

## MEDICAL STAFF PROFESSIONAL PRACTICE EVALUATION

- I. **PURPOSE:** To ensure that VA Roseburg Healthcare System (VARHS) has a process to consistently monitor, deliver safe and quality patient care, and review the professional practice and competence of members of its medical staff.
- II. **POLICY:**
  - A. The professional practice of licensed independent practitioners with clinical privileges will be evaluated according to criteria approved by the Clinical Executive Credentialing and Privileging Board. This evaluation will be applicable to all physicians, dentists, podiatrists, nurse practitioners, nurse anesthetists, optometrists, and psychologists. This policy also applies to practitioners with scopes of practice who are credentialed through VetPro (e.g. physician assistant, social workers, and pharmacists).
  - B. An “Ongoing” Professional Practice Evaluation (OPPE) will be conducted, at a minimum, on a semi-annual basis for all providers to assess their competency related to an existing privilege(s) or scope(s) of practice.
  - C. A “Focused” Professional Practice Evaluation (FPPE) will be conducted on all new providers who are requesting initial privileges or scope of practice if applicable; when a provider requests new clinical privilege(s) or scopes of practice, or when issues affecting the provision of safe, high quality patient care are identified.
- III. **DEFINITIONS:**
  - A. **Professional Practice Evaluation** is a process that requires monitoring and evaluation of a provider’s professional performance to ensure that the provider is delivering safe and high quality patient care. The evaluation is comprised of six areas of general competencies as established by the joint initiative of the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties that include:
    1. **Patient Care:** provides patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.
    2. **Medical/Clinical Knowledge:** demonstrates knowledge of established and evolving biomedical, clinical and social sciences, and applies knowledge to patient care and the education of others.

3. **Practice-Based Learning and Improvement:** uses scientific evidence and methods to investigate, evaluate, and improve patient care practices.
  4. **Interpersonal and Communication Skills:** demonstrates interpersonal and communication skills to establish and maintain professional relationships with patients, families, and other members of the health care team.
  5. **Professionalism:** demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward patients, the medical profession, and society.
  6. **Systems-Based Practice:** demonstrates an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.
- B. **“Ongoing” Professional Practice Evaluation** is a process that continuously evaluates a practitioner’s professional performance to identify practice issues that may impact quality of care and patient safety. Ongoing professional practice evaluation is an evidence-based privilege renewal process or scope of practice and is part of a decision-making process that will be used semi-annually to continue a provider’s existing privilege(s) or scope(s) of practice or to limit or revoke existing privilege(s) or scope(s) of practice prior to or at the time of renewal. Databases may be accessed to assess professional practice related to:
- Operative and other clinical procedures performed and their outcomes
  - Concurrent review of the practitioner’s assessment and treatment of patients
  - Blood and pharmaceutical usage
  - Requests for tests and procedures
  - Length of stay patterns
  - Morbidity and mortality data
  - Use of consultants
  - Performance measures
  - Medical record management, etc.
  - Continuity of care provided to the patients
  - Technical skills/knowledge
  - Punctuality and conduct
  - Management of complications
  - Pre-and Postoperative care
  - Infection rates
  - Significant adverse outcome (or potential) not related to the natural course of patient illness or underlying condition
  - Complaints/Compliments
  - Use of restraints/seclusion, including length of time and rationale

Additional information that may be used in an ongoing professional practice evaluation may be acquired through:

- Periodic chart review.
- Direct observation.
- Monitoring of diagnostic and treatment techniques.
- Discussion with other individuals involved in the care of each patient including consulting providers, surgical assistants, nursing, and administrative personnel.
- Compliance with hospital policies.
- Compliance with mandatory training.
- Application of standardized criteria including clinical pathways.

