

Policy # HVL.ORG.387	Policy Name Focused Professional Practice Evaluation (FPPE) Proctoring and Evaluation for Credentialed Medical Staff
Policy Location AH Hendersonville	Responsible Department Clinical Improvement
Policy Owner or Executive Owner Shannon Traylor (PR-Clinical Risk/Accredit Mgr)	Original Creation Date 10/21/2020
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SCOPE: This policy applies to all practitioners granted clinical privileges at AdventHealth Hendersonville.

II. PURPOSE: To establish a defined, objective and evidence-based process for the observation, monitoring, and evaluation of a practitioner's privilege-specific competency. This policy provides structure for demonstrating competency through the observation or proctoring of privileged medical staff.

The Focused Professional Practice Evaluation (FPPE) is a focused evaluation of a practitioner's specific competencies when the practitioner is new to the organization or is seeking additional privileges. It is also used when patterns, outcomes, complications, or other indicators associated with an individual's practice suggests the need for a focused evaluation.

III. POLICY: It is the responsibility of AdventHealth Hendersonville and its Medical Staff to provide a safe environment where patients receive care from qualified practitioners. The Department Chair, Credentials Committee, the Performance Improvement Committee, or designee will determine when observation or proctoring are necessary. For newly appointed practitioners, the designated type of evaluation for core privileges should be completed within the first six months of appointment.

1. PERFORMANCE OF FPPE

The type of focused professional performance evaluation to be used will be determined by the Department Chair and reviewed and approved by the Credentials Committee based on the individual practitioner's circumstance(s) using the following guidelines:

A. New applicant with clinical activity in the past 2 years:

1. Must have current board certification, be board-eligible, or maintenance of certification to reflect the privileges being requested.
2. Peer recommendations from previous organizations will be reviewed by the Department Chair or designee.
3. Procedure and clinical activity logs will be gathered and reviewed from either previous organizations or training programs.

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- a. If current competency from previous organizations or training programs is well-documented through case logs of activity within the past 24 months, then standard monitoring will be conducted using Performance indicators, or aggregate data, appropriate to the specialty.
 - b. If current competency and adequate clinical activity is not well documented from previous organizations or training programs, then a higher level of focused evaluation will be necessary for this type of applicant. Specifically, concurrent chart review, proctoring, or simulation should occur to fully evaluate the ability to perform requested privileges. The focused evaluation plan will be determined by the department chair with review and approval by the Credentials committee.
4. FPPE evaluations will be completed within 6 months of initiation of clinical activity. The Department Chair should seek input from colleagues, consultants, nursing personnel, and administration, as applicable.

B. New Applicant – Has not practiced professionally for the past 2-5 years:

1. The Credentials Committees requests an FPPE plan from the Department Chair or designee and will address, at a minimum, the following points:
 - a. Must have current board certification, be board-eligible, or maintenance of certification to reflect the privileges being requested.
 - b. Describe how the provider will be deemed competent to perform any procedural privileges that are requested. Recommended options include but are not limited to a senior clinician being assigned to proctor the provider; review of the provider's medical records documentation for appropriate clinical decision making, CME course completion and submission, Tracking of complications and outcomes, etc.
 - c. Describe how non-procedure privileges will be monitored for competency.
2. The proposed FPPE plan is reviewed and approved by the Credentials Committee.

C. New Applicants – Has not practiced for more than 5 years:

1. All requirements mentioned in A above.
2. Additional requirements:
 - a. Complete a re-entry program with an ACGME or AOA- accredited residency program.
 - b. For procedure privileges, the provider must be monitored beginning with the first case.

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- c. If additional formal training is required a description of the preceptorship or training program, including details of monitoring and consultation must be written and submitted for approval to the Department Chair, Credentials Committee, and MEC. At a minimum, the preceptorship or training program description must include the following:
 - 1) The scope and intensity of required activities,
 - 2) The requirement for submission of a written report from the preceptor or training program, demonstrating the applicant's demonstrated clinical competence related to the privileges requested.
- d. Provider must assume responsibility for any financial costs required to fulfill these requirements.
3. The proposed FPPE plan is reviewed and approved by the Credentials Committee.

