OPPE, FPPE, & PEER REVIEW

How, When, and Why

Part 1 – OPPE & FPPE Fundamentals

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Sara Cameron, CPMSM, CPCS
Senior Director Professional Services & Senior Consultant

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Sara Cameron serves as the Senior Director of Professional Services and a Senior Consultant at The Hardenbergh Group, bringing over 20 years of rich experience in healthcare administration, Medical Staff Services, and Graduate Medical Education. Throughout her career, she has partnered with large health systems to implement best practices in credentialing, privileging, peer review, professional development, and performance improvement.

Sara has made a significant impact by designing and implementing comprehensive professional practice evaluations and clinical peer review systems that enhance healthcare quality. Her efforts in establishing a central verification office enabled the standardization of credentialing practices across nine hospitals, leading to improved governance and efficiency. Through her innovative approach, she has fostered a culture focused on opportunities for improvement, effectively reducing complication rates, lengths of stay, and emergency department readmissions.

Additionally, Sara has been instrumental in transitioning organizations to electronic medical records and paperless credentialing processes. She has developed robust onboarding and orientation programs for physicians and medical staff leaders, ensuring they are well-equipped to tackle the challenges in healthcare.

A graduate of the NAMSS Leadership Certificate Program, Sara is an engaged leader within the National Association of Medical Staff Services (NAMSS), where she has held various volunteer and elected roles, including committee positions and board membership. Passionate about education, she has delivered extensive training sessions and authored several publications on medical staff leadership, making a lasting impact in the healthcare community.

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DISCLOSURES

The information presented at this educational event and the supplementary materials provided to attendees are intended for educational and informational purposes only. Nothing contained therein is to be considered as the rendering of advice for specific cases or circumstances. No one should act or refrain from acting on the basis of any information presented at this event without seeking the appropriate legal or other professional advice on the particular facts and circumstances at issue.

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Physician and APP Credentialing & Privileging

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Why Do We Credential and Appropriately Privilege Physicians & APPs?

It's all about *competency*

Resp cians
and they
have

This is ***your*** hospital caring for ***your community*** – the Medical Staff plays a crucial role in hospital governance

Included in this responsibility is helping to determine who is allowed to practice at your institution…***and MSPs are crucial to this effort***

Medical Staff Professionals
&
Hospital Administration

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Who Owns It?

Governance
Quality
Peer Review
Credentialing
Bylaws

Repository of
Institutional
Memory/Knowledge

↓

Medical Staff
Quality Team & Med Staff Professionals
…not the CEO

The Organized Medical Staff

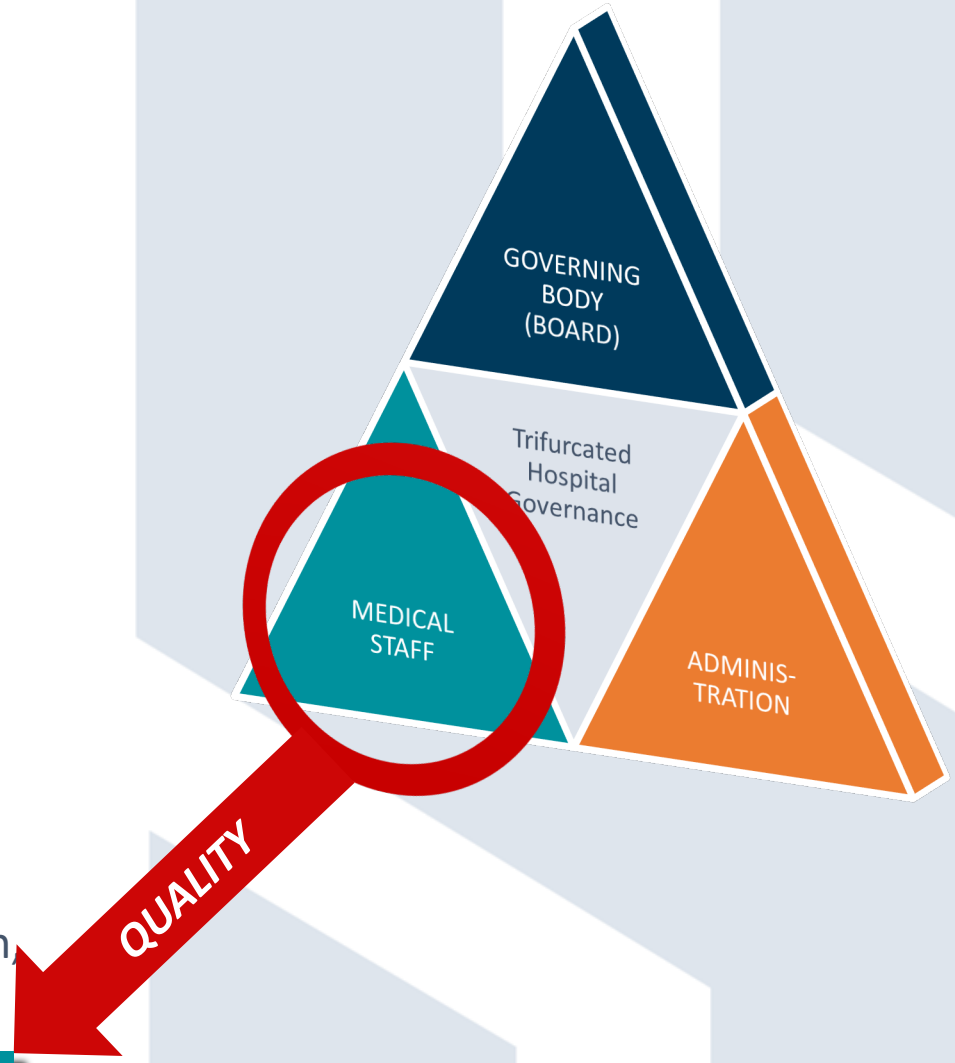
Medical Staff Bylaws

Trifurcated governance model:

- Governing body (Hospital Board)
- Administration
- Medical staff

Defined by Laws & Standards:

- Federal Law (Medicare Conditions of Participation)
- State Law
- Accreditation Standards (regulatory bodies – Joint Commission, DNV, etc.)



