Hackensack Meridian *Health*
Jersey Shore University Medical Center

Focused Professional Practice Evaluation

Medical Staff Policies & Procedures	
Document Owner: Medical and Dental Staff of Jersey Shore University Medical Center	**Date Approved by MEC: 11/8/2011**
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DEFINITION: Focused Professional Practice Evaluation (FPPE) is a process whereby the Medical and Dental Staff evaluates the competency and professional performance of its staff members. FPPE is not considered an investigation and is not subject to regulations afforded in the investigation process. If FPPE results in an action plan to perform an investigation, the process identified in the Hackensack Meridian Health Hospital Medical and Dental Staff Bylaws would be followed.

PURPOSE: When a staff member has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm the competence or if a question arises regarding an individual's professional practice during the course of the Ongoing Professional Practice Evaluation (OPPE).

SCOPE: Medical and Dental Staff and Allied Health Professionals of Hackensack Meridian Health Hospitals.

POLICY: Upon appointment to the Medical and Dental Staff or Allied Health Profession Staff of Hackensack Meridian Health each staff member shall have his/her performance monitored and evaluated. FPPE shall be performed and documented for each staff member who is granted new clinical privileges by the Board of Trustees or for anyone referred from the OPPE process.

THE EVALUATION:

Factors to be considered

Criteria used for evaluation include, but are not limited to:

a) concurrent review of the staff member's assessment and treatment of patients;
b) review of invasive and non-invasive clinical procedures performed and their outcomes;
c) blood utilization, medication management, and morbidity and mortality data;
d) requests for test procedures, use of consultants, and medical record compliance.

NOTE: because JSUMC is part of a multi-hospital network, procedures performed under FPPE at another hospital within the HMH network may be used to supplement the data collected at JSUMC.

For low volume practitioners, supplemental data may be used from another CMS certified organization where the practitioner holds the same privileges. (i.e. if activity is limited to periodic on-call coverage for other physician groups or occasional consultation for a clinical specialty). The use of supplemental data may NOT be used in lieu of capturing local data.

The Evaluation process

Information used for evaluation may be obtained through any of the following:

a) concurrent and/or targeted medical record review;
b) direct observation;
c) monitoring/proctoring;
d) discussion with other staff members involved in the care of specific patients;
e) data collected QI&O;
f) sentinel event data;
g) applicable peer review data.

THE PROCESS

Initial and New Privileges:

The Section Chief or Department Chair shall decide what type and what duration of proctoring is most appropriate for each staff member taking into consideration the clinical experience and training and the clinical privileges requested. During the new applicant interview process, the Department Chair/or designee shall discuss with the applicant the FPPE process and outline the criteria and evaluation process that will be used during his/her FPPE period using the attached grid**.** The evaluation may be performed by the Department Chair, the Section Chief, or a member of the Medical/Dental Staff. If a monitor/proctor cannot be chosen from the Medical Staff due to an obvious or perceived potential conflict of interest, the Department Chair in conjunction with the Chair of the Credentials Committee shall decide if an outside monitor/proctor is required**.** If a current member of the medical staff is granted a new privilege by the Board of Trustees, the same process shall take place during the review of the applicant's credentials. Evaluation forms shall be submitted to the Department Chair upon completion but no later than the time frames established by the Department Chair or designee. Concerns regarding an individual's clinical competence and/or practice shall be acted upon immediately. At the conclusion of the assigned FPPE period, the Department Chair shall recommend to either conclude FPPE or extend FPPE based on evaluation of the staff member's current clinical competence, practice behavior and ability to perform the requested privileges**.** If the recommendation is to extend FPPE, for reasons other than lack of sufficient activity, a report shall be sent to the Credentials Committee.

If a current OPPE performed at one Hackensack Meridian Health Division determines that the physician demonstrates satisfactory performance within the six domains of competency, it may be used to infer a satisfactory and sufficient level of clinical practice at another Division. OPPE determinations made at one Hackensack Meridian Health Division, may, on request, be shared with the other Hackensack Meridian Health Divisions and be utilized in the appointment, credentialing, and if needed, the FPPE process by that Division.

Referral from OPPE:

Staff members may be referred for FPPE as a result of the Ongoing Professional Practice Evaluation (OPPE) process by the Section Chief, Department Chair, QI&O Committee, Credentials Committee or the Medical Executive Committee.