D. New Privilege(s) for Existing Staff Member

1. If a new requested privilege is significantly different from one's current practice, then training in the new privilege or proctoring of cases should be arranged, documented, and confirmed. This process and the number of cases necessary should be determined by the department chair and the Credentials Committee.
2. If new technology is involved, the Credential's Committee's recommendations should be considered by the organization prior to implementation.

E. FPPE required as a result of peer review.

1. The Department Chair, in coordination with the Performance Improvement Committee will establish a plan on an individual basis when focused evaluation has been recommended by the Department Chair or Department peer review committee.
2. The plan will be time-limited. Results will be submitted to the Credentials Committee and MEC upon completion.

F. When a privilege is used infrequently.

1. The department should determine a minimum number of cases to be performed to maintain proficiency. This should be denoted in the delineation of privileges form.
2. If the minimum number of cases is not being met, the Department Chair will establish a plan for focused evaluation or request that the practitioner voluntarily withdraw the privilege.

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G. Concurrent proctoring for procedural competence

1. When concurrent proctoring is required for ascertaining procedural competence, only those proctored cases successfully completed as planned, without reverting to conventional management, shall be considered in the proctored case logs for FPPE.

H. Duration of FPPE for Initial and Additional Privileges

1. FPPE should begin with the applicant's first admission or performance of the newly requested privilege.
2. Each department/division will determine the number of cases or charts to be reviewed/proctored. FPPE for new applicants should be completed by 6 months. This will allow for further evaluation, if indicated, prior to the end of the initial appointment cycle.
3. In the event, the practitioner does not have adequate case volume to complete FPPE in six (6) months, the FPPE will be extended until volume is sufficient or the practitioner can voluntarily withdraw the privilege.

I. Low/No Volume at Reappointment

1. Practitioners being reappointed who do not have adequate case volume to complete FPPE may be reappointed once for good cause, at the discretion of the governing body, on recommendation of the Credentials Committee and MEC. If at the conclusion of the reappointment period, the practitioner does not have adequate case volume to complete FPPE, the practitioner will be considered ineligible for reappointment of clinical privileges.

2. QUALIFICATIONS:

Concurrent Proctors must

1. Currently hold unrestricted privileges at an AdventHealth hospital for the procedure/s being reviewed.
 - a. Unless specifically approved by the Credentials Chair or Chief of Staff, the proctor must not be in a current FPPE process and must have exercised the specific privilege at an AdventHealth hospital over the past year with no identified patient care concerns.
 - b. The proctor is not required to hold the same specialty privileges as the physician being reviewed.
- OR -
2. Have established skills for the procedure, utilized from outside the organization

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- a. This proctor must provide all required documents to verify training and competency, as well as malpractice insurance which will cover his/her proctoring role at AdventHealth.
- b. The physician proposing to bring the proctor is responsible to notify the AdventHealth Hendersonville Medical Staff Office.
- c. Temporary privileges will be granted. Four weeks should be allowed for processing. The Department Chair must approve the outside proctor, as well as the Chief Medical Officer.
- d. If a current staff member is qualified to proctor, this is preferred over bringing an outside proctor.

