



Soin Medical Center &
Kettering Health Greene Memorial
Medical Staff Services
3535 Pentagon Blvd.
Beavercreek, OH 45431
(937) 702-4033

ketteringhealth.org

Notification of Focused Professional Practice Evaluation (FPPE)

Dear Practitioner:

Per our Medical Staff Bylaws and HFAP guidelines, we are required to perform a Focused Professional Practice Evaluation (FPPE) on all practitioners granted initial privileges. Below, you will find the initial appointment Focused Professional Practice Evaluation (FPPE), Case Evaluation and the FPPE Policy.

For physicians, your Evaluator will be a peer that is qualified to evaluate your skills. For AHPs, your Evaluator will be your Collaborating Physician. You will be evaluated based on direct observation, discussion, and retrospective review of your patient's record(s) in accordance with the specialty-specific plan.

Please return your **completed forms (2)** to Medical Staff Services within **six months** of your appointment. You may mail to the address below or email them to MedicalStaffServices@KetteringHealth.org.

Thank you for your continued cooperation with this quality improvement process. Should you have any questions regarding the enclosed documents, please feel free to contact our office at 937-395-8324.

Medical Staff Services
Kettering Medical Center System
3535 Southern Blvd.
Kettering, Ohio 45429

Enclosures

Initial Appointment Focused Professional Practice Evaluation

NAME:
SPECIALTY:

Maintain HIPAA Compliance – Please do not list patient names

PATIENT 1 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
PATIENT 2 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
PATIENT 3 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
PATIENT 4 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
PATIENT 5 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):

*During the review period, the reviewer shall conduct a concurrent review a minimum of five (5) medical records.
The records reviewed must be of differing diagnoses (identified above).*

Upon completion, the evaluation form must be returned to:

Medical Staff Services
3535 Pentagon Blvd.
Beavercreek, Ohio 45431
(937)702-4024 phone
(937)702-4035 fax

STOP!
This form must be submitted with the Evaluation

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PURPOSE:

The purpose of this policy is to establish a systematic process to assure there is sufficient information available to confirm the current competence of practitioners initially granted privileges at Kettering Health Greene Memorial and Soin Medical Center. This process, termed Focused Professional Practice Evaluation (FPPE) will provide the basis for obtaining organization specific information of current competence for those practitioners.

DEFINITIONS

For purposes of this Policy, defined terms shall have the same meaning as set forth in the Medical Staff Bylaws unless another meaning is clearly intended within the context of the Policy.

Focused Professional Practice Evaluation (FPPE): The focused evaluation of a Practitioner's/APP's competence in exercising a specific Privilege. This process is implemented for (1) all newly granted Privileges (initial grants as well as grants of additional Privileges during the term of an existing grant period); and (2) whenever a question arises regarding a Practitioner's/APP's ability to provide safe, quality care. This process is part of the Hospital's routine evaluation process and allows the Medical Staff to focus evaluation on a specific aspect of a Practitioner's/APP's performance.

POLICY:

The Hospital's Board of Directors has delegated to the Medical Staff, through its committees and those committees' agents, the responsibility for evaluating, maintaining, and monitoring the quality of the Hospital's health care services. As such, whenever a Practitioner, an Advanced Practice Provider (APP),¹ a member of the Hospital's staff, or a committee engages in activities pursuant to this Policy, the individual/entity shall be acting as, or on behalf of, a Peer Review Committee as that term is recognized in Ohio Revised Code Section 2305.25, *et seq.*

This Policy describes the committee structure and routine processes by which the Medical Staff monitors, evaluates, and improves its Practitioners' and APPs' professional performance. This Policy is not intended to be confrontational or adverse. Rather, its primary focus is educational recognizing that early detection of concerns and a prompt response to them benefits the patient as well as the caregiver. All actions between a Practitioner/APP and Peer Review Committee pursuant to this Policy shall be voluntary and informal in nature. Nothing in this Policy supersedes any provision of the Medical Staff governing

¹ For purposes of this Policy, the term Practitioner means a Physician, Dentist, Podiatrist, or Psychologist who is granted Privileges at the Hospital; and, the term Advanced Practice Provider or APP means an Advanced Practice Registered Nurse, Physician Assistant, or any other health care provider who is granted Privileges at the Hospital pursuant to the Medical Staff process.

