



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-7300

IN REPLY REFER TO

6000
27 Jan 09

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND
COMMAND SURGEON, FLEET FORCES COMMAND
THE MEDICAL OFFICER OF THE MARINE CORPS

SUBJECT: Policy on Focused Professional Practice Evaluation (FPPE); and Ongoing Professional Practice Evaluation (OPPE)

Ref: (a) The Joint Commission Accreditation Manual for Hospitals (current edition)
(b) BUMEDINST 6320.66E, Credentials Review and Privileging Program
(c) BUMEDINST 6010.17B, Navy Medical Staff Bylaws

Encl: (1) FPPE Overview
(2) FPPE Template Letter
(3) OPPE Template Form, documenting six (6) core competencies

The purpose of this memorandum is to establish a system to evaluate and document the professional current competency of all practitioners in order to assure the highest quality of patient care is provided by the organization. The Joint Commission (TJC) per reference (a) requires all practitioners upon arrival at their current duty assignment to have an initial competency assessment via a Focused Professional Practice Evaluation (FPPE). The length and level of the focused review takes into account the education, training, board certification and years of professional practice experience as a Licensed Independent Practitioner (LIP). Privileges are still granted if LIP is eligible, but the initial performance at the command will be monitored. Enclosure (1) provides a more detailed overview of the FPPE process. Enclosure (2) is included as a potential template for use at the discretion of the individual Privileging Authority (PA).

TJC further requires competency assessment be an ongoing process that promotes performance improvement activities, new developments in health care management, science and technology, and ultimately enhances the delivery of patient care. This competency is documented via enclosure (3). Ongoing Professional Practice Evaluation (OPPE) monitoring requires the collection and review of performance improvement (PI)/quality management (QM) patient care outcomes/indicators for all practitioners. OPPE information is used to prepare the individual Performance Appraisal Report (PAR) which in turn is used by the PA to grant staff appointments and clinical privileges. This requirement also applies to deployed providers; however PAs will use their best judgment in determining when to use an FPPE or OPPE.

As there is a single credentialing standard that all Navy Medical Department providers must meet, this applies to Active and Reserve Component military and all civilian health care practitioners, as defined by reference (b), who are assigned to, employed by, contracted to,

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volunteer at, or are under partnership agreement with a military treatment facility. It also applies to all providers assigned to the Fleet Marine Forces and Fleet Forces Command.

In order to comply with the requirements of reference (a), all PAs are directed, if they have not already done so, to initiate FPPEs on all practitioners upon arrival at a new command. Further, all PAs are directed to establish in writing the monthly intervals at which they will perform the OPPE (minimum of every nine months). PAs will work with Regional Commanders (RCs), the Medical Officer of the Marine Corps (TMO) and Command Surgeon Fleet Forces Command (CUSFFC) as appropriate, to ensure appropriate competency and oversight of FPPE/OPPE where sole practitioner or practitioners with limited professional practice experience as LIPs are assigned. Used appropriately, the OPPE will ensure that practitioners are fully evaluated prior to transfer to operational billets or as sole practitioners.

This policy is effective the date of this letter and remains in effect until incorporated as a change into reference (b) and (c). My points of contact for this matter are Ms. Carmen C. Birk at (202) 762-3081 or Carmen.Birk@med.navy.mil or CAPT Joseph McBreen at (202) 762-3014 or Joseph.McBreen@med.navy.mil.

A handwritten signature in black ink that reads "A. M. Robinson, Jr." The signature is written in a cursive, slightly slanted style.

A. M. ROBINSON, JR.

Focused Professional Practice Evaluation (FPPE) Policy OVERVIEW

Purpose:

Focused Professional Practice Evaluation (FPPE) provides each Privileging Authority (PA) an opportunity to evaluate the privilege specific competency of a practitioner who does not have documented evidence of competently performing the requested privilege(s) at the privileging organization. FPPE is time-limited and takes into account the practitioner's education, training, board certification and years of professional practice experience as a Licensed Independent Practitioner (LIP).

Medical Staff Oversight:

The Medical Staff is responsible for this process. The Credentials Committee, or the Executive Committee of the Medical Staff if there is no Credentials Committee, is charged with the responsibility of monitoring compliance with this policy and procedures. It receives regular status reports from each Department Head, or equivalent, related to the progress of all practitioners on the FPPE, or any problems.

Scope of Monitoring Program:

a) FPPE will occur under the following circumstances:

- When the practitioner has not previously demonstrated clinical competency at the privileging organization.
- When requesting new/additional privilege(s) where the practitioner does not have documented evidence of competently performing the requested privilege at the privileging organization.
- Whenever a question/concern arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care

b) FPPE Focus: Ensure there is sufficient information available to confirm the current competence of practitioners requesting privileges at the privileging organization.

