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Focused Professional Practice Evaluation for Granting Privileges (FPPE)

PURPOSE

To establish a systematic process to evaluate and confirm the current competency of practitioners initially granted and seeking additional privileges at University of Kansas Hospital (KUH). This process, termed Focused Professional Practice Evaluation (FPPE) by the Joint Commission provides the basis for obtaining organization specific information that substantiates a practitioner's current competency to perform granted privileges.

For purposes of this policy, the term "practitioner" means any medical staff member or allied health professional/mid-level provider (hereinafter referred to as AHP) granted clinical privileges.

Medical Staff Ethical Position on Proctoring

The proctor's role is typically that of an evaluator, not a consultant or mentor. The proctor is expected to report immediately to the appropriate Clinical Service Chief or KUH authority (i.e., Chief of Staff) any concerns regarding the care being rendered by the proctored practitioner that has the potential for imminent patient harm.

Medical Staff Oversight

The Credentials Committee is charged with the responsibility of monitoring compliance with this policy and procedure. It accomplishes this oversight through receiving regular status reports related to the progress of all practitioners required to be proctored as well as any issues or problems involved in implementing this policy and procedure. The Clinical Service Chief shall be responsible for overseeing the proctoring process for all applicants assigned to his/her Department.

The medical staff committees involved with Ongoing Professional Practice Evaluation (OPPE) will provide the Credentials Committee with data systematically collected for OPPE that is appropriate to evaluate and confirm current competence for these practitioners during the FPPE period.

Scope of the Proctoring Program

Definition of Proctoring: For purposes of this policy, proctoring is a focused evaluation (FPPE) to evaluate and confirm an individual practitioner's current competence at the time new privileges are granted, either at initial granting of privileges as a new member of the medical or AHP staff or in connection with a request for new or expanded privileges as a current member of the medical or AHP staff; or a question arises regarding a currently privileged practitioner's ability to provide safe, effective high quality patient care. In addition to specialty specific issues, proctoring will also address the six general competencies of practitioner performance:

1. Patient Care
2. Medical Knowledge
3. Practice Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems Based Practice

Practitioners requesting membership but not requesting specific privileges are not subject to the provisions of this policy. They are not proctored and may not act as proctors.

The decision and process to perform FPPE for current practitioners with existing privileges is based on trends or patterns of performance identified by OPPE that are outside the scope of this policy (see ***Ongoing Professional Practice Evaluation***).

Selection of methods for each specialty

The appropriate proctoring methods to determine current competency for an individual practitioner will be part of the recommendation for granting of privileges by the Clinical Service Chief and will be reviewed and approved by the Credentials Committee and Executive Committee of the Medical Staff and recommended to the Board of Directors for final approval.

Proctoring Methods

Proctoring may utilize a combination of the following methods to obtain the best understanding of the care provided by the practitioner: It is up to the Clinical Service Chief to make a recommendation related to the methods of evaluation for a specific practitioner situation. Use of the Simulation Lab may be considered as partial option.

- **Prospective Evaluation:** Presentation of cases with planned treatment outlined for treatment concurrence, review of case documentation for treatment concurrence or completion of a written or oral examination or case simulation.
- **Concurrent Proctoring:** 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 and review of treatment orders during the patients hospital stay.

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

Evaluation by an External Review - External performance review may be advisable under the following circumstances:

- **Conflict of Interest** - The review may not be conducted by any peer on staff due to a potential conflict of interest that cannot be appropriately resolved by the ECMS or Hospital Authority Board.
- **Lack of Internal Expertise** - There is no peer on staff with similar or like privileges in the specialty under review.
- **Ambiguity** - There is confusion when internal reviews reach conflicting or vague conclusions.
- **Litigation** - When the hospital faces a potential medical malpractice suit, corporate legal counsel or risk management may recommend external review.
- **New Technology/Technique** - There is a new technology/technique involved that the hospital does not have the expertise to assess whether the practitioner possesses the required skills associated with the new technology/technique.
- **Miscellaneous** - The Clinical Service Chief, ECMS or Board of Directors recommends an external review (With the exception of the Board of Directors, the ECMS has final decision if an external review is required);

Sources of data

FPPE data may include:

1. Personal interaction with the practitioner by the proctor
2. Detailed medical record review by the proctor
3. Interviews of hospital staff interacting with the practitioner
4. Surveys of hospital staff interacting with the practitioner
5. Chart audits by non-medical staff personnel based on medical staff defined criteria for initial appointees

The data obtained by the proctor will be recorded on the approved proctoring form for consistency and inter-rater reliability. Proctoring data should be obtained for all dimensions of practitioner competence from both inpatient and outpatient encounters.

