

## Focused Professional Practice Evaluation

### Medical Staff Policies & Procedures

**Document Owner:** Medical and Dental Staff of Jersey Shore University Medical Center

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**Author:** Medical and Dental Staff

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**DEFINITION:** Focused Professional Practice Evaluation (FPPE) is a process whereby the Medical and Dental Staff evaluates the competency and professional performance of its staff members. FPPE is not considered an investigation and is not subject to regulations afforded in the investigation process. If FPPE results in an action plan to perform an investigation, the process identified in the Hackensack Meridian Health Hospital Medical and Dental Staff Bylaws would be followed.

**PURPOSE:** When a staff member has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm the competence or if a question arises regarding an individual's professional practice during the course of the Ongoing Professional Practice Evaluation (OPPE).

**SCOPE:** Medical and Dental Staff and Allied Health Professionals of Hackensack Meridian Health Hospitals.

**POLICY:** Upon appointment to the Medical and Dental Staff or Allied Health Profession Staff of Hackensack Meridian Health each staff member shall have his/her performance monitored and evaluated. FPPE shall be performed and documented for each staff member who is granted new clinical privileges by the Board of Trustees or for anyone referred from the OPPE process.

### THE EVALUATION:

#### Factors to be considered

Criteria used for evaluation include, but are not limited to:

- a) concurrent review of the staff member's assessment and treatment of patients;
- b) review of invasive and non-invasive clinical procedures performed and their outcomes;
- c) blood utilization, medication management, and morbidity and mortality data;
- d) requests for test procedures, use of consultants, and medical record compliance.

#### The Evaluation process

Information used for evaluation may be obtained through any of the following:

- a) concurrent and/or targeted medical record review;
- b) direct observation;
- c) monitoring/proctoring;
- d) discussion with other staff members involved in the care of specific patients;
- e) data collected QI&O;
- f) sentinel event data;
- g) applicable peer review data.

## **THE PROCESS**

### **Initial and New Privileges:**

The Section Chief or Department Chair shall decide what type and what duration of proctoring is most appropriate for each staff member taking into consideration the clinical experience and training and the clinical privileges requested. During the new applicant interview process, the Department Chair/or designee shall discuss with the applicant the FPPE process and outline the criteria and evaluation process that will be used during his/her FPPE period using the attached grid. The evaluation may be performed by the Department Chair, the Section Chief, or a member of the Medical/Dental Staff. If a monitor/proctor cannot be chosen from the Medical Staff due to an obvious or perceived potential conflict of interest, the Department Chair in conjunction with the Chair of the Credentials Committee shall decide if an outside monitor/proctor is required. If a current member of the medical staff is granted a new privilege by the Board of Trustees, the same process shall take place during the review of the applicant's credentials. Evaluation forms shall be submitted to the Department Chair upon completion but no later than the time frames established by the Department Chair or designee. Concerns regarding an individual's clinical competence and/or practice shall be acted upon immediately. At the conclusion of the assigned FPPE period, the Department Chair shall recommend to either conclude FPPE or extend FPPE based on evaluation of the staff member's current clinical competence, practice behavior and ability to perform the requested privileges. If the recommendation is to extend FPPE, for reasons other than lack of sufficient activity, a report shall be sent to the Credentials Committee.

If a current OPPE performed at one Hackensack Meridian Health Division determines that the physician demonstrates satisfactory performance within the six domains of competency, it may be used to infer a satisfactory and sufficient level of clinical practice at another Division. OPPE determinations made at one Hackensack Meridian Health Division, may, on request, be shared with the other Hackensack Meridian Health Divisions and be utilized in the appointment, credentialing, and if needed, the FPPE process by that Division.

### **Referral from OPPE:**

Staff members may be referred for FPPE as a result of the Ongoing Professional Practice Evaluation (OPPE) process by the Section Chief, Department Chair, QI&O Committee, Credentials Committee or the Medical Executive Committee.

