

SECOND EDITION

The FPPE Toolbox

Field-Tested Documents for Credentialing,
Competency, and Compliance

Juli Maxworthy

DNP, MSN, MBA, RN, CNL, CPHQ, CPPS, CHSE

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Table of Contents

Acknowledgments	v
About the Author	vii
Introduction	ix
Chapter 1: Acadiana Management Group	1
Figure 1.1: FPPE Protocol	3
Figure 1.2: FPPE/OPPE Quality Proctor Review Form	6
Figure 1.3: FPPE/OPPE Quality Proctor Review Form—On-Call/Alternate.....	8
Figure 1.4: FPPE Generic Peer Review Tool.....	10
Figure 1.5: Peer Review Profile Chart	12
Figure 1.6: Comparison of Joint Commission and HFAP FPPE/OPPE Standards	14
Chapter 2: Beebe Healthcare	17
Figure 2.1: Initial Focused Professional Practice Evaluation Policy	19
Figure 2.2: FPPE Plan.....	26
Figure 2.3: Sample Evaluator Letter.....	27
Figure 2.4 Summary Report to Credentials Committee.....	28
Figure 2.5: FPPE Single Procedure Proctoring	29
Figure 2.6: FPPE Multiple Procedure Proctoring	31
Figure 2.7: FPPE Evaluation for Department of Anesthesia	33
Figure 2.8: Department of Medicine FPPE Retrospective Chart Review	35
Chapter 3: Care New England Health System	37
Figure 3.1: FPPE Policy	39
Figure 3.2: FPPE Protocol Form	41
Figure 3.3: Credentials Committee Procedural FPPE.....	43
Figure 3.4: Credentials Committee Nonprocedural FPPE.....	45
Figure 3.5: FPPE Proctoring Assessment and Recommendation—Single Procedure.....	46
Figure 3.6: OB/GYN Supplemental Privilege Criteria for Robotic Surgery.....	47
Figure 3.7: OB/GYN Supplemental Privilege Criteria for Robotic Single-Site Surgery	50

Chapter 4: Doctors Hospital of Manteca 53

Figure 4.1: FPPE Policy and Procedure 55
Figure 4.2: FPPE/Proctorship Status Report 61
Figure 4.3: FPPE Evaluation/Proctorship Report for Practitioners Performing Invasive Procedures 62
Figure 4.4: FPPE Evaluation/Proctorship Report for Admitting Practitioners 65
Figure 4.5: FPPE Evaluation/Proctorship Report for Anesthesiologists 67
Figure 4.6: FPPE Evaluation/Proctorship Report for Surgical Practitioners 69
Figure 4.7: FPPE/Proctorship Report for Emergency Medicine Practitioners 71
Figure 4.8: FPPE/Proctorship Report for Pediatric Practitioners 73
Figure 4.9: FPPE/Proctorship Report for Consulting Practitioners 75

Chapter 5: Portneuf Medical Center 77

Figure 5.1: Professional Evaluation Policy..... 79
Figure 5.2: Specialty-Specific FPPE Plans..... 87
Figure 5.3: FPPE Table 91
Figure 5.4: Sample FPPE Contract 94
Figure 5.5: Documentation of OPPE Results..... 95
Figure 5.6: FPPE Report..... 96
Figure 5.7: Monitoring Evaluation Form 97
Figure 5.8: Surgical Monitoring Report Form..... 99
Figure 5.9: Radiology Monitoring Evaluation Form..... 101
Figure 5.10: Monitoring Evaluation Form for Allied Health Providers..... 104

Acknowledgments

Healthcare today is evolving at such a rate that it is difficult to keep track of it all. Practitioners' patterns of practice are under more scrutiny today than they have ever been in the history of healthcare. The Joint Commission, along with other accrediting bodies, are continually "turning up the heat" to ensure that providers are thoroughly evaluated prior to becoming part of the medical staff and that the organization regularly reviews defined metrics to ensure that only the best touch patients.

Those fearless individuals who tirelessly work in quality management and medical staff offices have been dealing with the challenges of properly evaluating potential medical staff for many years. The arrival of The Joint Commission's FPPE standards in 2007 provided the means by which to expand the important work of ensuring quality patient care. For most institutions, FPPE has made the onboarding process for potential medical staff much more straightforward, but many institutions are challenged with developing FPPE for cases where provider practices are not occurring at the desired level of expertise and there is a need for further review.

