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I. PURPOSE:

To establish a systematic process to ensure that there is sufficient information available to confirm the competency of practitioners requesting initial privileges or additional privileges at Stanford Health Care (SHC) and Lucile Packard Children's Hospital Stanford (LPCHS), or to evaluate a practitioner's professional competence or if there has been insufficient clinical activity. This process, termed Initial Focused Professional Practice Evaluation (IFPPE) will provide the basis for obtaining organization-specific information of current competence for those providers. IFPPE is not considered a formal Medical Staff investigation and is not subject to regulations afforded in the investigation process.

II. POLICY:

All new providers requesting clinical privileges at SHC and LPCHS will be appointed for a provisional period, during which IFPPE will be completed as a means of determining clinical/technical competence of the applicant prior to advancement to regular active status. All providers requesting privileges are required to be proctored and are placed in a "Provisional Active" Status until the IFPPE has been completed.

When new applicants have been out of practice for a significant period of time, the Credentials Committee may impose additional requirements in addition to IFPPE (i.e. mini fellowship or formal curriculum). The clinical service chief will be responsible for developing a plan to meet these requirements.

IFPPE will be required for any new or additional privileges requested by a current member of the medical staff and may be required for low-volume providers.

IFPPE methods (proctoring) are determined by each service and may include direct observation, review of medical records (both concurrent and retrospective), and an evaluation of the practitioners' Six General Competencies:

1. Patient care
2. Medical/clinical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice

The term of IFPPE may vary among services as outlined in IFPPE Guidelines for each facility; however, procedures crossing service lines should have uniform IFPPE requirements. If a sufficient amount of clinical activity has not occurred during the provisional period, the IFPPE period may be extended beyond the provisional period as stated in the medical staff bylaws, rules and regulations, upon formal request of the Service Chief/Division Chief and approval by the credentials committee.

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If a practitioner's clinical activity is not sufficient to evaluate his/her professional competence on an ongoing basis, IFPPE may be imposed by the Service/Division Chief with the approval of the credentials committee.

It is the responsibility of the proctored practitioner to make every attempt to schedule surgery/procedures in cooperation with the proctor(s), if applicable.

III. SCOPE:

- IFPPE is performed to confirm an individual practitioner's competence at the time initial privileges are granted, if a currently privileged practitioner requests new or additional privileges, or if an insufficient amount of clinical activity has occurred to evaluate a practitioner's professional competence.
- Practitioners requesting medical staff membership but not requesting clinical privileges are not subject to the provisions of this policy. They do not require IFPPE and may not act as proctors.

A. Definitions

- **Practitioner:** Any medical staff member or allied health professional/advanced practice practitioner (APP)
- **Proctor:** The medical staff member or designated expert appointed by the medical staff to perform IFPPE to evaluate the competency of the practitioner for some or all requested privileges
- **Proctoring:** The process of obtaining information to confirm an individual practitioner's competence to perform the requested privileges at the time initial privileges are granted, for additional specific privileges requested by a currently privileged practitioner, or for low/no volume providers. IFPPE may be prospective, concurrent, or retrospective.
- **Practitioner IFPPE plan:** The specific methods and extent of evaluation for a given practitioner recommended by the Service/Division Chief and by the credentials committee and approved by the MEC at the time of recommending approval the practitioner's privileges.
- **IFPPE start date:** IFPPE will begin when a practitioner is granted initial privileges, or if a currently privileged practitioner is granted a new privilege, or at the request of the Credentials committee due to low/no volume.
- **On-site IFPPE:** IFPPE performed at facilities that are part of SHC or LPCHS.
- **Off-site IFPPE:** Documented evidence of IFPPE performed at alternative facilities after the physician has been granted privileges at SHC or LPCHS
- **IFPPE site:** Unless specifically determined in a practitioner's plan, IFPPE will be performed on-site. Off-site IFPPE may be permitted in situations in which a practitioner has skills that are needed at SHC or LPCHS on an occasional basis, when the skills and competence of the practitioner in question are known to members of the medical staff of SHC or LPCHS, and when practitioners are needed from local area hospitals to provide

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occasional coverage at SHC or LPCHS. It is up to the Service/Division Chief to make a recommendation related to the use of off-site IFPPE for a specific practitioner situation.

IV. MEDICAL STAFF OVERSIGHT

The Credentials Committees of each hospital are charged with the responsibility of monitoring compliance with this policy. The committees must review the IFPPE reports for providers, and resolve any issues or problems involved in implementing this policy. The Service/Division Chiefs are responsible for overseeing the IFPPE process for all applicants assigned to their clinical areas.

A. IFPPE Methods

Each service/division is responsible for:

1. Establishing a minimum number of cases/procedures to be proctored and determining how IFPPE will be performed on that service. IFPPE may be performed using prospective, concurrent, or retrospective approaches. These minimum number criteria are defined in the privilege forms for each clinical service, and should be reviewed as needed by the Credentials Committees. Alternatively, some clinical services may allow simulation training in lieu of minimum criteria #.
2. Identifying the medical staff members eligible to serve as proctors. The Service/Division Chief will automatically be assigned as the applicant's proctor unless the Service/Division Chief assigns this responsibility to another member of the service. Proctors should be qualified and privileged to perform the procedures being reviewed. If no other medical staff member is qualified or privileged to serve as a proctor, an outside consultant may be retained. An outside consultant may be granted temporary medical staff membership and privileges to serve in an IFPPE capacity. The proctor may not charge a fee for this service.

