

Children’s Hospital and Health System Administrative Policy and Procedure

This policy applies to the following entity(s):

Children’s Hospital and Health System

SUBJECT: Ongoing Professional Practice Evaluation (OPPE)

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Definitions

Provider – Any privileged individual

ACMO – Associate Chief Medical Officer

CMO – Chief Medical Officer

FPPE - Focused Professional Practice Evaluation

MEC – Medical Executive Committee

Provider Leadership – Section Chief, Department Chief, or Executive Committee as appropriate to entity

POLICY

The purpose of ongoing professional practice evaluation (OPPE) is to

- Allow the Medical Staff to set clear expectations for a provider’s clinical competence and professional behavior.
- Establish a systematic process to ensure that there is sufficient information available to confirm the current expectations for performance.

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- Recognize excellent performance, as well as identify areas of improvement opportunities.
- Provide periodic provider-specific profiles, allowing individuals the opportunity to self-improve based on the information provided.

The objective of OPPE is to maintain provider excellence and continuous improvement in providing the highest standard of quality patient care and safety. OPPE applies to all providers granted clinical privileges to provide care, treatment and services. Members of each section determine data to be collected and criteria used to evaluate provider professional performance. Provider-specific profiles will be reported at a minimum every 8 months. Information resulting from OPPE is factored into the decision to maintain, revise, or revoke any existing clinical privileges of an individual provider prior to or at time of reappointment.

Six general competencies serve as the organizing framework of OPPE:

- **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.
- **Medical Knowledge**: Demonstrates knowledge of established and evolving biomedical, clinical and social sciences, and applies knowledge to patient care and the education of others.
- **Practice-based Learning & Improvement**: Able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.
- **Interpersonal & Communication Skills**: Demonstrates interpersonal and communication skills that establishes and maintains professional relationships with patients, families, and other members of health care teams.
- **Professionalism**: Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward patients, families, profession, and society.
- **Systems-based Practice**: Demonstrates both an understanding of the contexts and systems in which health care is provided and applies knowledge to improve and optimize health care.

Performance indicators are classified as one of the following:

- **Review Indicator**: Identifies a significant event that would ordinarily require peer review to determine cause, effect and severity. This indicator is expressed as a number of events.
- **Rate Indicator**: Identifies cases or events that are aggregated for statistical analysis prior to review. This indicator is expressed with a denominator to adjust for volume and can be represented as a percentage, percentile, average, index, etc. The numerical format of how the data is expressed is the same as the target format.
- **Rule Indicator**: Represents a general rule, standard, generally recognized professional guideline, or accepted practice of medicine where individual variation does not directly

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cause adverse patient outcomes. Ideally, there should always be compliance. This indicator may be expressed as a Yes (compliant) or No (noncompliant).

PROCEDURE

A. Selection of Performance Indicators and Targets:

Each provider will be assigned to a peer group as defined by the MEC based on services provided and clinical privileges.

Volume data is included on OPPE profiles to provide information on a provider's current clinical activity and may be used with rate performance indicators.

The Provider Leadership is responsible for obtaining input from peer group members in the selection and definition of performance indicators. Target rates help achieve a culture focused on improving provider performance. Expected target rates are determined for each performance indicator to ensure consistent interpretation by the Provider Leadership reviewing the data and the provider receiving the data. Performance indicators and targets are approved by the MEC and are reviewed on a periodic basis.

If an indicator is relevant to performance, but is not provider-specific, the MEC can use it as a group indicator to evaluate privileged providers as a whole or of a specific peer group to identify improvement opportunities in practice. A group indicator cannot be used to evaluate individual provider performance on an OPPE profile.

B. Data Collection and Maintenance

Medical Staff Services collects OPPE data through resources that include, but are not limited to:

- Medical record review
- Hospital/host hospital information systems and other database reports
- Event reports
- Patient experience surveys
- Audit tools
- Direct observation

Data sources and responsible parties are defined for each indicator. Medical Staff Services provides general oversight to ensure that OPPE is assembled, reviewed and distributed appropriately.

Medical Staff Services will send requests for OPPE review to the Provider Leadership and will track responses. Medical Staff Services will contact Provider Leadership who do not

respond within 1-2 weeks of the due date a second time via email and alert the ACMO/CMO of the delay.

