

<b>Title: Medical Staff Focused Professional Practice Evaluation</b>	
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<b>Approved by:</b> Administrative Policy Committee, Facility Medical Executive Committees, Medical Staff Subcommittee of the Board of Directors, Administrative Policy Committee, PolicyTech Administrators	
<b>Discrete Operating Unit/Facility:</b> Banner Baywood Medical Center Banner Behavioral Health Hospital Banner Boswell Medical Center Banner Casa Grande Medical Center Banner Churchill Community Hospital Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Fort Collins Medical Center Banner Gateway Medical Center Banner Goldfield Medical Center Banner Heart Hospital Banner Ironwood Medical Center Banner Lassen Medical Center Banner McKee Medical Center Banner North Colorado Medical Center Banner Ocotillo Medical Center Banner Payson Medical Center Banner Thunderbird Medical Center Banner--University Medical Center Phoenix Banner--University Medical Center South Banner--University Medical Center Tucson East Morgan County Hospital Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional Medical Center Torrington Community Hospital Washakie Medical Center Wyoming Medical Center	Banner Corporate Banner Health Clinics Banner MD Anderson Cancer Center Banner Health Network Banner Home Care and Hospice Banner Plan Administration Banner Pharmacy Services Banner Surgery Centers Banner Urgent Care Centers Occupational Health/Employee Services Post-Acute Care Services Research Rural Health Clinics University Physicians Health Plans

## I. Purpose/Population:

- A. This policy defines the process for evaluating whether Practitioners are competent to exercise certain clinical privileges. This policy should be used when (1) Practitioners are granted new privileges or (2) when there is a question regarding a Practitioner's ability to provide safe, quality patient care.
- B. This policy applies to all individuals who hold clinical privileges.
- C. The purpose of this policy is to supplement the Medical Staff Bylaws and Rules and Regulations (collectively, "Medical Staff Bylaws"). To the extent there is a conflict between this policy and the Medical Staff Bylaws, the Medical Staff Bylaws will govern.

## II. Definitions:

- A. **Focused Professional Practice Evaluation ("FPPE")** is a process whereby the organization conducts a focused evaluation of the privilege-specific competency of a Practitioner. There are two kinds of FPPE:
  - 1. Initial FPPE and
  - 2. FPPE to Review Concerns.FPPE may include chart review, monitoring clinical practice patterns, simulation, proctoring, external peer review, and discussion with other individuals involved in the care of each patient (for example, consulting physicians, assistants at surgery, nursing, and administrative personnel).
- B. **Focused Professional Practice Evaluation to Review Concerns ("FPPE to Review Concerns")** is a kind of FPPE used when a question arises regarding a currently privileged Practitioner's ability to provide safe, quality patient care. FPPE to Review Concerns is separate and distinct from the Medical Staff Investigation process.
- C. **Initial Focused Professional Practice Evaluation ("Initial FPPE")** is the most common kind of FPPE and is used when Practitioners are granted new privileges. It is a time-limited period during which the organization evaluates the Practitioner's professional performance. Initial FPPE may include an evaluation of the Practitioner's technique, medical knowledge, bedside manner, and ability to interact successfully and respectfully with others.
- D. **Investigations** are formal procedures initiated and conducted in accordance with the Medical Staff Bylaws. Although either Initial FPPE or FPPE to Review Concerns may identify issues that lead to a formal Investigation, the determination to commence an Investigation is separate and distinct from the FPPE process.
- E. **Peer Review** is an organizational process involving the review of Practitioner performance within Banner Health. Peer Review Committees conduct Peer Review for the purposes of reducing morbidity and mortality and for the improvement of patient care. Peer Review also addresses issues of professionalism, such as behaviors that undermine a culture of safety. Peer Review is fundamentally an educational process designed to guide and support continuous performance improvement.
- F. **Peer Review Committee** is a department, committee or subcommittee that conducts Peer Review in a manner consistent with the Medical Staff bylaws. Peer Review Committees may collaborate with or share information with other hospital personnel in furtherance of quality care.

