

GREATER BALTIMORE MEDICAL CENTER  
**MEDICAL STAFF POLICY AND PROCEDURE**  
***Focused Professional Practice Evaluation (FPPE)***

***I. PURPOSE***

To set forth the policy for conducting Focused Professional Practice Evaluations (FPPE's).

***II. SCOPE OF THE FPPE PROGRAM***

This policy applies to all practitioners at Greater Baltimore Medical Center including initial applicants for Medical or Advanced Practitioner Staff appointment or current members of the Medical or Advanced Practitioner Staff. Practitioners requesting Affiliate membership and not exercising privileges, residents, fellows, and Locums practitioners, are outside the scope of this policy.

***III. POLICY***

It is the policy of the Hospital to conduct appropriate monitoring of the care delivered by its Medical Staff and Advanced Practitioner Staff to promote safety and high-quality care for our patients. FPPE is used to evaluate the general and privilege-specific competence of new Medical Staff and Advanced Practitioner Staff Members, and in situations where competency questions arise for existing GBMC practitioners.

All findings and information associated with any FPPE shall be considered confidential and protected pursuant to Maryland Code – Health Occupations § 1-401, amended from time to time.

***IV. MEDICAL STAFF OVERSIGHT***

- Primary Responsibility: Department Chair
- Oversight Responsibility: Credentials Committee and Medical Board
- Facilitator Responsibility: Medical Staff Services Department

***V. STATUS OF PHYSICIAN EVALUATORS FOR FPPE***

The evaluator's role is that of a neutral observer for the purpose of assessing and reporting on the competence of another practitioner, not a consultant or mentor. The evaluator is an agent of GBMC's Medical Staff, and the Medical Center will defend and indemnify any practitioner who is subjected to a claim or suit arising out of his or her acts or omissions in the role of an evaluator, in accordance with the terms and conditions of applicable policies. In some situations, involving low volume practitioners, an FPPE may be obtained from another healthcare setting. The evaluator will:

- Receive no compensation directly or indirectly for this service;
- Have no duty to patients to directly intervene if the care provided by the evaluated practitioner may be deficient. However, the evaluator is expected to report immediately either to the appropriate Department Chairman, Chief of Staff or Chief Medical Officer any concerns regarding the care being rendered by the evaluated practitioner that has the potential for imminent patient harm;
- May render emergency medical care to the patient for medical complications arising from the care provided by the evaluated practitioner.

#### **VI. FPPE PERIOD**

The FPPE begins when the physician is informed of appointment to the medical staff and will conclude when sufficient cases have been evaluated to meet the FPPE plan to evaluate competence. In general, the FPPE should generally be completed within six (6) months, but may be extended by the Department Chair if there is insufficient activity during the initial period or if concerns are raised that require further evaluation. The Chairman can request an extension of the FPPE by emailing the Director of the Medical Staff Office.

#### **VII. FPPE METHODS**

FPPE may utilize a combination of the following methods as determined by each Department's FPPE plan:

***Concurrent Evaluation:*** Direct observation of the procedure being performed or medical management either through observation of practitioner interactions with patients and staff or review of clinical history and physical, review of treatment orders during the patients' hospital stay, or interviews of personnel directly involved in the care of the patient.

***Retrospective Evaluation:*** Review of the case record after care has been completed. May also involve interviews of personnel directly involved in the care of the patient.

#### **VIII. FPPE DATA COLLECTION**

The data obtained and reviewed by the evaluator will be recorded in the medical staff FPPE form modified as appropriate to the practitioner requested privileges.

#### **IX. DEPARTMENTAL FPPE PLAN AND FORMS**

Each Department will define a brief FPPE plan that will include the specific FPPE methods and data sources appropriate to the specialty that will be used by its evaluators.

