

MEMORIAL HEALTH

**JACKSONVILLE MEMORIAL
HOSPITAL**

**FPPE POLICY
TO CONFIRM PRACTITIONER
COMPETENCE AND
PROFESSIONALISM**

(NEW MEMBERS/NEW PRIVILEGES)

Adopted by the MEC: July 28, 2022
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**FPPE POLICY TO CONFIRM
PRACTITIONER COMPETENCE AND PROFESSIONALISM**

(NEW MEMBERS/NEW PRIVILEGES)

1. ***Scope of Policy.*** All Practitioners who are granted new clinical privileges at Jacksonville Memorial Hospital (the “Hospital”) are subject to focused professional practice evaluation (“FPPE”) to confirm their:
 - (a) clinical competence to exercise the clinical privileges that have been granted to them; and
 - (b) professionalism, which includes (i) the ability to work with others in a professional manner that promotes quality and safety; and (ii) the ability to satisfy all other responsibilities of Practitioners who are granted clinical privileges at the Hospital (i.e., “citizenship” responsibilities).

Practitioners are required to cooperate with the FPPE process as outlined in this Policy.

2. ***FPPE Clinical Activity Requirements.***

- 2.A ***Development of Clinical Activity Requirements.***

- (1) Each Department will recommend the following FPPE clinical activity requirements:
 - (a) ***For New Practitioners:***
 - (i) the number and types of procedures or cases that will be reviewed to confirm a new Practitioner’s competence to exercise the core and special privileges in his or her specialty;
 - (ii) how those reviews are to be documented; and
 - (iii) the expected time frame in which the evaluation will be completed (generally six months); and
 - (b) ***For Practitioners with Existing Clinical Privileges Who Are Requesting New Privileges:***
 - (i) the number and types of procedures or cases that must be reviewed to confirm a Practitioner’s competence to exercise a new privilege that is granted during a term of appointment or at reappointment;

- (ii) how those reviews are to be documented; and
 - (iii) the expected time frame in which the review will be completed (generally six months).
- (2) In developing such recommendations, Departments should attempt to identify “index” procedures or cases that will demonstrate a Practitioner’s competence to perform a bundle of privileges (i.e., the skills required to perform the index procedure or case are the same skills required to perform privileges in the bundle).
- (3) Departments may consult with the PPE Specialists, the Chair of the Leadership Council, and Chief Medical Officer.
- (4) The FPPE clinical activity requirements shall be reviewed by the Credentials Committee and approved by the Medical Executive Committee. They shall be reviewed periodically by the Departments to ensure their continued effectiveness.
- (5) The Credentials Committee and Medical Executive Committee may modify the FPPE requirements for a particular applicant if the applicant’s credentials indicate that additional or different FPPE may be required.

2.B ***Gathering FPPE Data.***

- (1) ***Mechanism for FPPE Review.***
 - (a) ***Data to Be Reviewed.*** The FPPE clinical activity requirements will utilize at least one of the following review mechanisms to confirm competence:
 - (i) retrospective chart review by internal or external reviewers (a **Retrospective Chart Review Form** that may be used to document these reviews is included as **FPPE-1** in the FPPE Policy to Confirm Practitioner Competence and Professionalism Manual (“FPPE Manual”));
 - (ii) concurrent proctoring (i.e., direct observation) of procedures or patient care practices (if proctoring is used as a mechanism to gather data pursuant to this Policy, the Department Chair will send written guidance to the Practitioner under review and the Proctor outlining their responsibilities. A **Memo Regarding Proctoring for FPPE to Confirm Competence** is included as **FPPE-2** and a

Proctoring Review Form to be completed by the Proctor is included as **FPPE-3** in the FPPE Manual); and/or

- (iii) discussion with other individuals also involved in the care of the Practitioner's patients or who have observed the Practitioner during patient care activities (a **360° Review Form** that may be used to document such discussions is included as **FPPE-4** in the FPPE Manual).

Review of available Ongoing Professional Practice Evaluation ("OPPE") data and other quality data may also be used to confirm competence.