The work of putting together these FPPE dashboards, which are full of data, is immense, and it really takes a village to put together something that is thoughtful and meaningful to all of those whom it affects. Because of changing standards of practice and technology, metrics are constantly being assessed and reassessed at prescribed intervals to ensure that FPPE reviews reflect current practice.

This toolbox would not have been possible without contributing sites being willing to provide their forms and allowing us to ask questions about their processes so that their excellent examples could be best described.

As for the author, she is always grateful to her husband, Dr. Gary Witherell, for his never-ending support; her parents; her sisters; and her children and daughters-in-law Cathy, Becka, Kati, Trevor, Miranda, and Kaiti, who are amazing people that I am very proud to call my family. Many thanks to Mary Stevens at HCPro, who has been a wonderful partner in this endeavor.

About the Author



Juli Maxworthy, DNP, MSN, MBA, RN, CNL, CPHQ, CPPS, CHSE

Juli Maxworthy, DNP, MSN, MBA, RN, CNL, CPHQ, CPPS, CHSE, brings nearly 30 years of nursing experience to her roles. Her last clinical position was Vice President of Quality and Risk, where she had oversight of many of the activities of the medical staff. She has implemented OPPE and FPPE at the institutions in which she had oversight of the process. Through her work, she has learned how challenging and rewarding the implementation of these processes can be for both the organization that is mandated to execute OPPE/FPPE to maintain accreditation and for the medical staffs that are trying to understand exactly what the mandates mean and how they are going to successfully meet them.

Dr. Maxworthy is the CEO of WithMax Consulting Inc., a healthcare consulting and medical writing company located in the San Francisco Bay area. In that capacity, she utilizes her extensive experience to help healthcare organizations navigate these changing and challenging times. Dr. Maxworthy recently edited *The OPPE Toolbox* for HCPro (October 2014) and co-edited a 60-chapter textbook titled *Defining Excellence in Simulation Programs*. She has spoken at the local, national, and international level on various healthcare topics. Dr. Maxworthy recently obtained a Certified Healthcare Simulation Educator (CHSE) credential from the Society for Simulation in Healthcare. She is the chair for the Accreditation Committee for the Society for Simulation, as well as Region One Coordinator for Sigma Theta Tau International.

Dr. Maxworthy holds a doctorate in nursing practice and two master's degrees (nursing and business administration). She is a certified professional in healthcare quality with the National Association of Healthcare Quality as well as in patient safety from the National Patient Safety Foundation. She is currently an assistant professor at the University of San Francisco, where she is the chair of the Healthcare Leadership and Innovation Department, as well as director of the BSN to DNP and Completion DNP programs.

Introduction

The miracle is this: The more we share, the more we have.

—Leonard Nimoy

Since the days of Semmelweis and Nightingale, patient outcomes have been measured and evaluated. When The Joint Commission introduced focused professional practice evaluation (FPPE) in 2007, it formally prescribed that healthcare organizations must perform a review of practitioners on an ongoing basis. Although this standard has been around for almost eight years, it is still challenging for institutions to create meaningful data that reflects their practices.

In 2014, the Healthcare Facilities Accreditation Program (HFAP) adopted its own standards for FPPE (3.15.02), as a *Condition of Participation*. The HFAP standard calls for additional, focused monitoring and evaluation of a practitioner's professional performance and allows the medical staff to monitor performance of an individual for a defined period of time, based on three indications:

1. All new privileges granted by the board upon initial appointment
2. All new/additional privileges granted by the board, following initial appointment
3. Identification of issues affecting the provision of safe, high-quality patient care (HFAP, 2014)

Whether used in concert with *The OPPE Toolbox* or on its own, *The FPPE Toolbox* provides examples of useful FPPE activities as a way to support practitioner performance improvement. Efficient, effective evaluation of practitioners at the time of their initial appointment is critical to ensure that they will be an asset to the organization. If ongoing monitoring processes are robust, they can contribute to the early identification of trends, evaluation, and decision-making on the maintenance or adjustments of privileges of a provider and proactive educational and collegial intervention if warranted. FPPE is a wonderful way to provide an in-depth evaluation of a clinician who is seeking additional privileges; or, if opportunities for improvement are identified, FPPE provides a systematic process in which evaluation can take place. The documents in this toolbox are intended to assist your organization in elevating the understanding of FPPE and complying with regulatory standards.

