

**ONGOING PROFESSIONAL PRACTICE EVALUATION
VA TENNESSEE VALLEY HEALTHCARE SYSTEM**

PROVIDER’S NAME : _____ **SERVICE/SPECIALTY AREA:**__

TIME PERIOD BEING REVIEWED:

REPORTS TO THE PROFESSIONAL STANDARDS BOARD ARE SEMI-ANNUALLY.

FPPE Triggers: Sentinel events, a substantiated practitioner-specific complaint, a provider-specific tort settlement, significant safety violations, or repeated/egregious unprofessional behavior, new provider, request for new privilege (as defined in Bylaws).

ACTIVITY DATA/DATA SOURCE FOR REVIEWS: (as applicable to the provider)

Number of Physician Reviews		
Number of Peer Reviews		
(service-specific activities can be added)		

These are examples of measures in each category. Each should be service/specialty specific. Columns for indicator type, volume and data measures can be added, along with benchmark/target levels. The scale can also be changed; this is just an example that was used at another facility.

1. PATIENT CARE: Provides patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.	UNSATISFACTORY – negative practice trends in performance or quality of care (requires comments below)	GAPS IN PRACTICE – poor outcomes in one or more indicators (not enough data to support negative trends)	SATISFACTORY – practice appropriate as compared to practitioners in same professional discipline/specialty	NOT OBSERVED
Less than two unjustifiable incidents/complaints per QUARTER. Any deficiencies are limited,				

minor and have no significant adverse impact on either organizational or individual productivity or efficiency				
Qualitative progress note documentation, as assessed through the peer review process, has no more than 2 incidents per peer review of instances where the case would have been handled differently				
Is the patient's goal and treatment plan in line with current guidelines (i.e. Anticoagulation with CHEST Guidelines, Hypertension with JNC-7, Hypercholesterolemia with NCEP)? (Acceptable \geq 95%)				
Performance Measure Compliance				
Are patient parameters not currently at goal addressed in the provider's progress notes and modifications of sound judgment? (Acceptable \geq 95%)				
Are patients seen back in clinic or follow up labwork requested for follow-up at an appropriate time interval? (Acceptable \geq 95%)				
Are significant laboratory abnormalities followed up in a timely manner as well as appropriate routine lab monitoring appropriately addressed in the Provider's progress note (i.e. Hgb/platelets every 6 months with anticoagulation, follow up labwork with new or adjustments made to hypertensive medications, target Hgb<12 and monitoring CBC appropriately with Epopen therapy)? (Acceptable \geq 95%)				
COMMENTS:				

2. MEDICAL/CLINICAL KNOWLEDGE: Demonstrates knowledge of established and evolving biomedical, clinical and social sciences, and applies knowledge to patient care and the education of others	UNSATISFACTORY	GAPS IN PRACTICE	SATISFACTORY	NOT OBSERVED
Maintains Board Certification as appropriate				
Demonstrates selection of most effective and appropriate treatments				
No more than 1 incident per QUARTER of inappropriate/inaccurate/incomplete information provided to the interdisciplinary team. Any incidents are limited, minor, and have NO significant adverse patient outcome				
COMMENTS:				
3. PRACTICED-BASED LEARNING AND IMPROVEMENT (CLINICAL JUDGEMENT): Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care.	UNSATISFACTORY –	GAPS IN PRACTICE	SATISFACTORY	NOT OBSERVED
Demonstrates self-improvement to continuously improve patient care.				
Completes Medication Reconciliation				
Clinical Reminder completion				
COMMENTS:				
4. INTERPERSONAL AND COMMUNICATION SKILLS: Practitioners are expected to demonstrate interpersonal and communication skills that enable to establish and maintain professional relationships with patients, families, and other members of the health care team.	UNSATISFACTORY	GAPS IN PRACTICE	SATISFACTORY	NOT OBSERVED

Medical Record delinquency (defined in Medical Staff Rules and Regulations)				
Have two or more documented (and justified) Medical Center staff complaints occurred during <u>the past 6 months</u> ?				
Consultations timely/appropriate				
Have two or more documented (and justified) patient / family complaints occurred during <u>the past 6 months</u> ?				
Medical Record Review: - Documentation is thorough, accurate and comprehensive Copy and paste used appropriately				
COMMENTS:				
5. PROFESSIONALISM: Practitioners are expected to demonstrate behaviors that reflect a commitment to the continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society.	UNSATISFACTORY	GAPS IN	SATISFACTORY	NOT OBSERVED
Participates in Peer Review				
Meets VetPro Credential Timelines				
Attends mandatory meetings				
Participates in Root Cause Analyses				
Plans personal leave in advance				
Maintains mandatory training.				
COMMENTS:				

6. SYSTEMS-BASED PRACTICE: Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize healthcare.	UNSATISFACTORY	GAPS IN PRACTICE	SATISFACTORY	NOT OBSERVED
Disclosure of adverse events documented				
Have two or more issues of non-compliance with Pharmacy Staff or Service Policies occurred during the <u>past 6 months</u> ?				
Resident Training Program evaluations completed in Resitrak in a timely manner.				
Formulary Compliance				
COMMENTS:				

 Evaluator's Signature

 Date

 Chair, Pharmacy PSB

 Date

 Service Chief Signature (required)

 Date

Service Chief Privilege Status Recommendation:

CONTINUE CURRENT SCOPE

RECOMMEND ADDITIONAL EVALUATION