practices cost-effective healthcare & resource allocation without compromising quality of care			
- Deals with systems complexities (i.e. EMR)			

Recommendation: _____ Continued Appointment and Privileging

Modification of Privileges as noted: _____

Specific Recommendation as noted: _____

Comments (Optional):

Print Name: _____

Title: _____

Signature: _____

Date: _____

The criteria used to evaluate performance when issues affecting patient care are identified include, wherever possible:

1. **Patient Care:** (a) Operative and other procedures have been performed with acceptable outcomes and in sufficient number to build skill and competence (b) Blood usage review reveals cross-match:transfusion ratios are within acceptable standards and blood ordering and administration practices are performed in accordance with hospital policy (c) Requests for tests and procedures are made in accordance with hospital policy (d) quality issues and sentinel events, if identified, are addressed with acceptable follow up through education and/or counseling (e) Complaints, if any, are either without merit or have been followed up with appropriate education and/or counseling (f) Compliments on file are taken into consideration (g) Peer recommendation letters are evaluated to help further determine current competence.
2. **Medical/Clinical Knowledge:** (a) Continuing Medical Education Credits are within acceptable departmental standards (b) There is evidence of resident teaching activities (c) There is evidence of attendance/participation at Departmental Performance Improvement Meetings and/or Grand Rounds (d) There is evidence of attendance/participation at Conferences/Seminars applicable to the practitioner's service/specialty (e) Peer recommendation letters are evaluated to help further determine current knowledge base.
3. **Practice-Based Learning and Improvement:** (a) There is evidence of attendance/participation at Conferences/Seminars applicable to the practitioner's service/specialty (b) Length of Stay patterns – Average Length of Stay (ALOS) – is within acceptable limits (c) Morbidity and Mortality data are found to be within acceptable standards – based on chart review and any outliers identified are addressed with acceptable follow up through education and/or counseling (e) Practice patterns reflect compliance with clinical pathways/processes – any outliers identified are addressed with acceptable follow up through education and/or counseling (f) Case Management practices – including the appeals process – are in compliance with hospital policy.
4. **Interpersonal And Communication Skills:** (a) Complaints, if any, are either without merit or have been followed up with appropriate education and/or counseling (b) Compliments on file are taken into consideration as they pertain to patient satisfaction and effective collegial working relationships (c) There is evidence of compliance to HIPAA and privacy rules (d) Peer recommendation letters are evaluated to help further determine current interpersonal and communication skills.
5. **Professionalism:** (a) There is evidence that on-call responsibilities, if applicable, are being met (b) There is evidence that clinic responsibilities, if applicable, are being met (c) There is evidence that consultations are being called and/or responded to, as applicable, in accordance with the Rules and Regulations of the Medical and Dental Staff (d) Peer recommendation letters are evaluated to help further determine if standards of professionalism are being met (e) There is evidence of compliance to the SIUH Ethical Pledge (f) There is evidence of compliance to SIUH standards of professionalism (g) Complaints, if any, are either without merit or have been followed up with appropriate education and/or counseling (h) Compliments on file are taken into consideration as they pertain to professionalism and effective collegial working relationships.
6. **Systems-Based Practice:** (a) There is evidence of medical record completion in accordance with the Rules and Regulations of the Medical and Dental Staff (b) There is evidence of compliance to the SIUH Code of Conduct (c) There is evidence of adherence to SIUH Corporate Compliance Policies (d) Open Chart Review Results, when available, are taken into consideration (e) There is evidence of appropriate use of the Electronic Medical Record (f) There is evidence of compliance to Medication Ordering and Administration Practices.

It should be noted that the decision to assign a period of performance monitoring to further assess current competence is based on the evaluation of a practitioner's current clinical competence, practice behavior and ability to perform the requested privilege.

The criteria used to determine the type of monitoring include:

1. New or expanded privilege requested – observation or proctorship/period to be determined by Department Chairman
2. New physician with no track record – observation or proctorship/period to be determined by Department Chairman
3. Performance Issues:
 - (A) Sentinel Events – observation and chart review/period to be determined by Department Chairman
 - (B) Wrong Side/Site Procedure/Surgery – observation and chart review/period to be determined by Department Chairman, Chief Medical Officer and/or Medical Staff Performance Improvement Committee
 - (C) Trends and/or Patterns related to Technical Error or Error in Judgment – observation or proctorship and chart review/period to be determined by Department Chairman, Chief Medical Officer and/or Medical Staff Performance Improvement Committee

It should be noted that the method for establishing a monitoring plan (which may include observation, proctoring, and/or chart review) is at the discretion of the Department Chairman (and with concurrence from the Chief Medical Officer and/or Medical Staff Performance Improvement Committee, as applicable).

