

Manual	Professional Staff	Effective Date	1/31/2008
Policy #	PS 12	Date Revised	
Responsible Person	Director, Professional Staff Services	Next Scheduled Review	2/28/2023

Purpose

To define Professional Staff policies and procedures related to professional practice evaluation processes including peer review, the development and implementation of an Ongoing Professional Practice Evaluation (OPPE) program and the initiation of a Focused Professional Practice Evaluation (FPPE).

Definitions

1. Data – Data means aggregate measurements related to Events, clinical outcomes, steps in the performance of a clinical process, or other aggregate information related to the clinical performance, behavior, and/or professionalism of a professional staff member.
2. Event – Event means an undesirable or unexpected clinical and/or behavior-related occurrence identified by the organization. Information regarding Events may be aggregated and considered Data.
3. First Level Assessment – A primary review of Data or Events by the Division Chief or designee. The purpose of First Level Assessment is to determine if an opportunity for improvement exists and/or if further review or Focused Professional Practice Evaluation is required to understand the significance of the Data or Event.
4. Focused Professional Practice Evaluation – The process whereby the Professional Staff evaluates privilege-specific competencies of a professional staff member. A Focused Professional Practice Evaluation shall be initiated when questions arise regarding the ability of a currently credentialed member to provide safe, high-quality patient care services to patients at Resnick Neuropsychiatric Hospital (RNPH)
5. Investigation – A formal review action that may be initiated by the Professional Staff Executive Committee (PSEC) as described in Article VII of the Professional Staff Bylaws. An Investigation is initiated when reliable information indicates that a Professional Staff Member may have exhibited acts, demeanor, or conduct reasonably likely to be, among others:
 - a. Detrimental to patient safety or to the delivery of quality health care within the Hospital.
 - b. Unethical.
 - c. Contrary to the Professional Staff Bylaws, Rules and Regulations, Policies and Procedures
 - d. Contrary to Hospital Policies and Procedures
 - e. Below applicable professional standards.
6. Ongoing Professional Practice Evaluation – The program developed by the Professional Staff to assure the continuous monitoring of the professional practice of professional staff members. Through the Ongoing Professional Practice Evaluation program, the Professional Staff monitors Events and Data related to members' clinical performance, behavior, and professionalism that are important indicators of quality and patient safety.
7. Peer Review Committee – A Professional Staff committee assigned authority by the Professional Staff Executive Committee to make judgments regarding the appropriateness of a Professional Staff member's clinical performance, behavior, and/or professionalism as related to expected clinical standards of care and/or professional behavior. Any Hospital sponsored committee or group may

make suggestions or recommendations to a Professional Staff member regarding alternatives to care and/or provide evidence-based information regarding best practice, but only Peer Review Committees can make Peer Review Conclusions regarding a Professional Staff member. At RNPH, Peer Review Committees include:

- a. The Professional Staff Executive Committee, or;
- b. The Credentials Committee; or
- c. The Peer Review Committee; or
- d. An ad hoc Professional Staff committee assigned peer review authorization by the Professional Staff Executive Committee.

Policy

1. All clinical services provided by members of the Professional Staff shall be reviewed both as part of the Hospital's Performance Improvement program as described in the Hospital's Performance Improvement Plan and as part of the Professional Staff's peer review program as defined in Professional Staff Policy and Procedure PS 10: Peer Review.
2. The Professional Staff encourages patients, families, and Hospital staff to provide the Hospital with information or concerns regarding any member's clinical performance, behavior, and/or professionalism that may be related to the provision of quality patient care services at RNPH. Any such information or concerns shall be clearly reported via the on-line Event Reporting System or through Patient Relations (Reference Hospital Policies HS 0328 – Event Management and HS 9417 – Patient Complaints)
3. Each Clinical Division Chief of the Professional Staff shall perform monitoring and assessment functions related to Ongoing Professional Practice Evaluation Events and Data, and make assessments related to their member's performance.
4. Each Clinical Division of the Professional Staff is required to develop peer review and quality assessment criteria that describe those outcomes, care processes, and events that will be measured and assessed by the division. Event and Data information will be assessed at both the aggregate and member-specific level. The surveillance program will include monitoring of the following elements when appropriate:
 - a. Professional Staff approved generic indicators.
 - b. Division-specific clinical indicators or outcome measurements.
 - c. Morbidity and mortality rates.
 - d. Compliance with standards of evidence-based medicine.
 - e. Outcomes of operative and other clinical procedures.
 - f. Practitioner-specific practice patterns related to ordering tests and procedures.
 - g. Practitioner-specific practice patterns related to blood and medication use.
 - h. Practitioner-specific practice patterns related to the use of consultants.
 - i. Practitioner-specific practice patterns related to length of stay.
 - j. Evidence-based clinical process audits.
5. Ongoing Professional Practice Evaluation information may be acquired through, but is not limited to, information from the following sources:
 - a. Review of unexpected occurrences.
 - b. Periodic chart review.
 - c. Direct observation of procedures and patient care interventions.
 - d. Proctoring.
 - e. Discussion with others involved in the care of the patient

6. The Clinical Division Chief will additionally review referrals from the following sources:
 - a. Clinical occurrences reported by the Hospital Risk Manager.
 - b. Sentinel event information identifying member-specific clinical concerns.
 - c. Staff observations or concerns related to a member's clinical skill and performance.
 - d. Patient or family observations, concerns or complaints related to a member's clinical skill and performance.
 - e. Legal cases identified by the Hospital that may relate to a member's clinical skill and performance.
 - f. Referrals from other Professional Staff committees or groups related to a members clinical skill and performance.
 - g. Referrals from external agencies related to a member's clinical skill and performance.
 - h. Other Event and/or Data information as determined by the Professional Staff Executive Committee, Division, and/or Peer Review chairperson.
 - i. Other information or events reported to the Clinical Division Chief.

