

Policy/Procedure

Medical Staff Focused Professional Practice Evaluation (FPPE) for Newly-Privileged Practitioners (MS-100)

- Applies to:** Hackley All Sites
 Mercy Off-Site Services
 Lakeshore Department Specific _____

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Purpose

To establish a systematic process to assure there is sufficient information available to confirm the current competency of practitioners initially granted privileges at Mercy Health Muskegon (MHM). This process termed Focused Professional Practice Evaluation (FPPE) will provide the basis for obtaining organization specific information that substantiates current competence for those practitioners. For purposes of this policy, the term “practitioner” means any individual granted clinical privileges.

Medical Staff Ethical Position on Proctoring

The proctor’s role is typically that of an evaluator, not a consultant or mentor. A practitioner serves as a proctor for the purpose of assessing and reporting on the competence of another practitioner. The proctor shall receive no compensation directly or indirectly from any patient for this service. However, the proctor is expected to report immediately to the appropriate Department Chair or MHM authority (i.e., Chief Medical Officer[CMO]/designee) any concerns regarding the care being rendered by the proctored practitioner that has the potential for imminent patient harm. The proctor, or any other practitioner, may render emergency medical care to a patient for medical complications arising from the care provided by a proctored practitioner.

Medical Staff Oversight

The Credentials Committee is charged with the responsibility of monitoring compliance with this policy and procedure. It accomplishes this oversight through receiving regular status reports related to the progress of all practitioners required to be proctored as well as any issues or problems involved in implementing this policy and procedure. The Department Chair in conjunction with the CMO/designee shall be responsible for overseeing the proctoring process for all applicants assigned to his/her Department.

The medical staff committees involved with Ongoing Professional Practice Evaluation (OPPE) will provide the Department Chair and Credentials Committee with data systematically collected for OPPE that is appropriate to confirm current competence for these practitioners during the FPPE period.

Scope of the Proctoring Program

Definition of Proctoring

For purposes of this policy, proctoring is a focused evaluation (FPPE) to confirm an individual practitioner’s current competence at the time initial privileges are granted, if a currently-privileged practitioner requests additional privileges, or if concerns of competence arise from OPPE and need

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further evaluation. In addition to specialty specific issues, proctoring will also address the six general competencies of practitioner performance:

- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems Based Practice

Practitioners requesting membership but not requesting specific privileges are not subject to the provisions of this policy. They are not proctored and may not act as proctors. The decision and process to perform FPPE for current practitioners with existing privileges is based on trends or patterns of performance identified by OPPE and are outside the scope of this policy (see Medical Staff Professional Practice Evaluation Policy).

Selection of methods for each specialty

The appropriate proctoring methods to determine current competency for an individual practitioner will be part of the recommendation for granting of privileges by the Department Chair and will be reviewed and approved by the Credentials Committee and Medical Executive Committee and recommended to the Board of Trustees for final approval.

Each specialty will define the appropriate methods in a brief proctoring guideline for the specialty area (attached) and will include the types of proctoring that may be used, and the number of cases to be proctored, depending upon the privileges requested by an applicant. The guidelines will be reviewed, updated and submitted for approval biennial to the Credentials Committee, Medical Executive Committee and Board of Trustees.

It should be noted that these are general guidelines and that the Department Chair is expected to customize proctoring requirements based on the background, training, reputation, demonstrated current competence and the Department Chair's first-hand knowledge of a practitioner's current competency all of which must be documented when the Department Chair makes his/her recommendation related to clinical privileges and FPPE.

Proctoring Methods

Proctoring may utilize a combination of the following methods to obtain the best understanding of the care provided by the practitioner:

- **Prospective Proctoring:** Presentation of cases with planned treatment outlined for treatment concurrence, review of case documentation for treatment concurrence or completion of a written or oral examination or case simulation.
- **Concurrent Proctoring:** Direct observation of the procedure being performed or medical management either through observation of practitioner interactions with patients and staff or review of clinical history and physical and review of treatment orders during the patients hospital stay.

