



<b>Institutional Handbook of Operating Procedures</b> <b>Policy 05.05.09</b>	
Section: Faculty	Responsible Vice President: SVP, Chief Medical & Clinical Innovation Officer
Subject: Focused Professional Practice Evaluation (FPPE) Ongoing Professional Practice Evaluation (OPPE)	Responsible Entity: Health System, Medical Staff Executive Committee (MSEC), Medical Staff Services Department

**I. Title**

*Medical Staff Focused Professional and Ongoing Professional Practice Evaluation Policy*

**II. Policy**

UTMB Health System Medical Staff leadership shall maintain oversight of the focused professional practice evaluation/ongoing professional practice evaluation (FPPE/OPPE) process and conduct appropriate monitoring of the care delivered by its Medical Staff to ensure patient safety and high-quality health care. The scope of this policy applies to all licensed independent practitioners (LIP) credentialed and privileged through the medical staff process.

OPPE may identify patterns, outcomes, complications, or other indicators associated with the practice of a specific individual which suggest the need for FPPE.

The Medical Staff Services Office provides required forms, guidance, and procedural assistance to ensure compliance with CMS, Joint Commission and Managed Care Payor contractual obligations. The completed OPPE forms are maintained in the individual practitioners Performance File, distinct from the Credentials File. The Credentials File and the Performance File are available to the Medical Staff Credentials Committee and the Medical Staff Executive Committee at the time of recredentialing or at any time upon request.

All findings and confidentiality of all discussions, deliberations, records, and any other information generated in connection with practitioner performance evaluations by the Committee are “Privileged and Protected” to the extent allowed by Texas Medical Peer Review Confidentiality Statutes under Tex. Health and Safety Code Ann.§161.032.

**III. Definitions**

Licensed Independent Practitioner: Any individual permitted by law and UTMB Bylaws to provide care, treatment, and services without direction or supervision. A licensed independent practitioner operates within the scope of the individual’s license, consistent with individually granted clinical privileges.

Focused Professional Practice Evaluation: FPPE is a process whereby the medical staff evaluates the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested clinical privilege(s) at UTMB Health System.

Ongoing Professional Practice Evaluation: OPPE is a monitoring mechanism and intervention for current member’s maintenance of privileges professional practice trends that impact quality of care and patient safety.

Competent: Possessing the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a treatment decision, including the significant benefits and harms of and reasonable alternatives to a proposed treatment decision.

Privileges: The process whereby the specific scope and content of patient care services (that is, clinical privileges) are authorized for a health care practitioner by a health care organization based on evaluation of the individual's credentials and performance.

Peer Recommendation: Peer evaluations are obtained from a practitioner in the same professional discipline as the applicant with personal knowledge of the applicant's ability to practice. When practitioner-specific data is insufficient or unavailable, the Department may accept peer reference evaluations to determine current competency, at the time of reappointment.

#### **IV. Procedures**

##### **A. Focused Professional Practice Evaluation**

1. A time limited period of focused evaluation is required for all new members of the Medical Staff and for all existing members of the Medical Staff when they apply for new privileges. It begins immediately when privileges are initially exercised.
2. The focused evaluation pertains to the specific clinical privilege(s) in question and have no direct effect on other existing privileges.
3. If, at any time, concerns are raised relative to a practitioner's current clinical competence, practice behavior and/or ability to perform any of his/her privileges, a focused professional practice evaluation may be directed by the Department Chair. Examples include, but are not limited to:
  - a. Performance patterns not meeting benchmark criteria and triggers as defined in the procedure regarding OPPE.
  - b. Other evidence suggesting that a practitioner's performance does not fall within the accepted practice guidelines or standards of care; and
  - c. Staff or patient/family complaints.
4. Focused evaluation may include, but is not limited to, one or more of the following:
  - a. Comparison of the practitioner's complications/outcomes relative to peers
  - b. Retrospective or prospective chart review
  - c. Monitoring of clinical practice
  - d. Proctoring
  - e. External Peer Review
  - f. Simulation
  - g. Discussion with other medical professionals involved in the care of the practitioner's patients relative to the substance of the focused review
5. The duration of, and methods used to conduct, a period of focused review is documented on the "Focused Professional Practice Evaluation Plan", described below, prior to the onset of the period of focused evaluation. The review process is consistently applied based on the privilege or set of privileges under evaluation to ensure that practitioners are treated equitably.

6. The Focused Professional Practice Evaluation process utilizes the following forms to ensure clarity, thoroughness, and compliance with the procedure:
  - a. “Focused Professional Practice Evaluation Plan” – This form is completed and signed by the relevant Department Chair prior to the onset of the period of focused evaluation. The form indicates:
    - b. What privilege will be evaluated,
    - c. Duration of the review period, which is six (6) months, in general, for new practitioners
    - d. Evaluation methods
  
7. “Focused Professional Practice Evaluation Final Report” – This form is signed by the Department Chair at the completion of the period of focused review. It allows the Department Chair to indicate:
  - a. There was sufficient data for evaluation or evaluation should be extended or supplemented with other methods as needed during the initial and any subsequent review periods at the discretion of the Department Chair,
  - b. Privileges under evaluation should be continued, limited, or revoked,
  - c. Whether a “Performance Improvement Plan” should be implemented to address training / current competence issues. If this option is selected, the Department Chair defines:
    - i. who is accountable for monitoring compliance with the plan and how improvements will be measured and documented.
    - ii. Performance Improvement options may include:
      - a) further education,
      - b) proctoring for defined privileges,
      - c) counseling,
      - d) practitioner assistance programs,
      - e) others at the discretion of the Department Chair
    - iii. The Performance Improvement Plan takes effect immediately upon signature by the Department Chair.
    - iv. Subsequent review following the completion of the Performance Improvement Plan shall occur to re-evaluate the practitioner's ability to exercise the privileges in question on an independent basis.
    - v. The performance improvement measures employed to resolve performance related to specific privileges is consistently applied to any practitioner undergoing FPPE for that privilege.
  
