

**METHODIST LE BONHEUR
HEALTHCARE
UNIFIED MEDICAL STAFF**

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

*Adopted by the Medical Executive Committee: January 12, 2021
Approved by the Board: January 20, 2021*

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 Methodist Healthcare Memphis Hospitals and Methodist Healthcare – Olive Branch Hospital (the “Hospital”) are subject to ongoing professional practice evaluation (“OPPE”).
2. ***OPPE Data to Be Collected.***
 - 2.A ***Department Data Elements.*** Each Department, in consultation with the PPE Specialists and Chief Medical Officer, shall determine the OPPE data to be collected for each Practitioner in the Department and, where appropriate, the expected parameters of performance for each data element. Depending on the size of the Department, data elements may be identified for Divisions within the Department. All Department data elements and parameters shall be approved by the Committee for Professional Enhancement (“CPE”).
 - 2.B ***Data Elements for All Practitioners.*** The CPE shall also establish OPPE data elements that are relevant to all Practitioners irrespective of Department and, where appropriate, the expected parameters of performance for each data element.
 - 2.C ***Guidelines.*** The following guidelines will be used in determining the OPPE data elements to be collected:
 - (1) quality 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.
 - 2.D ***Examples of Data Elements.*** Consistent with the guidelines set forth above, data to be collected may include (but is not limited to):
 - (1) blood use (may include AABB transfusion criteria);
 - (2) prescribing patterns, trends, errors and appropriateness of prescribing for drug use evaluations;

- (3) aggregate data related to procedures (e.g., complications and outcomes);
- (4) anesthesia/moderate sedation adverse events;
- (5) readmissions/unplanned returns to surgery;
- (6) utilization data; and
- (7) timely and legible completion of medical records.

3. **OPPE Reports.**

3.A ***Frequency and Content.*** An OPPE report for each Practitioner shall be prepared at least every 11 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;
- (3) the number of Informational Letters sent pursuant to the Professional Practice Evaluation Policy (Peer Review) ("PPE Policy") (Informational Letters are a non-punitive, educational tool to make sure that Practitioners are aware of certain performance issues and to help them improve solely through the use of timely feedback);
- (4) the number of cases reviewed pursuant to the PPE Policy 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.

3.B ***Review by Department Chair.*** The Department Chair may review the underlying cases that make up the OPPE report or other relevant information and shall make one of the following determinations (which can be documented on the **OPPE Review Form** which is included as **OPPE-1** in the Ongoing Professional Practice Evaluation Policy Manual ("OPPE Manual")):

- (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. A

Notice to Practitioner – All Data Within Expected Performance Parameters is included in the OPPE Manual as OPPE-2.

- (2) ***Exceptional Performance or Significant Improvement.*** The data indicate that the Practitioner's performance has been exceptional or that there has been a significant improvement, in which case the Department Chair is encouraged to acknowledge the Practitioner's efforts.
- (3) ***Review OPPE Report with Practitioner/Initial Mentoring Efforts.*** 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 PPE Policy or the Medical Staff Professionalism Policy. In such case, the Department Chair may engage in Initial Mentoring Efforts with the Practitioner (e.g., discussions, mentoring, coaching, and sharing of comparative data). Any such Initial Mentoring Efforts should be documented via a follow-up letter or e-mail to the Practitioner, with such documentation being included in the Practitioner's file along with the OPPE report.
- (4) ***Forward for Review under Other Applicable 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 Specialists, who shall log the report and proceed in accordance with the PPE Policy or the Medical Staff Professionalism Policy, as applicable.
- (5) ***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 Medical Staff President (or designee).

4. *Delegation of Functions.*

- (a) When a function under this Policy is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a Practitioner or Hospital employee (or a committee of such individuals). Any such designee must treat and maintain all information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of this Policy. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs

the function in question. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.

- (b) When an individual assigned a function under this Policy is unavailable or unable to perform that function, one or more Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual as set forth above.

5. ***Definitions.***

- (a) ***“Medical Staff Leader”*** means any Medical Staff officer, Department Chair, Associate Chair, Service Chief or 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, effective and meaningful evidence-based reappointment process. It is also part of the Hospital’s 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) ***“PPE Specialists”*** 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, Medical Staff office, human resources, and/or patient safety department.
- (d) ***“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 Advanced Practice Professionals.

Adopted by the Medical Executive Committee on January 12, 2021.

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APPENDIX A

[Insert flowchart of OPPE process.]