CMS Condition of Participation §482.22 - The hospital must have an organized medical staff … ***which is responsible for the quality of medical care provided to patients by the hospital.***

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The Organized Medical Staff

Medical Staff

- The medical
  care provide
  that go into
- Subject to o
  self–governi
- Practitioners
  with the byl
  are adopted
  hospital adm
- Medical Staf

Credentialing and Privileging

- Assure competency of practitioners to provide high quality, safe patient care
- Implement process to support objective, evidence-based decisions about medical staff appointments and recommendations to grant or deny privileges

Organized Medical Staff

- Develop approved procedure list
- Implement a process to evaluate applicants
  - Licensure
  - Education
  - Training
  - Current competence
  - Physical ability to care for patients
- Submit applicants to the governing body for approval
- Notify the applicant and other required entities about privileging decisions
- Monitor use of privileges and quality of care

Governing Body

Quality and Regulatory Committee
GMH Board of Directors

- Approve appointments and reappointments
- Approve criteria for expedited process
- Applicants not eligible for expedited process
  - MEC recommendation is adverse or has limitations
  - Challenges to licensure
  - Involuntary termination at another hospital
  - Involuntary limitation, reduction, denial or loss of clinical privileges
  - Unusual pattern of or excessive professional liability actions with judgments against the applicant

The Joint Commission
MS.06.01.01

~~CEO~~

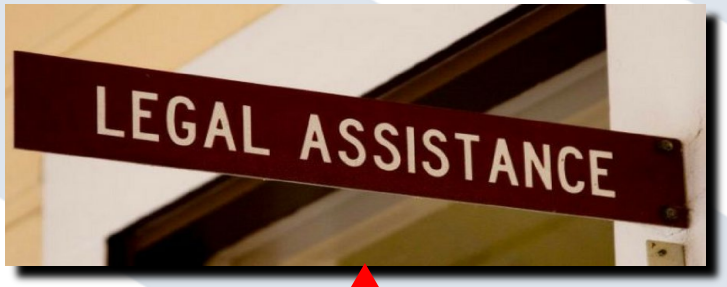
~~CNO~~

~~"Admin"~~

The Organized Medical Staff

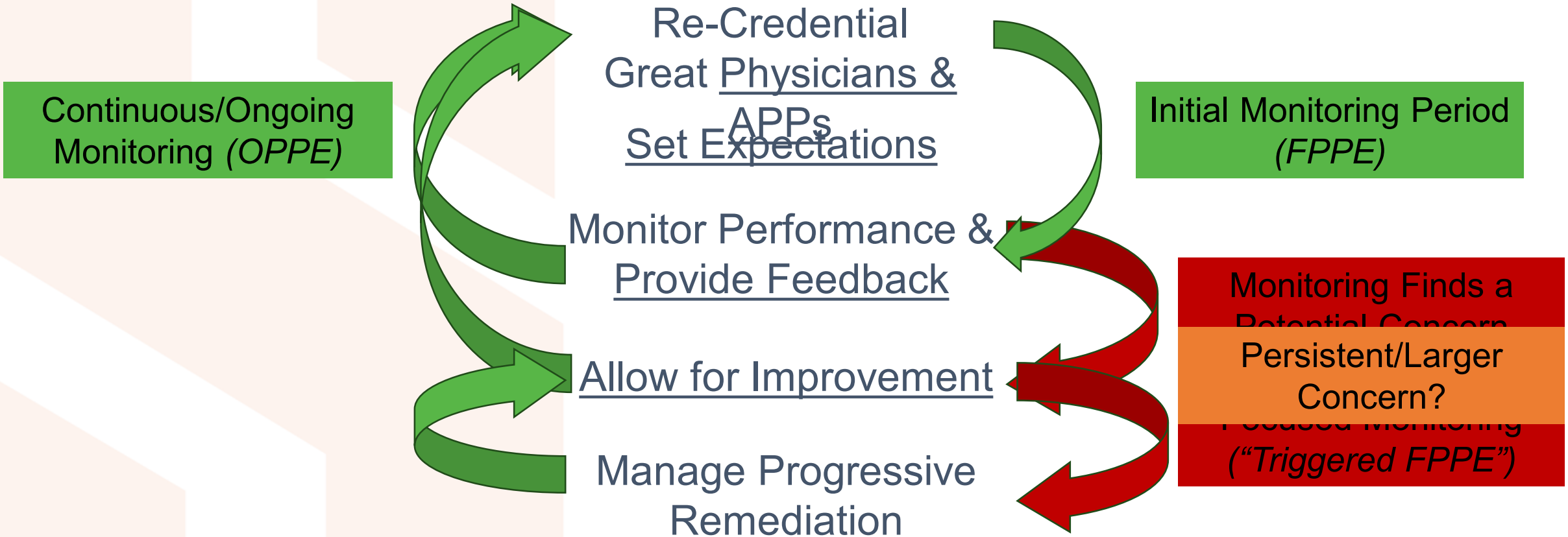
Medical Staff Bylaws

- Delineate patient care & behavior standards and protect medical staff members' rights
- Must be read and drafted carefully by the medical staff
- Should be updated every 2-3 years ***(not just when something changes)***
- Must meet The Joint Commission / Hospital Accreditation standards
- Should not conflict with corporate bylaws



Progressive Approach to Quality

"Life Cycle of Credentialing"



Progressive Approach to Quality

"Life Cycle of Credentialing"

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Credentialing & Privileging

Practitioner — Maintain and document competency

MSP

Medical Staff

MEC *(+Credentials)*

Governing Body — Review Medical Staff recommendations & render final decision

4.5 APPLICANT'S RESPONSIBILITY

Any individual who is requesting appointment, reappointment, a change in Medical Staff category, and/or the granting, renewal or revision of Clinical Privileges shall have the burden of producing accurate and adequate information in a timely matter for a thorough evaluation of the qualifications and

a. Once the verification process is complete, and the file is complete in its entirety, the Medical Staff Office shall provide the application and all supporting materials to the appropriate Department Chair in which the applicant seeks Privileges to begin the Review and Approval Process as per Rule 10. The file must be complete in its entirety at least 10 days prior to the next scheduled Credentials Committee meeting in order to be considered at that meeting.

