

Medical Staff Policies & Procedures	
Document Owner: Medical/Dental Staff of Community Medical Center	Date Approved: 6/2023
Author: Medical Staff Director	

**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 RWJBH 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 RWJBH affiliates.

**POLICY:** Upon appointment to the Medical and Dental Staff or Allied Health Professional Staff of RWJBH each staff member shall have their 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, if "for-cause" has been determined 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.

Triggers to determine "for cause"

Information to determine if FPPE is occurring:

- a) Medical Record compliance
- b) Infection Prevention

### **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; data collected by Quality Resources;
- f) sentinel event data;
- g) applicable peer review data.

## **THE PROCESS**

### **Initial and New Privileges:**

The Department Chair or Section 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 their 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 as this will result in a re-evaluation of the practitioner's staff category. The initial FPPE form will also be signed/acknowledged by the staff member. 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 FPPE is occurring, it must be brought to the attention of the Department Chair, Medical Records, Quality Chair, Infection Prevention etc., who will collaborate with the Medical Staff Director to determine if FPPE "for-cause" is occurring in accordance with the approved triggers. This information will then be presented to the Credentials Committee for review.

If a current OPPE performed at one RWJBH 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 RWJBH Division, may, on request, be shared with the other RWJBH Divisions and be utilized in the appointment, credentialing, reappointment, 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, Quality Committee, Credentials Committee or the Medical Executive Committee during reappointment.

**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, Medical Records Department, through the Quality/Peer Review 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 Chair. 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.



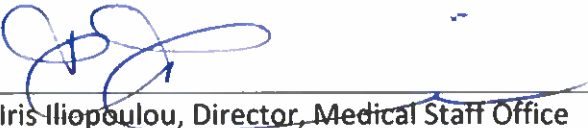
When issues are identified that affect the provision of safe high-quality care, a monitoring plan is warranted whenever there is cause to:

- 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, Division Rules and Regulations, Policies or RWJBH Bylaws.

Developed By (Local Policy Owner by Job Title):	Iris Iliopoulou, Director, Medical Staff
---	--

Original Date:	6/23
Reviewed:	
Revised:	

**SIGNATURES**

	6/4/2023
Joseph J. Albanese, DO, President of the Medical Staff	Date
	6/2/2023
Karambir Dalal, Credentials Committee Chair	Date
	5/31/2023
Iris Iliopoulou, Director, Medical Staff Office	Date