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# Ascension

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**Owner:** Judy Viczian: Dir Medical Staff Srvcs  
**Policy Area:** Medical Staff  
**Reference Tags:** [Medical Staff \(Structural Category\)](#)  
**Applicability:** Affinity Health System  
 Affinity Medical Group  
 Mercy Medical Center  
 St. Elizabeth Hospital

## Focused Professional Practice Evaluation for Competence

### Summary:

To evaluate the privilege-specific competence of members of the Affinity Health System (AHS) Medical Staff when issues affecting the provision of safe, high quality patient care are identified.

### Personnel

All members of the AHS Medical Staff privileged through the AHS Medical Staff process.

### Policy

When a question arises regarding a currently privileged practitioner a focused professional practice evaluation (FPPE) will be conducted.

At the end of the evaluation period, the Department Chair/Designee will make a determination, in writing, regarding the individual's competence (attachment A). This determination will be forwarded to the Medical Executive Committee for a recommendation and approved by the Governing Body.

Criterion/triggers that will be used to evaluate whether or not a focused professional practice evaluation needs to be conducted may include, but are not limited to:

- I. Any sentinel event involving any member of the AHS Medical Staff.
- II. A pattern of cases or circumstances potentially indicative of a problem with a medical staff member's clinical judgment, expertise, or professional conduct. Three concerns/quality care of care issues of the same type per practitioner/provider in a rolling 12-month period or five concerns/quality of care issues of any type per practitioner/provider in a rolling 12-month period will be considered a pattern for purposes of considering the initiation of a focused review. (Refer to Policy 00365 Peer Review)
- III. Identification that recent patient outcome data has shown a negative trend.
- IV. When substantive questions are raised concerning a practitioner's ability to carry out

specific privileges.

- V. Any single event egregious enough to raise significant quality of care concerns.

The AHS Medical Staff or Medical Executive Committee (MEC) is responsible for ensuring that FPPE is consistently implemented and that clearly defined indications are uniformly applied.

## Procedure

- I. FPPE may occur at a departmental level or be initiated by the MEC.
- II. All FPPEs will be reviewed to determine whether there are any performance improvement initiatives that need to be addressed further related to organizational processes or clinical practices.
- III. Measures that will be employed to resolve performance issues include but are not limited to: proctoring, discussion with practitioner, continuing medical education, referral to appropriate training and/or therapy resources.
- IV. All reviews shall be considered a part of the confidential peer review activity of the AHS Medical Staff and are intended to enhance the quality and safety of patient care, and as such are entitled to peer review protection and privilege.
- V. An FPPE shall be completed within a period of time adequate to allow for resolution of the question of competence, not to exceed six months. Only in cases where there is an inability to complete the review because of low volume or difficulty identifying the appropriate proctor, can the period be extended an additional six months. An extension of the review will not be considered if the practitioner undergoing the evaluation has failed to cooperate and comply with the review.
- VI. The choice of methods will be determined by the nature of the competency issue. A method or methods will be chosen that best evaluates the privilege in question. The methods of evaluation may include, but are not limited to, the following modalities:
  - A. Personal Observation/Proctoring
  - B. Retrospective chart review
  - C. Concurrent chart review
  - D. Simulation and/or training
  - E. Discussions with others involved in care using approved evaluation tools
  - F. External peer review may be requested in any of the following situations:
    - 1. The Medical Executive Committee and/or medical staff leadership requires assistance in assessing the quality of care provided by a physician or in identifying opportunities to improve quality of care.
    - 2. There are an insufficient number of physicians practicing in the specialty or subspecialty to perform objective peer review.
    - 3. Physicians of the same specialty or subspecialty determine that they cannot conduct an objective review.
    - 4. Administration, Quality Management, or Legal Services recognizes a need based on quality/risk management issues.

VII. The written results of FPPE will become part of the practitioners peer review file. All individual case reports and summaries will be considered confidential and held under the auspices of quality monitoring and peer review. At the end of the FPPE, the Department Chair/Designee will confirm that the practitioner is competent to perform the privileges as requested, or make other recommendations as appropriate. (attachment A)

VIII. The practitioner will be notified of the outcome of the FPPE. FPPE is not considered a corrective action or quality issue and is not reportable.

All documents are to be held confidential and consider privileges in accordance with Wisconsin Statutes, Sec. 146.38. The records are prepared for the purpose of reviewing and evaluating the quality of care and services of the individual health care providers working in the hospitals and clinics.

*EM3 IO\_ID: 29137*

**Attachments:**

- Focused and Ongoing Professional Practice Evaluation Approval Attachment A
- FPPE/OPPE Concurrent\* Chart Review: Medical Evaluation Form
- FPPE/OPPE Concurrent\* Chart Review: Procedural/Surgical Evaluation Form
- FPPE/OPPE Prospective\* Proctoring: Medical Evaluation Form
- FPPE/OPPE Prospective\* Proctoring: Procedural/Surgical Evaluation Form
- FPPE/OPPE Retrospective\* Chart Review: Case Rating Form
- Medical Staff Bylaws of Calumet Medical Center