

GREATER BALTIMORE MEDICAL CENTER
MEDICAL STAFF POLICY AND PROCEDURE
Focused Professional Practice Evaluation (FPPE)

I. PURPOSE

To set forth the policy for conducting focused professional practice evaluation (FPPE) of GBMC's medical staff for the evaluation of the privilege specific competence of all new medical staff members and new privileges for existing members of the Medical Staff. This process will provide the basis for obtaining organization-specific information of current competence for those practitioners.

SCOPE OF THE FPPE PROGRAM

In addition to specialty specific issues, FPPE will also address the following general competencies:

- Patient Care
- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism
- Systems Based Practice

II. COMPETENCY ISSUES OUTSIDE THE SCOPE OF THIS POLICY

- A. Practitioners requesting membership to the Affiliate Staff (no patient care privileges) do not need FPPE.
- B. The decision and process to perform FPPE for current medical staff members with existing privileges based on information from OPPE are also outside the scope of this policy.
- C. FPPE is conducted following the granting of independent privileges and is not an evaluation of whether the physician has sufficient training or experience to be granted privileges.

III. MEDICAL STAFF OVERSIGHT

- A. The Credentials Committee is charged with the responsibility of monitoring compliance with this policy and procedure through receiving regular status reports related to the progress of all practitioners required to be evaluated under this policy as well as any issues or problems involved in implementation of this policy and procedure.
- B. The Department Chair shall be responsible for overseeing the evaluation process for all applicants assigned to their Department and providing recommendations to the Credentials Committee.

- C. The medical staff committees involved with Ongoing Professional Practice Evaluation (OPPE) will provide the Credentials Committee with data systematically collected for OPPE that is appropriate to confirm current competence for these practitioners during the FPPE period.

IV. *MEDICAL STAFF'S ETHICAL POSITION ON PHYSICIAN EVALUATORS FOR FPPE*

The evaluator's role is typically that of a neutral observer for the purpose of assessing and reporting on the competence of another practitioner, not a consultant or mentor. The evaluator is considered an agent of GBMC's Medical Staff, and the Medical Center will defend and indemnify any practitioner who is subjected to a claim or suit arising out of his or her acts or omissions in the role of an evaluator. The evaluator will:

- Receive no compensation directly or indirectly from any patient for this service;
- May be reimbursed by the Medical Center;
- Have no duty to the patient to directly intervene if the care provided by the evaluated practitioner appears to be deficient. However, the evaluator is expected to report immediately either to the appropriate Department Chairman or Chief of Staff or Chief Medical Officer any concerns regarding the care being rendered by the evaluated practitioner that has the potential for imminent patient harm;
- May render emergency medical care to the patient for medical complications arising from the care provided by the evaluated practitioner.

V. *FPPE PERIOD*

- A. The FPPE begins when the physician is informed of appointment to the medical staff and will conclude when sufficient cases have been evaluated to meet the FPPE plan to evaluate competence in Patient Care and Medical Knowledge and when sufficient time has occurred to evaluate Communication and Interpersonal Skills, Professionalism and System-based Practice. In general, it is intended that the FPPE should be completed within six (6) months, but may be extended by the Credentials Committee if there is insufficient activity during the initial period or if concerns are raised that require further evaluation.
- B. In determining the approach and extent of FPPE needed to allow for the realistic evaluation of the practitioner, the Department Chairman may take into account the practitioner's previous experience. The practitioner experience may fall into one of the following categories:
- Practitioners coming directly from GBMC training program.
 - Practitioners coming directly from an outside training program.
 - Practitioners coming with documented record of performance of the requested privilege(s).
 - Practitioners coming with no record of performance of the requested privilege(s).

- C. Practitioners in Category 1 may need less or no FPPE because there may be evidence of current competence at the Medical Center. Practitioners in Category 3 or 4 may require less extensive FPPE than Category 2 based on the extent of external information regarding current competence for the requested privilege(s).

VI. FPPE METHODS

FPPE may utilize a combination of the following methods as determined by each Department's FPPE plan:

Prospective Evaluation: Presentation of cases with planned treatment outlined for the evaluator's treatment concurrence, review of case documentation for treatment concurrence or completion of a written or oral examination or case simulation.

Concurrent Evaluation: Direct observation of the procedure being performed or medical management either through observation of practitioner interactions with patients and staff or review of clinical history and physical and review of treatment orders during the patients hospital stay. May also involve interviews of personnel directly involved in the care of the patient.

Retrospective Evaluation: Review of the case record after care has been completed. May also involve interviews of personnel directly involved in the care of the patient.

