The Joint Commission 2015 Medical Staff Standards Update

Session Code: TU10

Time: 10:00 a.m. – 11:30 a.m.

Total CE Credits: 1.5

Presenter: Ronald Wyatt, MD, MHA
Learning Objectives

1. Discuss the Joint Commission standards that relate to credentialing, privileging and OPPE and FPPE of Licensed Independent Practitioners.

2. Share examples of practices in the area of OPPE/FPPE that may be recommended to accredited organizations.

Joint Commission Credentialing and Privileging

- Process involving a series of activities designed to collect, verify, and evaluate data relevant to a practitioner’s professional performance
- Serves as a foundation for objective, evidence-based decisions regarding appointment to the medical staff, and recommendations to grant or deny initial and renewed privileges
Purpose

Align competency expectations to those used by ACGME training programs.

OPPE

- Require organizations to review performance data for all practitioners with privileges on an ongoing basis rather than the two year reappointment process and thus allow them to take the appropriate steps to improve performance on a more timely basis.

FPPE

- Require organizations to establish a process to evaluate the specific competence of all practitioners who do not have documented evidence of competency performing the privileges at the organization (e.g., new appointees, new privileges for current staff).
- Process to evaluate a current privileged practitioner’s ability to provide safe, high quality patient care.

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MS.08.01.01 Focused Professional Practice Evaluation

- Defines Circumstances requiring monitoring and evaluation
- Termed Peer Review until 2004 when renamed Focused Review of Practitioner’s Performance.
- Renamed Focused Professional Practice Evaluation in 2007

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MS.08.01.01

- EPs 2 – 9 are nothing more than historical peer review.
- Existing peer review processes may be compliant and simply renamed
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MS.08.01.01 Focused Professional Practice Evaluation

- EP 1—Published January 1, 2007—Effective January 1, 2008—Focused professional practice evaluation is done for all new privileges
  - All new privileges meaning all privileges for new applicants and all new privileges for existing practitioners.
  - All applicants for new privileges must have a period of focused evaluations
  - No exemption for board certification, documented experience, or reputation.

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MS.08.01.01 Focused Professional Practice Evaluation

- Option:
  - Multi-tiered approach
    - Different for different levels of documented training and experience
    - Different for practitioners coming directly from an outside residency program vs. the organization’s residency program
    - Different for practitioners coming with a documented record of performance of the privilege and its associated outcomes vs. practitioners coming with no record of performance of the privilege and its associated outcomes

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MS.08.01.01 Focused Professional Practice Evaluation

- Option
  - Group very similar activities together
  - Evaluate a set number of any mix of the privileges, e.g., any five or ten from the group will be evaluated to determine competence for the whole group,
  - Cannot just look at one privilege from the group.
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MS.08.01.01 Focused Professional Practice Evaluation

- EP 2—Criteria are developed for evaluating performance when issues affecting care are identified, e.g.,
  - small number of admissions/procedures over an extended period of time that raise the concern of continued competence
  - increasing lengths of stay compared to other practitioners
  - increasing number of returns to surgery

- EP 2—Criteria
  - frequent/repeat readmission for the same issue possible suggesting inadequate/ineffective initial management/treatment
  - patterns of unnecessary diagnostic testing/treatments
  - failure to follow approved clinical practice guidelines—may or may not indicate care problems but the variance needs explanation

- EP 3 Clearly defined Process
  - method for establishing the monitoring plan specific to the requested privilege
    - predefined for new privileges
    - determined at time of review
      » review committee
      » department chair
      » MEC
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#### MS.08.01.01 Focused Professional Practice Evaluation

- **Activity numbers allow flexibility**
  - method to determine the duration of performance monitoring
    - defined number of admissions e.g., 5 or 10
    - defined number of procedures, such as 5 or 10
    - short time period of time such as 1, 2 or 3 months
    - for infrequently performed privilege, numbers might work better than a time period especially if the privilege isn't performed in that time period.

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#### MS.08.01.01 Focused Professional Practice Evaluation

- **EP 3 Defined Process**
  - Single process vs. Multi-tiered approach
    - Different for different levels of documented training and experience,
    - Different for practitioners coming directly from an outside residency program vs. the organization’s residency program
    - Different for practitioners coming with a documented record of performance of the privilege and its associated outcomes vs. practitioners coming with no record of performance of the privilege and its associated outcomes

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#### MS.08.01.01 Focused Professional Practice Evaluation

- **Circumstances under which monitoring by an external source is required**
  - No other qualified practitioner
  - Those available would be biased
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EP 4—FPPE is consistently implemented in accordance with criteria and requirements defined by the OMS.