**X. PRACTITIONER SPECIFIC FPPE PLAN**

The practitioner specific FPPE plan will be submitted by the Department Chairman to the Credentials Committee at the time of the recommendation for privileges or at the time of a targeted evaluation. The plan will include the number of recommended cases for evaluation, the evaluation methods, and the proposed evaluator. **The department chair may create a revised specialty-specific FPPE plan for the low-volume practitioner.**

**XI. FPPE RESULTS AND RECOMMENDATIONS**

- A. The Department Chair shall provide a status report and recommendation to the Credentials Committee that shall include one of the following:
- Initial FPPE complete and acceptable;
  - Initial FPPE incomplete due to insufficient activity to complete FPPE;
  - Initial FPPE complete with concerns and additional cases required;
  - Initial FPPE complete and not acceptable.
- B. After 6 months, and each six-month period thereafter, if there is insufficient activity to complete the FPPE, the Credentials Committee and Department Chairman will determine if the FPPE period should be extended for an additional six month-period.
- C. The Medical Staff Office will notify the applicant and the evaluator regularly if the FPPE is incomplete after 6 months. In the event that the practitioner's activity at the Medical Center has not been sufficient to appropriately evaluate his or her competence within eighteen (18) months of the granting of initial privileges, then the practitioner shall either:
- Voluntarily resign the relevant privilege(s); *or*,
  - Voluntarily request a change in category to the Affiliate Staff prior to reappointment; *or*,
  - Submit documentation of clinical activity performed at the practitioner's primary hospital or facility during the last year to supplement the Department's FPPE plan. This documentation may include copies of pre-op history and physical exams, consults, op-notes/procedures equal to the original FPPE plan. This submission must be provided within three months for review in PDF format or other HIPPA compliant manner to the evaluator, or the Department Chair,
  - Submit a written request for an extension of the FPPE period with a plan for performing the necessary activity to complete the FPPE, prior to reappointment.

- The Medical Staff member must take all reasonable steps to complete the FPPE within the prescribed time-period. If the member fails to complete the FPPE prior to reappointment, medical staff or advanced practitioner staff membership and clinical privileges will be automatically relinquished without recourse to hearing and appeal procedures.

## **XII. RESPONSIBILITIES**

### **A. Evaluator**

- Use appropriate FPPE methods and tools approved by the Departmental Chair;
- Submit all completed FPPE forms to the Medical Staff Office in a timely and confidential manner;
- Notify the Department Chairman or Chief of Staff if, at any time during the FPPE period, the evaluator has concerns about the practitioner's competence to perform specific clinical privileges or care related to a specific patient(s).

### **B. Practitioner Undergoing FPPE**

- Contact the evaluator to review the plan for FPPE;
- For concurrent FPPE, make every reasonable effort to be available to the evaluator including notifying the evaluator of each patient where care is to be evaluated in sufficient time to allow the evaluator to concurrently observe or review the care provided. For elective surgical or invasive procedures where direct observation is required, if the department requires the FPPE be completed before the practitioner can perform the procedure without an evaluator present, the practitioner must secure agreement from the evaluator to attend the procedure;
- For all methods of FPPE, be responsive to any questions from the evaluator or Department Chairman regarding information being used to assess the general competencies evaluated for FPPE;

### **C. Department Chairman**

- Identify the names of Medical Staff members eligible to serve as evaluators;
- Assign evaluators as noted above;
- Assist in communicating the FPPE plan;
- Adjudicate conflicts that arise between the evaluator and the physician being evaluated;
- Take appropriate action if at any time during the FPPE period the evaluator notifies the Department Chairman that he/she has concerns about the practitioner's competence.
- Based upon this assessment, the Department Chairman may take one or more of the following actions;

- Continue the FPPE process without changes;
- Refer one or more cases to the peer review committee for further assessment;
- Recommend to the Credentials Committee, any additional or revised FPPE requirements; or
- Recommend to the Chief of Staff that corrective action be undertaken pursuant to Section 4.2 of the Medical Staff Bylaws.

