



10000 West Colonial Drive
Ocoee, FL 34761

Policy & Procedure

DEPARTMENT: Medical Staff	ORIGINAL: November 2013	PAGE: 1 of 6
POLICY: Professional Practice Evaluation	REVIEWED:	
APPROVAL: Medical Staff 11/14/2013, Board 11/21/2013	DATE:	REVISED:

I. PURPOSE:

This policy establishes a systematic focused review of all initial and current Health Central practitioners requesting privileges at Health Central and for establishing an ongoing review of current Health Central practitioners in order to track and trend quality care and patient safety.

II. DEFINITIONS:

When used in this policy these terms have the following meanings:

- A. Focused Professional Practice Evaluation: the establishment and monitoring of current competency for
 - 1. all new practitioners granted clinical privileges
 - 2. all existing practitioners granted additional clinical privileges
 - 3. all practitioners whose Ongoing Professional Practice Evaluation raises concerns regarding the practitioner's performance
- B. Ongoing Professional Practice Evaluation: the routine monitoring of current competency for Health Central Medical Staff members and Allied Health Professionals maintaining privileges at Health Central
- C. Proctoring: Proctoring includes one or more of the following:
 - 1. Presentation of cases with planned treatment outlined for treatment or review of case documentation for treatment
 - 2. Real-time observation of a procedure
 - 3. Review of a case after care has been completed, which may include interviews with personnel involved in the care of the patient
- D. All other terms shall have the meanings assigned in the Medical Staff Bylaws.

III. POLICY:

- A. Focused Professional Practice Evaluation (FPPE) – all Health Central practitioners with newly granted privileges shall be evaluated for no less than three (3) months but no greater than twelve (12) months. If a practitioner has no patient activity during twelve (12) months of focused review, he/she will be placed on 100% focused review until such time he/she has enough activity to be released from focused review. This evaluation may be used to assess current clinical competence, practice behavior, and ability to perform privileges granted and may include, but is not limited to, the following:
 - 1. Patient activity
 - 2. Complications
 - 3. Mortalities
 - 4. Infection rates
 - 5. Core measures
 - 6. Dictation compliance
 - 7. Medical record delinquencies
 - 8. Orientation compliance
 - 9. A random review of three medical records each month with varied diagnoses and/or procedures
- B. FPPE may also be used to respond to requests from other organizations (i.e. Board Specialties, hospitals, etc) about a practitioner's behavior, clinical competency and judgment skills. This information may not



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be released to the organizations but may be used internally to help assess the practitioner's performance.

- C. Ongoing Professional Practice Evaluation - all Health Central practitioners with clinical privileges shall undergo ongoing monitoring every six (6) months. This evaluation may be used to assess current clinical competence, practice behavior, and ability to perform the privileges granted and may include, but not limited to, the following:
1. Patient activity
 2. Average length of stay
 3. Complications
 4. Mortalities
 5. Infections
 6. Core measure performance
 7. Validated peer review reports
 8. Validated incident reports
 9. Dictation compliance
 10. Medical record delinquencies
 11. HIM delinquency fines
 12. Patient satisfaction scores
 13. Specialty specific indicator performance
- D. Active Affiliate, Senior Affiliate, Health Central Park and Honorary staff members are not required to be monitored.
- E. Upon request from Medical Staff Services, Allied Health Professionals must expedite the completion of their Ongoing Professional Practice Evaluation (OPPE) or Focused Professional Practice Evaluation (FPPE) as explained in the instructions provided in the Allied Health Professionals OPPE/FPPE packet.
1. For FPPE, the Section Chief, Section Chief Elect or designee will review the Allied Health Professional's privileges and competencies based on the ACGME core competency standards to determine whether the Allied Health Professional's privileges will be moved to OPPE, continue FPPE, or if other actions need to be taken per applicable hospital and Medical Staff Bylaws, Rules and Regulations and Policies and Procedures.
 2. For OPPE, the Section Chief, Section Chief Elect or designee will review the Allied Health Professional's privileges and competencies based on the ACGME core competency standards to determine whether the Allied Health Professional's privileges will be continued (OPPE), moved to a more focused review (FPPE), or if other actions need to be taken per applicable hospital and Medical Staff Bylaws, Rules and Regulations and Policies and Procedures.

