

Manual	Medical Staff	<i>Effective Date</i>	1/2008
Policy #	MS 107	<i>Review</i>	8/2022
		<i>Responsible Person</i>	Director, Medical Staff Services

PURPOSE

To define, determine, maintain and evaluate the competency of members of the medical staff to provide care, treatment and service in accordance with the credentialing and privileging processes and requirements of the medical staff.

POLICY

1. Ongoing Professional Practice Evaluation (OPPE) is the continuous evaluation of the practitioner’s professional performance in order to identify and resolve any potential problems with a practitioner’s performance. Members of the medical staff will be assessed utilizing peer review information, event reports, quality indicators approved by the Medical Staff including but not limited to quality of care, mortality, readmissions, complications, delay of care, unprofessional behavior, and Focused Professional Practice Evaluations (FPPE).
2. The Medical 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. 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 HS9417 – Patient Complaints)
3. Each Department Chair shall perform monitoring and assessment functions related to Ongoing Professional Practice Evaluation Events and Data, and make assessments related to his/her member's performance.
4. In order to perform these Ongoing Practice Professional Practice Evaluation assessments, each Department must establish minimum Medical Staff clinical activity requirements, designating a minimum number of cases to be performed by members of the Department.
5. Each Department of the Medical Staff is required to develop peer review and quality assessment criteria that describe those outcomes, care processes, and events which will be measured and assessed by the department. The surveillance program may include monitoring of the following elements when appropriate:
 - a. Medical Staff approved quality/clinical indicator/outcome measurements
 - b. Morbidity and mortality rates
 - c. Compliance with standards of evidence-based medicine
 - d. Outcomes of operative and other clinical procedures
 - e. Core Measures

6. 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.

7. The Department Chair will additionally review referrals from the following sources:
 - a. Clinical occurrences reported by the Risk Management Committee.
 - 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. Discussion with others involved in the care of the patient
 - f. Referrals from other Medical Staff committees or groups related to a member's 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 Medical Staff Executive Committee.
 - i. Other information or events reported to the Department Chair.

8. The Department Chair will review identified concerns related to:
 - a. Behavior and/or professionalism-related occurrences or concerns reported by the Risk Management Committee.
 - 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 Medical Staff bylaws, rules and regulations, or policies or to follow Hospital policies.

9. When assessment of Events or Data from the Medical 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 (FPPE) may be initiated by the Medical 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 meet the standards which have been established by the Medical Staff.

10. A Focused Professional Practice Evaluation may be initiated in the following circumstances:
 - a. Recurrent episodes of unacceptable performance/behavior related to clinical care processes.
 - b. The identification of recurrent episodes of disruptive and/or unprofessional behavior.
 - c. 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 Medical Staff to be related to a Member's clinical performance or behavior.

11. Assessments and Focused Professional Practice Evaluations are not considered final and verified actions of the Medical Staff and are not considered an "Investigation" for purposes

of reporting Medical Staff activities related to disciplinary actions as described in applicable federal and state Medical Staff reporting requirements.

PROCEDURE

- 1 If concerns are identified by any committee, department, 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 Department Chair 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 Department Chair/peer review committee for review. These Ongoing Professional Practice Evaluation measures shall be 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 Medical Staff to resolve performance issues whenever reasonably possible.
- 3 The Department Chair 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 Department Chair or designee regarding the specific concerns which 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 Department Chair.
 - 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 Medical Staff Executive Committee by the appropriate peer review committee chairperson or designee at the next regularly scheduled meeting.

- 5 If a peer review committee conducting any type of peer review evaluation, included 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.
- 6 When the concerns being reviewed include clinical or technical issues related to a specific specialty treatment or procedure, the peer review committee should include at least one peer who is a Member currently qualified and competent in the clinical area, specific treatment or procedure under discussion. This provision does not apply to peer review related to disruptive and/or unprofessional behavior.
- 7 The chairperson of a peer review committee shall consider the use of external peer review consultation when either there are no Members available to serve on the peer review committee who have appropriate clinical or technical skills, or when there is a potential for significant conflict of interest.
- 8 The conclusions of a Focused Professional Practice Evaluation shall be recorded in writing and shall include a record of any medical record reviews, interviews, reports, medical literature information utilized, relevant clinical practice guidelines and/or evidence-based information which has been used in arriving at the peer review committee's conclusions and recommendations. The recommendations shall include consideration of the need for corrective action, education, additional performance monitoring (internal or external), and/or other actions as deemed appropriate by the peer review committee.
- 9 If a Focused Professional Practice Evaluation or other peer review activity results in findings and conclusions which are averse to the member and include a recommendation for corrective action which would generate hearing rights as described in the Medical Staff Bylaws, the Medical Staff Executive Committee should consider the initiation of an Investigation pursuant to Article IV the Bylaws prior to taking such a disciplinary action. The Medical Staff Executive Committee has no obligation to implement the recommendations of any peer review committee and nothing in this policy shall interfere with the right of the Medical Staff Executive Committee to initiate disciplinary action without the initiation of an Investigation.

APPROVAL:

Medical Staff Executive Committee: 1/1/2008, reviewed with no revisions 8/31/2019

Governing Body: 1/1/2008, reviewed with no revisions 8/31/2019