- (b) ***Selection of Cases.*** The PPE Specialists, the Chief Medical Officer, and/or the Department Chair will select the specific cases to be evaluated and the individuals who will be asked to provide information about the Practitioner, with the goal being an effective and fair review process. To that end, cases should be selected randomly or in a deliberate manner that ensures a representative sample is reviewed. Generally, FPPE should not be conducted on the first "x" cases because of the possible selection bias that may result. Practitioners shall notify the PPE Specialists, Chief Medical Officer, Department Chair, and/or FPPE Reviewers when cases subject to review are scheduled or have been completed.
 - (c) ***Cooperation of Practitioner.*** As a condition of Medical Staff appointment and clinical privileges, Practitioners are required to cooperate with the data gathering outlined in this Policy. For example, if cases are to be proctored the Practitioner must promptly notify the Proctor when cases are scheduled.
- (2) ***FPPE Reviewers.*** Practitioners who have completed the FPPE process described in this Policy and who hold applicable clinical privileges are obliged to provide a reasonable amount of service as a FPPE reviewer through chart review, proctoring, direct observations, and/or discussions with others involved in the patient's care. Reviewers will be assigned by the Department Chair. If no qualified Practitioners are available, the Department Chair shall consult with the Leadership Council regarding the need for an external review. FPPE Reviewers act on behalf of, and their work product is a record of, the Credentials Committee and Medical Executive Committee.
 - (3) ***Partners as FPPE Reviewers.*** Consistent with the conflict of interest guidelines set forth in the Medical Staff Bylaws, partners and other individuals who are affiliated in practice with a Practitioner may serve as FPPE Reviewers and conduct chart review, proctoring, direct observations,

and/or discussions with others involved in the patient's care. Such individuals shall comply with the standard procedures that apply to all other individuals who serve as FPPE Reviewers, such as the use of Hospital forms and the requirements related to confidentiality.

3. ***FPPE for Professionalism.*** In addition to assessing clinical competence, the FPPE process for new Practitioners will also assess the Practitioner's professionalism based on the following criteria:
 - (a) cooperation with the FPPE clinical activity requirements for the Practitioner's specialty and the monitoring process described in this Policy;
 - (b) compliance with the Medical Staff Professionalism Policy, including appropriate interactions with nursing, other Hospital personnel, the Practitioner's colleagues, and patients and their families;
 - (c) compliance with medical record documentation requirements, including those related to use of CPOE and the EHR;
 - (d) timeliness and quality of response to consultation and ED call requests;
 - (e) completion of any orientation program requirements (e.g., patient safety modules; EHR training); and
 - (f) compliance with protocols that have been adopted by the Medical Staff or the Practitioner's department.

The Leadership Council may recommend that these criteria for professionalism be modified or expanded, with such modifications or expansions being reviewed and approved by the Credentials Committee and Medical Executive Committee.

4. ***Notice of FPPE Requirements.*** When notified that a request for privileges has been granted, Practitioners shall be informed of the relevant FPPE clinical activity requirements and of their responsibility to cooperate in satisfying those requirements. New applicants will also be informed that the FPPE process will be used to assess their professionalism, as described above. An **Initial Appointment Letter** and a **Reappointment Letter** which inform Practitioners of their FPPE requirements are included as **FPPE-5** and **FPPE-6**, respectively, in the FPPE Manual.
5. ***Review of FPPE Results.***
 - 5.A ***Review by PPE Specialists.***
 - (1) Information gathered for purposes of FPPE shall be reported to the PPE Specialists, who shall compile the information and prepare it for subsequent

review as set forth in this Policy. An **FPPE to Confirm Competence and Professionalism Review Form** is included as **FPPE-7** in the FPPE Manual.

- (2) If any information gathered for FPPE suggests that a concern may exist that requires expedited review, the FPPE Reviewer and/or the PPE Specialists shall notify the Chairs of the Credentials Committee or the Leadership Council, and the applicable Department Chair, who shall determine whether the concern should be referred for processing under the Professional Practice Evaluation Policy (Peer Review), the Professionalism Policy, or the Medical Staff Bylaws.
- (3) The PPE Specialists shall determine whether any of a Practitioner's cases or activities have been reviewed pursuant to the Professional Practice Evaluation Policy (Peer Review) or the Medical Staff Professionalism Policy. If so, a summary of these matters shall be included with the Practitioner's FPPE results.

