

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES  
Health Care Department Operations Manual

**1.4.7 Professional Practice Evaluation**

**(a) Policy**

- (1) The California Correctional Health Care Services (CCHCS) Professional Practice Evaluation (PPE) program shall ensure that patients receive health care services from competent and qualified licensed medical providers. The CCHCS PPE program is designed to follow a set of core competency standards.
- (2) The PPE program shall include structured Ongoing Professional Practice Evaluations (OPPE), Initial Focused Professional Practice Evaluations (IFPPE), Exploratory Focused Professional Practice Evaluation (EFPPE) and Targeted Review processes to assess the licensed medical provider's general clinical knowledge, skills, and professional judgment. The PPE processes allow the clinical supervisor to provide objective, actionable, and clinically relevant feedback to the licensed medical provider during performance evaluations. These processes support ongoing professional development and improve the quality of clinical care.
- (3) The PPE measures and standards shall be reviewed by the Deputy Director, Medical Services, and the Medical Peer Review Committee (MPRC) at a minimum of every two years to ensure continued relevance and alignment with statewide goals and objectives.

**(b) Purpose**

- (1) To establish a structured clinical PPE program to:
  - (A) Preserve standards of medical practice by providing a mechanism by which licensed medical providers are systematically evaluated for professional competency.
  - (B) Improve patient care through training of all licensed medical providers to adhere to the highest applicable clinical standards.
  - (C) Improve licensed medical providers' morale and job satisfaction thus increasing retention while enhancing effectiveness.
- (2) To outline how the PPE process shall be implemented and incorporated into civil service employee evaluations including both annual performance evaluations and individual development plans.

**(c) Applicability**

This policy applies to licensed medical providers including, but not limited to, Regional Deputy Medical Executives (RDME), Chief Physicians and Surgeons (CP&S), Physicians and Surgeons, Physician Assistants, and Nurse Practitioners who are privileged to provide health care services to patients.

**(d) Confidentiality**

In accordance with applicable law governing confidentiality of peer review documents, it is essential that PPE documentation be maintained as confidential and not be available to unauthorized persons. All persons participating in the PPE processes shall maintain PPE documentation in strict confidence.

**(e) Procedure Overview**

This procedure outlines the CCHCS PPE program which utilizes a combination of OPPE and Focused Professional Practice Evaluations (FPPE).

- (1) An OPPE is a process that allows the medical staff to identify professional practice trends that impact the quality of care and patient safety on an ongoing basis. An OPPE shall utilize multiple sources of information including, but not limited to, the review of aggregate data, review of individual cases when needed, and compliance with CCHCS policies and core standards. An OPPE shall utilize information from these sources to evaluate a licensed medical provider's professional performance, identify strengths, and opportunities to improve care.
- (2) An FPPE is a process whereby the medical staff evaluates the competency and professional performance of a licensed medical provider. The various types of FPPE utilized by CCHCS are:
  - (A) Initial Focused Professional Practice Evaluation. An IFPPE shall be conducted during the initial credentialing and privileging and probationary period for new licensed medical providers and when current licensed medical providers request a new privilege.
  - (B) Exploratory Focused Professional Practice Evaluation. An EFPPE shall be conducted when an OPPE evaluation identifies significant practice variance with potential undesirable patterns or trends of practice or when there is a question regarding a licensed medical provider's performance.
  - (C) Targeted Review. A Targeted Review shall be conducted when an IFPPE, OPPE, EFPPE, or other circumstance(s) bring the licensed medical provider's ability to deliver patient care in a safe manner into question. Targeted Reviews may focus on a specific area of the licensed medical provider's practice and may utilize multiple sources of information including the licensed medical provider's OPPE results, individual

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patient records, and compliance with CCHCS policies and core standards. All Targeted Reviews shall be referred to and conducted by the MPRC pursuant to the Health Care Department Operations Manual (HCDOM), Section 1.4.11, Peer Review Formal Investigation.

**(f) Procedure**

**(1) Initial Focused Professional Practice Evaluation**

The IFPPE shall be an assessment of clinical competency conducted during the probationary period for newly hired licensed medical providers and for current licensed medical providers when requesting new privileges. The IFPPE is designed to recognize the licensed medical provider's competence to perform the privileges requested, identify opportunities for improvement, and assist medical leadership with managing suboptimal performance when necessary.

(A) For IFPPEs conducted during the probationary period:

1. A two-month IFPPE shall be completed no more than 60 calendar days after appointment.
2. A four-month IFPPE shall be completed no more than 120 calendar days after appointment.

(B) For IFPPEs conducted when current licensed medical providers request new clinical privileges, timing of the review will depend on the specific privileges requested but shall be done no later than 60 calendar days after the provisional new privilege was granted.