7.1 DELINEATION OF PRIVILEGES IN GENERAL

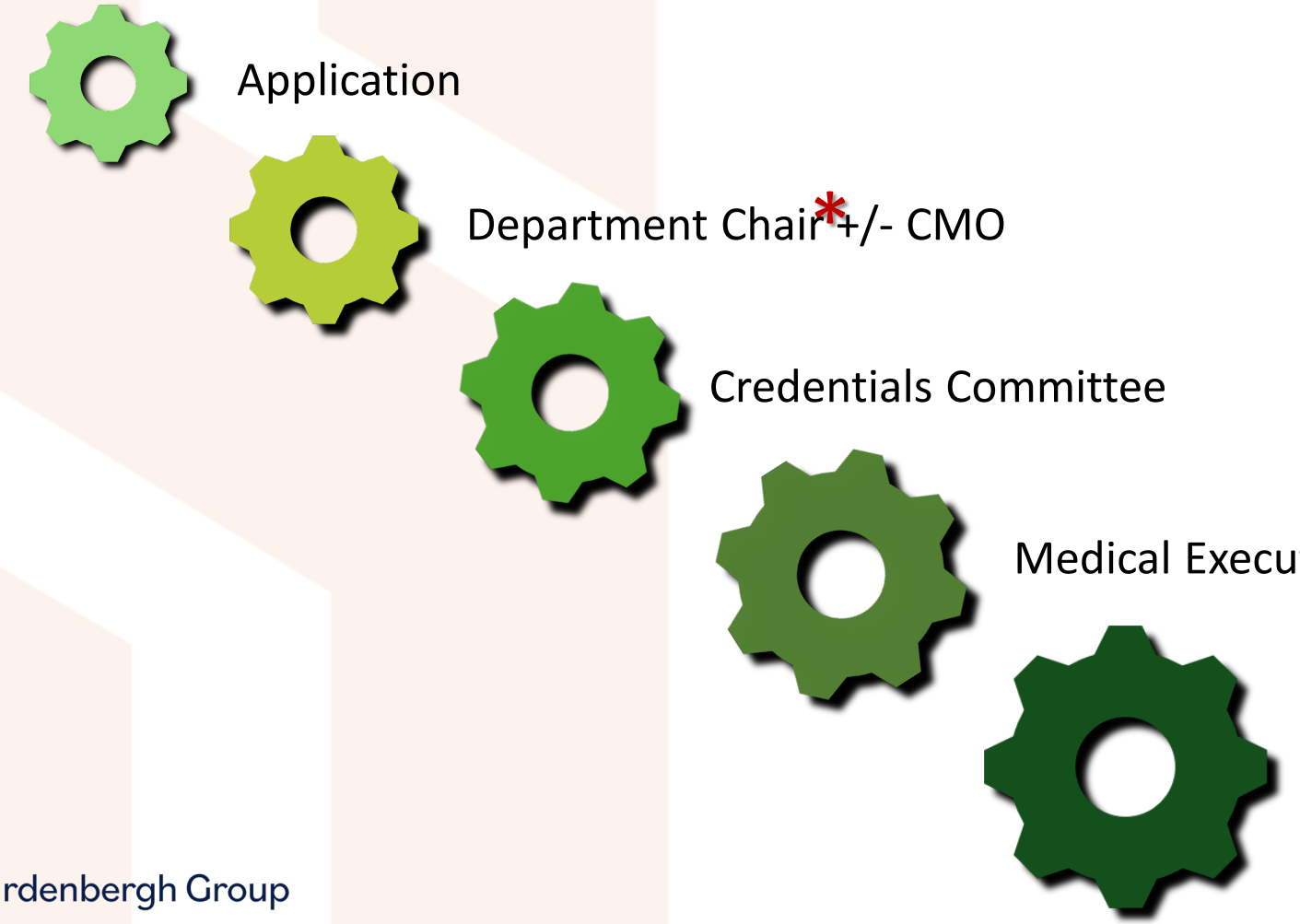
7.1.1 Each Department will be responsible for developing criteria for granting, renewing and revising Privileges, and including reviewing those criteria in the Department's Privilege Forms, which shall be a part of this Manual and subject to approval by the Credentials Committee, Medical Executive Committee and Board.

10.1.1 All requests for initial appointment, reappointment, privileges, changes in staff category, leave of absence, reinstatement following leave of absence, resignation, and termination of Medical Staff Membership will undergo the same Review and Approval Process as described in this Rule 10, with the exception of Temporary Privileges which are reviewed and approved as per Rule 8. Any other Credentialing and Privileging issues that do not involve hearing and appeal rights as per Article IX of the Medical Staff Bylaws will follow this Rule 10 at the discretion of the Credentials Committee.

Credentialing & Privileging

Credentialing – Uniform Process

Privileges – What the applicant is allowed to do



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Credentials Committee Chair

- **Experience counts** – frequently filled by the immediate past President of the Medical Staff/Chief of Staff
- This position is critical to ensuring competent patient care
- Requires much more than reviewing applications – processes and policies are just as (or more) important
  - An *ad hoc* approach to policies is unwise
  - *If you don't have a policy in place to follow….develop one first before granting privileges (e.g., new procedure, credentialing disputes)*
  - **A close working relationship with the Medical Staff Office Professionals is essential**
- ***The Credentials Chair should be very comfortable saying "NO" when necessary***

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Credentials Committee

Credentials Committee Member Responsibilities

- Understand relevant requested privilege requirements
- **Be familiar with Peer Review, OPPE and FPPE data**
- Process & Policies matter
  - Delineation of privilege forms
  - Requests for new privileges
- Unanticipated / new information with re-application needs complete committee evaluation
- The applicant bears the burden of providing a complete application
- Not a “Rubber Stamp” process
- **Understand confidentiality of the process**

