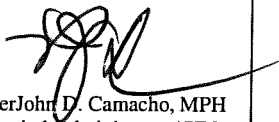


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Peter John D. Camacho, MPH Hospital Administrator/CEO	RESPONSIBILITY: Medical Staff	EFFECTIVE DATE: June 8, 2018	POLICY NO. A-MS400	PAGE 1 of 9
TITLE: FOCUSED PROFESSIONAL PRACTICE EVALUATION				
LAST REVIEWED/REVISED: 04/2018				
ENDORSED: CREDENTIALS 04/2018; MEC 04/2018; JCPA 05/2018; BOT 05/2018				

OVERVIEW:

Focused Professional Practice Evaluation (FPPE) is a process whereby the organization evaluates the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization. This process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care. Focused professional practice evaluation is a time-limited period during which the organization evaluates and determines the practitioner's professional performance.

Initial competency of practitioners new to the Guam Memorial Hospital Authority (GMHA) Medical Staff shall have privileges specific competency evaluated by review of competency information obtained from current and former institutions, where privileged, followed by a focused review during the provisional period.

FPPE will occur under the following circumstances:

1. The practitioner is new to GMHA (during the provisional period, as defined by the GMHA Medical Staff Bylaws), or the practitioner is requesting new/additional privilege(s) and does not have documented evidence of competently performing the requested privilege
2. When there is a question regarding a currently privileged practitioner's ability to provide safe, high quality patient care.

PURPOSE:

To establish a systematic proctoring process to ensure that there is sufficient information available to confirm the current competence of practitioners who initially request privileges at GMHA, as part of a FPPE.

SCOPE:

This policy applies to all practitioners who request initial privileges, including initial applicants for Medical or Allied Staff appointment and current members of the Medical or Allied Staff who request new or additional clinical privileges.

Practitioners requesting membership but not exercising specific privileges do NOT need to be proctored.

The scope of the proctoring plan shall be as indicated above. However, each department shall define the appropriate proctoring method to determine what constitutes a practitioner's current specialty specific competency.

FPPE METHODOLOGY:

Proctoring may utilize a combination of the following methods to obtain the best understanding of the care provided by the practitioner. The appropriate methods for proctoring for each individual practitioner will be determined by the Credentials Committee (CC) based on recommendations from the Department Chairperson or his/her designee for a specific practitioner situation. The hospital's proctoring forms must be utilized.

Proctoring includes one or more of the following as part of a FPPE:

- Prospective Proctoring: presentation of cases with planned treatment outlined for treatment concurrence or review of case documentation for treatment concurrence.
- Concurrent Proctoring: Direct observation of the procedure being performed or medical management either through real-time observation of practitioner interactions with patients and staff or review of clinical history and physical and review of treatment orders during the patients hospital stay.
- Retrospective Proctoring: review of a case after care has been completed, which may include interviews with personnel directly involved in the care of the patient.

In situations where a practitioner has skills that are needed at GMHA on an occasional basis, where the skills and reputation the practitioner in question are known to members of the medical staff of GMHA and in situations where practitioners are needed from healthcare organizations to provide occasional coverage at GMHA Reciprocal Evaluation (documented evidence of proctoring from an area hospital) may be used. The practitioner is responsible for providing such evidence to Guam Memorial Hospital.

Evaluation by an External Source may be used in situations where a proctor is unavailable (for example, when there is no available proctor with privileges at GMHA in the specialty area relative to the privileges(s) to be evaluated).

OVERSIGHT/RESPONSIBILITIES:

The Credentials Committee (CC) is charged with the responsibility of monitoring departmental compliance with this policy. It accomplishes this oversight by submitting regular reports related to the progress of each practitioner, who is required to be proctored, as well as any issues or problems involved in implementing this policy to the Medical Staff Office. This report will then be made a part of the Medical Staff Office's standing report at the Joint Conference and Professional Affairs Committee.

The Department Chairperson, or his/her designee, will determine changes to improve performance based on results of FPPEs, including proctoring, and implementation of practitioner-specific performance improvement plans, if appropriate, for practitioners who complete the FPPE. Practitioner specific improvement plans will be submitted to the CC for review and approval.

The hospital's QI Coordinator involved with Ongoing Physician Performance Evaluation (OPPE) will provide the CC with data that is systematically collected through the OPPE processes for those practitioners, as appropriate, to confirm current competence during the FPPE period.

SELECTION OF PROCTOR(S):

The Department Chairperson shall be responsible for selecting the proctor(s). Proctors must be members in good standing of the active GMHA Medical Staff and must have unrestricted privileges in the specialty area relative to the privilege(s) to be evaluated.