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- **Retrospective Evaluation:** Review of case record after care has been completed. May also involve interviews of personnel directly involved in the care of the patient.
- **Off-site Proctoring by an Internal Source:** Documented evidence of proctoring from an area hospital may be permitted in situations where a practitioner has skills that are needed at MHM on an occasional basis, where the skills and current competence of the practitioner in question are known to members of the medical staff of MHM and in situations where practitioners are needed from local area hospitals to provide occasional coverage at MHM. It is up to the Department Chair to make a recommendation related to the use of off-site proctoring for a specific practitioner situation. The off-site proctoring must be done by a practitioner with privileges at Mercy Health Muskegon.
- **On-Site Proctoring by External Source:** Circumstances under which monitoring by an external source is required include:
 - a) Lack of internal expertise – when no one on the medical staff has adequate expertise in the specialty under review or when the only practitioners on the medical staff with that expertise are determined to have a conflict of interest regarding the practitioner under review.
 - b) New technology – when the new practitioner requests permission to use new technology or perform a procedure new to the hospital and the medical staff does not have the necessary subject matter expertise to adequately evaluate the quality of care involved.

Sources of data

FPPE data may include:

- Personal interaction with the practitioner by the proctor
- Detailed medical record review by the proctor
- Interviews of hospital staff interacting with the practitioner
- Surveys of hospital staff interacting with the practitioner
- Chart audits by non-medical staff personnel based on medical staff defined criteria for initial appointees or practitioners with newly-granted privileges.

The data obtained by the proctor will be recorded on the approved proctoring form for consistency and inter-rater reliability.

Proctoring Data Analysis

The Department Chair will review both the case-specific and aggregate data and provide the Credentials Committee with an interpretation as to whether a practitioner's performance was acceptable, in need of further data to complete the evaluation, or unacceptable. For aggregate rate data, the acceptable targets will be determined by the medical staff.

Proctoring Period

Proctoring shall begin when a practitioner is granted initial privileges or if a currently-privileged practitioner is granted a new privilege. Based on the specialty of the practitioner, newly granted privileges shall be considered under FPPE for either a specific period of time or for a specific number of patients/procedures. Generally, the proctoring period should be concluded within 3-6 months. However, the proctoring period may be extended for a period not to exceed a total of 24 months from

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the granting of the privilege(s) that require proctoring if either initial concerns are raised that require further evaluation or if there is insufficient activity during the initial period.

The medical staff may take into account the practitioner's previous experience in determining the approach and extent of proctoring needed to confirm current competency. The practitioner experience may fall into one of the following categories:

1. MHM residency training program graduate (training completed within the past two years)
2. Recent training program graduate from another facility
3. Practitioner with experience at another organization

Results and Recommendations

At the end of the proctoring period, the Department Chair shall provide a summary report to the Credentials Committee that shall include one or more of the following:

- Whether a sufficient number of cases done at MHM or at another local hospital (i.e., via off-site proctoring) have been presented for review to properly evaluate the clinical privileges requested.
- If a sufficient number of cases have not been presented for review, whether in the Department Chair's opinion, the FPPE period should be extended for an additional period.
- If sufficient treatment of patients has occurred to properly evaluate the clinical privileges requested, the Department Chair shall make his/her report concerning the appointee's qualifications and competence to exercise these privileges.
- A statement as to whether clinical privileges continue to be recommended as previously granted or if they are to be modified or not recommended as requested or if an additional period of proctoring is recommended. If there is a recommendation by the MEC to terminate the practitioner's initial privileges or additional clinical privileges due to questions about qualifications, behavior or clinical competence, the medical staff member shall be entitled to the hearing and appeal process outlined in the Medical Staff Bylaws. Advanced Practice Practitioners (APPs) shall be entitled to rights as defined in the Medical Staff Bylaws.
- The Credentials Committee action will be in accordance with the medical staff governance documents (e.g., Medical Staff Bylaws).

Responsibilities

Responsibilities of the Proctor:

Proctor(s) must be in good standing with the medical staff of MHM (Exception: On-site Proctoring by External Source) and must have equivalent privileges relative to the privileges(s) to be evaluated. The proctor shall:

1. Use appropriate methods and tools approved by the MEC for that department.
2. Assure the confidentiality of the proctoring results and forms and deliver the completed proctoring forms to the applicable Department Chair or Medical Staff Office.
3. Submit any summary reports or additional information requested by the Department Chair.

