

Saint Clare's Hospital
Department-wide Policy
JCAHO Category: Medical Staff
Discipline: Medical Staff

Title: New Provider Evaluation (25399)

Publish Date: 7/7/2008

Subject Matter Expert(s):

Chief Medical Officer
Director of Medical Staff Support/CQI/RM

Summary:

An established process for evaluating provider's professional practice performance.

Distribution:

Administration
Medical Staff
Medical Staff Office
Service Chiefs

Procedure:

1. All providers, who are granted privileges for the first time at Saint Clare's Hospital will be subject to monitoring or focused professional practice evaluation. Providers who currently have privileges and are requesting new privilege(s), will also be subject to a monitoring/focused professional practice evaluation for the new privilege(s). The Medical Management Team and/or Service Chief will determine fixed number of cases or a fixed time period, not to exceed 6 months, in which all cases will be reviewed for the individual provider and circumstances under which monitoring by an external source is required.
2. Proctoring as part of a focused professional practice evaluation for providers with existing privileges when questions arise regarding a provider's ability to provide safe, high quality patient care as a result of a single incident or during the course of an ongoing professional practice evaluation or because of infrequent use of specific privileges are outside the scope of this policy. Please refer to the Peer Review Policy.
 - I. Focused professional practice evaluation may include chart review, monitoring clinical practice patterns, direct observation, simulation, proctoring, external peer review, and discussion with other individuals involved in the care of each patient.
3. The Service Chief will or The Service Chief may assign a designee(s) to perform the focused professional practice evaluation. The evaluation may be assigned to multiple providers as long as all are members of the Medical Staff.
4. The New Provider Evaluation form will be completed by the Service Chief or designee and processed by the Medical Management Team, Medical Staff Executive Committee, and Board. The New Provider Evaluation Form and any supporting documentation will be reviewed by the Medical Management Team as part of the 6-month evaluation process. The 6 month evaluation will include:
 - II. **Patient Care:** Treats patients in a caring/respectful manner, availability & thoroughness of care, ER coverage, use of consults when needed.
 - III. **Medical/Clinical/Technical Knowledge & Skills:** Medical knowledge, technical/clinical abilities, judgment.
 - IV. **Practice-Based Learning & Improvement:** Patient care outcomes, use of information technology, compliance with practice guidelines.
 - V. **Interpersonal & Communication Skills:** Ability to work with others, listening skills, relationship with patients/peers/staff, communication effectiveness.
 - VI. **Professionalism:** Professional ethics, demeanor, quality/timeliness of medical records, participation in staff/department/committee meetings, sensitive to cultural/age/gender/disability issues, adherence to Bylaws.
 - VII. **System-Based Practice:** Knowledge of practice & delivery systems, practice cost effective care, advocate for patients generating patient satisfaction.

Based upon the review of all available information at the end of the proctoring period, the Service Chief will make a recommendation for the Medical Management Team as to whether additional focused evaluation is required or no additional focused evaluation is required. The Medical Management Team will make its recommendation to the Medical Executive Committee as to whether additional focused evaluation is required or no additional focused evaluation is required.

5. The evaluation process must be completed no later than 6 months after initial appointment/granting of privileges unless the Chief Medical Officer grants an extension if initial concerns are raised that require further evaluation or there is insufficient activity during the initial period. Such extension will be communicated to the provider and Service Chief.

6. Immunity

Evaluation during the time-limited focused professional practice evaluation is the responsibility of all members of the Medical Staff. Focused professional practice evaluation is an aspect of peer review and as such is protected under the same state and federal law protections as other peer review activities. All documents prepared for the purpose of reviewing or monitoring the quality of care and services of providers practicing at the hospital are to be held confidential and considered privileged in accordance with Wisconsin Statutes, Sec. 146.38. The records are prepared for the purpose of reviewing or evaluating the quality of care and services of the individual providers practicing at the hospital. All documentation generated as a result of focused professional practice evaluation shall be secured in the provider's peer review file.

Attachments

[New Provider Evaluation Form](#)

[Six-Month Provider Evaluation Form](#)

Related Policies:

Review Date: 7/7/2010

Keywords: Proctoring, Evaluation, Competency, Medical Staff

Sources:

American Medical Association Policy H-375.974 - Clinical Proctoring Joint Commission Standard MS.4.15 -2008

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