SOURCES OF DATA:

FPPE data may include any of the following:

- Documented personal interaction with the practitioner by proctor
- Documented discussion(s)/interview(s) with other individuals interacting with the practitioner
- Chart audits by non-medical staff personnel based on defined criteria
- Detailed medical record review by proctor
- Monitoring clinical practice patterns
- Proctoring as described above
- Simulation
- External source evaluation

The data obtained by the proctor will be recorded on the approved proctoring form for consistency and inter-rater reliability.

PROCTORING PERIOD:

Proctoring shall begin when a practitioner is informed of appointment to the medical or allied health staff or upon being granted a new privilege. Based on the specialty of the practitioner, newly granted privileges shall be considered under FPPE for either a specific period of time (no less than six months) or for a specific number of patients/procedures.

The proctoring period may be extended for a period not to exceed a total of 12 months from the granting of the privilege(s) that require proctoring if either initial concerns are raised that require further evaluation or if there is insufficient activity during the initial period.

The provider will remain on Provisional Status until successful completion of proctoring requirements. Provisional Status will not last beyond two years.

The medical staff may take into account the practitioner's previous experience in determining the approach and extent of proctoring needed to evaluate and confirm current competency.

RESPONSIBILITIES OF PROCTORS:

- A. The proctor's role is that of an evaluator, to review and observe cases, not of a supervisor or consultant. The practitioner who is serving solely as a proctor is an agent of the hospital. The proctor receives no compensation directly or indirectly from any patient for this service.
- B. Proctors will monitor those portions of the medical care rendered by the practitioner that are sufficient to be able to judge the quality of care provided in relationship to the privilege(s) requested. The performance of a specific procedure shall be reviewed, or in the situation that the privilege encompasses cognitive care, then the relative components of the patients chart must also be reviewed for that aspect of care.

- C. Proctors will ensure the confidentiality of the proctoring results and forms. The proctor will deliver the completed proctoring form(s) to the CC.
- D. If at any time during the proctoring period, the proctor has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), the proctor should promptly notify the respective Department Chairperson. One of the following may be recommended:
 - 1. The Department Chairperson will intervene and adjudicate the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for the patient.
 - 2. The QI Coordinator will review the case for possible peer review at the next department meeting.
 - 3. Additional or revised proctoring requirements may be imposed upon the practitioner until the proctor can make an informed judgment and recommendation regarding the clinical performance of the individual being proctored.
- E. If during the initial period of proctoring the proctor feels there may be imminent danger to the health and safety of any individual, the continuation of the privilege(s) requested and proctoring are subject to being discontinued by Hospital Administrator/Chief Executive Officer at the recommendation from the Department Chairperson or Associate Administrator of Medical Services.
- F. All members of the medical staff with relevant privileges, within each department, must serve as proctors when asked to do so.
- G. In addition to specialty and privilege specific issues, proctoring also will address the general competencies.

RESPONSIBILITIES OF THE PROCTORED PRACTITIONERS:

- A. For concurrent proctoring, the practitioner shall make every reasonable effort to be available to the proctor including notifying the proctor of each patient where care is to be evaluated in sufficient time to allow the proctor to concurrently observe or review the care provided. For elective surgical or invasive procedures where direct observation is required, and the department requires proctoring be completed before the practitioner can perform the procedure without a proctor present, the practitioner must secure agreement from the proctor to attend the procedure.
- B. The practitioner shall provide the proctor with information about the patient's clinical history, pertinent physical findings, pertinent lab and radiology results, the planned course of treatment or management and direct delivery to the proctor of a copy of all histories and physicals, operative reports, consultation reports and discharge summaries documented by the proctored practitioner.
- C. The practitioner shall have the prerogative of requesting from the Department Chairperson a change of proctor if disagreements with the current proctor may adversely affect his or her ability to satisfactorily complete the proctorship timely and satisfactorily. The Department Chairperson will keep the CC informed about changes in proctors.
- D. Inform the proctor of any unusual incident(s) associated with his/her patients.

- E. It is the responsibility of the practitioner to ensure documentation of the satisfactory completion of his/her proctorship, including the completion and delivery of proctorship forms to the CC. The proctoring period will be automatically extended if the summary proctor report is not completed and submitted at the end of the initial proctoring period. The automatic extension under this section shall be until the date that is 3 months from the expiration of the initial period.
- F. If the summary proctor report is not completed and submitted to the CC when due, or if the practitioner fails to complete the proctoring requirements prior to the expiration of the proctoring period, the additional or new privileges that are the subject of proctoring shall be deemed to be voluntarily relinquished by the practitioner and the practitioner shall immediately stop performing these privileges.

