

**YALE NEW HAVEN HOSPITAL
MEDICAL STAFF ADMINISTRATION
MEDICAL STAFF POLICY
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

Purpose: To set forth the policy for conducting focused professional practice evaluation:
(1) when there is concern about a currently privileged practitioner’s ability to provide safe, high quality patient care as identified through a peer review or ongoing professional practice review process, or
(2) for the evaluation of privilege specific competence of all new medical staff members* and for new privileges granted to existing members of the Medical Staff

Scope: All Members of the Medical Staff and “Affiliated Health Care Professionals” *

Policy: It is the Policy of Yale New Haven Hospital to conduct appropriate monitoring of the care delivered by its Medical Staff and Affiliated Medical Staff and to promote safe and high quality health care for its patients.

The practice of members of the Medical and Affiliated Medical Staff will be monitored on an ongoing basis, consistent with the Policy regarding Peer Review & Ongoing Professional Practice Evaluation. Ongoing evaluation may identify patterns, outcomes, complications, behaviors or other indicators associated with the practice of a specific individual which suggest the need for focused evaluation in accordance with this policy. Additionally, privileges of all new members and newly approved privileges for existing members of the Medical Staff will require focused evaluation.*

All findings and information associated with any Focused Professional Practice Evaluation shall be considered as confidential and protected under the Connecticut State Statutes regarding peer review activities. (Section 19a-25)

*exceptions noted at the end of Section B.

NOTE: Notwithstanding any of the content of this policy, in accordance with the duties of the Chief Medical Officer as described in Article XII. of the Medical Staff Bylaws, relative to day to day operations, the Chief Medical Officer has the latitude and discretion to address Medical Staff practice and behavioral concerns outside of the FPPE process. Issues addressed with satisfactory outcomes need not proceed to FPPE review and are reported, as appropriate, by the Chief Medical Officer at the next meeting of the Institutional Practice Quality and Peer Review Committee.

Related Policies: Medical Staff Policy / Proctoring
Medical Staff Policy / Peer Review & Ongoing Professional Practice Evaluation
Medical Staff Policy / Medical Staff Health

Procedure:

A. CURRENTLY PRIVILEGED PRACTITIONERS

1. 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 period of focused evaluation may be indicated.

Examples include, but are not limited to: (1) information obtained from ongoing evaluation/peer review activities; (2) other evidence suggesting that a practitioner’s performance does not fall within the accepted practice guidelines or standards of care; and (3) failure to comply with the Medical Staff Code of Conduct as outlined in Article V., Section C of the Medical Staff Bylaws. A focused review may be triggered by a specific or single incident, a sentinel /adverse event, evidence of untoward trends or patterns in clinical practice or department, or other circumstances indicating that patient safety may be compromised.

2. Such matters shall be brought to a representative of the Institutional Practice Quality and Peer Review Committee (IPQPRC). After consideration of the facts available, the IPQPRC shall designate an individual (i.e. Chief Medical Officer, Associate Chief Medical Officer, relevant Department Chief or his/her designee, Section Chief, Director of Quality Improvement) or appropriately constituted peer review committee to conduct a focused evaluation as appropriate. Upon review of the findings, if applicable, the IPQPRC may choose to refer the matter to the Credentials Committee of the Medical Board.

3. Focused evaluations initiated for reasons outlined in #1 above shall be comprehensive and include a detailed review of the circumstances and summary of the relevant issues and, as applicable, clinical findings and course of events. Interviews with other medical staff as well as house staff, nursing staff and other hospital employees may be conducted.

The focused evaluation may also include, but is not limited to, one or more of the following:

- Comparison of the practitioner's inpatient and outpatient complications / outcomes relative to his/her peers
- Retrospective or prospective chart review
- Discussion with other individuals involved in the care of the practitioner's patients relative to the substance of the focused review

4. Upon review of the results of the focused evaluation, if the IPQPRC believes that there are issues related to appropriateness of privileges, general competence or serious issues related to department, the Committee may choose to refer the matter to the Credentials Committee for review and recommendation.

