WEISMAN CHILDREN'S REHABILITATION HOSPITAL
MEDICAL STAFF MANUAL
POLICY AND PROCEDURE

SUBJECT: Focused Professional Practice Evaluation MS 408.00

EFFECTIVE DATE: 1/08 Page 1 of 7
REVIEWED/REVISED DATE: 7/08, 3/10, 10/10, 10/11, 6/12, 3/13, 9/14, 10/17, 10/20, 10/23

TJC Standard: MS 08.01.01 The organized medical staff defines the circumstances requiring monitoring and evaluation of a practitioner's professional performance.

PURPOSE: To allow the organized medical staff to focus evaluation on a specific aspect of a practitioner's performance (1) when a practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence in the hospital's setting; or (2) if questions arise regarding a practitioner's professional practice during the course of the Ongoing Professional Practice Evaluation.

POLICY: Focused Professional Practice Evaluation ("FPPE") is required when there is concern regarding the practitioner's current competency, either due to data from the ongoing peer review, a specific event or observation or the practitioner is not yet a member of the medical staff of WCRH.

Definition of Proctoring: For purposes of this policy, proctoring is a focused evaluation to confirm an individual practitioner's current competence at the time when he or she requests new privileges, either at initial appointment or as a current member of the medical staff. In addition to specialty-specific issues, proctoring also will address the six general competencies of physician performance.

Practitioners requesting membership but not exercising specific privileges do not need to be proctored. FPPE for medical staff members for existing privileges based on trends or patterns of performance identified by FPPE or because of infrequent use of a specific privilege are outside the scope of this policy.

Proctoring Methods: Proctoring may be performed using prospective, concurrent, or retrospective approaches. Specialists who most often provide cognitive care, as opposed to procedural care, are usually evaluated prospectively or retrospectively. Prospective proctoring and concurrent proctoring are the preferred methods of evaluating practitioners who request privileges to perform various procedures. The appropriate proctoring methods for an individual practitioner shall be determined annually by the medical executive committee.

Duration of Proctoring Period: The medical staff may take into account the practitioner's previous experience in determining the approach and extent of proctoring needed to confirm current competence. The practitioner's experience may fall into on of the following classes:

1. A recent training program graduate from a facility.
2. A practitioner with experience of less than 2 years at another medical staff
3. A practitioner with experience of greater than 2 years at another medical staff.

Practitioners in classes 1 and 2 would be candidates for the full proctoring program. Practitioners in class 3 would be candidates for limited proctoring, unless concerns exist regarding the recent frequency of use of the requested privileges.

Medical Staff's Ethical Position on Proctoring: The proctor's role is typically that of an evaluator, not of a consultant or mentor. A practitioner serving solely as a proctor, for the purpose of assessing and reporting on the competence of another practitioner, is an agent of the hospital. The proctor will receive no compensation directly or indirectly from any patient for this service, and he or she will have no duty to the patient to intervene if the care provided by the proctored practitioner is deficient or appears to be deficient. The proctor or any other practitioner, however, may nonetheless render emergency medical care to the patient for medical complications arising form the care provided by the proctored practitioner. The hospital will defend and indemnify any practitioner who is subjected to a claim or suit arising from his or her acts or omissions in the role of proctor.

Responsibilities of the Proctor: Proctors must be members in good standing of the active medical staff of WCRH and must have unrestricted privileges to perform any procedure or provide medical management to be concurrently observed. The proctor will do the following:

1. Directly observe the procedure being performed or concurrently observe medical management for the medical admission and complete appropriate sections on the proctoring form.
2. Retrospectively review the completed medical record following discharge and compete appropriate sections of the proctoring form.
3. Monitor the practitioner being proctored from admission through discharge, including:
    a. history and physical
    b. diagnosis and justification
    c. proposed treatment or procedure and its indications
    d. continuity of care provided to the patients
    e. appropriateness of procedures, tests and medications prescribed
    f. appropriate use of consultants
    g. appropriateness of length of stay
    h. adequacy of progress notes
    i. discharge summary
    j. timely completion of medical records

k. appropriately signed consents
l. technical skills/knowledge (as appropriate)
m. management of complications

4. Ensure the confidentiality of proctoring results and forms. The proctor will deliver the completed proctoring form to the medical staff office.
5. Submit a summary proctor report at the conclusion of the proctoring period.
6. If, at any time during the proctoring period the proctor has concerns about he practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), the proctor will promptly notify the Medical Director and may recommend that one of the following occur:
    a. The Medical Director intervenes and adjudicates the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for a patient.
    b. The Medical Director reviews the case for possible peer review at the next medical executive committee meeting.
    c. 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.