RESPONSIBILITIES OF DEPARTMENT CHAIRPERSONS:

Each medical staff department chairperson shall be responsible for:

- A. Assignment of proctors as noted above.
- B. Assist in establishing a minimum number of cases/procedures to be proctored and determining when the proctor must be present. The minimum number of cases to be proctored and type of proctoring required shall be made at the time privileges are recommended. When there are interdepartmental privileges, the CC shall determine the minimum number of cases/procedures to be reviewed.
- C. Identifying the names of practitioners eligible to serve as proctors as noted above.
- D. If at any time during the proctoring period, the proctor notifies the Department Chairperson that he/she has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), based on the recommendations of the proctor, the Department Chairperson shall then review the medical records of the patient(s) treated by the practitioner being proctored and shall:
 - 1. Intervene and adjudicate the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for a patient;
 - 2. Review the case for possible referral to the peer review committee;
 - 3. Recommend to Medical Executive Committee that:
 - a. Additional or revised proctoring requirements be imposed upon the practitioner;
 - b. Corrective action be undertaken pursuant to applicable corrective action procedures.
- E. The Department Chairperson will review both the case-specific and aggregate data and provide the CC with an interpretation as to whether a practitioner's performance was acceptable, in need of further data to complete the evaluation or unacceptable.

RESPONSIBILITIES OF MEDICAL STAFF OFFICE:

Medical Staff Office shall assure that the following steps are taken.

- A. Direct correspondence to the practitioner being proctored and to the assigned proctor containing the following information:

1. A copy of the privilege form of the practitioner being proctored
 2. The name, address and telephone numbers of the practitioner being proctored and the proctor
 3. A copy of this FPPE Policy and Procedure
 4. Proctoring forms to be completed by the Proctor
- B. Provide information to appropriate hospital units/departments about practitioners being proctored including the name of the proctor and a supply of proctoring forms as needed.
- C. Contact both the proctor and practitioner being proctored on a monthly basis to ensure that proctoring and chart reviews are being conducted as required.
- D. Submit a report to the CC and EMC related to proctorship activity for all practitioners being proctored every six months.

RESPONSIBILITIES OF THE CREDENTIALS COMMITTEE:

The Credentials Committee shall:

- A. Have the responsibility of monitoring compliance with this policy and procedure.
- B. Receive regular status reports related to the progress of all practitioners required to be proctored as well as any issues or problems involved in implementation of this policy and procedure.
- C. Make recommendations to the MEC regarding clinical privileges based on information obtained from the proctoring process.

PROCEDURE:

The specific steps needed to perform proctoring by the proctor and practitioner undergoing proctoring are outlined in table below:

TASK	ACTIVITY	TIMEFRAME	RESPONSIBILITY
Determination of Proctoring Period/Volume and Methods	Applicant's FPPE plan based on his/her experience and available data and trending	At the time privileges are recommended by the Department Head	Department Head and Credentials Committee
Proctor Assignments	Members from appropriate specialty are contacted	Prior to privileges granted by Board	Department Head
Initiation of proctoring	Proctor and practitioner informed of proctoring plan	At orientation and activation of privileges	Department Head and Medical Staff Office
Scheduling of proctoring sessions	Proctor and practitioner determine schedule if concurrent methods are used	Within one week following privilege activation	Proctor and Practitioner
Distribution of proctoring forms	Forms for proctoring sent to proctor	Prior to or at the time privileges are activated	Medical Staff Office
Completion of proctoring forms	Proctor submits completed forms to Medical Staff Office	Monthly for duration of proctoring period	Proctor
Notify Department Head of any evolving	Medical Staff Office reviews proctoring forms	As needed for the duration of the proctoring period	Medical Staff Office

issues	and alerts the Department Head if there are negative ratings or comments		
Proctoring Chart Audits	Staff performs audits required by proctoring plan and submits data to Medical Staff Office (and to the Department Head if negative information is identified during audits)	Monthly for duration of proctoring period	Appropriate staff
Department Head Recommendation	Department Head provide Medical Staff Office (MSO transmits to the Credentials Committee) with assessment of proctoring data and recommendation to end or extend proctoring or terminate privileges	Any time for during initial proctoring plan proctor's raise substantial concerns or proctor reports as submitted raise concerns, Medical Staff Office will contact Department Head to develop action plan	Department Head and Medical Staff Office
Final Recommendations and Decision-making	Credentials Committee reviews proctor data and Department Head recommendation and submits recommendation to Medical Executive Committee. Medical Executive Committee submits recommendation to the Joint Conference and Professional Affairs Committee	At next scheduled meetings of the Medical Executive Committee and the Joint Conference and Professional Affairs Committee	Medical Staff Office, Credentials Committee, Medical Executive Committee, and Joint Conference and Professional Affairs Committee

REFERENCES:

Medical Staff Rules and Regulations, Section IX, Proctorship and FPPE/OPPE

RECISION(S):

6170-16, Focused Practitioner Practice Evaluation, of the Medical Staff Office Manual made effective October 22, 2012.