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4. Notify the Department Chair if the practitioner being proctored is not sufficiently available or lacks sufficient cases to complete the proctoring process in the prescribed timeframe. The Department Chair may recommend to the Credentials Committee an extension of the proctoring period to complete the report.
5. Notify the Department Chair or CMO/designee if at any time during the proctoring period concerns arise about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), and also address the concerns immediately with the practitioner.
6. Make a determination in the case of surgical or other procedures to act as surgical assistant, but is not required to do so.

Responsibilities of the Practitioner Being Proctored

The practitioner being proctored shall:

1. For concurrent proctoring, make every reasonable effort to be available to the proctor including notifying the proctor of each patient where care is to be evaluated in sufficient time to allow the proctor to concurrently observe or review the care provided. For elective surgical or invasive procedures where direct observation is required, and the department requires proctoring be completed before the practitioner can perform the procedure without a proctor present, the practitioner must secure agreement from the proctor to attend the procedure. In an emergency, the practitioner may admit and treat the patient and must notify the proctor as soon as reasonably possible.
2. Provide the proctor with information about the patient's clinical history, pertinent physical findings, pertinent lab and radiology results, the planned course of treatment or management and direct delivery to the proctor of a copy of all histories and physicals, operative reports, consultation reports and discharge summaries documented by the proctored practitioner.
3. Shall have the prerogative of requesting from the Department Chair a change of proctor if disagreements with the current proctor may adversely affect his or her ability to satisfactorily complete the proctorship. The Department Chair will keep the Credentials Committee and MEC informed about changes in proctors.
4. Inform the proctor of any unusual incident(s) associated with his/her patients.

Responsibilities of Department Chairs:

Each medical staff Department Chair in conjunction with CMO/designee shall be responsible for:

1. Approval of proctors as noted above.
2. Establishing a minimum number of cases/procedures to be proctored and determining when the proctor must be present. The minimum number of cases to be proctored and type of proctoring required shall be made at the time privileges are recommended. When there are interdepartmental privileges, the Credentials Committee shall determine the minimum number of cases/procedures to be reviewed.
3. Identifying the names of practitioners eligible to serve as proctors as noted above.
4. Reviewing the medical records of the patient(s) treated by the practitioner being proctored if at any time during the proctoring period, the proctor notifies the Department Chair that he/she has

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concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s) and shall:

- a. Intervene and adjudicate the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for a patient;
- b. Review the case for possible referral to the appropriate Professional Practice Evaluation Committee;
- c. Recommend to Credentials Committee that:
 - 1) Additional or revised proctoring requirements be imposed upon the practitioner;
 - 2) Corrective action be undertaken pursuant to applicable corrective action procedures.

Responsibilities of Medical Staff Office (MSO):

Medical Staff Office shall assure that the following steps are taken.

1. Send a letter to the practitioner being proctored and to the assigned proctor(s) containing the following information:
 - a. A copy of the privilege form of the practitioner being proctored
 - b. The name, address and telephone numbers of the practitioner being proctored and the proctor(s)
 - c. A copy of this FPPE Policy and Procedure
 - d. Proctoring forms to be completed by the Proctor
2. Develop a mechanism for tracking all admissions or procedures performed by the practitioner being proctored.
3. Provide information to appropriate hospital departments about practitioners being proctored including the name of the proctor(s) and a supply of proctoring forms as needed.
4. Contact both the proctor(s) and practitioner being proctored on a monthly basis to ensure that proctoring and chart reviews are being conducted as required.
5. Periodically submit a report to the Credentials Committee related to proctorship activity for all practitioners being proctored.

Responsibilities of the Credentials Committee:

The Credentials Committee shall:

1. Have the responsibility of monitoring compliance with this policy and procedure.
2. Receive regular status reports related to the progress of all practitioners required to be proctored as well as any issues or problems involved in implementation of this policy and procedure.
3. Make final recommendations to the MEC regarding clinical privileges based on information obtained from the proctoring process.