The IPQPRC may also recommend one or more of the following:

- Proctoring
- External Peer Review
- Monitoring of clinical practice patterns
- Simulation training

5. External peer review will be solicited when the IPQPRC determines that an internal review would not be fair and objective when, for example, (1) the types of case(s) under review is/are not performed by any other member of the Medical Staff; (2) when there is concern regarding competition between the practitioner in question and the other practitioners on the Medical Staff who would be considered appropriate peers; or (3) other circumstances exist that could compromise the review.
6. The period of focused review is time limited. The duration and type of monitoring (see #4 above) required and whether the matter is referred to the Credentials Committee will be dependent upon the nature/severity of the situation under evaluation, the type of privilege(s) in question and the practitioner's overall activity level. The affected practitioner and his/her Chief/Associate Chief/Section Chief are informed of the duration of the review as well as the mechanisms that will be employed during the review.
7. The initial review period may be extended at the discretion of the IPQPRC or its appropriate designee based upon the extent to which sufficient information to evaluate the practitioner's performance has been obtained. Similarly, the initial method of evaluation may be expanded or supplemented with other methods as needed during the initial and any subsequent review periods.
8. Upon completion of the focused evaluation, significant findings shall be reported to the IPQPRC. The IPQPRC shall review the results of the evaluation and make a recommendation. Recommendations may include, but are not limited to, the following:
 - a. No further action required
 - b. There are immediate threats to patient safety. In this case, the matter is referred to the Chief Medical Officer for consideration of summary suspension of relevant privileges, followed by referral to the Credentials Committee for further evaluation as necessary.
 - c. Impairment is suspected. In this case, the matter is referred to the Medical Staff Health Committee for review.
 - d. There are training / current competence issues. In this case, the matter is referred to the Credentials Committee for evaluation and subsequent recommendation to the Medical Board.

Summary suspensions, as noted in "b" above, must be reported to the YNHH Medical Staff Administration as well as to other health care organizations with which the practitioner is affiliated.

For circumstances described in "c" and "d" above, if a determination is made that a practitioner is unable to practice all or a portion of his/her current privileges with reasonable skill and safety the Chief Medical Officer's Office, in collaboration with the Legal and Risk Services and Physician Services Departments, shall evaluate what, if any, type of formal reporting, to other health care organizations or relevant governmental authorities is required.

9. The recommendation of the IPQPRC or Credentials Committee, as applicable, is made to the Medical Board 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 future exercise of the privilege(s) in question.

10. Subsequent review following the completion of proctoring or any training required by the Credentials Committee shall occur to re-evaluate the practitioner's ability to exercise the privileges in question on an independent basis.
11. Any practitioner subject to proctoring, additional training, summary suspension or other limitations on his/her privileges shall be entitled to the Fair Hearing and Appeals process subject to the terms defined in Article VI. of the Medical Staff Bylaws.

B. NEW MEMBERS OF THE MEDICAL STAFF & NEWLY GRANTED PRIVILEGES FOR EXISTING MEDICAL STAFF*

1. A period of focused evaluation is required for all new members of the Medical Staff and for any new privilege(s) requested by existing members of the Medical Staff.

This is accomplished through review of the practitioner's activity at YNHH and will occur at the same time as the Ongoing Professional Practice Evaluation (OPPE) Process. The Departmental "measures" identified in Attachment A of the "Peer Review & Ongoing Professional Practice Evaluation" Policy will be included to supplement the focused evaluation.

Focused evaluation for individuals who practice in hospital-based specialties may be supplemented with monitoring through appropriate Hospital and Medical Staff Committees.

2. The duration of focused review shall be for a minimum of six months. The period of focused evaluation shall not exceed two years, unless extended by practitioner request (see #6 and #7 below).
3. Focused evaluation shall be conducted by the medical staff leader (Chief, Associate Chief, Section Chief, Associate Section Chief) most closely associated with the practitioner or someone he/she designates.
4. The evaluation form (Attachment A) shall be provided to the medical staff leader for completion and include the practitioner's name and a list of new privileges subject to focused review.

Based upon information available through Hospital and Departmental records and supplemented, as necessary, by documentation provided by the practitioner, the medical staff leader will consider the clinical activity of the practitioner at YNHH and evaluate whether he/she has exercised the new privileges granted and, if so, whether the practitioner has demonstrated competence.

With respect to procedure oriented specialties, review of the privileges granted vs. activity need not be on a one to one basis but, rather, should take into account similar skills that are applicable to groupings of procedures.

5. Clinical activity at other hospitals may be considered and, if so, validation of current competence will be obtained from the appropriate medical staff leader at the institution where the privileges in question are exercised. However, Medical Staff members who fail to utilize privileges at YNHH by the time of their second re-appointment cycle shall be encouraged to resign the privileges in question.

