

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i>	Date Written or Last Revision Revised 1/14/2016
Name of Policy Peer Review and Focused Professional Practice Evaluation (FPPE) Policy for Medical Staff and Advanced Practice Providers (APPs)	<p style="text-align: center;">Page 1 of 11</p>
Departments Affected: All Departments	

I. PURPOSE

To ensure that the Medical Staff participates in peer review, assesses the competence of SHC credentialed providers, conducts professional practice evaluation, and uses the results of such assessments and evaluations to improve professional competency, practice, and the system of care. This attention to the care patterns of individual practitioners is also considered an integral component of our ongoing efforts to evaluate and improve performance of clinical groups and enterprise-based systems of care.

II. POLICY STATEMENT

Each clinical service will have a mechanism for peer review operationalized through their Professional Practice Evaluation Committee (PPEC). The findings of the committees defined in this policy will be included in the information used to assess the quality of care of each practitioner at the time of reappointment to the Medical Staff and on an ongoing basis as appropriate.

The Care Improvement Committee (CIC) will supervise the work of the PPECs and adjudicate inter PPEC opinions and issues. The CIC will report to the Medical Executive Committee (MEC) annually.

This policy also applies to advanced practice providers (APPs), including nurse practitioners, physician assistants, certified registered nurse anesthetists and clinical nurse specialists. These committees' findings will also be forwarded (with safeguards to ensure confidentiality of individual practitioners) to the appropriate venues for potential system improvements.

III. DEFINITIONS

A. Professional Practice Evaluation Committee (PPEC) is a peer review committee authorized to conduct peer review for providers within a designated clinical service or services.

B. Care Improvement Committee (CIC) is designated as the parent PPEC and is ultimately accountable to the Medical Executive Committee and the SHC Board of Directors for oversight of the peer review processes of all clinical services (i.e. all of the PPECs). Services, divisions and/or interdisciplinary groups may form PPECs when approved by the CIC.

C. Peer review is a process that allows the Medical Staff to evaluate an individual's professional practice and systems issues that may affect the quality of care and patient safety. The process includes an evaluation of a practitioner's professional performance based on recognized standards. The evaluation may

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i>	Date Written or Last Revision Revised 1/14/2016
Name of Policy Peer Review and Focused Professional Practice Evaluation (FPPE) Policy for Medical Staff and Advanced Practice Providers (APPs)	Page 2 of 11
Departments Affected: All Departments	

also identify systems or processes of care that do not adequately protect against foreseeable human error. (These system issues will be referred to the Patient Safety Committee for evaluation and improvement).

D. Ongoing Professional Practice Evaluation (OPPE) is a summary of ongoing data collected for the purpose of assessing a practitioner’s clinical competence and professional behavior. This process is described in the OPPE policy.

E. Focused Professional Practice Evaluation (FPPE) is a systematic process to ensure that there is sufficient information available to evaluate a practitioner’s professional competence. A focused review can be requested by the Credentials Committee, a PPEC, the CIC or by the Service Chief. FPPE occurs:

1. At the time of initial credentialing. (Initial FPPE)
2. As the result of data evaluated during OPPE.
3. When additional data or reports indicate the need for a focused review of adverse events.

F. Care Ratings: Practitioner (as determined by the PPECs)

1. Care Appropriate: Despite a complication or adverse outcome (or some other question about the quality of care), it is determined that a majority of peers may have responded similarly under similar circumstances (substitution test). This designation adjudicates that there was no clear deviation from our standards.
2. Improvement Opportunity: Care that involved simple errors in diagnosis, treatment or judgment, or inadvertently doing other than what should have been done: a slip, lapse, or mistake.
3. At Risk Behavior: Care that requires education or coaching to prevent recurrence, or behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified.
4. Reckless Behavior: Care that suggests reckless disregard of the practitioner’s duty to the patient through gross negligence, general incompetence or actual intent to provide substandard care, or behavioral choice to consciously disregard a substantial and unjustifiable risk.