Quality of Care Issues:

Quality of care issues should be addressed as they arise in order to provide continuous quality patient care and safety, and to assure favorable clinical outcomes. A quality concern may be raised by the Medical and Dental Staff, Allied Health Professional Staff, Nursing Staff, or through the QI&O process. If a collegial approach to the concern is not effective, the concerned party will file a written report with the Chief Medical Officer, the President of the Medical Staff, the Department Chair or the Section Chief. A monitoring plan shall be developed

whenever there is question of demonstrated clinical competence and shall be provided to the Medical Executive Committee and the Chief Medical Officer.

When issues are identified that affect the provision of safe high quality care, a monitoring plan is warranted whenever there is cause to:

a) question the demonstrated clinical competence of any staff member; or
b) question the care or treatment of a patient or management of a case by any staff member; or
c) have reason to suspect violation by any staff member of applicable ethical standards of the Medical and Dental Staff Bylaws, Rules and Regulations, Policies, Hackensack Meridian Health Corporate Bylaws, or Professional Code of Conduct.

Attachments: Department Chair- FPPE Interview Checklist

HACKENSACK MERIDIAN HEALTH
FOCUSED PROFESSIONAL PRACTICE EVALUATION PLAN for non Proceduralists

Practitioner Name: _____ Specialty: _____
FPPE Trigger: ❑ New Member ❑ New Privilege ❑ Finding from OPPE
Is this practitioner currently practicing "unsupervised" at another Hackensack Meridian Health or local area facility? _____ If yes, which facility _____
High Risk Specialty ___ Yes ___No High Volume Specialty ___Yes ___No

1) **Is this practitioner coming from an outside Residency Program? ____**
2) **Is this practitioner coming directly from a Meridian residency Program? ____**
3) **Is this practitioner coming with a documented record of performance of the privilege and its associated outcomes? ____**
4) **Is this practitioner coming with no record of performance of the privilege and its associated outcomes? ____**

Based on the information above along with review of the clinical privileges recommended for approval, the FPPE plan for this practitioner is outlined below:

	EVALUATION PROCESS	TERMS
	Concurrent Medical Chart Review	**Minimum # of records _____**
	Targeted Medical Chart Review	**Minimum # of records _____**
	Retrospective Chart Review	**Minimum # of records _____**
	Direct Observation of Procedures	**Minimum # of procedures ___ Types of Cases: _____**
	Discussion with other practitioners	**Minimum # _____**
	External Peer Review	
	Simulation	
√	**Data Collected through Q I& O**	**As applicable**
√	**Sentinel Event Data**	**As applicable**
√	**Peer Review Data**	**As applicable**

Date FPPE Initiated _____ Due Date _____

Assigned Supervising Physician(s) _____ or ❑ N/A

CREDENTIALING / PRECEPTORSHIP: CATEGORY 1- OBSTETRIC PROCEDURES

General instructions: All new staff members and applicants for an increase in privileges must document competence in that procedure. The Department Chair or his/her Designee (typically a Division Director or senior faculty member) will serve as preceptor and must witness the entire procedure in order to verify competence. The number of procedures necessary for credentialing may vary and is indicated below. For recent graduates of the institution's Residency Program, competence may be verified and necessity for supervision waived at the discretion of the Chair or the Vice Chair. In certain situations, the number of procedures required for demonstration of competence similarly may be modified or even waived by the Chair or his/her designee.

This form must be completed and returned to the Chair within twelve (12) months of application for privileges. Under special circumstances, this interval may be extended.

PROCEDURE	# Required	Date Observed	Preceptors Name	Waived or Verified by
Normal Spontaneous Vaginal Delivery #1				
Normal Spontaneous Vaginal Delivery #2				
Operative Vaginal Delivery (state forceps or vacuum) #1				
Operative Vaginal Delivery (state forceps or vacuum) #2				
Laceration repair > 2nd degree perineal (state degree) #1				
Laceration repair > 2nd degree perineal (state degree) #2				
Cesarean Section #1				
Cesarean Section #2				
Circumcision #1				
Circumcision #2				

CREDENTIALING / PRECEPTORSHIP: CATEGORY 2- GYNECOLOGY PROCEDURES

General instructions: All new staff members and applicants for an increase in privileges must document competence in that procedure. The Department Chair or his/her Designee (typically a Division Director or senior faculty member) will serve as preceptor and must witness the entire procedure in order to verify competence. The number of procedures necessary for credentialing may vary and is indicated below. For recent graduates of the institution's Residency Program, competence may be verified and necessity for supervision waived at the discretion of the Chair (or his/her designee). In certain situations, the number of procedures required for demonstration of competence similarly may be modified or even waived by the Chair or Vice Chair.