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documents or otherwise precludes the referral of a matter to an alternative forum (MEC, *etc.*) should a Peer Review Committee determine such referral is appropriate. Rather, the purpose of this Policy is to describe the general routine processes that are followed for clinical Peer Review and professional practice evaluation. Further, recognizing that the purpose of this Policy is to assure quality care to patients and to resolve potential quality issues at an informal level, none of the activities provided for in this Policy are considered to be investigations antecedent to a professional review action. Rather, only the Medical Executive Committee or the Board has the ability to conduct an investigation antecedent to a professional review action and to, in fact, initiate and conduct a professional review action.

Objectives

To provide a comprehensive framework whereby the Medical Staff can assess the quality and appropriateness of care provided by Practitioners and APPs who have been granted Clinical Privileges at the Hospital in order to.

1. Improve the quality of care provided by Practitioners and APPs.
2. Create a culture with a positive approach to Peer Review.
3. Identify opportunities for quality-of-care improvement on the part of Practitioners/APPs.
4. Assist in providing accurate and timely performance data for feedback to Practitioners/APPs.
5. Monitor significant trends by analyzing aggregate data.
6. Assure that the process for peer review is clearly defined, objective, timely, and useful.

I. POLICY

a. Scope of the FPPE Program

For purposes of this policy, FPPE is performed to confirm an individual practitioner's current competence, either at the time of granting initial privileges to a new practitioner or granting new privileges to a for current members of the medical staff.

In addition to specialty specific issues, FPPE may also address the following general competencies:

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

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b. Competency Issues Outside the Scope of this Policy

1. Practitioners requesting membership but not exercising privileges directly affecting patient care do *not* need to undergo FPPE.
2. The decision and process to perform FPPE for practitioners with existing privileges based on information from OPPE are outside the scope of this policy.

c. Medical Staff Oversight

1. The Credentials Committee is charged with the responsibility of monitoring compliance with this policy and procedure through receiving regular status reports related to the progress of all practitioners required to be evaluated under this policy as well as any issues or problems involved in implementation of this policy and procedure.
2. The Service Chief shall be responsible for overseeing the evaluation process for all applicants assigned to their Service and providing recommendations to the Credentials Committee.
3. The medical staff committees/hospital departments involved with Ongoing Professional Practice Evaluation (OPPE) will provide the Service Chief and the Credentials Committee with data systematically collected for OPPE that is appropriate to confirm current competence for these practitioners during the FPPE period.

d. Medical Staffs Ethical Position on Physician Evaluators for FPPE

The evaluator's role is typically 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 considered an agent of the hospital medical staff and the hospital 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. The evaluator will:

1. Receive no compensation directly or indirectly from any patient for this service,
2. Have no duty to the patient to directly intervene if the care provided by the evaluated practitioner appears to be deficient but may do so to prevent harm to the life or limb of a patient. The evaluator is expected to report immediately to the appropriate department chair or hospital authority any concerns regarding the care being rendered by the evaluated practitioner that has the potential for imminent patient harm.
3. May render emergency medical care to the patient for medical complications arising from the care provided by the evaluated practitioner.

e. FPPE Period

The FPPE begins when the practitioner is informed of the granting of initial privileges or new requests for privileges and will conclude when sufficient cases have been evaluated to meet the FPPE plan to evaluate competence or when the department chair with the approval of the Credentials Committee feels that sufficient information has been gathered to confirm competence. The FPPE period will vary based on the specialty and could range anywhere from one (1) month to (12) months. FPPE may be extended by the Credentials Committee if there is insufficient data due to lack of clinical activity during the initial period, or if concerns are raised that require further evaluation. If at the end of the extension, there is still

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insufficient activity, the practitioner is deemed to have voluntarily resigned their privileges or will need to submit a request to membership only (Associate).

In determining the approach and extent of FPPE needed, the service chief will take into account the information gathered in the practitioner's credentials file including peer reference feedback and previous experience. Since practitioners' experience varies, FPPE needs to be tailored to the individual. Some examples of the types of experience might be:

1. Recent training at this facility where the requested privilege were part of the training program.
2. Recent training at another facility where the requested privileges were part of the training program.
3. Practitioner with well documented evidence of performance and experience for requested privileges at another hospital.
4. Practitioner with well documented evidence of performance and experience for requested privileges at an ambulatory setting.

Practitioners in the first group (recent training at this facility) need minimal FPPE, because the facility should already have evidence of current competence. For these practitioners, no concurrent evaluation is required, although the department at its discretion may request it. Similarly, practitioners with well documented evidence of performance and experience at another hospital may require less extensive FPPE based on the extent of external information regarding current competence for the requested privileges.

f. FPPE Methods

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

Prospective Evaluation: Evaluation of practitioner's planned actions to care for the patient.

