

For example, when a medical staff member presents a certificate of achievement related to an advanced degree or advanced specialty training, the new credential should be immediately verified from the issuing source. Similarly, when an outside agency investigates a sentinel event related to a medical staff member and issues sanctions, this information should be used promptly to reevaluate the clinical privileges of the medical staff member. To ensure that medical staff records are complete and accurate, the records are reviewed at least every three years, and a note in the record indicates any actions taken or that no action is necessary and the appointment to the medical staff continues.

Considerations for clinical privilege delineation at reappointment include the following:

- Medical staff members may be granted additional privileges based on advanced education and training. The education and training are verified from the source providing the education or training or issuing the credential. The full exercise of the added privilege may be delayed until the verification process is complete or when there is a required period of supervised practice prior to granting an unrestricted new privilege; for example, a required number of supervised cases of robotic surgery.
- Medical staff members may have their privileges continued, limited, reduced, or terminated based on the following:
  - Results of the ongoing professional practice review process
  - Limitations placed on the individual's privileges by an outside professional, governmental, or regulatory agency
  - Hospital's findings from an evaluation of a sentinel or other event
  - Health of the medical staff member
  - Request of the medical staff member

### **Measurable Elements of SQE.06.02**

1. The hospital determines if medical staff membership and clinical privileges are to continue with or without modification based on the ongoing professional practice evaluation of the medical staff member at least every three years.
2. ⓐ Each medical staff member's personnel file contains evidence that all credentials are current.
3. ⓐ Medical staff member personnel files contain any credentials obtained subsequent to initial appointment and include evidence of primary source verification prior to use in modifying or adding to clinical privileges.
4. Medical staff members and other clinical staff requesting privileges are notified regarding the granting decision. In the case of privilege denial, the applicant is informed of the reason for denial.
5. The hospital has implemented a process to disseminate all granting, modification, or restriction decisions to all appropriate internal and external persons or entities, as defined by hospital policy and applicable laws and regulations.
6. ⓐ The renewal decision is documented in the medical staff member's credential record and includes the identification of the reviewer and any special conditions identified during the review.

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## **Medical Staff Evaluations**

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### **Standard SQE.07.00**

The hospital uses an ongoing standardized process to evaluate the quality and safety of the patient care provided by each medical staff member.

#### **Intent of SQE.07.00**

The information collected during the ongoing professional practice evaluation process is factored into decisions to maintain, revise, or revoke an existing privilege(s) prior to or at the end of the three-year renewal decision.

Definitions and further explanations of terms and expectations found in these standards are as follows:

### **Ongoing Professional Practice Evaluation**

The process of ongoing data collection for the purpose of assessing a medical staff member's clinical competence and professional behavior. The department/service leader is responsible for the integration of the data and information on medical staff and taking appropriate actions at different stages in the process. Examples of actions include the following:

- Immediate: to counsel the staff member, place the staff member under supervision, limit privileges, or other measures intended to limit risks to patients and improve quality of care and patient safety
- Longer-term: synthesizing the data and information into a recommendation for continued medical staff membership and clinical privileges
- Other: note to other medical staff members the benchmark behaviors and clinical results evident in the data and information of the medical staff member

The ongoing professional practice evaluation (OPPE) of medical staff members provides critical information to the processes of maintaining medical staff membership and granting clinical privileges. Although three-year cycles are required for renewing medical staff membership and clinical privileges, the process is intended to be ongoing, and data are reviewed at least annually. Critical quality and patient safety incidents can arise if a medical staff member's clinical performance issues are not communicated and acted on when they arise.

The process of ongoing professional practice evaluation is intended to accomplish the following:

- Improve individual practices as they relate to high-quality, safe patient care.
- Provide the basis for reducing variation within a department/service through comparisons among colleagues and the development of practice guidelines and clinical protocols.
- Provide the basis for improving the results of the entire department/service through comparisons with external benchmark practices and published research and clinical results.

The ongoing professional practice evaluation of medical staff members encompasses three general areas—behaviors, professional growth, and clinical results.

### **Behaviors**

Medical staff members are models and mentors in creating a culture of safety in a hospital. A safe culture is characterized by full participation by all staff, without fear of reprisal or marginalization. Safe cultures also include high respect between professional groups in which disruptive and other behaviors do not occur. Staff members are able to report concerns about safety or quality of care without fear of retaliation or marginalization from health care organization staff or leaders. Staff feedback through surveys and other mechanisms can shape desired behaviors and can support medical staff role models.

An evaluation of behaviors can include the following:

- Evaluation of whether a medical staff member understands and supports the hospital's code of conduct and the identification of acceptable and unacceptable behaviors
- Absence of reported unacceptable behaviors by the medical staff member
- Collection, analysis, and utilization of data from staff surveys and other sources regarding the safety culture in the hospital

The ongoing professional practice evaluation process should indicate the relevant achievements and challenges of the medical staff member in efforts to be a full participant in a safety culture.