This form must be completed and returned to the Chair within twelve (12) months of application for privileges. Under special circumstances, this interval may be extended.

PROCEDURE	# Required	Date Observed	Preceptors Name	Waived or Verified by
Abdominal Hysterectomy #1				
Abdominal Hysterectomy #2				
Vaginal Hysterectomy #1				
Vaginal Hysterectomy #2				
Operative Laparoscopy (state procedure)				
Operative Laparoscopy (state procedure)				
Operative Hysteroscopy #1				
Operative Hysteroscopy #2				
Minor Procedures (D&C/ HSC, LEEP, SUCTION D&C) #1				
Minor Procedures (D&C/ HSC, LEEP, SUCTION D&C) #2				

Jersey Shore University Medical Center
FOCUSED PROFESSIONAL PRACTICE EVALUATION PLAN for PROCEDURALISTS

Practitioner:_____ **Department Chair/Section Chief**_____

Department:_____ **Section/Specialty**_____

This Section To be completed by the Department Chair or Designee			
1. Is this practitioner coming with a documented record of performance of the privilege and its associated outcomes? ____Yes ____No Based on this information the following FPPE Plan is being recommended:			
Procedure	**SOURCES OF DATA**	**HOW WILL THIS BE EVALUATED**	
Please list ALL Procedures that will require FPPE	**Please check ALL that will Apply**	**Time Period**	**# to be evaluated**
Procedure to be evaluated: 1. _____	❑personal interaction with practitioner ❑Documentation discussion(s) with other individuals interacting with practitioner ❑Retrospective Chart Review ❑Monitoring clinical practice patterns ❑direct observation*	❑ 1 -3 months ❑ 3-6 months ❑ 6-9 months ❑ 9-12 months ❑ Other _____	❑ 3- 5 Procedures ❑ 5-10 Procedures ❑ Other _____
Procedure to be evaluated: 2. _____	❑personal interaction with practitioner ❑Documentation discussion(s) with other individuals interacting with practitioner ❑Retrospective Chart Review ❑Monitoring clinical practice patterns ❑direct observation*	❑ 1 -3 months ❑ 3-6 months ❑ 6-9 months ❑ 9-12 months ❑ Other _____	❑ 3- 5 Procedures ❑ 5-10 Procedures ❑ Other _____

Procedure to be evaluated: 3. _____	❑personal interaction with practitioner ❑Documentation discussion(s) with other individuals interacting with practitioner ❑Retrospective Chart Review ❑Monitoring clinical practice patterns ❑direct observation*	❑ 1 -3 months ❑ 3-6 months ❑ 6-9 months ❑ 9-12 months ❑ Other _____	❑ 3- 5 Procedures ❑ 5-10 Procedures ❑ Other _____
Procedure to be evaluated: 4. _____	❑personal interaction with practitioner ❑Documentation discussion(s) with other individuals interacting with practitioner ❑Retrospective Chart Review ❑Monitoring clinical practice patterns ❑direct observation*	❑ 1 -3 months ❑ 3-6 months ❑ 6-9 months ❑ 9-12 months ❑ Other _____	❑ 3- 5 Procedures ❑ 5-10 Procedures ❑ Other _____
Procedure to be evaluated: 5. _____	❑personal interaction with practitioner ❑Documentation discussion(s) with other individuals interacting with practitioner ❑Retrospective Chart Review ❑Monitoring clinical practice patterns ❑direct observation*	❑ 1 -3 months ❑ 3-6 months ❑ 6-9 months ❑ 9-12 months ❑ Other _____	❑ 3- 5 Procedures ❑ 5-10 Procedures ❑ Other _____

*Outside Proctoring is required when there are no practitioners currently at JSUMC performing this procedure that can directly observe.

