

Ongoing Professional Practice Evaluation and Focused Professional Practice Evaluation

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What is Focused Professional Practice Evaluation?

This is a new set of credentialing and privileging standards required by the Joint Commission.

- It was a three year process within the Joint Commission to vet the standards

New Joint Commission standards in 2008 that require institutions to ensure the following:

- Review of all new providers in the institution after they are credentialed for special procedures
- Providers maintain ongoing competency for the procedures that they are credentialed for
- A process is in place for a focused review of a provider should an event trigger the need for such a review
- The re-credentialing process includes a documentation component that articulates that the provider has maintained competency for the procedures

Goals of the new standards

Improve the clarity of the credentialing process, including improved objectivity and validity

Ongoing professional practice evaluation

- Organizations need to look at the practice of the individual providers on an ongoing basis and screen how well they are doing

Focused Professional Practice Review

- Diagnostic in nature

These standards are meant to move us into an evidenced based process for credentialing.

– Will move away from privileging by exception

Sovie Center FPPE Work Group

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What constitutes a FPPE?

The FPPE is a review of the provider's practice that involves an evidenced based verification of a provider's knowledge, skills, and behavior.

When does a FPPE occur?

Triggers for a FPPE

- Following the credentialing of a new provider in the institution to ensure that the provider is doing well performing the procedures he/she is credentialed for.
- Following a significant patient event involving the provider, as a result of a critical patient complaint, or at the request of the practice site based on ongoing practice concerns.

What constitutes a FPPE?- New Provider

Core privileges only upon entry into the institution

Credentialed for special procedures after identified time frame

- The identified time frame will vary by service area
- There will need to be documentation of the direct supervised procedures through which the individual provider obtained sign off

FFPR within 6 months after full privileges granted

- Review by the Level VI NP for the cluster or the Associate Director
- Includes the following:
 - Quarterly chart reviews
 - Events reporting
 - Documentation of procedures
 - Anonymous feedback from work group regarding performance

What constitutes a FPPE?- Credentialed Provider

Review by the Level VI NP for the cluster or the Associate Director

Includes the following:

- Quarterly chart reviews
- Events reporting
- Documentation of Procedures
- Anonymous feedback from work group regarding performance

What constitutes a **Ongoing Professional Practice Evaluation**?- Credentialed provider in the institution

Submission of documentation that he/she met the required thresholds per year for special procedures

Quarterly chart reviews by collaborating MD to include review of a minimum of 1 of each of the highest risk procedures credentialed for per year

Information obtained from the QA person for the practice group regarding any issues for the provider

Participation in M&M rounds for the practice group, as appropriate

Peer review process that provides meaningful feedback about the provider's practice, as well as interpersonal relationships

Credentialing for Special Procedures

Categorizing the special procedures by risk would allow us to set standards for minimal thresholds by risk category.

- Low risk
- Medium risk
- High Risk

Threshold will be different for initial privileges versus ongoing privileges

- Initial privileges require the institution to document assessment of competency to perform the procedure.
- Ongoing privileges will require tracking to demonstrate that the individual has maintained the competency.

Thresholds

Thresholds for initial privileges

- Low risk procedures - 2
- Medium risk procedures - 4
- High risk procedures - 6

Thresholds for ongoing privileges

- Low risk procedures - 1
 - Medium risk procedures - 2
 - High risk procedures – 5
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- * The procedure needs to be completed without complications to be counted in the threshold number
 - * If you are credentialed for both the simple and complex stratification of a procedure, you need only to meet and track the threshold for the complex procedure.

Tracking

Request institutional support for establishing a web based data base to track procedures

- Would allow every provider to track their procedures on line
- Reports could be generated by the individual providers and/or the Sovie Center detailing the procedures completed
- This would facilitate more accurate representation of the volume of the specific procedures that individuals are credentialed for, as well as prompt discussion about maintaining credentialing for procedures that the providers are not performing

Tracking

Providers will be held accountable for tracking the procedures they are credentialed for

- Will require tracking of minimum threshold requirements for low and medium risk procedures
 - 1 per year for low risk, 2 per year for medium risk
- Tracking of all high risk procedures

The Sovie Center will provide a list to each provider of the special procedures that they have been credentialed for, that includes the risk stratification for the individual procedures.

Quarterly Chart Reviews

Recommend that the individuals submit their tracking of procedures with their third quarter chart reviews.

- Must submit an action plan if they will not meet the annual threshold for any credentialed procedure.

Require that providers also include procedural notes in the chart reviews that they are submitting to their collaborating MDs for the high risk procedures that they are performing

- A note reviewed for each of the high risk procedures that they are credentialed for

Options if thresholds are not met

Deny continued credentialing for that specific procedure

- Would require a change in the DOP for that individual

Schedule time to obtain the necessary experience in the simulation lab

Schedule time to obtain the experience in alternate clinical site