1. 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 and review of treatment orders during the patient's hospital stay. May also involve interviews of personnel directly involved in the care of the patient.
2. 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.

g. FPPE Data Collection

The data obtained by the evaluator will be recorded in the medical staff FPPE form modified appropriate to the practitioner who has requested privileges. In addition, data from OPPE data will be used to evaluate the practitioners including:

1. Routine chart audits by non-medical staff personnel for important clinical functions

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2. Data abstracted for external comparative databases used to evaluate current medical staff members
 3. Incident reports
 4. Findings of cases identified for review by medical staff peer review committees
 5. Electronic claims data used to evaluate current medical staff members
 6. Patient satisfaction surveys
- h. Departmental FPPE Plan and Forms
The medical staff will define an FPPE plan that is specialty specific with input from each clinical service and will include the specific FPPE methods and data sources appropriate to the specialty that will be used by its evaluators. The specific FPPE monitors will be initially reviewed and approved by the Credentials Committee and the MEC and reviewed, updated and approved at least every 2 years.
- i. Practitioner Specific FPPE Plan
A practitioner specific FPPE plan (see attachment) will be submitted by the service chief to the Credentials Committee at the time of the recommendation for initial privileges. The plan will include the recommended number of cases for evaluation if applicable, the evaluation methods and the proposed timeframe.
- j. FPPE Results and Recommendations
At appropriate intervals, as determined by the specialty specific FPPE plan, the department chair shall provide a status report and recommendation to the Credentials Committee that shall include one of the following conclusions:
1. Initial FPPE complete and acceptable
 2. Initial FPPE incomplete due to insufficient activity for the cases required at this time
 3. Initial FPPE complete with concerns and additional cases required
 4. Initial FPPE complete and not acceptable
 - i. If there is insufficient activity to complete FPPE, the Credentials Committee will determine if the FPPE period should be extended for an additional period.
 - ii. Once FPPE is completed, based on the service chief's recommendation, the Credentials Committee will recommend to the MEC for either conclusion of the FPPE period, an additional period of time for FPPE, or modification of all or some of the requested clinical privileges.
 - iii. If there is a recommendation by the MEC to terminate the practitioner's appointment or clinical privileges due to concerns about behavior or clinical competence, the practitioner shall be entitled to the hearing and appeal process outlined in the Medical Staff Bylaws.
 - iv. If the recommendation of the MEC is adverse (e.g., change in privileges or termination of privileges), the proper procedures related to the Fair Hearing Plan may be initiated.
 - v. Note: An extension of FPPE without any changes in privileges is NOT an adverse decision.
- k. Responsibilities

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1. Evaluator
 - i. Hold equivalent privileges in good standing relative to the privileges(s) to be evaluated
 - ii. Use appropriate FPPE methods and tools approved by the MEC.
 - iii. Submit all completed FPPE forms to the Medical Staff Services Department in a timely and confidential manner
 - iv. Notify the service chief if, at any time during the FPPE period, the evaluator has immediate concerns about the practitioner's competence to perform specific clinical privileges or care related to a specific patient(s).
2. Practitioner Undergoing FPPE
 - i. 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 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. In an emergency, the practitioner may admit and treat the patient and must notify the evaluator as soon as reasonably possible.
 - ii. For all methods of FPPE, be responsive to any questions the evaluator or department chair might have regarding and of the general competencies evaluated for FPPE.
 - iii. Inform the evaluator of any unusual incident(s) associated with his/her patients.
 - iv. Have the prerogative of requesting from the department chairman a change of evaluator if scheduling issues or disagreements with the current evaluator may adversely affect his or her ability to satisfactorily complete the FPPE. The department chairman will make a recommendation on this matter to the Credentials Committee for final action.
3. Service Chief
 - i. Identify the names of practitioners eligible to serve as evaluators.
 - ii. Assign evaluators as noted above.
 - iii. Assist in establishing a minimum number of cases/procedures to be evaluated and determining when the evaluator must be present. When there are interdepartmental privileges, the Credentials Committee shall determine the minimum number of cases/procedures to be reviewed based on recommendations of all appropriate department chairs.
 - iv. Adjudicate conflicts that arise between the evaluator and the practitioner being evaluated.
 - v. Review FPPE data from all sources at the appropriate timeframes describe below to determine if the provide a recommendation to the Credentials Committee regarding the completion and results of the FPPE.
 - vi. Take appropriate action if at any time during the FPPE period the evaluator notifies the section chief that he/she has concerns about the practitioner's competence. Based