F/OPPE Fundamentals

Practicalities

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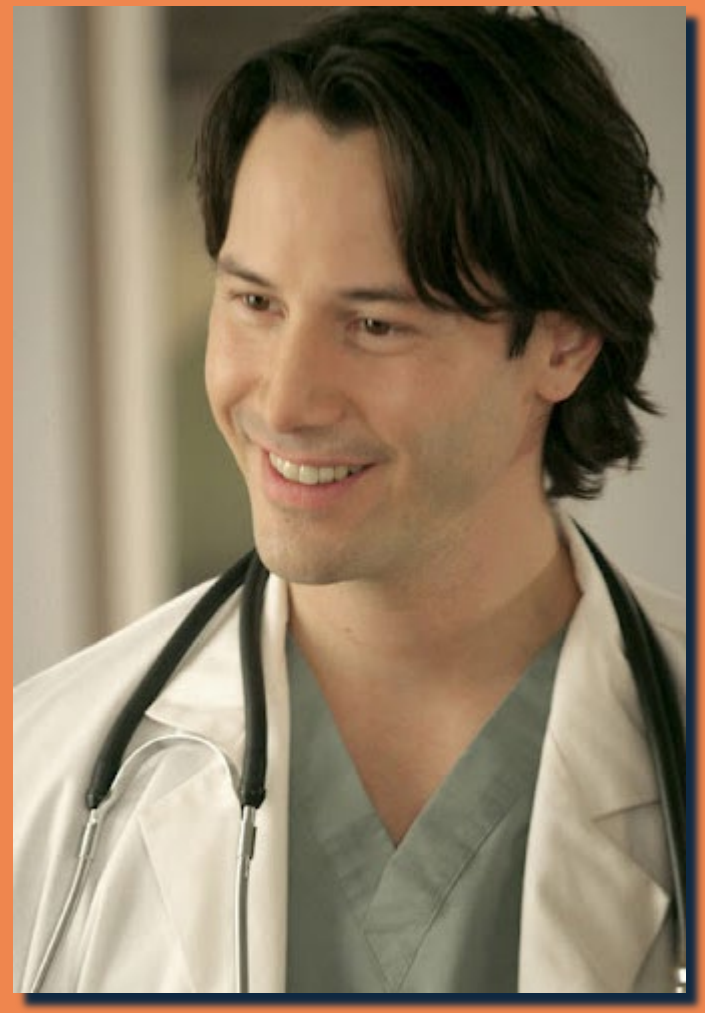
Meet Dr. Neo

- Dr. Neo is a recent residency and fellowship trained surgical specialist and has applied for privileges at your hospital.
- Dr. Neo's application was submitted, the medical staff services team has performed primary source verification and completed all necessary steps to present this applicant to the credentials committee.
- ***Now what?***



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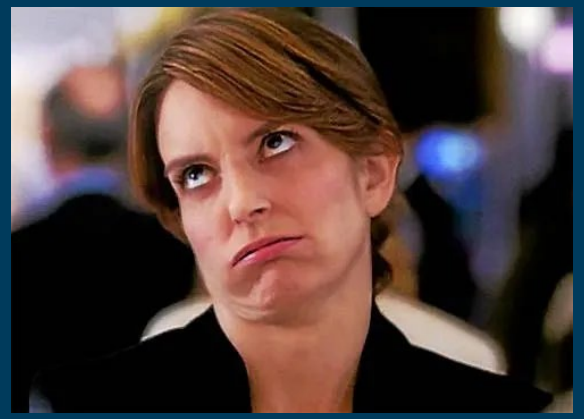
Credentialing & Privileging



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Granting Privileges Should Be

- A documented, objective, and evidence-based process.
- Based on defined criteria including training, experience and demonstrated current competence.
- Based on services provided at the facility or location.
- Consistently and uniformly applied for all applicants.
- Reviewed Regularly – a periodic review of each specialty's Delineation of Privileges (DOP), with input from medical staff members *(focus for Department Chair)*

When there are questions or concerns raised about an applicant, the application should be considered incomplete and not processed until those concerns are resolved.

* FPPE

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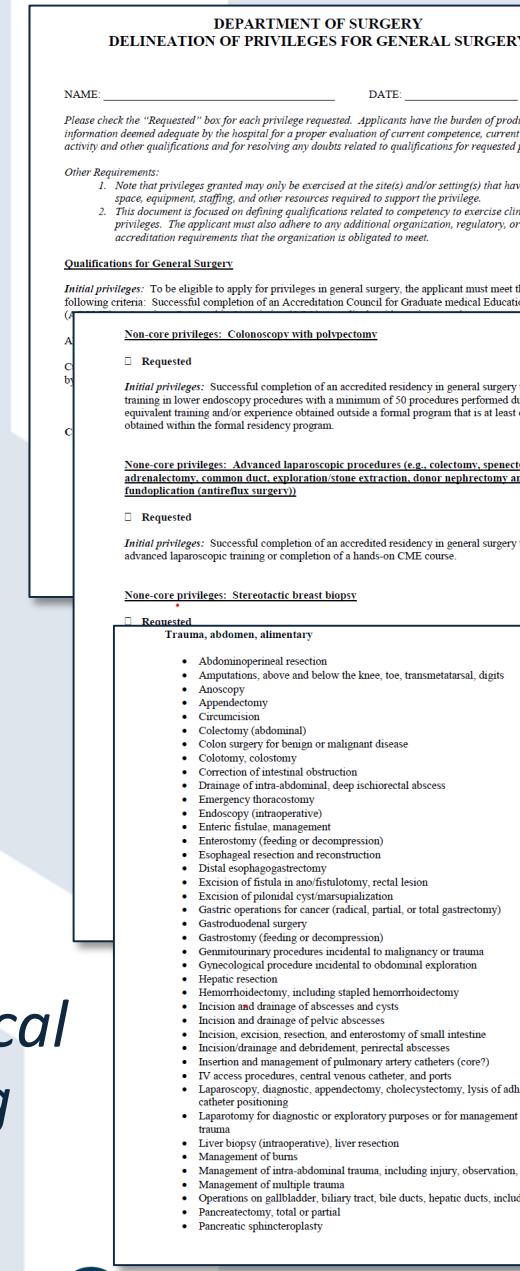
Credentialing & Privileging