The competency equation developed by the Greely Company states:
Competency = Evidence that you did it recently + Evidence that you did it well

Those reading this toolbox will note that organizations have defined “it” in a variety of ways. Most use the regulatory standards as a starting point and then add elements that the medical staff has decided are meaningful for their work.

The tools in this book are intended to serve as a starting point for your organization’s own development of meaningful metrics that will drive improved quality of care. Many of these forms have been reviewed by regulatory agencies during the institution’s site visit and have received positive feedback. The Joint Commission has even requested that some of these forms be included on its website of best practices. These documents will help you and your organization develop a transparent, meaningful, and easy-to-understand process for your FPPE management. A spectrum of institutions is represented in these pages.

As you move forward in refining your FPPE processes, we hope that the items in this toolbox will provide your institution with the items that will elevate your practices to provide exceptional care to the patients who come to your institutions for care. We encourage you and your teams not to “cut and paste” these tools but rather use them as a starting point, taking into consideration the culture in which these changes and improvements will occur.

The FPPE (and ongoing professional performance evaluation) process is only as valuable as each medical staff makes it. As a leader, it is imperative that you work within the confines of your institution and always keep your goal to be either 0 or 100%.

There is no finish line in quality.

Editor’s note: These forms should serve as guidance to begin transforming or refining your FPPE process and forms. The forms are specific to the hospitals that created them and may not be applicable to your organization. Advice given is general. Always check your policies and procedures, bylaws, and other governing documents before taking advice from any of these forms.

Many of the forms featured in this book are meant to be one-page dashboards. Because of space constraints, they appear over multiple pages in the book with gray shading. When you download these forms, you will see it makes sense to keep these forms as one-page dashboards, because doing so makes it easier for reviewers to complete or review.

Acadiana Management Group

The Healthcare Facilities Accreditation Program (HFAP) standards for FPPE and OPPE, which went into effect in 2015, aren't that different from The Joint Commission standards. The FPPE and OPPE requirements shouldn't intimidate HFAP-accredited facilities, according to Susan Wallis, RHIT, CHC, Director of Health Information Management and HIPAA Privacy and Security Officer at Acadiana Management Group (AMG), in Lafayette, Louisiana.

AMG manages an HFAP-accredited long term acute care hospital (LTACH) in Central Indiana and several Joint Commission-accredited hospitals in a number of states, and Wallis developed FPPE forms for use systemwide. From a compliance perspective, the HFAP requirements for FPPE and OPPE provide a detailed explanation which allows for easy understanding of the requirements. "We were able to mirror our current [Joint Commission FPPE] process, and it works well," she says.

AMG's FPPE process consists of two types of reviews, invasive procedure and clinical quality for all new privileges granted, which includes initial appointment or requests for additional privileges. LTACHs typically do not perform a large volume of invasive procedures. "There are only a handful of procedures that are performed in our hospitals such as excisional debridements, tracheostomies, and central venous catheter insertions."

"Clinical quality reviews are the bulk of what is used for the FPPE process in our setting," Wallis adds. "We monitor the overall quality of care that's being provided for every licensed independent practitioner [LIP] that renders care in our hospitals. The quality review consists of appropriate management of complications, use of diagnostic tests, daily LIP visits, effective communication, among other things," says Wallis. LIPs who do not meet the minimum FPPE review criteria (two reviews for each invasive procedure privilege requested and two reviews for clinical quality) during their two-year reappointment cycle will remain under FPPE until the criteria is met. "Removal from FPPE is privilege-specific, meaning we may be able to remove them from FPPE for clinical quality, but they may still remain under FPPE for a specific procedure, until the minimum review requirements are met," Wallis adds.

"At the end of the day, the FPPE/OPPE process has to be something that a smaller facility can handle with [limited] staff."

AMG's FPPE/OPPE data are collected and reported to the LTACH Medical Executive Committee (MEC). Data then flow up to the Governing Board. The Governing Board representatives at the facility level consist of the CEO and Medical Director.

Chapter 1

The OPPE process may trigger a for-cause FPPE if an LIP is identified with an issue affecting the provision of safe patient care or with an unusual clinical practice pattern. “In this case, the MEC also has the ability to place an LIP under a period of FPPE,” Wallis says. Unbiased chart review can be a challenge, so when necessary, AMG uses external physicians with whom it has contracts and business associate agreements, but who may practice in a different hospital or state.