### **Quality of Care Issues:**

Quality of care issues should be addressed as they arise in order to provide continuous quality patient care and safety, and to assure favorable clinical outcomes. A quality concern may be raised by the Medical and Dental Staff, Allied Health Professional Staff, Nursing Staff, or through the QI&O process. If a collegial approach to the concern is not effective, the concerned party will file a written report with the Chief Medical Officer, the President of the Medical Staff, the Department Chair or the Section Chief. A monitoring plan shall be developed whenever there is question of demonstrated clinical competence and shall be provided to the Medical Executive Committee and the Chief Medical Officer.

When issues are identified that affect the provision of safe high quality care, a monitoring plan is warranted whenever there is cause to:

- a) question the demonstrated clinical competence of any staff member; or
- b) question the care or treatment of a patient or management of a case by any staff member; or
- c) have reason to suspect violation by any staff member of applicable ethical standards of the Medical and Dental Staff Bylaws, Rules and Regulations, Policies, Hackensack Meridian Health Corporate Bylaws, or Professional Code of Conduct.

Attachments: Department Chair- FPPE Interview Checklist

**HACKENSACK MERIDIAN HEALTH  
FOCUSED PROFESSIONAL PRACTICE EVALUATION PLAN**

Practitioner Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

FPPE Trigger:  New Member  New Privilege  Finding from OPPE

Is this practitioner currently practicing "unsupervised" at another Hackensack Meridian Health or local area facility? \_\_\_\_\_ If yes, which facility \_\_\_\_\_

High Risk Specialty \_\_\_ Yes \_\_\_ No High Volume Specialty \_\_\_ Yes \_\_\_ No

- 1) Is this practitioner coming from an outside Residency Program? \_\_\_\_\_
- 2) Is this practitioner coming directly from a Meridian residency Program? \_\_\_\_\_
- 3) Is this practitioner coming with a documented record of performance of the privilege and its associated outcomes? \_\_\_\_\_
- 4) Is this practitioner coming with no record of performance of the privilege and its associated outcomes? \_\_\_\_\_

Based on the information above along with review of the clinical privileges recommended for approval, the FPPE plan for this practitioner is outlined below:

	EVALUATION PROCESS	TERMS
	Concurrent Medical Chart Review	Minimum # of records _____
	Targeted Medical Chart Review	Minimum # of records _____
	Retrospective Chart Review	Minimum # of records _____
	Direct Observation of Procedures	Minimum # of procedures ____ Types of Cases: _____
	Discussion with other practitioners	Minimum # _____
	External Peer Review	
	Simulation	
✓	Data Collected through Q I& O	As applicable
✓	Sentinel Event Data	As applicable
✓	Peer Review Data	As applicable

Date FPPE Initiated \_\_\_\_\_ Due Date \_\_\_\_\_

Assigned Supervising Physician(s) \_\_\_\_\_ or  N/A

**Hackensack Meridian Health**  
**FOCUSED PROFESSIONAL PRACTICE EVALUATION REVIEW**  
**(to be completed by the Department Chair or Section Chief)**

Practitioner: \_\_\_\_\_ Specialty: \_\_\_\_\_ or Privilege under FPPE

Date Appointed to the Staff: \_\_\_\_\_ or new Procedure Granted

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**DEPARTMENT CHAIR REVIEW**

1. Has this practitioner completed all aspects of his/her FPPE?  Yes  NO  
*If not please explain below*
2. Does this practitioner demonstrate current clinical competence?  Yes  NO  
*If NO please explain below*
3. Was this practitioner cooperative with colleagues, nurses and other hospital staff?  
*If NO, please explain below*  Yes  NO
4. Has this practitioner demonstrated any signs of unacceptable behavior?  
*If YES, please explain below*  Yes  NO
5. Has this practitioner abided by the R&R of the Department and Medical Staff and of the hospital? *If NO, please explain below*  Yes  NO
6. Have there been any problems with availability or responsiveness?  
*If YES, please explain below*  Yes  NO
7. Has this practitioner demonstrated any signs of physical or mental health limitations that may prevent him/her from exercising the privileges granted?  
*If Yes, please explain below*  Yes  NO

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATION:**

- CONCLUDE Focused Professional Practice Evaluation (FPPE) and BEGIN Ongoing Professional Practice Evaluation (OPPE)
- CONTINUE Focused Professional Practice Evaluation (FPPE) due to lack of a sufficient amount of clinical activity
- GRANT NEW PRIVILEGE IN \_\_\_\_\_
- TO PRES. OF MED STAFF – IMMEDIATE THREAT TO PATIENT SAFETY
- TO PHYSICIAN HEALTH COMMITTEE-IMPAIRMENT SUSPECTED
- IMPROVEMENT PLAN RECOMMENDED