(C) The Professional Practice Evaluation Support Unit (PPESU) shall generate a Selected Patient List and provide this list to the institution Chief Medical Executive (CME) for purposes of completion of each IFPPE. The criteria for the Selected Patient List is identified in the [Focused Professional Practice Evaluation Template](#), located on the Lifeline HCDOM Resources tab.

(D) The CME and/or CP&S shall review ten patients from the Selected Patient List to complete the IFPPE.

(E) Upon completion of the IFPPE by the CME and/or CP&S, the RDME shall review the IFPPE and either agree or disagree with the IFPPE recommendation. If the RDME disagrees, an explanation must be provided.

(F) IFPPEs completed for headquarters and telemedicine providers shall be reviewed by an assigned headquarters (HQ) Deputy Medical Executive (DME) or Assistant DME.

(G) Once approved, the CME and/or CP&S shall discuss the IFPPE with the licensed medical provider including any specific areas of deficiency which have been noted and specific expectations for improvement.

**(2) Ongoing Professional Practice Evaluation**

An OPPE shall be conducted at least every six months following the prior OPPE, or IFPPE if that was the last evaluation.

(A) The PPESU shall generate an [Ongoing Professional Practice Evaluation Report](#), located on the Lifeline HCDOM Resources tab, for use by the CME and/or CP&S every three months, or more often upon request. The CME and/or CP&S shall review the report and the practice trends listed. The CME and/or CP&S shall consider any indicators that vary at least one standard deviation from the performance of the other providers at that institution. In most cases the CME and/or CP&S will be able to explain the indicator variance based on factors already recognized. When the CME and/or CP&S is not able to explain significant variance, an EFPPE may be required.

(B) The CME and/or CP&S shall provide a written Individual Improvement Plan (IIP) based on the OPPE report on an annual basis during the licensed medical provider's birth month. This written IIP shall include areas of strength as well as opportunities for improvement and specific recommendations for improvement activities and follow-up review if needed.

**(3) Exploratory Focused Professional Practice Evaluation**

When the need for an EFPPE is identified, the referring party shall notify the PPESU of the basis and reason for the EFPPE. The notification shall include a clear, written explanation of the nature of the patterns or trends of practice that are in question.

(A) Upon receipt of the referral, the PPESU shall generate a Selected Patient List for the previous 180 calendar days. The Selected Patient List shall include patient cases which shall be chosen based on the identified patterns, trends, or practice questions and shall include patients with similar medical condition(s) and/or treatment(s) that fall within those patterns or trends.

(B) The CME and/or CP&S shall review the circumstances surrounding the request for an EFPPE. The CME and/or CP&S shall select ten patients from the Selected Patient List to complete the EFPPE. Based on the nature of the practice concerns, the CME and/or CP&S shall discuss the case with the RDME, HQ DME, or Assistant

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DME as appropriate and formulate recommendations including an IIP which may include requiring additional education and training or making a referral to the MPRC for consideration of limiting/restricting clinical privileges.

(C) Once completed, the CME and/or CP&S shall discuss the EFPPE with the subject licensed medical provider including any areas of deficiency which have been noticed, and specific expectations for improvement. The CME and/or CP&S shall document the discussion with the licensed medical provider on the EFPPE template.

**(4) Targeted Review**

(A) When an IFPPE, OPPE, EFPPE or other circumstance(s) bring the licensed medical provider's ability to deliver patient care in a safe manner into question, the RDME, HQ DME, Assistant DME, CME and/or CP&S shall immediately refer the licensed medical provider to the MPRC pursuant to the HCDOM, Section 1.4.8, Medical Peer Review Referral and Intake.

(B) If there is a risk of imminent danger to patients, the referral shall be submitted as a Safety Assessment pursuant to the HCDOM, Section 1.4.9, Safety Assessment, Summary and Automatic Privilege Modification.

**References**

- California Evidence Code, Division 9, Chapter 3, Section 1157
- California Business and Professions Code, Division 2, Chapter 1, Article 11, Section 800, *et seq.*
- Health Care Department Operations Manual, Chapter 1, Article 4, Section 1.4.6, Licensed Medical Provider Credentialing and Privileging
- Health Care Department Operations Manual, Chapter 1, Article 4, Section 1.4.8, Medical Peer Review Referral and Intake
- Health Care Department Operations Manual, Chapter 1, Article 4, Section 1.4.9, Safety Assessment, Summary and Automatic Privilege Modification
- Health Care Department Operations Manual, Chapter 1, Article 4, Section 1.4.11, Peer Review Formal Investigation

**Revision History**

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