Privileging Process Considerations:

- "Laundry List" vs. Core vs. Category
- Developing minimum threshold criteria
- Special procedures & training criteria
- Consideration of Proctoring
- Approval of forms
- Privilege form maintenance
- *Clear, written, & periodically reviewed clinical privilege delineations…regardless of setting*



DEPARTMENT OF SURGERY
DELINEATION OF PRIVILEGES FOR GENERAL SURGERY

NAME: _____ DATE: _____

Please check the "Requested" box for each privilege requested. Applicants have the burden of prod information deemed adequate by the hospital for a proper evaluation of current competence, current activity and other qualifications and for resolving any doubts related to qualifications for requested

Other Requirements:

1. *Note that privileges granted may only be exercised at the site(s) and/or setting(s) that hav space, equipment, staffing, and other resources required to support the privilege.*
2. *This document is focused on defining qualifications related to competency to exercise clin privileges. The applicant must also adhere to any additional organization, regulatory, or accreditation requirements that the organization is obligated to meet.*

Qualifications for General Surgery

Initial privileges: To be eligible to apply for privileges in general surgery, the applicant must meet t following criteria: Successful completion of an Accreditation Council for Graduate medical Educati

Non-core privileges: Colonoscopy with polypectomy

☐ **Requested**

Initial privileges: Successful completion of an accredited residency in general surgery training in lower endoscopy procedures with a minimum of 50 procedures performed du equivalent training and/or experience obtained outside a formal program that is at least obtained within the formal residency program.

None-core privileges: Advanced laparoscopic procedures (e.g., colectomy, spenect adrenalectomy, common duct, exploration/stone extraction, donor nephrectomy a fundoplication (antireflux surgery))

☐ **Requested**

Initial privileges: Successful completion of an accredited residency in general surgery advanced laparoscopic training or completion of a hands-on CME course.

None-core privileges: Stereotactic breast biopsy

☐ **Requested**

Trauma, abdomen, alimentary

- Abdominoperineal resection
- Amputations, above and below the knee, toe, transmetatarsal, digits
- Anoscopy
- Appendectomy
- Circumcision
- Colectomy (abdominal)
- Colon surgery for benign or malignant disease
- Colotomy, colostomy
- Correction of intestinal obstruction
- Drainage of intra-abdominal, deep ischiorectal abscess
- Emergency thoracostomy
- Endoscopy (intraoperative)
- Enteric fistulae, management
- Enterostomy (feeding or decompression)
- Esophageal resection and reconstruction
- Distal esophagogastrectomy
- Excision of fistula in ano/fistulotomy, rectal lesion
- Excision of pilonidal cyst/marsupialization
- Gastric operations for cancer (radical, partial, or total gastrectomy)
- Gastroduodenal surgery
- Gastrostomy (feeding or decompression)
- Genmitourinary procedures incidental to malignancy or trauma
- Gynecological procedure incidental to obdominal exploration
- Hepatic resection
- Hemorrhoidectomy, including stapled hemorrhoidectomy
- Incision and drainage of abscesses and cysts
- Incision and drainage of pelvic abscesses
- Incision, excision, resection, and enterostomy of small intestine
- Incision/drainage and debridement, perirectal abscesses
- Insertion and management of pulmonary artery catheters (core?)
- IV access procedures, central venous catheter, and ports
- Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adh catheter positioning
- Laparotomy for diagnostic or exploratory purposes or for management trauma
- Liver biopsy (intraoperative), liver resection
- Management of burns
- Management of intra-abdominal trauma, including injury, observation,
- Management of multiple trauma
- Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, includ
- Pancreatectomy, total or partial
- Pancreatic sphincteroplasty

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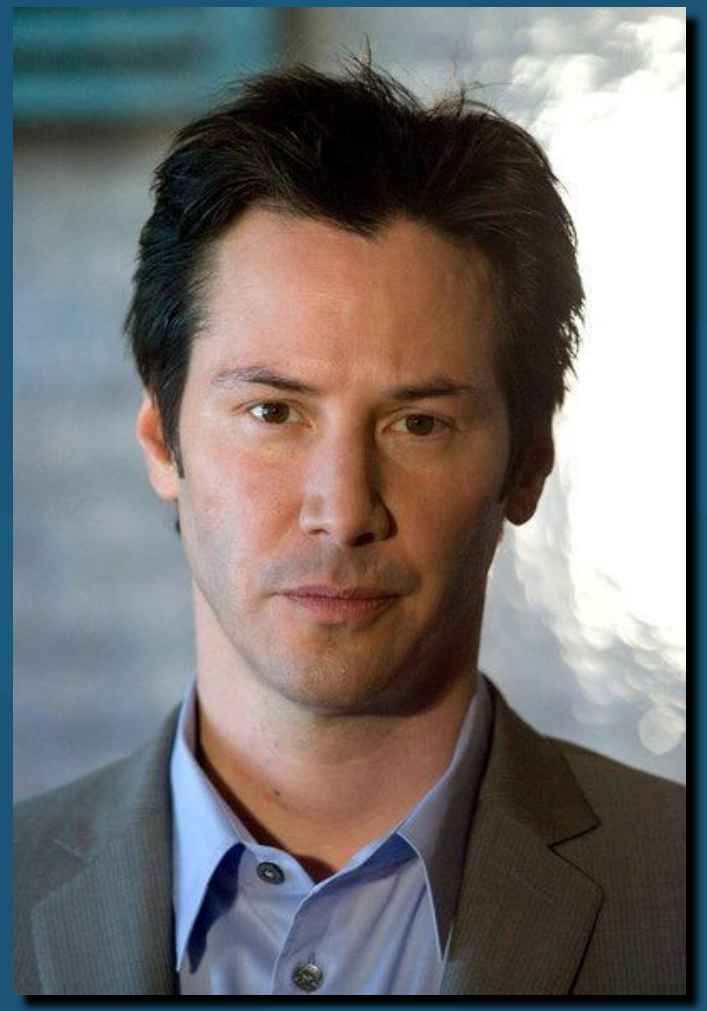
Dr. Neo was granted clinical privileges.
All providers with newly granted privileges **should *(must)*** be reviewed for a volume or time limited period.
This is done via a focused period of practice quality evaluation *(FPPE or equivalent)*



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MS.08.01.01 Focused Professional Practice Evaluation

The Organized Medical Staff defines the circumstances requiring focused monitoring and evaluation of a practitioner's professional performance.

