Subject:	Original Issue Date: 11/4/09	Policy # ASA 109
ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)	Supersedes: 12/2/2015	Effective Date: 5/4/2022

Departments Consulted:	Reviewed & Approved by:	Approved by:
Medical Administration	Credentials & Privileges Advisory Committee Attending Staff Association Executive Committee	(signature on file) President, Attending Staff Association

PURPOSE:

The purpose of this policy is to establish an Ongoing Professional Practice Evaluation (OPPE) process at LAC+USC Medical Center. This process will allow the Attending Staff Association (ASA) and individual departments to monitor the performance of privileges granted to all ASA practitioners (physician members, attendings and allied health practitioners) through an approved evidence-based data review.

The purpose of ongoing professional practice evaluation is to identify professional practice trends that impact quality of care and patient safety, utilizing medical staff approved triggers or indicators based on each area of practice represented on the medical staff (and by and licensed independently practicing allied health professionals) and the six areas of general competencies developed by the Accreditation Council for Graduate Medical Educations (ACGME) and the American Board of Medical Specialties (ABMS) joint initiative and adopted by The Joint Commission (TJC).

OPPE is the continuous evaluation of the ASA practitioners who have been granted clinical privilege's professional performance in order to identify and resolve any potential problems with a practitioner's performance. OPPE information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege(s), or to revoke an existing privilege prior to or at the time of reappointment.

GOALS

A. To establish a systematic, data-based process for evaluation of privilege-specific practitioner competence and performance as well as accountabilities for addressing opportunities for improvement.

B. Assure that the process for professional practice evaluation is clearly defined, objective, equitable, defensible, timely and useful.

POLICY:

Scope: All members of the medical staff, and allied health professionals granted privileges and who are licensed in the State of California to provide care, treatment, and services without direct supervision (i.e., Advanced Practice Registered Nurses, Physician Assistants), hereafter referred to collectively as **Practitioners** in this policy.

Frequency: It is the policy of the LAC+USC Medical Center to comply with regulatory requirements regarding ongoing professional practice evaluation and focused professional practice evaluation. Ongoing data review and findings about practitioners' practice and performance are evaluated by the Medical Staff Leadership with the focus on improvement. The findings are used to assess the quality of care of each practitioner LIP and OPPE is generated approximately at nine-month intervals for departmental review and action but no greater than yearly.

PROCEDURE

1. **ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)**

A. 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 or trends identified with a practitioner's performance that impact the quality of care and/or patient safety to be addressed 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 maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.

B. Approximately every nine months, an OPPE will be performed on all practitioner's, defined as any individual who is granted privileges and is licensed and qualified to practice a healthcare profession without direct supervision (e.g.. physician, advanced practice nurse, physician Assistant, Clinical Psychologist) and is engaged in the provision of care, treatment, or services.

C. The type of information and the process for evaluation of each practitioner has been approved by the individual Departments through the Medical Executive Committee (MEC). The process is defined as follows:

a. The review will be factored into the decision to maintain existing privileges, to revise existing privileges or to revoke an existing privilege(s) prior to or at the time of reappointment. The fact that a practitioner doesn't fall out during the screening process does not meet the requirement for performance data review, although zero data is in fact data and can be evidence of good performance, (e.g., no returns to the OR, no complaints, etc.) Review of privileges are evaluated at reappointment and consideration of the reason for zero or low volumes is taken into consideration, (e.g., no longer performing the procedure, taking patients elsewhere for the procedure or privilege is typically a low volume procedure, etc.)

b. **Criteria:** The monitoring indicators and their targets for each indicator shall be recommended by individual medical departments, the office of quality improvement, the attending staff office or any other ASA sanctioned committee and approved by the ASA Executive Committee so that standards can be set across departments.

Targets will be set in such a way as to identify variations in practice that may represent trends that need further review. Physician profile indicators may represent data from a rolling two-year time period.

The indicators used in the in the OPPE may include the following, as applicable:

i. Review of operative and other clinical procedure(s) 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

c. Information in the OPPE may be acquired through the following**:**

i. Periodic chart review
ii. Direct Observation
iii. Monitoring of diagnostic and treatment techniques
iv. Retrospective Chart Review
v. Discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, and nursing and administrative personnel

d. Data will be collected for each practitioner and pertinent findings will be documented.

i. At time of reappointment, data collected for practitioner will include the following:
1. With activity less than the required number of patient contacts as determined by the individual Medical Staff Department during the review period, obtain peer references from the Department Chair/Chief and/or Peer Review Chair at their primary hospital, and review of available LAC+USC Medical Center quality, performance improvement and Peer Review data, or

2. With activity that meets or exceeds the required number of patient contacts as determined by the individual Medical Staff Department during the review period, and review of available LAC+USC Medical Center quality, performance improvement, and Peer Review data.

Low Volume Practitioners - If the OPPE process identifies a provider as low or no activity then additional supplemental department data regarding competency and performance will be used to determine ongoing competency required as described in the attending staff and/or departmental rules and regulations. Such evaluations will consider individual character, training, experience, and judgment in the form of the following competencies:

- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Systems Based Practice
- Professionalism
- Interpersonal Skills and Communication.