\_\_\_\_\_  
Department Chair-Signature or Section Chief

\_\_\_\_\_  
Date

**Jersey Shore University Medical Center**  
**FOCUSED PROFESSIONAL PRACTICE EVALUATION PLAN**  
**Allied Health Professional**

Practitioner: \_\_\_\_\_

Primary Supervising/Collaborating Physician \_\_\_\_\_

Department \_\_\_\_\_

Section/Specialty \_\_\_\_\_

**This Section To be completed by the Primary Supervising/Collaborating Physician**

1. Is this practitioner coming with a documented record of performance of the privilege and its associated outcomes?  
 \_\_\_Yes \_\_\_No If Yes, a Log of the practitioner's procedures must be attached to this form. Based on this information the following FPPE Plan is being recommended:

Procedure	SOURCES OF DATA	How will this be Evaluated	
Please list ALL Invasive Procedures Requested	Please check ALL that will Apply to this practitioner's proctoring	Time Period	# Procedures under supervision
Procedure to be evaluated: 1. _____	<input type="checkbox"/> Documented personal interaction with practitioner <input type="checkbox"/> Documentation discussion(s) with other individuals interacting with practitioner <input type="checkbox"/> Chart review by non-meridian staff <input type="checkbox"/> Chart review by physician <input type="checkbox"/> Monitoring clinical practice patterns <input type="checkbox"/> direct observation by a Physician <input type="checkbox"/> Simulation <input type="checkbox"/> External Review	<input type="checkbox"/> 1 -3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months <input type="checkbox"/> Other _____ If "other" is selected, please provide explanation	<input type="checkbox"/> 3- 5 Procedures <input type="checkbox"/> 5-10 Procedures <input type="checkbox"/> Other _____ If "other" is selected, please provide explanation
Procedure to be evaluated: 2. _____	<input type="checkbox"/> Documented personal interaction with practitioner <input type="checkbox"/> Documentation discussion(s) with other individuals interacting with practitioner <input type="checkbox"/> Chart review by non-meridian staff <input type="checkbox"/> Chart review by physician <input type="checkbox"/> Monitoring clinical practice patterns <input type="checkbox"/> direct observation by a Physician <input type="checkbox"/> Simulation <input type="checkbox"/> External Review	<input type="checkbox"/> 1 -3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months <input type="checkbox"/> Other _____ If "other" is selected, please provide explanation	<input type="checkbox"/> 3- 5 Procedures <input type="checkbox"/> 5-10 Procedures <input type="checkbox"/> Other _____ If "other" is selected, please provide explanation

Please list ALL Invasive Procedures Requested	Please check ALL that will Apply to this practitioner's proctoring	Time Period	# Procedures under supervision
Procedure to be evaluated: 3. _____	<input type="checkbox"/> Documented personal interaction with practitioner <input type="checkbox"/> Documentation discussion(s) with other individuals interacting with practitioner <input type="checkbox"/> Chart review by non-meridian staff <input type="checkbox"/> Chart review by physician <input type="checkbox"/> Monitoring clinical practice patterns <input type="checkbox"/> direct observation by a Physician <input type="checkbox"/> Simulation <input type="checkbox"/> External Review	<input type="checkbox"/> 1 -3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months <input type="checkbox"/> Other _____ If "other" is selected, please provide explanation	<input type="checkbox"/> 3- 5 Procedures <input type="checkbox"/> 5-10 Procedures <input type="checkbox"/> Other _____ If "other" is selected, please provide explanation
Procedure to be evaluated: 4. _____	<input type="checkbox"/> Documented personal interaction with practitioner <input type="checkbox"/> Documentation discussion(s) with other individuals interacting with practitioner <input type="checkbox"/> Chart review by non-meridian staff <input type="checkbox"/> Chart review by physician <input type="checkbox"/> Monitoring clinical practice patterns <input type="checkbox"/> direct observation by a Physician <input type="checkbox"/> Simulation <input type="checkbox"/> External Review	<input type="checkbox"/> 1 -3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months <input type="checkbox"/> Other _____ If "other" is selected, please provide explanation	<input type="checkbox"/> 3- 5 Procedures <input type="checkbox"/> 5-10 Procedures <input type="checkbox"/> Other _____ If "other" is selected, please provide explanation
Procedure to be evaluated: 5. _____	<input type="checkbox"/> Documented personal interaction with practitioner <input type="checkbox"/> Documentation discussion(s) with other individuals interacting with practitioner <input type="checkbox"/> Chart review by non-meridian staff <input type="checkbox"/> Chart review by physician <input type="checkbox"/> Monitoring clinical practice patterns <input type="checkbox"/> direct observation by a Physician <input type="checkbox"/> Simulation <input type="checkbox"/> External Review	<input type="checkbox"/> 1 -3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months <input type="checkbox"/> Other _____ If "other" is selected, please provide explanation	<input type="checkbox"/> 3- 5 Procedures <input type="checkbox"/> 5-10 Procedures <input type="checkbox"/> Other _____ If "other" is selected, please provide explanation