Proctoring Period

Proctoring shall begin when a practitioner is informed of appointment to the medical or AHP staff or upon being granted a new privilege. Based on the specialty of the practitioner, newly granted privileges shall be considered under FPPE for either a specific number of patients/procedures or specific time period of three months after clinical practice starts. The proctoring period may be extended by the clinical service chief or by recommendation by Credentials Committee if either initial concerns are raised

that require further evaluation or if there is insufficient activity during the initial period. The applicant will remain on Active/Provisional Status until successful completion of proctoring requirements. Active/Provisional Status will not last beyond two years.

Results and Recommendations

At the end of the proctoring requirements, the Clinical Service Chief will be contacted if concerns are identified by the proctoring reports submitted to the Credentials Committee. At that time, the Clinical Service Chief shall determine one or more of the following:

1. Whether a sufficient number of cases done at KUH or at another affiliated hospital have been presented for review to properly evaluate the clinical privileges requested. (location where both proctor and person being proctored have privileges.)
2. If a sufficient number of cases have not been presented for review, whether in the Clinical Service Chief's opinion, the FPPE period should be extended for an additional period.
3. If sufficient treatment of patients has occurred to properly evaluate the clinical privileges requested, the Clinical Service Chief shall make his/her report concerning the appointee's qualifications and competence to exercise these privileges.
4. Make a recommendation related to clinical privileges as requested or recommend an additional period of proctoring or that membership and clinical privileges NOT be approved as requested.
5. If there is a recommendation by the ECMS to terminate the practitioner's appointment or additional clinical privileges due to questions about qualifications, behavior or clinical competence, the medical staff member shall be entitled to the hearing and appeal process outlined in the Medical Staff Bylaws. AHPs shall be entitled to rights as defined in AHP policies and procedures.

Responsibilities

Responsibilities of the Proctor:

Proctor(s) must be members in good standing of the medical staff (or AHP staff) of KUH and must have privileges in the specialty area relative to the privileges(s) to be evaluated. The proctor shall:

1. Use appropriate methods and tools approved by the ECMS for that department.
2. Assure the confidentiality of the proctoring results and forms and deliver the completed proctoring forms to the applicable Clinical Service Chief's office.
3. Submit any summary reports or additional information requested by the Clinical Service Chief.
4. If the practitioner being proctored is not sufficiently available or lacks sufficient cases to complete the proctoring process in the prescribed timeframe, the Clinical Service Chief may recommend to the Credentials Committee an extension of the proctoring period to complete the report.
5. If at any time during the proctoring period, the proctor has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), the proctor shall promptly notify the Clinical Service Chief.

Responsibilities of the Practitioner Being Proctored

1. For concurrent proctoring, make every reasonable effort to be available to the proctor including notifying the proctor of each patient where care is to be evaluated in sufficient time to allow the proctor to concurrently observe or review the care provided. For elective surgical or invasive procedures where direct observation is required, and the department requires proctoring be completed before the practitioner can perform the procedure without a proctor present, the practitioner must secure agreement from the proctor to attend the procedure.
2. Provide the proctor with information about the patient's clinical history, pertinent physical findings, pertinent lab and radiology results, the planned course of treatment or management and direct delivery to the proctor of a copy of all histories and physicals, operative reports, consultation reports and discharge summaries documented by the proctored practitioner.
3. Shall have the prerogative of requesting from the Clinical Service Chief a change of proctor if disagreements with the current proctor may adversely affect his or her ability to satisfactorily complete the proctorship. The Clinical Service Chief will keep the Credentials Committee and ECMS informed about changes in proctors.
4. Inform the proctor of any unusual incident(s) associated with his/her patients.

