

Policy: Physician Competency Assessment Process - OPPE/FPPE

Type: Administrative (ADM) / Medical Dental Staff

Applicable To: Monmouth Medical Center, Southern Campus

Policy Owner: Director of Standards/Risk Management

Effective Date: 7/20/2021

Approved by: CMO

1. Policy Statement:

All members of the medical staff shall be evaluated on an ongoing basis to determine competency in performing privileged responsibilities. In addition, the medical staff members will have a focused professional practice evaluation whenever new privileges are granted or when there are circumstances in which there is a concern related to the provision of safe, quality patient care.

DEFINITIONS:

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 use scientific evidence and methods to investigate, evaluate, and improve patient care.

Interpersonal and Communication Skills: Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of healthcare team.

Professionalism: Practitioners are expected to demonstrate behaviors that reflect a commitment of continuous professional development, ethical practice, an 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 healthcare is provided, and the ability to apply this knowledge to improve and optimize healthcare.

Competency Assessment: The competency assessment process is structured to involve two specific approaches: 1) focused professional practice evaluation (FPPE) and 2) ongoing professional practice evaluation (OPPE).

1. FOCUSED PROFESSIONAL PRACTICE EVALUATION:

The focused evaluation is utilized to determine privilege-specific competence of a practitioner who does not have documented evidence of proficiency in performing the requested privilege at the organization. This is a time-limited period for the organization to evaluate and determine professional performance. This process may also be used when a question arises about a currently privileged practitioner's ability to provide safe, high quality patient care – i.e. information from ongoing performance evaluation.

A. Criteria for conducting a focused professional practice evaluation

1. Any practitioner that does not have documented evidence of competently performing the requested privilege at the organization.
2. Circumstances in which there is a concern related to the provision of safe, high quality patient care that would be identified through a variety of triggers.

B. Triggers that indicate the need for focused professional practice evaluation:

1. Granting new privileges
2. Permanent unexpected loss of patient function
3. Unexpected patient death
4. Wrong site/wrong patient/wrong procedure surgery
5. Trends identified with surgical wound infections
6. Trends identified with non-compliance with Core Measures
7. Trends identified with disruptive behaviors
8. Trends identified through ongoing physician performance evaluations

C. Criteria used for the type of monitoring for a focused professional practice evaluation

1. Likelihood and severity of adverse patient outcomes
2. Overall provider performance on comparable measures
3. Effectiveness of the monitoring method
4. Efficiency of the monitoring method
5. Availability of monitoring staff
6. Recommendation of similarly privileged staff
7. Recommendations of the medical staff committees and medical staff leadership

D. Method for establishing a monitoring plan

1. **New Privileges:** The monitoring plan shall be collaboratively established by the department chairperson, division medical director, and chief medical officer. Additional parties may be consulted as needed. The monitoring plan shall include the mechanism that will be used to assess competency. These mechanisms may include but

are not limited to: direct observation, mentoring, case review, chart review, monitoring of clinical practice patterns, simulation, proctoring, external peer review and discussion with other individuals involved in the care of each patient. The evaluation period for physicians granted new privileges is for six months unless otherwise determined by the chairperson of the department.

2. Concerns related to the provision of care: The monitoring plan shall be collaboratively established by the department chairperson, division medical director, and chief medical officer. Additional parties may be consulted as needed. The chairperson in collaboration with medical staff credentials committee and other medical staff leadership as appropriate will develop criteria to be used for evaluation of the physician. The duration of the monitoring will be six months unless otherwise determined by the chairperson. The department chairperson may extend the monitoring period. The duration of monitoring is determined based on the practitioner's current clinical competence, practice behavior, and ability to perform the requested privilege. Cases in which the monitoring is being utilized to establish clinical competence in low volume procedures will utilize monitoring through observation when feasible and reasonable.

E. External competency evaluations

Circumstances under which monitoring by an external source is required include: the need for specialty review when there are no such specialists on staff of the institution, a determination cannot otherwise be made through the internal review mechanism, the individual under consideration requests external review, or the credential committee requests external review.

F. Performance evaluation criteria

When performance evaluations are initiated as a result of concerns about the safety and quality of care the following criteria will be used to evaluate that care: compliance with professional and organizational performance standards, performance trends, patient outcomes, recommendation of peers, other criteria as determined by the chairperson in collaboration with the medical staff leadership.

G. Measures to resolve performance issues

The results of all monitoring are communicated to the physician and to the department chair. The chair has the responsibility to resolve performance issues. In collaboration with the chief medical officer the chair may employ techniques such as counseling, educating, retraining, and coaching to promote the resolution of performance issues. Throughout this period the chair will take precautions necessary to insure patient safety. Information from ongoing practice evaluation as well as focused evaluations is considered in the privileging process. In the event that adequate progress is not being made toward resolution or patient safety cannot be reasonably assured, the chair shall take actions to limit, modify, or withdraw privileges in accordance with the procedures defined in the medical staff bylaws.

2. ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE):

Ongoing professional practice evaluation is achieved through routine monitoring of current competency for current medical staff members (peer review) through systematic data collection and evaluation.

A. Process for conducting the ongoing professional practice evaluation

This process allows the organization to identify professional practice trends that impact on care and patient safety. Such identification may require intervention by the organized medical staff. Each department will collect data on an ongoing basis and evaluate performance annually. Specific performance measures for OPPE are defined by the medical staff and include measures of the six general competencies. Examples of the data could include: peer review outcomes, focused review outcomes, patient satisfaction, volume data, utilization data, patient core measure data, and outcome data.

Data collected and action plans implemented throughout the appointment period shall be reviewed and considered during the re-appointment and re-privileging process.

B. Use of information resulting from OPPE

The department chair will use the information to determine whether to continue, limit, and revoke any existing privilege. This process allows the organization to identify professional practice trends that impact on care and patient safety. Such identification may require intervention by the department chair. In addition, the data may indicate the need to do focused professional practice evaluation when the criteria for FPPE are met.

C. Measure to resolve performance issues

The results of monitoring occurrences are communicated to the physician and the department chair. The chair has the responsibility to resolve performance issues. The chair may employ techniques such as counseling, education, retraining, coaching to promote the resolution of performance issues. Throughout this period the chair will take precautions necessary to insure patient safety. Information from ongoing practice evaluation as well as focused evaluations is considered in the privileging process. In the event adequate progress is not being made toward resolution or patient safety cannot be reasonably assured, the chairperson in collaboration with the chief medical officer shall take actions to limit, modify, or withdraw privileges in accordance with the procedures defined in the medical staff bylaws.

Revised: 3/07, 6/11, 4/2021

Approved: MMCSA Credentials Committee – 4/28/2021

MMCSA Medical Executive Committee 5/04/2021

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2. Acronyms:

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| FPPE | Focused Professional Practice Evaluation |
| OPPE | Ongoing Professional Practice Evaluation |

3. Related Documents:

| Document Type | Document Name |
|-------------------------------|--|
| Associated Procedures: | |
| Resources: | Forms <ul style="list-style-type: none">Physician Competency Assessment - FPPE Trigger Form Download File 1 |
| Job Aids: | |
| Regulatory references: | |

