	<b>Ongoing Professional Practice Evaluation and Focused Professional Practice Evaluation Policy for the Department of Pathology</b>	<b>Dept:</b>	<b>Pathology</b>
		<b>Effective Date:</b>	<b>Feb 2018</b>
		<b>Revised Date:</b>	<b>New</b>
		<b>Contact:</b>	<b>Department Chair, Pathology</b>
<b>Name &amp; Title:</b> Michael B. Cohen, MD, Interim Chair Department of Pathology			
<b>Signature:</b> Signature on file		<b>Date:</b>	2/16/18

### 1) General Procedure Statement:

It is the policy of Wake Forest Baptist Health Department of Pathology to assess the competence of practitioners who are granted privileges at Wake Forest Baptist Medical Center. Such assessments will be used to improve professional practice and enhance the quality of patient care delivered.

- a) **Scope:** Applies to all Department of Pathology credentialed staff and new incoming staff.
- b) **Responsible Department/Party/Parties:**
  - i. Procedure owner: Department of Laboratory Medicine and Pathology
  - ii. Procedure: Department of Laboratory Medicine and Pathology
  - iii. Supervision: Department of Laboratory Medicine and Pathology
  - iv. Implementation: Department of Laboratory Medicine and Pathology

### 2) Definitions:

- a) **WFBMC:** Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.
- b) **Policy:** As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBMC. A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBMC, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.
- c) **Ongoing Professional Practice Evaluation (OPPE):** An objective, systematic process which utilizes evidence –based information on the clinical activity of each credentialed practitioner as a measure of ongoing competency and appropriateness for continued membership to the medical staff.

- d) ***Focused Professional Practice Evaluation (FPPE)***: The process for evaluating the privilege-specific competence of a practitioner who does not have previously documented evidence of competently performing the requested privilege at that organization. It also serves as the mechanism to monitor a performance when questions arise regarding provision of care.

### 3) **General Policy Statement:**

In accordance with Wake Forest Baptist Medical Center policy, the Department of Pathology will comply with statutory and regulatory requirements regarding Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE). Professional Practice Evaluation (PPE) encompasses the principles of “peer review” and all findings associated with the PPE process shall be considered privileged, in accordance with the medical staff by-laws, state and federal laws and regulations pertaining to confidentiality and non-discoverability.

OPPE is a collegial activity and does not routinely call for Medical Executive Committee recommendation for corrective action. When the findings of OPPE raise question regarding the ability of a currently privileged practitioner to provide safe, high quality patient care, a focused review (FPPE) will be performed. When OPPE or FPPE results in evidence for corrective action (i.e. a restriction of clinical privileges, or termination or medical staff membership), the matter will be referred to the Medical Executive Committee for action in accordance with the Medical Staff Bylaws.

#### A. **Authority and Oversight**

Authority and oversight of the OPPE and FPPE program within the Department of Pathology will be conducted under the supervision of the Department Chair as delegated by the Medical Executive Committee. The Department Chair within Pathology may also delegate some duties such as data retrieval, data storage and data compilation to members of the Laboratory Compliance Quality Assurance section. The Department Chair may also delegate to the Medical Director to carry out his duties in his absence or for assistance.

All professional practice evaluation information and forms for each practitioner in pathology will be maintained within the Laboratory Compliance Quality Assurance section in a secure location within the department. At required intervals (every 6 months) the OPPE forms and information will be sent to the Office of the Chief Medical Officer for permanent housing in a secure electronic or paper file for individual practitioners.

The Credentials Committee is charged with the responsibility of monitoring the compliance of the program system wide.

## B. Procedure for conducting the Ongoing Professional Practice Evaluation

1. Each clinical department is responsible for developing their own appropriate and relevant performance indicators, utilizing the following core competencies:
  - a. Patient care (compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life)
  - b. Medical Clinical Knowledge (of established and evolving biomedical, clinical and social sciences and their application to patient care and the education of others)
  - c. Based Learning and Improvement (use of scientific evidence and methods to investigate, evaluate and improve patient care)
  - d. Interpersonal/Communication Skills (with patients, families and other members of the organization)
  - e. Professionalism (commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession and society)
  - f. System-Based Practice (understanding of the system in which care is provided, and apply this knowledge to improve and optimize healthcare delivery.