C. **“Focused” Professional Practice Evaluation** will be conducted on all new providers requesting initial privileges or scope of practice if applicable, which focuses on specific aspects of a practitioner’s performance. FPPE is a time-limited process that will be used when a practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence in the organization’s setting. It is also used when a provider requests a new clinical privilege(s) or scope(s) of practice not previously granted; or if questions arise regarding a practitioner’s professional practice which affects the safety or quality of patient care. The decision to assign a period of performance monitoring to further assess current competence is determined by the Supervisor or Professional Standards Board and is based on the evaluation of a practitioner’s current clinical competence, practice behavior, and ability to perform requested privileges or scope of practice. The time period for review may be extended if performance issues have not been fully resolved. Information for a focused professional practice evaluation may include:

- Chart review
- Monitoring clinical practice patterns
- Simulation
- Proctoring
- External peer review
- Discussion with other individuals involved in the care of each patient (e.g. consulting providers, surgical assistants, nursing, or administrative personnel)

Triggers may be single incidents or evidence of a clinical pattern (e.g. rates, percentages and/or thresholds) that reflect performance which may suggest the need for focused professional practice evaluation (FPPE).

Triggers for the FPPE include:

1. New employee with clinical privileges or scope of practice has the credentials to suggest competency but a period of evaluation is needed to confirm the new employee’s competence in this organization.

2. Employee requested a new clinical privilege or scope of practice.
3. Practitioner requires supervision for a new procedure or modality to be performed at VARHS.
4. Supervisor has concerns about a practitioner's competency in relation to:
  - a. Sentinel event;
  - b. Provider-specific tort settlement;
  - c. Substantiated practitioner-specific complaint;
  - d. Patient Complaints
  - e. Significant safety violation; and
  - f. Repeated or egregious unprofessional behavior.

**D. "Assignment of a Proctor" is the personal presence of a designated clinician to provide clinical teaching or to perform clinical monitoring of another practitioner.**

1. **Assignment of a Proctor:** The Chief of Staff may assign any appropriately privileged and experienced medical staff member to be a proctor.

The proctor's primary responsibility is to evaluate the proctored practitioner's performance, which may require one or any of the following:

The proctor's presence during a specified portion of a procedure (a proctor is permitted to intervene and take any action they find reasonably necessary to avert harm to a patient).

Availability for immediate consultation or concurrent chart review within 24 hours of visit, admission, or of the procedure in question.

2. **The Medical Staff Office (MSO)** shall provide each proctor with the approved proctoring evaluation form. Extra forms are available from the MSO. Evaluation forms are to be submitted to the MSO within 48 hours of the proctoring. Proctoring evaluations are peer review documents and will remain confidential in accordance with other medical staff peer review information.
3. **Proctoring Duration:**

The Chief of Staff shall determine the length of time allowed for the proctoring process to be completed, which may vary due to the nature of the medical center, the practitioner's ability, or the reason proctoring is required.

The Chief of Staff or Proctor, upon consultation with the Chief of Staff, may, at any time, determine that sufficient proctoring has occurred to demonstrate competence in the clinical privilege(s) under review and may terminate a proctoring requirement before a designated time length or number of cases has

been observed. This information will be sent to the proctored physician and the Executive Council of the Medical Staff (ECMS) in writing of this determination.

4. **Quality of Care Issues:** It is the policy of the VA Roseburg Healthcare System that quality concerns regarding patient care be addressed as they provide continuous quality patient care and safety and to ensure favorable clinical outcomes. A quality concern regarding the proctored practitioner may be raised by medical, allied health, nursing staff, or through the performance improvement process.