STATEN ISLAND UNIVERSITY HOSPITAL

MEDICAL STAFF SERVICES

POLICIES AND PROCEDURES MANUAL

SUBJECT: Focused Professional Practice Evaluation	
EFFECTIVE DATE: January 31, 2011	SUPERCEDES: January 1, 2008

POLICY STATEMENT:

Focused Professional Practice Evaluation is done for all initial privileges and when a trigger is identified, indicating the need for performance monitoring.

Triggers indicating the need for performance monitoring include, but are not limited to:

1. New privileges for practitioners with track record – evaluation to include on-going data collection.
2. Practitioners with no track record (new practitioner on staff) – data to be collected over a specified period of time with privilege-specific monitoring.
3. Performance issues including, but not limited to:
 - (A) Sentinel Events
 - (B) Wrong Side/Site Procedure/Surgery
 - (C) Trends and/or Patterns related to Technical Error or Error in Judgment
 - (D) Lack of Professionalism and/or Poor Citizenship

The **criteria used to evaluate performance** when issues affecting patient care are identified include, wherever possible:

1. **Patient Care:** (a) Operative and other procedures have been performed with acceptable outcomes and in sufficient number to build skill and competence (b) Blood usage review reveals cross-match:transfusion ratios are within acceptable standards and blood ordering and administration practices are performed in accordance with hospital policy (c) Requests for tests and procedures are made in accordance with hospital policy (d) quality issues and sentinel events, if identified, are addressed with acceptable follow up through education and/or counseling (e) Complaints, if any, are either without merit or have been followed up with appropriate education and/or counseling (f) Compliments on file are taken into consideration (g) Peer recommendation letters are evaluated to help further determine current competence.

2. **Medical/Clinical Knowledge:** (a) Continuing Medical Education Credits are within acceptable departmental standards (b) There is evidence of resident teaching activities (c) There is evidence of attendance/participation at Departmental Performance Improvement Meetings and/or Grand Rounds (d) There is evidence of attendance/participation at Conferences/Seminars applicable to the practitioner's service/specialty (e) Peer recommendation letters are evaluated to help further determine current knowledge base.
3. **Practice-Based Learning and Improvement:** (a) There is evidence of attendance/participation at Conferences/Seminars applicable to the practitioner's service/specialty (b) Length of Stay patterns – Average Length of Stay (ALOS) – is within acceptable limits (c) Morbidity and Mortality data are found to be within acceptable standards – based on chart review and any outliers identified are addressed with acceptable follow up through education and/or counseling (e) Practice patterns reflect compliance with clinical pathways/processes – any outliers identified are addressed with acceptable follow up through education and/or counseling (f) Case Management practices – including the appeals process – are in compliance with hospital policy.
4. **Interpersonal And Communication Skills:** (a) Complaints, if any, are either without merit or have been followed up with appropriate education and/or counseling (b) Compliments on file are taken into consideration as they pertain to patient satisfaction and effective collegial working relationships (c) There is evidence of compliance to HIPAA and privacy rules (d) Peer recommendation letters are evaluated to help further determine current interpersonal and communication skills.
5. **Professionalism:** (a) There is evidence that on-call responsibilities, if applicable, are being met (b) There is evidence that clinic responsibilities, if applicable, are being met (c) There is evidence that consultations are being called and/or responded to, as applicable, in accordance with the Rules and Regulations of the Medical and Dental Staff (d) Peer recommendation letters are evaluated to help further determine if standards of professionalism are being met (e) There is evidence of compliance to the SIUH Ethical Pledge (f) There is evidence of compliance to SIUH standards of professionalism (g) Complaints, if any, are either without merit or have been followed up with appropriate education and/or counseling (h) Compliments on file are taken into consideration as they pertain to professionalism and effective collegial working relationships.

6. **Systems-Based Practice:** (a) There is evidence of medical record completion in accordance with the Rules and Regulations of the Medical and Dental Staff (b) There is evidence of compliance to the SIUH Code of Conduct (c) There is evidence of adherence to SIUH Corporate Compliance Policies (d) Open Chart Review Results, when available, are taken into consideration (e) There is evidence of appropriate use of the Electronic Medical Record (f) There is evidence of compliance to Medication Ordering and Administration Practices.

It should be noted that the decision to assign a period of performance monitoring to further assess current competence is based on the evaluation of a practitioner's current clinical competence, practice behavior and ability to perform the requested privilege.

