Professional Practice Evaluation

I. POLICY

The Medical Staff monitors and evaluates a practitioner's professional performance through an objective and evidence-based process.

II. SCOPE

Medical Staff and Advanced Practice Clinicians

III. DEFINITIONS

A. Ongoing Professional Practice Evaluation – A process whereby the organization evaluates the practitioner's professional performance to facilitate decisions about maintaining, revising or revoking existing privilege(s) prior to or at the time of renewal.

B. Focused Professional Practice Evaluation – A process whereby the organization evaluates the performance of the practitioner for all initially requested privileges and/or when issues affecting the provision of safe, high quality patient care are identified.

IV. PROCEDURE

The medical staff conducts monitoring and evaluation of a practitioner's professional performance under at least, but not limited to, the following circumstances:

- Upon granting of initial privileges
- In conjunction with the department's regular review of activity of its members
- Upon identification of issues that may affect the delivery of safe and high-quality patient care

Monitoring may be required by an external source when it is determined that there are no in-house experts, or the in-house experts have a conflict of interest in performing the performance monitoring.

A. Monitoring Initial Privileges and Maintaining Privileges

1. Initially requested privileges – shall be monitored through the required completion of the Medical Staff's approved standard proctoring form. The form is completed by the proctor, submitted for review and signature to the Chair/Physician in Chief and forwarded on to Medical Staff Services.
   a. Privileges with potential risks require adherence to additional proctoring as defined in criteria
   b. Various criteria contain a requirement for minimum annual case numbers to achieve proficiency

2. New Technology/New Procedures – When it is determined that a new technology/new procedure will become available for use at LVHN, the Medical Staff shall develop credentialing criteria that will include the specific monitoring requirements that must occur when any practitioner is first granted the privilege, and in some cases, minimum annual case numbers will be established.

B. **Ongoing Professional Practice Evaluation** – will occur on an ongoing basis (every six months) to facilitate decisions about maintaining, revising or revoking existing privilege(s) prior to or at the time of renewal. The data will be reviewed by the department chair/physician in chief. The type of monitoring may include but is not limited to:

1. Data review related to department/practitioner specific indicators
2. Direct observation or requirement for assistance at procedure by an appropriately credentialed Medical Staff member
3. Retrospective medical record review
4. Feedback from colleagues, staff members, patients or families at prescribed intervals
5. Monitoring of diagnostic and treatment techniques

C. **Focused Monitoring –** Focused professional practice evaluation will also occur whenever there are issues that affect the delivery of safe and high-quality patient care both positively and negatively. Such issues may have been identified through the ongoing professional practice evaluation, the peer review quality assurance committee case review or other review mechanisms. Situations that may trigger performance monitoring may include but are not limited to:

1. Unsafe practices in clinical/procedure areas,
2. Inappropriate interactions with patients, families and staff,
3. Incomplete or inadequate medical record documentation,
4. Issues identified via the quality assurance/peer review process,
5. When focused professional practice evaluation for all initially requested privileges results in findings of unsatisfactory performance,
6. Identification that recent patient outcome data has shown negative trend in comparison to peers and benchmarks

The process for evaluating the performance of practitioners when issues affecting the provision of safe, high quality patient care include:

- Identification of issue
- Gathering of information
- Development and implement an action plan
- Evaluation for desired outcome

1. Focused Monitoring shall be initiated by the following individuals for each triggering situation. The decision to conduct such focused monitoring and specific mechanism by which the monitoring will occur is based on the evaluation of a practitioner's current clinical competence, practice behavior, and ability to perform the requested privilege(s).

- Unsafe practices in clinical/procedure areas – initiated by the Chair/Physician in Chief
- Inappropriate interactions with patients, families and staff – initiated by the Chair/Physician in Chief and/or Troika (Medical Staff Leadership)
- Incomplete or inadequate medical record documentation – initiated by the Chair/Physician in Chief and/or Troika (Medical Staff Leadership)
- Issues identified via the quality assurance – initiated by the Chair/Physician in Chief
- Unsatisfactory performance identified via focused professional practice evaluation for initially requested privileges – initiated by the Chair/Physician in Chief
- Identification that recent patient outcome data has shown negative trend – initiated by the Chair/Physician in Chief

2. The person initiating the focused monitoring shall communicate in writing to the affected practitioner the terms of the focused monitoring, including the following:
    - The cause for the focused monitoring
    - The duration of the focused monitoring
    - The specific mechanism by which the monitoring will occur (e.g. peer observation, retrospective chart review, proctoring of procedures performed, etc.)

At the completion of the monitoring period, if the issue(s) that originated the monitoring is resolved, the monitoring may end with no further action necessary. If the issue(s) that originated the monitoring is still present or if other issues of concern surface during the monitoring period, the monitoring may continue for an additional period or the matter may be referred to Medical Executive Committee for corrective action in accordance with Medical Staff Bylaws. The person initiating the focused monitoring shall communicate in writing to the affected practitioner the results of the focused monitoring.

V. ATTACHMENTS

N/A

VI. DISTRIBUTION

Medical Staff Services Office, Medical Staff Services Home page, Department Chairs/Physician in Chief

VII. APPROVAL

Signature	Title	Date
Dana L Hacker	Administrator, Medical Staff Services	4/8/2021

Signature	President, Medical Staff	4/8/2021
	Title	Date

VIII. POLICY RESPONSIBILITY

Medical Staff Services Office

IX. DISCLAIMER STATEMENT

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the department of Risk Management/Legal Services.

X. REVISION DATES

Origination:	10/07/08
Review Date:	02/20/09
	10/06/09
	04/02/13
	09/23/14
	06/08/16
	01/12/18
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