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| 1. GENERAL STATEMENT OF POLICY:

Statement of Purpose: The purpose of this policy is to ensure a process that provides sufficient information available to confirm the current competency of practitioners initially created privileges for University Medical Center (UMC). This process will be turned into a focused professional practice evaluation (FPPE), and will also address the six general competencies of physician performance: patient care, medical knowledge, practice-based learning, interpersonal/communication skills, professionalism and system-based practice.SCOPE:This policy covers Psychiatry physicians, psychologists, and mid-level providers.1. ADMINISTRATION:
2. The Department chair shall be responsible for overseeing and implementing the FPPE process for all applicants assigned to his or her service.
3. The FPPE requirement must be approved by the credentials committee. The medical staff committees involved with ongoing FPPE will provide the credentials committee with data that is systematically collected for the practitioners as appropriate to confirm current competence through the FPPE.
4. All records of proceedings of peer review, including FPPE, are confidential and privileged under Texas health and safety code action 161.032. All records of proceedings will be used only in the exercise of credentialing and peer review.
5. FPPE is a required process for all practitioners for whom there is no documentation of privilege specific competence at UMC. Practitioners who are questing membership, but not exercising specific delineated privileges, will not be subject to the FPPE process. This process will be for practitioners to apply for initial appointment to UMC and request specific privileges. As well as, for those who currently hold staff membership and request a new privilege for which there is no organization specific documentation of current competence. These will be subject to the FPPE process, as outlined in the respective service’s delineated privileges, and assigned by the appropriate chair. FPPE will be utilized for any practitioner who, while undergoing FPPE, is deemed to be further and more specifically evaluated due to issues affecting the provision of safe, high-quality patient care as identified by the chair.
6. FPPE shall begin with the applicant's first admission or performance of the newly requested privileges. Newly granted privileges shall be considered under FPPE either for a specific period of time or for specific number of cases as assigned by the chair. The FPPE may be extended for a time period not to exceed a practitioner’s second provisional year if initial concerns are raised that further evaluation is needed, or if there is insufficient activity during the initial period.
7. Each chair will define the appropriate FPPE methods to determine what constitutes current competence of a practitioner. The chair will describe these methods in detail and will include them in the services delineation of privileges to be reviewed and approved by the credentials committee. The FPPE method should include the types of methods used, the data source and collection methods employed, and methods of evaluating data. The FPPE methods and requirements will be reviewed and updated annually in conjunction with the annual delineated privileges revision and/or at the chair's discretion.
8. Sources of data that may be used include: chart review, clinical practice pattern monitoring, simulation, proctoring, external peer review, and discussion with individuals involved in patient care. Each chair will gather and review all of FPPE and will provide the credentials committee with a written interpretation of each practitioner status both quarterly and at the end of a practitioner’s FPPE. Using the respective services evaluation form, Chairs may communicate that the practitioner’s performance was acceptable, unacceptable, or if additional data is needed to complete the evaluation. The credentials committee will take into consideration the Chair’s recommendation when evaluating a practitioner at the end of the FPPE.
9. During the course of a practitioner’s FPPE, a clinical service specified quality assurance committee can be assembled after discretion and direction of the practitioner's perspective chair. This will allow for further resolution of any practitioner performance issues. The quality assurance committee may consist of the following: two physicians from within the same specialty, and two members of the nursing staff in the same area as the practitioner, the chair or chief of the practitioner’s clinical service, and two members of the UMC performance improvement Department. The quality assurance committee will provide an opportunity for the practitioner to discuss specific performance issues. The quality assurance committee will base their findings on direct discussion with practitioner, documentation presented to them in relation to the issues under review, as well as, the practitioner’s current clinical competence, practice behavior, and the ability to form any specific privileges under review. For existing privileges not under review and in good standing, should not be affected by the quality assurance committee's findings. The quality assurance committee may choose to recommend any course of action they feel would resolve the practitioner’s performance issues.
10. Based upon the type or privileges be requested, and the type of provider requesting such privileges, the chairman makes the initial determination to grant such privileges. The chairman can grant privileges as requested, grant limitations, or deny. Such information is available in the University Medical Center/TTU Health Sciences Center Guidelines for Granting Clinical Privileges. Each month, the nurse manager and/or her designee reviews the charts of providers to ensure quality standards are being met. If any findings of quality issues are found, they are presented to the chair of the department. The chair would visit with the provider regarding the issues. The steps outlined in the University Medical Center focused professional practice evaluation policy would be followed. Charts are also reviewed by our billing and coding team quarterly for each provider. Again, if any findings showed a quality issue, the chairman would be notified. The chairman conducts faculty and other provider evaluations yearly. This is to ensure that the providers are staying current with the latest practice protocols, CME, and that the privileges are appropriate.
11. DISTRIBUTION:

 This policy shall be distributed to Psychiatry. |
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