_____ _____

Signature – Section Chief Date

_____ _____

Signature – Department Chair Date

Hackensack Meridian Health
OVERAL EVALUATION
FOCUSED PROFESSIONAL PRACTICE EVALUATION REVIEW
(to be completed by the Department Chair or Section Chief)

Practitioner: _____ Specialty: _____or Privilege under FPPE

Date Appointed to the Staff: _____ or new Procedure Granted

DEPARTMENT CHAIR REVIEW

1. Has this practitioner completed all aspects of his/her FPPE? ❑Yes ❑ NO
   If not please explain below
2. Does this practitioner demonstrate current clinical competence? ❑Yes ❑ NO
   If NO please explain below

3. Was this practitioner cooperative with colleagues, nurses and other hospital staff?
   If NO, please explain below ❑Yes ❑ NO

4. Has this practitioner demonstrated any signs of unacceptable behavior?
   If YES, please explain below ❑Yes ❑ NO

5. Has this practitioner abided by the R&R of the Department and Medical Staff and of the hospital? *If NO, please explain below* ❑Yes ❑ NO
6. Have there been any problems with availability or responsiveness? ❑Yes ❑ NO
   If YES, please explain below

7. Has this practitioner demonstrated any signs of physical or mental health limitations that may prevent him/her from exercising the privileges granted?
   If Yes, please explain below ❑Yes ❑ NO

COMMENTS:

_____
_____

RECOMMENDATION:
❑ CONCLUDE Focused Professional Practice Evaluation (FPPE)and BEGIN Ongoing Professional Practice Evaluation (OPPE)
❑ CONTINUE Focused Professional Practice Evaluation (FPPE) due to lack of a sufficient amount of clinical activity
❑ GRANT NEW PRIVILEGE IN _____
❑ TO PRES. OF MED STAFF – IMMEDIATE THREAT TO PATIENT SAFETY
❑ TO PHYSICIAN HEALTH COMMITTEE-IMPAIRMENT SUSPECTED
❑ IMPROVEMENT PLAN RECOMMENDED

_____ _____

Department Chair-Signature or Section Chief **Date**

Jersey Shore University Medical Center
FOCUSED PROFESSIONAL PRACTICE EVALUATION PLAN
Allied Health Professional

Practitioner: _____ **Primary Supervising/Collaborating Physician _____**

Department _____ **Section/Specialty _____**

This Section To be completed by the Primary Supervising/Collaborating Physician			
2. Is this practitioner coming with a documented record of performance of the privilege and its associated outcomes? ____Yes ____No If Yes, a Log of the practitioner's procedures must be attached to this form. Based on this information the following FPPE Plan is being recommended:			
Procedure	**SOURCES OF DATA**	**How will this be Evaluated**	
Please list ALL Invasive Procedures Requested	**Please check ALL that will Apply to this practitioner's proctoring**	**Time Period**	**# Procedures under supervision**
Procedure to be evaluated: 6. _____	❑Documented personal interaction with practitioner ❑Documentation discussion(s) with other individuals interacting with practitioner ❑Chart review by non-meridian staff ❑Chart review by physician ❑Monitoring clinical practice patterns ❑direct observation by a Physician ❑Simulation ❑External Review	❑1 -3 months ❑ 3-6 months ❑ 6-9 months ❑ 9-12 months ❑ Other _____ If "other" is selected, please provide explanation	❑3- 5 Procedures ❑5-10 Procedures ❑ Other _____ If "other" is selected, please provide explanation
Procedure to be evaluated: 7. _____	❑Documented personal interaction with practitioner ❑Documentation discussion(s) with other individuals interacting with practitioner ❑Chart review by non-meridian staff ❑Chart review by physician ❑Monitoring clinical practice patterns ❑direct observation by a Physician ❑Simulation ❑External Review	❑1 -3 months ❑ 3-6 months ❑ 6-9 months ❑ 9-12 months ❑ Other _____ If "other" is selected, please provide explanation	❑3- 5 Procedures ❑5-10 Procedures ❑ Other _____ If "other" is selected, please provide explanation