3. RESPONSIBILITIES:

- A. A **concurrent proctor** has the responsibility to intervene and assume care of the patient if s/he feels there is an immediate risk of patient harm.
- B. A **retrospective evaluator** will retrospectively review the completed medical record following discharge, and will complete appropriate proctoring forms.
- C. The **Department Chair** shall be responsible for overseeing the evaluation process for all applicants or staff members assigned to her/his department.
- D. The **Credentials Committee** has the responsibility for reviewing and approving FPPE plans for new privileges. It is also charged with the responsibility of monitoring compliance with this policy. It accomplishes this by receiving regular status reports on the progress of all practitioners undergoing FPPE as well as any issues or problems involving the implementation of this policy.
- E. The **Performance Improvement Committee** has the responsibility for recommending and reviewing FPPE plans triggered by peer review performance. It provides status reports to the Credentials Committee on the progress of all practitioners undergoing FPPE.
- F. At the completion of the review process, one of several actions may be taken by the **MEC and Board**:
 1. Unrestricted privileges may be granted if performance has been satisfactory.
 2. Observation or proctoring requirements may be extended for an additional period of time and/or number of cases if the caseload has been insufficient to render a judgment on the practitioner's competence.
 3. Privileges may be denied or restricted if the department or MEC determines that the performance has been below current standards or the granting of unrestricted privileges could place patients at unnecessary risk (see applicable Medical Staff Bylaws and/or Fair Hearing Plan)
 4. The final decision regarding privileging for the requested procedure or patient management will be communicated to the practitioner in writing.

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5. Medical Staff Services will maintain appropriate documentation of the review and results in the practitioner's credentials file.

IV. PROCEDURE/GUIDELINES: NA

V. DEFINITION(S):

- A. **Focused Professional Practice Evaluation (FPPE)** is a process that focuses on the privilege-specific competence of providers. The FPPE process is a time-limited assessment of practitioner competence specific to the request of initial or additional clinical privileges. The FPPE process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care (i.e. when thresholds of OPPE indicators are not met, a single untoward clinical incident, a sentinel event or an adverse event, evidence of undesired clinical practice trends or significant unprofessional behaviors). Concurrent proctoring and Retrospective evaluation are methods which may be used to complete a focused professional practice evaluation (FPPE) as defined by The Joint Commission.
- B. **Proctoring** is the informed direct observation and evaluation of the diagnostic and therapeutic or surgical skills of a practitioner to determine whether s/he is qualified to receive unrestricted privileges for specific procedures. Proctoring is not intended to serve as a substitute for training. Two methods of proctoring are recognized:
 1. **Concurrent Proctoring:** Direct observation of the procedure being performed or medical management either through observation of practitioner interactions with patients and staff or review of clinical history and physical and review of treatment orders during the patient's hospital stay.
 2. **Retrospective Evaluation:** Review of case record after care has been completed. May also involve interviews of personnel directly involved in the care of the patient.
- C. **Ongoing Professional Practice Evaluation (OPPE)** is a process with the goal to make the decision of privileging more objective and continuous. The OPPE screening tool is used at a minimum of every eight months to evaluate all licensed providers who have been granted privileges, to identify those who might be delivering an unacceptable quality of care. Relevant information obtained from the ongoing professional practice evaluation is integrated into performance improvement activities. During OPPE, the provider is not considered to be "under investigation" for the purposes of reporting requirements.
- D. **Patient Safety Work Product (PSWP)** is data, reports, records, memoranda, analyses or written oral statements which could improve patient safety, health care quality, or health care outcomes and may be considered as protected information by the Patient Safety Organization (PSO). The Ongoing Professional Practice Evaluation (OPPE)

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process is a mechanism for conducting the monitoring of quality assessment/performance improvement reviews; however, this information may be shared with other health care organizations that produce the provider's authorization to release the information **and is not considered as protected information**. The Focused Professional Practice Evaluation (FPPE) data focuses on a practitioner's specific competencies as they relate to patient safety, health care quality, or health care outcomes and is collected, analyzed, and presented to the Credentials and Performance Improvement Committees for further analysis and recommendation. **It is considered a component of this organization's Patient Safety Evaluation System (PSES) and is a confidential Patient Safety Work Product.**

E. **Practitioner** includes any provider granted privileges at AdventHealth Hendersonville.

VI. EXCEPTION(S): NA

VII. REFERENCE(S):

- a. **The Joint Commission** [Focused Professional Practice Evaluation \(FPPE\) - Understanding The Requirements | Medical Staff MS | The Joint Commission](#)

VIII. RELATED DOCUMENT(S) / ATTACHMENT(S):

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