G. Care Rating: System of Care (as determined by the PPECs)

1. Care System Improvement Opportunity: Designates an event as resulting at least in part from an opportunity to improve the care system to reduce caregiver errors, mitigate the effects of any errors or otherwise

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i>	Date Written or Last Revision Revised 1/14/2016
Name of Policy Peer Review and Focused Professional Practice Evaluation (FPPE) Policy for Medical Staff and Advanced Practice Providers (APPs)	Page 3 of 11
Departments Affected: All Departments	

better support the care process. This rating will apply whenever a system improvement opportunity is identified, independent of any individual practitioner's care rating.

H. Professional Behavior

As defined in the Medical Staff Code of Professional Behavior Policy, a high standard of professional behavior, ethics, and integrity is expected of each individual member of the Medical Staff at SHC in order to promote an environment conducive to providing the highest quality of care.

I. Peer

An individual who practices in the same profession or who has expertise in the appropriate subject matter. The PPEC designated to perform a review will determine the degree of subject matter expertise required for a provider to be considered a peer for all professional practice evaluations performed by the Medical Staff.

IV. PEER REVIEW PROCESS/PROCEDURE

A. Individual Case Reviews:

1. Cases for individual case review will be based on individual PPEC selection and may be identified by:

a) Review indicators; each PPEC identifies relevant indicators for its divisions and/or services. Cases will be pre-screened by the PPEC Quality liaison from Quality, Patient Safety, and Effectiveness (QPSED) and applicable cases will be presented to the PPEC chair or designee for screening.

b) Case referrals identified by:

- (1) SAFE reports
- (2) Patient/family complaints
- (3) Sentinel/adverse events
- (4) Regulatory agencies
- (5) Clinician(s)
- (6) Morbidity and Mortality conferences
- (7) Risk Management

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i>	Date Written or Last Revision Revised 1/14/2016
Name of Policy Peer Review and Focused Professional Practice Evaluation (FPPE) Policy for Medical Staff and Advanced Practice Providers (APPs)	Page 4 of 11
Departments Affected: All Departments	

2. Individual case reviews may also be performed when a threshold for an indicator is exceeded.

B. Indications for Focused Professional Practice Evaluation (FPPE)

1. Any single egregious or sentinel event, as judged by the relevant PPEC, CIC, Service Chief, APP Administrator, MEC or Chief of Staff may be referred to the CIC for consideration of a FPPE.

2. When indicator thresholds are exceeded within the agreed upon time:

a) The number of cases rated “care inappropriate” or “improvement opportunity” exceeds a threshold for concern as determined by the relevant PPEC or in consultation with the CIC.

b) An indicator exceeds a threshold as determined by the PPEC. However, exceeding those indicators does not result in automatic referral to CIC for consideration of FPPE. The PPEC will consider whether referral is indicated based on the individual circumstances. FPPEs are personalized and individualized to the specific physician and the present issues. The CIC or the specific PPEC delegated by the CIC identifies a timeframe and individualized plan for the completion of the FPPE process, monitors the physician’s compliance with the process, and communicates directly with the physician regarding the expectations and timeline.

3. Upon referral, the CIC will determine whether FPPE is warranted.

C. PPEC Case Review Process

1. PPEC specific metrics will be utilized for case identification on an ongoing basis. These metrics will include PPEC aggregate rates such as mortality, complications, Patient Safety Indicators and others. Identified cases may undergo screening or full review as determined by the PPEC chair or designee. If the PPEC chair is the attributed provider, the co-chair or designee will screen the case. All cases will initially be blinded to minimize bias.