B. Role of Proctor

The proctor's role is typically that of an evaluator, not of a consultant or mentor. A practitioner serving solely as a proctor, for the purpose of assessing and reporting on the competence of another practitioner, is an agent of the hospital. The proctor will receive no compensation directly or indirectly from any patient for this service, and will have no duty to the patient to intervene if the care provided by the proctored practitioner is deficient or appears to be deficient. The proctor or any other practitioner, however, may nonetheless render emergency medical care to the patient for medical complications arising from the care provided by the proctored practitioner. The hospital will defend and indemnify any practitioner who is subjected to a claim or suit arising from his/her acts or omissions in the role of proctor.

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V. RESPONSIBILITIES

A. Proctors

Proctors must be members in good standing of the active medical staff of SHC or LPCHS and must have unrestricted privileges to perform any procedure to be concurrently observed.

Based on the IFPPE Guidelines for each service/Division, the proctor must:

1. Directly observe the procedure being performed, if required, and complete the appropriate IFPPE form
2. Retrospectively review the completed medical record following discharge, if required, and complete the appropriate IFPPE form
3. Ensure the confidentiality of the IFPPE results and forms. All IFPPE forms must be delivered in a timely manner to the Medical Staff Services Department.
4. If, at any time during the IFPPE period, the proctor has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient, the proctor must promptly notify the Service/Division Chief and may recommend departmental intervention or review.

B. Practitioner Being Proctored

1. Must notify the proctor of each case in which care is to be evaluated and, when required, do so in sufficient time to enable the proctor to observe or review the case concurrently.
2. Must provide the proctor with information about the patient's clinical history; pertinent physical findings; pertinent lab and x-ray results; planned course of treatment or management; and direct delivery of any documents that the proctor may request.
3. Have the prerogative of requesting from the Service/Division Chief a change of proctor if disagreements with the assigned proctor may adversely affect his or her ability to complete the proctorship satisfactorily.
4. Must ensure documentation of the satisfactory completion of his/her proctorship, including the completion and delivery of proctorship forms.
5. If the IFPPE forms are not completed at the end of the IFPPE period, the practitioner may have one additional week to submit the forms. If proctoring is not completed within 12 months, a 3 month extension to complete proctoring may be granted, subject to approval by the Credentials and Privileging Committee as provided in Section 3.4 of the Medical Staff Bylaws. If proctoring has not been completed by the end of the initial proctoring period and any extension approved by the Credentials and Privileging, the practitioner is deemed to have resigned unchanged privileges. A practitioner who has been deemed to have resigned some or all privileges through this process may immediately reapply as

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permitted by the Bylaws. However, such application requires a plan acceptable to the Credentialing and Privileging Committee to meet the proctoring requirements and is subject to the payment of any application fee applicable to new privileges or new applicants. If the applicant's failure to meet proctoring requirements is due to failures by the proctor, this must be addressed and corrected by the Service/Division Chief.

C. Service/Division Chiefs

Each medical staff service/division must:

1. Assign proctors for all new applicants, applicants requesting additional privileges, or low-volume providers. The Service Chief may consider proctored assignments completed at the shared hospital under SHC/LPCHS Information Sharing Agreement. However, the Credentials Committee has final approval on whether or not the IFPPE accepted from the shared hospital is applicable.
2. Review IFPPE reports to ensure provider competence.

D. Credentials Committees

The Credentials Committees will monitor compliance with the IFPPE policy and process. If at any time during the provisional appointment the Service/Division Chief or Credentials Committee determines that the provisional appointee is not competent to perform specific clinical privileges and his/her continued exercise of those privileges jeopardizes patient safety, the Service/Division Chief or credentials committee may take appropriate action, up to and including summary suspension.

VI. **IFPPE Process**

IFPPE may use a combination of the following methods based on the IFPPE Guidelines for each clinical service:

- A. Prospective IFPPE – Presentation of cases with planned treatment outlined
- B. Concurrent IFPPE (Direct Observation) – Real-time observation of a procedure. This process may also be used for real-time observation of the patient's evaluation and management, and review of treatment orders.
- C. Retrospective Evaluation (Chart Review) – Review of case record(s) after completion of the case(s). May also involve interviews of personnel directly involved in the patient's care.

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Note: IFPPE may be customized to the specific individual being evaluated. The duration of IFPPE may be increased or decreased based on the recommendation by the Service Chief and/or Credentials Committee.

VII. DOCUMENT INFORMATION

- A. Legal/Regulatory Authorities
 - i. The Joint Commission – Medical Staff Standards MS 08.01.01

VIII. Other related documents

- A. Medical Staff and APP Professional Practice Evaluation Policy (SHC)
- B. Medical Staff Professional Practice Evaluation Policy (LPCHS)
- C. Advance Practice Professional Evaluation Policy (LPCHS)
- D. Human Resources Policy – Verification of Licensure, Certification and Registration

Approvals:

SHC – Credentials and Privileging Committee – April 09, 4/10, 9/11, 5/13, 6/13, 5/16, 5/19

SHC – Medical Executive Committee – June 09, 5/10, 10/11, 5/13, 7/13, 8/13, 5/16, 5/19

SHC – Hospital Board – 5/10, 10/11, 7/13, 8/13, 5/16, 5/19

LPCHS - Credentials and Privileging Committee – April 09, 4/10, 8/11, 7/13, 5/16, 5/19

LPCHS – Policy Committee – May 09, 5/10, 8/11, 8/13, 6/16, 5/19

LPCHS – Medical Executive Committee – June 09, 5/10, 9/11, 9/13, 6/16, 5/19

LPCHS – Hospital Board – June 09, 5/10, 9/11, 9/13, 6/16, 5/19