Hackensack Meridian Health  
Allied Health Professional  
Procedure Supervision Log

Name of Allied Health Professional : \_\_\_\_\_ Name of Collaborating Physician \_\_\_\_\_

Procedure: \_\_\_\_\_

Number Required Under Supervision \_\_\_\_\_ Date Competency Requirement Met: \_\_\_\_\_

<u>Patient Chart Number</u>	<u>Date Procedure Performed</u>	<u>Supervising Physician (print)</u>	<u>Signature of Individual Providing Supervision</u>	<u>Competency</u>		<u>Comments (Required if competency not met)</u>
				<u>Met</u>	<u>Not Met</u>	

**Jersey Shore University Medical Center  
FOCUSED PROFESSIONAL PRACTICE EVALUATION PLAN  
Allied Health Professional**

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**Practitioner Name:** \_\_\_\_\_

The above FPPE Plan was developed between the primary supervising/collaborating physician and the applicant

\_\_\_\_\_  
**Signature – Primary Supervising Collaborating Physician**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature- Health Professional Affiliate**

\_\_\_\_\_  
Date

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**DEPARTMENT CHAIR REVIEW:**

\_\_\_\_\_ The Department Chair Accepts the FPPE recommendation of the ATPC as presented without change

\_\_\_\_\_ The Department Chair Accepts the FPPE recommendation of the ATPC with the following modifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature – Department Chair

\_\_\_\_\_  
Date

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**JERSEY SHORE UNIVERSITY MEDICAL CENTER  
FOCUSED PROFESSIONAL PRACTICE EVALUATION  
PROCEDURE REVIEW FORM**

**(TO BE COMPLETED BY THE PRIMARY SUPERVISING or COLLABORATING PHYSICIAN)**

Practitioner: \_\_\_\_\_ Specialty: \_\_\_\_\_

Privileges that are being reported on  ALL Privileges  Specific Privilege(s). Please indicate

1. Has this practitioner completed All aspects of his/her FPPE?  
If No, please explain  YES  NO
2. Based on this information, does this practitioner demonstrate current  
Clinical competence? If no please explain  YES  NO
3. Were there any reports of this practitioner:
  - a. Being uncooperative with colleagues, nurses or other hospital staff?  
 YES  NO
  - b. Showing signs of unacceptable behavior?  YES  NO
  - c. Not abiding by any of the Departmental R&Rs  YES  NO
  - d. Being Unavailable or non-responsive to calls  YES  NO
  - e. Showing signs of physical or mental health  
Limitations  YES  NOIf YES to any of the above, please explain

COMMENTS:

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**RECOMMENDATION of Supervising/Collaborating Physician. Based on the above I recommend to:**

CONCLUDE FPPE and Begin OPPE on  ALL privileges  Specific privilege(s) Please indicate

CONTINUE FPPE - IMPROVEMENT PLAN RECOMMENDED ON:

ALL  Specific Privilege(s) \_\_\_\_\_

\_\_\_\_\_  
Signature-Supervising/Collaborating Physician

\_\_\_\_\_  
Date