Duration of Monitoring Period:

- Each department within the privileging organization shall define the appropriate monitoring method, number of cases, and duration of proctoring period, to determine what constitutes a practitioner's current competency.
- Monitoring may be performed using prospective, concurrent, or retrospective approaches, as determined to be the most appropriate given the practitioner's education, training, board certification and years of professional practice experience as a Licensed Independent Practitioner (LIP).
- The Department Head, or his/her designee, will determine changes to improve performance based on results of FPPEs, including proctoring, and implementation of practitioner-specific performance improvement plans, as appropriate, for practitioners who complete the FPPE.
- At a minimum, a retrospective review of five cases over the first six months will be the standard for practitioners requesting privileges which they have never previously been granted.
- The monitoring period may be extended if initial concerns are raised that require further evaluation or there is insufficient activity during the initial period.

Responsibilities of Monitors:

- The monitor's role is that of an evaluator, to review and observe cases, not of a supervisor or consultant.
- Monitors must be members in good standing of the medical staff and must have unrestricted privileges to perform any procedure(s) to be concurrently monitored.

- Monitors will monitor those portions of the medical care rendered by the practitioner that are sufficient to be able to judge the quality of care provided in relationship to the privilege(s) requested.
- In addition to specialty and privilege specific issues, monitoring also will address the general competencies.

Providers full name, Rank/Title and last 4 of SSN

DEPARTMENT OF THE NAVY
NAVAL HOSPITAL
(Name, Address of command)

6320
(Date)

From: *(Department Head; Command Name)*
To: *(Practitioner full name rank/suffix)*
Via: *(1) (Monitor if different from Department Head)*
(2) (Per your command's chain of command)

Subj: FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

Ref: (a) BUMEDINST 6320.66E
(b) BUMED POLICY LETTER (*****)

Encl: (1) Specialty Privilege List for *(specify, e.g. General Surgery)*
(2) Log Record for FPPE (not required, optional)

1. Per references (a) and (b) *(please choose one of the following)*
- a. First Navy Medical Staff appointment with clinical privileges
 - b. Recent training program graduate from a Navy/civilian training facility
 - c. Reporting from another Navy facility where you previously held the same privileges being requested.
 - d. Requesting a new privilege for the first time; therefore, not possessing sufficient documented evidence of current competency.
 - e. Previous FPPE or OPPE has indicated a practice problem that requires additional monitoring. Specify problem. _____

2. The duration of this FPPE lasts until there is sufficient documented evidence of current competency. During the FPPE your current competency will be evaluated by your Monitor who is designated in writing as well as your Department Head or next level supervisor. You will be notified by your Department Head/next level supervisor at the completion of this FPPE

a. Primary Monitor: (enter name and position/title)

3. Monitoring and evaluation of your performance may include *(please select one or more of the following criteria to determine the appropriate type of monitoring)*:
- a. Direct observation
 - b. Periodic chart review
 - c. Monitoring of diagnostic and treatment techniques
 - d. Discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, nursing, and administrative personnel.

NOTE: Items in this template that are *Italicized and in (parenthesis)* are examples or suggestions you can use to complete the letter if you so choose.

Enclosure 2

Providers full name, Rank/Title and last 4 of SSN

4. Your monitor will review the following data to evaluate your care: Personal interactions with you; detailed medical record reviews; interviews with your team members or other staff; surveys of patients or staff interacting with you; and/or chart audits by non-medical personnel based on medical staff-defined criteria for initial appointees.

5. Your privileges are in (*specify, e.g. General Surgeon*); therefore, the methods used to evaluate your care are the following (*methods must be appropriate to type of provider, provider's previously documented competency and in accordance with facility specific limitations*): (*Example below (a) through (e) is for General Surgery*)

a. All high risk procedures (as determined by facility) will be directly observed at least once.

b. Difficult surgical/procedural cases on ASA 4/5 will be discussed prior to actual surgical case. You will discuss your surgical approach, post-op care, and treatment plan.

c. For the first week, a 90% review of all surgical and outpatient cases will be reviewed. After the first week, the cases reviewed will decrease 50% each week if no concerns are noted, with the emphasis being on the high risk, or difficult case/patient procedures.

d. All adverse events requiring an Incident Report will be immediately discussed.

e. Every Friday at 1500, a conference is scheduled with the proctor to discuss the week's surgical and/or outpatient events.

6. If a specific problem or other deficiency is noted during this FPPE, but you are considered to be currently competent on all other factors, you will be placed under another Focused Professional Performance Evaluation (FPPE) for that specific problem, or deficiency until it is resolved.

7. The requirement for you to practice under this FPPE is not and should not be construed, as adverse in nature.

Department Head Name (Print or type) : _____
Signature: _____ Date: _____

Monitor (if different from Department head) Name: (Print or type): _____
Signature: _____ Date: _____

Individual Practitioner's Name (Print or type): _____
Signature: _____ Date: _____

NOTE: Items in this template that are *Italicized and in (parenthesis)* are examples or suggestions you can use to complete the letter if you so choose.

Providers full name, Rank/Title and last 4 of SSN

Copy to:

Practitioner

Department Head

Monitor (if different from Department Head)

Chair: Credentials Committee (If none)

ECOMS Chair

NOTE: Items in this template that are *Italicized and in (parenthesis)* are examples or suggestions you can use to complete the letter if you so choose.