#### IV. **RESPONSIBILITIES:**

- A. Medical Center Director (Governing body): The Director is the governing body per the Medical Staff Bylaws and ensures that all Medical Staff have the appropriate credentials and experience to function within the scope of privileges or practice granted.
- B. Chief of Staff (COS): Ensures that there is a systematic process in place to ensure the ongoing competency of all privileged Medical Staff members. The COS serves as the chairperson of the Professional Standards Board.
- C. Professional Standards Board (PSB): Reviews the recommendations from the appropriate Associate Chief of Staff or Service Chiefs on all required OPPE and all indicated FPPE. The PSB carefully reviews the recommendations and supporting information. The PSB may request additional information from the Service Chief or from other sources prior to coming to a conclusion regarding renewal of privileges. The PSB will forward their recommendations to the Medical Center Director for approval. The PSB forwards meeting minutes to Executive Committee of the Medical Staff (ECMS) for information purposes.
- D. Associate Chiefs of Staff/ Supervisors: Determine service specific indicators and performance thresholds based on available national benchmarks. Supervisors are responsible to conduct OPPE/FPPE and meet with the provider to give feedback.
- E. The Medical Staff Coordinator (MSC) shall identify practitioners requiring an OPPE and sends an e-mail to the ACOS/Supervisors, Administrative Officers (AOs), and QM to initiate the OPPE Process. MSC will also track, trend, and monitor the timelines of completion of the OPPEs and FPPEs, a report of compliance will be sent monthly to the COS, PSB, and QM manager. MSC will receive the original copy of each practitioner's semi-annual OPPE after completion and file in the reviewed practitioner's quality assurance folder. The original FPPE will be sent to the MSC and will be filed in the reviewed practitioner's quality assurance folder.
- F. Administrative Officers (AOs): The AOs are responsible for initiating, monitoring, and tracking the Professional practice process to completion for both OPPE and FPPE. The AO is responsible to send the signed OPPE/FPPE forms back to the MSC.

- G. Quality Management (QM): QM will populate the data elements for the OPPE and FPPE forms to be used in assessing provider's professional practice.

**V. PROCEDURE:**

OPPE (See Attachment A):

- A. The MSO will develop a schedule for each practitioner's OPPE and maintain the schedule in the designated VA Roseburg shared folder.
- B. The respective AO is responsible to coordinate the OPPE review. The OPPE will be completed on all practitioners every six months.
- C. The type of information included in the OPPE will be determined by the service in conjunction with Quality Management, that is specialty-specific and inclusive of the six general areas noted above in section III, A.
- D. Every six months, the ACOS/supervisor's AO, in conjunction with Quality Management, will populate an OPPE with current information for each privileged provider in their service.
- E. The ACOS/supervisor or designee will review the OPPE and evaluate the practitioner's performance. Their assessment will be discussed with the provider member. Based on review, a recommendation will be made to continue existing privileges or to take other action. Other actions include further focused professional practice evaluation (FPPE) or, in some cases, limiting or revoking privileges.
- F. The OPPE with recommendations are forwarded to the PSB through the MSO. The PSB will concur with or change the recommendations based on their deliberation. The PSB will incorporate the OPPE when deciding on Medical Staff reappointment.

FPPE (Attachment B):

- A. An FPPE will be implemented by Associate Chief of Staff/supervisor for all newly privileged staff and for all newly requested privileges for existing staff. In these situations, the staff member has the appropriate credentials but a period of evaluation is needed to confirm competence at this healthcare system. This FPPE will be completed within a pre-defined timeframe or prescribed number of procedures prior to initiating an FPPE. The FPPE will be forwarded, with recommendations, to the PSB, through the MSO.
- B. An FPPE may also be requested by the Associate Chief of Staff or Service Chief (or by the Chief of Staff) for cause. The triggers for the FPPE are listed in section III. definitions, paragraph c of this policy. A written request (Attachment C) is forwarded to the Chair of the PSB. After approval, the Associate Chief of Staff/supervisor will

complete the FPPE and forward the completed review with recommendations to the PSB, through the MSO.

- C. An FPPE may be requested by the Chief of Staff if the practitioner is an ACOS or Service Chief. An FPPE may be requested by the Director or Associate Director for Patient Care Services through the Chief of Staff.
- D. The AO will forward the completed FPPE to the Medical Staff Office for inclusion on the PSB agenda. The PSB will concur with or change the recommendations based on their deliberation. Changes to privileges will be signed off by the Chair of the PSB and forwarded to the Medical Center Director for final approval.

