Notification of Initial Focused Professional Practice Evaluation (FPPE)

Dear Provider:

In accordance with applicable accreditation standards, Kettering Health (KH) is required to perform an initial Focused Professional Practice Evaluation (FPPE) on all providers at each KH hospital at which the provider is granted new privileges. Attached is a copy of the KH Medical Staffs' Initial FPPE Policy, which outlines the initial FPPE criteria, and the initial FPPE forms to be completed by your assigned Peer Evaluator(s).

Assigned Peer Evaluator(s): Please confirm with the applicable Medical Staff Department Chair(s) at the applicable KH hospital(s) at which you were granted new privileges.

- A Practitioner's Peer Evaluator for purposes of initial FPPE is a Responsible Medical Staff Leader (*i.e.,* the Medical Staff Department Chair, Department Vice Chair (if any), Section Chair (if any), or Chief of Staff) or another Practitioner with equivalent Privileges at the applicable KH hospital(s), in Good Standing, assigned by a Responsible Medical Staff Leader.

- An APP's Peer Evaluator is the APP's supervising or collaborating Practitioner unless a different Peer Evaluator is assigned by a Responsible Medical Staff Leader at the applicable KH hospital(s).

Please, make arrangements with your assigned Peer Evaluator(s) to complete your initial FPPE. The Peer Evaluator(s) is/are expected to complete the initial FPPE forms attached and return the completed forms to Medical Staff Services. The completed initial FPPE forms may be personally delivered or mailed to Medical Staff Services at the address below or e-mailed to Medical Staff Services at medicalstaffservices@ketteringhealth.org.

Thank you for your cooperation with this quality improvement process. Should you have any questions regarding the enclosed documents, please contact our office at 937-395-8323.

Medical Staff Services
3535 Southern Blvd.
Kettering, Ohio 45429

Enclosures

KH Main Campus/Miamisburg/Troy Initial Focused Professional Practice Evaluation – APPs

APP NAME:

TYPE of APP *(select one)*: ❑ Certified Nurse Midwife (CNM) ❑ Certified Nurse Practitioner (CNP) ❑ Certified Registered Nurse Anesthetist (CRNA) ❑ Clinical Nurse Specialist (CNS) ❑ Physician Assistant ❑ Surgical Assistant (*e.g.,* RNFA, CSFA, *etc.*) ❑ Other type of APP granted privileges *(specify, if other)*: _____

INITIAL FPPE CRITERIA: The type/method of initial FPPE shall be as set forth in **Attachment A** of the Initial FPPE Policy.

HOSPITAL ACTIVITY: APP's supervising/collaborating Practitioner to complete the form below based upon patient encounters at KH Main Campus/Miamisburg/Troy during the initial FPPE period. If no patient encounters, indicate below.
❑ No patient encounters at KH Main Campus/Miamisburg/Troy during the initial FPPE period.

KEY:
1 = meets standard of care
0 = does not meet standard of care (explain if "0")
NA = not applicable

Evaluate care provided in terms of the type of provider:	Pt #1	Pt #2	Pt #3	Pt #4	Pt #5
Basic Medical Knowledge					
Professional Performance					
Professional Judgment					
Professional/Ethical Conduct					
Competence - Clinical Skills					
Appropriate clinical care provided and documented within the provider's scope of practice and consistent with the privileges granted including but not limited to, as applicable, initial/ongoing patient assessment, patient rounding and progress notes, *etc.* Includes assessment of medical history and physical examinations completed by a PA/CNP/CNS/CNM.					
Appropriate patient management, as applicable to the provider's scope of practice and consistent with the privileges granted. Includes appropriateness of the diagnosis/treatment plan for a PA/CNP/CNS/CNM.					
Appropriate use of medications, as applicable, within the provider's scope of practice and consistent with the privileges granted. Includes appropriateness of medication orders/prescriptions and prescribing decisions/patterns (including schedule II prescribing) for a PA/CNP/CNS/CNM.					
Appropriate use of orders and order sets per policy and/or protocol within the provider's scope of practice and consistent with the privileges granted.					
Competence - Technical Skills					
Appropriate use of techniques within the provider's scope of practice and consistent with the privileges granted (*e.g.,* insertion of central lines, catheters, sutures, chest tubes, anesthesia care, *etc.*, as applicable).					
Appropriate use of universal precautions including handwashing, exposure, infectious substances, *etc.*					

CITIZENSHIP:

Cooperative, professional, and able to work with others in a collegial manner? ❑ **yes** ❑ **no** *(If no, please explain)*

Timely, complete, and accurate preparation of medical record documentation? ❑ **yes** ❑ **no** *(If no, please explain)*

Efficient use of hospital resources? ❑ **yes** ❑ **no** *(If no, please explain)*

Positive interpersonal/communication skills with patients, hospital staff, colleagues? ❑ **yes** ❑ **no** *(If no, please explain)*

What are the provider's strengths/weaknesses?