#### **D. Credentials Committee**

- Monitor compliance with this policy and procedure;
- Receive regular status reports related to the progress of all practitioners undergoing FPPE;
- Make recommendations to the Medical Board and Board of Directors regarding clinical privileges based on information obtained from the FPPE process.

#### **E. Responsibilities of the Medical Staff Office**

- Send a letter to the practitioner being evaluated and to the assigned evaluator, containing the contact information for each individual;
- Provide the evaluator with a copy of the delineation of privileges form of the practitioner being evaluated, his or her completed Intended Practice Plan (if applicable), the FPPE forms to be completed by the evaluator;
- Track the FPPE process.
- At least quarterly, provide a report to the Credentials Committee of FPPE activity for all practitioners being evaluated.

### ***XIII. FOCUS PROFESSIONAL PRACTICE EVALUATION FOR CAUSE***

A. FPPE for Cause may be initiated by the COS, Department Chair, or Division Chief under the following circumstances:

- When questions arise regarding a Practitioner's professional performance that may affect the provision of safe and high-quality patient care;
- When an unusual pattern of behavior or pattern of care is identified;
- When complaints or issues arise that are referred by a medical staff leader;
- On the return of a Practitioner after a leave of absence; or
- To review the care of a low volume Practitioner.

B. FPPE for Cause shall be employed when an event meeting any one of the criteria described below is evaluated by the Chairman and it is determined that the Practitioner has not met the standard of care;

- Sentinel events;
- Near misses (i.e., any process variation which did not affect the outcome, but for which a recurrence carries a significant chance of a serious adverse outcome);

- Serious safety events (i.e., any event, occurrence, or situation involving the clinical care of a patient that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional health care services).
- C. The Department Chair and/or Division Chief in consultation with the COS shall determine the methods used for the FPPE, including the monitoring method, criteria, and duration in consideration of the Practitioner's current clinical competence, practice behavior, and ability to perform the requested privileges. Other existing privileges in good standing should not be affected by this focused evaluation.
- Focused evaluation may include, but not be limited to, one or more of the following:
    - Chart review;
    - Review of performance indicators or aggregate data within the department;
    - Interviews or surveys of Hospital staff interacting with the Practitioner;
    - Monitoring of clinical practice patterns;
    - Proctoring (prospective or concurrent) or retrospective evaluation;
    - External peer review; and/or
    - Any other type of review determined to be appropriate and pertinent to the identified issue
- D. After the findings of the FPPE have been reviewed by the COS, a recommendation will be forwarded to the Medical Board for action.

Approved: Medical Board – February, 2020

**PROCEDURE**

The specific steps needed to perform FPPE by the evaluator and practitioner undergoing FPPE are summarized in the table below:

Task	Activity	Timeframe	Responsibility
Determination of FPPE Period/ # of cases and Method of Review	FPPE planned by Chair based on privileges requested and experience	FPPE form sent with application to Department Chairman to complete.	Department Chair
Evaluator Assignments	Determined by Department Chair when plan is being determined	Noted on FPPE form and returned to MSO with approved application and clinical privileges list.	Department Chair
Initiation of FPPE	Evaluator and practitioner informed of FPPE plan by MSO	At least within thirty (30) days following approval by Board of Directors.	MSO
Scheduling of FPPE	Evaluator and practitioner determine schedule and method, i.e., concurrent or retrospective case review.	After FPPE plan received by evaluator and practitioner. Evaluation to be completed within the first six (6) months of initial appointment	Evaluator Practitioner
Completion of FPPE forms	Evaluator submits completed evaluation forms to MSO	Upon completion of FPPE. If extension is needed, due to low volume, Evaluator should discuss with Department Chairman and re-set completion date. See policy if additional extensions are necessary.	Evaluator
Department Chair Recommendation	Completed FPPE sent to Chair  Chair renders judgment on FPPE as per policy	One month to return recommendation to the MSO.	MSO Department Chair
Final Recommendation	Completed FPPE's approved at Credentials > Medical Board > Board of Directors	Next scheduled Credentials committee meeting	Credentials Committee