Responsibilities of Practitioners Being Proctored: The practitioner being proctored will do the following:

1. Notify the proctor of each case in which care is to be evaluated and, when required, do so in sufficient time to enable the proctor to observe or review the case concurrently. In an emergency, the practitioner may admit and treat the patient and must notify the proctor as soon as is reasonably possible of the emergency.
2. Provide the proctor with information about the patient's clinical history; pertinent physical findings; pertinent lab and x-ray results; the planned course of treatment or management; and direct delivery of a copy of all histories and physicals, consultations, and discharge summaries documented by the proctored physician to the proctor.
3. Will have the prerogative of requesting from the Medical Director a change of proctor if disagreements with the current proctor may adversely affect his or her ability to complete the proctorship satisfactorily. The matter will be submitted to the Medical Executive Committee for recommendation and final action.
4. Inform the proctor of any unusual incident(s) associated with his or her patients.
5. Ensure documentation of the satisfactory completion of his or her proctorship, including the completion and delivery of proctorship forms and the summary proctor report to the medical staff office. The proctoring period will automatically extend for up to three months if the summary proctor report is not completed and submitted at the end of the initial proctoring period. If the summary proctor report is not completed and submitted to the medical staff office at the end of a proctoring period extended under this subparagraph five, the privileges of a provisional appointee subject to proctoring, or the additional or new privileges that are the subject of proctoring for any other member of the medical staff shall

be automatically suspended. Failure to obtain submission of a completed summary proctor report before the time for submission of the physician's next reappointment application shall be treated as a voluntary relinquishment of the privileges that were subject to proctoring.

Responsibilities of Medical Director: The Medical Director shall be responsible for the following:

1. Assigning proctors.
2. Helping establish a minimum number of cases or procedures to be proctored and determining the times when the proctor must be present.
3. Identifying the names of medical staff members eligible to serve as proctors.
4. Reviewing the medical records of the patients) treated by the practitioner being proctored if, at any time during the proctoring period, the proctor notifies the medical director that he or she has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), based on the recommendation of the proctor. The medical director shall then do one of the following:
    a. Intervene and adjudicate the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for a patient;
    b. Refer the case(s) to the next medical staff committee meeting for peer review;
    c. Recommend to the Medical Executive Committee that one of the following occur:
        (1) Additional or revised proctoring requirement be imposed on the practitioner;
        (2) Corrective action will be undertaken pursuant to a corrective action plan.

Responsibilities of the Medical Staff Office/Quality Department: The medical staff office/quality department shall do the following:

1. Send a letter to the practitioner being proctored and to the assigned proctor containing the following information:
    a. A copy of the privilege form of the practitioner being proctored
    b. The name, address and telephone numbers of both the practitioner being proctored and the proctor.
    c. A copy of the proctoring policy and procedure
    d. Proctoring form to be completed by the proctor
2. Develop a mechanism for tracking all admissions or procedures performed by the practitioner being proctored.
3. Provide information to appropriate hospital departments about practitioners being proctored, including the name of the proctor and a supply of proctoring forms as needed.
4. Contact both the proctor and practitioner being proctored on a monthly basis to ensure that proctoring and chart review are being conducted as required.

5. Provide regular status reports to the medical director related to the progress of all practitioners required to be proctored, as well as any issues or problems involved in implementing the policy and procedures.
6. Periodically submit a report to the Medical Executive Committee of proctorship activity for all practitioners being proctored.
7. At the conclusion of the proctoring period, submit a summary proctor report to the Medical Director and the Medical Executive Committee.

Proctoring Methods Available: Proctoring may use a combination of the following methods to obtain the best understand of the care provided by the practitioner:

1. Prospective proctoring: Presentation of cases with planned treatment outlined for treatment concurrence or review of case documentation for treatment concurrence.
2. Concurrent proctoring: Real-time observation of a procedure. May also be used for real-time observation of the patient's clinical history and physical and review of treatment orders.
3. Retrospective evaluation: Review of case record after care has been completed. May also involve interview of personnel directly involved in the patient's care.

Sources of Data: Proctoring data can be obtained for all dimensions of practitioner competence from multiple data sources. Data may be individual (i.e. case specific) or aggregate "rate" data from multiple cases. Data may be derived from information specifically obtained for FPPE or ongoing peer review.