**VI. REFERENCES:**

- VHA Handbook 1100.19, current edition
- Bylaws, Rules and Regulations of the Medical Staff, current edition
- The Joint Commission Standards, CAMH, Medical Staff,
- US CODE: Title 38, 5705

**VII. THE JOINT COMMISSION FUNCTION: Medical Staff**

**VIII. FOLLOW-UP RESPONSIBILITY: Executive Committee of the Medical Staff**

**IX. RECISSION: August 2009**

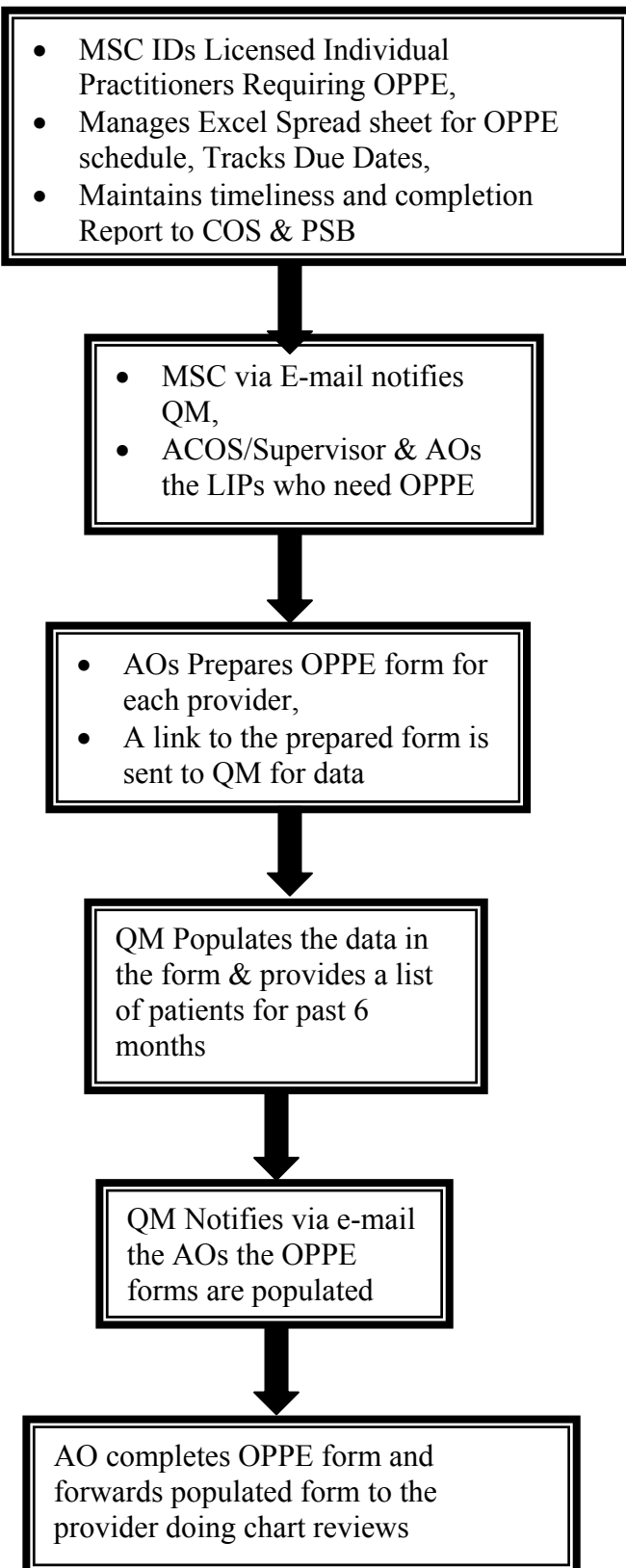
**X. DISTRIBUTION: Web**

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**SUSAN YEAGER,**  
**Director, VA Roseburg Healthcare System**