The System-Based Elements chosen to be reported specifically for Pathology Practitioners include:

<b>System-Based Practices</b>
1. Concurrence of Frozen Sections vs. Final Diagnosis
2. Concurrence of Autopsy Case Reviews
3. Report Dictation and Sign-Out is complete and timely
4. Concurrence of Cytology Case Reviews
5. Blood Bank/BMT Test Review Concurrence
6. Endomyocardial Case Review Concurrence
7. Microbiology Test Review Concurrence
8. Derm/Surg Pathology Review

2. The above listed criteria will be measured utilizing one or more of the following indicators:
  - a. Rate based indicators which are used to monitor trends and compliance with identifiable benchmarks.

- b. Rule based indicators that identify deviation from clear-cut performance expectations set by the medical staff through its policies, bylaws, and/or rules and regulations
  - c. Case review indicators that prompt retrospective chart reviews by peer practitioners on the hospital staff.
3. Data sources can include, but are not limited to: occurrence reports, patient or staff complaints, patient or staff compliments, sentinel events or other events required by regulatory agencies to be reported, near-misses, referral from any medical staff committee, referral from Risk Management, and referral from another practitioner on staff. Where applicable, any of these may trigger an individual focused review.
4. Mechanisms for data collection include, but are not limited to: electronic repositories, chart review, direct observation, evaluation of diagnostic and treatment techniques, interview of those with a knowledge of the practitioner's delivery of care.
5. For each type of indicator selected, predetermined thresholds will be established when appropriate, which will flag whether a focused review might be required. These will be rated as either "Meets Threshold" or "Does Not Meet Threshold".
6. The frequency of evaluations must occur no less than every 6 months. The Pathology Department will conduct OPPE evaluations in February and August of each year.
7. At the end of each review period, the Department Chair, or designee, will document pertinent findings and recommendations on the OPPE evaluation form including:
  - a. Confirmation that the practitioner has been reviewed and there are no potential problems with performance or trends that would impact on the quality of care and patient safety.
  - b. A request for additional review based on identified issue (i.e. something that would trigger an FPPE)
8. The Department Chair will communicate with the practitioner regarding any identified issues and will notify him/her of actions to be taken.
9. Findings that result in action taken will be communicated to pertinent entities including the Medical Executive Committee, Legal Department and the Wake Forest Baptist Medical Center Board.
10. Completed evaluations will be incorporated into the practitioner's credentials file and will be included in the decision to maintain or revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal.

11. All privilege recommendations resulting from the OPPE process will be forwarded through the committees defined in the bylaws, with ultimate approval granted by the Wake Forest Baptist Medical Center Board.

### **C. Focused Professional Practice Evaluation Process**

1. The FPPE process runs parallel to OPPE. It will be completed under the following circumstances:
  - a. New Staff members/ Newly credentialed practitioners
  - b. New privileges for existing practitioners
  - c. Practitioners returning from Leave of Absence (specifics to be determined on a case by case basis at the discretion of the Department Chair)
  - d. Practitioners with unsatisfactory OPPE evaluations.
  - e. Triggers (e.g. low volume procedures, Sentinel or other egregious events, complaints, occurrences, significant variances from acceptable practice patterns, notice from a regulatory agency, and issue of sufficient gravity to warrant involvement of executive medical leadership).
2. The Department Chair, or a designee, will be responsible for reviewing a sufficient sample of relevant data for each new practitioner or existing practitioner granted new privileges prior to the individual receiving those privileges.

For the department of pathology each new practitioner must review and be in 100% agreement with 10 cases.
3. This review must occur within the first 4 months of each member's appointment or it can be completed sooner, at the completion of the number of cases specified. In the event that an FPPE is conducted in response to an unsatisfactory OPPE or complaint, the Department Chair will determine the time period or number of cases for the evaluation to be conducted and completed.
4. For each requested privilege, the Department Chair has the latitude to honor evidence of successful proctoring at another Joint Commission accredited hospital, especially if the volume of the clinical activity for the select privilege would be low during the evaluation period.