5.B *Review by the Department Chair.*

- (1) At the conclusion of the expected time frame for completion of the FPPE, the relevant Department Chair, on behalf of the Credentials Committee, shall review the results of a Practitioner's FPPE and provide a report to the Credentials Committee. The report shall address whether:
 - (a) the Practitioner fulfilled all the clinical activity requirements;
 - (b) the results of the FPPE confirmed the Practitioner's clinical competence;
 - (c) the results of the FPPE confirmed the Practitioner's professionalism; and/or
 - (d) additional FPPE is required to make an appropriate determination regarding clinical competence and/or professionalism.

The **FPPE to Confirm Competence and Professionalism Review Form** which is included as **FPPE-7** in the FPPE Manual can be used to document the Department Chair's review.

- (2) In addition, the Department Chair may engage in Initial Mentoring Efforts (e.g., discussions, mentoring, coaching, and sharing of comparative data) with a Practitioner where the FPPE results indicate that competence and professionalism are confirmed, but where there is nonetheless an opportunity for the Practitioner to improve upon an aspect of his/her clinical care or citizenship responsibilities.

5.C ***Review by Credentials Committee.*** Based on the Department Chair's assessment and report, and its own review of the FPPE results and all other relevant information, the Credentials Committee will make one of the following recommendations to the Medical Executive Committee.

- (1) ***Competence and Professionalism Are Confirmed.*** The FPPE process has confirmed clinical competence and professionalism for all clinical privileges and no further FPPE is necessary;
- (2) ***Extend FPPE Due to Questions.*** Some questions exist and additional FPPE is needed to confirm clinical competence and/or professionalism with respect to some or all clinical privileges, what additional FPPE is needed, and the time frame for it;
- (3) ***Extend FPPE Due to Inactivity.*** The time period for FPPE should be extended for up to six months because the individual did not fulfill the FPPE clinical activity requirements for some or all clinical privileges, thus preventing an adequate assessment of the individual's clinical competence or professionalism. Although exceptions may be made for certain low volume Practitioners based on a need for services in their specialties or coverage requirements (see subsection (7) below), generally the time frame for initial FPPE shall not extend beyond 12 total months after the initial granting of privileges;
- (4) ***Collegial Counseling or Voluntary Enhancement Plan is Necessary.*** Some concerns exist about the Practitioner's competence to exercise some or all of the clinical privileges granted or the Practitioner's professionalism, and the details of the Collegial Counseling or the Voluntary Enhancement Plan that should be pursued with the Practitioner in order to adequately address the concerns. Prior to making such a recommendation to the Medical Executive Committee, the Credentials Committee will obtain the input of the Practitioner as set forth in Section 6.E of this Policy. In developing a proposed Voluntary Enhancement Plan or other intervention, the Credentials Committee may also request input or assistance from the Leadership Council;
- (5) ***Change to Privileges or Membership is Necessary.*** More significant concerns exist about a Practitioner and the changes that should be made to some or all of the Practitioner's clinical privileges or Medical Staff membership (e.g., imposition of mandatory concurring consultation requirement or other involuntary restriction; suspension; revocation), subject to the procedural rights outlined in the Medical Staff Bylaws. Prior to making such a recommendation to the Medical Executive Committee, the Credentials Committee will obtain the input of the Practitioner as set forth in Section 6.E of this Policy;

- (6) ***Transfer to Membership-Only Staff Category or the Automatic Relinquishment of Certain Privileges Due to Inactivity.*** The individual shall either: (i) be transferred to a membership-only staff category for failure to meet FPPE clinical activity requirements for all privileges, or (ii) automatically relinquish specific clinical privileges for which the individual failed to meet the applicable requirements. Such transfer or automatic relinquishment is not an adverse action that must be reported to the National Practitioner Data Bank or any state licensing board; or
- (7) ***Grant Exception to Allow Continued FPPE.*** Based on community need, coverage requirements, the rare nature of a given procedure or treatment, and other relevant factors, the Credentials Committee may recommend that a Practitioner be granted an exception that permits the Practitioner to remain subject to FPPE to confirm competence for the duration of the Practitioner's appointment term for some or all clinical privileges. If an exception is being considered, data from affiliated entities may be obtained and used for purposes of FPPE as set forth in this Policy. The need for the exception will be reevaluated as part of the Practitioner's application for reappointment.

The **FPPE to Confirm Competence and Professionalism Review Form** which is included as **FPPE-7** in the FPPE Manual can be used to document the Credentials Committee's review.

