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Ascension

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Owner: Judy Viczian: Dir Medical Staff
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Applicability: Affinity Health System
 Affinity Medical Group
 Mercy Medical Center
 St. Elizabeth Hospital

Ongoing Professional Practice Evaluation

Summary:

To review data on performance for all practitioners of the Medical Staff of Affinity Health System (AHS) through ongoing monitoring of their performance to allow for steps to be taken to improve performance on a timely basis. This process is implemented to use the data collected to make a decision as to whether to continue, limit or deny privileges on all practitioners, not just those practitioners with performance issues

PURPOSE

The purpose of an ongoing professional practice evaluation (OPPE) is to allow the organized medical staff to identify and evaluate professional practice trends on an ongoing basis that may impact the quality of care and patient safety within the organization.

This process allows for any potential problems with a practitioner's performance to be identified and resolved as soon as possible, and fosters a more efficient evidence-based privilege renewal process.

PROCEDURE

The program shall apply to all practitioners with privileges on the Medical Staff.

The OPPE is achieved through routine monitoring in the six areas of general competency for current Medical and Allied Health Staff through systematic data collection and evaluation as defined by the Accreditation Council for Graduate Medical Education (ACGME).

The six areas of general competencies include the following:

- I. Patient Care
- II. Medical/Clinical Knowledge
- III. Practice-Based Learning and Improvements
- IV. Interpersonal and Communication Skills

V. Professionalism

VI. System Based Practice

Quality data will be gathered on an ongoing basis but no more than 9 month interval and reported to the department chair/designee Quality data may consists of but not limited to:

- I. Review of operative and other clinical procedures performed and their outcomes
- II. Pattern of blood and pharmaceutical usage
- III. Requests for tests and procedures
- IV. Length of stay patterns
- V. Morbidity and mortality data
- VI. Practitioner's use of consultants

VII. Other relevant criteria as determined by the organized medical staff

The Medical Staff is responsible for ensuring that an ongoing professional practice evaluation is consistently implemented and that clearly defined indications are uniformly applied.

It is the responsibility of the Department Chair/Designee to complete the Medical Staff Services form for Evaluation of Ongoing Professional Performance of the practitioner and review any charts brought out for review through the quality management process. The decision resulting from this review whether it be to take an action or to continue the privilege will be documented on the Medical Staff Services Form (Attachment A). The Medical Executive Committee (MEC) has the option to modify this requirement.

Individual departments determine the type of data to be collected, relevant to their specialty subject to approval of the Medical Executive Committee (MEC). The type of data to be collected includes, but is not limited to, high volume, high risk and problem prone procedures. The organization data to be collected will include information relating to the National Patient Safety Goals and other data as may be required for compliance with publicly reported statutory agencies.

In the case where a practitioner has little or no clinical activity at any AHS Facility, the practitioner may be evaluated as to the possible reason for no activity by:

- I. Is the practitioner no longer performing the privilege?
- II. Is the practitioner performing this privilege at other institutions?
- III. Is the privilege typically a low volume procedure that has yet to be done?

Based on the above analysis, several possible actions could occur, including but not limited to:

- I. Denying/voluntarily withdrawing the privilege because it is no longer required.
- II. Deferring the privilege, which defers the data collection, and notifying the practitioner that if they wish to reactivate the privilege they must request a reinstatement.
- III. Assign appropriate proctoring of a privilege or data collection regarding quality and outcomes from other organizations where the privilege in question has been performed.

All OPPE's will be reviewed to determine whether there are any performance improvement initiatives that need to be addressed further related to organizational processes or clinical

practices. If there are identified quality of care trends or patterns regarding the practitioner's professional performance, the course of action may follow the provisions as outlined in the AHS Bylaws.

All individual case reports and summaries will be considered confidential and held under the auspices of quality monitoring and peer review. The decision resulting from the review will be documented along with the supporting data, shall be filed in the practitioner's peer review file and will be included in the decision to maintain existing privileges, revise existing privileges or to deny an existing privilege prior to or at the time of renewal.

Results of ongoing professional practice evaluations are communicated to the practitioner.

All documents are to be held confidential and considered privileges in accordance with Wisconsin Statutes, Sec. 146.38. The records are prepared for the purpose of reviewing and evaluating the quality of care and services of the individual health care providers working in the hospitals and clinics.

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Attachments:

COPY

- Focused and Ongoing Professional Practice Evaluation Approval
- FPPE/OPPE Concurrent* Chart Review: Medical Evaluation Form
- FPPE/OPPE Concurrent* Chart Review: Procedural/Surgical Evaluation Form
- FPPE/OPPE Prospective* Proctoring: Medical Evaluation Form
- FPPE/OPPE Prospective* Proctoring: Procedural/Surgical Evaluation Form
- FPPE/OPPE Retrospective* Chart Review: Case Rating Form
- Medical Staff Bylaws