2. Each case for review will be assigned to an appropriate PPEC member for presentation to the committee.

3. Additional review will be performed based on individual PPEC thresholds. After analysis, the PPEC can recommend the following:

a) No Further Action

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i>	Date Written or Last Revision Revised 1/14/2016
Name of Policy Peer Review and Focused Professional Practice Evaluation (FPPE) Policy for Medical Staff and Advanced Practice Providers (APPs)	Page 5 of 11
Departments Affected: All Departments	

- b) Individual Case Review
- c) Track and trend
- d) Referral to Other Committees
- e) FPPE

4. The attending physician(s) and APP(s) identified in a case for full review will be notified and invited to attend the PPEC meeting and/or submit their written perspectives of the case.
5. The assigned reviewer will review the medical record. The reviewer may recommend that further information be obtained before further committee review. If the provider is an APP, an APP Administrator and at least one peer APP will review the case and be in attendance during the PPEC meeting.
6. The reviewer will present the case to the committee and, if applicable, the attending physician(s) or APP(s) involved in the case may provide additional information before being excused from the care determination discussion.
7. If the attending physician(s) or APP(s) did not attend the meeting and further information is needed, the attending physician(s) or APP(s) will be asked to respond in writing or in person at the next PPEC meeting.
8. The PPEC will make a care determination for each case. In cases when the provider is an APP, the APP Administrator and the peer APP(s) will also participate in making the care determination for the APP.
9. Decisions of the PPEC will be determined by simple majority vote.
10. The attending physician(s), APP or other licensed independent practitioner will be notified in writing of the outcome.
11. If a practitioner disagrees with any finding of the PPEC, he or she may submit written comments that will be filed with the committee's findings, and may make an appeal to the PPEC regarding the decision.
12. If corrective action is recommended by the PPEC and the practitioner disagrees, the case will be referred to CIC. In such a case, one member of the CIC or a designee will be asked to review the case.
13. If one PPEC disagrees with the decision of another PPEC on an issue that is of concern to both committees, that issue may be referred to CIC.

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i>	Date Written or Last Revision Revised 1/14/2016
Name of Policy Peer Review and Focused Professional Practice Evaluation (FPPE) Policy for Medical Staff and Advanced Practice Providers (APPs)	Page 6 of 11
Departments Affected: All Departments	

14. All recommended coaching, education, or other corrective measures will be conveyed to the practitioner by the PPEC Chair and will be tracked by the quality liaison and the results will be reported to the PPEC.

15. Any corrective measures beyond counseling recommended and accepted at the PPEC level will be reported to the CIC before and after completion of those measures.

16. Care provided by resident physicians will be attributed to the attending/supervising physician during the evaluation and rating process. However, concerns about house officer performance issues will be referred to the appropriate Program Director for that particular residency program, as will any process issues relating to house officer supervision. The Program Director will be asked to provide feedback to the quality liaison and/or the CIC directly as to the results of any such referrals.

D. Reliability and Consistency of the Review Process

1. Professional practice evaluation will be conducted in a manner that is objective, equitable, and consistent.
2. The CIC will monitor reliability and consistency of each PPEC based on semiannual activity reports submitted to CIC, and will in turn report its findings to the MEC at least annually.

E. Participants in the Review Process

1. PPEC members will normally be recommended by the Service Chief(s), subject to review and acceptance by the CIC and Chief of Staff. CIC membership is described in the Medical Staff Bylaws. Every PPEC must include at least three active Medical Staff members in good standing.
2. Services that have a substantial population of patients who have community attending physicians should have at least one community attending physician, normally the Deputy Chief (or designee), as a committee member.
3. The Service Chief(s) will consider rotation of members at least once every three years, or membership may be extended
4. The PPEC chairs will be appointed by the Service Chief(s) with the approval of the Chief of Staff, CIC and MEC.
5. A quality liaison from the QPSED will be assigned to support the PPECs.

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i>	Date Written or Last Revision Revised 1/14/2016
Name of Policy Peer Review and Focused Professional Practice Evaluation (FPPE) Policy for Medical Staff and Advanced Practice Providers (APPs)	Page 7 of 11
Departments Affected: All Departments	

6. Service chiefs are encouraged to appoint resident physicians as non-voting members of PPECs.

7. Support staff and APPs will participate in the review process as deemed appropriate based on their job responsibilities.

