

St. David's South Austin Medical Center

DEPARTMENT: Medical Staff	BYLAWS APPENDIX DESCRIPTION: 14.7 Focused and Ongoing Professional Practice Evaluation
PAGE: Page 1 of 5	REPLACES POLICY DATED: MS-007 and MS Bylaws 3.13
EFFECTIVE DATE: 9/19/13 Revised: January 2021	REFERENCE NUMBER: 14.7

SCOPE: *Licensed Independent Practitioners (LIPs) and Advanced Practice Professionals (APPs) who are credentialed and privileged to provide professional healthcare services.*

PURPOSE:

The Medical Staff shall have a process to evaluate the privilege-specific competence of a practitioner who does not have documented evidence of performing the requested privilege at the Hospital. This process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care.

POLICY:

The Medical Staff, will conduct ongoing and focused professional practice evaluations, and will use the results to improve professional competency, practice, and care. Information obtained and used in accordance with this policy is privileged, confidential, and protected from discovery pursuant to applicable provisions of the Medical Staff and Governing Body bylaws and applicable state and federal laws and regulations. The Medical Staff Departments will be primarily responsible for conducting OPPEs and FPPEs.

The goals of the evaluations are to:

- Assess the ongoing professional practice and competence of individual practitioners with hospital privileges
- Identify opportunities for practice and performance improvement of individual practitioners by analyzing aggregate data and case findings
- Improve the quality of care provided by individual practitioners
- Provide suggested areas for hospital-wide improvement

Information utilized for OPPE and FPPE may be acquired through the following sources, but are not limited to the following sources:

- Chart review;
- Monitoring clinical practice patterns, including diagnostic and treatment techniques;
- Direct observation;
- Proctoring;
- External professional practice evaluation;
- Discussion with or evaluation by other individuals involved in the care of each patient including consulting physicians, assistants at surgery, nursing, and administrative personnel; and/or
- Data collection and reporting of medical staff approved rate-based and rule-based indicators.

DEFINITIONS:

1. **Focused Professional Practice Evaluation (FPPE)** is a time-limited process whereby the organization further evaluates the privilege-specific competence of the practitioner who does not have documented evidence of

St. David's South Austin Medical Center

DEPARTMENT: Medical Staff	BYLAWS APPENDIX DESCRIPTION: 14.7 Focused and Ongoing Professional Practice Evaluation
PAGE: Page 2 of 5	REPLACES POLICY DATED: MS-007 and MS Bylaws 3.13
EFFECTIVE DATE: 9/19/13 Revised: January 2021	REFERENCE NUMBER: 14.7

competently performing the requested privilege(s) at the organization. This process may also be used when a question arises regarding a current privileged practitioner's ability to provide safe, high quality patient care.

2. **Ongoing Professional Practice Evaluation** (OPPE) is an ongoing evaluation that allows the hospital, medical staff, and allied health professionals to identify professional practice trends that impact quality of care and patient safety.

PROCEDURES:

A. Focused Professional Practice Evaluation (FPPE):

1. FPPE will be initiated :
 - a. For initial appointments/initial clinical privileges. The individual shall be evaluated for the number and type of cases, procedures, or treatments specified by the clinical Department members. The care under evaluation shall be relevant to the privileges granted. At least 3 facility-based cases must be reviewed and evaluated during the period of FPPE for initial appointment or initial clinical privileges.
 - b. For individuals with existing privileges who are requesting new privileges and does not have documented evidence of competency performing the requested privilege at this hospital. The MEC and the Board shall have the option of specifying requirements for evidence of competence, including but not limited to reports of completion of an accredited training program, evaluations form competent instructors, external peer review, and/or evidence of proctoring at another hospital. At least 3 facility-based cases must be reviewed and evaluated during the period of FPPE for new clinical privileges.
 - c. For evaluation of clinical competence for privileges previously granted and a question arises regarding the practitioner's ability to provide safe, quality patient care. The decision to assign a period of performance monitoring to further assess current competence is based on the evaluation of the practitioner's current clinical competence, practice behavior, and the ability to perform the requested privilege. FPPE may be indicated from the result of QA/PI, peer review, or patient safety information, or due to inactivity with clinical privileges granted, or due to a return from a leave of absence.
2. FPPE will be conducted within the practitioner's first six months of being granted initial privileges. There will be no exemption for board certification, documented experience, or reputation.
3. If there is insufficient activity to fulfill the review requirements as specified by the Department Chairperson, the FPPE period may be extended for another specified time period or until the practitioner has accumulated at least three facility-based cases that can be reviewed and evaluated and/or a different type of evaluation process assigned, as determined appropriate by the medical staff. The FPPE period shall not exceed two years (24 months). Recommendations may also include requirements for continuous supervision/proctoring until sufficient activity is accumulated for FPPE completion or automatic reduction of special privileges to core privileges. A letter of recommendation concerning the privileges from a peer of the same specialty may also be accepted as a form of evaluation when there is little to no data to review.

