



TITLE: Medical Staff Ongoing Professional Practice Evaluation Policy			
Number: 13607		Version: 13607.1	
Type: Administrative		Author: Sandy Severson	
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Facility: System			
Population (Define): All Employees			
Replaces:			
Approved by: Peer Review Council, Administrative Policy Committee, Senior Management Team			

TITLE: *Medical Staff Ongoing Professional Practice Evaluation*

I. Purpose/Expected Outcome:

- A. To define a process to evaluate the performance of all Providers on an ongoing basis.

II. Definitions:

- A. **External Review** is a review conducted by an unbiased physician or other practitioner in an appropriate specialty or subspecialty who is actively in practice or has recently retired, but who is not a member of the Medical Staff.
- B. **On-going Professional Practice Evaluation (OPPE)** is a process to identify professional practice trends and provide on-going evaluation of performance impacting clinical care and patient safety.
- C. **Peer Review** is the objective measurement, assessment and evaluation, by Peer Reviewers or Peer Review Committees, of the quality of care provided by individual Providers, as well as the identification of opportunities to improve care and report the Committee’s conclusions and recommendations to other Peer Review Committees and/or the Medical Executive Committee for appropriate action.
- D. **Peer Review Committee** is a department, committee or subcommittee charged under the Medical Staff Bylaws with responsibility for conducting Peer Review.
- E. **Peer Reviewer** is a qualified practitioner who performs Peer Review and who possesses the appropriate clinical judgment based on training, education, and experience.
- F. **Provider** includes any Practitioner who is credentialed and privileged through the Medical Staff process at Banner facilities.

III. Policy:

- A. It is the policy of Banner Health to assess Provider performance and to support patient safety and quality improvement initiatives. Banner Health supports Medical Staff quality and performance improvement activities through on-going data collection for the purpose of assessing a Provider’s clinical competence and professional behavior.
- B. The On-going Professional Practice Evaluation Process:

1. Provides for the continuous evaluation of each Provider's professional practice through:
 - a. The use of clearly defined indicators and criteria;
 - b. A clearly defined process for collecting, investigating, and addressing clinical practice concerns, including the process utilized to identify trends that impact quality of care and patient safety;
 - c. A process that ensures that reported concerns regarding a privileged Provider's professional practice are uniformly investigated and addressed as defined by Medical Staff policies and applicable law; and
 - d. A process that gives individual Providers access to their performance reports.
 2. Defines the Medical Staff's leadership role in overseeing the quality of patient care, treatment and services provided by practitioners privileged through the Medical Staff process;
 3. Monitors and improves Medical Staff quality of care processes and document that the standard of quality medical care is being met;
 4. Provides a mechanism to validate that the care provided to patients is based on applicable medical standards of care utilizing six areas of general competencies: Patient Care, Medical/Clinical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and System-Based Practice;
 5. Recommends the implementation of changes to improve performance when opportunities are identified.
- C. Peer Review Committees conduct On-going Professional Practice Evaluation. Information used in the ongoing evaluation process may be acquired through the following:
1. Periodic chart review;
 2. Direct observation;
 3. Monitoring of diagnostic and treatment techniques;
 4. Monitoring of clinical practice patterns;
 5. Simulation;
 6. Proctoring;
 7. External Peer Review; and
 8. Report concerns from any source.
- D. Criteria/indicators will include the following six areas of general competence:
1. Patient care;
 2. Medical/Clinical knowledge;
 3. Practice-based learning and improvement;
 4. Interpersonal and communication skills;
 5. Professionalism; and
 6. System-based practice.
- E. The list of criteria/indicators will be reviewed and approved on an ongoing basis by the Peer Review Committee Chairs and Medical Staff Executive Committee in conjunction with this policy.
- F. Summary reports of provider data will be reviewed by the applicable Chair/Peer Review Committees within established timeframes not to exceed every nine (9) months. Providers will have access to their individual information.
- G. On-going Professional Practice Evaluation and any corrective action taken as a result of such evaluation are conducted pursuant to Medical Staff Focused Professional Practice Review process.

- H. This policy applies to all Providers who are privileged through Medical Staff privileging process.
- I. Relevant information from the Provider performance review process will be integrated into performance improvement activities and will be utilized to determine whether to continue, limit or revoke existing privileges. Depending upon the findings of the ongoing professional practice review, interventions may be implemented. The criteria utilized to determine the type of intervention includes a risk of severity and/or frequency of occurrence. Interventions include, but may not be limited to, proctoring, education, focused review and corrective action. See Medical Staff Focused Professional Practice Evaluation Policy, Peer Review Policy, and/or the Professional Conduct Policies at each facility for specifics.
- J. The activities of the Ongoing Professional Practice Evaluation are considered privileged and confidential in accordance with state law.
- K. If the Provider has minimal or no activity at any facility, peer references attesting to the Provider's competency at the time of reappointment may be accepted as OPPE.

IV. Procedure/Interventions:

- A. Identify indicators to be used for comparative analysis of each Provider's performance. **(Departments, Peer Review Committee and Medical Staff Executive Committee)**
- B. Collect and compare aggregate data for these indicators. **(Quality Management, Medical Staff Services, Peer Review Committee)**
- C. Develop thresholds to identify variations in practice patterns. **(Peer Review Committee, Medical Staff Executive Committee)**
- D. Refer Provider's that exceed the identified threshold for focused review. **(Peer Review Committee, Medical Staff Executive Committee)**
- E. Make available the results of the review process. **(Quality Management, Medical Staff Services, Peer Review Committee)**

V. Procedural Documentation:

- A. N/A

VI. Additional Information:

- A. N/A

VII. References:

- A. The Joint Commission MS 08.01.03

VIII. Other Related Policies/Procedures:

- A. Medical Staff Focused Professional Practice Evaluation Policy
- B. Facility Peer Review Policy
- C. Facility Professional Conduct Policy
- D. Patient Complaint, Discrimination and Grievance Policy (#2865)
- E. Facility Professional Health/Wellness Policy
- F. Event Reporting Policy (#9062)



- G. Medical Staff Bylaws at each facility
- H. Fair Hearing and Appeals Process within the Medical Staff Bylaws at each facility
- I. Complaints of Sexual Harassment or other Prohibited Conduct by Medical Staff Members (#3165)

IX. Keywords and Keyword Phrases:

- A. Ongoing Reviews
- B. Peer Review
- C. OPPE
- D. FPPE

X. Appendix:

- A. N/A