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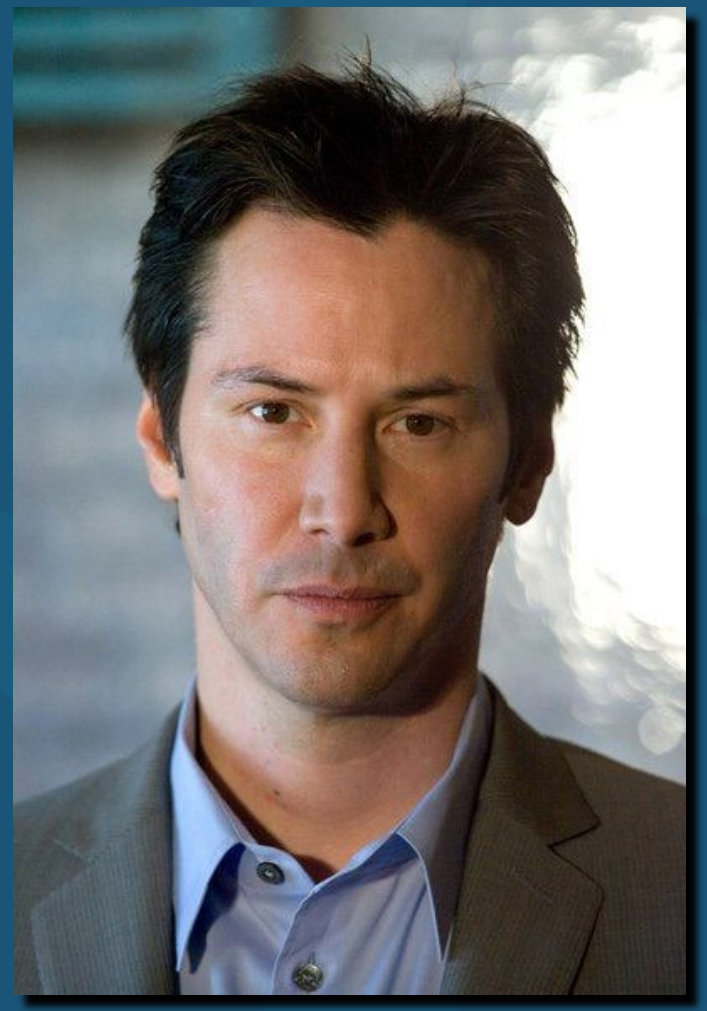

DNV does not require an FPPE process for newly granted privileges, but does require collection and evaluation of practitioner-specific performance data.

DNV

MS.8 PERFORMANCE DATA

Practitioner specific performance data for physicians and other practitioners who have been granted clinical privileges is required to be evaluated, analyzed and appropriate action taken as necessary when variation is present and/or standard of care has not been met as defined by medical staff policy/procedure.

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Focused Professional Practice Evaluation

FPPE or Equivalent - Initial Granting of Privileges

FPPE allows evalu…oner who does not have do…on, including:

1) Newly appoi…

2) When new p…

3) For establish…ertaken when questions concerning competence are raised ***("Triggered FPPE")***

Data may be colle…t or retrospective cha…tion, proctoring, exter…

FPPE is time-limi…

FPPE

FPPE is implemented (1) for all newly requested privileges, and (2) whenever a question arises regarding a practitioner's ability to provide safe, high quality patient care, or a "trigger" event occurs. A Department Chairperson, any peer review committee, the MEC or the Board may recommend FPPE.

Periods of FPPE implemented for reasons other than for a newly requested privilege must be time-limited (for a specific period of time OR a specific volume/number of procedures, admissions, encounters, etc.). The terms of the FPPE must be communicated to the affected practitioner or AHP in writing, which shall include the reasons for the FPPE; the specific period of time or specific volume/number of procedures, admissions, encounters, etc.; and the method for monitoring specific to the privileges giving rise to the review.

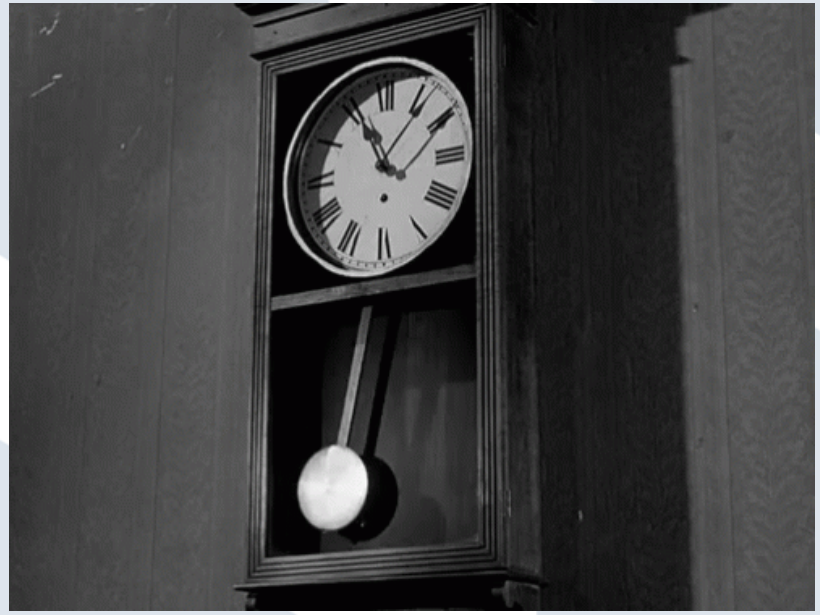
Information gathered for review may include, but not be limited to:

