	<b>MANUAL: Medical Staff Credentials</b>		
	<b>TITLE: Ongoing Professional Practice Evaluation</b>		<b>NUMBER: 3.13</b>
	<b>CATEGORY: Medical Staff</b>		<b>SUB-CATEGORY: Misc</b>
<b>POLICY ADMINISTRATOR: VP for Medical Affairs</b> <b>POLICY SPONSOR: Medical Staff Office</b>		<b>ORIGINAL DATE: 01/14</b> <b>LAST REVISION DATE: 09/14</b> <b>LAST REVIEWED: 04/15</b>	<b>REVIEW CYCLE:</b>

**1.0 POLICY**

The Ongoing Professional Practice Evaluation (OPPE) Policy describes the process by which WellSpan Ephrata Community Hospital evaluates the quality of care provided by practitioners who have been granted clinical privileges by utilizing evidence-based medical practice standards and guidelines. All information related to the OPPE process is considered privileged and confidential in accordance with state and federal laws and regulations relating to peer review and other protections.

**2.0 PURPOSE**

Assess and monitor the performance of practitioners who have been granted clinical privileges at WellSpan Ephrata Community Hospital and use the outcomes of the assessment to improve the quality of patient care.


**3.0 DEFINITIONS**

Focused Professional Practice Evaluation (FPPE) – The time-limited evaluation of practitioner competence in performing a specific privilege or specific privileges. This process is implemented for all initially requested privileges and whenever a question arises regarding a practitioner’s ability to provide safe, high-quality patient care. See Focused Professional Practice Evaluation Policy.

Ongoing Professional Practice Evaluation (OPPE) – A summary of ongoing data collected for the purpose of assessing a practitioner’s clinical competence and professional behavior. The information gathered during this process is factored into decisions to maintain, revise, or revoke existing privilege(s).

**4.0 GUIDELINES:**


1. All practitioners who have been granted clinical privileges will be reviewed through the OPPE process.
2. The OPPE category elements may include, but are not limited to the following:
  - \* **Patient Care** (*Practitioners are expected to provide 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.*)
  - \* **Medical / Clinical Knowledge** (*Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.*)
  - \* **Practice-Based Learning and Improvement** (*Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.*)
  - \* **Interpersonal and Communication Skills** (*Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of healthcare teams.*)
  - \* **Professionalism** (*Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and*

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*sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society.)*

*\* **System-Based Practice** (Practitioners are expected to demonstrate both an understanding of the contexts and systems in which healthcare is provided, and the ability to apply this knowledge to improve and optimize health care.)*

3. Each Medical Staff Department or Division will approve the OPPE indicators for its own clinical specialty area. See attached OPPE Indicator Listings for each clinical specialty area and supervising physician survey for advanced practice clinicians. The Medical Executive Committee (MEC) will also approve the OPPE indicators for each clinical specialty area through approval of this policy.
4. An OPPE Report containing the practitioner's performance for the approved indicators for the practitioner's clinical specialty area will be created at a minimum of every six (6) months according to the attached OPPE schedule. The OPPE reports for the following areas will be from the peer review process and not the Crimson System: ED Advanced Practice Clinicians and Certified Registered Nurse Anesthetists.
5. Each OPPE Report will be reviewed by the practitioner's respective Department Chairman. OPPE Reports for the Department Chairman will be reviewed by the Department Vice Chairman. If the Department Chairman or Department Vice Chairman is unable to review a particular report, the Vice President for Medical Affairs (or his designee) will review the OPPE Report. The person reviewing the OPPE report will be considered the "Report Reviewer".
6. If an OPPE Report contains any of the following triggers, the OPPE Report will be forwarded to the Credentials Committee with any comments from the OPPE Report Reviewer for consideration of implementation of a FPPE or other appropriate action for the practitioner:
  - a. Two (2) or more cases that have been assigned a Case Evaluation Number of 5 or greater through the Medical Staff Peer Review Process relating to the practitioner's performance, OR
  - b. Three (3) or more events, including patient grievances/complaints, relating to the practitioner's performance (excludes elopements and against medical advice (AMA) events), OR
  - c. Any significant trend as identified by the OPPE Report Reviewer such as trends relating to, but not limited to, mortality rates, surgical site infections, complications, unplanned returns to the operating room, or unplanned readmissions or revisits.
7. If an OPPE report does not contain any of the above triggers and is determined to be acceptable by the OPPE Report Reviewer, the OPPE Report will be filed as closed without further action.

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### 1.0 POLICY

The Focused Professional Practice Evaluation (FPPE) Policy describes the process by which WellSpan Ephrata Community Hospital evaluates the quality of care provided by practitioners who have been granted clinical privileges by utilizing evidence-based medical practice standard and guidelines. All information related to the FPPE process is considered privileged and confidential in accordance with state and federal laws and regulations relating to peer and other review protections.

### 2.0 PURPOSE

Assess and monitor the performance of practitioners who have been granted clinical privileges at WellSpan Ephrata Community Hospital and use the outcomes of the assessment to improve the quality of patient care.