In situations in which the practitioner does not voluntarily resign the relevant unused privilege(s), he/she may request an extension of the focused evaluation period by providing a letter of explanation describing the circumstances suggesting that an extension is appropriate.

Extensions will be considered by the Credentials Committee Sub-Committee or the full Credentials Committee as applicable.

6. At the time of focused evaluation, all members of the Medical Staff are evaluated relative to their "professionalism". This includes the appropriateness of their interactions with each other, hospital employees and trainees as well as patients and their families consistent with the expectations set forth in the Medical Staff Code of Conduct as outlined in Article V., Section C. of the Medical Staff Bylaws.
7. The appropriate medical staff leader makes one of the following recommendations relative to the status of the practitioner's focused review and indicates this on the Focused Professional Practice Evaluation (FPPE) Form:
 - FPPE is considered complete and the current privileges should be continued through the practitioner's next scheduled re-appointment
 - FPPE is considered complete; however, the privilege(s) as noted have been resigned by the practitioner as he/she does not intend to use it (them) at YNHH. All other privileges shall be continued through the practitioner's next scheduled re-appointment

- FPPE shall be continued specifically to further evaluate performance relative to the specific privilege(s) listed
- FPPE shall be continued for six (6) months as there is not sufficient activity at YNHH to evaluate this practitioner at this time

The basis upon which the medical staff leader has evaluated the performance of the practitioner is also indicated. These include, but are not limited to, the following:

- Direct observation
- Chart review
- Monitoring clinical practice patterns
- Simulation
- Proctoring
- External Peer Review
- Discussion with other individuals involved in the care of his/her patients (e.g. consulting physicians, assistants at surgery, house staff/clinical fellows, nursing staff)

8. If at any time during the focused evaluation a question arises as to the practitioner's competence to exercise the affected privileges and there is concern about imminent threat to patient safety, review by the relevant medical staff leader with input from the Chief Medical Officer or the Director of Quality Improvement, as applicable, shall occur to determine the appropriateness of continuing to allow the practitioner to exercise the privilege(s) in question. Additional performance monitoring requirements (from #7 above) may be put into place and #6 - #11 as described under "Currently Privileged Practitioners" above will be followed.
9. 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.

*Exempt from Focused Review for newly granted privileges:

- Medical Staff or Affiliated Medical Staff with membership but no clinical privileges
- Medical Staff in General Medicine or other specialties, as applicable, who admit to the Hospitalist Service and do not have privileges to admit or serve as the attending of record for any patient

New 12/19/06

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FOCUSED PROFESSIONAL PRACTICE EVALUATION

Practitioner Name: _____ Department: _____

Date: _____ Section: _____

Please consider the practitioner's performance and indicate your response to the following questions in the appropriate box. "NO" answers must be accompanied by an explanation.	YES	NO
1. Has the practitioner exercised the new privileges indicated on the attached privilege delineation sufficiently to enable you to assess current competence, judgment and skills based upon demonstrated performance? If YES, please answer #2 and #3 below. If NO, proceed to "Recommendation" at the bottom of this page.	?	?
2. Has the practitioner demonstrated current competence?	?	?
3. Upon which of the below do you base your evaluation of this practitioner (<i>check all that apply</i>)		
Direct observation	?	
Chart review	?	
Monitoring clinical practice patterns	?	
Simulation	?	
Proctoring	?	
External Peer Review	?	
Discussion with other individuals involved in the care of his/her patients (e.g. consulting physicians, assistants at surgery, house staff/clinical fellows, nursing staff)	?	
Other	?	
4. To your knowledge, have there been any issues regarding the practitioner's professionalism and/or interactions with patients, medical staff or other hospital staff?	?	?

Recommendation (*please check one and comment as indicated*)

I have reviewed the full range of new privileges for this practitioner. Based upon my knowledge and/or observation and discussion with his/her peers, I recommend that the focused professional practice evaluation (FPPE) be.....

- considered complete and the current privileges continued through the practitioner's next scheduled re-appointment
- considered complete however, the privilege(s) listed below have been resigned by the practitioner as he/she does not intend to use it (them) at YNHH

 all other privileges shall be continued through the practitioner's next scheduled re-appointment
- continued specifically to further evaluate performance relative to the privilege(s) listed below

- continued for six (6) months as there is not sufficient activity at YNHH for me to evaluate this practitioner at this time

Comments:

Department/Section Chief Name

Signature

Date