The criteria used to determine the type of monitoring include:

1. New or expanded privilege requested – observation or proctorship/period to be determined by Department Chairman
2. New physician with no track record – observation or proctorship/period to be determined by Department Chairman
3. Performance Issues:
 - (A) Sentinel Events – observation and chart review/period to be determined by Department Chairman
 - (B) Wrong Side/Site Procedure/Surgery – observation and chart review/period to be determined by Department Chairman, Chief Medical Officer and/or Medical Staff Performance Improvement Committee
 - (C) Trends and/or Patterns related to Technical Error or Error in Judgment – observation or proctorship and chart review/period to be determined by Department Chairman, Chief Medical Officer and/or Medical Staff Performance Improvement Committee

It should be noted that the **method for establishing a monitoring plan** (which may include observation, proctoring, and/or chart review) is at the discretion of the Department Chairman (and with concurrence from the Chief Medical Officer and/or Medical Staff Performance Improvement Committee, as applicable).

It should further be noted that the circumstances under which **monitoring by an external source** is required include: (a) when there is a noted discrepancy in the findings of the professional practice evaluation, as determined by the Department Chairman with concurrence by the Chief Medical Officer (b) when internal peer review findings are inconclusive in terms providing data useful in determining a practitioner's current competence in the performance of a particular procedure (c) when there are no practitioners in-house who are privileged to perform the procedure for which the involved practitioner is under evaluation and/or monitoring.

**Focused Professional Practice Evaluation
Page 4**

Signature Approvals:

Director of Medical Staff Services **Date** _____

Vice President, Quality Management **Date** _____

Chief Medical Officer **Date** _____

Chairman, Credentials Committee **Date** _____

President, Medical and Dental Staff **Date** _____

President and Chief Executive Officer **Date** _____

Board of Trustees Representative **Date** _____

**STATEN ISLAND UNIVERSITY HOSPITAL
FOCUSED PROFESSIONAL PRACTICE EVALUATION**

NAME: _____

DEPARTMENT: _____

CURRENT ATTENDING RANK: _____

EVALUATION TRIGGERS	CHECK APPLICABLE TRIGGER	EVALUATION TIME-FRAME ASSIGNED
All Initially Requested Privileges (See Attached)		
Expanded Privilege (Specify Privilege):		
Specific Trigger: Sentinel Event		
Specific Trigger: Wrong Side/Site Procedure/Surgery		
Specific Trigger: Trends and/or Patterns Related To Technical Error or Error in Judgment		
Specific Trigger: Lack of Professionalism and/or Poor Citizenship		
Specific Trigger: Other/Please Specify:		

Please reference the attached delineation of privileges in completing this evaluation:

Is the above named practitioner qualified by training and experience to be approved for the privileges requested?

YES _____ NO _____ (If no, please provide details on separate page).

Evaluation: This evaluation should be based on demonstrated performance compared to that reasonably expected of a practitioner at his/her level of training, experience and background.

PROCESS/ACTIVITY TO BE CONSIDERED IN THE EVALUATION PROCESS
PATIENT CARE
Availability & thoroughness of patient care/Quality & appropriateness of patient care outcomes
MEDICAL/CLINICAL KNOWLEDGE
Attendance at CME/Clinical Judgment/Technical and Clinical Skills
PRACTICE-BASED LEARNING & IMPROVEMENT
Utilization of current best practices/Attendance at CME applicable to specialty or service
INTERPERSONAL & COMMUNICATION SKILLS
Ability to work with members of the healthcare team
PROFESSIONALISM
Commitment to continuous professional development/Demonstration of ethical standards in treatment
SYSTEMS-BASED PRACTICE
Practice of cost-effective healthcare & resource allocation/Ability to deal with systems complexities (EMR)

Please indicate the Monitoring Plan established:

____ Observation ____ Chart Review ____ Peer Review* ____ External Review*

____ Proctorship/Specify Proctor: _____

*Peer Review and External Review Documents are maintained in the Departmental File.

STATEN ISLAND UNIVERSITY HOSPITAL
FOCUSED PROFESSIONAL PRACTICE EVALUATION
PAGE 2

NAME: _____

DEPARTMENT: _____

CURRENT ATTENDING RANK: _____

Specific Privilege(s) Monitored	Results of Performance Monitoring

Recommendation: Continued Appointment and Privileging
 Modification of Privileges as noted: _____
 Specific Recommendation as noted: _____

Comments (Optional):

Print Name: _____

Title: _____

Signature: _____

Date: _____

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