

Standard SQE.07.01

Hospital leaders define the circumstances requiring monitoring and evaluation of a medical staff member's professional performance.

Intent for SQE.07.01

Focused professional practice evaluation (FPPE) is defined as a process that evaluates the privilege-specific competence of the medical staff member who does not have documented evidence of competently performing the requested privilege(s) at the hospital. This process may also be used when a question arises regarding a currently privileged medical staff member's ability to provide safe, high-quality patient care. The focused evaluation process is defined by hospital policy and includes the time period of the evaluation and other criteria as indicated. The criteria that indicate the need for performance monitoring are clearly defined. These criteria can be single incidents or evidence of a clinical practice trend, and other existing privileges in good standing should not be affected by this decision.

A period of FPPE is required for all new privileges, including privileges requested by new applicants and all newly requested privileges for existing medical staff. Exemptions based on board certification, documented experience, or reputation are prohibited. The focused professional practice evaluation accomplishes the following:

- Evaluates the medical staff member and other clinical staff without current performance documentation at the organization.
- Evaluates the medical staff member and other clinical staff in response to concerns regarding the provision of safe, high-quality patient care.
- Develops criteria for extending the evaluation period.
- Communicates to the appropriate parties the evaluation results and recommendations based on results
- Implements changes to improve performance.

FPPE begins at the time privileges are granted, regardless of which process was followed (for example, temporary, expedited, full privileges). Both qualitative and quantitative data are considered when designing the process.

Qualitative or "categorical" data are nonnumerical data often collected through methods such as observations, discussions, record review, monitoring of diagnostic and treatment techniques, and so on. Examples may include the following:

- Description of procedures performed
- Periodic record review:
 - Quality/accuracy of documentation
 - Appropriateness of tests ordered / procedures performed
 - Patient outcomes
- Types of patient complaints
- Code of conduct breaches
- Peer recommendations
- Discussion with individuals involved in patient care, treatment, or services (for example, consultants, surgical assistants, nursing, administration)

Quantitative data often represent a certain quantity, amount, or range and are generally expressed as a unit of measure. Contrasted with qualitative data, quantitative data are generally in the form of numerical quantities such as measurements, counts, percentage compliant, ratios, thresholds, intervals, time frames, and the like.

Examples may include the following:

- Length of stay trends
- Postprocedure infection rates
- Periodic record review

- o Date/time/signature entries
- o Telephone orders/verbal orders authenticated within defined time frame
- o Presence/absence of required information (for example, history and physical assessments elements)
- Number of history and physical assessments/updates completed within 24 hours after patient admission/registration
- Compliance with medical staff laws, regulations, policies, and the like
- Documenting the minimum required elements of a history and physical assessments/update
- Compliance with measures

Data could represent either (or both) qualitative and quantitative information, depending on how the data are used. Relevant information resulting from the focused evaluation process is integrated into performance improvement activities, consistent with the hospital's policies and procedures that are intended to preserve confidentiality and privilege of information. The data source used for the FPPE process must include medical staff member activities performed at the organization where privileges have been requested and may include activities performed at any location under the hospital's accreditation. In a multihospital system, where each hospital operates independently under separate accreditations, data from those hospitals may be used to supplement local data. In addition, when medical staff activity at the medical staff member's main hospital is low or limited, supplemental data may be used from another JCI organization where the medical staff member holds the same privileges. The use of supplemental data may NOT be used in lieu of a process to capture local data. Organizations choosing to use supplemental data should assess and determine the supplemental data's relevance, timeliness, and accuracy.

Measurable Elements of SQE.07.01

1. A period of focused professional practice evaluation is implemented for all initially requested privileges.
2. Criteria are developed for evaluating the performance of the medical staff member or other medical staff when issues affecting the provision of safe, high-quality patient care are identified.
3. The performance monitoring process is clearly defined and includes each of the following elements:
 - Criteria for conducting performance monitoring
 - Method for establishing a monitoring plan specific to the requested privilege
 - Method for determining the duration of performance monitoring
 - Circumstances under which monitoring by an external source is required
4. ⑤ Focused professional practice evaluation is consistently implemented in accordance with the criteria and process defined by hospital policy.
5. ⑤ The measures employed to resolve performance issues are defined in writing and implemented.