Medical Staff
Ongoing Practitioner Practice Evaluation (OPPE)
July, 2011

POLICY & PURPOSE
It is the policy of Swedish Medical Center to comply with accreditation standards and state and federal regulatory requirements regarding ongoing and focused professional practice evaluations. The purpose of this process is to assure that the Hospital, through the activities of its Medical Staff, assesses the ongoing professional practice and competence of its Active Medical Staff and individuals with clinical privileges, conducts professional practice evaluations, and uses the results of such assessments and evaluations to improve professional competency, practice, and care. Medical Staff members and individuals with clinical privileges are incorporated into the scope of this process. OPPE is a process through which the Medical Staff identifies professional practice trends that impact quality of care and patient safety on an ongoing basis. OPPE is conducted continuously and reported through the Medical Staff Organizational Structure. Practitioners on the Affiliate Staff category do not require OPPE monitoring. The Credentials Committee will have primary oversight of the OPPE process. The OPPE process evaluates an individual practitioner’s professional performance and includes opportunities to improve care based on recognized standards. OPPE evaluates the strengths and opportunities of an individual practitioner’s performance and competence related to his/her privileges. OPPE utilizes multiple sources of information, including but not limited to the review of individual cases, the review of aggregate data, compliance with Hospital policies and Medical Staff Bylaws, clinical standards, and the use of rates compared against established benchmarks or norms. Individual evaluation is based on generally recognized standards of care. This process provides practitioners with feedback for personal improvement or confirmation of personal achievement related to the effectiveness of their professional, technical, and interpersonal skills in providing patient care.

OPPE GOALS
Goals of the OPPE process include:
- Identify opportunities for practice and performance improvement of individual practitioners (Medical and Advanced Practice Staff professionals)
- Monitor for significant trends in performance by analyzing aggregate data and case findings
- Assure that the process for professional practice evaluation is clearly defined, objective, equitable, defensible, timely, and useful
- Monitor clinical performance of Medical Staff practitioners
- Improve the quality of care provided by individual practitioners
- Provide suggested areas for system-wide improvement, addressable by focused project teams
- Information collected for OPPE by the Quality Management Department and Medical Staff Office will be reflected within the six areas of general competencies as applicable to areas of practice:
  - Patient Care: Admission and procedural activity; appropriate adherence to blood and pharmaceutical use standards
  - Medical/Clinical Knowledge: Review of operative and other clinical procedures performed and their outcomes
  - Practice Based Learning and Improvement: Compliance with Applicable Joint Commission standards; CMS Conditions of Participation; Applicable core measures; National Patient Safety Goals guidelines and documentation requirements
  - Interpersonal Communication Skills: Behavior reports of concern
  - Professionalism: Timely and comprehensive medical record completion
Systems Based Practice: Appropriate adherence to Medical Staff approved clinical protocols and policies

DATA COLLECTION & INDICATORS FOR REVIEW

Data collection methodologies may include periodic chart review; direct observation; monitoring of diagnostic and treatment techniques; or, discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, nursing, and administrative personnel. All Active Medical Staff members and individuals with clinical privileges will be subject to OPPE every 9 months. Data will be collected, reviewed, and shared with practitioners accordingly.

Evaluation of performance against policy, guideline and evidence-based indicators identify individual instances of non-compliance with administrative or clinical processes. Rate based indicators identify potential performance differences among physicians using aggregated outcomes or processes of care taking into account differences in activity (i.e., integrates a denominator). Each Department/Section will identify indicators for their service. Thresholds for each indicator will be identified as appropriate. When a threshold is exceeded, the Department Chair will determine if a focused review is required (at which time the Focused Professional Practice Evaluation process will be initiated per these Bylaws). Indicators will be evaluated periodically to determine if the indicator(s) and threshold(s) should be modified.

MEDICAL STAFF OVERSIGHT AND PROCEDURE.

Department Chairs (or designees) will review OPPE data. Department Chairs have the authority to determine that no action may be indicated for practitioners whose OPPE data reflect compliance with all indicators. Outliers may vary by type of specialty or volume; therefore, the Department Chair (or designee) may determine whether a quality concern exists and may initiate a focused review of the outliers. The Department Chair will deem the information appropriate with no further action to be taken or he/she will identify any issues that require further review. The Department Chair will forward a final report for all reviewed providers, including any relevant recommendations to the Credentials Committee. For practitioners who require further review, the Department (or Section Chair) will document pertinent findings and recommendations to include confirmation that the practitioner has been reviewed and there are no potential problems with performance or trends that would impact the quality of care and patient safety. The practitioner will then be reviewed again during the next sixth-month OPPE.

In review of the OPPE data, the Department Chair shall determine whether any of the following actions are indicated. His/her recommendations shall be forwarded to the Credentials Committee. Such recommendations may include, but not be limited to:

- Recommendation to initiate FPPE
- Recommend review by Hospital Professional Review Committee
- Recommend other actions as may be deemed appropriate in accordance with the Medical Staff Bylaws

The Department Chair’s review will be factored into the decision to maintain existing privilege(s), to revise existing privilege(s) or to revoke an existing privilege prior to or at the time of reappointment. The Credentials Committee will either support or recommend revisions to the recommendation. The Credentials Committee will forward their report/recommendations to the MEC for final consideration and ultimate approval.

The information gained by the review of the above information will be filed in the credentials file and incorporated into the two-year reappointment process. All practitioners will receive appropriate and timely communication relevant to the OPPE review.

Each Medical or Advanced Practice Staff member being evaluated is responsible for cooperating with the OPPE review process when requested.

If the Department Chair identifies a practitioner as having insufficient clinical activity at Swedish Medical Center, evidence of successful evaluation from another HealthONE hospital may be accepted. (Such sharing of information is deemed appropriate in keeping with the HealthONE Policy relevant to Interfacility Sharing of Certain Practitioner Information.)

It is within the discretion of the Department Chair (or designee) to determine whether the documentation from the System hospital meets the requirements of Swedish Medical Center.