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, nursing, and administrative personnel.
e. Method for determining the duration of performance monitoring:

Focused Professional Practice Evaluation

- Time frame is defined by your polices
- Use timelines to keep everyone informed of time frame and progress
- What if not enough of the clinical activity has taken place during the allotted time?
  - *Can be extended, as long as the rationale is documented*
  - *But……this can't be an unlimited time frame*

FPPE is time-limited



Focused Professional Practice Evaluation

Initial Granting of Privileges

Credentials Committee in collaboration with the department chair develops criteria for evaluation

Department Chair

DOP Forms

Outcome Data is gathered

Initial FPPE Criteria – *based upon clinical privileges*

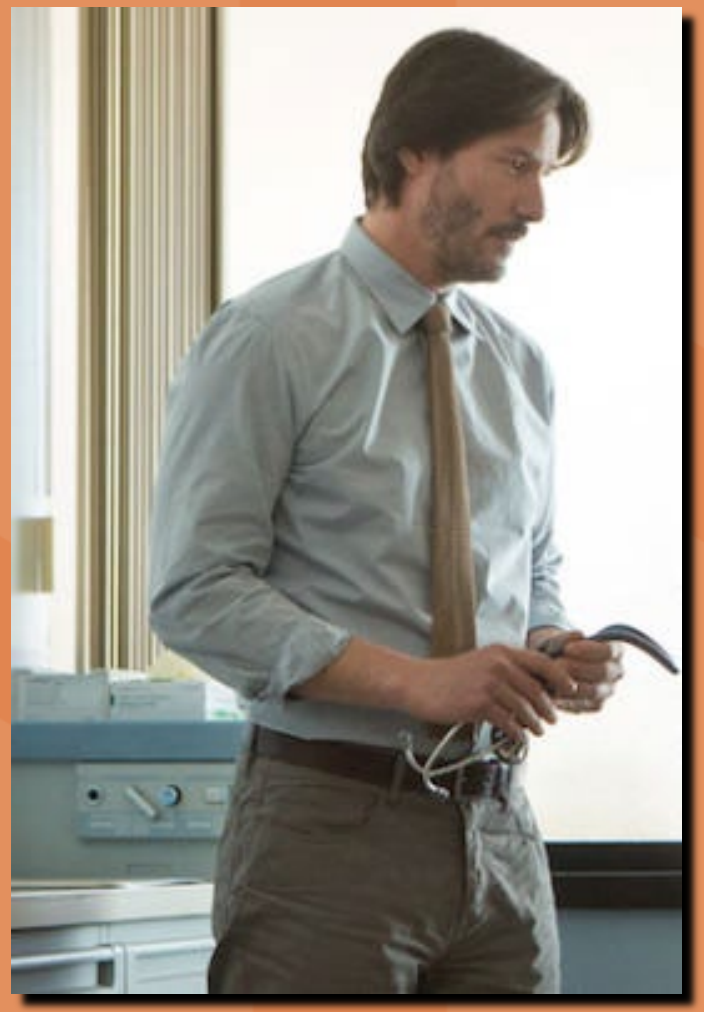
Analyze Data

Dept Chair reviews data and makes an informed decision re: continuing or concluding FPPE

Dr. Neo passes through his 6 month initial FPPE / focused evaluation period with no concerns being raised

Every member of the medical staff who is granted clinical privileges **should *(must)*** participate in continuous / ongoing quality of care monitoring *(OPPE or equivalent)*

Dr. Neo is no different…



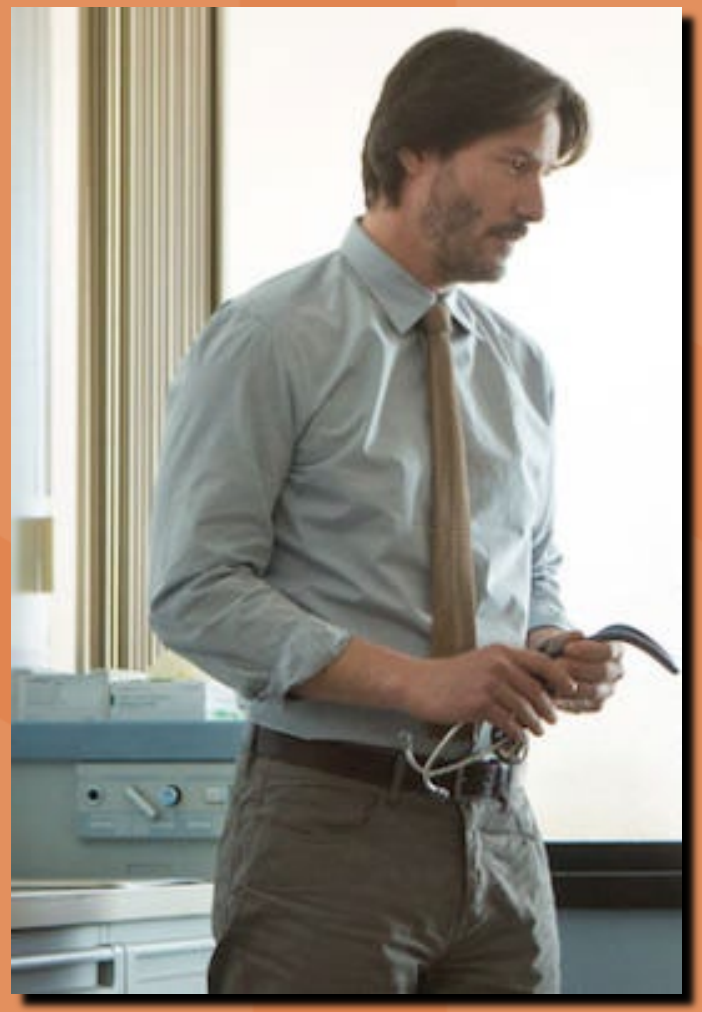
MS.08.01.03

b. Ongoing Professional Practice Evaluation (OPPE)

The OPPE is an ongoing assessment of the practitioner's professional practice that allows for the identification of any trends that may impact the quality of care or patient safety. The results of the Medical Staff Member's OPPE will be factored into the decision to recommend reappointment, a new Clinical Privilege, the renewal and/or revision of current Clinical Privileges. The Professional Practice Committee will monitor the OPPE process.

