

**Frances Mahon Deaconess Hospital  
621 3<sup>rd</sup> Street South  
Glasgow, MT 59230**

**DEPARTMENT: Medical Staff**

**POLICY: MS 200**

**SUBJECT: Focused Professional Practice Evaluation (FPPE)**

**RESPONSIBILITY:** Medical Staff/Medical Staff Coordinator

**PURPOSE:**

To set forth the policy for conducting Focused Professional Practice Evaluation (FPPE):

1. When there is concern about a currently privileged practitioner's ability to provide safe, high quality patient care as identified through the peer review/ongoing professional practice evaluation process, or
2. For the evaluation of privilege specific competence of all new Medical Staff members and new privileges for existing members of the Medical Staff

**POLICY:**

1. It is the Policy of Frances Mahon Deaconess Hospital to conduct appropriate monitoring of the care delivered by its Medical Staff and Allied Health Staff and to promote safety and high-quality health care for its patients.
2. The practice of members of the Medical and Allied Health Staff will be monitored on an ongoing basis, consistent with the Policy regarding Peer Review/Ongoing Professional Practice Evaluation (OPPE). Ongoing evaluation may identify patterns, outcomes, complications or other indicators associated with the practice of a specific individual which suggest the need for focused evaluation in accordance with this policy. Additionally, as of December 1, 2009, privileges of all new members and newly approved privileges for existing members of the Medical Staff will require focused evaluation.
3. All findings and information associated with any FPPE shall be considered as confidential and protected under the Montana State Statutes regarding peer review activities (**37-2-201 Montana Code Annotated**).
  - a. Related Policies:
    - i. Ongoing Professional Practice Evaluation (OPPE) Policy (MS#100)
    - ii. Disruptive Behavior Policy (OL#152)
    - iii. Medical Staff Initial Appointment Application Processing Procedure (MS#1)

**PROCEDURE:**

1. Currently Privileged Practitioners
  - a. If, at any time, concerns are raised relative to a practitioner's current clinical competence, practice behavior and/or ability to perform any of his/her privileges, a period of focused evaluation may be indicated. Examples include, but are not limited to:

- i. information obtained from ongoing evaluation/peer review activities;
  - ii. other evidence suggesting that a practitioner's performance does not fall within the accepted practice guidelines or standards of care;
  - iii. staff or patient/family complaints; and,
  - iv. sentinel events/near misses
- b. Such matters shall be brought to the Medical Staff Credentialing Committee (MSCC). After consideration of the facts available, the MSCC shall make a recommendation to the Medical Staff to conduct a focused evaluation as appropriate. The Medical Staff shall determine the scope and method of conducting the focused evaluation.
- c. Focused evaluation may include, but is not limited to, one or more of the following:
  - i. Comparison of the practitioner's inpatient and outpatient complications/outcomes related to his/her peers
  - ii. Retrospective or prospective chart review
  - iii. Monitoring of clinical practice patterns
  - iv. Proctoring
  - v. External Peer Review
  - vi. Discussion with other individuals involved in the care of the practitioner's patients relative to the substance of the focused review
- d. External peer review will be solicited when the MSCC determines that an internal review would not be fair and objective when, for example, (1) the case(s) under review is/are not performed by any other member of the Medical Staff; (2) when there is concern regarding relationships between the practitioner in question and the other practitioners on the Medical Staff who would be considered appropriate peers; or (3) other circumstances exist that could compromise the review.
- e. The period of focused review is time limited. The duration and type of monitoring (see #1.c above) required will be dependent upon the nature/severity of the situation under evaluation, the type of privilege(s) in question and the practitioner's overall activity level. The affected practitioner is informed by the President of the Medical Staff or his/her designee of the duration of the review as well as the mechanisms that will be employed during the review.
- f. The initial review period may be extended at the discretion of the Medical Staff based upon the extent to which sufficient information to evaluate the practitioner's performance has been obtained. Similarly, the initial method of evaluation may be expanded or supplemented with other methods as needed during the initial and any subsequent review periods.
- g. Upon completion of the focused evaluation, findings shall be reported to the Medical Staff. The Medical Staff shall evaluate the results of the evaluation and make a recommendation. Recommendations may include, but are not limited to, the following:
  - i. No further action required
  - ii. There is immediate threat to patient safety. In this case, the matter is referred to the President of Medical Staff for consideration of summary suspension of relevant privileges, followed by referral to the Credentials Committee for further evaluation as necessary.

