

# **COVENANT MEDICAL CENTER**

## **ONGOING PROFESSIONAL PRACTICE EVALUATION POLICY (OPPE)**

*Adopted by the Medical Staff: August 13, 2019  
Approved by the Board: August 29, 2019*

# ONGOING PROFESSIONAL PRACTICE EVALUATION POLICY (OPPE)

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## ONGOING PROFESSIONAL PRACTICE EVALUATION POLICY (OPPE)

1. **Scope of Policy.** All Practitioners who provide patient care services at Covenant Medical Center (the “Hospital”) are subject to ongoing professional practice evaluation (“OPPE”).
2. **Definitions.**
  - (a) “Medical Staff Leader” means any Medical Staff Officer, department chair, section chief, and committee chair.
  - (b) “OPPE” means the ongoing review and analysis of data that helps to identify any issues or trends in Practitioners’ performance that may impact quality of care and patient safety. OPPE promotes an efficient and effective evidenced-based reappointment process. It is also part of the effort to provide educational opportunities that help all Practitioners consistently provide quality, safe, and effective patient care. A flow chart of the OPPE process is attached as **Appendix A**.
  - (c) “Practitioner” means any individual who has been granted clinical privileges and/or membership by the Board, including, but not limited to, members of the Medical Staff and Allied Health Professionals.
  - (d) “PPE Support Staff” means the clinical and non-clinical staff who support the professional practice evaluation (“PPE”) process generally and the OPPE process described in this Policy. This may include, but is not limited to, staff from the quality department and Medical Staff Services.
3. **OPPE Data to Be Collected.**
  - 3.A **Department Data Elements.** Each Department, in consultation with the PPE Support Staff and Chair of the Committee on Performance Enhancement (“CoPE”), shall determine the OPPE data to be collected for each Practitioner in the Department and, where appropriate and relevant, the expected parameters of performance for each data element. Depending on the size of the Department, data elements may be identified for Sections within the Department. All Department data elements and parameters shall be approved by the CoPE. **Appendix B** includes a list of data elements that are currently in effect for each Department/Section.
  - 3.B **Data Elements for All Practitioners.** The CoPE shall establish OPPE data elements that are relevant to all Practitioners irrespective of Department and, where appropriate and relevant, the expected parameters of performance for each data element. **Appendix C** includes a list of data elements that are currently in effect for all Practitioners.

3.C **Guidelines.** The following guidelines will be used in determining the OPPE data elements to be collected:

- (1) quality management, risk management and performance improvement department representatives shall be consulted to inform and support the assessment process;
- (2) medical informatics/information technology department representatives shall be consulted to determine the available information system capabilities;
- (3) for Department OPPE elements, the type of data that would reasonably be expected to reflect clinically significant issues for the specialties within the Department shall be considered; and
- (4) when possible, the expected parameters of performance shall be based on relevant clinical literature.

#### 4. **OPPE Reports.**

4.A **Frequency and Content.** An OPPE report for each Practitioner shall be prepared at least every eight months. A copy shall be placed in the Practitioner's file and considered in the reappointment process and in the assessment of the Practitioner's competence to exercise the clinical privileges granted. A Practitioner's OPPE report may include:

- (1) the Practitioner's activity during the OPPE period (i.e., numbers of procedures, admissions, and consults);
- (2) clinical performance as measured by the approved Department and other OPPE data elements listed in **Appendix B** and **Appendix C**;
- (3) the number of Informational Letters sent pursuant to the Professional Practice Evaluation Policy (Peer Review) (Informational Letters are a non-punitive, educational tool to help improve Practitioner performance through the use of timely feedback);
- (4) the number of cases reviewed pursuant to the Professional Practice Evaluation Policy (Peer Review) and the dispositions of those cases; and
- (5) the number of complaints addressed pursuant to the Medical Staff Professionalism Policy and the disposition of those matters.

4.B ***Review by PPE Support Staff.***

- (1) ***Initial Review.*** The PPE Support Staff will review each OPPE report. As needed, the PPE Support Staff will consult with the Chair of CoPE and the Department chair in making the determinations set forth in this section.
- (2) ***Data Within Expected Parameters of Performance/No Concerns.***
  - (a) If the OPPE report reveals that the Practitioner's data is within, or exceeds, expected performance parameters and no other issues or concerns are noted, the PPE Support Staff shall provide a copy of the report to the Practitioner or notify the Practitioner how to access the report. The PPE Support Staff shall also indicate that the report is being provided solely for the Practitioner's information and use in his or her patient care activities and that no response and no further review are necessary at that time.
  - (b) The PPE Support Staff shall notify the applicable Department Chair of these determinations. If the data reflect exceptional care, the PPE Support Staff should notify the Department Chair, who is encouraged to review the Practitioner's efforts.
- (3) ***No Activity/Insufficient Volume.*** If the OPPE report indicates that the Practitioner has had no activity, or has clearly had insufficient volume at the Hospital to generate meaningful data, the PPE Support Staff shall file the report in the Practitioner's quality file. In such case, review of the OPPE report by the Department Chair is not required.
- (4) ***Data Not Within Expected Parameters of Performance or Raises Questions.*** If performance is not within expected parameters or raises any questions, the PPE Support Staff shall:
  - (a) provide a copy of the report to the Department Chair and Credentials Chair; and
  - (b) provide a copy of the report to the Practitioner and notify the Practitioner how to access it and indicate that it has been forwarded to the Department Chair for review. The Practitioner will also be informed that the Department Chair will contact the Practitioner if he or she determines that any response or further review is required.