This would be subject to the following requirements:

- a. The practitioner is responsible to identify the hospital where information may be obtained and to assure the hospital provides the requested information.
  - b. The practitioner must consent to authorize the hospital to release copies of the documents verifying successful completion of FPPE and privileges granted.
  - c. The hospital must provide the requested information.
5. The Department Chair and the practitioner will jointly develop the criteria to be measured and reduce it to writing in the form of a performance monitoring plan, which will include:
- a. What is to be monitored (outcomes, technique, etc.)
  - b. Method of evaluation (direct observation, proctoring, case review, etc.)
  - c. Duration of the evaluation (# of cases, # procedures, etc.)
  - d. Internal or external review
6. For the FPPE of newly credentialed practitioner, the evaluation must include at least one aspect from each of the core competencies described below:
- a. Patient Care
  - b. Medical Clinical Knowledge
  - c. Practice-Based Learning and Improvement
  - d. Interpersonal/Communication Skills
  - e. Professionalism
  - f. System-Based Practice
- For a practitioner seeking new privileges or in the event of a complaint, the monitoring plan will be specific to the requested privilege(s) or performance issue identified.
7. Mechanisms for data collection include but are not limited to: chart/case reviews, direct observation, evaluation of techniques, simulation and proctoring.
8. Proctoring is a vital component of FPPE. It may be achieved through:

- a. Presentation of cases with planned treatment outlined
  - b. Real-time observation of a procedure
  - c. Review of a case after its completion.
  - d. Circumstances may dictate that an External Professional Practice Evaluation be conducted. Such determination can be made by the Chief Medical Officer, or an investigative committee convened upon the recommendation of the Medical Executive Committee, utilizing the criteria and process detailed in the Medical Staff Bylaws.
9. If behavior is identified as a possible issue, the Ethical Behavior policy will be followed. At any time during the review process, the Department Chair may request immediate action by the Medical Executive Committee according to the medical staff bylaws.
10. Failure to meet proctoring requirements due to an inadequate number of cases vs. a performance issue may be addressed with the privilege request being withdrawn for administrative reasons, which is not reportable.
11. At the end of the review period the Department Chair will review the findings and make one of the following recommendations:
- a. FPPE successfully completed; continue existing privileges and proceed to the OPPE phase of credentialing
  - b. FPPE to be extended for an additional defined period of time
  - c. FPPE unsuccessfully completed; proceed with processes as defined in the Medical Staff Bylaws
12. Upon completion of the internal and external evaluations, if action other than continuation of current privileges is warranted, a written plan will be submitted by the Department Chair for approval to the Medical Executive Committee. It will designate appropriate individuals to implement the plan with the involved practitioner and report back through the Medical Executive Committee. The effectiveness of the action plan will be monitored by those charged with implementation to assure that performance issues have been resolved and where it is not, to implement further collegial interventions. Such interventions may include recommendations for further study of a clinical area, including medical education, mentoring from a colleague accomplished in the area of concern; participation in procedural workshops to refresh technique; improvement in documentation; a health evaluation by an appropriate practitioner; or other tactics which may improve performance without restricting privileges or membership.

13. If sustained improvement or successful resolution cannot be achieved, the matter will be referred to the Medical Executive Committee, who shall consider whether restriction or termination or privileges/medical staff membership is to be initiated.
14. Completed evaluations will be incorporated into the practitioner's credentials file and will be included in the decision to maintain, revise or revoke privileges.
15. The Department Chair will communicate with the practitioner regarding any identified issues and will notify him/her of actions to be taken. In most cases, this involves the development of a plan to improve performance with measurable criteria and a defined time period for re-assessment.
16. Findings that result in action taken will be communicated to pertinent entities in accordance with the Medical Center Staff Bylaws.

**4) Review/Revision/Implementation:**

- a) **Review Cycle:** This policy shall be reviewed by Histology Lab at least every 2 years from the effective date.
- b) **Office of Record:** After authorization, the Legal Department shall house this policy in a policy database and shall be the office of record for this policy.

**5) Related Policies:**

[Ethical Behavior](#)

[Ongoing Professional Practice Evaluation and Focus Professional Practice Evaluation](#)

**6) References, National Professional Organizations, etc.:**

Joint Commission Hospital Manual, 2017

**7) Attachments:**

Attachment A - Pathology OPPE Form

Attachment B - Pathology FPPE Form

**8) Revision Dates:**

2/18



**WAKE FOREST BAPTIST HEALTH – WFUBMC  
ONGOING PROFESSIONAL PRACTICE EVALUATION**

Provider's Name: \_\_\_\_\_

Department: Pathology

Reviewer's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Review Period: \_\_\_\_\_

**Confidential Review Document**

*Please base your evaluation of the following factors on the practitioner's demonstrated performance. If the answer to any of the indicators is other than acceptable or N/A, please give details on a separate sheet of paper.*

