

Policy # HVL.ORG.388	Policy Name Ongoing Professional Practice Evaluation [OPPE]
Policy Location AH Hendersonville	Responsible Department Clinical Improvement
Policy Owner or Executive Owner Jody Webb (PR-Quality Manager)	Original Creation Date 11/18/2020
Policy Effective Date 12/13/2023	Policy Review Date 12/13/2023

- I. SCOPE:** This policy applies to all practitioners granted clinical privileges at AdventHealth Hendersonville.
- II. PURPOSE:** The purpose of Ongoing Professional Practice Evaluations (OPPE) is to ensure the organization assesses each practitioner granted clinical privileges and identifies professional practice trends that impact the quality of patient care and patient safety. Trend identification may require intervention by the medical staff according to the medical staff bylaws; it may also be used to recommend further evaluation, including Focused Practice Evaluation (FPPE).
- III. POLICY:** OPPE is conducted at least every eight months for each practitioner granted clinical privileges at AdventHealth Hendersonville. The criteria used for each Department or category of practitioner is determined by the respective Department Chairs and approved by the Medical Executive Committee; it will be evaluated with recommended revisions no less than every three years. Completed OPPE assessments will reside in the Medical Staff Office’s healthcare credentialing software.
- IV. PROCEDURE/GUIDELINES:**
- A. Responsible Party(ies)/Authorized to Perform:
 - 1. Primary Responsibility: Department Chairs
 - 2. Oversight Responsibility: Performance Improvement Committee, Credentials Committee, Medical Executive Committee
 - 3. Facilitator Responsibility: Quality Manager
 - 4. Data Support: Office of Collaborative Improvement, Quality Services
 - B. The Quality Manager coordinates the indicator data, including volume data for the OPPE report based on current OPPE indicators for each specialty as well as hospital-wide indicators.
 - C. At least every eight months, an evaluation of the OPPE indicators will be conducted by the appropriate Department Chair, or a designee if conflict of interest is present. The Quality Manager will notify the evaluator when the reports are available for review.

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- D. The Department Chair review will be completed within 30 days of notification. The Quality Manager will follow-up as needed to ensure OPPEs are reviewed by the Department Chair within 30 days. OPPEs not reviewed by the Department Chair in a timely manner will be reported to the Credentials Committee at their next meeting.
- E. The review will include the Department Chairs' conclusions based on the review. Options are:
 - 1. All Thresholds Met
 - 2. Threshold(s) not met; no negative trend identified. Continue to monitor through OPPE process
 - 3. Threshold(s) not met; negative trend identified; FPPE initiated.
- F. If a FPPE is triggered, it will be initiated according to the Focused Professional Practice Evaluation (FPPE) policy.
- G. Completed and reviewed OPPEs are presented to the following committees at their next meetings:
 - 1. Performance Improvement Committee, for identification of improvement opportunities.
 - 2. Credentials Committee, to determine whether to continue, limit, or revoke any existing privilege(s).
- H. Any opportunities for improvement will be communicated to the provider by the Department Chair and/or Performance Improvement, or the Credentials Committee, depending on circumstance.
- I. At the time of reappointment, the Department Chair will review the most current 24 months of OPPE and FPPE evaluations and include pertinent information in the reappointment recommendation.
- J. Completed OPPE evaluations will be scanned and retained into the Medical Staff Office's credentialing software.
- K. A written report to the MEC will include a summary of all OPPE actions and compliance with this policy, no less frequently than annually.

V. DEFINITION(S):

- A. **Ongoing Professional Practice Evaluation (OPPE)** is a process with the goal to make the decision of privileging more objective and continuous. The OPPE screening tool is used at a minimum of every eight months to evaluate all licensed providers who have been granted privileges, to identify those who might be delivering an unacceptable quality of care. Relevant information obtained from the ongoing professional practice evaluation is integrated into performance improvement activities. During OPPE, the provider is not considered to be "under investigation" for the purposes of reporting requirements.
- B. **Focused Professional Practice Evaluation (FPPE)** is a process that focuses on the privilege-specific competence of providers. The FPPE process is a time-limited assessment of practitioner competence specific to the request of initial or additional clinical privileges. The

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FPPE process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care (i.e. when thresholds of OPPE indicators are not met, a single untoward clinical incident, a sentinel event or an adverse event, evidence of undesired clinical practice trends or significant unprofessional behaviors).

- C. **Practitioner** includes any provider granted privileges at AdventHealth Hendersonville.
- D. **Patient Safety Work Product (PSWP)** is data, reports, records, memoranda, analyses or written oral statements which could improve patient safety, health care quality, or health care outcomes and may be considered as protected information by the Patient Safety Organization (PSO). The Ongoing Professional Practice Evaluation (OPPE) process is a mechanism for conducting the monitoring of quality assessment/performance improvement reviews; however, this information may be shared with other health care organizations that produce the provider's authorization to release the information **and is not considered as protected information**. The Focused Professional Practice Evaluation (FPPE) data focuses on a practitioner's specific competencies as they relate to patient safety, health care quality, or health care outcomes and is collected, analyzed, and presented to the Credentials and Performance Improvement Committees for further analysis and recommendation. **It is considered a component of this organization's Patient Safety Evaluation System (PSES) and is a confidential Patient Safety Work Product.**

VI. EXCEPTION(S):

VII. REFERENCE(S):

VIII. RELATED DOCUMENT(S) / ATTACHMENT(S):

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