5.D ***Review by Medical Executive Committee.*** At its next regular meeting after receipt of the written findings and recommendation of the Credentials Committee, the Medical Executive Committee shall:

- (1) ***Agree with Credentials Committee's Assessment.*** The Medical Executive Committee adopts the findings and recommendation of the Credentials Committee as its own;
- (2) ***Request Credentials Committee to Conduct Further Assessment.*** The Medical Executive Committee refers the matter back to the Credentials Committee for further assessment and requests responses to specific questions raised by the Medical Executive Committee prior to its final recommendation; or
- (3) ***Disagree with Credentials Committee's Assessment and Take Independent Action.*** The Medical Executive Committee documents its reasons for its disagreement with the Credentials Committee's recommendation and its action or recommendation.

The Medical Executive Committee may decide that FPPE has been completed with respect to certain clinical privileges while additional action will be taken with respect to other clinical privileges.

The **FPPE to Confirm Competence and Professionalism Review Form** which is included as **FPPE-7** in the FPPE Manual can be used to document the Medical Executive Committee's review. Letters that can be used to inform the Practitioner of the decision of the Medical Executive Committee are included in the FPPE Manual as follows:

- FPPE-8** **Notice That FPPE Has Concluded Successfully;**
- FPPE-9** **Notice That FPPE Has Been Extended Because of Questions;**
- FPPE-10** **Notice That FPPE Has Been Extended Because of Insufficient Clinical Activity;**
- FPPE-11** **Notice of VEP Because of Concerns** (if Collegial Counseling will be used, template documents may be found in the PPE Manual); and
- FPPE-12** **Notice of Transfer to Membership-Only Staff Category or Automatic Relinquishment of Privileges Because of Insufficient Activity.**

As needed, the Medical Executive Committee may obtain additional input from the Practitioner as set forth in Section 6.E of this Policy before making a decision. If the recommendation of the Medical Executive Committee would entitle the Practitioner to request a hearing pursuant to the Medical Staff Bylaws, the Medical Executive Committee shall forward its recommendation to the Chief Executive Officer, who shall proceed as set forth in the Bylaws.

5.E ***Input by Practitioner.***

(1) ***General.***

- (a) When questions or concerns have been raised about the Practitioner or other information is required, the Practitioner shall respond in writing. Upon the request of either the Practitioner or the committee conducting the review, the Practitioner may also provide input by meeting with appropriate individuals to discuss the issues.
- (b) The committee requesting input may also ask the Practitioner to provide a copy of, or access to, medical records from the Practitioner's office that are relevant to a review being conducted under this Policy. Failure to provide such copies or access will be viewed as a failure to provide requested input. Any records obtained from the Practitioner's office pursuant to this section will be maintained as part of the confidential PPE/peer review file, but will not be included in the Hospital's medical record.

- (2) ***Failure to Provide Written Input.*** A Practitioner's failure to provide written input or attend a meeting when requested to do so pursuant to this Policy will result in the automatic relinquishment of the Practitioner's clinical privileges, provided the following conditions are satisfied:
 - (a) the Practitioner is asked in writing to provide written input to, or attend a meeting with, a committee as set forth in this Policy;
 - (b) the written request gives the Practitioner a reasonable amount of time (generally 5 days) to provide the written input or to prepare for the meeting; and
 - (c) the written request notifies the Practitioner that failure to provide the written input or attend the meeting will result in the automatic relinquishment of clinical privileges pursuant to this Policy.
- (3) ***Hearing Regarding Automatic Relinquishment.*** A Practitioner who is the subject of an automatic relinquishment of clinical privileges may request a hearing with the Medical Executive Committee as set forth in the Medical Staff Bylaws.
- (4) ***Automatic Resignation.*** If the Practitioner fails to provide written input or meet within thirty (30) days of an automatic relinquishment, the Practitioner's Medical Staff membership and clinical privileges will be automatically resigned.

5.F ***Decision Not an Adverse Action.*** A decision that a Practitioner will be transferred to a membership-only staff category or will automatically relinquish his or her clinical privileges for failure to satisfy clinical activity requirements is not an adverse action that must be reported to the National Practitioner Data Bank or any state licensing board.