Pathology Ongoing Professional Practice Evaluation Form						
Indicators	Acceptable (Meets Threshold)	Needs Improvement	Unacceptable (Does Not Meet Threshold)	Not Observed or N/A to the Practitioner	TRIGGER	Additional Information Submitted as Attachment
					<i>(per 6 month reporting period)</i>	
<b>Patient Care</b>					Chairman discretion	
1. Clinical Competence and Judgement						
<b>Medical Knowledge</b>					Demonstrated by initial FPPE completion	
1. Demonstrates Basic Medical Knowledge of all areas of Clinical and Anatomic Pathology						
2. All CME requirements are current.					Participation in Tumor Board, Grand Rounds, Show of personal CME documents	
3. Participates Willingly and Effectively in the Education of Medical Students and Residents					Chairman discretion	
<b>Professionalism</b>					>1 Complaint	
1. Respectful of Others						
2. Collegial, Courteous, Pleasant, Positive with all Staff, Patients and Families					>1 Complaint	
3. Effective Member of the Pathology Health Team					>1 Complaint	
4. Accountable for Personal Behavior and Actions					>1 Complaint	
5. Maintains Patient Confidentiality					>1 Complaint	
6. Follows Ethical Principles as all Times					>1 Complaint	
7. Adheres to the Medical Staff Bylaws					>1 Complaint	
8. Participates Cooperatively and Constructively in the Peer Review Activities					>1 Complaint	
<b>System-Based Practices</b>						
1. Report Dictation and Sign-Out is complete and timely						
2. Concurrence of Frozen Sections vs. Final Diagnosis						
3. Concurrence of Autopsy Case Reviews						
4. Concurrence of Cytology Case Reviews						
5. Blood Bank/BMT Test Review Concurrence						
6. Endomyocardial Case Review Concurrence						
7. Microbiology Test Review Concurrence						
8. Derm/Surg Pathology Review						

**WAKE FOREST BAPTIST HEALTH – WFUBMC  
FOCUSED PROFESSIONAL PRACTICE EVALUATION**

**CONFIDENTIAL PEER REVIEW DOCUMENT  
Department of Pathology**

Provider's name \_\_\_\_\_

Department: Pathology

(Check One):

New Applicant Review

Request for Additional Privilege

OPPE Trigger Review

Reviewer's name \_\_\_\_\_

Review period: \_\_\_\_\_

*Please base your evaluation of the following factors on the applicant's or practitioner's demonstrated performance. If the answer to any is "some issue," please give details on a separate sheet and attach.*

	NO ISSUE	SOME ISSUE	UNABLE TO ASSESS
<b>Medical/clinical knowledge</b>			
<b>Clinical judgment</b>			
<b>Technical skills and proficiency</b>			
<b>Interpersonal skills, including:</b>			
Ability to work in a collegial and cooperative manner with others, including physicians and trainees			
Management of personal stress/ professional demeanor			
<b>Communication skills</b>			
<b>Professionalism, including:</b>			
Integrity/ethical behavior			
Responsible attitude toward patients			
Uniform treatment of patients regardless of race, ethnicity, social or economic status			
Effective communication with providers			
Staying current with developments in specialty			
Efficient and effective utilization of resources			
<b>Citizenship, including</b>			
Compliance with bylaws and policies			
Timely and accurate completion of cases			

**WAKE FOREST BAPTIST HEALTH – WFUBMC  
FOCUSED PROFESSIONAL PRACTICE EVALUATION**

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**CONFIDENTIAL PEER REVIEW DOCUMENT  
Department of Pathology**

Fulfillment of on-call responsibilities			
Constructive participation in performance improvement activities			
Constructive participation in physician-specific peer review activities			

**SPECIALTY-SPECIFIC ASSESSMENT**

Privilege	No Issue	Some Issue	Unable to Access	N/A
Report Sign-Out is complete and timely				
Direct Observation of “x” number of cases in the following categories: frozen sections, autopsy, grossing, etc				
• Frozen Sections				
• Autopsy				
• Grossing				

**GENERAL IMPRESSION**

My general impression of the applicant is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

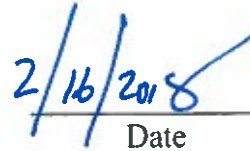
Department Chair (or Designee)

To whom it may concern:

I have reviewed and authorize the Ongoing Professional Practice Evaluation and Focused Professional Practice Evaluation Policy for the Department of Pathology.



\_\_\_\_\_  
Signature



\_\_\_\_\_  
Date

Michael B. Cohen, MD  
Interim Chair – Department of Pathology  
Wake Forest Baptist Medical Center