

## FPPE Plan Development & Implementation Checklist

Things To Do	Done		Date Done	Follow Up/Comments/Notes
	Yes	No		
<b>Initiation:</b>				
Reviewed current Peer Review Policy?				
Does current policy meet FPPE Standards?				
<b>If "NO":</b>				
<b>Research:</b>				
• Peers				
• Other hospitals				
• Organizations (e.g., NAMSS, NAHQ,)				
• Literature Search				
<b>Data Collection:</b>				
• What data collection systems are used/available?				
• What departments collected data?				
• What data is collected?				
<b>Key Stakeholders:</b>				
• Identify Medical Staff Champion				
• Engage key medical staff leadership				
• Engage other key medical staff members				
• Discuss with CEO/CNO (others if necessary)				
• Meet with PI Department Director				
<b>Plan Development:</b>				
• Determine who should be involved				
• Group meeting scheduled				
• Agenda & documentation developed & distributed to members				
• Decisions to be made:				
➤ Incorporate FPPE into current peer review policy or a new policy for FPPE alone?				
➤ Who will manage the process?				
➤ Who will collect data?				
➤ What data will be collected?				
➤ Who will interpret data?				
➤ How will the data be used?				
➤ Who and how will data be distributed?				
➤ How often will data be distributed?				
➤ Where will data be filed?				
➤ Who will manage the review process?				
➤ What data outcomes prompt action?				

Things To Do	Done		Date Done	Follow Up/Comments/Notes
	Yes	No		
<b>Does FPPE Policy contain all required elements?</b> (MS.08.01.01 Elements of Performance)				
<ol style="list-style-type: none"> <li>1. A period of focused professional practice evaluation is implemented for all initially requested privileges</li> <li>2. The organized medical staff develops criteria to be used for evaluating the performance of practitioners when issues affecting the provision of safe, high quality patient care are identified.</li> <li>3. The performance monitoring process is clearly defined and includes each of the following elements: <ul style="list-style-type: none"> <li>- Criteria for conducting performance monitoring</li> <li>- Method for establishing a monitoring plan specific to the requested privilege</li> <li>- Method for determining the duration of performance monitoring</li> <li>- Circumstances under which monitoring by an external source is required.</li> </ul> </li> <li>4. Focused professional practice evaluation is consistently implemented in accordance with the criteria and requirements defined by the organized medical staff.</li> <li>5. The triggers that indicate the need for performance monitoring are clearly defined. Note: Triggers can be single incidents or evidence of a clinical practice trend.</li> <li>6. The decision to assign a period of performance monitoring to further assess current competence is based on the evaluation of a practitioner's current clinical competence, practice behavior, and ability to perform the requested privilege. Note: Other existing privileges in good standing should not be affected by this decision.</li> <li>7. Criteria are developed that determine the type of monitoring to be conducted.</li> <li>8. The measures employed to resolve performance issues are clearly defined.</li> <li>9. The measures employed to resolve performance issues are consistently implemented.</li> </ol>				

Things To Do	Done		Date Done	Follow Up/Comments/Notes
	Yes	No		
<b>Does OPPE Policy contain all required elements?</b> (MS.08.01.03 Elements of Performance)				
1. The process for the ongoing professional practice evaluation includes the following: There is a clearly defined process in place that facilitates the evaluation of each practitioner's practice.				
2. The process for the ongoing professional practice evaluation includes the following: The type of data to be collected is determined by the individual departments and approved by the organized medical staff				
3. The process for the ongoing professional practice evaluation includes the following: Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s).				
<b>Plan Review and Approval</b>				
• Subcommittee				
• Performance Improvement Committee				
• Credentials Committee				
• Medical Executive Committee				
• Governing Board				
<b>Plan Implementation:</b>				
• Approval announcement distributed				
• Education sessions scheduled				
• Education sessions completed				
• Trial period initiated				
• Process monitored				
• Plan reviewed after trial completion (changes made if necessary)				
• Annual review				