7. The Clinical Division Chief will review identified concerns related to:
 - a. Behavior and/or professionalism-related occurrences or concerns reported by the Hospital Risk Manager.
 - b. Patient or family complaints or concerns related to Member-specific behavior and/or professionalism issues.
 - c. Referrals from other committees or groups related to Member-specific behavior and/or professionalism concerns.
 - d. Identified concerns related to disruptive or unprofessional behavior including sexual harassment.
 - e. Possible failure of a Member to follow Professional Staff bylaws, rules and regulations, or policies ("Professional Staff Policies") or to follow Hospital policies.

8. When assessment of Events or Data from the Professional Staff Ongoing Professional Practice Evaluation program identifies concerns regarding a currently privileged Member's ability to provide safe, high-quality patient care services, a Focused Professional Practice Evaluation shall be initiated by the Professional Staff. The purpose of the Focused Professional Practice Evaluation is to determine if the quality of patient care services and/or the behavior of a Member meets the standards that have been established by the Professional Staff at RNPH.

9. A Focused Professional Practice Evaluation may be initiated in the following circumstances:
 - a. Member-specific, clinically significant and statistically significant, undesirable outcome variations have been noted.
 - b. Recurrent episodes of unacceptable variation related to clinical care processes.
 - c. The identification of recurrent episodes of disruptive and/or unprofessional behavior.
 - d. Member-specific involvement in a clinically significant unexpected adverse Event resulting in death or permanent injury to a patient where the cause of the Event has been determined by the Professional Staff to be related to a Member's clinical performance or behavior.
 - e. Ongoing zero patient care activity prior to the expiration of appointment.

10. First Level Assessments and Focused Professional Practice Evaluations are not considered final and verified actions of the Professional Staff and are not considered an "Investigation" for purposes of reporting Professional Staff activities related to disciplinary actions as described in applicable federal and state Professional Staff reporting requirements.

Procedure

1. If concerns are identified by any committee, division, or staff member in the organization regarding the clinical performance, behavior, and/or professionalism of a Member, that concern will be forwarded to the appropriate Clinical Division Chief for review as described in this policy.
2. Other Ongoing Professional Practice Evaluation quality management data, as described in the Policy Sections 1 through 7, will be collected by the Quality Management Department and submitted to the appropriate Clinical Division Chief for review. These Ongoing Professional Practice Evaluation measures shall consistently implemented, applied to all appropriate Practitioners, and assessed in a fair and reasonable manner. Assessment information related to these measurements shall be used by the Professional Staff to resolve performance issues whenever reasonably possible.
3. The Clinical Division Chief may evaluate the quality management information submitted for review and determine that no action is indicated or that an action is indicated which does not necessarily require direct discussion with and/or comments from the involved Member.
4. When a Focused Professional Practice Evaluation is initiated, the following events shall occur:
 - a. The involved Member will be given both verbal and written notice by the Clinical Division Chief or designee regarding the specific concerns that have been identified and are the basis of initiating the Focused Professional Practice Evaluation.
 - b. The involved Member will be given access to medical records and other appropriate information necessary to respond to the cases or events. "Appropriate information" does not include access to Event Reports but rather a summary of the issue reported on the Report if such information is relevant to the cases or events under review.
 - c. The Peer Review Committee performing a Focused Professional Practice Evaluation may be a standing Peer Review Committee or an ad hoc Peer Review Committee assigned authority by the Chief of Staff or a Peer Review Committee chairperson.
 - d. Prior to reaching a final conclusion, the Peer Review Committee shall allow the involved Member to respond to the committee's concerns either in writing or by addressing the Peer Review Committee in person. The involved Member shall be strongly encouraged to submit a written response to all identified clinical concerns.
 - e. The Member being reviewed has the right to address the Peer Review Committee in person if he or she so desires. If the involved Member does not wish to address the Peer Review Committee, in writing or in person, this fact shall be noted by the Peer Review Committee chairperson and recorded in the Peer Review Committee's minutes.
 - f. The Peer Review Committee may require the attendance of the involved Practitioner at a Peer Review Committee meeting.
 - g. A report of the conclusions of any ad hoc Focused Professional Practice Evaluation committee will be reported to the appropriate delegating committee.
 - h. The findings and conclusions of the Focused Professional Practice Evaluation shall be reported to the Professional Staff Executive Committee by the appropriate Peer Review Committee chairperson or designee at the next regularly scheduled Professional Staff Executive Committee meeting.
5. If a Peer Review Committee conducting any type of peer review evaluation, including a Focused Professional Practice Evaluation, requests that the involved Practitioner provide additional information to the Peer Review Committee either in writing or through a personal appearance, it shall be the obligation of the Practitioner being reviewed to fulfill this request within a reasonable period of time as may be established by the Peer Review Committee. When additional information or a personal appearance is requested, failure of the Practitioner being reviewed to comply with the