### **Professional Growth**

Medical staff members grow and mature as the organizations in which they practice evolve and introduce new patient groups, technologies, and clinical science. Each medical staff member will reflect growth and improvement in the following seven important dimensions of health care and professional practice:

- Staff Qualifications and Education (SQE)**
- **Patient care:** including provision of patient care that is compassionate, appropriate, and effective for health promotion, disease prevention, treatment of disease, and care at the end of life
    - Examples of potential measures: frequency of preventive services and reports/complaints from patients and families
  - **Medical/clinical knowledge:** including knowledge of established and evolving biomedical, clinical, epidemiologic, and social-behavioral sciences, as well as the application of knowledge to patient care and the education of others
    - Examples of potential measures: application of clinical practice guidelines, including the adaptation and revision of guidelines; participation in professional conferences; and publications
  - **Practice-based learning and improvement:** including use of scientific evidence and methods to investigate, evaluate, and continuously improve patient care based on self-evaluation and lifelong learning
    - Examples of potential measures: self-motivated clinical inquiry/research, acquiring new clinical privileges based on study and acquiring new skills, and full participation in meeting professional specialty requirements or continuing education requirements of licensure
  - **Interpersonal and communication skills:** including establishment and maintenance of effective exchange of information and collaboration with patients, their families, and other members of health care teams
    - Examples of potential measures: participation in teaching rounds, team consultations, team leadership, and patient and family feedback
  - **Professionalism:** including commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward patients, their profession, and society
    - Examples of potential measures: an opinion leader within the medical staff on clinical and professional issues, service on an ethics panel or discussions of ethical issues, keeping appointed schedules, and community participation
  - **System-based practices:** including awareness of and responsiveness to the larger contexts and systems of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care
    - Examples of potential measures: understanding the meaning of frequently used hospitalwide systems, such as the medication system; and awareness of the implications of the overuse, underuse, and misuse of systems
  - **Stewardship of resources:** including understanding the need for stewardship of resources, and practicing cost-conscious care, including avoiding the overuse and misuse of diagnostic tests and therapies that do not benefit patient care but add to health care costs
    - Examples of potential measures: participation in key purchasing decisions within the medical staff member's practice area, participating in efforts to understand appropriate use of resources, and being aware of the cost to patients and payers of the services provided

The ongoing professional practice evaluation process should recognize the relevant areas of achievement and potential improvement of the medical staff member in these professional growth areas.

### Clinical Results

The ongoing professional practice evaluation process for a medical staff member reviews information common to all medical staff members as well as specific information related to the clinical privileges of the member and the services provided by their specialty. This evaluation is supported by a variety of data sources, including electronic and paper records, observations, and peer interactions.

## Hospitalwide Data Sources

Hospitals collect a variety of data for use in management; for example, reporting to health authorities to support allocation of resources or payment of services. Examples of potential sources of data include length of stay, frequency of diagnostic testing, blood usage, and usage of certain drugs.

## Department-Specific Data Sources

Data are also collected at the level of each department/service. The department/service leader sets the priorities for measurement in the department for purposes of monitoring as well as improvement. The measures are specific to the services provided and the clinical privileges of the individual medical staff members within the department. Examples of potential department/service data include frequency of clinical procedures performed, complications, outcomes, and use of resources such as consultants, among others.

It is likely that organizations collect data on key services on the department level for which all or most department/service staff members have privileges. Thus, there is no one set of data that will suffice to monitor and evaluate all medical staff members. The choice of data, the frequency of monitoring and analysis, and the actual use of the data and documentation in the personnel record of the medical staff member are very specific to the department/service, to the relevant profession, and to the privileges of the medical staff member.

The medical staff member ongoing professional practice evaluation process achieves the following:

- Is standardized by type of medical staff member and/or department or clinical services unit.
- At least one review is conducted during a 12-month period, according to hospital policy, with the monitoring and evaluation of medical staff members intended as an ongoing process.
- Is conducted by the individual's department or service head, senior medical manager, or a medical staff review body.
- Results of reviews, actions taken, and the impact of those actions on privileges (if any) will be documented in the medical staff member's record.

## Measurable Elements of SQE.07.00

1. ⑩ All medical staff members are included in an ongoing professional practice evaluation process and standardized evaluation at the department/service level as defined by hospital policy.
2. ⑩ The ongoing professional practice evaluation process identifies areas of achievement and potential improvement related to the behaviors, professional growth, and clinical results of the medical staff member, and the results are reviewed with objective and evidence-based information as available. These results are compared to other department/service medical staff members. (*See also* GLD.07.01, ME 3)
3. ⑩ The data and information from the monitoring are reviewed at least every 12 months by the individual's department or service head, senior medical manager, or medical staff body, and the results, conclusions, and any actions taken are documented in the medical staff member's credential record and other relevant records.
4. Hospitalwide and department/service data sources are used in ongoing evaluations of individual medical staff members. These data meet the following criteria:
  - Are collected in a manner that readily identifies the individual medical staff member.
  - Relates to the clinical practice of the individual medical staff member.
5. When the findings affect the appointment or privileges of the medical staff member, there is a process to act on the findings, and such "for cause" actions are documented in the medical staff member's record and are reflected in the list of clinical privileges. Notification is sent to those sites in which the medical staff member provides services.