- G. **Peer Reviewer** includes physicians and, when required or requested by the Peer Review Committee, other appropriately licensed practitioners. A Peer Reviewer may or may not be part of an established Peer Review Committee.
- H. **Practitioners** are individuals who have been granted clinical privileges through the Medical Staff process.

### **III. Policy:**

- A. This policy governs both kinds of FPPE: Initial FPPE and FPPE to Review Concerns.
- B. Initial FPPE occurs whenever a Practitioner is granted new privileges. This may happen as part of the initial appointment process (e.g., when a physician joins the Medical Staff) or it may occur when a currently privileged Practitioner requests new privileges. Initial FPPE will also be conducted when a Practitioner is granted temporary privileges.
- C. FPPE to Review Concerns is used when questions have arisen regarding the Practitioner's ability to provide safe, quality patient care or to practice in a professional manner. By way of example and not limitation, FPPE to Review Concerns might be used when:
  - 1. concerns have been reported regarding a Practitioner's care, conduct, or competence;
  - 2. concerning trends or other issues are discovered during Ongoing Professional Practice Evaluation;
  - 3. a Practitioner is returning from a prolonged leave of absence; or
  - 4. the Medical Staff receives information reporting concerns about a Practitioner's performance at other facilities.

### **IV. Procedure/Interventions:**

- A. **Initial FPPE:** Each Medical Staff will retain the discretion and authority to determine the process and requirements for Initial FPPE. The following process will apply unless stated otherwise by the Medical Staff Bylaws or Rules and Regulations.
  - 1. Each department will recommend privileging requirements for Initial FPPE. These will include:
    - a. the number and type of procedures that are subject to review to confirm competency;
    - b. how those reviews are to be documented, and
    - c. the standard time frame in which Initial FPPE will be completed.
  - 2. The department chair will send these recommended privileging requirements to the applicable committee(s) for review, modification if applicable, and/or final approval.
  - 3. Every time a Practitioner is granted new clinical privileges, Medical Staff Services will inform the Practitioner of the applicable Initial FPPE requirements. The Credentials Committee, Medical Executive Committee, and/or Board retain the discretion to modify Initial FPPE requirements for an individual applicant (such modification is not an adverse action and does not entitle the affected Practitioner to any kind of due process). By way of example and not limitation, these modifications may include (i) changing the time period for Initial FPPE, (ii) adding different kinds of reviews; or (iii) requiring additional cases.
  - 4. When practitioner activity at a facility is low or limited, supplemental FPPE data may be used from another Banner hospital where the practitioner holds the same privileges. Supplemental data should be requested and shared according to Banner's policies on

information sharing. The use of supplemental data may not be used in lieu of a process to capture local data. Examples where supplemental FPPE data could be used may include (but are not limited to): activity is limited to periodic call coverage; or practitioners only provide consultations for a clinical specialty. Supplemental data should not be older than 24 months.

5. The department chair or another appropriate individual will review the results of the Initial FPPE process and provide a report to the Credentials Committee or other applicable committee.
  6. This report should address, at minimum, whether:
    - a. the Practitioner fulfilled all requirements;
    - b. the Initial FPPE confirmed the Practitioner's competence, and/or
    - c. additional Initial FPPE should be performed before making a determination.
  7. The Credentials Committee or other applicable committee will review the department chair's report and make one of the following recommendations to the Medical Executive Committee:
    - a. Initial FPPE has confirmed competency;
    - b. no concerns have been identified, but additional time is necessary to complete Initial FPPE;
    - c. the individual did not complete the requirements of Initial FPPE and is therefore ineligible to hold the clinical privileges granted; or
    - d. concerns have been identified and FPPE to Review Concerns is recommended.
  8. The Medical Executive Committee will review the recommendation and evaluate how to proceed. For example, the Medical Executive Committee could:
    - a. adopt the findings and recommendations;
    - b. refer the matter to the applicable committee or another Peer Review Committee for further consideration; or
    - c. take additional actions in accordance with the Medical Staff Bylaws and other applicable policies.
- B. FPPE to Review Concerns:** Each Medical Staff will retain the discretion and authority to review concerns in accordance with established processes. The following process will apply unless stated otherwise by the Medical Staff Bylaws or Rules and Regulations.
1. An appropriate committee or Medical Staff leader will review concerns as they arise. The use of Just Culture principles and algorithms are encouraged.
  2. Medical Staff committees and leaders are encouraged to consider whether collegial interventions are appropriate to address the issues that have been identified. Collegial interventions may include (but are not limited to): cup of coffee conversations, educational letters, mentoring, sharing of comparative data, and/or recommending that the Medical Executive Committee enter into a stipulated agreement with the Practitioner.
  3. If any kind of significant health issue is discovered or suspected either before or during FPPE to Review Concerns, the Peer Reviewers may consult with Banner Legal for further guidance on how to proceed.
  5. FPPE to Review Concerns is separate and distinct from the decision to commence a formal investigation. Although FPPE to Review Concerns may identify issues that lead