**Attachment A – OPPE/FPPE flow process**  
**Attachment B – Memo for FPPE**

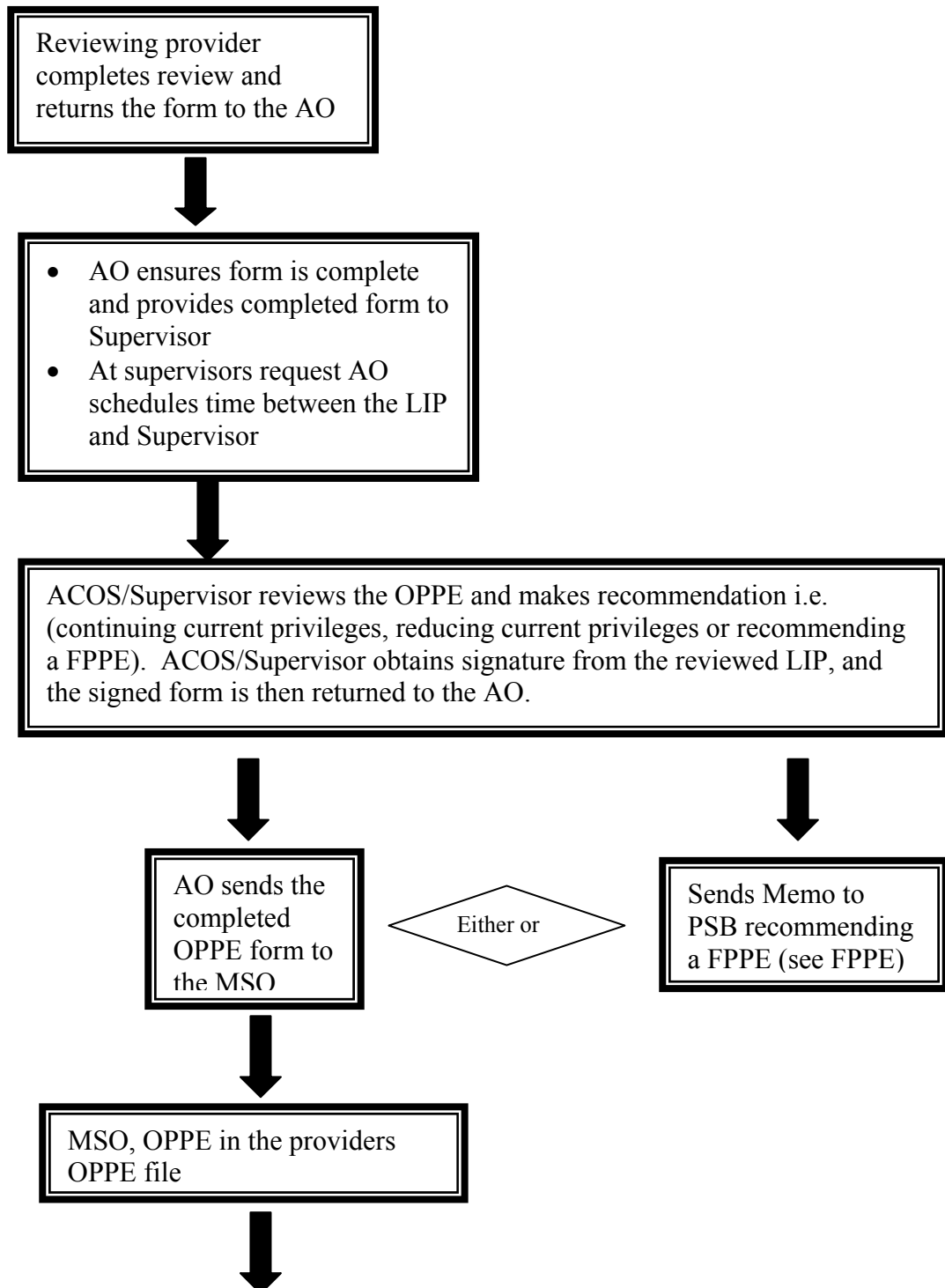
**Attachment A**  
**OPPE Flow**

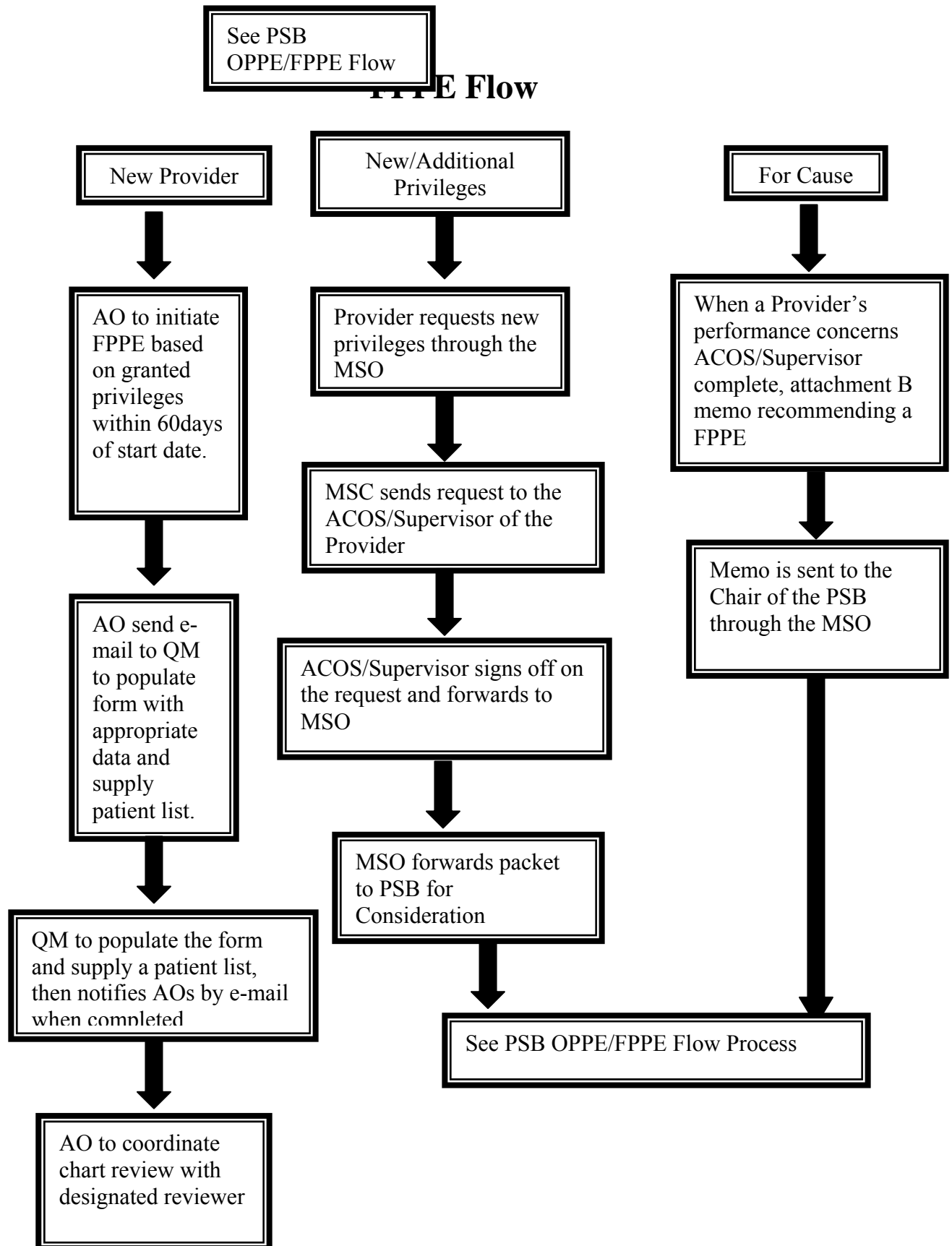






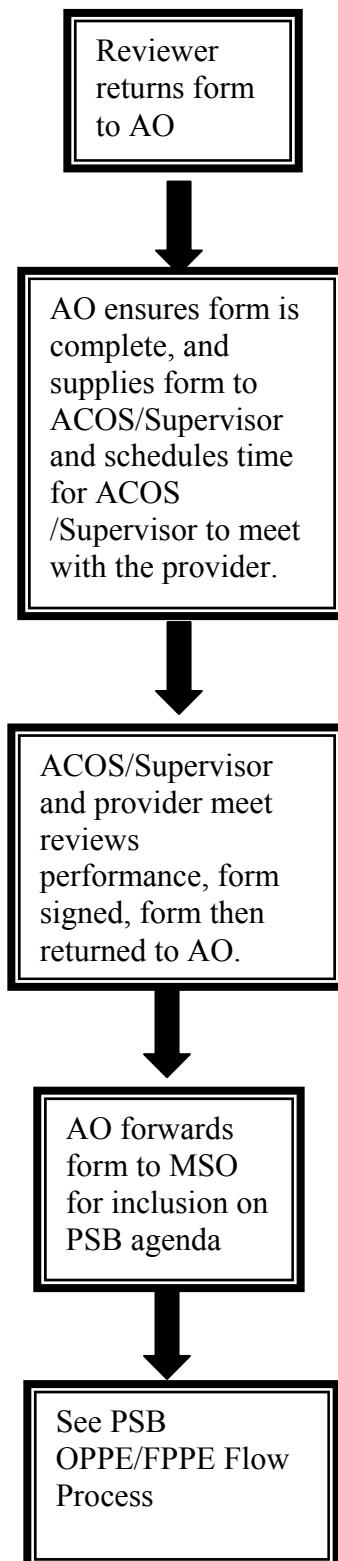
### OPPE Flow Continued



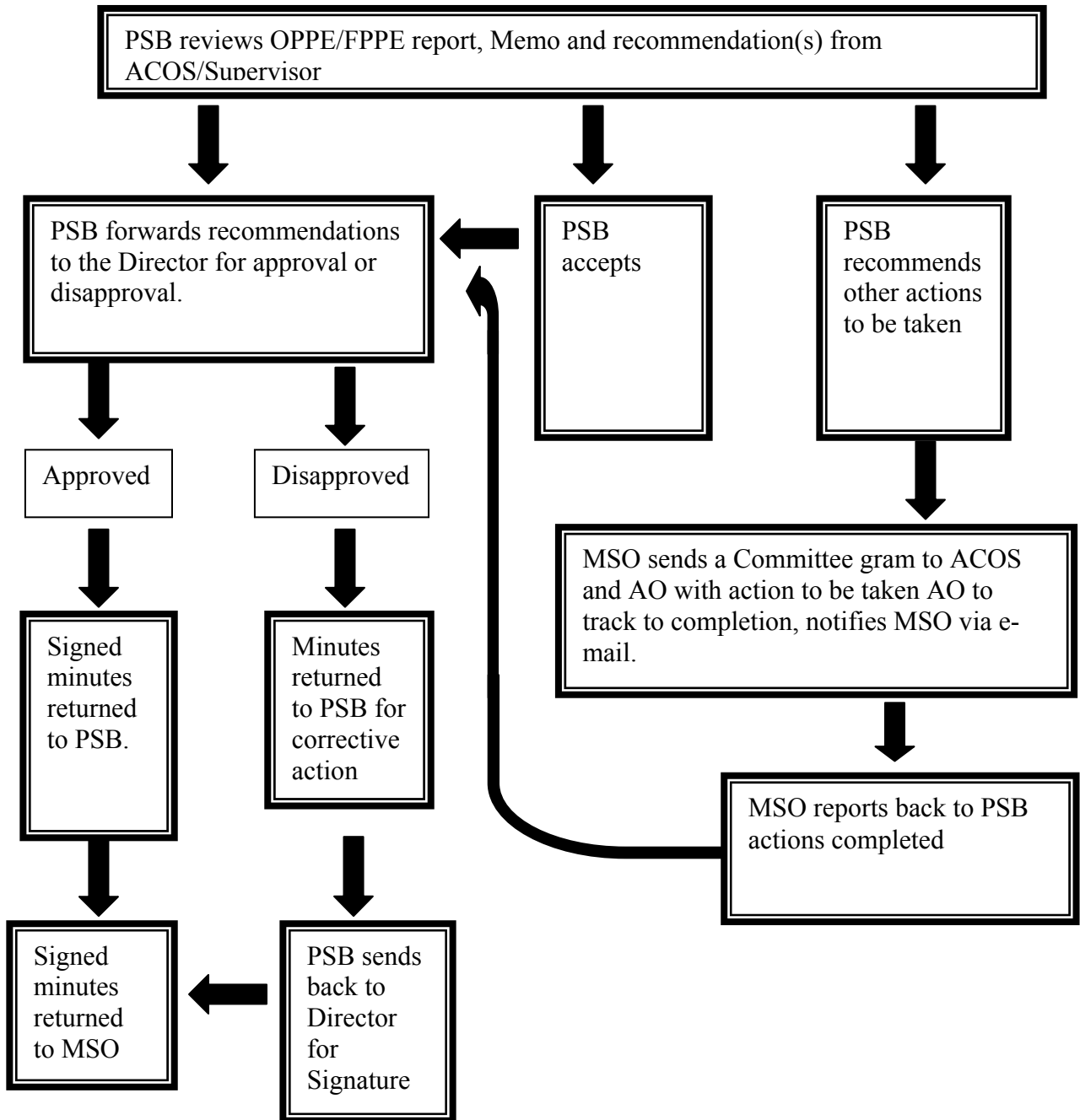




## FPPE Flow Continued



## PSB OPPE/FPPE Flow Process



Attachment B (contact MSO office for word version of form)

**Memorandum 3307**

Date:

From: ACOS/Supervisor (insert name/title)

Subj: Focused Professional Practice Evaluation (FPPE) on XXX Provider