FPPE DATA COLLECTION

The data obtained and reviewed by the evaluator will be recorded in the medical staff FPPE form modified appropriate to the practitioner requested privileges. In addition, data from OPPE will be used to evaluate the practitioner including:

- Routine chart audits by non-Medical Staff personnel for important clinical functions;
- Data abstracted for external comparative databases used to evaluate current Medical Staff members;
- Incident reports;
- Findings of cases identified for review by Medical Staff peer review committees;
- Electronic claims data used to evaluate current medical staff members;
- Patient satisfaction surveys.

DEPARTMENTAL FPPE PLAN AND FORMS

Each Department will define a brief FPPE plan that will include the specific FPPE methods and data sources appropriate to the specialty that will be used by its evaluators. Departmental/specialty FPPE forms will be developed based on the Department plan. The Department plan will be reviewed and approved by the Credentials Committee and the Medical Board.

VII. PRACTITIONER SPECIFIC FPPE PLAN

The practitioner specific FPPE plan will be submitted by the Department Chairman to the Credentials Committee at the time of the recommendation for privileges. The plan will include the number of recommended cases for evaluation, the evaluation methods, the proposed evaluator and the proposed timeframe.

VIII. FPPE RESULTS AND RECOMMENDATIONS

- A. At least semi-annually, the Department Chair shall provide a status report and recommendation to the Credentials Committee that shall include one of the following:
- Initial FPPE complete and acceptable;
 - Initial FPPE incomplete due to insufficient activity to complete FPPE;
 - Initial FPPE complete with concerns and additional cases required;
 - Initial FPPE complete and not acceptable.
- B. After 6 months, and each six-month period thereafter, if there is insufficient activity to complete the FPPE, the Credentials Committee will determine if the FPPE period should be extended for an additional six month-period..
- C. The Credentials Committee will notify the applicant and the evaluator every six months if the FPPE is incomplete. In the event that the practitioner's activity at the Medical Center has not been sufficient to appropriately evaluate his or her competence within eighteen (18) months of the granting of initial privileges, then the practitioner shall either:
- Voluntarily resign the relevant privilege(s); or,
 - Voluntarily request a change in category to the Affiliate Staff prior to reappointment; or,
 - Submit documentation of clinical activity performed at the practitioner's primary hospital or facility during the last year to supplement the Department's FPPE plan. This documentation may include copies of pre-op history and physical exams, consults, op-notes/procedures equal to the original FPPE plan. This submission must be provided within three months for review by the evaluator and the Department Chair; and,
 - Also submit a written request for an extension of the FPPE period with a plan for performing the necessary activity to complete the FPPE at GBMC.
- D. The Department Chair may recommend a revised specialty-specific FPPE plan for such a low volume practitioner for the approval of the Credentials Committee.

- E. Once FPPE is completed, based on the Department Chair's recommendation, the Credentials Committee will recommend to the Medical Board for either:
- Affirmation of the practitioner's successful conclusion of the FPPE;
 - Extension of the FPPE period for an additional six-month period; or
 - Non-approval of specifically-requested clinical privilege(s).
- F If there is a recommendation by the Medical Board to terminate a practitioner's appointment or additional clinical privileges due to concerns about qualifications, behavior or clinical competence during the FPPE period, the practitioner shall be entitled to the hearing and appeal process outlined in the Medical Staff Bylaws.

XI. RESPONSIBILITIES

A. Evaluator

1. Be a member in good standing of the Medical Staff with privileges in that specialty area relative to the privileges(s) to be evaluated;
2. Use appropriate FPPE methods and tools approved by the Medical Board for that department;
3. Submit all completed FPPE forms to the Medical Staff Office in a timely and confidential manner;
4. Notify the Department Chairman or Chief of Staff if, at any time during the FPPE period, the evaluator has immediate concerns about the practitioner's competence to perform specific clinical privileges or care related to a specific patient(s).

