



**Clinical Staff Executive Committee**

**MEDICAL CENTER POLICY NO. 0280**

- A. SUBJECT: Allied Health Professionals Practice Evaluations
- B. EFFECTIVE DATE: July 1, 2011 (R)
- C. POLICY STATEMENT:

In order to promote safe, high quality clinical care and to comply with regulatory requirements, the Medical Center shall evaluate the competence of Allied Health Professionals<sup>1</sup> who have been granted clinical privileges through focused and ongoing professional practice evaluations.

D. DEFINITIONS:

1. Focused Professional Practice Evaluation: A process whereby the Medical Center evaluates the privilege-specific competence of an Allied Health Professional who does not have documented evidence of competently performing the requested privilege, or when a question arises regarding the ability of a currently privileged Allied Health Professional to provide safe, effective high quality care. Focused professional practice evaluation is a time-limited period during which the Medical Center evaluates and determines the Allied Health Professional's professional performance.
2. Ongoing Professional Practice Evaluation: A process that allows the Medical Center to identify professional practice trends of Allied Health Professionals that impact on quality of care and patient safety on an ongoing basis and focuses on the practitioner's performance and competence related to his or her clinical privileges. It differs from other quality improvement efforts in that it evaluates the strengths and opportunities of an individual practitioner's performance rather than appraising the quality of care rendered by a group of professionals or by a health system.

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<sup>1</sup> "Allied Health Professionals" is defined in the Bylaws of the Clinical Staff of the University of Virginia Medical Center as follows: "Allied Health Professionals may include, but are not limited to, Optometrists, Audiologists, Certified Substance Abuse Counselors, Licensed Professional Counselors, Licensed Clinical Social Workers, Nurse Practitioners, Physician Assistants and Certified Registered Nurse Anesthetists."

(SUBJECT: Allied Health Professionals Practice Evaluations)

E. PROCEDURE:

1. Focused Professional Practice Evaluation Process

- a. When an Allied Health Professional initially requests a privilege, whether at the time of initial application or between application cycles, he or she shall submit documentation of clinical experience and specialized training to support his or her competency and qualifications. When such information is not available or there is not enough evidence to verify the privilege-specific competency of the practitioner, a Focused Evaluation may be utilized.
- b. A Focused Evaluation may also be initiated when a single or sentinel event occurs and/or patterns or trends indicate potentially unsafe patient care (*see [Medical Center Policy 0132 "The Quality Reporting Process"](#)*). Reports of an Allied Health Professional failing to provide safe, quality patient care, including but not limited to Quality Reports, shall be made in writing to the Associate Vice President for Hospital and Clinics Operations, the Chief Nursing Officer, Chief Quality and Process Improvement Officer, Chief Ambulatory Services Officer, Chair of the Allied Health Professionals Subcommittee, Chair of the Credentials Committee, or the Vice President and Chief Executive Officer of the Medical Center. All such reports shall be forwarded to the appropriate supervising or collaborative physician who shall be responsible for initiating the Focused Evaluation to assess the practitioner's performance.
- c. A focused evaluation is time limited as determined by the supervising or collaborative physician. The evaluation period shall proceed until such time as satisfactory evidence exists to support the practitioner's competence to perform the requested privilege or performance improvement has occurred. If after the designated review period, competency assessment is not yet verified, the evaluation may be extended or a different type of evaluation process assigned.
- d. Information to be considered in a Focused Evaluation may include, but is not limited to: chart reviews, monitoring clinical practice patterns, simulation, proctoring, and/or discussion with other care givers of specific patients (e.g. consulting physicians, nursing or administrative personnel).
- e. After completion of the Focused Evaluation, the supervising or collaborative physician shall report the results to the Credentials Committee. The Credentials Committee will consider the results of the Focused Evaluation in its decision to grant or deny the privileges requested by the individual practitioner.

2. Ongoing Professional Practice Evaluation Process:

- a. Ongoing Professional Practice Evaluations shall begin immediately after clinical privileges have been granted and provide continuous monitoring of the practitioner's clinical performance. It is the responsibility of each supervising or collaborative physician to implement the appropriate process for Ongoing Professional Practice Evaluations as contemplated by this Policy.

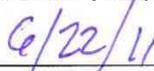
(SUBJECT: Allied Health Professionals Practice Evaluations)

- b. Each Department or Administrator will have specific performance criteria to be tracked for each Allied Health Professional, some of which will be organization wide criteria and some of which will be Department or specialty specific criteria. The Department of Quality and Process Improvement will work with each Department and Administrator to develop the performance information for the Allied Health Professional's role in dashboard format and will provide the dashboard information to the Department or Administrator and to the Allied Health Professionals Credentials Committee every six months. The Department or Administrator shall assure that the supervising or collaborative physician is provided the dashboard information on the Allied Health Professional. Each Department or Administrator shall maintain the dashboard information in a separate Credentials file for each Allied Health Professional.
- c. Each supervising or collaborative physician will review the dashboards as one way to evaluate the performance of Allied Health Professionals. Individual Allied Health Professional evaluations will be based on the specified benchmark criteria for the Department or Administrator, as well as other information specific to the practitioner from sources such as periodic chart review, direct observation, monitoring of diagnostic and treatment techniques, and/or discussion with other individuals involved in the care of each patient, including consulting physicians, nursing, and administrative personnel.
- d. Annually each supervising or collaborative physician, as appropriate, will complete an annual clinical evaluation of the Allied Health Professionals in the Department or specialty and submit it to the Credentials Committee.
- e. At the time of reappointment of an Allied Health Professional, the practice evaluations will be considered by the Department or Administrator, the Allied Health Professionals Committee and the Credentials Committee.

SIGNATURES:

  
Robert S. Gibson, M.D., President, Clinical Staff

  
R. Edward Howell, CEO, UVA Medical Center

  
6/22/11

DATE:

Medical Center Policy No. 0280 (R)

Approved March 2008

Revised June 2011

Approved by Credentials Committee

Approved by Clinical Staff Executive Committee