


GUAM MEMORIAL HOSPITAL AUTHORITY ADMINISTRATIVE MANUAL

APPROVED BY:  Peter John D. Camacho, MPH Hospital Administrator/CEO	RESPONSIBILITY: Medical Staff	EFFECTIVE DATE: January 23, 2017	POLICY NO.: A-MS300	PAGE: 1 of 3
TITLE: ONGOING PROFESSIONAL PRACTICE EVALUATION				
LAST REVIEWED/REVISED: 01/2017				
ENDORSED: CREDENTIALS COMMITTEE 12/2016, MEC 12/2016, JCPA 01/2017, BOT 01/2017				

PURPOSE:

1. To clearly define the process utilized for facilitating the continuous evaluation of each practitioner’s professional practice;
2. To define the type of data (criteria/indicators) to be collected for the ongoing professional practice evaluation. (*Note: The criteria defined for Ongoing Professional Practice Evaluation, may be utilized as screening triggers for a Focused Professional Practice Evaluation*).
3. To ensure the information resulting from the ongoing professional practice evaluation is used to determine to continue, limit or revoke any existing privileges.
4. To ensure reported concerns regarding a privileged practitioner’s professional practice are uniformly investigated and addressed.
5. To define those circumstances in which an external review or focused review may be necessary; and
6. To define the medical staff’s leadership role in the organization’s performance improvement activities related to practitioner performance and ensure the findings in the ongoing evaluations of competence are evaluated in accordance with recognized standards.

DEFINITIONS:

- **Focused Professional Practice Evaluation (Focused Review)** – A time-limited evaluation of practitioner competence in performing a specific privilege. This process is implemented for:
 - All initially requested privileges; and;
 - Whenever a question arises regarding a practitioner’s ability to provide safe, high quality patient care. **See Focused Professional Practice Evaluation Policy** for specifics.
- **Ongoing Professional Practice Evaluation** – A documented summary of ongoing data collected for the purpose of assessing a practitioner’s clinical competence and professional behavior. The information gathered during this process factors into decisions to continue, limit or revoke any existing privileges;
- **Practitioner** – For purposes of this policy, practitioner is defined as individuals with Medical Staff privileges at GMHA.

POLICY:

1. The information used in the ongoing professional practice evaluation may be acquired through the following:
 - a. Periodic chart review;
 - b. Direct observation;
 - c. Monitoring of diagnostic and treatment techniques; and
 - d. Discussions with other individuals, involved in the care of the patient, including consulting physicians, assistants at surgery, nursing and administrative personnel.
 - e. Data collected by the Performance Improvement Coordinator, Quality Management Administrator, and other relevant GMHA Staff.
2. Criteria/indicators may be added or deleted at the recommendation of the Medical Executive Committee, Department Chairperson, and/or Credentials Committee.
3. The applicable Medical Staff Department and the MEC will approve indicator criteria and threshold parameters.
4. The list of criteria/indicators will be reviewed on an ongoing basis and in conjunction with this policy.
5. Relevant information from the practitioner performance review process will be integrated into performance improvement initiatives and will be utilized to determine whether to continue, limit or revoke existing privileges
6. Reported concerns regarding privileged practitioner's professional performance will be uniformly addressed as defined by the organization. If there is serious concern regarding the practitioner's professional performance, the course of action defined in the Medical Staff Bylaws for further evaluation should be followed. It is not intended that this policy supersede any provisions of the Medical Staff Bylaws.
7. The activities of the ongoing professional practice evaluation are considered privileged and confidential.
8. This policy applies to all Medical Staff and Allied Health privileged through medical staff mechanisms at GMHA.

RESPONSIBILITY:

The department chair or designee shall be responsible for overseeing the evaluation process for all applicants and staff members assigned to their department. The Department Chair shall be responsible to review and sign off on the OPPE reports for his department members. The Department Vice-Chair shall be responsible for signing off on the OPPE report of the Chair.

The Credentials Committee is charged with the responsibility of monitoring compliance with this policy. It accomplishes this by receiving regular status reports on the progress of all practitioners undergoing focused evaluation as well as any issues regarding the implementation of this policy.

INTERVENTIONS:

Depending upon the findings of the ongoing professional practice review, interventions may be implemented. The criteria utilized to determine the type of intervention includes severity, frequency of occurrence and threshold level exceeded. The department chair shall develop an improvement plan which will at least contain the following elements:

- Improvement action
- Performance expected to be measured
- Improvement goals/or milestones
- Method of monitoring
- Time frame for achieving the goals or milestones
- The department chair will report to the MEC regarding practitioner improvement plans developed
- The support staff will track results and report regularly on the status to the department chair
- If the results of the improvement plan monitoring indicate concerns regarding competency for specific privileges or maintaining membership, the department chair will inform the MEC of the need for a formal investigation or corrective action as determined in the medical staff bylaws

PERFORMANCE IMPROVEMENT

1. Members of each medical staff department are involved in activities to measure, assess, and improve performance on an organization wide basis, including the ongoing professional practice review process defined herein.
2. The review process involves monitoring, and analyzing; and understanding those special circumstances of practitioner performance which require further evaluation.
3. When findings of this process are relevant to an individual's performance, the medical staff is responsible for determining their use in the ongoing evaluation of a practitioner's competence; in accordance with the Medical Staff Bylaws, Rules and Regulations, and applicable Policies on renewing or revising clinical privileges.

RESCISSION:

Policy 6710-15, Ongoing Professional Practice Evaluation of the Administrative Manual made effective May 1, 2009.

Supporting Documents

- Ongoing Professional Practice Evaluation Screening Criteria/Indicators

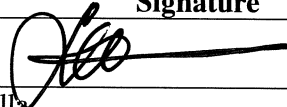
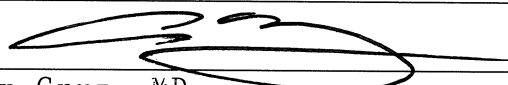
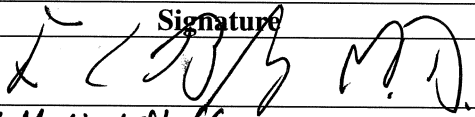
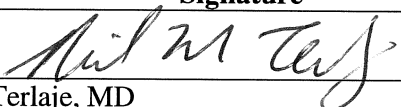
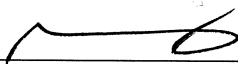
**GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

Submitted by: Medical Staff Office

Policy No.: A-MS 300

Policy Title: Ongoing Professional Practice Evaluation

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*Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer.