

## TORRANCE MEMORIAL MEDICAL CENTER

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<b>DEPARTMENT:</b>	<b>MEDICAL STAFF</b>	
<b>POLICY AND PROCEDURE</b>	<b>PROFESSIONAL PRACTICE EVALUATION</b>	
<b>DATE APPROVED:</b>	<b>BYLAWS COMMITTEE</b>	01/28/2009; 12/06/2011; 10/3/2017
	<b>MEDICAL EXECUTIVE COMMITTEE</b>	06/25/2012; 8/27/2014 02/10/2009; 02/14/2012; 09/30/2012; 9/30/2014; 10/10/2017

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**PURPOSE:** To evaluate the performance of practitioners clinical privileging processes by the Medical Staff and Board of Trustees.

**TERMS:** GENERAL COMPETENCIES: General competencies<sup>1</sup> form in six (6) areas:

1. Patient Care  
Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.
2. Medical / Clinical Knowledge  
Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, and the application of their knowledge to patient care and the education of others.
3. Practice Based Learning Environment  
Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.
4. Interpersonal and Communication Skills  
Practitioners are expected to demonstrate interpersonal communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of the health care team.
5. Professionalism  
Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and understanding and sensitivity to diversity<sup>2</sup> and a responsible attitude toward their patients, their profession, and society.
6. Systems Based Practice  
Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

**FOCUSED PROFESSIONAL PRACTICE EVALUATION:** Focused professional practice evaluation is a process whereby the privilege specific competence of a practitioner who does not have documented evidence of competently performing the requested privilege at the organization is evaluated. This process may also be used when a question arises regarding a current practitioner's ability to provide safe, high-quality patient care for which he or she possesses current privileges.

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<sup>1</sup> Developed by the American Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) joint initiative.

<sup>2</sup> In this context, diversity includes race, culture, gender, religion, ethnic background, sexual preference, language, mental capacity, and physical disability.

**ONGOING PROFESSIONAL PRACTICE EVALUATION:** Ongoing professional practice evaluation is the continuous evaluation of the practitioner's professional performance, rather than a cyclical or episodic evaluation. It is intended to identify and resolve potential performance issues as soon as possible, as well as foster a more efficient, evidence-based privilege renewal process.

**POLICY:**

**DETERMINATION OF GENERAL COMPETENCIES:** Practitioners granted privileges must satisfactorily exhibit the general competencies outlined in this policy at the time of appointment and reappointment respectively. The general competencies of the practitioner can be ascertained in several ways:

1. Peer references that affirmatively attest to the general competencies of the practitioner along with a positive recommendation for appointment or reappointment to the medical staff. Peer recommendations must be obtained from a practitioner in the same professional discipline as the applicant with personal knowledge of the applicant's ability to practice.

Recommendations from peers will be obtained and evaluated for all new applicants for privileges. At a minimum, peer recommendations will be obtained upon renewal of privileges if there is insufficient practitioner-specific data available for review.

2. The decision of the Medical Executive Committee (MEC) that the practitioner exhibits the general competencies based on the practitioners relevant education, training, experience and known information about the practitioners performance.
3. Specific information that may arise out of ongoing and/or focused evaluation of a practitioner that affirmatively or adversely speaks to that practitioner's general competencies.

A practitioner that is unable to satisfactorily exhibit the general competencies outlined in this policy may be subject to the focused evaluation of his or her professional practice.

**FOCUSED PROFESSIONAL PRACTICE EVALUATION**

**Initially Requested Privileges:** When a practitioner is granted privileges for the first time, he or she may undergo an initial period of focused evaluation. The scope, method, frequency and duration of this evaluation shall be determined by the department chief based on the individual experience, training, and qualifications of the practitioner.

**Quality of Care Concern:** A focused review of a practitioner's performance will occur when issues are identified that may effect the provision of safe, high-quality medical care. The following criteria will trigger the need for a focused evaluation:

1. There is aggregate, valid, practitioner specific data that demonstrates a significant untoward variation from internal or external benchmarks or performance.

2. There is a problematic pattern or trend identified as a result of the ongoing professional practice evaluation of the practitioner.
3. There is a complaint or quality of care concern raised against the practitioner that is of a serious nature.
4. There is evidence of behavior, health, and/or performance issues that carries an immediate threat to the health and safety of the patient, public, or other members of the health care team.

Evaluation Process: There are two basic processes under which focused evaluation will occur; an expedited process and a standard process:

Expedited Process: An expedited process will be implemented when a quality of care concern arises that carries an immediate threat to the health and safety of the patient, public, or other members of the health care team. The following steps will be taken:

- The department chief, Chief of Staff, Chief Executive Officer, or any of their authorized designee, will be contacted immediately and informed of the concern.
- Any of the aforementioned individuals are authorized to instruct the practitioner involved that a focused evaluation is occurring. The practitioner will immediately cease practicing all or certain aspects of his or her privileges as warranted by the scope and breadth of the evaluation until the evaluation process has concluded. If necessary, alternate providers will be identified and assigned to cover the practitioner's care, treatment, and service.
- The Chief of Staff, in collaboration with the Chief Executive Officer and department chief, shall determine the construct of the evaluation. The scope, nature, and duration of the evaluation will be only as necessary to determine if in fact an immediate threat to the health and safety of the patient, public, or other member of the healthcare team is present.
- If such a determination is made, then the practitioner will be informed by the organization and appropriate actions (e.g. summary suspension, termination, revocation or suspension of privileges, membership, etc.) taken consistent with the bylaws and rules and regulations of the medical staff.
- If such a determination is not made, then the aforementioned individuals will make a decision as to whether further action is needed.

