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Background

I would like to take this opportunity to thank the Committee for inviting the Joint Commission to participate in today's hearing. Founded in 1951, The Joint Commission is a private sector, non-profit entity dedicated to improving the safety and quality of health care provided to the public. The Joint Commission accredits and certifies over 18,000 organizations throughout the country, including approximately 80 percent of the nation's hospitals. Currently, the Joint Commission accredits 105 health care organizations in New Mexico, including 38 hospitals.

To earn and maintain Joint Commission accreditation, a hospital must undergo an on-site survey by a team of surveyors. Joint Commission surveys are unannounced and occur 18 to 36 months after the previous unannounced survey. The objective of the survey is not only to evaluate the hospital, but to provide education and guidance that will help staff continue to improve the hospital's performance. The survey process evaluates actual care processes by tracing patients through the care, treatment and services they received. It also analyzes key operational systems that directly impact the quality and safety of patient care. Following the survey, the hospital must submit Evidence of Standards Compliance for all standards that were less than fully compliant. If compliance is not resolved within pre-established timeframes, a progressively more adverse accreditation decision may result. In addition to the onsite survey, hospitals are also required to conduct an annual self assessment, in which the hospital must evaluate itself against the standards.

Through the survey process, the Joint Commission evaluates the hospital's performance of functions and processes aimed at continuously improving patient outcomes. This assessment is accomplished by evaluating the hospital's compliance with the published standards. The Joint Commission's hospital manual contains an entire chapter devoted to the functions of the Medical Staff, inclusive of standards for the credentialing and privileging of practitioners. The concept of "peer review" is addressed by two standards in Medical Staff chapter termed "Focused Professional Practice Evaluation" and "Ongoing Professional Practice Evaluation".

Credentialing and Privileging

Determining the competency of practitioners to provide high quality, safe patient care is one of the most important and difficult decisions an organization must make. The credentialing and privileging process involves a series of activities designed to collect, verify, and evaluate data relevant to a practitioner's professional performance. These activities serve as the foundation for objective, evidence-based

decisions regarding appointment to membership on the medical staff, and recommendations to grant or deny initial and renewed privileges. In the course of the credentialing and privileging process, an overview of each applicant's licensure, education, training, current competence, and physical ability to discharge patient care responsibilities is established.

Credentialing involves the collection, verification, and assessment of information regarding three critical parameters: current licensure; education and relevant training; and experience, ability, and current competence to perform the requested privilege(s). Primary source verification is sought to minimize the possibility of granting privilege(s) based on the review of fraudulent documents. The Joint Commission's standards require hospitals to obtain primary source verification of Relevant to the requested privileges. Experience, ability, and current competence in performing the requested privilege(s) is further verified by peers knowledgeable about the applicant's professional performance.

Focused Professional Practice Evaluation (FPPE)

Focused professional practice evaluation is a process whereby the organization evaluates the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization. This process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care. Focused professional practice evaluation is a time-limited period during which the organization evaluates and determines the practitioner's professional performance.

- Evaluates practitioners without current performance documentation at the organization
- Evaluates practitioners in response to concerns regarding the provision of safe, high quality patient care
- Develops criteria for extending the evaluation period
- Communicates to the appropriate parties the evaluation results and recommendations based on results
- Implements changes to improve performance

The Focused Professional Practice Evaluation standard requires the organized medical staff to:

- Conduct an evaluation for all initially requested privileges
- Develop criteria to be used for evaluating the performance of practitioners when issues affecting the provision of safe, high quality patient care are identified
- Clearly define the performance monitoring process
- Consistently implement the focused professional practice evaluation in accordance with the criteria and requirements defined by the organized medical staff
- Clearly define the triggers that indicate the need for performance monitoring

- Base the decision to assign a period of performance monitoring to further assess current competence on the evaluation of a practitioner's current clinical competence, practice behavior, and ability to perform the requested privilege
- Develop criteria that determine the type of monitoring to be conducted
- Clearly define and consistently implement, the measures employed to resolve performance issues

Compliance with this standard is assessed by physician surveyors through a review of credentials files, medical staff bylaws, meeting minutes, peer review and focused monitoring records, and discussions with the medical staff. This evaluation is conducted throughout the survey process, but most specifically in the Medical Staff Credentialing and Privileging session of the survey, and system tracers focused on the Medical Staff Functions and Medical Staff Leadership.