- 4.C ***Review by Department Chair.*** When an OPPE report is forwarded to the Department Chair, he or she may review the underlying cases that make up the data or other relevant information and shall make one of the following determinations:

- (1) ***Acceptable Performance.*** The data do not reflect a pattern or issue regarding the Practitioner's performance that requires further review. In such case, the Department Chair shall document his or her findings and include them in the Practitioner's file along with the OPPE report.
- (2) ***Review OPPE Report with Practitioner/Clarify Expectations.*** The data reflect an issue or concern with the Practitioner's performance, but the issue or concern is not so significant that further review is necessary under the Professional Practice Evaluation Policy (Peer Review) or the Medical Staff Professionalism Policy. In such case, the Department Chair shall obtain the Practitioner's input and then, if warranted, conduct a collegial intervention with the Practitioner. Any such collegial meeting should be documented via a follow-up letter to the Practitioner, with such documentation being included in the Practitioner's file along with the OPPE report.
- (3) ***Forward for Review under Professional Practice Evaluation Policy (Peer Review) or Medical Staff Professionalism Policy.*** The data reflect a pattern or issue regarding the Practitioner's performance that requires further review. In such case, the Department Chair shall notify the PPE Support Staff, who shall log the report and proceed in accordance with the Professional Practice Evaluation Policy (Peer Review) or the Medical Staff Professionalism Policy, as applicable.
- (4) ***Insufficient Volume.*** The data reflect insufficient activity at the Hospital to evaluate the Practitioner's practice, in which case the Department Chair shall document this conclusion so that the OPPE report is properly evaluated as part of any application for reappointment submitted by the Practitioner. (At reappointment, procedures set forth in the Credentials Policy for obtaining information from low-volume practitioners shall be followed.)

OPPE reports involving a Department Chair will be reviewed by the Chief of Staff (or designee).

Adopted by the Medical Executive Committee on \_\_\_\_\_, 2019.

Approved by the Board on \_\_\_\_\_, 2019.

**APPENDIX B**

**OPPE DATA ELEMENTS  
BY DEPARTMENT**

This Appendix lists OPPE data to be collected for Practitioners in each Department and, where applicable, the expected parameters of performance for each data element. This Appendix may be modified by the CoPE at any time, without the need for approval by the Medical Executive Committee or Board. However, notice of any revisions shall be provided by the CoPE to the Medical Executive Committee and the Medical Staff.

<i>Department/Section</i>	<i>Data Element</i>	<i>Expected Performance Parameters</i>
<u>Medicine</u>		
Cardiology		
Gastroenterology		
Internal Medicine		
Nephrology		
Physical Medicine & Psychiatry		
Anesthesiology		
Pain Management		
Emergency Medicine		
Pathology		
Radiology		
<u>Surgery</u>		
Dental		
Neurosurgery		
Obstetrics/Gynecology		
Ophthalmology		
Otorhinolaryngology		
Podiatry		
Surgery		
Thoracic and Cardiovascular		
Trauma		
Urology		

*Examples of Department-specific OPPE data elements to be considered include:*

- *complication rate;*
- *infection rate;*
- *unplanned return to surgery rate;*
- *blood use;*
- *nulliparous term singleton vertex (“NTSV”) C-section rate;*
- *data reported to relevant registries (for example, those operated by the Society of Thoracic Surgeons (“STS”) and the American College of Cardiology (“ACC”));*
- *compliance with evidence-based practice protocols; and*
- *compliance with core measures as defined by the Centers for Medicare & Medicaid Services and/or the Joint Commission.*



## APPENDIX C

### OPPE DATA ELEMENTS FOR ALL PRACTITIONERS

This Appendix lists OPPE data to be collected for all Practitioners, regardless of specialty. Where applicable, it also lists the expected parameters of performance for each data element. This Appendix may be modified by the CoPE at any time, without the need for approval by the Medical Executive Committee or Board. However, notice of any revisions shall be provided by the CoPE to the Medical Executive Committee and the Medical Staff.

<i>Data Elements</i>	<i>Expected Performance Parameters</i>

*Examples of OPPE data elements that may apply to all Practitioners include:*

- *risk-adjusted mortality;*
- *ALOS;*
- *readmissions;*
- *use of approved abbreviations;*
- *compliance with other medical record requirements (timeliness of H&Ps, dating, timing, and signing orders);*
- *patient satisfaction scores; and*
- *pharmacy cost per case.*

# COVENANT MEDICAL CENTER

## Appendix A: Flow Chart of OPPE Process