- iii. Impairment is suspected. In this case, the matter is referred to the President of the Medical Staff for referral to the Montana Professional Assistance Program, Inc.
  - iv. There are training/current competence issues. In this case the matter is referred to the Credentials Committee for evaluation and subsequent recommendation to the Medical Staff.
  - h. The recommendation of the Medical Staff is made to the Board of Trustees consistent with all other recommendations concerning Medical Staff status and privilege changes. The practitioner is also notified of the outcome of the evaluation and the requirements, if any, relative to future exercise of the privilege(s) in question.
  - i. Subsequent review following the completion of proctoring or any training required by the Credentials Committee shall occur to re-evaluate the practitioner's ability to exercise the privileges in question on an independent basis.
  - j. Any practitioner subject to proctoring, additional training, summary suspension or other limitations on his/her privileges shall be entitled to the Fair Hearing and Appeals process subject to the terms defined in the Medical Staff Bylaws.
  - k. The period of focused evaluation for individuals who are approved in advance for a leave of absence shall be automatically extended for the duration of the leave of absence.
2. Newly Requested Privileges
- a. A period of focused evaluation is also required for all existing members of the Medical Staff who have requested new privilege(s). Focused evaluation is accomplished through review of all hospital-based outpatient procedures and all inpatient admissions related to the new privilege(s). These outpatient and inpatient episodes of care are reviewed by screening all coded medical record descriptors for specific "complication codes". The physician-specific rate of the codes for all episodes of care is compared to peer physicians from the same specialty or sub-specialty. Focused evaluation for individuals who practice in hospital-based specialties whose performance cannot be measured through the mechanism described above will entail external peer review.
  - b. The duration of the focused evaluation shall be for a minimum of three months or until at least five episodes of care are available for review. The period of focused evaluation shall not exceed two years unless extended by practitioner request (see #2.f below). If there are no statistical outliers identified upon the completion of the focused evaluation described in #2.a, the evaluation period shall be deemed complete.
  - c. If statistical outliers are identified through the evaluation described in #2.a, focused evaluation shall continue and expand to encompass, but not be limited to, one or more of the following:
    - i. Retrospective or prospective chart review
    - ii. Prospective monitoring of clinical practice patterns
    - iii. Proctoring
    - iv. External Peer Review
    - v. Discussion with other individuals involved in the care of the practitioner's patients

- d. Focused evaluation as outlined in #2.c above will be conducted by a member assigned by the Medical Staff.
  - e. If at any time during the focused evaluation a question arises as to the practitioner's competence to exercise the affected privileges and there is concern about imminent threat to patient safety, review by the assigned Medical Staff member with input from the President of the Medical Staff or the Director of Performance Improvement, as applicable, shall occur to determine the appropriateness of continuing to allow the practitioner to exercise the privilege(s) in question. Additional performance monitoring requirements (from #2.c above) may be put into place and #1.f-j as described under "Currently Privileged Practitioners" above will be followed.
  - f. At the end of the period of focused evaluation described in #2.a above, in the event that the practitioner's activity at FMDH has not been sufficient to appropriately evaluate his/her competence for the relevant privilege(s), either:
    - i. The practitioner shall voluntarily resign the relevant privilege(s), or
    - ii. The practitioner shall submit a written request for an extension of the period of focused evaluation, describing the circumstances suggesting that an extension is appropriate, or
    - iii. If the practitioner has significant volume for the privileges in question at another local hospital, external peer references specific to the procedures will be obtained.
  - g. The period of focused evaluation for individuals who are approved in advance for a leave of absence shall be automatically extended for the duration of the leave of absence.
3. New Members of the Medical Staff
- a. A period of focused evaluation is required for all new members of the Medical Staff and is accomplished through review of hospital-based outpatient procedures and inpatient admissions. The number of outpatient and inpatient cases reviewed shall be determined by the Credentialing Committee. Focused evaluation for individuals who practice in hospital-based specialties whose performance cannot be measured through the mechanism described above will entail external peer review.
  - b. The duration of the focused evaluation shall be for a minimum of three months or until at least thirty episodes of care are available for review. The period of focused evaluation shall not exceed two years, unless extended by practitioner request (see #3.f below). If there are no outliers identified upon the completion of the focused evaluation described in #3.a, the evaluation shall be deemed complete.
  - c. If statistical outliers are identified through the evaluation described in #3.a, focused evaluation shall continue and expand to encompass, but not be limited to, one or more of the following:
    - i. Retrospective or prospective chart review
    - ii. Prospective monitoring of clinical practice patterns
    - iii. Proctoring
    - iv. External peer Review

- v. Discussion with other individuals involved in the care of the practitioner's patients
- d. Focused evaluation as outlined in #3.c above will be conducted by a member assigned by the Medical Staff.
- e. If, at any time during the focused evaluation, a question arises as to the practitioner's competence to exercise the affected privileges and there is concern about imminent threat to patient safety, review by the assigned Medical Staff member with input from the President of the Medical Staff or the Director of Performance Improvement, as applicable, shall occur to determine the appropriateness of continuing to allow the practitioner to exercise the privilege(s) in question. Additional performance monitoring requirements (from #3.c above) may be put into place and #1.f-j as described under "Currently Privileged Practitioners" above will be followed.
- f. At the end of the period of focused evaluation described in #3.a above, in the event that the practitioner's activity at FMDH has not been sufficient to appropriately evaluate his/her competence either:
  - i. The practitioner shall voluntarily resign the relevant privilege(s), or
  - ii. The practitioner shall submit a written request for an extension of the period of focused evaluation, describing the circumstances suggesting that an extension is appropriate, or
  - iii. If the practitioner has significant volume of the privileges in question at another local hospital, external peer references specific to the procedures will be obtained.
- g. The period of the focused evaluation for individuals who are approved in advance for a leave of absence shall be automatically extended for the duration of the leave of absence.

**REVIEW AND REVISION STATEMENT:**

This policy will be reviewed every two years and will be circulated to the Medical Staff, the Board of Trustees, and CEO for approval.