



# Rancho Los Amigos National Rehabilitation Center

## MEDICAL STAFF POLICY AND PROCEDURE

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**SUBJECT: ONGOING PROFESSIONAL PRACTICE  
EVALUATION (OPPE)**

**Policy No.: MS 101A  
Supersedes: September 25,  
2013**

**Revision Date: May 20, 2016  
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### **PURPOSE:**

The Ongoing Professional Practice Evaluation (OPPE) is to help medical staff and individual department to ensure that all members of the privileged professional staff demonstrate competency through objective/evidence-based process and ongoing process and to identify professional practice trends that impact on quality of care and patient safety.

### **POLICY:**

**Scope:** All members of the Medical Staff and mid-level practitioners (hereafter referred to collectively as practitioners in this policy), credentialed through the medical staff process shall undergo ongoing OPPE.

**Frequency:** The OPPE shall be conducted biannually but no more than nine months

**Responsibilities:** Ongoing evaluation of patient care and the professional performance of practitioners are the responsibilities of each individual department Chair, PSA President, and the Chief Medical Officer (CMO).

### **PROCEDURE:**

1. Each individual department shall determine the type of data to be collected and shall develop its own departmental OPPE form incorporated with its own specialty data. Each individual departmental OPPE form shall be reviewed by Credential committee and approved by the Medical Executive Committee (MEC).
2. This facility's medical staff has elected to use the six general competencies as defined by Accreditation Council for Graduate Medical Education (ACGME) as a general framework for evaluation of practitioners. The six competencies include the following:
  - a. Medical/Clinical Knowledge
  - b. Technical Skills
  - c. Clinical Judgment
  - d. Professionalism
  - e. Interpersonal Skills
  - f. Communication Skills
3. Each individual department may consider additional general measures to apply to all medical staff, which could include the following:
  - a. Medical record delinquency
  - b. Dating and timing entries in the medical record

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**EFFECTIVE DATE:** July 1, 2016

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

**APPROVED BY:**

Reviewed: 2/24/10, 10/26/11, 9/25/11, 7/22/15,  
6/22/16

- c. Do-not-use abbreviations
  - d. Pharmacy interventions for medication orders
  - e. History and physical – timeliness, legibility, completeness
  - f. Length of stay
  - g. Appropriate use of consultants
  - h. Complaints and compliments
  - i. Professional behavior
  - j. Routine pages returned within defined time frame
4. Each individual department based on their specialty determines the type of data to be collected, which could include the following:
- a. Data already being collected for other quality initiatives, such as pharmacy reports
  - b. Review of operative and other clinical procedure(s) performed and their outcomes
  - c. Pattern of blood and pharmaceutical usage
  - d. Morbidity and mortality data
  - e. Number and type of request for tests and procedures
  - f. Need for reversal agent after moderate sedation
  - g. Core measures
  - h. National Surgical Quality Improvement Program, such as QM/PI reports
  - i. Specialty related
  - j. Practitioner’s use of consultants
  - k. infection control surveillance data
  - l. procedure complication data
  - m. Review of Sentinel or Near-miss events
  - n. Patient advocate reports/patient complaints
  - o. Other relevant criteria as determined by the medical staff
5. The OPPE data collection for each practitioners may be acquired through the following:
- a. Periodic chart review
  - b. Direct observation
  - c. Monitoring of diagnostic and treatment techniques
  - d. Discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, and nursing and administrative personnel
6. The type of data to be collected includes, but is not limited to, high volume, high risk and problem prone procedures. The organizational data to be collected will include information relating to the Joint Commission’s National Patient Safety Goals and other data as may be required for compliance with publicly reported statutory agencies.
7. Based on the outcomes of OPPE, the following possible actions may occur, including but not limited to:
- a. No performing issue(s) exist, maintaining the privilege and no further action is required.
  - b. Any concern, question(s), or issue(s) about the practitioner’s professional competence exist, individual department Chair, PSA President, or CMO may initiate a Focused Professional Practice Evaluation (FPPE).
  - c. If a privilege is no longer required, it can be revoked.
  - d. If zero performance, individual department Chair shall trigger a FPPE whenever the practitioner actually performs the privilege.
  - e. If a practitioner’s privilege is suspended, it is the practitioner’s responsibility to request a reactivation.
8. The practitioner’s OPPE shall be evaluated by the department chair. If the OPPE has no action required, it can be approved by the department chair. If the OPPE needs action of limitation or revocations, it would need to go through PSA Credential Committee, the MEC, and governing body for approval.

9. The outcomes of OPPE shall be communicated to the practitioner. The decision resulting from the review, whether it be to take an action or to continue the privilege would need to be documented. The OPPE along with its supporting data collected for each practitioner and its pertinent findings shall be documented and filed in the department area file. The record shall be available at the time of each review.
10. A practitioner's OPPE's shall be submitted and factored into the decision of PSA Credential Committee regarding to continue, limit, or revoke his or her existing privilege(s) prior to or at the time of renewal.
11. All evaluations shall be considered a part of the confidential peer review activity of the medical staff and are intended to enhance the quality and safety of patient care, and as such is entitled to peer review protection and privilege in accordance with PSA Bylaws, hospital policies, state and federal laws, and regulations pertaining to confidentiality and non-discoverability.

**REFERENCES:**

1. The Joint Commissioned Standards MS.08.01.03
2. Standards BoosterPak for Focused Professional Practice Evaluation/Ongoing Professional Practice Evaluation (FPPE/OPPE)
3. Succeeding with Practitioner Measurement by Premier
4. LAC+USC Medical Center Attending Staff Policy Guidelines & Procedures – Ongoing Professional Practice Evaluation (OPPE) Effective 12/02/2015
5. Addendum A Policies & Procedures Professional Staff Providence Health & Services – Oregon, Professional Staff Peer Review Policy