APPENDIX H

Approved Changes Cred-12/6/21; MEC-12/13/21; Board-12/22/21

SHADY GROVE ADVENTIST HOSPITAL
MEDICAL STAFF POLICY MANUAL

PROFESSIONAL PRACTICE EVALUATION (FPPE AND OPPE)

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PURPOSE

To assure that the hospital, through the activities of its medical staff, assesses on an ongoing basis the professional practice and competence of its medical staff, conducts professional practice evaluations, and uses the results of such assessments and evaluations to improve professional competency, practice, and care.

Throughout this policy, the phrase "Professional Practice Evaluation" (PPE) replaces the traditional phrase "Peer Review". The Medical Staff has the responsibility of evaluation and improvement of the quality of care rendered in the Hospital. The records and proceedings of Medical Staff activities that relate to this policy in any way are protected from discovery pursuant to Maryland law. Relevant information resulting from the evaluation process is integrated into performance improvement activities, consistent with the organization's policies and procedures that are intended to preserve confidentiality and privilege of information.

The goals of this policy include to:

1. Determine that individual practitioners are performing well or within expectation and that no further action is warranted.
2. Identify opportunities for practice and performance improvement of individual practitioners.
3. Monitor for significant trends in individual performance by analyzing aggregate data and case findings.
4. Assure that the process for professional practice evaluation is clearly defined, objective, equitable, defensible, timely, and useful.
5. Provide suggested areas for system-wide improvement.
6. Evaluate the performance of the practitioner when issues are affecting the provisions of safe, high quality patient care.

PEOPLE AFFECTED

All members of the Medical Staff and Allied Health Professionals credentialed and privileged through the Medical Staff Services.

SUPPORTIVE DATA

Joint Commission Standards MS.08.01.01-03

DEFINITIONS AND RESPONSIBILITIES

I. Focused Professional Practice Evaluation (FPPE): This is a process whereby the Medical Staff evaluates the privilege-specific competence of a practitioner who does not have documented evidence of competently performing the requested privilege. FPPE may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care. FPPE is a time-limited period during which the organization evaluates and determines the practitioners' professional performance. FPPE process will be implemented consistently.

A. The organized medical staff does the following:

- Evaluates practitioners without current performance documentation at the organization
- Evaluates practitioners in response to concerns regarding the provision of safe, high quality patient care
- Develops criteria for extending the evaluation period
- Communicates to the appropriate parties the evaluation results and recommendations based on results
- Implements changes to improve performance

B. Scope of FPPE:

- All Newly credentialed and privileged practitioners
- All existing practitioners who have been granted new privileges
- Existing practitioners who are identified as requiring more intensive review as determined by OPPE or by some other triggering event or circumstance

C. Methodology/FPPE Plan *may* include:

1. Direct Observation of the required number of procedures/cases as determined by the Department Chair with final review by the Medical Executive Committee. And/ Or

DEFINITIONS AND RESPONSIBILITIES (con't)

2. Chart Review of no fewer than 3 Medical Record Reviews. Medical Record Review Indicators with Satisfactory performance = 100% compliance for **(if applicable)**:
   - Quality Content and Completion of History and Physical within 24 hours
   - Quality Content and Completion of Operative Reports within 24 hours
   - No Copying and Pasting within the Medical Record
   - Quality Content and Discharge Summary Report within 30 days of Patient's Discharge
   - Specialty-Specific Indicators defined by the Department Chair
3. For low/now volume providers, review of successfully completed FPPE results from a sister hospital within Adventist HealthCare.

D. Timeframe for FPPE: will be for the first six months and/or until all required methodology has been evaluated. The time period of the evaluation can be extended up to 3 months maximum with total review period not to exceed 9 months. However, for low/no volume providers, the total review period may be extended continually if needed every 3 months as needed until the FPPE evaluation can be completed appropriately. FPPE documents may be accepted for low/no volume providers from other AHC entities and other facilities outside of AHC for review to satisfy FPPE completion. If a provider does not successfully complete FPPE within 9 months of obtaining initial appointment/privileges and/or additional privileges, they may be automatically taken through the recommendation and approval process to be moved to a non-clinical status category.

E. Circumstances under which external review is required: Need for specialty review, when there are a limited number or no medical staff members within the required specialty (or with the appropriate technical expertise) on the medical staff.

F. Focused Professional Practice Evaluations (FPPE) consist of individual practitioner reviews that are based upon significant clinical events identified by:

1. Occurrence reports
2. Patient/family complaints
3. Sentinel events and events required by regulatory agencies to be reported
4. Referral from other practitioners
5. Referral from Professional Practice Evaluation Committee
6. Cases identified by patterns or trends noted in rule or rate based indicators

G. End of review period:
1. Confirmation that the practitioner has been reviewed and that there are no potential/problems with the performance or trends that would impact quality of care and patient safety
2. FPPE successfully completed; continue existing privileges; enter OPPE phase of credentialing.
3. FPPE unsuccessfully completed; privileges to be limited or revoked.

