



Focused Professional Practice Evaluation

Medical Staff Policies & Procedures

Document Owner: Medical/Dental Staff of
Hackensack Meridian Health

Date Approved by MEC: 01/03/2019

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Date Last Updated: 10/18/2021

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 affiliates.

POLICY: Upon appointment to the Medical and Dental Staff or Allied Health Professional 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, if "for cause" has been determined 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.

Triggers to determine “for cause”

Information to determine if FPPE is occurring:

- a) Medical Record compliance
- b) Infection Prevention

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 Department Chair or Section Chief 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. The initial FPPE form will also be signed/acknowledged by the staff member. 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 FPPE is occurring, it must be brought to the attention of the Department Chair, Medical Records, QI&O Chair, Infection Prevention etc., who will collaborate with the Medical Staff

Manager to determine if FPPE ‘for cause’ is occurring in accordance with the approved triggers. This information will then be presented to the Credentials Committee for review.

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, reappointment, 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 during reappointment.

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, Medical Records Department, 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 Office, 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, Division Rules and Regulations, Policies, Hackensack Meridian Health Bylaws, or Professional Code of Conduct.