Please list ALL Invasive Procedures Requested	**Please check ALL that will Apply to this practitioner's proctoring**	**Time Period**	**# Procedures under supervision**
Procedure to be evaluated: 8. _____	❑Documented personal interaction with practitioner ❑Documentation discussion(s) with other individuals interacting with practitioner ❑Chart review by non-meridian staff ❑Chart review by physician ❑Monitoring clinical practice patterns ❑direct observation by a Physician ❑Simulation ❑External Review	❑1 -3 months ❑ 3-6 months ❑ 6-9 months ❑ 9-12 months ❑ Other _____ If "other" is selected, please provide explanation	❑3- 5 Procedures ❑5-10 Procedures ❑ Other _____ If "other" is selected, please provide explanation
Procedure to be evaluated: 9. _____	❑Documented personal interaction with practitioner ❑Documentation discussion(s) with other individuals interacting with practitioner ❑Chart review by non-meridian staff ❑Chart review by physician ❑Monitoring clinical practice patterns ❑direct observation by a Physician ❑Simulation ❑External Review	❑1 -3 months ❑ 3-6 months ❑ 6-9 months ❑ 9-12 months ❑ Other _____ If "other" is selected, please provide explanation	❑3- 5 Procedures ❑5-10 Procedures ❑ Other _____ If "other" is selected, please provide explanation
Procedure to be evaluated: 10. _____	❑Documented personal interaction with practitioner ❑Documentation discussion(s) with other individuals interacting with practitioner ❑Chart review by non-meridian staff ❑Chart review by physician ❑Monitoring clinical practice patterns ❑direct observation by a Physician ❑Simulation ❑External Review	❑1 -3 months ❑ 3-6 months ❑ 6-9 months ❑ 9-12 months ❑ Other _____ If "other" is selected, please provide explanation	❑3- 5 Procedures ❑5-10 Procedures ❑ Other _____ If "other" is selected, please provide explanation

Hackensack Meridian Health
Allied Health Professional
Procedure Supervision Log

*Name of Allied Health Professional :*_____*Name of Collaborating Physician*_____

Procedure: _____

Number Required Under Supervision _____*Date Competency Requirement Met:*_____

Patient Chart Number	*Date Procedure Performed*	*Supervising Physician (print)*	*Signature of Individual Providing Supervision*	*Competency*		*Comments (Required if competency not met)*
				Met	*Not Met*	

Jersey Shore University Medical Center
FOCUSED PROFESSIONAL PRACTICE EVALUATION PLAN
Allied Health Professional

Practitioner Name: _____

The above FPPE Plan was developed between the primary supervising/collaborating physician and the applicant

_____ _____
Signature – Primary Supervising Collaborating Physician Date

_____ _____
Signature- Health Professional Affiliate Date

DEPARTMENT CHAIR REVIEW:

_____ The Department Chair Accepts the FPPE recommendation of the ATPC as presented without change

_____ The Department Chair Accepts the FPPE recommendation of the ATPC with the following modifications:

_____
_____
_____
_____
_____

_____ _____
Signature – Department Chair Date

JERSEY SHORE UNIVERSITY MEDICAL CENTER
FOCUSED PROFESSIONAL PRACTICE EVALUATION
ALLIED HEALTH PROFESSIONAL - PROCEDURE REVIEW FORM

(TO BE COMPLETED BY THE PRIMARY SUPERVISING or COLLABORATING PHYSICIAN)

Practitioner: _____ Specialty: _____

Privileges that are being reported on ❑ALL Privileges ❑Specific Privilege(s). Please indicate _____

1. Has this practitioner completed All aspects of his/her FPPE? ❑ YES ❑NO
   If No, please explain

2. Based on this information, does this practitioner demonstrate current Clinical competence? If no please explain ❑ YES ❑NO

3. Were there any reports of this practitioner:
   a. Being uncooperative with colleagues, nurses or other hospital staff?
      ❑ YES ❑NO
   b. Showing signs of unacceptable behavior? ❑YES ❑NO
   c. Not abiding by any of the Departmental R&Rs ❑YES ❑NO
   d. Being Unavailable or non-responsive to calls ❑YES ❑NO
   e. Showing signs of physical or mental health Limitations ❑YES ❑NO
      If YES to any of the above, please explain

COMMENTS:
_____
_____
_____
_____

RECOMMENDATION of Supervising/Collaborating Physician. Based on the above I recommend to:

❑ CONLCUDE FPPE and Begin OPPE on ❑ALL privileges ❑Specific privilege(s) Please indicate _____

❑ CONTINUE FPPE - IMPROVEMENT PLAN RECOMMENDED ON:
❑ALL ❑Specific Privilege(s) _____

_____ _____
Signature-Supervising/Collaborating Physician Date