B. Practitioner Undergoing FPPE

1. Contact the evaluator to review the plan for FPPE;
2. For concurrent FPPE, make every reasonable effort to be available to the evaluator including notifying the evaluator of each patient where care is to be evaluated in sufficient time to allow the evaluator to concurrently observe or review the care provided. For elective surgical or invasive procedures where direct observation is required, if the department requires the FPPE be completed before the practitioner can perform the procedure without an evaluator present, the practitioner must secure agreement from the evaluator to attend the procedure. In an emergency, the practitioner may admit and treat the patient and must notify the evaluator as soon as reasonably possible;
3. For all methods of FPPE, be responsive to any questions the evaluator or Department Chairman might have regarding information being used to assess the general competencies evaluated for FPPE;
4. Inform the evaluator of any unusual incident(s) associated with his/her patients;
5. Have the prerogative of requesting from the Department Chairman a change of evaluator if scheduling issues or disagreements with the current evaluator may adversely affect his or her ability to satisfactorily complete the FPPE. The Department Chairman will notify the Credentials Committee in writing of any

change in the assigned evaluator;

C. Department Chairman

1. Identify the names of Medical Staff members eligible to serve as evaluators;
2. Assign evaluators as noted above;
3. Assist in establishing a minimum number of cases/procedures to be evaluated and determining when the evaluator must be present. The Department Chairman shall identify types of cases that require completion of an FPPE before an applicant can handle these cases independently without the supervision of the evaluator. When there are interdepartmental privileges, the Credentials Committee shall determine the minimum number of cases/procedures to be reviewed based on recommendations of all appropriate department chairs;
4. Adjudicate conflicts that arise between the evaluator and the physician being evaluated;
5. Review FPPE data from all sources at the appropriate timeframes in order to provide a recommendation to the Credentials Committee regarding the completion and results of the FPPE;
6. Take appropriate action if at any time during the FPPE period the evaluator notifies the Department Chairman that he/she has concerns about the practitioner's competence. Based upon this assessment, the Department Chairman may take one or more of the following actions;
 - Continue the FPPE process without changes;
 - Refer one or more cases to the peer review committee for further assessment;
 - Recommend to the Credentials Committee, any additional or revised FPPE requirements; or
 - Recommend to the Chief of Staff that corrective action be undertaken pursuant to Section 4.2 of the Medical Staff Bylaws.

D. Credentials Committee:

1. Monitor compliance with this policy and procedure;
2. Receive regular status reports related to the progress of all practitioners undergoing FPPE;
3. Make recommendations to the Medical Board regarding clinical privileges based on information obtained from the FPPE process.

E. Responsibilities of the Medical Staff Office

1. Send a letter to the practitioner being evaluated and to the assigned evaluator containing the contact information for each individual;
2. Provide the evaluator with a copy of the delineation of privileges form of the practitioner being evaluated, his or her completed Intended Practice Plan (if applicable), the FPPE forms to be completed by the evaluator;

3. Develop a mechanism for tracking the practitioner's reported clinical activity;
4. Provide information to appropriate Medical Center departments about practitioners being evaluated including the name of the evaluator;
5. Contact the evaluator, the practitioner being evaluated and the Department Chairman on a regular basis for a status report on the FPPE plan to determine for tracking purposes that FPPE and chart reviews are being conducted as required and, if not, any reason attributed to the delay;
6. At least quarterly, provide a report to the Credentials Committee of FPPE activity for all practitioners being evaluated.

D. PROCEDURE

The specific steps needed to perform FPPE by the evaluator and practitioner undergoing FPPE are summarized in the table below:

Task	Activity	Timeframe	Responsibility
Determination of FPPE Period/ Volume and Methods	Applicant classified regarding amount of FPPE required based on applicant's experience and available data	Submitted with Dept Chair recommendations for privileges	Dept Chair & Credentials Committee
Evaluator Assignments	Members from appropriate specialty contacted and confirmed	Submitted with Dept Chair recommendations for privileges	MSO
Initiation of FPPE	Evaluator and practitioner informed of FPPE plan	Within one week of activation of privileges	MSO Dept Chair
Scheduling of FPPE	Evaluator and practitioner determine schedule if concurrent methods used	Within one week following privilege activation	Evaluator Practitioner MSO
Distribution of FPPE forms	Forms for FPPE sent to evaluator	Within one week following privilege activation	MSO
Completion of FPPE forms	Evaluator submits completed evaluation forms to MSO	Upon completion of final review	Evaluator
Obtaining OPPE data	Quality staff submits data gathered via OPPE process to MSO	Duration of FPPE plan, as necessary	Quality staff
Department Chair Recommendation	Department chair reviews Evaluator findings, Audit data and OPPE data and provides credentials committee with overall assessment of FPPE data and recommendation regarding competence or need for further evaluation	Quarterly for duration of FPPE plan unless substantial concerns are raised earlier requiring immediate action	Department Chair MSO
Final Recommendation	Credentials committee reviews department Chair recommendation and approves or modifies accordingly and sends recommendation to Medical Board for approval.	At the next scheduled Credentials committee meeting	MSO Credentials Committee