to a formal Investigation, the determination to commence an Investigation is separate and distinct from the FPPE process.

- 6. Indicators are identified to address relevant adverse outcomes, clinical occurrences, and complications. Indicators may be single incidents or evidence of a clinical practice trend that indicate the need for potential performance monitoring, which may take the form of FPPE to Review Concerns, or other review processes. Examples of indicators include but are not limited to: reported concerns about care, patient management, professional conduct, clinical competence, medical record documentation, or serious reportable events.

**V. Procedural Documentation:**

- A. Documentation of the results of the Focused Professional Practice Evaluation will be placed in the individual Practitioner’s confidential file.
- B. All aspects of FPPE, including both Initial FPPE and FPPE to Review Concerns, are part of the Peer Review and Quality Assurance processes. They are therefore subject to all applicable evidentiary privileges, immunities, and other protections, to the fullest extent permitted by law.

**VI. Additional Information:**

**A. CRITERIA FOR DETERMINING TYPE OF MONITORING**

- 1. Criteria to consider when determining a type of monitoring to be conducted include, but are not limited to, the following:

Criteria to Determine Monitoring Method	Methods of Monitoring	Special Considerations
<p>Issues Identified with:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation</li> <li><input type="checkbox"/> Procedural Privilege</li> <li><input type="checkbox"/> Cognitive Skill Privilege</li> <li><input type="checkbox"/> Interpersonal/Communication Skills/Professionalism</li> <li><input type="checkbox"/> Practitioner Health and/or Behavior Concerns will be referred to the appropriate committee</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Chart Review</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Monitoring of Diagnostic and Treatment Techniques and Clinical Practice Patterns</li> <li><input type="checkbox"/> Simulation</li> <li><input type="checkbox"/> Proctoring</li> <li><input type="checkbox"/> External Review</li> <li><input type="checkbox"/> Discussions with other individuals involved in the care of the patient, including consulting Practitioners, assistants at surgery, nursing/patient care services and administrative personnel</li> </ul>	<p>The appropriate Peer Reviewer shall, whenever possible, be one who is not a partner of the Practitioner being reviewed and who does not have any financial arrangements with the Practitioner to be reviewed.</p> <p>Conflicts of interest should be managed in accordance with applicable Banner Health policies.</p> <p>External Review may be requested. See External Review Policy.</p> <p>Refer to the facility policies for issues related to professional behavior, health, or interpersonal communication issues.</p>

**VII. References:**

- A. The Joint Commission Standards MS.08.01.01
- B. Triggers Guidelines
- C. Medical Staff Ongoing Professional Practice Evaluation Policy

**VIII. Other Related Policies/Procedures:**

- A. Medical Staff Ongoing Professional Practice Evaluation Policy (#13607)
- B. System Peer Review Policy (#15535)
- C. Facility Professional Conduct Policy
- D. Patient Complaint and Grievance Policy (#2865)
- E. Event Reporting Policy (#9062)
- F. Complaints of Sexual Harassment or other Prohibited Conduct by Medical Staff Members (#3165)
- G. Facility Professional Health/Wellness Policy
- H. Medical Staff Bylaws at each facility
- I. Guidelines for the Initiation of Focused, Comprehensive, and External Peer Review

**IX. Keywords and Keyword Phrases:**

- A. Focused Reviews
- B. Peer Review
- C. FPPE
- D. OPPE

**X. Appendix:**

- A. N/A