Approval: Credentials Committee, November 4, 2008
Medical Executive Committee, November 11, 2008
Board of Trustees, November 20, 2008
Biennial Review & Approval: Medical Executive Committee, April 10, 2012
Board of Trustees, April 26, 2012
Biennial Review & Approval: Medical Executive Committee, April 8, 2014
Board of Trustees, April 24, 2014
Biennial Review & Approval: Medical Executive Committee, April 12, 2016
Board of Trustees, April --, 2016

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The specific steps needed to perform proctoring by the proctor and practitioner undergoing proctoring are outlined in table below:

Task	Activity	Timeframe	Responsibility
Determination of Proctoring Period, Volume, and Methods	Applicant-specific FPPE outlined based on applicant's experience and available data	At the time privileges are recommended by the Department Chair	Dept Chair and Credentials Committee
Proctor Assignments	Members from appropriate specialty contacted and confirmed	Within two weeks prior to privileges granted by Board	Dept Chair and MSO
Initiation of proctoring	Proctor and practitioner informed of proctoring plan along with nursing, QI, and other appropriate departments	At orientation and activation of privileges	Dept Chair and MSO
Scheduling of proctoring sessions	Proctor and practitioner determine schedule if concurrent methods used and inform MSO	Prior to privilege activation	Proctor Practitioner MSO
Distribution of proctoring forms	Forms for proctoring sent to proctor	Prior to or at the time privileges are activated	MSO
Completion of proctoring forms	Proctor submits completed forms to MSO	Upon completion for duration of proctoring period	Proctor
Notify Dept Chair of any evolving issues	MSO reviews proctoring forms and alerts Dept Chair if there are negative ratings or comments	As needed for duration of proctoring period	MSO
Proctoring Chart Audits	Quality staff performs audits required by proctoring plan and submits data to-MSO (and to Dept Chair if issues of concern are identified during audits)	Ongoing for duration of proctoring period	Quality staff
Dept Chair Recommendation	Dept Chair provides MSO- (MSO transmits to the Credentials Committee) with overall assessment of proctoring data and recommendation to end or extend proctoring or terminate privileges	At end of initial proctoring period or volume unless substantial concerns are raised earlier requiring immediate action	Dept Chair MSO
Final Recommendations and Decision-Making	Credentials Committee reviews proctor data and Dept Chair recommendation and submits recommendation to MEC. MEC submits recommendation to the Board.	At next scheduled meetings of the MEC and Board	MSO Credentials Committee MEC Board

Attachments:

1. FPPE Proctoring Guidelines
2. FPPE for Newly-Privileged Practitioners Customized Proctoring Requirements Form

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ATTACHMENT 1

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
PROCTORING GUIDELINES

DEPARTMENT/SECTION	<u>COGNITIVE</u> Concurrent/Retrospective	<u>PROCEDURAL</u> Concurrent/Retrospective
Anesthesiology	5 Cases	5 PRN
Emergency Medicine	5 Cases	5 PRN
Medicine	5 Cases	5 PRN
Obstetrics	5 Cases	OB: 1 C-Section FP/CNM: 3-5 Vaginal Deliveries
Gynecology	5 Cases	5 Concurrent Cases
Pathology	5 Cases	3 PRN
Pediatrics	5 Cases	3 PRN
Radiology	5 Cases	5 Concurrent Cases
Surgery	5 Cases	5 Concurrent Cases

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ATTACHMENT 2

Focused Professional Practice Evaluation for Newly-Privileged Practitioners
Customized Proctoring Requirements

In accordance with Mercy Health Muskegon’s Medical Staff Policy Focused Professional Practice Evaluation (FPPE) for Newly-Privileged Practitioners, customized proctoring requirements are based on the practitioner’s background, training, reputation, demonstrated current competence, and first-hand knowledge of the practitioner’s current competency. Outlined below is the formal recommendation related to FPPE for the practitioner designed below:

Practitioner Requiring Proctoring: _____

Date Privileges Commence: _____

Department: _____

Section/Specialty _____

Number of Cognitive Concurrent/Retrospective Case Reviews: _____

Number of Retrospective Procedural Reviews: _____

Number of Concurrent Procedural Proctoring: _____

List by Specific Case Type and Number Required: _____

OTHER:

Chief of Department/Designee Signature: _____

Date: _____

H/FPPE/Customized FPPE Form.doc