

8.2 ONGOING PROFESSIONAL PRACTICE EVALUATION (MS.08.01.03)

At the time of renewal of privileges, applicants are evaluated for their continued ability to provide quality of care, treatment and services. The ongoing professional practice evaluation allows the hospital to identify professional practice trends that impact on quality of care and patient safety. Such identification may require intervention by the Medical Staff. Appraisal for reappointment to the Medical Staff or renewal or revision of clinical privileges is based on an ongoing monitoring of information regarding the applicant's professional performance, judgment, competence, and clinical or technical skills, information from hospital performance improvement activities, when available, peer recommendations, and completed continuing medical education. (EP 1, 3)

- 8.2.1 The criteria used in the ongoing professional practice evaluation may include the following but is not limited to: (EP 2, 3, 6)
- 8.2.1.1 Quality and timeliness of completion of AIA (Admission Intake Assessment) evaluations.
 - 8.2.1.2 Quality and timeliness of completion of Physical Examinations.
 - 8.2.1.3 Medications prescribed are appropriate to the diagnosis and patient need.
 - 8.2.1.4 The medication reconciliation process is completed upon admission and upon return from another health-care provider where changes to the medication regime are recommended.
 - 8.2.1.5 Patterns of repeated patient complaints and/or adverse malpractice judgments.
 - 8.2.1.6 Patient outcomes such as Patient Deaths and serious Adverse Drug Reactions.
 - 8.2.1.7 Appropriate progress note content, i.e. no use of dangerous abbreviations.
 - 8.2.1.8 Timeliness of other admission and discharge paperwork.
 - 8.2.1.9 Interpersonal/communications skills are professional and effective.
- 8.2.2 The ongoing monitoring will be conducted at least every six (6) months using the Medical Staff Evaluation Report. The criteria used for evaluating performance includes, but not limited to, admission Intake Assessments, Seclusion/Restraint process, Physical Exams, Medication Use, Progress Note process, Adverse Events, Other Admission/Discharge Paperwork, and Interpersonal/ Communication Skills. (EP 2, 3, 6, 7)
- 8.2.3 Information obtained from the ongoing professional practice evaluation is used to determine whether to continue, limit or revoke any existing privilege(s). (EP 3)
- 8.2.4 The applicant's privileges may be changed through the years because of assessments of his/her documented performance, or emergence of new technologies. (EP 3)
- 8.2.5 Information received from external sources and other internal sources assist in the reappraisal process. These include, but are not limited to: (EP 2, 3)
- 8.2.5.1 Verification of licenses/certificates from primary source(s);
 - 8.2.5.2 Queries from the National Practitioner Data Bank, Healthcare Integrity and protection Data Bank, Office of Inspector General exclusion lists;
 - 8.2.5.3 Peer recommendations. A peer recommendation from a peer in the same professional discipline is used to recommend individuals for the renewal of clinical privileges when insufficient peer review data are available. A peer recommendation includes a reference letter, written documentation, or documented telephone conversation from a peer who is knowledgeable about the applicant's professional performance and competence. Peer recommendations include the applicant's relevant training and experience, current competence, and any effect of health status on the requested privileges.

8.2.5.4 Medical Director or designee's assessment and recommendations which are based on the applicant's relevant training and experience, current competence, any effects of health status on the privileges to be recommended, and objective evidence of satisfactory performance in the previously granted privileges. Documentation from the Medical Director may come in the form of any of the following:

- 8.2.5.4.1** Concurrence with the practitioner-specific recommendations and basis of such recommendations, as evidenced at least by the Medical Director's signature; or by writing a summary of his/her findings/conclusions/recommendations; completion of a document indicating that the Medical Director or designee, or an appropriate hospital committee has reviewed the requirements as a stated in the Medical Bylaws, Governing Body Bylaws, Joint Commission, and regulations of other accrediting agencies such as the Centers for Medicaid and Medicare Services (CMS).
- 8.2.5.4.2** An applicant-specific statement, including the basis for such conclusion/recommendations, that the applicant is recommended for reappointment to the Medical Staff or renewal of requested privileges.