SAMPLE - Ongoing Professional Practice Evaluation Policy

Subject: Ongoing Professional Practice Evaluation

Number:

Effective Date:

Supersedes SPP# Dated:

Approved by: (signature)

Distribution: Medical Staff, Credentialing Manual, Medical Staff Office, Quality Management

I. STATEMENT OF PURPOSE:

To ensure that the directives of the medical staff bylaws are carried out with respect to continuously appraising the competency of providers to perform the privileges they have been granted and to ensure consistent compliance with accreditation and regulatory requirements

II. STATEMENT OF POLICY:

An ongoing professional practice evaluation (OPPE) will be conducted to evaluate the competency of all medical staff members and other practitioners who are granted privileges through the medical staff process. OPPE data will be reviewed by physician leaders and the individuals being evaluated at least quarterly. Actions will be taken to address any quality of care or performance concerns. A summary of the data collected will be used in the reappointment decision-making process.

III. PROCEDURES:

A. Each department or service will determine the specific data to be collected on providers in that department. Data will be collected to evaluate the performance of providers in the six areas of general competency:
   1. Patient care — compassionate, appropriate and effective
   2. Medical/clinical knowledge — regarding established and evolving biomedical, clinical and social sciences
   3. Practice-based learning and improvement — using scientific evidence and methods to investigate, evaluate and improve patient care practices
   4. Interpersonal and communication skills — to maintain professional relationships with patients, families and other members of the healthcare team
   5. Professionalism — professional development, ethical practice, sensitivity to diversity and responsibility toward patients, the profession and society
   6. Systems-based practice — understanding of healthcare systems applied to improve and optimize healthcare

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B. At a minimum, the following data will be collected and incorporated into the OPPE in the departments in which it is relevant:
   1. The Joint Commission’s required data elements:
      • Medical assessment and treatment of patients
      • Use of medications and blood
      • Procedures performed
      • Clinical practice patterns and departures from established clinical practice
      • Patient education and coordination of care
      • Medical record completion
      • Sentinel events and patient safety data
      • Autopsies
   2. Core measure data
   3. Activity and utilization data
   4. Patient complaints and compliments
   5. Incident reports and occurrence screens
   6. Near misses, adverse events and sentinel events
   7. State mandatory reportable events
   8. Hospital-acquired conditions
   9. Patient readmission rates
C. The data will be collected through:
   1. Periodic chart reviews
   2. Direct observation
   3. Monitoring of diagnostic and treatment techniques
   4. Discussions with other staff members involved in the care of patients
   5. Administrative databases
   6. Quality monitoring activities
   7. Organizational records

D. An OPPE report is provided to the department chairperson and individual being evaluated on an ongoing basis, but for a period no more than eight months. The provider being evaluated will have an opportunity to review their own information and provide feedback on any discrepancies. The information will be amended, as appropriate, before it is given to the department chairperson. The department chairperson will discuss any areas of concern with the individual provider and/or the peer review committee. Formal discussions will be documented in the provider’s confidential peer review file and meeting minutes, as appropriate. Actions will be taken as necessary, which may include an FPPE.

E. The OPPE and supporting documents will be stored in the individual practitioner’s confidential peer review file. Access to the file is limited and tightly controlled.

F. The OPPE will be reviewed by the department chairperson at the time of reappointment and the information will form the basis of the chairperson’s recommendations regarding reappointment to the medical staff and the granting of privileges. OPPE information will also be available to the credentials committee, medical executive committee and the governing body.
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References
1. The Joint Commission, *Accreditation Requirements – Hospital Program*, Introduction to MS.06.01.01, The Joint Commission, Joint Commission Resources, Oakbrook Terrace, IL, Effective July 1, 2016.
2. Ibid, Introduction to Standard MS.08.01.03.
3. Ibid.
4. Ibid.
5. Ibid.