5.G ***Future Application for Privileges.*** A Practitioner who is transferred to a membership-only staff category or who automatically relinquishes certain privileges will be ineligible to apply for the clinical privileges in question for two years from the date of the transfer or automatic relinquishment, unless an exception is approved by the Medical Executive Committee for good cause.

6. ***Delegation of Functions.***

- (a) When a function under this Policy is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a Practitioner or Hospital employee (or a committee of such individuals). Any such designee must treat and maintain all information in a strictly confidential manner and is bound by all other terms,

conditions, and requirements of this Policy. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.

- (b) When an individual assigned a function under this Policy is unavailable or unable to perform that function, one or more Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual as set forth above.

7. ***Definitions.***

- (a) ***“FPPE”*** means a time-limited period during which a Practitioner’s professional performance is evaluated. All initially-granted clinical privileges, whether at the time of initial appointment, reappointment, or during the term of appointment, shall be subject to FPPE. A flowchart that depicts the FPPE process to confirm competence and professionalism is attached as **Appendix A**.
- (b) ***“Practitioner”*** means any individual who has been granted clinical privileges and/or membership by the Board, including, but not limited to, members of the Medical Staff and Advanced Practice Professionals.
- (c) ***“PPE Specialists”*** means the clinical and non-clinical staff who support the professional practice evaluation process described in this Policy and who act at the direction of the Credentials Committee. Such individuals may include, but are not limited to, staff from the quality department, medical staff office, human resources, and/or patient safety department. Documentation the PPE Specialists create are records of the Credentials Committee. The Credentials Committee Chair or CMO may direct PPE Specialists to perform functions under this Policy on behalf of the Credentials Committee.

8. ***Amendments.***

8.A ***Review by System Leadership Group.***

- (1) If the MEC wishes to amend this Policy, it shall first submit the proposed amendments to a system leadership group comprised of the following:
 - (a) the CMO of each MH Hospital (or the CEO if the hospital has no CMO);
 - (b) the Medical Staff President of each MH Hospital; and
 - (c) the MH General Counsel.
- (2) The role of this system leadership group is to assess whether the amendment is appropriate and helpful for the Hospital, but also whether it would be beneficial for other MH Hospitals and foster the goals of sharing expertise within the system and promoting consistency.

- (3) Following its assessment, the system leadership group will provide its report and recommendation to all relevant MH Hospitals.

8.B *Amendments Relevant to Only the Hospital.*

- (1) After receiving a favorable recommendation from the system leadership group, the MEC may approve the amendment by a majority vote and then forward it to the Hospital Board for review and adoption.
- (2) However, if the system leadership group has any questions or concerns about the proposed amendment, it will convene a meeting with the MEC to discuss and resolve whether to proceed with the amendment. If the disagreement cannot be resolved, the proposed amendment will be forwarded to the Hospital Board for its review with the concerns of the system leadership group being noted.

8.C *Amendments Relevant to More Than One MH Hospital.*

- (1) After receiving a favorable recommendation from the system leadership group, the MEC for each relevant MH Hospital may approve the amendment by a majority vote and then forward the amendment to its Board for review and adoption.
- (2) If there is any disagreement among the MECs concerning the amendment, a joint meeting of the MECs (or their representatives) and representatives of the system leadership group shall be scheduled to discuss and resolve the disagreement. In the unlikely event that a consensus cannot be achieved at that meeting, the proposed amendment shall be forwarded to the MH Board for further discussion and review.

- 8.D *Board Action.*** No amendment shall be effective unless and until it has been approved by the Hospital Board.

Adopted by the MEC: July 28, 2022.

Approved by the Board of Directors: August 31, 2022.

JACKSONVILLE MEMORIAL HOSPITAL

Appendix A: FPPE Process to Confirm Practitioner Competence and Professionalism

FPPE Requirements

- **Clinical activity requirements recommended by Departments**
- **Professionalism requirements identified in Policy, additions recommended by Leadership Council**
- **All requirements reviewed by Credentials Committee and adopted by MEC**
- **All requirements expected to be completed within 6 months, may be extended to 12 months (or longer if exception is granted)**

FPPE may include:

- Chart review by internal or external reviewers;
- Concurrent proctoring or direct observation;
- Discussion with other individuals involved in the care of the Practitioner's patients;
- Review of available quality and OPPE data; and/or
- Review of concerns about professionalism.

