MEDICAL STAFF MSPP-003
POLICIES & PROCEDURES

PURPOSE: To provide guidelines for Ongoing Professional Practice Evaluation (OPPE) which allows the Medical Staff and the hospital to identify professional practice trends that impact on quality of care and patient safety.

SCOPE: All members of the medical staff and Allied Health Professionals privileged through the medical staff process.

CLINICAL SECTION: All Clinical Sections

POLICY:

OPPE is used to assess the competence of medical staff members and Allied Health Professional staff members who are privileged through the medical staff process. Data is collected and analyzed for review. Criteria for review may include, but is not limited to:

- Review of operative and other clinical procedures performed and their outcomes
- Length of stay patterns
- Morbidity and mortality data
- Practitioner’s use of consultants
- Other relevant criteria as determined by the organized medical staff

The medical staff is responsible for ensuring that OPPE is consistently implemented and that clearly defined indications are uniformly applied.

PROCEDURE:

Continuing review of patient care and the professional performance of practitioners is the responsibility of the Section Chiefs as delineated in the Medical Staff Bylaws.

The organized medical staff has a leadership role in performance improvement activities to improve quality of care, treatment and services as well as patient safety. This is accomplished through the mechanisms of the hospital’s and medical staff’s committees, which include, but is not limited to: patient care improvement committee; patient safety committee; ethics committee; and any other organization-wide performance improvement activities, the results of which may provide information as it relates to the performance of a practitioner with privileges.

The hospital’s medical staff has elected to use the six general competencies as defined by the American Board of Medical Specialties (ABMS) as a general framework for evaluation of practitioners. The six competencies include:

1) Patient care and Procedural Skills – Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.
2) Medical knowledge – Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application I patient care.
3) Practice-based learning and improvement – Able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.
4) Interpersonal and communication skills – Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically should, uses effective listening skills...
with non-verbal and verbal communication; working as both a team member and at times as a leader).

5) Professionalism – Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.

6) Systems-based practice – Demonstrate awareness of and responsibility to larger context and systems of healthcare. Be able to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).

All OPPE’s will be reviewed by the Section Chief and reported to the Medical Executive Committee to determine whether there are any performance improvement initiatives that need to be addressed further related to organizational processes or clinical practices.

All reviews shall be considered a part of the confidential peer review activity of the medical staff and allied health professional staff and are intended to enhance the quality and safety of patient care, and as such is entitled to peer review protection and privilege.

The choice of the methods may include, but are not limited to:

1. Periodic chart review
2. Direct Observation
3. Evaluation of diagnostic and treatment techniques
4. Discussion with other individuals involved in the care of each patient, including consulting physicians, assistants at surgery, nursing and administration personnel.

The written results of OPPE will become a part of the practitioner’s quality file, which is maintained in the Medical Staff Office and will be included in the decision to maintain existing privileges, revise existing privileges or to revoke an existing privilege prior to or at the time of renewal.

Written Response.

a. If at any time during the OPPE procedure there is evidence of negative findings by the evaluation process, the practitioner shall be notified by the Section Chief in writing or in person, of the findings and given the opportunity to provide a written response to the findings. Upon receipt of the provider’s written response, if the negative findings are not upheld by the Section Chief and the Medical Executive Committee, the evaluation form(s) will not be incorporated into the practitioner’s quality file which is maintained in the Medical Staff Office.

b. If the negative findings are validated, the practitioner will be returned to the Focused Professional Practice Evaluation (FPPE) period until it is deemed by the Section Chief and the Medical Executive Committee that improvement of the provider has been adequately reviewed and documented. Once the decision is made by the Section Chief and the Medical Executive Committee that the practitioner has improved and is deemed adequate, the practitioner will return to the OPPE process and will be notified in writing.

c. If the negative findings are upheld, the written response will be placed in the provider’s quality file that is maintained in the Medical Staff Office.

Results of OPPE’s are to be communicated in writing to the practitioner.