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 Meridian 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 Health Professional Affiliates of Meridian Hospitals.

POLICY: Upon appointment to the Medical and Dental Staff or Health Professional Affiliate Staff of 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.

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, Health Professional Affiliate 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 Senior VP of Medical and Academic Affairs, 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 Senior VP of Medical and Academic Affairs.

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

have reason to suspect violation by any staff member of applicable ethical standards of the Medical and Dental Staff Bylaws, Rules and Regulations, Policies, Meridian Corporate Bylaws, or Professional Code of Conduct.

Attachments: Department Chair- FPPE Interview Checklist
Practitioner Name: ___________________________ Specialty: __________________

FPPE Trigger: ☐ New Member ☐ New Privilege ☐ Finding from OPPE

Is this practitioner currently practicing “unsupervised” at another 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 JSUMC 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:

<table>
<thead>
<tr>
<th>EVALUATION PROCESS</th>
<th>TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concurrent Medical Chart Review</td>
<td>Minimum # of records ___________</td>
</tr>
<tr>
<td>Targeted Medical Chart Review</td>
<td>Minimum # of records ___________</td>
</tr>
<tr>
<td>Retrospective Chart Review</td>
<td>Minimum # of records ___________</td>
</tr>
<tr>
<td>Direct Observation of Procedures</td>
<td>Minimum # of procedures ___ Types of Cases: ___________</td>
</tr>
<tr>
<td>Discussion with other practitioners</td>
<td>Minimum # ___________</td>
</tr>
<tr>
<td>External Peer Review</td>
<td></td>
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<tr>
<td>Simulation</td>
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</tbody>
</table>

☑ 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
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

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?  
   ☐ Yes  ☐ No  
   If NO, please explain below

4. Has this practitioner demonstrated any signs of unacceptable behavior?  
   ☐ Yes  ☐ No  
   If YES, please explain below

5. Has this practitioner abided by the R&R of the Department and Medical Staff and of the hospital?  
   ☐ Yes  ☐ No  
   If NO, please explain below

6. Have there been any problems with availability or responsiveness?  
   ☐ Yes  ☐ No  
   If YES, please explain below

7. Has this practitioner demonstrated any signs of physical or mental health limitations that may prevent him/her from exercising the privileges granted?  
   ☐ Yes  ☐ No  
   If Yes, please explain below

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