FPPE and OPPE Best Practices: What We Have Learned in the First Three Years

Todd Sagin, M.D., J.D.
TSagin@SaginHealthcare.com
Competency
What is FPPE?

Focused professional practice evaluation is a process whereby the organization evaluates the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization.
Are They Serious???

Do we have to confirm competence for every privilege requested?
What is OPPE?
Routine monitoring of current competency for current medical staff members (peer review)
FPPE and OPPE

Joint Commission requires:

- Measures that are clearly defined
- Who reviews is clearly defined
- Indicators/triggers/issues are clearly defined
- Process is clearly defined
- Results are used in credentialing

Application of FPPE and OPPE to all privileged practitioners
FPPE and OPPE require a heightened degree of collaboration between:

- Medical staff services professionals
- Quality department staff
- Medical staff leaders
- IT support staff
Can we KISS FPPE and OPPE?

- FPPE - simplicity should be a goal for routine FPPE
- OPPE - this is getting more and more complicated as performance data becomes not just an indicator of competence, but increasingly is evidence of “reimbursable” quality
FPPE and OPPE

Joint Commission requires:

Measures that are clearly defined
Evaluation methodologies

• Chart Review
• Monitoring clinical practice patterns
• Simulation
• Proctoring (prospective, concurrent, retrospective)
• External peer review
• Discussion with peers or other individuals involved in patient care
FPPE and OPPE

Joint Commission requires:

Measures that are clearly defined

Who reviews is clearly defined

Department chairs?

A committee? (credentials?/peer review?/MEC?)

Designated individual(s)?
FPPE and OPPE

Joint Commission requires:

- Measures that are clearly defined
- Who reviews is clearly defined
- Indicators/triggers/issues are clearly defined
Types of data for FPPE/OPPE

• Case reviews by peers
• M&M or CPC findings
• References from proctors or other first hand observers
• Complaints and incident reports
• Malpractice suits
• Sentinel Events/Root cause or FMEA investigations
• Tracked performance monitors/indicators
JC defines triggers as unacceptable levels of performance within established defined criteria.

- Defined # of events occurring
- Defined # of individual peer reviews w/ adverse determinations
- Elevated infection rates
- Sentinel events
- Increasing LOS compared to others
- Increasing # returns to surgery
- Patterns of unnecessary tests/treatments
- Failure to follow approved clinical practice guidelines
- Etc.
FPPE and OPPE

Joint Commission requires:

- Measures that are clearly defined
- Who reviews is clearly defined
- Indicators/triggers/issues are clearly defined
- Process is clearly defined
For FPPE

The “period” of FPPE can be either of the following:
  • Time
  • Procedure/admission/activity oriented

The duration of FPPE may be tiered for different levels of documented training and experience:
  • Practitioners coming directly from an outside residency program (unknown data)
  • Practitioners coming directly from the organization’s residency program (have data)
  • Practitioners coming with a documented record of performance of the privilege & its associated outcomes versus those with no record
For FPPE & OPPE

• For OPPE – review data at least q 6 months. (Twelve months is periodic rather than ongoing). Determine what is acceptable/not acceptable.requires FPPE.

• Define when EPR will be utilized

• Define the measures to resolve performance issues:
  ✓ Education
  ✓ Counseling, mentoring
  ✓ Impairment program
  ✓ Remediation program
  ✓ Suspension
  ✓ Revocation of membership and/or privileges
FPPE and OPPE

Joint Commission requires:

- Measures that are clearly defined
- Who reviews is clearly defined
- Indicators/triggers/issues are clearly defined
- Process is clearly defined
- Results are used in credentialing
  - must describe how data get into the file & are used

Application of FPPE and OPPE to all privileged practitioners
Some FAQs-

• Do we have to utilize the 6 competencies?
• What documents will surveyors look for when onsite?
  ✓ Credentials files, bylaws, policies, MEC minutes
• Is zero data OK?
“It is also important to remember that zero data is in fact data. Zero data can actually be evidence of good performance, e.g., no returns to the OR, no complications, no complaints, no infections, etc.”

from The Joint Commission Website: posting Nov 2008
Some FAQs -

• Do we have to utilize the 6 competencies?
• What documents will surveyors look for when onsite?
  ✓ Credentials files, bylaws, policies, MEC minutes
• Is zero data OK?
• Does data have to be department specific?
OPPE Standard:

The type of data to be collected would need to be defined by individual medical staff departments and approved by the organized medical staff. The standards require an evaluation for all practitioners not just those with performance issues.

from The Joint Commission Website: posting Nov 2008
Some FAQs-

• Do we have to utilize the 6 competencies?

• What documents will surveyors look for when onsite?
  ✓ Credentials files, bylaws, policies, MEC minutes

• Is zero data OK?

• Does data have to be department specific?

• Should a physician be placed “on call” for a specialty prior to validation of competency?

• Can business associates evaluate one another?
Use of Practitioner Performance Reports

• What should be included?
• How often should they be distributed?
• Where should they be filed?
• Should they be signed off by the practitioner and a medical staff leader?
Proctoring

• Prospective
• Concurrent
• Retrospective
• External Review
The Challenges of Proctoring

• Who should proctor and who should not?
• Is proctoring protected peer review? Discoverable?
• Is the proctor indemnified? Immune from suit?
• Should there be a written agreement between the hospital and proctor?
• Should a proctor be paid? If yes, by whom?
The Challenges of Proctoring

- Ethical Issues
  - What should patients be told?
  - What should staff be told?
  - When and how should a proctor intervene in a case?
  - When should proctoring be discontinued?
Case Scenarios

- Dr. Jones has difficulty with the case and asks Dr. Smith (proctor) to assist. Should he?
- Dr. Jones has difficulty with the case but declines Dr. Smith’s assistance. What should Dr. Smith do?
- Dr. Jones decides to undertake a controversial approach to surgery in the case. Dr. Smith disapproves. What should he do?