



Title:	Focused Professional Practice Evaluation (FPPE)				
Department/Service Line:	Medical Staff				
Location:	WHS- Decatur				
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SCOPE

This document applies to Wise Health System Decatur.

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the WHS Policy and Procedures Definitions document.

Practitioner - any individual granted clinical privileges

FPPE- Focused Professional Practice Evaluation

POLICY

WHS Medical Staff has a systemic process to ensure that there is sufficient information available to confirm the current competency of practitioners granted privileges to WHS.

PROCEDURE

All practitioners granted privileges will be proctored under Focused Professional Practice Evaluation, including:

1. Initially granted clinical privileges
2. Privileges for which the practitioner seeks, but has not yet performed the procedure at this organization in the past
3. There is concern regarding the practitioners current competency, either do to data from an ongoing professional practice evaluation or because the practitioner has not exercised the privilege in question for an extended period of time

In addition to specialty specific issues, FPPE we'll also address the six general competencies is of practitioners performance:

1. Patient Care
2. Medical Knowledge
3. Practice Base Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems Based Practice

Proctoring may be performed using prospective, and current, or retrospective approaches. Practitioners who most often provide cognitive care, as opposed to procedural care, are usually evaluated or prospectively or retrospectively. Prospective proctoring and concurrent proctoring are the preferred method of evaluating practitioners who request privileges to perform various procedures. The appropriate proctoring methods for an individual practitioner will be determined by the Ethics and Credentials Committee or the Medical Executive Committee as applicable.

FPPE shall begin when a practitioner is granted initial privileges or if a currently privileged practitioner is granted new privileges. The Medical Staff Peer Review Committee is responsible for performing retrospective FPPE on five (5) cases for each newly privileged practitioner. This may also include concurrent proctoring and discussion with other individuals involved in the care of each patient (i.e. consulting physicians, assistants at surgery, nursing, or administrative personnel). Generally, the evaluation should be concluded within 6 months. However, this period may be extended for a period of time not to exceed a total of twenty-four (24) months from granting of the privilege(s) if initial concerns are raised that require further evaluation or there is insufficient activity during the initial period.

The practitioner's previous experience should be taken into account in determining the approach and extent of proctoring needed to confirm current competence.

In the event that the Peer Review Committee recommends FPPE due to a quality concern discovered in Ongoing Professional Practice Evaluation (OPPE), the Peer Review Committee will recommend the extent and duration of the FPPE on an individual case basis and be responsible for the ongoing monitoring.

Practitioners requesting membership but not requesting specific privileges are not subject to the provisions of this policy.

At the end of the evaluation period, results and recommendations will be forwarded to the Quality Assessment/Utilization Review Committee (QA/UR) and Medical Executive Committee.

Whenever there is a reason to believe that the activities or professional conduct of any practitioner may be:

- (a) Detrimental to patient safety
- (b) Detrimental to the delivery of patient care according to the standard set by the medical staff
- (c) Disruptive to the efficient operation of the facility or any of its departments or services
- (d) In violation of the Medical Staff Bylaws, Rules and Regulations

The procedure for corrective action will be followed as outlined in the Medical Staff bylaws.

ATTACHMENTS

None.

RELATED DOCUMENTS

**Ongoing Professional Practice Evaluation (OPPE)
WHS Medical Staff Bylaws, Rules and Regulations**

REFERENCES

None.

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.