The standard includes a requirement that specifies that "A period of focused professional practice evaluation is implemented for all initially requested privileges". This would mean all privileges for new practitioners and all new privileges for existing practitioners. Under the focused professional practice evaluation standard, the medical staff is also required to define the circumstances under which monitoring by an external source would be required. The two most common circumstances that generate an external review are when the physician under review lacks a peer at the hospital, or when there is the potential for bias, either for or against, the practitioner being evaluated.

Ongoing Professional Practice Evaluation (OPPE)

Ongoing professional practice evaluation pertains to those who currently have privileges at the hospital. It is the process the hospital and the medical staff use to identify positive or negative practice trends that may affect the quality of care and patient safety. The intent of the ongoing professional practice evaluation standard is for medical staff leaders to review performance data for all practitioners with privileges on an ongoing basis to allow them to take steps to improve performance on a timelier basis.

The concept of Ongoing Professional Practice Evaluation was added to the Joint Commission's Medical Staff standards in 2007. Traditionally, the credentialing and privileging process has been a procedural, cyclical process in which practitioners are evaluated when privileges are initially granted, and every two years thereafter. The new process is designed to continuously evaluate a practitioner's performance. The process requires the medical staff to conduct an ongoing evaluation of each practitioner's professional performance. This process not only allows any potential problems with a practitioner's performance to be identified and resolved as soon as possible, but also fosters a more efficient, evidence-based privilege renewal process. The ongoing data that is collected through the ongoing professional practice evaluation

may trigger the need for a focused professional practice evaluation. The triggers indicating the need for performance monitoring can be single incidents or evidence of a clinical practice trend.

The traditional credentialing and privileging process:

- Procedural
- Cyclical: conducted every two years

The revised process:

- Ongoing continuous evaluation
- Identify performance problems early and resolve
- Results in evidence based privilege renewal

The standards require the organization to clearly define the process. This process would include but not be limited to:

- Who will be responsible for reviewing performance data. For example, in smaller organizations the department chair or the department as a whole at their department meetings might be able to review all department members. In larger organizations it could be the responsibility of the credentials committee, the MEC, or a special committee of the organized medical staff.
- How often the data will be reviewed. The frequency of such evaluation can be defined by the organized medical staff (three months, six months, nine, months), however twelve months would be periodic rather than ongoing.
- The process to be implemented to use the data to make decision as to whether to continue, limit or revoke privileges. This could include defining who can make and approve a recommendation for action, e.g., the department chair when no action is required, the MEC and governing body for limitation or revocations.
- How data will be incorporated into the credentials files. There needs to be a defined process for the data to be in the record and for the review to occur.
- The decision resulting from the review, whether it be to take an action or to continue the privilege would need to be documented along with the supporting data.

The standard's rationale outlines suggested data that the organization may choose to collect along with the following suggestions for methodologies for collecting information:

- Periodic chart review
- Direct observation
- Monitoring of diagnostic and treatment techniques
- Discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, nursing, and administrative personnel.

While some types of data apply to all practitioners, since performance is different for each practitioner specialty, there may be the need for specific data. In addition since most practitioners perform well, there would need to be data on their actual performance as well as those with performance issues. The fact that a practitioner doesn't fall out on pre-defined screening criteria, is not sufficient to meet the

requirement for performance data on every practitioner. It is also important to remember that zero data is in fact data. Zero data can actually be evidence of good performance, such as no complications or no infections. It is also important to know when someone is not performing certain privileges over a given period of time. It would not be acceptable to find at the two year reappointment that someone has not performed a privilege for two years.

The information resulting from the evaluation needs to be used to determine whether to continue, limit, or revoke any existing privilege(s) at the time the information is analyzed. Based on analysis, several possible actions could occur, including but not limited to:

- Determining that the practitioner is performing well or within desired expectations and that no further action is warranted
- Determining that issue exist that require a focused evaluation
- Revoking the privilege because it is no longer required
- Suspending the privilege, which suspends the data collection, and notifying the practitioner that if they wish to reactivate it they must request a reactivation
- Determining that the zero performance should trigger a focused review whenever the practitioner actually performs the privilege.
- Determining that the privilege should be continued because the organization's mission is to be able to provide the privilege to its patients

Conclusion

The Joint Commission believes that continuous evaluation is essential to protecting patients from practitioners whose quality of care falls below acceptable standards. In both focused professional practice evaluation and ongoing professional practice evaluation, physicians evaluate their colleagues' performance to ensure it is consistent with the standard of care. If conducted properly, the evaluation should result in two outcomes:

1. An advancement of the baseline quality established by the medical staff, in conjunction with the hospital board
2. Maintenance of that baseline by eliminating individuals who are unable to meet minimum standards.