To: Chair, Professional Standards Board (011)

1. This memo is to request a focused professional practice evaluation for the following privilege(s):

☐ Existing privileges (specify):

2. The recommended practitioners to perform this evaluation are (specify):

3. The duration of this evaluation will be a period of X number of days or number of procedures as determined by ACOS/Supervisor in collaboration with the practitioner. This period may be extended based on performance and/or outcomes.

4. One or more of the following are recommended:

☐ Proctoring: The above practitioner, under my direction, will be observed in the performance of above procedure(s) by one or more providers who are appropriately privileged. A minimum of \_\_\_\_ procedures will be observed until the evaluators believe that she/he can perform them independently. A record of these observed procedures will be reported to me as part of the FPPE documentation.

☐ Chart Review: \_\_\_\_ Charts of the above practitioner will be reviewed by one or more providers who are appropriately privileged. Attention will be given to accuracy, clinical pertinence and completeness. A record of this review will be reported to me as part of the FPPE documentation.

☐ Identify data point monitors to assess competence (specify):

5. Upon completion of the FPPE, a report with recommendations will be submitted to the Chair of the Professional Standards Board through the Medical Staff Office. The PSB will review and act on the recommendations and determine whether further evaluation is necessary.

ACOS/Supervisor \_\_\_\_\_

CONCUR/NON-CONCUR

\_\_\_\_\_  
Chairperson, PSB

Date

APPROVED / DISAPPROVED

\_\_\_\_\_  
SUSAN YEAGER

Medical Center Director

Date