ATTACHMENTS:

- I. [Focused Professional Practice Evaluation Plan](#)
- II. [Department Review and Medical Staff Committee Approval Form](#)

ATTACHMENT I

FOCUSED PROFESSIONAL PRACTICE EVALUATION PLAN		
Practitioner: _____ Dates Privileges Assigned: _____		
Department: _____ Specialty: _____		
PLANNED TIME PERIOD ¹	SOURCES OF DATA ²	WHAT IS TO BE EXPECTED ³
	<input type="checkbox"/> Documented personal interaction with practitioner <input type="checkbox"/> Documented discussion(s)/interview(s) with other individuals interacting with practitioner <input type="checkbox"/> Chart audit(s) by non-medical staff <input type="checkbox"/> Chart review by proctor <input type="checkbox"/> Monitoring clinical practice patterns <input type="checkbox"/> Proctoring <input type="checkbox"/> Simulation <input type="checkbox"/> External review	
	<input type="checkbox"/> Documented personal interaction with practitioner <input type="checkbox"/> Documented discussion(s)/interview(s) with other individuals interacting with practitioner <input type="checkbox"/> Chart audit(s) by non-medical staff <input type="checkbox"/> Chart review by proctor <input type="checkbox"/> Monitoring clinical practice patterns <input type="checkbox"/> Proctoring <input type="checkbox"/> Simulation <input type="checkbox"/> External review	
	<input type="checkbox"/> Documented personal interaction with practitioner <input type="checkbox"/> Documented discussion(s)/interview(s) with other individuals interacting with practitioner <input type="checkbox"/> Chart audit(s) by non-medical staff <input type="checkbox"/> Chart review by proctor <input type="checkbox"/> Monitoring clinical practice patterns <input type="checkbox"/> Proctoring <input type="checkbox"/> Simulation <input type="checkbox"/> External review	
	<input type="checkbox"/> Documented personal interaction with practitioner <input type="checkbox"/> Documented discussion(s)/interview(s) with other individuals interacting with practitioner <input type="checkbox"/> Chart audit(s) by non-medical staff <input type="checkbox"/> Chart review by proctor <input type="checkbox"/> Monitoring clinical practice patterns <input type="checkbox"/> Proctoring <input type="checkbox"/> Simulation <input type="checkbox"/> External review	
¹ Insert time period for evaluation (e.g., 1 month, 3 months, 6 months) ² Check all sources of data to be used ³ Insert number of cases and types of cases (BE SPECIFIC: e.g. first 10 admissions; 2 major or high risk procedures such as ...)		

FPPE Plan Developed by Department Chairperson: _____ (PRINT NAME)

Signature: _____ Date: _____

ATTACHMENT II

DEPARTMENT REVIEW AND MEDICAL STAFF COMMITTEE APPROVAL FOCUSED PROFESSIONAL PRACTICE EVALUATION	
Practitioner: _____	Dates Privileges Assigned: _____
Department: _____	Specialty: _____

SOURCES OF DATA USED (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Documented personal interaction with practitioner | <input type="checkbox"/> Chart review by proctor |
| <input type="checkbox"/> Documented discussion(s)/interview(s) with other individuals interacting with practitioner | <input type="checkbox"/> Monitoring clinical practice patterns |
| <input type="checkbox"/> Chart audit(s) by non-medical staff | <input type="checkbox"/> Proctoring |
| <input type="checkbox"/> Stimulation | <input type="checkbox"/> External review |

DEPARTMENT EVALUATION (check one box)

Satisfactory Completion
Based on utilization of the method(s) indicated above and review of the proctor and departmental report(s), the practitioner demonstrated the ability and competency to perform effectively and has satisfactorily completed the FPPE Plan. The practitioner may continue privileges.
Comments: _____

NOT Satisfactorily Completed
Based on utilization of the method(s) indicated above and review of the proctor and departmental report(s), the practitioner has not demonstrated the ability and competency to perform effectively and has not satisfactorily completed the FPPE Plan.

The following is recommended (select one):

- Satisfactory completion of supplementary FPPE Plan (attached)
 - Voluntary relinquishment of privileges for failure to comply with FPPR Plan
 - Restriction of privileges _____
 - Revocation of privileges _____
- Comments: _____

PRINT: Department Chairperson **Signature** **Date**

CREDENTIALS COMMITTEE (Check one box) Meeting Date: _____

- Concur with department evaluation
- Do **NOT** concur with department evaluation _____

PRINT: Credentials Chairperson **Signature** **Date**

MEDICAL EXECUTIVE COMMITTEE (Check one box) Meeting Date: _____

- Approve Credentials Committee recommendation
- Do **NOT** approve Credentials Committee recommendation _____

PRINT: MEC President **Signature** **Date**