



FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) POLICY

Purpose:

Focused Professional Practice Evaluation (FPPE) is the mechanism for evaluation of providers who:

- Initial appointment to the Medical Staff or Allied Health Professional who has been granted privileges; or
- Are requesting new privileges, including increases; or
- For evaluating the performance of practitioners when issues affecting the provisions of safe, high quality patient care are identified;
- When further evaluation on specific privilege(s) is identified in the Ongoing Professional Practice Evaluation (OPPE).

FPPE Definition:

- Focused Professional Practice Evaluation (FPPE) is a process whereby HSHS St. Mary's Hospital, HSHS St. Nicholas Hospital, HSHS St. Clare Memorial Hospital, HSHS Libertas Treatment Center, HSHS St. Vincent Hospital, HSHS Sacred Heart Hospital or HSHS St. Joseph's Hospital consistently evaluates the privilege-specific competence of a practitioner (Medical Staff appointee or Allied Health Professional) who does not have documented evidence of competently performing requested privilege(s) at the specific hospital.
- FPPE process is utilized consistently with practitioners that are granted privileges and existing practitioners that request an increase in privileges, with the recommendation of their Department Chairperson.
- FPPE process can also be utilized when a question arises about an existing privileged practitioner's ability to provide safe, high quality patient care.
- When temporary privileges are granted, whether awaiting governing body approval of full privileges, and to meet an important patient care need, the period of FPPE begins at the time temporary privileges are granted.
- FPPE is a time-limited period or until such time that the required criteria has been met in which the specific hospital evaluates and determines the practitioner's professional performance.
- The FPPE process will be based on the established FPPE Criteria grid/guidelines developed by the Medical Staff Departments. The basic standard requirement is the first five (5) patient encounters or a specific recommendation by the Department Chairperson for the practitioner to be evaluated. The FPPE process will be carried out in a manner that is in accordance with the Medical Staff Bylaws, Medical Staff Credentials Policy and the Allied Health Professionals Credentials Policy.

FPPE Performance Monitoring Process:

Process for New Practitioners and Process for Existing Practitioners that are Requesting an Increase in Privileges

- Each new practitioner or existing practitioner that is requesting an increase in privileges will be evaluated for the required number of patient encounters evaluated or a specific number of records/cases/procedures reviewed by recommendation of the Medical Staff Department Chairperson or the FPPE Criteria Grid. If the increase of privileges is due to a revision/clarification to the privilege card, core privileges have been redefined and/or where their practice did not change, no FPPE will be required.
- The Department Chairperson or designee will review the FPPE review findings available through peer review reports, statistical information, and discussion with other individuals involved in the care of the patient, internal processes and quality measurement outcomes. Following the review of these findings, the Department Chairperson or designee will determine:
 1. If the FPPE review findings are adequate to assess the practitioner's current competence, practice behavior and ability to perform the requested new or increased privileges in a safe, high quality manner;
 2. If there are any identified performance issues with the practitioner that would require additional review or monitoring. This will require a defined written correspondence for the reason of the additional review and what specific review is recommended;
 3. If there are any required measures or changes that should be employed to resolve the practitioner's performance issues;
 4. If there are any circumstances that would cause the Department Chairperson to recommend an external peer review process;
 5. If there is any relevant information from the practitioner's FPPE process that should be integrated into the hospital's performance improvement activities – Triggers may be, but not limited to: Safety, quality, adverse peer review outcomes documentation, clinical quality measures, reported concerns, reported events and patient satisfaction statistics;
 6. If the duration of any portion of the initial FPPE process needs to be extended; and
 7. If the FPPE process has been satisfactorily completed and can be terminated.
- If the assigned FPPE activity has not been completed after one year following privileging, this is reported to the Department Chair who may choose to extend the FPPE deadline or take other action. This process will be continued until at which time all FPPE is completed.
- The Department Chairperson or designee reviews the completed FPPE and makes the appropriate recommendation. All completed FPPE's and recommendations will be forwarded to the Credentials Committee and Medical Executive Committee.

Process for an Existing Practitioner when a Question Arises Regarding Their Ability to Provide Safe, High Quality, Patient Care:

- The individual Department Chairperson meets with the practitioner and recommends a specific FPPE process for the practitioner. This FPPE process will be for a time limited period, three to six months, or until such time that the required recommendation has been met. This practitioner specific FPPE recommendation and process will be forwarded on to the Credentials Committee and Medical Staff Executive Committee.

Confidentiality and Protection of Privileged Information:

- All FPPE review documents, correspondence and recommendations will be considered confidential and protected under WI statutes 146.37 and 146.38. Copies of the FPPE recommendations will be maintained in the practitioner’s peer review confidential credentialing file.

Departments Primarily Involved with FPPE:

- The FPPE process for each practitioner will be initiated and monitored by the Medical Staff Services Department. Coordination of the associated peer review and any outcomes monitoring processes will be completed by the Medical Staff Services Department until the appropriate Department Chairperson deems it to be complete. Any performance improvement opportunities identified through the FPPE process will be referred to the appropriate department for consideration and implementation.

Reviewed & Approved:

St. Mary’s Hospital & St. Vincent Hospital	
Credentials Committee Review:	June 18, 2008, May 20, 2010, January 16, 2014, July 21, 2016, July 20, 2017, July 21, 2022, October 20, 2022
Medical Executive Committee Approval:	June 24, 2008 Revised and Approved: May 25, 2010, January 28, 2014, July 26, 2016, July 25, 2017, July 26, 2022, October 25, 2022
Board of Directors Approval:	July 16, 2008, July 14, 2010, March 19, 2014, September 21, 2016, September 20, 2017, August 8, 2022, November 16, 2022

St. Nicholas Hospital	
Credentials Committee Review:	January 9, 2014, July 14, 2016, July 13, 2017, July 14, 2022, October 13, 2022
Medical Executive Committee Approval:	January 23, 2014, July 28, 2016, July 27, 2017, July 28, 2022, October 27, 2022
Board Approval:	March 20, 2014, September 22, 2016, September 21, 2017, August 8, 2022, November 17, 2022

St. Clare Memorial Hospital	
Credentials Committee Reviewed:	July 6, 2017, July 13, 2022, October 12, 2022
Medical Executive Committee Approval:	October 20, 2015, October 18, 2016, August 15, 2017, July 19, 2022, October 18, 2022
Board Approval:	November 11, 2015, September 14, 2016, November 9, 2016, September 13, 2017, August 8, 2022, November 16, 2022

Sacred Heart Hospital & St. Joseph’s Hospital	
Credentials Committee Review:	June 26, 2023
Medical Executive Committee Approval:	June 30, 2023
Board of Directors Approval:	July 13, 2023