“The HFAP surveyors liked our FPPE/OPPE Tracking Log. The log is utilized to track the peer review data collected within one tool. All LIPs that are granted privileges are added to the tool. As reviews are performed, the number of reviews per LIP are inserted to ensure we have data that’s readily available. The detailed data is found in each LIP’s quality file. The tracking log plays a vital role in OPPE as well.” The log is available in the downloadable files and forms for this book.

Wallis has been in the LTACH arena since 1994 and joined AMG in August 2011. She says FPPE and OPPE have value in LTACHs because the process allows the hospital to confirm the competence of each LIP and ensures competence is maintained, which in turn has a positive effect on quality outcome data. The process also guarantees that physician-specific data is being analyzed periodically during their privilege cycle. “Most issues are found to be documentation- and/or communication-related, not necessarily quality of care,” she says.

Wallis urges HFAP-accredited sites building their FPPE and OPPE process to utilize data they may already be collecting. “You don’t have to reinvent the wheel; you’re able to utilize a lot of data that you already collect, it’s just drilling it down so it’s physician-specific. Get credit for what you’re already doing, then implement the additional forms and tools that you need to get the privilege-specific data collected,” she advises.

Figure 1.1

FPPE Protocol

This protocol applies to all the LTACHs that are part of the AMG system. "Centralizing" information in one location can save time for facilities seeking information about FPPE.

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

1. Triggers for Performance Monitoring

- A. New practitioners appointed to the medical staff for all initially requested privileges
- B. Any existing practitioner with modification of privileges (including new privileges added)
- C. Any practitioner identified with an issue affecting the provision of safe, high-quality patient care or with an unusual clinical pattern of care
- D. Sentinel event or near miss (requires root cause analysis)

2. Components of the Performance Monitoring Process

- A. Proctoring/chart review shall be conducted on a minimum of two cases for new practitioners, those with modification and addition of new privileges, or those with identified quality concerns.
- B. A more extensive period of time or number of cases may be specified by the medical executive committee (MEC) for a total proctoring/review period not to exceed the provisional term, or in the case of existing members, for a period not to exceed 24 months. The MEC may establish a longer period of time and/or greater number of cases and/or specific number of cases applicable to the particular clinical privileges involved after evaluating the practitioner's current clinical competence, practice behavior, and ability to perform the requested privilege. Other existing privileges in good standing should not be affected by this decision.
- C. Sentinel events require immediate review within 72 hours of identification with action/decision within 45 days of the event. A "near miss" will be reviewed within 72 hours of identification and will be reported at the next MEC.
- D. Proctoring/review shall be performed by one proctor/reviewer who has no professional relationship with the practitioner being proctored/reviewed.
- E. The proctoring/reviewing process shall not violate the doctor/patient relationship and must conform to the applicable portion(s) of the MEC.
- F. Direct/concurrent proctoring or retrospective (chart review) will be utilized

3. Requirements of the Proctor/Reviewer

- A. The proctor/reviewer shall be assigned by the medical director
- B. It is the responsibility of all members of the medical staff to proctor/review when asked to do so
- C. An external reviewer will be utilized if there is a lack of internal expertise or conflict of interest

Figure 1.1

FPPE Protocol (cont.)

4. Items to Be Proctored/Reviewed

The overall conduct of the care of the patient will be assessed by evaluating **at least** the following aspects of care:

A. Clinical/cognitive:

1. Timeliness of rounds
2. History and physical (H&P) examination
3. Accuracy and completeness of progress notes
4. Complications
5. Completeness and readability of documentation
6. Appropriate use of diagnostic tests and procedures
7. Appropriate use of consultants
8. Communication skills
9. Professional demeanor

B. Invasive:

1. Indications for procedure
2. Preoperative management and assessment
3. Technique
4. Postoperative management
5. Consent and time-out forms for invasive procedures

These forms are provided later in this section.