II. Ongoing Professional Practice Evaluation (OPPE): Ongoing professional practice evaluation is a process that allows the Medical Staff to identify professional practice trends that impact on quality of care and patient safety on an ongoing basis. The process includes:

1. The evaluation of an individual practitioner's professional performance and identification of opportunities to improve care based on recognized standards. It differs from other quality improvement processes in that it evaluates the strengths and opportunities of an individual practitioner's performance and competence related to their privileges rather than appraising the quality of care rendered by a group of professionals or by a system.
2. The use of multiple sources of information, including but not limited to direct observation, review of individual cases, aggregate data, compliance with Hospital policies, protocols, and the Bylaws and the Rules and Regulations of the Medical Staff, clinical standards, and the use of rates compared against established benchmarks or norms.
3. Individual evaluation is based on generally recognized standards of care. This process provides practitioners with feedback for personal improvement or confirmation of personal achievement related to the effectiveness of their professional, technical, and interpersonal skills in providing medical care.
4. Relevant information obtained from the ongoing professional practice evaluation is integrated into performance improvement activities. Findings from ongoing professional practice evaluation are factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal.
5. For low/no volume providers, successfully completed OPPE results for the same cycle period from a sister hospital within Adventist HealthCare may be utilized to assist with completion of the provider's OPPE at Shady Grove Medical Center. Additionally, OPPE documents may be accepted for low/no volume providers from other facilities outside of AHC for review to satisfy OPPE completion.

A. The organized medical staff does the following:
- Develops criteria for extending the evaluation period
- Communicates to the appropriate parties the evaluation results and recommendations based on results
- Implements changes to improve performance

B. Scope of OPPE:
- All existing practitioners with privileges not currently undergoing FPPE

C. Methodology/OPPE includes:
1) The indicators are based off of the six core competencies for the practitioner under review.
   * Patient-Based Learning
   * Medical/Clinical Knowledge
   * Interpersonal and Communication Skills

* Patient Care
* Professionalism
* System Based Practice

2. Examples of the type of data to be collected is determined by the individual departments.
    - Core Measures
    - Hours of CME per two year period
    - Number of cases undergoing peer review
    - Number of behavioral occurrence reports
- Medical Records Completion Compliance including: H&Ps, Discharge Summaries, Operative Reports and Do Not Copy/Paste within the record
    - Department/Section Meeting Attendance
    - Annual OIG Screening Results
    - Compliance with Annual Flu Vaccine
    - Number of episodes and days of suspension for delinquent medical records
    - Specialty-Specific Indicators defined by the Department Chair, reviewed by the Department and recommended by the Medical Executive Committee and approved by the Governing Board.

D. Timeframe for OPPE: will be conducted at least every ~~eight~~ **twelve** months **beginning with the January 2022 cycle**.

E. Circumstances under which external review is required: Need for specialty review, when there are a limited number or no medical staff members within the required specialty (or with the appropriate technical expertise) on the medical staff.

F. End of review period:

1. Confirmation that the practitioner has been reviewed and that there are no potential problems with the performance or trends that would impact quality of care and patient safety
2. If any problems do raise, FPPE might be implemented (See FPPE Procedures)

Professional Practice Evaluation Time Frames: Professional practice evaluation will be conducted by the Medical Staff in a timely manner. The goal is for routine cases to be completed within 90 days from the data the case is identified for review. Complex cases (such as those where multiple services are involved or those that may require external review) may require additional review time beyond 90 days.

External Professional Practice Evaluation

A. In certain situations, The Department/Section or the PPEC may determine that a case should be sent to an external source for review. This may occur when:

1. There is ambiguity and/or the PPEC receives vague or conflicting recommendations from reviewers or Department/Section.
2. There is lack of internal 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.

Professional Practice Evaluation Committee (PPEC)

A. The Medical Executive Committee has designated the Professional Practice Evaluation Committee (PPEC) as having direct oversight of the ongoing professional practice evaluation process.

B. Department Chairs or a designee of each department may serve as a representative on PPEC.

C. Ongoing data review and findings are evaluated by the Professional Practice Evaluation Committee. The information resulting from the evaluation is used by the committee to make recommendations to Credentials Committee and to MEC to determine whether to continue, limit, or revoke any existing privilege(s) at the time the information is analyzed.

D. The PPEC will meet at least quarterly and more often as needed to review the findings of the professional practice evaluation and recommendations from the Departments/Sections.

