

Frances Mahon Deaconess Hospital
621 3rd Street South
Glasgow, MT 59230

DEPARTMENT: Medical Staff

POLICY: MS 100

SUBJECT: Ongoing Professional Practice Evaluation (OPPE)

RESPONSIBILITY: Medical Staff/Medical Staff Coordinator

PURPOSE: The purpose of this policy is to use the information produced through Medical Staff Peer Review activities to enable providers and their supervisors to assess and improve, as indicated, individual performance. This is accomplished through the provision of individual feedback performance data presented, whenever possible, with relevant comparative performance.

POLICY:

1. The Ongoing Professional Practice Evaluation (OPPE) requires that the Medical Staff conduct an ongoing evaluation of each practitioner's professional performance. This process allows any potential problems with a practitioner's performance or trends that impact quality of care and patient safety to be identified and resolved in a timely manner. The OPPE also fosters an efficient, evidence-based privilege renewal process. The information resulting from the OPPE is used to determine whether to continue, limit, or revoke any existing privilege(s).
2. All findings and information associated with any OPPE shall be considered as confidential and protected under the Montana State Statutes regarding peer review activities (**37-2-201 Montana Code Annotated**).
 - a. Related Policies:
 - i. Focused Professional Practice Evaluation (FPPE) Policy (MS200)
 - ii. Disruptive Behavior Policy (OL #152)
 - iii. Medical Staff Initial Appointment Application Processing Procedure (MS#1)

PROCEDURE:

1. The Medical Staff is responsible to coordinate the OPPE review. The OPPE will be performed on all Active Staff, Courtesy Staff members with surgical privileges, Dental Staff, Podiatry Staff, and Allied Health Staff every six months.
2. The type of information and the process for evaluation of each practitioner's ongoing professional practice has been approved by the Medical Staff. The defined process is below.
3. At each six-month review, every practitioner will be reviewed by the Medical Staff Credentials Committee. This review will be factored into the decision to maintain existing privilege(s), to revise existing privilege(s) or to revoke an existing privilege prior to or at the time of renewal.
4. Data reports and information that are included in the OPPE include, as applicable:
 - a. Statistical Data – This data will include inpatient and outpatient data for the individual physician.
 - i. Admission Activity
 - ii. Length of Stay Data
 - iii. Mortality Data
 - iv. Procedures by ICD 10 code

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- v. Risk related occurrences
 - vi. Quality Indicator related occurrences
 - vii. Outcomes as a result of the above occurrences
 - viii. Complication rates
 - b. OPPE questionnaires that are filled out by fellow staff members
5. The Medical Staff Credentials Committee will document pertinent findings and recommendations on the review form to include:
- a. Confirmation that the practitioner has been reviewed and there are no potential problems with performance or trends that would impact the quality of care and patient safety. The individual practitioner will then be reviewed again at their next sixth-month OPPE.
 - b. Request for additional review for an individual practitioner based on an identified issue.
 - c. This review process will continue until the Medical Staff Credentials Committee is either:
 - i. Satisfied with the information received and reviewed, or
 - ii. Recommendations are made to the Medical Staff, as applicable, for review and decision for further action.
 - d. Request for immediate action according to the Medical Staff Bylaws can be taken at any time during the OPPE process, which may include, but not be limited to, forwarding concerns to the following committees:
 - i. Credentials Committee for review
 - ii. Medical Executive Committee
6. The information gained by the review of the above information will be filed in the credentials file and incorporated into the two-year reappointment process. Single incidents or trending of quality and safety issues that impact the safety of patients will require immediate action by the Medical Staff.
7. “Trigger” - There may be circumstances where a single incident or evidence of a clinical practice trend may be identified through the OPPE process. If so, this will trigger a Focused Professional Practice Evaluation, which will be conducted according to Medical Staff Policy (MS200).
8. If behavior is identified as a possible issue, the Disruptive Behavior Policy (OL #152) will be followed as a component of the OPPE.
9. Relevant information obtained from the OPPE will be forwarded for inclusion into the performance improvement activities maintaining confidentiality.

REVIEW AND REVISION STATEMENT:

This policy will be reviewed every two years and will be circulated to the Medical Staff, the Board of Trustees, and CEO for approval.

Document Information

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MS100 Ongoing Professional Practice Eval OPPE

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