St. David's South Austin Medical Center

DEPARTMENT: Medical Staff	BYLAWS APPENDIX DESCRIPTION: 14.7 Focused and Ongoing Professional Practice Evaluation
PAGE: Page 3 of 5	REPLACES POLICY DATED: MS-007 and MS Bylaws 3.13
EFFECTIVE DATE: 9/19/13 Revised: January 2021	REFERENCE NUMBER: 14.7

4. While the FPPE requires an evaluation of each new privilege, very similar activities may be grouped together. A set number of any mix of the privileges will be evaluated to determine competence for the whole group. More than one privilege from this grouping must be evaluated.
5. A focused review triggered by OPPE or other quality indicators would follow this same policy and procedure, except that it would be limited to the privilege(s) that triggered the review.
6. The FPPE Plan will be practitioner specific. It will include the general elements described for OPPE as well as the specialty-specific indicators identified by the Medical Staff. Any credentialing criteria for those privileges for which a practitioner has been granted is also required for FPPE. One or more of the following indicators will be reviewed for each privilege:
 - a. Outcomes
 - b. Complications
 - c. Readmissions
 - d. Quality of Documentation
 - e. Returns to the Operating Room
 - f. Unplanned readmissions
7. FPPE findings will be reported to the respective physician's Medical Staff Department Chair as peer review and recommendations to the Medical Executive Committee and Board will be made on findings.
8. Duties of Individuals on FPPE review:
 - a. During the FPPE review period, an individual must arrange for, or cooperate in the arrangement of, the required numbers and types of cases to be reviewed or observed by the Department Chairperson or other designated observers.
 - b. If a new member of the Medical Staff or other individual with clinical privileges fails, during the FPPE period, to participate in the required number of cases, cooperate with the monitoring and observation conditions, fulfill all requirements of appointment, including but not limited to those relating to completion of medical records and/or emergency service call responsibilities, the individual's Medical Staff appointment and the clinical privileges may be automatically relinquished at the end of the FPPE period, and the individual shall not be entitled to a hearing or appeal. The individual may not reapply for initial appointment or privileges for **one** year.
 - c. If a member of the Medical Staff who has been granted additional clinical privileges or other individual granted additional clinical privileges fails, during the FPPE period, to participate in the required number of cases or cooperate with the monitoring and observation conditions, the additional clinical privileges may be automatically relinquished at the end of the FPPE period, and the individual shall not be entitled to a hearing or appeal. The individual may not reapply for the privileges in question for one year.

St. David's South Austin Medical Center

DEPARTMENT: Medical Staff	BYLAWS APPENDIX DESCRIPTION: 14.7 Focused and Ongoing Professional Practice Evaluation
PAGE: Page 4 of 5	REPLACES POLICY DATED: MS-007 and MS Bylaws 3.13
EFFECTIVE DATE: 9/19/13 Revised: January 2021	REFERENCE NUMBER: 14.7

- d. Exceptions to automatic relinquishment as stated above may be made at the Medical Executive Committee and Board of Trustee's discretion. Exceptions may be necessary due to organizational needs and strategic goals.
- e. If a member of the Medical Staff or other individual with clinical privileges who has been in a FPPE period for an evaluation of competence fails to participate in the required number of cases or cooperate with the monitoring and observation conditions, the clinical privileges under review shall be automatically relinquished at the end of the FPPE period, and the individual shall not be entitled to a hearing or appeal. The individual may not reapply for the privileges in question for two years. The individual is not eligible for "good standing" status or a "Good Standing Letter" in response to affiliation verification queries from other hospitals and health care entities for a period of five (5) years from the date of the relinquishment.

9. When, based on the evaluation performed during the FPPE period, clinical privileges are terminated, revoked, or restricted for reasons related to clinical competence and/or professional conduct, the individual shall be entitled to a hearing and appeal.

B. Ongoing Professional Practice Evaluation (OPPE):

1. Identification of negative trends that may impact on quality of care and patient safety are utilized in OPPE. Identification of negative trends may require intervention by the medical staff. An evaluation of all practitioners is required. It will be conducted every eight to ten months; each review will be based on rolling 12 months data.
2. Zero data is, in fact, data, and zero data can actually be evidence of good performance, e.g., no returns to the OR, no complications, no complaints, no infections, etc.
3. Relevant information obtained from the OPPE is integrated into performance improvement activities.
4. The indicators used in OPPE will be determined by each medical staff department and specialty and may vary from those used as Peer Review criteria.
5. Individual providers will be informed about their OPPE findings if quality concerns or trends are noted. Otherwise, they will be notified only at the discretion of the department chairman. Results will also be available on request from the Quality Department.
6. The information resulting from the evaluation will be used to determine whether to continue, limit, or revoke any existing privileges. Based on analysis, if a negative trend is found and there is uncertainty regarding the practitioner's professional performance, medical staff bylaws will be followed to take appropriate action.
7. Data will be collected by the Quality Department based on departmental and specialty criteria that the medical staff has approved for this purpose. If OPPE criteria triggers are exceeded, an FPPE will be performed.
8. Once the data is collected and the OPPE information for a physician is generated, it will be sent to the Department Vice Chief or designee.
9. The Department Vice Chief will review the data and make any recommendations to the appropriate committees if action is required.

St. David's South Austin Medical Center

DEPARTMENT: Medical Staff	BYLAWS APPENDIX DESCRIPTION: 14.7 Focused and Ongoing Professional Practice Evaluation
PAGE: Page 5 of 5	REPLACES POLICY DATED: MS-007 and MS Bylaws 3.13
EFFECTIVE DATE: 9/19/13 Revised: January 2021	REFERENCE NUMBER: 14.7

10. If the Department Vice Chief recommends further review, the appropriate committee will review the data and determine if there needs to be further action taken regarding this physician's privileges, and document their decision and any action taken.
11. The OPPE information is then placed in the physician's Quality file and utilized at the time of reappointment by the Credentials Committee, MEC, and Board of Trustees regarding the physician's reappointment and privileges that are awarded for the next two year period.

APPROVALS:

Medical Executive Committee Meeting Date: 3/10/17, 6/14/19, 1/15/21

Board of Trustees Meeting Date: 3/23/17, 6/20/19, 1/21/21

RESOURCES:

- The Joint Commission Accreditation Manual for Acute Care Hospitals, 2009
- Austin Market Hospitals OPPE / FPPE Policies

Attachments:

A- OPPE Reporting Schedule and Performance Indicators

B- OPPE Criteria to MCEC