C. Notice of Indicators/Targets

Providers are informed of the Medical Staff's expectations for performance. The OPPE process and relevant indicators and targets are provided to all providers granted clinical privileges. Updates are provided to providers when an indicator has been added, revised, or deleted from the OPPE profile or when criteria or target rates have changed.

D. Review and Distribution of OPPE Profiles

Clinical activity and performance data is presented by peer group to the Provider Leadership. The Provider Leadership reviews each individual provider's results, compares current data with previous data to determine any trends and compares individual provider's performance with expected target rates for potential opportunities for improvement.

All providers will receive a copy of their OPPE assessment of performance.

The indicators on the OPPE profile provide broad comparisons and are not precise measures of provider competence. Data provided may have its limitations. The OPPE profile is to be used as a starting point for identifying improvement opportunities. Variations will not be considered definitive without further evaluation and discussion with the involved provider. Providers are encouraged to express any concerns or questions they have about the data.

E. Follow-up on OPPE Results

If performance is within the generally accepted standards of care. No action is required. If data are identified that fall outside of expected parameters, the Provider Leadership will discuss, with the provider, the potential reasons for the variance and document the findings for each indicator that is below the expected target including efforts to understand why the provider is different and whether the difference actually is related to the provider's performance.

The Provider Leadership will determine if additional data are needed, if performance is acceptable or if a FPPE is needed.

If additional data are needed, the Provider Leadership will define the additional evaluation. Following data review, if an improvement plan is required, the Provider Leadership will develop the FPPE with the assistance of the Peer Review/Professional Review Committee/Executive committee.

If results of FPPE monitoring indicate concerns regarding competency for specific clinical privileges or professional behavior, the Provider Leadership will inform the Professional Review Committee/Executive Committee.

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Privileged providers are entitled to a fair hearing and appellate review should intervention result in a professional review action as defined in the Medical Staff Bylaws.

A grace period not to exceed more than one year may be considered for all new performance indicators during which results are distributed for awareness and may include further education on performance expectations. This allows providers time to understand the data and, if not at an expected performance rate, to determine why and take action. The Provider Leadership may follow-up with the individual provider at any time if performance is below the expected target or if any of the following patterns shows a potential trend:

- More than one time period in a row for an individual indicator
- Two out of three time periods for an individual indicator
- More than one indicator in the same general competency in a single time period

F. OPPE Profiles and Reappointment

The Provider Leadership is informed of any OPPE improvement plans as part of review for reappointment and may review the OPPE profiles from the previous two year period and use the profile as a resource when determining a recommendation to continue, limit or revoke any existing clinical privileges as defined in the Medical Staff Bylaws.

In order to conduct a thorough review on those providers that show no or low clinical activity during the two year period, the following is required as part of the provider's reappointment process:

- A minimum of two peer evaluations verifying current competence
- Verification from primary hospital or ambulatory clinic that provider is currently in good standing.

The Provider Leadership may also request that the provider provide documentation of clinical activity (i.e., case logs) from a primary hospital or ambulatory clinic to support his/her clinical privilege requests. The burden is placed on the provider to provide adequate information to establish qualifications and competency for the clinical privileges requested.

G. Maintenance and Confidentiality

The provider-specific OPPE profile and any supporting documents including discussions with the Provider Leadership, plans for improvement, or actions taken will be kept in the provider's credentials profile. Access to such information will be in accordance to the policy on the confidentiality of credentialed providers files and records.

References:

The Joint Commission Comprehensive Accreditation Manual for Hospitals, Accreditation Requirements, Medical Staff (MS) (2021 CAMH).

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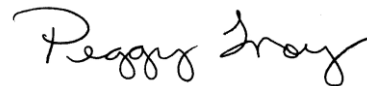
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Approved by:
Fox Valley Medical Executive Committee April 7, 2021
Milwaukee Medical Executive Committee May 3, 2021

Approved by:

A handwritten signature in black ink that reads "Peggy Troy". The signature is written in a cursive style with a large initial "P" and a long, sweeping underline.

Peggy Troy, President & CEO
Children's Hospital and Health System
May 24, 2021

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