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MS.08.01.01 Focused Professional Practice Evaluation

- EP 5—Triggers indicating need for performance monitoring are defined
- The very obvious, e.g.,
  - infection rates
  - sentinel events
  - complaints
  - other events that aren't sentinel

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EP 6—Decision to assign further period of review based on evaluation of practitioners:
- Current clinical competence
- Practice behavior,
- Ability to perform the requested privilege
  - Other privileges in good standing should remain unaffected.
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MS.08.01.01 Focused Professional Practice Evaluation

- EP 7 Criteria to determine type of monitoring
  • Review type can vary, e.g., direct observation for certain privileges vs. chart audits for other privileges
    - periodic chart review
    - direct observation
    - monitoring of diagnostic and treatment techniques
    - discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, nursing, and administrative personnel.
- EP 8 Defined measure to resolve performance issues
- EP 9 Resolution measures consistently implemented

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MS.08.01.01 Focused Professional Practice Evaluation

- An historical peer review process
  • triggered by practice indicators or performance issues or untoward outcomes
  • could meet EP’s 2 – 9
- But, would not meet EP 1 for a review for all privileges

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MS.08.01.03 Ongoing Professional Practice Evaluation

- Traditional credentialing and privileging process:
  • Cyclical: every two years
  • Procedure activities
- Revised process—2007
  • Ongoing continuous evaluation
  • Identify Performance problems early and resolve them
  • Results in Evidence-based privileging at time of renewal
  • Ability to extrapolate good performance practices into clinical practice guidelines
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MS.08.01.03 Ongoing Professional Practice Evaluation

- Information for Decisions to Maintain privileges

- Process includes

  • Evaluation of each practitioner’s professional practice
  
  • not just negative/outlier/trending data but also data on good performance
  
  • Use of information from ongoing evaluation to determine status of privileges

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MS.08.01.03 Ongoing Professional Practice Evaluation

- EP 1. Clearly defined process, e.g.,
  
  • Who will be responsible for reviewing performance data.
    - department chair, department as a whole, the credentials committee, the MEC, or a special committee of the organized medical staff.
  
  • how often the data will be reviewed.
    - frequency defined by the organized medical staff
    - three months, six months, eight months, etc.
    - **twelve months would be periodic rather than ongoing.
  
  • the process to use the data to make decision whether to continue, limit or revoke privileges.
    - the department chair, credentials committee, MEC, governing body
  
  • How the decision and/or data will be incorporated into the credentials files

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MS.08.01.03 Ongoing Professional Practice Evaluation

- EP 2. The type of data to be collected

  • defined by individual medical staff departments and approved by the organized medical staff
  
  • Departments will know best what type of data will reflect both good and problem performance for the various practitioners in their departments
  
  • Standard requires evaluation for all practitioners not just those with performance issues.
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MS.08.01.03 Ongoing Professional Practice Evaluation

- The standard's rationale outlines suggested data that the organization may choose to collect along with the following suggestions for methodologies for collecting information:
  - period chart review
  - direct observation
  - monitoring of diagnostic and treatment techniques
  - discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, nursing, and administrative personnel.

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MS.08.01.03 Ongoing Professional Practice Evaluation

- Most practitioners perform well
  - Data on their actual good performance
  - As well as those practitioners with performance issues
  - Failure to fall out on pre-defined screening criteria
    - is not sufficient to comply with performance data on every practitioner.

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MS.08.01.03 Ongoing Professional Practice Evaluation

- Zero data is in fact data.
  - Can be evidence of good performance, e.g., no returns to the OR, no complications, no complaints, no infections, etc.
  - It is also important to know when someone is not performing certain privileges over a given period of time
  - Would not be acceptable to find at the two year reappointment that someone has not performed a privilege for two years.
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MS.08.01.03 Ongoing Professional Practice Evaluation

– Zero performance of a privilege should be evaluated to determine possible reasons

• is the practitioner no longer performing the privilege, e.g., no open cholecystectomies because they are now done laparoscopically

• is the practitioner taking patients needing the privilege to other organizations or settings such as ambulatory surgery

• is the privilege typically a low volume procedure that has yet to be done

– EP 3. Information resulting from the evaluation needs to be used to determine whether to continue, limit, or revoke any existing privilege(s) at the time the information is analyzed.

– Based on analysis, several possible actions might occur, including but not limited to:

  • Continuing the privilege as no performance issues exist
  • Revoking the privilege because it is no longer required by the practitioner
  • Determining that the collected data or evidence of zero performance or low volume should trigger a focused review (MS.08.01.01EP 5)
  • Suspending the privilege, which suspends the data collection, and notifying the practitioner that if they wish to reactivate it they must request a reactivation
  • Determining that the privilege should be continued because the organization’s mission is to be able to provide the privilege to its patients
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M5.07.01.03

- EP 2—Upon renewal of privileges when insufficient practitioner-specific data are available, the medical staff obtains and evaluates peer recommendations.

  • Cannot serve as justification to not collect OPPE data

OPPE & FPPE Documents Reviewed by Surveyors

- Policy and procedures, including definition of terms, OPPE, FPPE initial, FPPE as a result of OPPE.
- Ongoing Professional Practice Evaluation:
  - How is the information displayed? Most organizations are creating physician profiles, using both volume, generic and department specific indicators.
  - Who is responsible? Usually the department chair or section chief.
  - When is the review documented? Every six months? Eight months? (must be more often than 12 months)
  - What is documented? That the review occurred and that the practitioner is performing well or that an investigation is needed
  - Is the data shared with the LIP?
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Department of Standards Interpretation
– Call Board – 630-792-5900 option 6
– Online submission form:
  • www.jointcommission.org, select Standards, then select Online Question Form

Questions?

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