FPPE data may include the following:

1. Personal interaction with the practitioner by the proctor
2. Detailed medical record review by the proctor
3. Interview of hospital staff interacting with the practitioner
4. Surveys of hospital staff interacting with the practitioner
5. Chart audits by non-medical staff personnel based on medical staff-defined criteria for initial appointees.

The data obtained by the proctor will be recorded in an approved proctoring form to ensure consistency.

Ongoing peer review data may include the following:

1. Routine chart audits by non-medical staff personnel for important clinical functions.
2. Data abstracted for external comparative databases used to evaluate current medical staff members (if any)
3. Incident Reports
4. Findings of cases identified for review by medical staff peer review committees
5. Patient satisfaction surveys

Data Analysis: The proctor will review both the case-specific and aggregate data and will provide the credentials committee with an interpretation about whether the practitioner's performance was acceptable, whether the proctor needs additional data to complete the evaluation or whether the practitioner's performance was unacceptable. For aggregate rate data, the medical staff will determine the acceptable target.

Each specialty will define the appropriate methods to determine what constitutes practitioners' current competency. The specialty will describe these methods in brief proctoring plan submitted to the credentials committee for approval. The plan will be reviewed and updated annually and will include the types of proctoring to be used, the data sources and collection methods employed and the method of evaluating the data.

Procedure for Outlining the Proctoring Process:

The specific steps that both the proctor and the practitioner being observed must perform are displayed in the attached Form entitled: "Outlining the Proctoring Process".

Results and Recommendations: At the end of the proctoring period, the proctor will provide a summary report to the medical director that shall include one or more of the following:

1. Whether a sufficient number of cases done at WCRH or at another local hospital have been presented for review to evaluate properly the clinical privileges requested.
2. If a sufficient number of cases have NOT been presented for review, whether in the proctor's opinion the FPPE period should be extended for an additional period.
3. If sufficient treatment of patients has occurred to evaluate the clinical privileges requested properly, the proctor shall make his or her report concerning the appointee's qualifications and competence to exercise these privileges.
4. Make a recommendation for permanent membership and clinical privileges as requested or recommend an additional one year of proctoring, or NOT recommend permanent membership and clinical privileges as requested.
5. If this is a recommendation by the Medical Executive Committee to terminate the practitioner's appointment or additional clinical privileges due to questions about qualification, behavior or clinical competence, the practitioner shall be entitled to the hearing and appeal process outlined in the medical staff by-laws.

_____ _____

Medical Director Date Administrator Date

Weisman Children's Rehabilitation Hospital/Voorhees Pediatric Facility
Outline for the Proctoring Process

TASK	ACTIVITY	TIME FRAME	RESPONSIBILITY
Determine duration of proctoring period, volume and methods	Applicant classified regarding amount of proctoring required, based on applicant's experience and available data.	Within two weeks prior to privileges granted by board.	Medical Staff Committee
Assign Proctors	Members from appropriate specialty contracted and confirmed.	Within two weeks prior to privileges granted by board.	President of Medical Staff
Initiate Proctoring	Proctor and practitioner informed of proctoring plan	At orientation and activation of privileges	President of Medical Staff
Schedule proctoring sessions	Proctor and practitioner determine schedule (if concurrent methods used) and inform Medical Staff Office (MSO)	Within one week following privilege activation	Proctor, practitioner and MSO
Distribute proctoring forms	Forms for proctoring sent to proctor	Within one week following privilege activation.	MSO
Complete proctoring forms	Proctor submits completed forms to MSO	Monthly for duration of proctoring period	Proctor
Audit proctoring charts	Quality staff performs audits required by proctoring plan and submits data to MSO	Monthly for duration of proctoring period	Quality Staff as assigned
Obtain ongoing peer review	Quality staff submits data gathered to MSO	Monthly/Quarterly for duration of proctoring period	Quality Staff as assigned
Evaluate data	Proctor is provided with audit and Ongoing Peer Review data and provides interpretation	Monthly/quarterly for duration of proctoring period	MSO and Proctor
Proctor recommendation	Proctor provides MSO with overall assessment of proctoring data and recommendation to end or extend proctoring or terminate privileges	At end of initial proctoring period or volume, unless substantial concerns that required immediate action are raised earlier	MSO and Proctor
Recommendation	MSO provides Medical Director with proctor recommendation for medical director's approval.	MSO submits to medical director within one week of receiving proctor recommendation; Medical Director chair submits approval within two weeks	MSO and Medical Director
Final recommendation	Medical Staff Committee reviews proctor data and recommendation, submits final recommendation to Medical Executive Committee	At next schedule Medical Executive Committee meeting	MSO and Medical Director

10/11