



Current Status: *Active*

PolicyStat ID: 1171907



Ascension

Origination: 1/21/2009
Last Reviewed: 8/21/2013
Last Revised: 8/21/2013
Next Review: 8/20/2016
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 Privileging

Summary:

To evaluate the privilege-specific competence of new members of the Affinity Health System (AHS) Medical Staff or an existing practitioner granted new privileges, through the use of a focused professional practice evaluation (FPPE).

Personnel

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

Policy

Once the application for privileges at AHS have been recommended by the Medical Executive Committee (MEC) and approved by the Governing Body, the applicant will undergo a six month period of FPPE to verify competence in the privileges requested. 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 become a part of the individual's peer review file.

The Department Chair/Designee will ensure that the FPPE is consistently implemented for all newly privileged practitioners on the AHS Medical Staff privileged through the AHS Medical Staff process and that the methods for determining competence are appropriate for the privileges requested.

Procedure

- I. Privileges will be granted to newly appointed members of the AHS Medical Staff on a provisional basis, pending successful completion of the initial FPPE period. It is the responsibility of the applicant to work with the Department Chair/Designee to complete the initial FPPE in a timely manner.
- II. Each Department Chair/Designee will determine the methods for establishing a monitoring

plan specific to the requested privilege which may include, but are not limited to, the following:

- A. Personal Observation/Proctoring
 - B. Retrospective chart review
 - C. Concurrent chart review
 - D. Simulation
 - E. Discussions with others involved in care using approved evaluation tools.
- III. The Department Chair/Designee will determine the duration of the performance evaluation and any circumstances that might require prolongation of this time period (such as low volume).
- IV. All FPPE's shall be considered a part of the confidential peer review file and is intended to enhance the quality and safety of patient care, and as such are entitled to the existing peer review protection and privilege.
- V. Circumstances for monitoring by an external source for purposes of conducting FPPE include:
- A. Insufficient number of other physicians practicing in the specialty or subspecialty to perform objective peer review.
 - B. Physicians of the same specialty or subspecialty determine that they cannot conduct an objective review.
 - C. Administration, Quality Management, or the MEC recognizes a need based on quality/risk management issues. (Refer to Policy 00365 Peer Review)
- VI. At the end of a successful evaluation period, the Department Chair/Designee will make a determination, in writing, confirming that the practitioner is competent to perform the privilege(s) as requested. The Department Chair/Designee's written recommendation (Attachment A) will be forwarded to the Centralized Credentials Committee (CCC), Medical Executive Committee (MEC), and Professional Activities Committee (PAC) as informational.
- VII. If, at the end of the six month evaluation period, criteria have not been met, the Department Chair/Designee may extend the period of evaluation an additional six months or make other recommendations as appropriate. The Department Chair/Designee's recommendation will be forwarded to the CCC, MEC, and PAC for approval.
- VIII. If the practitioner voluntarily relinquishes the requested privilege, this information will be forwarded to the CCC, MEC and PAC as informational. This voluntary relinquishment is not reportable to the National Practitioner Databank.
- IX. Measures employed to resolve performance issues include but are not limited to: additional proctoring, discussion with practitioner, continuing medical education, referral to appropriate training and/or therapy resources. (Refer to Policy 00365 Peer Review)
- X. The results of the FPPE will be the basis for determining whether the provisionally granted privileges will be approved.
- XI. A summary of the findings of the FPPE, including the Department Chair/Designee's recommendation regarding privileges, will become a part of the practitioners peer review

file.

XII. 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.

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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

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