Is there anything this provider needs to change to be a better clinician?

Is the provider able to competently exercise the privileges granted with or without a reasonable accommodation? ❑ **yes** ❑ **no** *(If no, please explain)*

❑ Provider is performing within established expectations.
❑ Provider is not performing within established expectations: ❑ quality concern ❑ conduct concern ❑ impairment concern ❑other *(please explain)*

CONTINUE TO PAGE 2
Proceed to next page (Initial FPPE Case Evaluations) and complete.

Privileged and confidential peer review document pursuant to Ohio Revised Code §§2305.25, *et seq.* Peer review documents are not to be copied or distributed to unauthorized individuals or entities.

KH Main Campus/Miamisburg/Troy Initial Focused Professional Practice Evaluation – APPs

APP NAME:
KH LOCATION: ❑ KH Main Campus ❑ KH Miamisburg ❑ KH Troy **Note:** The medical records selected for review must be from patient encounters at KH Main, Miamisburg, and/or Troy, dependent upon at which hospital(s) the provider is granted new privileges.

Maintain HIPAA Compliance – Please do not list patient name

PATIENT 1 MEDICAL RECORD #: DIAGNOSIS: PROCEDURE (if applicable):
Case evaluation/comments:
PATIENT 2 MEDICAL RECORD #: DIAGNOSIS: PROCEDURE (if applicable):
Case evaluation/comments:
PATIENT 3 MEDICAL RECORD #: DIAGNOSIS: PROCEDURE (if applicable):
Case evaluation/comments:
PATIENT 4 MEDICAL RECORD #: DIAGNOSIS: PROCEDURE (if applicable):
Case evaluation/comments:
PATIENT 5 MEDICAL RECORD #: DIAGNOSIS: PROCEDURE (if applicable):
Case evaluation/comments:

Applicable to Physician Assistants (PA), Certified Nurse Practitioners (CNPs), Clinical Nurse Specialists (CNS), and Certified Nurse Midwives (CNM)

Is PA practicing according to PA's supervision agreement(s) and System/Hospital policies? ❑ **yes** ❑ **no** *(If no, please explain)*

Is CNP/CNS/CNM practicing according to CNP's/CNS's/CNM's standard care arrangement(s) and System/Hospital policies ❑ **yes** ❑ **no** *(If no, please explain)*

Does PA or CNP/CNS/CNM obtain consultation regarding complex cases and are patients referred as clinically appropriate? ❑ **yes** ❑ **no** *(If no, please explain)*

Have PA and supervising Physician(s) [or Podiatrist(s), as applicable] discussed new medical developments (including pharmaceuticals) relevant to practice? ❑ **yes** ❑ **no** *(If no, please explain)*

Have CNP/CNS/CNM and collaborating Physician(s) [or Podiatrist(s), as applicable] discussed new technologies relevant to practice? ❑ **yes** ❑ **no** *(If no, please explain)*

COMPLETED BY SUPERVISING/COLLABORATING PRACTITIONER

Signature: _____ Date: _____

STOP!
The completed form MUST be submitted to Medical Staff Services at:
3535 Southern Blvd., Kettering, Ohio 45429
Email: MedicalStaffServices@ketteringhealth.org
Fax: (937)395-8357

FOR MEDICAL STAFF USE ONLY

Reviewed by Responsible Medical Staff Leader/Signature: _____ Date: _____

Title of Responsible Medical Staff Leader: _____

Privileged and confidential peer review document pursuant to Ohio Revised Code §§2305.25, *et seq.* Peer review documents are not to be copied or distributed to unauthorized individuals or entities.

