

**Title: FOCUSED AND ONGOING
PROFESSIONAL PRACTICE
EVALUATION**

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I. POLICY:

The Medical Staff of East Jefferson General Hospital shall establish the criteria and process to evaluate the competency of all members and privileged Advanced Practice Professionals (APPs) to exercise their privileges and provide safe, high quality care.

II. DEPARTMENTS AFFECTED:

Medical Staff

III. DEFINITIONS:

Ongoing Professional Practice Evaluation: Continuous evaluation with periodic review of the competency of Medical Staff members to exercise privileges.

Focused Professional Practice Evaluation: The time-limited evaluation of the competency of a member of the Medical Staff or privileged APPs to exercise privileges when documented evidence of competency is lacking or when evidence is documented that suggests the competency may be deficient.

General Competencies:

- **Patient Care-**Practitioners are expected to provide 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.
- **Medical/Clinical Knowledge-**Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.
- **Practice-Based Learning and Improvement-**Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.
- **Interpersonal and Communication Skills-**Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish

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and maintain professional relationships with patients, families, and other members of health care teams.

- **Professionalism**-Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.
- **System-Based Practice**-Practitioners are expected to demonstrate both 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.

V. ROLES AND RESPONSIBILITIES:

Medical Staff Division: Develops criteria for evaluating competency.

Division Chief: Oversight of the evaluation process for all applicants or staff members assigned to his/her department or division.

Credentials Committee: Monitoring of compliance with this policy by receiving regular status reports on the progress of all practitioners undergoing focused evaluation as well as any issues or problems involving the implementation of this policy. Reviews data from ongoing evaluations at time of reappointment.

Allied Health Credentials Committee (AHCC): Develops criteria for evaluating competency of APPs. Monitoring of compliance with this policy by receiving regular reports on the progress of APPs undergoing focused evaluation as well as any issues or problems involving the implementation of this policy. Reviews data from ongoing evaluations at time of reappointment. Reports recommendations to the Credentials Committee.

VI. GENERAL GUIDELINES:

Focused and ongoing professional practice evaluation may include as assessment of proficiency in the following six areas of general competence:

- Patient Care

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- Medical and clinical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

Information for this evaluation may be derived from the following:

- Discussion with other individuals involved in the care of each patient (e.g. consulting physician, assistants in surgery, clinical or administrative team members of EJGH)
- Chart review
- Monitoring of clinical practice patterns
- Proctoring
- Simulation
- External peer review

Ongoing professional practice evaluation shall be conducted at no more than eight- month intervals.

Focused professional practice evaluation shall be conducted at the following times:

- initial appointment,
- when new privileges are granted to an existing staff member,
- when required as a result of peer review or recommended by Med Exec Committee
- when a privilege is performed infrequently and a demonstration of proficiency is required to maintain the privilege.

VII. PROCEDURES:

Ongoing Professional Practice Evaluation (OPPE)

- Each division will develop uniform criteria for ongoing evaluation of the competency of the division.
- These criteria shall be reviewed and approved by the department chairman, the Credentials Committee, and the Medical Executive Committee.
- Data to support these evaluations shall be collected by the Medical Staff Office and the Organizational

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Effectiveness Department.

- Division chief shall review the performance of each member of his/her division at least every eight months. (*or at a frequency to ensure competency*)
- Processes defined above shall be executed by the AHCC for APPs.
- All evaluations shall be filed in each practitioner's quality file.
- Any incidences of inadequate performance shall be referred for possible FPPE.

**Focused Professional Practice Evaluation
(FPPE)**

The need for a FPPE will be determined by the Medical Executive Committee.

The type of focused professional evaluation will be determined by the department chairman, or by the AHCC for APPs, based on the practitioner's individual circumstance using the following guidelines:

1. Initial appointment
 - a. Peer recommendations from previous institutions will be confirmed by the department chair.
 - b. Performance indicators will be monitored. Monitoring will begin with the first admission, practice day, or procedure.
 - c. FPPE peer evaluations by the division chief/AHCC will be completed within 6 months of initiation of clinical activity. The division chief/AHCC should seek input from colleagues, consultants, nursing personnel, and administration.
 - d. Procedure and clinical activity logs will be reviewed from either previous institutions or training programs.
 - i. If current competency from previous institution is well documented through case logs of activity within recent year, then no additional monitoring is required.
 - ii. If current competency and adequate clinical activity is not well documented from previous institution, then a higher level of

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focused evaluation will be necessary for this type of applicant.

Specifically, concurrent chart review, proctoring, simulation, or additional references should occur to fully evaluate the ability to perform requested privileges. The focused evaluation plan will be determined by the department chair/AHCC with approval of the Medical Executive Committee.

2. New privilege for existing staff member.
If a new requested privilege is significantly different from a practitioner's current privilege, then the training in the new privilege or proctoring of cases should be arranged, documented, and confirmed. The department chairman/AHCC and the credentials committee should determine the process and the number of cases to be evaluated, which shall be submitted to the Medical Executive Committee for approval.

3. When a privilege is used infrequently.
Each division/AHCC should determine the minimum number of cases to be performed to be able to evaluate performance. If the minimum is not met, then the department chairman/AHCC shall refer to the Medical Executive Committee for possible FPPE.

4. When peer review casts doubt on a practitioner's competency.
The Medical Executive Committee may initiate a FPPE whenever information becomes available that casts doubt on the competency of a practitioner to exercise his/her privileges in a high quality, safe manner. The sources of this information include, but are not limited to, OPPE evaluations, MSAOC reports, National Practitioner Data Bank reports, reports from licensing or regulatory agencies, and guest or team member complaints. The department chairman/AHCC will develop the FPPE process and submit to MEC for approval.

5. The discussion of all physician

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specific practice evaluations shall only be conducted in executive session of the Credential's Committee, MSAOC, or the MEC.

Reviewed and approved by the Medical Executive
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