

<b>Title: Medical Staff Focused Professional Practice Evaluation</b>	
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<b>Approved by:</b> Peer Review Council, Facility Medical Executive Committees, Administrative Policy Committee, Chief Clinical Officer, PolicyTech Administrators 10/09/2017	
<b>Discrete Operating Unit/Facility:</b> Banner Baywood Medical Center Banner Behavioral Health 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 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 Community Hospital East Morgan County Hospital McKee Medical Center North Colorado Medical Center Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional MedCenter Washakie 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. The purpose of this policy is to define a process to evaluate performance of all Providers when 1) newly appointed, 2) new privileges are requested, or 3) when there is a question regarding a currently privileged Provider's ability to provide safe, high quality patient care.
- B. This policy applies to Medical Staff.

## II. Definitions:

- A. **External Review** is a review conducted by an unbiased Provider in an appropriate specialty or subspecialty who is actively in practice or has recently retired, but who is not a member of the Medical Staff.
- B. **Focused Review or Focused Professional Practice Evaluation (FPPE)** is a process whereby the Medical Staff conducts a focused evaluation of the privilege-specific competency of the Providers or the Providers' ability to provide safe, high quality patient care.
- C. **Peer Review** is the objective measurement, assessment and evaluation by Peer Reviewers or Peer Review Committees, of the quality of care provided by individual Providers, as well as the identification of opportunities to improve care and report the Committee's conclusions and recommendations to other Peer Review Committees and/or the Medical Executive Committee for appropriate action.
- D. **Peer Review Committee** is a department, committee or subcommittee charged under the Medical Staff Bylaws with responsibility for conducting Peer Review.
- E. **Peer Reviewer** is a qualified Provider who performs Peer Review and who possesses the appropriate clinical judgment based on training, education, and experience.
- F. **Provider** includes any Practitioner who is credentialed and privileged through the Medical Staff process at one or more Banner facilities.

## III. Policy:

- A. This policy addresses the FPPE used to evaluate all Providers who are newly appointed and/or granted privileges, or who are requesting additional privileges, or Providers who are returning to work after a prolonged period of time, or about whom questions have arisen regarding the Provider's ability to provide safe, high quality patient care or to practice professionally. FPPE is a time-limited or procedure-limited process for evaluating the professional performance or conduct of a particular Provider who either (a) does not have documented evidence of competently performing the requested privileges in the hospital, or (b) is the subject of a question that has arisen regarding the currently privileged Provider's ability to provide safe, high quality patient care or to practice professionally.
- B. Criteria/Triggers for FPPE may include, but are not limited to:
  - 1. Granting of new privileges, whether to a new or current Provider.
  - 2. Return to work after prolonged absence from practice.
  - 3. Reported concerns about care, conduct or competence, for example two at-risk or reckless Peer Review findings within six months.

4. Receipt of credible information suggesting one or more concerns, such as licensing board letter of censure, Risk Management information, or action by other hospitals.

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

- A. The Medical Executive Committee Provider members or designated Peer Review Committee will:
  1. Evaluate Providers and Allied Health Professionals that are newly appointed;
  2. Evaluate Providers and Allied Health Professionals applying for new privileges;
  3. Evaluate Providers and Allied Health Professionals returning to active practice after a prolonged period of inactivity;
  4. Evaluate Providers and Allied Health Professionals about whom questions have arisen regarding the currently privileged Provider's ability to provide safe, high quality patient care or to practice professionally.
  5. Assign a period of performance monitoring to further assess current competence or conduct.
  
- B. Monitoring Plan for a Focused Review:
  1. The Medical Staff and/or its designated committee or departments are responsible for developing and approving the monitoring plan, using Just Culture to evaluate performance and/or conduct.
  2. The measure employed to resolve performance and/or conduct issues or establish current competency in accordance with Medical Staff documents.
  3. The period of performance monitoring or number of cases to be reviewed to further assess current competence is based on the evaluation of a Provider's current clinical competence, practice behavior, and ability to perform the granted privilege.
  4. The monitoring time period can be extended and/or a different type of evaluation process assigned.
  5. Results of the monitoring are reported to the appropriate Peer Review Committees and/or department chairman for final recommendation.
  6. FPPE will be consistently implemented in accordance with the criteria and requirements defined by the Medical Staff.
  7. Cases meeting the criteria for reviewable circumstances will undergo review, according to approved Medical Staff process.
  8. FPPEs will be completed in accordance with the timeliness or case numbers established by the Medical Staff.
  9. Circumstances may arise in which the review process must be expedited. This includes cases meeting the definition of a serious reportable event. (See Event Policy) The review will follow the process as provided in the Medical Staff Bylaws or Allied Health Professional Policy.
  
- C. The Medical Staff will promptly investigate questions identified through this evaluation process, and it will respond to them promptly and appropriately in accordance with this policy and with the Bylaws of the Medical Staff. In conducting and following through on the professional practice evaluation process, the Medical Staff will apply Just Culture, thereby demonstrating its commitment to principles of fairness, objectivity, respect, collegiality, timeliness, transparency, and shared responsibility. All aspects of professional practice evaluation will be conducted according to this policy and the Bylaws so as to be fully protected by state and federal laws relating to health care quality review and improvement activities.

**V. Procedural Documentation:**

- A. Documentation of the results of the Focused Professional Practice Evaluation will be placed in the individual Provider’s quality file.

**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"/> Provider 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 Providers, 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 Provider being reviewed and who does not have any financial arrangements with the Provider to be reviewed, and no conflict of interest exists.</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. Fair Hearing and Appeals Process within the Medical Staff Bylaws at each facility
- J. 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