FPPE Procedure

1. All new practitioners (physicians, NPs, or PAs) granted initial privileges, existing practitioners granted new privileges, practitioners with an identified quality concern, or practitioners with a sentinel event or near miss will be under a period of focused review for a minimum of the first two procedures for each privilege granted.
2. Centralized credentialing will forward a list of all new privileges required to be focus reviewed and these specific privileges should be added to LIP peer profile under the focused review section and to the FPPE/OPPE tracking log. Example: Granted excisional debridement and central line privileges: The first two debridements and the first two central lines have to be reviewed by the physician reviewer using Invasive Procedures and Quality Review forms for those without privileges for invasive procedures and the findings forwarded to the MEC for review. The MEC will then decide whether to remove the focused review or extend the number of reviews. As each minimum number is reviewed, the data can be submitted to the MEC. You do not have to wait on all privileges to meet the minimum review requirement to submit the data to the MEC it can be submitted on a privilege-by-privilege basis.
3. For practitioners identified with a quality concern, sentinel event, or near miss, the nurse reviewer will utilize the Generic Review form and conduct a review of the issue. This will then be reviewed by the physician reviewer and forwarded to the MEC for recommendation. The MEC may decide to place the physician on a period of focused review.

Please see the forms following this policy for the example.

Figure 1.1

FPPE Protocol (cont.)

4. If at the end of the physician's initial appointment period he or she has not performed the minimum number of procedures to be removed from focused review, the MEC shall either decide to keep the physician under focused review or recommend to remove the privileges. If at the end of the reappointment period a physician has still not performed the minimum number of procedures, it should be the recommendation of the MEC to remove the privileges due to nonuse and inability to deem competent.

A copy of all completed reviews shall be placed in the physician's quality file.

Ongoing professional practice evaluation is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.

Criteria Used in the Ongoing Evaluation

The following criteria approved by the medical staff are used in the OPPE and are acquired from chart review:

- ▶ Review of operative and other invasive procedures
- ▶ Blood usage and appropriateness
- ▶ Morbidity and mortality data
- ▶ Documentation quality
- ▶ Admission denials

1. Monthly, using the MRR tool, enter medical staff-specific information in the Peer Review Profile for applicable MRR indicators.
2. For practitioners that do not perform procedures regularly or have data as it relates to No. 3 below, a minimum of two records should be reviewed biennially, or 100%, using the Quality Proctor/Review Tool. Alternate/On-call LIPs who have only progress notes can be reviewed using the Generic Proctor/Review tool.
3. All invasive procedures performed in-house, transfers, mortalities, and blood transfusions are to be reviewed first by the nurse reviewer and then reviewed by the reviewing physician (IM or UM function advisor). The following forms should be utilized:
 - ▶ Invasive procedures
 - ▶ Transfers
 - ▶ Mortalities
 - ▶ Blood transfusions
4. All review numbers should be entered on the FPPE/OPPE tracking log and the individual LIP peer profile in the proper section (for example: "blood transfusions: 2/2" = two performed, two justified). Any invasive procedures should be entered on the profile under "Procedures."
5. Copy of the final reports should be placed in the member's quality file.

These forms were not included in the form section because they are specifically for OPPE.

Source: Acadiana Management Group (AMG). Reprinted with permission.

Figure 1.2
FPPE/OPPE Quality Proctor Review Form

**Please note the versatility of this form:
It can be used for both FPPE and OPPE.**

Individual reviewed: _____	Diagnosis: _____
Reviewer: _____	
Date of review: _____	Medical record #: _____
Category or practitioner being reviewed: <input type="checkbox"/> Admitting/Attending <input type="checkbox"/> Consulting	
DOA: _____ DOD: _____	

Direct/concurrent review
 Retrospective review

You have been requested to review this physician to evaluate the quality of care provided. As such, it is your responsibility to report any variance or substandard performance made by the physician immediately to the medical director/MEC.

Evaluate in terms of completeness and accuracy:	Acceptable	Not acceptable	N/A
The H&P/Consult is complete, accurate, and on the chart			
The H&P/Consult is a quality H&P/Consult, as described by the medical bylaws			Any unacceptable performance needs further explanation.
The diagnosis is consistent with the H&P/Consult			
The orders are appropriate			This organization has connected the expectations of the bylaws with the H&P/Consults.
Progress evaluations are appropriate to clinical findings			
Consultation is used appropriately			
Ancillary services are used appropriately			
Abnormal lab results recognized/followed up			
Complications managed appropriately			
Drug and therapeutic regimens meet accepted standards			
Plans for follow-up are documented			
Interactions with colleagues and staff			
Interactions with patients			
Daily practitioner visits			
Effective communication skills			
Readability of entries			

Are there any other areas of concern based on record/proctor review?
 NO YES

If yes, please explain on the next page of this form.

Figure 1.2

FPPE/OPPE Quality Proctor Review Form (cont.)