F. Case Review Time Frames

1. The case reviews will be conducted by the PPECs in a timely manner. The goal is for routine cases to be completed as quickly as possible and within 120 days from the referral date. This requires committee meetings at least quarterly.

2. Complex cases may require additional review time beyond 120 days. The status of complex cases will be monitored by the quality and the practitioners involved will be kept apprised of the process. A complex case may be one in which multiple services are involved, or one that prompts external review for reasons identified in section IV-H (pg8).

3. Cases requiring a response to an external agency (e.g. The Joint Commission (TJC), Centers Medicare Medicaid Services (CMS), insurance agencies, etc.) may need an expedited review process:

a) The case will be sent to PPEC chair to be screened and assigned to a physician reviewer (and/or to an APP reviewer if the provider is an APP).

b) If possible, an ad hoc PPEC meeting will be scheduled to accommodate the deadline. If an ad hoc meeting is not feasible, the following steps will take place:

(1) A physician reviewer will provide a written response within the allotted time frame that addresses the questions asked by the referring agency, if applicable.

(2) The PPEC chair will review the response and if sufficient, send it to the QPSED liaison.

(3) The QPSED liaison will forward the response to the requesting department/body for submission.

(4) If applicable, the case may proceed with a full PPEC review at the next scheduled meeting.

G. Oversight and Reporting

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i>	Date Written or Last Revision Revised 1/14/2016
Name of Policy Peer Review and Focused Professional Practice Evaluation (FPPE) Policy for Medical Staff and Advanced Practice Providers (APPs)	Page 8 of 11
Departments Affected: All Departments	

1. Direct oversight of the professional practice evaluation process is delegated by the MEC to the CIC.
2. The CIC will meet regularly to review the findings of the PPECs.
3. The CIC will report to the MEC at least annually.
4. The PPEC activities will be reported to the MEC semi-annually by the QPSED.

H. Circumstances Requiring External Focused Professional Practice Evaluation

1. External FPPE may take place under the following circumstances when deemed appropriate by the CIC, the MEC, or the Chief of Staff:
 - a) Ambiguity –vague or conflicting recommendations from internal reviewers or Medical Staff committees that will directly affect a practitioner’s privileges.
 - b) Lack of internal expertise – when no one on the Medical Staff has adequate expertise in the specialty or a specific issue under review or when the only practitioners on the Medical Staff with that expertise are determined to have a conflict of interest regarding the practitioner under review.
 - c) Other – when the Medical Staff needs an expert witness for a fair hearing, for evaluation of a credential file, or for assistance in developing a benchmark for quality monitoring. In addition, the CIC, MEC or Chief of Staff may obtain external professional practice evaluation in any circumstances deemed appropriate.
2. The Chief of Staff will inform the MEC when there is a request for external FPPE. Input from the relevant Service Chief, as well as the practitioner being reviewed, should be solicited and considered prior to engaging external evaluation, when appropriate.

I. Conflict of Interest

1. A member of the Medical Staff asked to perform professional practice evaluation has a conflict of interest if, for example, he or she might not be able to render an unbiased opinion due to either involvement in the patient’s care or a relationship with the practitioner involved as a direct competitor or partner.

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i>	Date Written or Last Revision Revised 1/14/2016
Name of Policy Peer Review and Focused Professional Practice Evaluation (FPPE) Policy for Medical Staff and Advanced Practice Providers (APPs)	Page 9 of 11
Departments Affected: All Departments	

2. It is the individual reviewer’s obligation to disclose any potential conflict. The PPEC chair’s determination will prevail in any disagreement regarding the existence of conflict.

3. Procedures for addressing potential conflicts of interest are outlined in the “Conflict of Interest for Medical Staff policy.