The findings will be evaluated by the Department Chair or the designated reviewer for OPPE data and documented using the OPPE Evaluation Form. The following recommendations regarding the practitioner's competence and ability to safely perform the privileges as requested will be forwarded to the Credentials and Privileges Advisory Committee, Attending Staff Association Executive Committee.

i. **Maintain or continue the privilege(s) unchanged:** the practitioner's clinical privileges will continue without interruption and his or her performance will be routinely evaluated through the peer review and general competency data collection processes. The practitioner will then be reviewed again at approximately a nine-month OPPE cycle and no less yearly.

ii. **Direct Focused Professional Practice Evaluation (FPPE):** Review of the LIP's OPPE data indicates a question about the practitioner's competence. An FPPE is recommended.

iii. **Revise, Modify or Revoke an existing privilege:** Review of the practitioner's OPPE data indicates existing privileges should be modified due to insufficient activity or failure to meet competency requirements.

Based on the analysis of the information, several possible actions might occur, including but not limited to:

- Continuing the privilege as no performance issues exist
- Revoking the privilege because it is no longer required by the practitioner
- Determining that the collected data or evidence or zero performance or low volume should trigger a focused review
- Suspending the privilege, as per the bylaws
- Determining that the privilege should be continued because the LAC+USC Medical Center's mission is to be able to provide the privilege to its patients.

iv. **Zero Performance /Strategic Privileges** – (medical staff identified office-based specialties or privileges which fulfill the organization's mission to provide the privilege) Zero performance indicates a focus review will be triggered whenever the practitioner actually performs the privilege, if indicated.

e. The review process will continue until the Department Chairperson or designee is satisfied with the information received, or recommendations are made to the, Credentials and Privileges Advisory Committee, and Attending Staff Association Executive Committee to initiate Corrective Action per the Attending Staff Bylaws. Request for immediate action can be taken at any time during the OPPE process, which may include, but is not limited to, forwarding concerns to the following Committees:

i. Department Peer Evaluation / Chart Review Committee
ii. Credentials and Privileges Advisory Committee
iii. Attending Staff Well Being Committee
iv. Attending Staff Association Executive Committee

D. The practitioner will receive written notice approximately every nine months of their ongoing professional practice evaluation monitoring results are available for review.

E. The information gained by the review of the above information will be filed in the practitioner's peer review file as part of the practitioner's credentials file and incorporated into the reappointment process. Single incidents or trending of quality and / or safety issues that impact the safety of patients may require immediate action as defined in the Attending Staff Bylaws.

F. "Trigger" – There may be circumstances where a single incident, evidence of a clinical practice trend, or not performing within acceptable or excellence range may be identified through the OPPE process. The trigger threshold is determined by each department. When identified, this will trigger a Focused Professional Practice Evaluation (FPPE), which will be conducted according to the FPPE (ASA 115) and Peer Review (ASA 101) Policy & Procedure and the bylaws.

G. If behavior is identified as a possible issue, the Management of the Disruptive Practitioner Policy & Procedure (MC 213) will be followed as a component of the OPPE.

H. Practitioners have access to the Attending Staff fair hearing and appeal process should the intervention result in corrective action.

I. Relevant information obtained from the ongoing professional practice evaluation is integrated into performance improvement activities. These activities adhere to the hospital's policies and procedures intended to preserve any confidentiality or legal privilege of information established by law.

OPPE Profile Maintenance - Physician profiles shall be maintained as part of each ASA practitioner's credentialing file within the Attending Staff Office and will be kept confidential consistent with Medical Center and ASA confidentiality standards and any legal privilege of information established by applicable law. Physician profiles will only be shared with the individual physician, the chair of the department and, when indicated, ASA leadership or committee for the purpose of evaluating performance trends and to determine whether to continue, limit or revoke an existing privilege(s).

It is then incumbent on the Department to provide a copy of the OPPE to the individual physician for review upon request of the provider. The copy will be kept in the peer review portion of the practitioner's credentialing file and may be reviewed as part of the clinician's reappointment. If a provider requests a copy of their OPPE it must be through their individual department chair. The summary report provided to the practitioner will only contain aggregate data related to his or her performance and when appropriate departmental targets but no specific data related to overall department or hospital activity, performance or trends.

Profile Approval, Additions and Deletions - Indicators may be added or removed based on the evolving standards of care, accuracy of data or changes in data systems. Departmental Chairs shall approve the composition of any department's physician profile (or change in profile) including additions and deletions. The ASA Executive Committee shall provide final approval for the composition of all departmental OPPE Profiles.

The credentials file shall include documentation that the OPPE profile was acceptable or that an unfavorable trend was identified; and if unfavorable, was reviewed with the provider (signature on profile will suffice), that an analysis was undertaken and that corrective actions were implemented where indicated.

Any profile that reflects an unfavorable trend requires follow up by the department chair or designee. Acceptable follow up of an unfavorable trend shall include analysis and, when indicated, corrective actions. Not all unfavorable trends warrant corrective actions but all unfavorable trends must trigger analysis and subsequent review with the provider. If the analysis reveals a concerning practice pattern then it is incumbent on the chair of the department to intervene.

REFERENCES

The Joint Commission Standards, MS.08.01.03
ASA Policy 104
California B&P 805
HIPAA
Evidence Code 1157

REVISION DATES

November 4, 2009; August 3, 2011; May 7, 2014; December 2, 2015; May 4, 2022