Other comments:

Reviewer signature _____

Date _____

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Figure 1.3

FPPE/OPPE Quality Proctor Review Form—On-Call/Alternate

Individual reviewed: _____ Diagnosis: _____
 Reviewer: _____ Date of review: _____
 Medical record #: _____
 Category or practitioner being reviewed: Admitting/Attending Consulting
 DOA: _____ DOD: _____

This tool can be used for either FPPE or OPPE, which makes it easier for providers because they can use the same tool for different tasks. This particular form is for on-call/alternate physicians.

You have been requested to review this physician to evaluate the quality of care provided. As such, it is your responsibility to report any variance or substandard performance made by the physician immediately to the medical director/MEC.

Evaluate in terms of completeness and accuracy:	Acceptable	Not acceptable	N/A (explain)
The H&P/Consult is complete, accurate, and on the chart			
The H&P/Consult is a quality H&P/Consult, as described by the medical bylaws			
The diagnosis is consistent with the H&P/Consult			
The orders are appropriate			
Progress evaluations are appropriate to clinical findings			
Consultation is used appropriately			
Ancillary services are used appropriately			
Abnormal lab results recognized/followed up			
Complications managed appropriately			
Drug and therapeutic regimens meet accepted standards			
Plans for follow-up are documented			
Interactions with colleagues and staff			
Interactions with patients			
Daily practitioner visits			
Effective communication skills			
Readability of entries			
Are there any other areas of concern based on record/proctor review? <input type="checkbox"/> NO <input type="checkbox"/> YES			
If yes, please explain on the next page of this form.			

Any unacceptable performance needs further explanation.

This is a wonderful way to trigger a conversation between proctor and evaluator.

Figure 1.3

FPPE/OPPE Quality Proctor Review Form—On-Call/Alternate
(cont.)

Other comments:

Reviewer signature _____ Date _____

Source: Acadiana Management Group (AMG). Reprinted with permission.

Figure 1.4

FPPE Generic Peer Review Tool

Patient name: _____ MR#: _____ Age: _____
Admit date: _____ Review date: _____ Occurrence date: _____
Primary physician: _____
Consults: _____
Diagnosis: _____

This is a generic tool for use in cases in which an identified peer review issue needs to be followed up by a formal FPPE.

Explain peer review issue:

This form provides space to explain the issue.

Reviewer comments/recommendations:

To be used for focused review when a quality issue or unusual practice pattern is identified.

Reviewer signature _____ Date _____

Figure 1.4

FPPE Generic Peer Review Tool (cont.)

TO BE COMPLETED BY PHYSICIAN ADVISOR

Rating scale	Definition
0	Quality of patient care and documentation meets or exceeds medical standards of practice
1	Documentation variance
2	Medical management variance with acceptable standards of care without potential for: Physical impairment, disability, or death Prolonged treatment, complications, or readmission
3	Medical management variance with acceptable standards of medical care with potential for: Physical impairment, disability, or death Prolonged treatment, complications, or readmission
4	Medical management does not meet acceptable standards of care and resulted in: Physical impairment, disability, or death Prolonged treatment, complications, or readmission

Physician advisor comments/recommendations:

Physician advisor signature _____ Date _____

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Peer Review Profile Chart												
Figure 1.5												
PRACTITIONER PEER REVIEW PROFILE												
FACILITY NAME _____												
Enter physician's name here _____												
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Section I												
Admits												
Consults												
Alternate												
# of Suspensions												
Section II												
REVIEW ITEMS: (enter % of compliance)												
Medical record delinquencies												
H&P timeliness												
H&P quality												
Consult timeliness												
Readability												
Dating/timing of entries												
Verbal order timeliness												
Section III												
CLINICAL ITEMS: (enter # justified/total number, e.g. 2/2)												
Transfers												
Mortality												
Blood usage per criteria												
Sentinel events												
Section IV												
QIO/RAC requests												
QIO/RAC denials												
QIO/RAC successful appeals												

Although this document is primarily an OPPE document, there is a section at the bottom for FPPE activity.

Figure 1.5

Peer Review Profile Chart (cont.)

PRACTITIONER PEER REVIEW PROFILE												
FACILITY NAME _____												
Enter physician's name here _____												
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Section V												
PROCEDURE REVIEWS:												
<i>Enter procedure here</i>												
<i>Enter procedure here</i>												
<i>Enter procedure here</i>												
<i>Enter procedure here</i>												
Section VI												
GENERIC QUALITY REVIEWS												
Section VII												
FOCUSED REVIEWS:												
<i>List privilege or clinical review item</i>												
<i>List privilege or clinical review item</i>												
<i>List privilege or clinical review item</i>												
<i>List privilege or clinical review item</i>												
<i>List privilege or clinical review item</i>												
<i>List privilege or clinical review item</i>												

This section provides information about activity related to a focused review.