Standard Process: A standard process will be implemented for initial requests for privileges and for quality of care concerns that do not indicate an immediate threat to the health and safety of the patient, public, or other members of the healthcare team. The following steps will be taken:

- The department chief and/or the MEC will determine the type, amount, frequency, and duration of the focused evaluation period. In making such a determination, the following criteria shall be employed:
  1. The monitoring plan will be specific to the privilege in question.

2. The practitioner involved will be monitored by a peer<sup>3</sup>
  3. The type of monitoring shall be appropriate for the privileges requested/exercised.
  4. Cases evaluated should be of sufficient number to allow for adequate information. The number of cases will be determined by the department chief and/or MEC based on the practitioner's relevant education, training, and experience, as well as the competency need being assessed.
  5. The frequency of monitoring should be appropriate to the privileges requested/exercised. Whenever possible, monitoring should occur early in the evaluation period. Case review and/or monitored performance should occur in the initial number of cases performed by the practitioner, not sporadically over time.
  6. The duration of monitoring shall be only as long as deemed necessary to collect sufficient information about the practitioner's ability to safely and competently perform the privileges in question.
- Information gleaned from the monitoring plan shall be submitted to the department chief either throughout or at the end of the evaluation period. The department chief shall then review the information and make a recommendation to the MEC to take one or more of the following actions:
    1. That the focused evaluation period be concluded and that one of the following actions occur:
      - No further action is necessary
      - The practitioner involved receives the education and/or training necessary to more competently perform the privilege(s) in question.
      - That appropriate mechanisms as outlined in medical staff bylaws, rules, regulations, or other policy be implemented to address suspension, termination, limitation, and/or revocation of the privilege(s) in question.
    2. That the focused evaluation period be continued for a determined period of time in order to acquire the information necessary to make an appropriate recommendation to the MEC.
    3. The MEC will either accept or reject the recommendation and shall then take such action as deemed necessary in accordance with the bylaws, rules, regulations, and policies of the medical staff.

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<sup>3</sup> In this context, a peer is considered another practitioner or group of practitioners who possess the necessary education, training, and experience to be competent in the questioned privilege and/or issue(s) being addressed. A peer(s), in this context, may or may not be in the same clinical specialty as the practitioner being evaluated.

Circumstances Requiring Evaluation from an External Source: At times, there may be need for an outside evaluation to occur. The following guidelines address the use of outside review. Outside evaluation should be conducted under the following circumstances:

- There is no peer on the Medical Staff.
- There are no peers on the Medical Staff who are not involved in the issues surrounding the evaluation.
- The Department or the MEC determines that an outside evaluation will assist in making a determination on the competency of the practitioner.
- The practitioner being evaluated requests an outside review and in the opinion of the department chief or the MEC, there is merit to the request.

Notifying the Practitioner of a Focused Evaluation: The practitioner being evaluated is to be informed of the following:

- The reason(s) for the evaluation and how the evaluation will be conducted
- The practitioner's responsibilities during the evaluation period
- The result(s) of the evaluation
- Actions taken as a result of the evaluation

Use of Evaluation Findings in Appointment / Reappointment: A summary of the evaluation findings will be made available to the department chief at the time of the practitioner's reappointment and/or request for privileges. This information shall be considered in making the recommendation for reappointment and/or privileging.

**ONGOING PROFESSIONAL PRACTICE EVALUATION:** Ongoing professional practice evaluation allows the organization to identify professional practice trends that may impact the quality of care and patient safety. Early identification of problematic performance allows for timely intervention.

Indicators Used in Ongoing Professional Practice Evaluation: Each department of the medical staff shall periodically determine the quality and patient safety indicators that shall comprise the ongoing professional practice evaluation. These indicators may be occurrence based (i.e. identified each time they occur), or rate based (i.e. monitored as a percentage of occurrence against a defined population). The indicators chosen by departments may include, but not necessarily be limited to, the following areas:

- Performance of operative and/or invasive procedures and their outcomes
- Patterns of blood and/or pharmaceutical usage
- Requests for tests and procedures
- Length of stay patterns
- Morbidity and mortality data
- Complications of care
- Practitioner use of consultants
- Complaints received from patients, families, or staff and/or unusual occurrences
- Other relevant indicators as determined by the medical staff

Collecting Information: Once the departments have determined the indicators to be measured, the organization will employ those processes necessary to assure that information on practitioners can be collected, aggregated, analyzed, and acted upon. Collection of this information may take the form of the any of the following:

- Periodic chart review
- Direct observation
- Monitoring of diagnostic and treatment techniques
- Use of valid data from health information systems
- Discussions with other individuals involved in the care or each patient including consulting physicians, assistants (at surgery for example), nursing, and administrative personnel.

Reporting of Information: Information on the professional practice of practitioners will be presented to the practitioner's department and/or other appropriate medical staff committee/forum. Information should be presented at intervals no less frequent than every nine (9) months) - to assure timely identification of issues, patterns, or trends.

Use of Information: The department chief shall review and evaluate the information. As a result of the evaluation, the following actions may occur:

- No action is necessary as the review demonstrates satisfactory performance by the practitioner.
- Focused evaluation of the practitioner is warranted to better understand practice issues relative to the indicator(s) measured.

A summary of the ongoing professional practice evaluation will be made available to the department chief at the time of the practitioner's reappointment and/or request for privileges. This information shall be considered in making the recommendation for reappointment and/or privileging.

**CONFIDENTIALITY OF INFORMATION:** All activities surrounding the professional evaluation of members of the medical staff are considered part of the medical staff's performance improvement program and are therefore considered protected and confidential to the extent permitted by law and regulation.