J. Confidentiality

1. Professional practice evaluation information is privileged and confidential in accordance with Medical Staff bylaws, state and federal laws (including California Evidence Code Section 1157), and regulations, or policies pertaining to confidentiality and non-discoverability.

a) PPEC participants will sign a statement of confidentiality and will be subject to disciplinary action for violations of confidentiality, as outlined in the Medical Staff by laws.

b) The hospital (through the QPSED) will keep provider-specific professional practice evaluation and other quality information concerning a practitioner in a secure environment approved by the MEC and Chief of Staff. Provider-specific professional practice evaluation information includes information related to:

- (1) Performance data for all dimensions of performance measured for that individual physician.
- (2) The individual practitioner’s role in sentinel events, significant adverse incidents or near misses.
- (3) Correspondence to the physician regarding recommendations, and comments regarding performance or corrective action.
- (4) Reports and correspondence regarding alleged disruptive behavior.

c) Professional practice evaluation information is available only to authorized individuals who have a legitimate need for this information based upon their quality improvement responsibilities as Medical Staff leaders or hospital employees (e.g. in the QPSED). Individuals may have access to the information only to the extent necessary to carry out their assigned responsibilities. All individuals with allowed access to such information will sign a

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i>	Date Written or Last Revision Revised 1/14/2016
Name of Policy Peer Review and Focused Professional Practice Evaluation (FPPE) Policy for Medical Staff and Advanced Practice Providers (APPs)	<p style="text-align: center;">Page 10 of 11</p>
Departments Affected: All Departments	

statement of confidentiality. Any questions regarding authorization will be resolved by the Chief of Staff and/or MEC.

d) A practitioner may review his or her own quality data. Reports filed by another individual (SAFE reports) will be redacted to protect that person's identity. Practitioners may provide written responses to anything in their quality files and their responses will be kept with the other quality information.

e) No copies of professional practice evaluation documents will be created and distributed except as authorized by this policy, which includes giving authority to do so to the Chief of Staff or designee(s).

K. Related Documents

1. Medical Staff Bylaws, Rules and Regulations, and Policies of the Medical Staff
2. Ongoing Professional Practice Evaluation (OPPE) policy
3. Initial Focused Professional Practice Evaluation (IFPPE) policy
4. Administrative Policy Manual
5. Joint Commission Accreditation Standards: Medical Staff

L. Document Information

1. Legal Authority/References
 - a) The Joint Commission Accreditation Standards
 - b) California Evidence Code Section 1157
2. Author/Original Date

December 11, 2006
3. Distribution and Training Requirements
 - a) This policy resides in the Medical Staff Office Policy Manual for SHC.
 - b) New documents or any revised documents will be distributed to physicians through the Medical Staff Office.
4. Review and Renewal Requirements

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i>	Date Written or Last Revision Revised 1/14/2016
Name of Policy Peer Review and Focused Professional Practice Evaluation (FPPE) Policy for Medical Staff and Advanced Practice Providers (APPs)	Page 11 of 11
Departments Affected: All Departments	

a) This policy will be reviewed and/or revised every three years or as required by change of law or practice.

5. Review and Revision History

a) Medical Staff Quality Assurance and Improvement Activities
October 2002

b) Medical Staff Professional Practice Evaluation Policy
December 2006

6. Approvals

a) Care Improvement Committee – 5/13, 4/16

b) SHC Medical Executive Committee – 6/13, 4/16

c) SHC Board of Directors – 6/13, 4/16

Reference and Credit: The original PPEC policy dated 2006 was done in collaboration with Lucille Packard Children’s Hospital and was based on the Sample Medical Staff Peer Review Policy location in *Effective Peer Review: A Practical Design to Contemporary Design* was done with written consent. ¹

“This document is intended for use by staff of Stanford Hospital & Clinics.

No representations or warranties are made for outside use. Not for outside reproduction or publication without permission.

¹ *Effective Peer Review: A Practical Design to Contemporary Design*, Second Edition, HCPro, Massachusetts