Responsibilities of Clinical Service Chiefs:

Each medical staff Clinical Service Chief shall be responsible for:

1. Assignment of proctors as noted above.
2. Assist in establishing a minimum number of cases/procedures to be proctored and determining when the proctor must be present. The minimum number of cases to be proctored and type of proctoring required shall be made at the time privileges are recommended. When there are interdepartmental privileges, the Credentials Committee shall determine the minimum number of cases/procedures to be reviewed.
3. Identifying the names of practitioners eligible to serve as proctors as noted above.
4. If at any time during the proctoring period, the proctor notifies the Clinical Service Chief that he/she has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), based on the recommendations of the proctor, the Clinical Service Chief shall then review the medical records of the patient(s) treated by the practitioner being proctored and shall:
 - a. Intervene and adjudicate the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for a patient;
 - b. Review the case for possible referral to the peer review committee;
 - c. Recommend to Executive Committee of the Medical Staff that:
 - Additional or revised proctoring requirements be imposed upon the practitioner;
 - Corrective action be undertaken pursuant to applicable corrective action procedures.

Responsibilities of Medical Staff Affairs (MSA):

Medical Staff Affairs shall assure that the following steps are taken.

1. Direct correspondence to the practitioner being proctored and to the assigned proctor containing the following information:
 - a. A copy of the privilege form of the practitioner being proctored
 - b. The name of the practitioner being proctored and the proctor plan as assigned by the Clinical Service Chief
 - c. A copy of the Proctor's Role as noted in the FPPE (Copy of FPPE Plan is posted on Medical Staff Website)
 - d. Proctoring forms to be completed by the Proctor
2. Provide information to appropriate hospital departments about practitioners being proctored
3. Contact both the proctor and practitioner being proctored on a monthly basis to ensure that proctoring and chart reviews are being conducted as required.
4. Submit a report to the Credentials Committee related to proctorship activity for all practitioners being proctored

Responsibilities of the Credentials Committee:

The Credentials Committee shall:

1. Have the responsibility of monitoring compliance with this policy and procedure.
2. Receive regular status reports related to the progress of all practitioners required to be proctored as well as any issues or problems involved in implementation of this policy and procedure.
3. Make recommendations to the ECMS regarding clinical privileges based on information obtained from the proctoring process.

. Procedure

The specific steps needed to perform proctoring by the proctor and practitioner undergoing proctoring are outlined in table below:

Task	Activity	Timeframe	Responsibility
Determination of Proctoring Period/ Volume and Methods	All applicants with same specialties to have same proctoring requirements.	At the time privileges are recommended by the Clinical Service Chief	Clinical Service Chief and Credentials Committee
Proctor Assignments	Members from appropriate specialty contacted.	Prior to privileges granted by Board	Clinical Service Chief
Initiation of proctoring	Proctor and practitioner informed of proctoring plan	At orientation and activation of privileges	Clinical Service Chief and MSA
Scheduling of	Proctor and practitioner	Within one week following	Proctor

proctoring sessions	determine schedule if concurrent methods used.	privilege activation	Practitioner
Distribution of proctoring forms	Forms for proctoring sent to proctor including copies of requested privileges	Prior to or at the time privileges are activated	MSA
Completion of proctoring forms	Proctor submits completed forms to MSA	Upon completion of evaluation forms	Proctor
Notify Clinical Service Chief of any evolving issues	MSA reviews proctoring forms and alerts Clinical Service Chief if there are negative ratings or comments	As needed for duration of proctoring period	MSA
Clinical Service Chief Recommendation	Clinical Service Chief provides MSA (MSA transmits to the Credentials Committee) with assessment of proctoring data and recommendation to end or extend proctoring or terminate privileges	Any time during initial proctoring plan proctor's raise substantial concerns or proctor reports as submitted raise concerns, MSA will contact CSC develop action plan.	Clinical Service Chief MSA
Final Recommendations and Decision-Making	Credentials Committee reviews proctor data and Clinical Service Chief recommendation and submits recommendation to ECMS. ECMS submits recommendation to the Board.	At next scheduled meetings of the ECMS and Board	MSA Credentials Committee ECMS Board

REVIEWED BY:

Executive Committee Medical Staff

Note: The University of Kansas Health System policies are maintained electronically and are subject to change. Printed copies may not reflect the current official policy.

Approval Signatures

Step Description	Approver	Date
	Jennifer Palmer: POLICY AND NURSE CREDEN COORD	01/2020

Executive Committee Medical
Staff

Judi Smedra: DIR OF MEDICAL
STAFF AFFAIRS 01/2020

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