MS-KH Main Campus/KH Miamisburg/KH Troy

Initial Focused Professional Practice Evaluation Policy for New Grants of Privileges

I. PURPOSE

A. The purpose of this Initial Focused Professional Practice Evaluation Policy (Policy) is to establish a systematic process to assure there is sufficient site-specific information available to confirm the current clinical competence of Practitioners and Advanced Practice Providers (APPs)[1] granted new Privileges at Kettering Health (KH) Main Campus (Main), KH Miamisburg (Miamisburg) and/or KH Troy (Troy) (Hospital). Main, Miamisburg, and Troy have elected to have a unified Medical Staff (Medical Staff).

II. POLICY

A. The Hospital's Board of Directors (Board) has delegated to the Hospital Medical Staff, through its committees and those committees' members/other designated agents, the responsibility for evaluating, monitoring, and maintaining/improving the quality of the Hospital's health care services. The initial Focused Professional Practice Evaluation process is one means of doing so. This Policy sets forth the procedure for conducting initial Focused Professional Practice Evaluation.

B. Nothing in this Policy supersedes any provision of the Medical Staff governing documents or otherwise precludes the referral of a Practitioner or APP matter to an alternative forum (*e.g.,* the Clinical Quality Review Committee, Medical Executive Committee, *etc.*), as appropriate.

III. DEFINITIONS

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

B. The following additional definition shall apply to this Policy.

1. Focused Professional Practice Evaluation (FPPE). The focused evaluation of a Practitioner's/APP's clinical competence in exercising a specific Privilege. This process is implemented for:

a. all newly granted Privileges (initial grants as well as grants of additional Privileges during the term of an existing Privilege period) [collectively, "initial FPPE"]

and

[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.

b. whenever a question arises regarding a Practitioner's/APP's ability to provide safe, quality care.

2. FPPE is part of the Medical Staff's routine quality assessment process and allows the Medical Staff to focus peer evaluation on a Practitioner's/APP's performance, or specific aspects thereof.

3. FPPE promotes continuous quality improvement and assists the Medical Staff to identify clinical issues that may adversely affect patient care and safety. The data generated by FPPE is considered by the applicable Medical Staff committees and the Hospital Board as part of a decision to maintain, regrant, modify, suspend, or terminate a Practitioner's or APP's Privileges at the Hospital.

B. Medical Staff Peer Review Committee Agents. Whenever a Medical Staff peer review committee is authorized to engage in an activity, the committee may designate one (1) or more agents to act on its behalf.

C. Use of a Designee. Whenever an individual is authorized to perform a duty by virtue of his/her position, then the term shall also include the individual's designee.

IV. INITIAL FPPE PROCEDURE

A. Scope of Initial FPPE

1. For purposes of this Policy, initial FPPE is performed to confirm an individual Practitioner's or APP's current clinical competence when new Privileges are granted.

2. In addition to specialty specific issues, initial FPPE may also consider the following general competencies:

a. Patient Care

b. Medical/Clinical Knowledge

c. Practice Based Learning and Improvement

d. Interpersonal and Communication Skills

e. Professionalism

f. Systems Based Practice

B. Applicability of Policy

1. This Policy applies to Practitioners and APPs granted new Privileges at the Hospital.

2. Practitioners granted Medical Staff membership (*i.e.,* appointment) but not Privileges at the Hospital are not subject to this Policy. FPPE is not applicable to such Practitioners given that they are not granted Privileges.

3. The procedure for conducting FPPE based upon a quality concern is set forth in the Practitioner/APP Peer Review Policy as such policy may be amended from time to time.

C. Medical Staff Oversight of Initial FPPE

1. The Credentials Committee is charged with the responsibility of monitoring compliance with this Policy.

2. Each Medical Staff Department Chair (or Section Chair, if any) shall be responsible for overseeing the initial FPPE process through review of initial FPPE reports for Practitioners and APPs granted new Privileges in the Department Chair's (or Section Chair's) Medical Staff Department (or Section, as applicable) and for providing recommendations to the Credentials Committee with the exception that:

   a. Each Medical Staff Department Chair is responsible for overseeing the initial FPPE process through review of initial FPPE reports for the Section Chairs (if any) in the Department.

   b. The Chief of Staff or Medical Staff Department Vice Chair (if any) is responsible for overseeing the initial FPPE process through review of initial FPPE reports for a Department Chair.

