

## FPPE Policy

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### **ONGOING PERFORMANCE PRACTICE EVALUATION AND FOCUSED PROFESSIONAL PRACTICE EVALUATION**

Principle: These are evidence-based processes that imply the need for evaluation of pathologists' performance. The processes are designed to ensure professional competency, accurate anatomical diagnoses and for timely identification and resolution of potential pathologists' related problems. This is in pursuant of the College of American Pathologists (CAP) and Joint Commission (JC) requirements.

#### **ON-GOING PROFESSIONAL PRACTICE EVALUATION**

Policy: The on-going professional practice performance evaluation (OPPE) is a defined process based on monitors recommended by the department and approved by the medical staff quality committee. The Laboratory director ensures the professional competency of pathologists who provide interpretive services to the anatomic pathology laboratory. For the Department of Pathology and Laboratory Medicine, the policies for assessing and ensuring professional competency and compliance include the following monitors:

- Turn-around time for individual pathologist
- Pre-sign out prospective review – real-time QA consensus conference
- Post-sign out retrospective review of surgical cases:
  - Frozen sections peer-review and frozen-permanent diagnoses correlation
  - 5% general random selection of cases and targeted selection by subspecialty for each pathologist
  - Multidisciplinary tumor conference reviews and evaluation of completeness & quality of reports with documentation.
  - Sub-specialty clinical-pathology conferences, other than tumor board conferences
  - Regular evaluation of amended report rates
  - Documentation of previous/current material review in report
  - Intra- and extra departmental consultations documentations
  - Significant/unexpected findings notification and documentation
  - External peer review consultations

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### **FOCUSED PROFESSIONAL PRACTICE EVALUATION**

Purpose: To establish a systematic process to ensure that information is available to ascertain the current competency of newly hired faculty to the Department of Pathology and Laboratory Medicine as well as that of an established pathologist in the department requiring new/additional privileges or with potential concerns regarding practitioner's ability to provide safe, high quality patient care.

Policy; All new faculty employed to practice at the Department of Pathology and Laboratory Medicine will complete FPPE to determine that the new faculty has adequate and appropriate diagnostic skills, clinical and technical competence before been granted full regular diagnostic and interpretative service duty. The process also focuses on specific detailed areas of a pathologist's performance and may be used to accomplish the following:

- Grant new privileges to a pathologist already established in the hospital.
- Facilitate the resolution of a potential concern
- Initiate general quality improvement
- Initiate quality improvement for a specific privilege or physician need identified by the OPPE.

The FPPE must be clearly defined and consistently applied. The process must have criteria for conducting the monitoring process, methods for matching the monitoring to specific privilege and duration of monitoring. The departmental QA committee with monitor the progress.

Triggers that would indicate the need for focused monitoring must be defined.

Interventions to resolve performance issues must be clearly defined and consistently applied.

#### **Procedure:**

#### **FPPE for newly hired faculty or current staff:**

Proctoring by subspecialty director and Anatomic Pathology Director: maybe performed using prospective, concurrent or retrospective cases or approaches

Review of 20-25 surgical and/or cytology cases and quality of reports by subspecialty director within the initial 1-3 months of hire depending on the experience of the new faculty.

#### **FPPE for current or established staff:**

#### **Triggers for FPPE include:**

- Request for new/additional privileges

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- When a concern or question arises, as a result of peer review, regarding a currently privileged practitioner's ability to provide safe, high quality patient care, or when there appears to be trend of any of the following situations:
  - Sentinel events – as defined by the Joint Commission
  - Near misses – any process variation which did not affect the outcome but for which a recurrence carries a significant chance of a serious adverse outcome.
  - Serious events – an event, occurrence or situations involving the clinical care of a patient that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional health care services
  - Unusual pattern of behavior or pattern of care.
  - Professional practice that impacts on the quality of care and patient safety
  - Other complaints or issues that are referred by the Medical Quality Committee, Chief of Medical Services or Clinical Management team.

### Interventions

The decision to conduct a focused monitoring to assess current competence will be based on the evaluation of a practitioner's current clinical competence, practice behavior and ability to perform the assigned privileges. Other privileges in good standing should not be affected. The terms, methods and duration of the evaluation period shall be determined by the Chairman and/or AP Director or designee and may include:

- Monitoring of clinical practice patterns
- Review of retrospective and prospective cases
- Proctoring
- Continuing Medical education
- Retraining
- Medical evaluation and treatment
- External peer review