IV. PROCEDURE:

- A. Practitioners undergoing FPPE/OPPE
1. All new practitioners with granted privileges and current Health Central practitioners granted additional privileges shall undergo FPPE for no less than three (3) months but no greater than twelve (12) months after the granting of their privilege(s)
 - a. Practitioners who have had no patient activity during the first three (3) months on staff will be evaluated on a case-by-case basis to determine if
 - i. an additional three (3) month review period should be granted, or
 - ii. the practitioner would like to withdraw clinical privileges, or



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- iii. the practitioner would like to resign his/her appointment and privileges
 2. All Health Central practitioners with existing privileges may undergo FPPE when the practitioner's Section Chief, Chief or Vice Chief of Staff deems the practitioner:
 - a. Violated any of the criteria set forth by the respective Section with regards to FPPE/OPPE
 - b. Demonstrated questionable quality patient care as the result of a single incident or during the course of OPPE
 - c. Utilized a specific privilege infrequently as defined by the respective Section
 - d. Any other clinically or behaviorally-related reason set forth by either the practitioner's Section Chief, Chief or Vice Chief of Staff
 - e. For Allied Health Professionals, failure to turn in a completed OPPE or FPPE packet
 3. All Health Central practitioners with clinical privileges shall undergo OPPE every six (6) months
 - a. Practitioners who have had no patient activity during any six (6) months review period is required to provide the following:
 - i. the most recent OPPE report from the hospital where the practitioner is a member of the Active staff or
 - ii. for low volume/no volume practitioners without an Active hospital, three (3) references from physician who refer patients to him/her.
 4. Performance Monitoring Criteria and Triggers

Monitoring criteria, including specific performance elements to be monitored, as well as thresholds or triggers, are developed and approved by the medical staff or medical staff department/committee. The triggers are defined as potentially unacceptable levels of performance. Triggers to consider include, but are not limited to:

 - a. A single egregious case or evidence of a practice trend
 - b. Exceeding the predetermined thresholds established for OPPE
 - c. Patient/staff complaints
 - d. Non-compliance with Medical Staff Bylaws, Rules, Regulations or Policies
 - e. Elevated infection, mortality and/or complication rates
 - f. Failure to follow approved clinical practice guidelines
 - g. Unprofessional behavior or disruptive conduct

If the results for a practitioner exceed thresholds established by the Medical Staff, outliers may be forwarded for peer review after initial screening by the Quality Management Department.
- B. Responsibilities of Practitioner Performance Improvement Committee, Credentials Committee, Sections and Committees:
 1. The Practitioner Performance Improvement Committee (PPIC) is responsible for monitoring compliance with this policy. Medical Staff Services will provide PPIC with regular summary reports related to the progress of all practitioners.
 2. The Credentials Committee, with input from the individual sections, may determine the type and duration of FPPE monitoring at initial appointment.
 3. The appropriate medical staff committee or section may implement practitioner practice changes to improve performance based on results of FPPE or OPPE, including proctoring, and may implement practitioner-specific performance improvement plans, if appropriate, for practitioners under focused review.
- C. Proctoring Method:

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1. The appropriate methods for proctoring for each individual practitioner may be determined by the respective Section Chief Elect and recommended to the Credentials Committee.
- D. Duration of the proctoring period:
1. The proctoring period is established and may be extended by the respective Section Chief, the Credentials Committee or the Practitioner Performance Improvement Committee.
- E. Responsibilities of proctors:
1. The proctor's role is that of an evaluator—to review and observe cases—not of a supervisor or consultant. The proctor receives no compensation directly or indirectly from any patient for this service
 2. Proctors must be members in good standing of the active medical staff of Health Central and have unrestricted privileges to perform any procedure(s) to be proctored
 3. Proctors may directly observe the procedure being performed or concurrently proctor medical management for the medical admission and complete appropriate sections of the proctoring form
 4. Proctors may retrospectively review the completed medical record following discharge
 5. The proctor will ensure the confidentiality of the proctoring results and forms. The proctor may deliver the completed forms to Health Central Medical Staff Services
 6. A summary report may be submitted at the conclusion of the proctoring period
 7. If at any time during the proctoring period the proctor has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), the proctor may notify the Section Chief. One of the following may be recommended:
 - a. The Section Chief may intervene and address any concerns
 - b. The Section Chief may review the case for possible peer review at the next PPIC meeting
 - c. Additional or revised proctoring requirements may be imposed upon the practitioner until the proctor can make an informed judgment and recommendation regarding the clinical performance of the individual being proctored
 - d. Precautionary suspension may be imposed by the Chief of Staff, at the recommendation of the Section Chief, if the failure to take such action may result in imminent danger to the health or safety of any individual or may interfere with the orderly operation of the hospital, in accordance with the Medical Staff Bylaws
 - e. Continued appointment and clinical privileges to the Health Central Medical Executive Committee (MEC) may be made
 - f. It is the responsibility of all members of the active Medical Staff within each section to serve as proctors when asked to do so. Refusal to accept proctor assignment or to fulfill service as a proctor may result in corrective action
 - g. In addition to specialty- and privilege-specific issues, proctoring may also address the six general competencies of practitioner performance:
 - 1) Medical/clinical knowledge
 - 2) Technical and clinical skills
 - 3) Clinical judgment
 - 4) Interpersonal skills
 - 5) Communication skills
 - 6) Professionalism
- F. Responsibilities of the Section Chief:

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The Section Chief may be responsible for the following:

1. Reviewing or assigning a designee to review FPPE/OPPE documents for the purpose of recommending continuing, limiting, or revoking clinical privileges
 2. Assigning proctors or serves as a proctor.
 3. Helping establish the minimum number of cases or procedures to be proctored and determining the times when the proctor must be present
 4. Reviewing the medical records of the patient(s) treated by the practitioner being proctored if, at any time during the proctoring period, the proctor notifies the Section Chief that he or she has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient, based on the recommendation of the proctor
- G. Responsibilities of the practitioners being proctored:
1. The practitioner will notify the proctor of each case in which care is to be evaluated and, when required, do so in sufficient time to enable the proctor to conduct proctoring
 2. The practitioner will provide the proctor with information about the patient's clinical history; pertinent physical findings, lab, and x-ray results; the planned course of treatment or management
 3. The practitioner will ensure documentation of the satisfactory completion of his or her proctorship, including the completion and delivery of proctorship forms and the summary proctor report to Medical Staff Services
 4. If the summary proctor report is not completed and submitted to Medical Staff Services when due, or the practitioner otherwise fails to complete the proctoring requirements prior to the expiration of the proctoring period, the additional or new privileges that are the subject of proctoring may be deemed to be voluntarily relinquished by the practitioner and the practitioner shall immediately stop exercising said privileges
- H. Procedural rights: Failure to meet FPPE/proctoring requirements:
1. If there is a failure to meet FPPE/proctoring requirements, the practitioner will be notified and may be given an opportunity to request, within 10 days, a meeting with the Section Chief and the Vice Chief of Staff and/or Chief of Staff. During that meeting, the practitioner may have an opportunity to explain or discuss extenuating circumstances involving his or her failure to provide sufficient clinical experience for a satisfactory evaluation. At that meeting, none of the parties may be represented by counsel, minutes may be kept, the practitioner may present evidence of extenuating circumstances and why the evaluation period should be extended, and any party may ask questions of any party relative to the practitioner's appointment or clinical privileges
 2. If a practitioner's appointment or clinical privileges are deemed to be voluntarily relinquished by the Section Chief and the Chief of Staff for failure to complete proctoring requirements, the practitioner may be notified before a report of that voluntary relinquishment is made to the Board
 3. The practitioner may not be entitled to a hearing or other procedural rights as set forth in the Medical Staff Bylaws or the Fair Hearing and Appeal Policy for any privilege that is voluntarily relinquished
- I. Procedural rights: Recommendations for termination of appointment or reduction in clinical privileges:
1. If there is a recommendation by the MEC to terminate the practitioner's appointment or additional clinical privileges due to questions about qualifications, behavior, or clinical competence, the practitioner may be entitled to the hearing and appeal process outlined in the Medical Staff Bylaws
- J. Procedural rights: Recommendations for termination of appointment or reduction in clinical privileges:



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1. Send a letter, which contains the following information, to the practitioner being proctored and to the assigned proctor:
 - a. copy of the privilege form of the practitioner being proctored
 - b. The name, addresses, and telephone numbers of both the practitioner being proctored and the proctor
 - c. A copy of the FPPE/OPPE policy and procedure
 - d. Proctoring forms to be completed by the proctor
 2. Develop a mechanism (in coordination with the information services department) for tracking all admissions or procedures performed by the practitioner being proctored
 3. Periodically submit a report to the MEC of proctorship activity for all practitioners being proctored
 4. At the conclusion of the proctoring period, submit a summary proctor report to the Credential Committee and MEC
- K. Review process:
1. Medical Staff Services will provide the Quality Department with a list monthly of practitioners being reviewed.
 2. The Quality Department will provide Medical Staff Services with completed review forms one month prior to the PPIC meeting
 3. The Quality Department will notify the Section Chiefs, Chiefs Elect and PPIC members to come to the Quality Department to review and sign off on their evaluations prior to the PPIC meeting.
 4. The Quality Department will prepare a summary report for the PPIC meeting, outlining the evaluation results and recommendations.
 5. The evaluators will present any of their cases that need additional review at the PPIC meeting.
 6. The recommendations from PPIC will be forwarded to the Credentials Committee.
 7. The Credentials Committee recommendations will be forwarded to the Medical Executive Committee.
 8. The Medical Executive Committee recommendations will be forwarded to the Board of Directors for final approval.
 9. Medical Staff Services will notify the practitioners in writing of the results of their evaluation and the final recommendation.