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upon this assessment, the department chair may take one or more of the following actions:

- a. Continue the FPPE process without changes;
 - b. Refer one or more cases to the peer review committee for further assessment;;
 - c. Recommend to Medical Executive Committee (MEC) additional or revised FPPE requirements; or
 - d. Recommend to the Medical Executive Committee (MEC) that corrective action be undertaken pursuant to the medical staff's Corrective Action Plan.
4. Credentials Committee
- i. Monitor compliance with this policy and procedure.
 - ii. Receive regular status reports related to the progress of all practitioners undergoing FPPE.
 - iii. Ensure that FPPE performed by clinical departments is consistent with policy and procedure and credible.
 - iv. Make recommendations to the MEC regarding clinical privileges based on information obtained from the FPPE process.
5. Responsibilities of the Medical Staff Services
- i. Send a letter to the practitioner being evaluated and to the assigned evaluator informing them of the FPPE plan for their department and containing the contact information for each individual.
 - ii. Provide the evaluator with a copy of the privilege form of the practitioner being evaluated, the FPPE Policy and Procedure and the FPPE forms to be completed by the Evaluator
 - iii. Contact both the evaluator and practitioner being evaluated on a [weekly/monthly] basis to ensure that FPPE and chart reviews are being conducted as required.
 - iv. Maintaining the practitioner's reports in the appropriate quality section of their credentials file.
 - v. At least monthly, provide a status report to the Credentials Committee of FPPE activity for all practitioners being evaluated.
6. Responsibilities of the Quality Department
1. Develop a mechanism for tracking all admissions or procedures performed by the practitioner being evaluated.
 2. Provide information to appropriate hospital departments about practitioners being evaluated including the name of the evaluator.
 3. Perform medical record audits required by FPPE plan and submit data to MSSD
 4. Submit data gathered via OPPE process to MSSD
 5. Working with each department on an annual basis to review the continued relevance of the indicators chosen and to update the indicators as directed by the department.

II. PROCEDURE

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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/ Volume and Methods	Applicant classified regarding amount of FPPE required based on applicant's experience and available data	Submitted with Service Chief recommendations for privileges	Service Chief & Credentials Committee
Evaluator Assignments	Practitioners from appropriate specialty contacted and confirmed	Submitted with Service Chief recommendations for privileges	MSSD
Initiation of FPPE	Evaluator and practitioner informed of FPPE plan	Activation of privileges	MSSD Quality Service Chief
Scheduling of FPPE	Evaluator and practitioner determine schedule if concurrent methods used and inform MSSD	Within one week following privilege activation	Evaluator Practitioner MSSD
Distribution of FPPE forms	Forms for FPPE sent to evaluator	Within one week following privilege activation	MSSD
Completion of FPPE forms	Evaluator submits completed forms to MSSD	Weekly for duration of FPPE plan	Evaluator
FPPE Chart Audits	Quality staff performs audits required by FPPE plan and submits data to MSSD	Monthly for duration of FPPE plan	Quality staff
Obtaining OPPE data	Quality staff submits data gathered via OPPE process to MSSD	Monthly for duration of FPPE plan	Quality staff
Service Chief Recommendation	Service Chief reviews Evaluator findings, peer review and OPPE data and provides credentials committee with overall assessment of FPPE data and recommendation regarding competence or need for further evaluation	Monthly for duration of FPPE plan unless substantial concerns are raised earlier requiring immediate action	Service Chief MSSD

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Final Recommendation	Credentials committee reviews Service Chief recommendation and approves or modifies accordingly and sends recommendation to MEC for approval.	At the next scheduled Credentials Committee meeting	MSSD Credentials Committee
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1. Related Policies/Forms

- a. FPPE Evaluation Form
- b. FPPE Summary Report
- c. FPPE Evaluator Letter
- d. FPPE Specialty Specific Plan template and some examples by specialty
- e. Notification Letter to Practitioner undergoing FPPE

SPONSORING DEPT: Medical Staff Services
 DEPARTMENTS AFFECTED: All patient care areas
 DATE OF ORIGIN: 1/12/17

EFFECTIVE DATE 05/10/2023