8. External peer review will be solicited when the relevant Department Chair determines that an external review would provide the most objective and fair evaluation. Examples of situations that may warrant external review include:
  - a. Lack of internal expertise – when no one on the Medical Staff has adequate expertise in the specialty or specific privilege under review,
  - b. When the only practitioner(s) on the Medical Staff capable of performing internal peer, review are determined to have a conflict of interest regarding the practitioner under review, or
  - c. In any circumstances deemed appropriate by the Department Chair
  
9. If the practitioner's activity at UTMB Health System has not been sufficient in volume, case mix or for other reasons to adequately evaluate his/her performance or competence during the period of focused evaluation, the Department Chair will document on the Focused

Professional Practice Evaluation Plan that the period of review is extended to ensure that adequate evaluation is accomplished.

10. Upon completion of the focused evaluation, the Department Chair attests to the results of the review and signs the completed "Focused Professional Practice Evaluation Final Report" which is filed in the practitioner's Performance File.
11. In those situations, in which medical staff status and/or privileges are impacted, the recommendation of the Department Chair is made to the Credentials Committee consistent with all other recommendations concerning medical staff status and privilege changes. The practitioner is also notified of the outcome of the evaluation and the requirements, if any, relative to the privilege(s) in question.
12. The period of focused evaluation for individuals who are approved in advance for a leave of absence shall be automatically extended for the duration of the leave of absence.
13. Any practitioner subject to proctoring, additional training, summary suspension or other limitations on his/her privileges shall be entitled to the Hearing and Appellate Review process subject to the terms defined in the Medical Staff Bylaws.

## **B. Ongoing Professional Practice Evaluation**

1. In accordance with the Medical Staff Bylaws, Article XI, Section 2.1.1.4, the Department Chair shall maintain continuing review of the professional performance, including results of the OPPE, of all practitioners with clinical privileges of the Medical Staff, including Allied Health Professionals with specified services in the department and report regularly thereon to the Medical Staff Executive Committee.
2. OPPE profiles for every member of the Medical Staff are prepared for and presented to the Department Chair for review and approval every six (6) months. The OPPE profile is used as an aid to evaluate each practitioner's professional practice. Each Department is encouraged to develop, or adopt, privilege specific performance metrics, subject to approval by the organized medical staff.
3. Core performance indicators, *qualitative and/or quantitative*, will be collected and trended, as applicable to the practitioner's practice and shall include, but are not limited to:
  - Volume of Patient Encounters
  - Complication Rate
  - Readmission Rate
  - Mortality Index
  - Patient Satisfaction
  - Patient/Staff Complaints
  - Use of Unapproved Abbreviations
  - Medical Record Delinquency/Suspensions
  - Professional Behavior Incidents
  - RL Datix Quality Referrals

4. The final Ongoing Professional Practice Evaluation Report, electronic or manual, must address the following *“minimum”* elements to ensure clear analysis and corrective action for improvement:
  - a. Patient Volume
  - b. Approved Clinical Indicator (s)
  - c. Acceptable Benchmark Criteria
  - d. Comparative Peer Data, *(if available)*
  - e. Recommendation to Continue, Limit or Revoke specific or all privileges
  - f. Comments on performance and/or professional behavior outliers not meeting criteria
5. Triggers that may necessitate *focused professional practice evaluation*, include but are not limited to adverse trends related to performance, patient complaints, zero volume, and excessive delinquent medical records.
6. There may be specific groups of practitioners that require additional or alternative performance indicators as determined by data availability and appropriateness. Regarding those practitioners for which there is insufficient electronic data
  - i. Each clinical department may evaluate five cases, patient visits, or procedures that occurred during the previous 6 months (January through June or July through December).
  - ii. The Chairperson may designate an individual or a committee to perform the peer review(s).
  - iii. The selection of cases for peer review may be guided by specific diagnoses in support of broader quality improvement efforts and will be determined by the chairperson or his designee.
  - iv. The Chairperson or designee will evaluate the formal reviews in the context of the practitioner’s current privileges and attest to competency on the OPPE Evaluation Form.
  - v. The form will allow the Chairperson to recommend that the practitioner’s privilege be “continued”, “limited”, or “revoked”.
  - vi. The form will also provide the opportunity to recommend a period of focused evaluation (FPPE) regarding specific privileges.
7. The completed Peer Reviews/OPPE Report must be returned to the Medical Staff Office within 30 days of their initial distribution to support the ongoing, and timely nature of the evaluation. Final reports will be included in the practitioner’s Performance File and will be available for review by the Chairperson and/or the Credentials Committee, upon request, at the time of reappointment.
8. For those practitioners who have not exercised privileges during the 6-month review period, no OPPE will be required.

**V. Relevant Federal and State Statutes**

The Joint Commission Medical Staff Chapter, Standard MS.06.01.03, EP#6  
The Joint Commission Medical Staff Chapter, Standard MS.08.01.01; MS.08.01.03

**VI. Relevant System Policies and Procedures**

Medical Staff Bylaws, Rules & Regulations

**VII. Dates Approved or Amended**

<i>Originated: 11/15/2021*</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>

*\*Policy originated date as a departmental policy on 6/09/2011. Any questions regarding revisions while a departmental policy should be directed to the Medical Staff Services Department.*

**VIII. Contact Information**

Medical Staff Services Department  
 (409) 772-5281