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Figure 1.6

Comparison of Joint Commission and HFAP FPPE/OPPE Standards

The Joint Commission	HFAP
<p>Practitioners' performance is monitored and evaluated. The medical staff defines when and how this will occur (MS.08.01.03). Hospitals must meet nine elements of performance (EP), which require:</p>	<p>Accredited facilities monitor and evaluate practitioner performance. The medical staff defines when and how this will occur (HFAP3.15.02). The standard includes the following:</p>
<p>A monitoring and evaluation process for practitioners initially requesting privileges, and for medical staff members when specific issues are identified</p>	<p>A monitoring and evaluation process for FPPE</p>
<p>The evaluation process includes:</p> <ul style="list-style-type: none"> ▶ Criteria for monitoring performance ▶ Methods for monitoring that are specific to the requested privilege ▶ Methods for determining how long performance monitoring occurs ▶ When monitoring by an external source is required 	<p>Medical staff bylaws:</p> <ul style="list-style-type: none"> ▶ Define the process ▶ Address the criteria, methods for determining the duration, and indications for external review <p>The department chair assigns the focused evaluation:</p> <ul style="list-style-type: none"> ▶ Focused evaluation may be defined as a period of time or a specific number of cases.
<p>FPPE is consistently implemented according to the requirements defined by the medical staff:</p> <ul style="list-style-type: none"> ▶ Triggers for FPPE are clearly defined 	<p>Bylaws define triggers for FPPE and list several samples of triggers.</p>
<p>Practitioners are evaluated on clinical competence, behavior, and ability to perform the privileges requested. Evaluators determine whether to monitor for a specific period of time to further assess competence. The type of monitoring to be conducted is based on established criteria.</p>	<p>Focused evaluation is defined (a period of time or specific number of cases). Data sources for FPPE are defined and may include chart review, direct observation, simulation, and discussion with others involved in the care of each patient.</p>

This is a helpful document because it provides a crosswalk for the FPPE-related requirements of two major accrediting bodies. More and more organizations include facilities that are accredited by different groups.

Figure 1.6

Comparison of Joint Commission and HFAP FPPE/OPPE Standards (cont.)

The Joint Commission	HFAP
<p>Measures are in place for use in resolving performance issues, and are defined and implemented consistently.</p>	<p>Medical staff bylaws define methods to be implemented to resolve performance issues. Methods are implemented consistently and may include education, proctoring, counseling, assistance programs, suspension of specific privileges, a revocation of specific privileges.</p> <p>Improvement plans must be documented and include the requirements, who is accountable, and how the improvement will be measured and documented.</p> <p>The outcome of FPPE is to be documented and analyzed. Processes are developed to allow the practitioner to review findings and submit opinions. Medical staff leadership is responsible for submitting recommendations to the governing body regarding:</p> <ul style="list-style-type: none"> ▶ The need to continue FPPE ▶ Continuation or limiting of the privilege

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SECOND EDITION

The FPPE Toolbox

Field-Tested Documents for Credentialing, Competency, and Compliance

Juli Maxworthy, DNP, MSN, MBA, RN, CNL, CPHQ, CPPS, CHSE

The second edition of *The FPPE Toolbox: Field-Tested Documents for Credentialing, Competency, and Compliance* provides an up-to-date, comprehensive resource for effective FPPE. This book provides compliant and customizable forms, policies, letters, scorecards, and reports that can be utilized in facilities of all types and sizes. Author Juli Maxworthy, DNP, MSN, MBA, RN, CNL, CPHQ, CPPS, CHSE, shares her expert knowledge so MSPs can create a cohesive competency documentation process at their organization.

This toolbox offers sample tools you can adapt for use in your own facility without making you wade through lengthy background information, including:

- FPPE policy documents
- Department-specific proctoring forms
- FPPE documents for HFAP-accredited facilities
- Forms that work for initial appointment and for-cause FPPE, and documents that illustrate the OPPE-FPPE connection
- A letter to a physician requesting his or her service as proctor
- Physician competency data scorecards
- Retrospective, concurrent, and prospective proctoring guidelines

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