3. For purposes of this Policy, the Medical Staff Department Chair, Department Vice Chair (if any), Section Chair (if any), and Chief of Staff shall be referred to as a "Responsible Medical Staff Leader," as applicable to the context in which the term is used.

4. For purposes of this Policy, the Medical Staff Department Chair, Department Vice Chair (if any), Section Chair (if any), and Chief of Staff are authorized agents of the Medical Staff Credentials Committee and other applicable Medical Staff peer review committees.

D. Peer Evaluators for Initial FPPE

1. A Practitioner's Peer Evaluator for purposes of initial FPPE will be the Responsible Medical Staff Leader or another Practitioner with equivalent Privileges at the Hospital, in Good Standing, as assigned by the Responsible Medical Staff Leader.

2. An APP's Peer Evaluator will be the APP's supervising or collaborating Practitioner unless a different Peer Evaluator is assigned by the Responsible Medical Staff Leader.

3. Practitioners and APPs without Privileges at the Hospital may not be assigned as Peer Evaluators pursuant to this Policy.

4. For purposes of this Policy, Peer Evaluators are authorized agents of the Credentials Committee and other applicable Medical Staff peer review committees.

E. Type of Initial FPPE

1. The type of initial FPPE (*e.g.,* retrospective medical record review; direct observation/proctoring, *etc.*) is set forth in Attachment A.

2. Initial FPPE shall be conducted in accordance with the type/method of initial FPPE set forth in Attachment A applicable to each such Practitioner and APP.

F. Initial FPPE Period

1. Initial FPPE begins as of the date new Privileges are granted to a Practitioner or APP at the Hospital and continues until the applicable initial FPPE criteria set forth in Attachment A is fulfilled and the initial FPPE is deemed complete, or such other action is taken, pursuant to Section V.

2. Temporary Privileges are subject to initial FPPE.

3. Initial FPPE must be performed at the Hospital where the Privileges are granted.

G. Initial FPPE Data Collection

1. The assigned Peer Evaluator will complete the applicable initial FPPE forms set forth in Attachment B and return the completed form(s) to Medical Staff Services who will forward to the Responsible Medical Staff Leader for review and appropriate follow up.

2. The information obtained through initial FPPE is retained in the Practitioner's or APP's quality file.

V. INITIAL FPPE RESULTS AND FOLLOW UP RECOMMENDATIONS/ACTION

A. When the initial FPPE criteria is fulfilled, the Responsible Medical Staff Leader shall make a recommendation to the Credentials Committee to:

1. **End Initial FPPE**

a. The Practitioner or APP is performing in accordance with established clinical competency expectations.

i. No quality issues are identified following completion of initial FPPE (*i.e.,* no problems with performance or trends that adversely impact quality of care and patient safety).

ii. The initial FPPE process has been successfully completed and the Practitioner or APP may continue to exercise the Privileges granted without continuation of initial FPPE.

b. In such event, the recommendation of the Responsible Medical Staff Leader shall be considered and acted upon by the Credentials Committee, during which time the Practitioner or APP may continue to exercise the Privileges granted. Practitioners and APPs who successfully complete initial FPPE will be communicated to the MEC and Board for information purposes.

c. Upon completion of initial FPPE, the Practitioner or APP is subject to the Ongoing Professional Practice Evaluation (OPPE) process set forth in the OPPE Policy.

OR

2. **Extend/Continue Initial FPPE/Further Assessment Needed**

a. Further evaluation is needed to assess current clinical competency.

i. The Responsible Medical Staff Leader shall recommend the time-period for an extension of initial FPPE and, if applicable, any modifications to the initial FPPE criteria.

ii. The CQRC will be notified when a Practitioner's or APP's initial FPPE is extended for further assessment.

b. If the Responsible Medical Staff Leader remains undecided following an extension of initial FPPE, the matter will be referred to the CQRC to address.

B. If the initial FPPE criteria has not been completed by the end of the Practitioner's or APP's current Privilege period, the following process shall be followed:

1. **Failure to complete initial FPPE due to insufficient activity at the Hospital**

a. If a Practitioner or APP does not have sufficient volume at the Hospital at which the initial FPPE is being conducted to complete initial FPPE by the

time of regrant of Privileges, then following a recommendation from the applicable Medical Staff Department Chair (and/or Section Chair, if any) and Credentials Committee, the Medical Executive Committee and Board may either:

i. Determine that the Practitioner/APP is not eligible for regrant of Privileges.