### 3.0 DEFINITIONS

Focused Professional Practice Evaluation (FPPE) – The time-limited evaluation of practitioner competence in performing a specific privilege or specific privileges. This process is implemented for all initially requested privileges and when a practitioner’s data falls below predetermined benchmarks and whenever a question arises regarding a practitioner’s ability to provide safe, high-quality patient care.

Ongoing Professional Practice Evaluation (OPPE) – A summary of ongoing data collected for the purpose of assessing a practitioner’s clinical competence and professional behavior. The information gathered during this process is factored into decisions to maintain, revise, or revoke existing privilege(s). See Ongoing Professional Practice Evaluation Policy.

### 4.0 GUIDELINES:

1. All practitioners who have been granted clinical privileges will receive a FPPE at the time of initial appointment of privileges for a time period specified by the Credentials Committee.
2. A practitioner who has been identified for a FPPE through the Trigger process outlined in the OPPE process will receive a FPPE for the privilege(s) identified by the Credentials Committee. The Credentials Committee will also determine the duration of the FPPE.
3. The indicators identified in the OPPE Policy for the practitioner’s specialty will be used for the FPPE, unless otherwise directed by the Credentials Committee.
4. The FPPE Report will be reviewed by the practitioner’s respective Department Chairman. FPPE Reports for the Department Chairman will be reviewed by the Department Vice Chairman. If the Department Chairman or Department Vice Chairman is unable to review a particular report, the Vice President for Medical Affairs (or his designee) will review the FPPE Report. The person reviewing the OPPE report will be considered the “Report Reviewer.”

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5. The FPPE Report, along with recommendations for appropriate actions from the respective FPPE Report Reviewer, will be presented to the Credentials Committee for review and appropriate action. Appropriate follow-up actions may include, but are not limited to, an extended evaluation period, time-limited performance plan, chart reviews and/or process monitoring in order to resolve any performance concerns.
6. At the conclusion of the practitioner's FPPE, the Credentials Committee will determine, based on recommendations from the respective Department Chair, if competency expectations have been met, if the FPPE should be extended or modified for an additional period or if further actions must be initiated through the Corrective Action provisions of the Medical Staff Bylaws.
7. If the Credentials Committee determines that the competency expectations have been met through the FPPE, the FPPE will be concluded and the practitioner will be monitored through the OPPE process.

	FP Quick Care	ED	Cardiology	Card Peds	Gastro	Hem/Onc	Rad/Onc	Radology	Int Med/FP	Neuro	Psych	Pulm
Role = Attending	X	X	X		X	X	X	X	X	X	X	X
Role = Consulting	X		X	X	X	X	X	X	X	X	X	X
Role = Performing	X		X		X	X	X	X	X	X		X
% 3 Day ED Revisits Resulting in Admission		X										
% 3 Day Readmits w/ Excludes (Any APR-DRG)	X		X		X		X		X	X	X	X
% 30 Day Readmits w/ Excludes (Any APR-DRG)	X		X		X		X		X	X	X	X
% 72 Hour Revisits (Any Reason)	X	X										
% Cases Above CMS GMLOS	X		X		X		X	X	X	X	X	X
% Complications of Care	X		X		X	X	X		X	X	X	X
% OP Procedures with an ED Visit within 3 Days			X		X		X					
% OP Procedures with an ED Visit within 30 Days			X		X		X					
AHRQ – Patient Safety Indicators	X		X		X	X	X	X	X	X	X	X
AMA Rate		X										
Average Consultants Used	X								X			
Average LOS	X		X		X	X	X	X	X	X	X	X
Average Obs LOS (Hrs)	X								X			
Case Evaluations Score (QI Evaluation #5-9)	X	X	X	X	X	X	X	X	X	X	X	X
Complication of procedure (across all Bronchoscopies)												X
Complication of procedure (across all cardiac catheterizations)			X									
Complication of procedure (across all colonoscopies)					X							
Complication of procedure (across all pacemaker implantations)			X									
Complication of procedure (across all upper endoscopies)					X							
Complications (across all Bone Marrow Biopsies)						X						
Complications (across all lumbar punctures)										X		
Core Measures	X	X	X		X	X	X		X	X	X	X
ED Diagnostic Test Utilization		X										
ED LOS (Released) in Hrs		X										
Hospital-acquired Deep Vein Thrombosis (DVT)/Pulmonary Embolism (across all discharges)	X		X		X		X	X	X			X
Lumbar Puncture Rates (across all discharges)										X		
Mortality Observed/Expected Rate	X		X		X		X	X	X	X		X
Mortality Rate	X		X		X		X	X	X	X		X
Number of Radiology Procedures in Which Sedation is administered							X	X				
Physician Login Count in Crimson	X	X	X	X	X	X	X	X	X	X	X	X
Physician Related Events	X	X	X	X	X	X	X	X	X	X	X	X
Physician Status (Attending, Consulting, Performing)	X	X	X	X	X	X	X	X	X	X	X	X
Press Ganey Scores	X		X		X	X	X	X	X	X	X	X
	Int Med/FP also includes Allergy, Dermatology, Hospice, Infectious Disease, Nephrology, and Rheumatology											