E. The PPEC will report the findings of the ongoing professional practice evaluation to the Medical Executive Committee at least quarterly.

Department Chair: Has initial responsibility for the continuing surveillance of the professional performance of all Licensed Independent Practitioners in his/her respective department and:

1. Oversees the performance improvement program and provides summary reports to the PPEC at least quarterly, of ongoing quality assessment and improvement activities in his/her department and sub-sections.
2. Presents PPEC findings, cases with educational value, and rate-based data at Department Meetings. The Department Meeting minutes will reflect findings, conclusions, recommendations, and actions taken.
3. Approval of Focused Professional Practice Evaluation plan for each initial physician/AHP coming on staff.

Medical Staff President: Responsible for ensuring the findings, conclusions, recommendations, and actions to improve individual and organizational performance are communicated to appropriate medical staff members and committees.

Quality Improvement Coordinators:

1. Screen charts against pre-established criteria and forward to appropriate person/committee.
2. Aggregate rate based measures data.
3. Provide correspondence and/or copies to Medical Staff Services for placement in physicians' Medical Staff credentials files.
4. Enter data into Physicians' MSO database or other appropriate database.

Medical Staff Services: Maintains individual OPPE/FPPE information in the Medical Staff credentials file.

Credentials Committee: Considers all professional practice evaluation data at the time of reappointment and privileging. Is notified that practitioner is off of FPPE or recommendation on an extension.

Conflict of Interest: A member of the Medical Staff asked to perform professional practice evaluation may have a conflict of interest if he or she might not be able to render an unbiased opinion due to either involvement in the patient's care or a relationship with the practitioner involved as a direct competitor or partner. Individuals determined to have a conflict may be present during discussions of professional practice evaluation, but they will be required to recuse themselves from the actual evaluation process.

CONTENT

I. **Principles**

A. Professional practice evaluation information is privileged and confidential in accordance with Medical Staff and Hospital Bylaws, state and federal laws, and regulations pertaining to confidentiality and non-discoverability.

B. Individuals involved in professional practice evaluation will sign a statement of confidentiality.

C. Professional practice evaluation is conducted in a manner that is objective, equitable, timely and consistent.

II. Measures and Indicators for Focused Professional Practice Evaluation

A. Cases identified for FPPE will be reviewed by the Department/Section Chair or his/her designee. If additional information is needed to complete the review, the practitioner is notified and given the opportunity to provide additional information.

1. After the review is completed and the case is scored, the case and results are forwarded to the Department/Section **Chair** or recommendation for follow up actions if indicated.

III. Measures and Indicators for Ongoing Professional Practice Evaluation

B. Performance measures used for OPPE are selected and approved by the Medical Staff, and include the following:

1. Rule-based indicators, which identify individual instances of non-compliance with administrative or clinical processes, policies, or other established rules. These occurrences are reviewed by the Department/Section Chair.
2. Rate-based indicators, which identify potential performance differences among physicians using aggregated data on outcomes or processes of care, taking into account differences in activity. These indicators are evaluated for evidence of a clinical practice trend and are reviewed at Department/Section meetings.
3. After the Department/Section has finalized any recommendations for follow up actions, the case is reported to the Professional Practice Evaluation Committee (PPEC) for approval.
4. The practitioner is informed of the outcome of the review and advised of any additional requirements. For OPPE the practitioner is notified of continued, limited or revoked privileges.
5. Written notification of case review determinations:
   - Action and follow-up, as determined by the PPEC, is in a written response **or** a documented meeting of the Department Chair with the individual practitioner.
   - All correspondence is confidential. Certified / Return Receipt U.S. mail is the mechanism for notification of peer review findings.
   - Copies of letters and notifications of peer review determinations are filed in the Medical Staff Office in the individual practitioner's confidential Performance Improvement file.
6. Causal analysis is determined for all reviews assigned an Outcome Score of 'B' 'E' or 'F' and documented on the OPPE Report.

IV. Scoring for FPPE/OPPE cases are as followed:

Standard of Care Scores:

I = Standard of care met, no problem with process or documentation.
II = Standard of care met but documentation inadequate to support standard of care.
III = Controversy among physician reviewers whether standard of care was met.
IV = Standard of care not met.

Outcome Scores:

A = No effect on outcome
B = Minor effect on outcome: problem allowed disease or symptoms to progress, temporary or reversible.
C = Major adverse outcome: death attributable to natural disease progression
D = Major adverse outcome: known, documented complication of procedure/disease process
E = Major adverse outcome: problem resulted in reduction of longevity, functional quality of life, or adverse reaction by medical action or inaction.
F = Major adverse outcome: death attributable to acts of omission or commission.