



1414 Kuhl Ave.
 Orlando, Florida 32806
 321.843.7000

Type of Policy:	DEPARTMENT SPECIFIC	Category:	CORPORATE
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Title:	<i>Ongoing Professional Practice Evaluation and Focused Professional Practice Evaluation</i>	Policy #:	5873-4007
Page:	1 of 4	Replaces #:	
Issue Date:	11/10	Developed By:	Medical Staff Services Supervisor
Revision Dates:	02/11; 12/12; 4/14; 2/15	Approved By:	Medical Staff Services Director

I. PURPOSE:

This policy establishes a process for systematic focused review of all initially privileged practitioners, all current Orlando Health practitioners requesting an increase in privileges, and privileged practitioners for whom a focused review is indicated and for establishing an ongoing review of current Orlando Health practitioners in order to track and trend quality care and patient safety for purposes of recommending to continue, revise or revoke privileges.

II. DEFINITIONS:

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

- A. Focused Professional Practice Evaluation (FPPE): the establishment and monitoring of current competency for initially privileged practitioners, increased privileges or privileged practitioners for whom a focused review is indicated
- B. Ongoing Professional Practice Evaluation (OPPE): the routine monitoring of current competency for Orlando Health privileged practitioners
- C. Proctoring may be defined by 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. FPPE is used to assess current clinical competence, practice behavior, and/or ability to perform newly granted privileges. The evaluation may include, but is not limited, to the following:
 - 1. Volumes
 - 2. Average length of stay
 - 3. Complications
 - 4. Mortalities
 - 5. Infection rates
 - 6. Compliance with core measures
 - 7. Top ten Diagnosis Related Groups (DRG) by volume
 - 8. Total number and content of peer reviews with C and/or D attributes
 - 9. Total number and content of incident reports
 - 10. Total number of missing History & Physicals (H&P)
 - 11. Total number of delinquent charts (greater than 30 days after discharge)
 - 12. Total number of medical record suspensions
 - 13. Total number of continuing medical education hours
 - 14. A random review of medical records
 - 15. Completion of Physician Orientation (initial physicians only)
- B. Practitioners undergoing FPPE shall be evaluated for a period of at least 120 days.
- C. FPPE shall automatically be conducted for practitioners with initial and increased privileges.
- D. FPPE may be *triggered* for practitioners with existing privileges if the practitioner’s Department Chairman, Leadership Chairman, Chief or Vice Chief of Staff deems the practitioner:



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1. Violated any of the criteria set forth by the respective Hospital and Medical Staff Bylaws, Rules and Regulations and Policies and Procedures.
 2. Demonstrated questionable quality patient care as the result of a single incident or during the course of OPPE.
 3. Utilized a specific privilege infrequently as defined by the respective Department
 4. Has recently been placed on a Behavior Contract and/or Performance Agreement
 5. Failed to turn in a completed OPPE or FPPE packet (for Allied Health Practitioners)
 6. Any other reasons deemed appropriate by the Credentials Committee
- E. 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 necessarily be released to the organizations but may be used internally to help assess the practitioner’s performance.
- F. All privileged practitioners who are not undergoing FPPE are continuously on OPPE and evaluated every eight (8) months in accordance with an established schedule maintained by the Medical Staff Services Office (MSSO). This evaluation is used to assess current clinical competence, practice behavior, and ability to perform the privileges granted and may include, but is not limited to, the following:
1. Volumes
 2. Average length of stay
 3. Complications
 4. Mortalities
 5. Infection rates
 6. Compliance with core measures
 7. Top ten Diagnosis Related Groups (DRG) by volume
 8. Total number and content of peer reviews with C and/or D attributes
 9. Total number and content of incident reports
 10. Total number of missing History & Physicals (H&P)
 11. Total number of delinquent charts (greater than 30 days after discharge)
 12. Total number of medical record suspensions
 13. Total number of continuing medical education hours
 14. Patient satisfaction scores
- G. In addition to the data above, additional custom metrics are determined by individual departments.
- H. Practitioners shall be evaluated according to the six (6) ACGME Core Competencies.
- I. Active Affiliate, Senior Affiliate and Honorary practitioners are not required to be monitored.
- J. Credentials Committee is responsible for monitoring compliance with this policy.

IV. PROCEDURE:

- A. Responsibilities of the MSSO:
1. Medical Staff members undergoing FPPE/OPPE
 - (a) The MSSO shall collect the data in accordance with Section III, A and F above.
 - 1) For Medical Staff members who have less than six (6) patient contacts during an OPPE timeframe of eight (8) months, the MSSO shall request the Medical Staff member to provide one of the following:



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- a) A copy of the Medical Staff member’s most recent OPPE/FPPE report from their active hospital; or
 - b) Two peer references, one (1) from a peer of the Medical Staff member’s choice AND one (1) from a physician who refers patients to the Medical Staff member, both of whom can attest to the Medical Staff member’s competence. A peer cannot be a program director, department chairman, current partner or practice associate, or relative.
- 2) For Medical Staff members who have less than three (3) patient contacts during an FPPE timeframe of 120 days, the MSSO shall request the Medical Staff member to provide one of the following:
- a) A copy of the physician’s most recent OPPE/FPPE report from their active hospital; or
 - b) One (1) peer reference of the Medical Staff member’s choice who can attest to the Medical Staff member’s competence. A peer cannot be a program director, department chairman, current partner or practice associate, or relative.
- b. The MSSO compiles the collected data and creates a medical staff member profile in the applicable information system.
 - c. The MSSO utilizes the profile to complete the Pre-review Form (See Attachment A).
 - d. The MSSO provides the Pre-review Forms to the applicable department chairman.
2. Allied Health Practitioners undergoing FPPE/OPPE
- a. The MSSO shall send a Primary Supervising Physician Reference Form to the respective primary supervising physician.
 - b. The Allied Health Practitioner is responsible for ensuring the MSSO receives the completed Primary Supervising Physician Reference Form by the specified deadline.
 - c. The MSSO provides the completed Supervising Physician Reference Form to the applicable department chairman.
- B. Responsibilities of department chairman
- 1. The department chairman is responsible for reviewing the information provided by the MSSO.
 - 2. The department chairman may, at any time, request additional information regarding the practitioner from the practitioner or the MSSO.
 - 3. The department chairman shall make a recommendation to the Credentials Committee utilizing the applicable electronic or paper form.
- C. Responsibilities of Credentials Committee
- 1. Credentials Committee is responsible for reviewing the recommendations of the department chairmen.
 - 2. The Credentials Committee may, at any time, request additional information regarding the practitioner from the practitioner or the MSSO.
 - 3. If the Credentials Committee determines to continue privileges subject to FPPE and/or OPPE, the determination is final.
 - 4. If in the Credentials Committee’s opinion the practitioner’s privileges should be revised or revoked, the Credentials Committee shall make a recommendation to the Medical Executive Committee in accordance with the Medical Staff Bylaws.



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- D. Failure to provide required information/documentation under this policy will be reported to the Credentials Committee for further action.
- E. The Credentials Committee or appropriate department chairman 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 in accordance with the Medical Staff Bylaws and the proctorship policy.

V. DOCUMENTATION:
None.

VI. REFERENCES:
None.

VII. ATTACHMENTS:
None.