Enclosure 2

ONGOING PROFESSIONAL PERFORMANCE EVALUATION

Evidenced Based Criteria

COMMAND NAME:

Date:

Practitioner's Name:

Privileges Granted:

Elements of Measurement and Suggested Evaluation Criteria

Patient Care: Compassion, appropriate and effective for the promotion of health, prevention of illness, end of life treatment as evidenced by:

1. Provide effective patient care that consistently meets or exceeds the operational setting standards of care as defined by comparative outcome data, medical literature and results of peer review activities.
2. Plan and provide appropriate, e.g., do the right thing, patient management based on patient information, patient preferences, current indications, available scientific evidence and sound clinical judgment.
3. Assure each patient is evaluated by a licensed independent practitioner as defined in the bylaws, rules and regulations and document findings in the medical record at that time.
4. Demonstrate caring and respectful behaviors when interacting with patients and their families.
5. Provide for patient comfort by managing acute and chronic patient according to medically appropriate standards.
6. Counsel and educate patients and their families.
7. Cooperate with hospital efforts to implement methods to systematically enhance disease prevention.
8. If applicable, supervise residents, students, Independent Duty Corpsmen (IDC), Certified Athletic Trainers (ATC), etc., to assure patients receive the highest quality of care.

Met: _____ **Not Met:** _____ **Not Observed:** _____ **Comments:**

Medical Clinical Knowledge: Demonstrates knowledge of established and evolving biomedical, clinical and social sciences, and application of knowledge to patient care as evidenced by:

1. Use evidence-based guidelines when available, consistent with DoD policy and Service guidelines, to include as recommended by the appropriate specialty, in selecting the most effective and appropriate diagnosis and treatment
2. Maintain ongoing medical education and board certification as appropriate for each specialty.
3. Demonstrate appropriate technical skills and medical knowledge by the use of appropriate and available methods

Met: _____ **Not Met:** _____ **Not Observed:** _____ **Comments:**

Interpersonal and Communication Skills: Demonstrates interpersonal and communication skills enabling establishment and maintenance of professional relationships with patients, families, and other members of health care teams as evidenced by:

1. Communicate effectively with health care providers, patients and families to ensure accurate transfer of information through appropriate oral, written, and electronic methods according to command and Service policies.
2. Request consultations by providing adequate communication with the consultant including a clear reason for consultation and direct provider to provider contact for urgent or emergent requests.
3. Maintain medical records, written or contained with hospital electronic systems, consistent with the medical staff bylaws, rules, regulations and policies.
4. Work effectively with others as a member or leader of a health care team as defined by comparative data methods.
5. Maintain patient satisfaction with provider care.

Met: _____ **Not Met:** _____ **Not Observed:** _____ **Comments:**

Professionalism: Demonstrates behaviors reflecting a commitment to continuous professional development, ethical practice, understanding and sensitivity to diversity and sexual orientation, and a responsible attitude to patients, profession, and society as evidenced by:

1. Act in a professional, respectful manner at all times and adhere to the Medical Staff Code of Conduct.
2. Respond promptly to requests for patient care needs.
3. Address inter-professional disagreements in a constructive, respectful manner away from patients and non-involved caregivers.
4. Participate in emergency call as required by the bylaws, rules and regulations.
5. Follow ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and discussion of unanticipated adverse outcomes.
6. Utilize sensitivity and responsiveness to culture, age, race, gender, mental/physical abilities, sexual orientation for patients and staff.

ONGOING PROFESSIONAL PERFORMANCE EVALUATION

Evidenced Based Criteria

COMMAND NAME:

Date:

Practitioner's Name:

Privileges Granted:

Elements of Measurement	
Practice-Based Learning and Improvement: Demonstrates ability to use scientific evidence and methods to investigate, evaluate, and improve patient care practices as evidenced by: 1. Regularly review your individual and specialty data for all general competencies and use the data for self improvement of patient care. 2. Respond in the spirit of continuous improvement when contacted regarding concerns about patient care. 3. Use available information and access medical information appropriate to operational setting. Facilitate the learning of colleagues, students, trainees, and other health care professionals	
Met: _____ Not Met: _____ Not Observed: _____ Comments: _____	
Systems-Based Practice: Demonstrates an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize care as evidenced by: 1. Comply with hospital efforts and policies to maintain a patient safety culture, reduce medical errors, meet national patient safety goals and improve quality. 2. Ensure timely and continuous care of patients by clear identification of covering providers and by availability through appropriate and timely electronic communication system. 3. Provide quality patient care that is cost effective by cooperating with efforts to appropriately manage the use of valuable patient care resources. 4. Advocate for quality patient care and assist patients in dealing with system complexity. 5. Actively participate in medical staff activities when requested to participate in these activities to promote improvement of overall patient care outcomes.	
Met: _____ Not Met: _____ Not Observed: _____ Comments: _____	

1. Comment on any areas of concern _____

2. Please include additional comments of the applicant's medical knowledge, competence, demonstrated skill, or abilities enabling the Medical Staff in evaluating the practitioner. _____

Evaluator's Signature/Date: _____ Title _____

Print Evaluator's Name _____ Telephone: _____

Provider's Signature/Date: _____ Title _____

Print Provider's Name _____ Telephone: _____