OR

ii. Continue the initial FPPE period at the Hospital based upon the facts and circumstances and use supplemental data from another CMS-certified/Medicare participating hospital(s) (*i.e.,* at which the Practitioner/APP holds the same privileges and primarily practices) to confirm current clinical competence and regrant Privileges at the Hospital.

b. An initial FPPE may remain in place for more than one (1) Privilege period (*e.g.,* because the required number of procedures has not been performed in order to complete proctoring or because the required number of medical record reviews has not been conducted due to lack of or insufficient patient encounters).

c. Supplemental data will not be used in lieu of capturing local initial FPPE data at the Hospital.

C. The following action may be taken at any time during the initial FPPE process, as appropriate:

1. **Refer the Practitioner or APP to the CQRC**

a. Quality concerns identified at any time during the initial FPPE process (or an extension thereof) will be referred to the CQRC, as appropriate, to be addressed pursuant to the Medical Staff Practitioner/APP Peer Review Policy.

2. **Refer the Practitioner or APP to the MEC**

a. Nothing in this Policy precludes the imposition of a summary suspension or initiation of formal corrective action by the MEC pursuant to the applicable procedure set forth in the Medical Staff Bylaws or APP Policy, if circumstances so warrant.

VI. PEER REVIEW PRIVILEGE

MS-KH Main Campus/KH Miamisburg/KH Troy

Initial Focused Professional Practice Evaluation Policy for New Grants of Privileges

A. FPPE activities are conducted by or on behalf of a peer review committee and are privileged and confidential pursuant to Ohio Revised Code §§2305.25, *et seq.*

B. FPPE materials are peer review protected documents. Such documents are used by, and/or prepared for use by, a peer review committee within the scope and functions of a peer review committee for the purpose of reviewing professional qualifications and/or activities (*e.g.,* quality of professional services/clinical competency) of health care providers pursuant to Ohio Revised Code §§2305.25, *et seq*. and are privileged and confidential. FPPE documents are not to be copied or distributed to unauthorized individuals/entities.

SPONSORING DEPT:	Medical Staff Services
DEPARTMENTS AFFECTED:	All patient care areas
DATE OF ORIGIN:	1/21/2020

MS-KH Main Campus/KH Miamisburg/KH Troy

Initial Focused Professional Practice Evaluation Policy for New Grants of Privileges

ATTACHMENT A
KH Main/Miamisburg/Troy
Initial FPPE Criteria

Medical Staff Department	**Medical Staff Sections [None]**	**Initial FPPE Criteria** (*e.g.,* # of proctored cases/patient encounters; # of prepared diagnostic reports reviewed; # of retrospective medical record reviews)
Anesthesia		New graduates: Five (5) proctored American Society of Anesthesiologists (ASA) Class III cases. All others: Two (2) proctored American Society of Anesthesiologists (ASA) Class III cases.
Cardiology		Retrospective medical record review of five (5) patient encounters.
Emergency Medicine		Retrospective medical record review of five (5) patient encounters.
Family Medicine		Retrospective medical record review of five (5) patient encounters.
Hospital Medicine		Retrospective medical record review of five (5) patient encounters.
Internal Medicine		Retrospective medical record review of five (5) patient encounters.
Medical Imaging		Retrospective medical record review of five (5) radiology reports.
OB/GYN		Retrospective medical record review of five (5) patient encounters.
Orthopedics		Retrospective medical record review of five (5) patient encounters.
Pathology		Retrospective medical record review of five (5) pathology reports.

MS-KH Main Campus/KH Miamisburg/KH Troy

Initial Focused Professional Practice Evaluation Policy for New Grants of Privileges

Medical Staff Department	**Medical Staff Sections [None]**	**Initial FPPE Criteria** (*e.g.,* # of proctored cases/patient encounters; # of prepared diagnostic reports reviewed; # of retrospective medical record reviews)
Pediatrics		Retrospective medical record review of five (5) patient encounters.
Surgery		Retrospective medical record review of five (5) patient encounters.

MS-KH Main Campus/KH Miamisburg/KH Troy

Initial Focused Professional Practice Evaluation Policy for New Grants of Privileges

ATTACHMENT B
Initial FPPE Forms

[See separate document provided]