



Rancho Los Amigos National Rehabilitation Center

MEDICAL STAFF POLICY AND PROCEDURES

SUBJECT: FOCUSED PROFESSIONAL PRACTICE
EVALUATION (FPPE)

Policy No.: MS 101-B
Supersedes: November 16, 2011
Revision Date: June 22, 2016
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PURPOSE:

The Focused Professional Practice Evaluation (FPPE) is to help Medical Staff and individual department to evaluate the privilege-specific competence of all members of the privileged professional staff who do not have documented evidence of competency performing the requested privileges at Rancho, such as new appointees, new privileges for current staff.

The FPPE is also to help Medical Staff and individual department to evaluate a current privileged practitioner's ability to provide safe and high quality patient care.

POLICY:

Scope: All new applicants and existing members applying for new privilege(s) shall undergo a period of FPPE. Any member's FPPE was initiated/triggered is also applied.

Duration: The duration of FPPE will be different based on the following situation:

1. All new applicants and existing members applying for new privilege is six (6) months, which may be extended one time (another six months) if needed.
2. If any member's FPPE was initiated/triggered other than the evaluation of privilege-specific competence, his/her department chair (or designee who reviewed the data) makes the determination to assign a period of focused evaluation, which is based on the evaluation of a practitioner's current clinical competence, practice behavior, and ability to perform the requested privilege.

PROCEDURE:

1. The FPPE concerning privilege-specific competence shall undergo proctoring process and follow the PSA Bylaws Article V - Clinical Privilege Section 5.3 Proctoring. No one can be excused from the process of initial evaluation, i.e. allow no exemption for board certification, documented experience, or reputation.
2. Circumstances under which monitoring by an external source is required.
 - a. The procedure is new to Rancho
 - b. No other qualified practitioner
 - c. The reviewers are economic competitors of the practitioner
 - d. The process needs to be fair, balanced, and educational
 - e. Those available would be biased

EFFECTIVE DATE: June 22, 2016

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Reviewed: 2/24/10, 11/16/11, 9/25/13, 7/22/15,
6/22/16

3. Triggers indicating need for performance monitoring are defined and issues affecting care are identified, such as
 - a. # of events occurring
 - b. # of individual peer reviews with adverse determinations
 - c. Elevated infection rates
 - d. Sentinel events
 - e. Near misses
 - f. Complaints/issues that may rise, which are referred by the Chief Medical Officer, Chief of Medical Services, Chair of QI committee
 - g. Small number of admissions/procedures over an extended period of time that raise the concern of continued competence
 - h. Increasing lengths of stay compared to other practitioners
 - i. Increasing number of returns to surgery/post-op infection rate
 - j. Frequent/repeat readmission for the same issue possible suggesting inadequate/ineffective initial management/treatment
 - k. Patterns of unnecessary diagnostic testing/treatments
 - l. Unusual pattern of behavior or pattern of care
 - m. Failure to follow approved clinical practice guidelines-may or may not indicate care problems but the variance needs explanation
 - n. Others
4. Each department develops criteria to be used for evaluating the professional performance of practitioners when issues affecting the provision of safe or high-quality patient care are identified. The six general competencies may be used as a framework:
 - a. Patient care
 - b. Medical/clinical knowledge
 - c. Practice-based learning and improvement
 - d. Interpersonal and communication skills
 - e. Professionalism
 - f. Systems-based practice
5. Other criteria should be measures that are based on specialty and/or specific procedure, such as various specialty boards have specialty-specific defined criteria for performance monitoring.
6. The FPPE data collection for each practitioners may be acquired through the following:
 - a. Chart review
 - b. Direct observation
 - c. Monitoring of diagnostic and treatment techniques
 - d. Discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, nursing, and administrative personnel
7. The evaluation for FPPE may include:
 - a. Periodic chart review
 - b. Monitoring clinical practice patterns
 - c. Simulation
 - d. Proctoring
 - e. External peer review

- f. Discussion with other individuals involved in the care of each patient, including consulting practitioners, surgical assistants, nurses, and administrative personnel
8. To resolve performance issues, an improvement plan shall be documented by individual department chair (or designee) within one week and include the requirements, who is accountable, what is the time period to complete, and how the improvement will be measured and documented. The following improvement plan may be included but not limited to:
 - a. Necessary education
 - b. Proctoring/assisting for defined privilege
 - c. Counseling
 - d. Physician/practitioner assistance programs
 - e. Suspension of specific privileges – required to submit to Credential Committee
 - f. Revocation of specific privileges – required to submit to Credential Committee
9. Other existing privileges in good standing should not be affected.
10. The outcome and decisions of FPPE needs to be communicated to the practitioner by the department chair (or designee) as following:
 - a. Further need for FPPE
 - b. Forward to credential committee if they are related to privilege(s), such as continuation or limiting of the privilege
11. A report of individual provider's FPPE activities and results shall be sent to the Chief Medical Officer within one week from the last day of a period of focused evaluation. It shall be filed in individual provider's area personal file.
12. All evaluations shall be considered a part of the confidential peer review activity of the medical staff and are intended to enhance the quality and safety of patient care, and as such are entitled to peer review protection and privilege. The information contained in these documents and any attachment is privileged and confidential under state law, including Evidence Code Section 1157 relating to medical professional peer review documents and Government Code Section 6254(c) relating to personnel records.

REFERENCES:

1. The Joint Commissioned Standards MS.08.01.01
2. Standards BoosterPak for Focused Professional Practice Evaluation/Ongoing Professional Practice Evaluation (FPPE/OPPE)
3. National Association Medical Staff Services (NAMSS) 2015 Medical Staff Update – FPPE and OPPE by Ronald M. Wyatt, MD, MHA
4. LAC+USC Medical Center Attending Staff Policy Guidelines & Procedures – Ongoing Professional Practice Evaluation (OPPE) Effective 12/02/2015
5. Stony Brook University Medical Center Focused Professional Practice Evaluation Policy
6. Rancho Los Amigo National Rehabilitation Center PSA Bylaws