Every member of the medical staff who is granted clinical privileges should *(must)* participate in continuous / ongoing quality of care monitoring *(OPPE or equivalent)*

Dr. Neo is no different…



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Ongoing Professional Practice Evaluation

Competency is a Combination of Two Principles

[1] Have you do

Numbers – How M

[2] When you did it,

Quality M

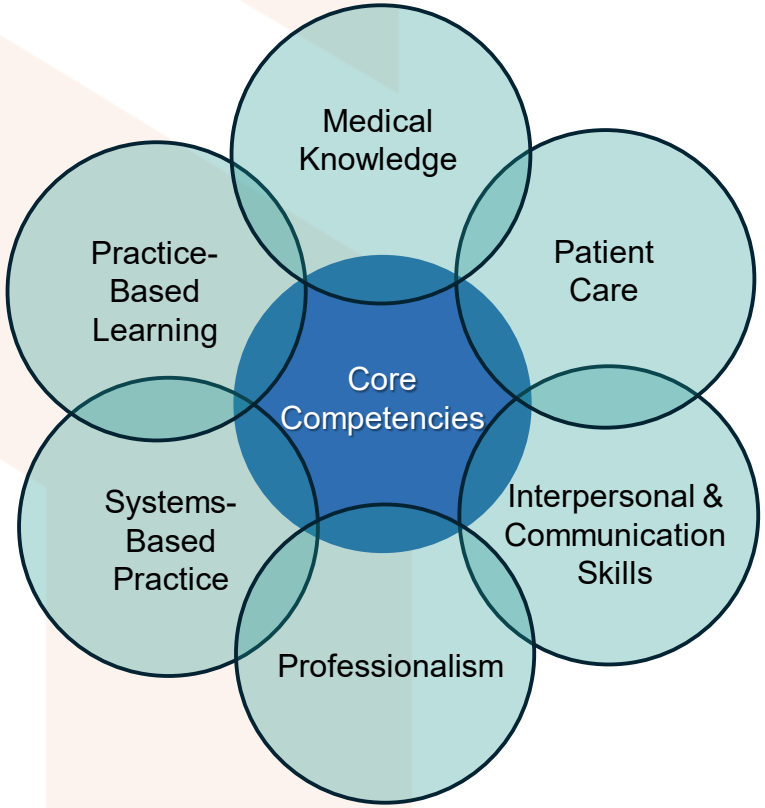
Ongoing Professional Practice Evaluation / Monitoring
(OPPE)

The process by which the Organized Medical Staff evaluates the current clinical competency of every licensed individual practitioner exercising privileges using appropriate *quantitative* and *qualitative* data.

Ongoing Professional Practice Evaluation

Outcome Data is gathered

Departments define data for areas of competency



Analyze Data

Dept Chair reviews data for outliers and opportunities for improvement

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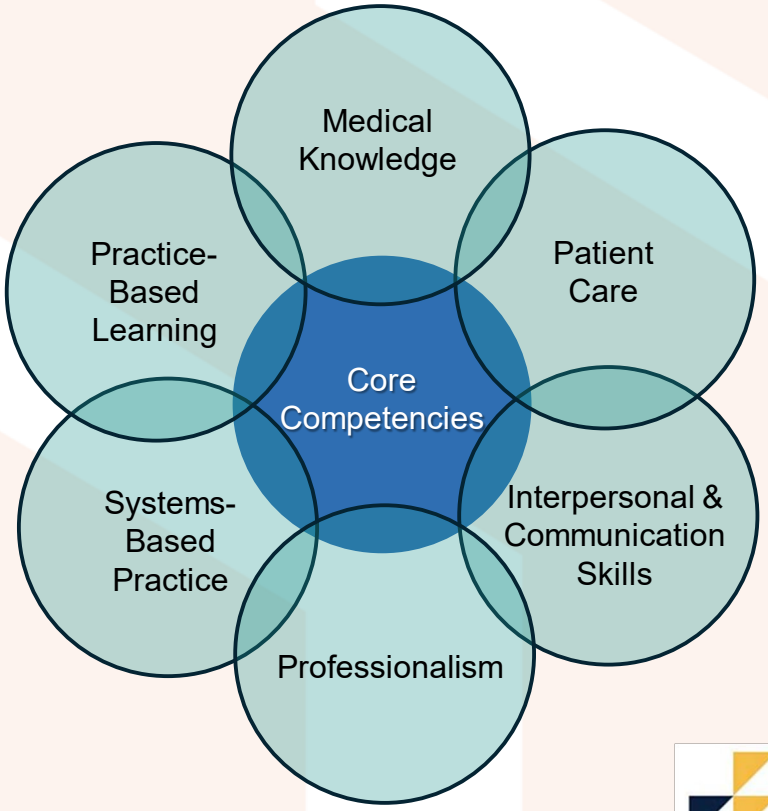
OPPE Requirements

General "Core" Competencies Assessment ~ *Everyone* ~



Quality Indicators

- Measures should be clearly defined
  - *Different service lines require different indicators*
- Who reviews the data should be clearly defined
- The process must be clearly defined
- ***Results should be (must be) used in credentialing and peer review***
- Focused & Continuous / Ongoing practice quality monitoring should be **(must be)** applied to all privileged practitioners

Indicators are defined by the Medical Staff Departments
Correlating with core competencies and clinical privileges

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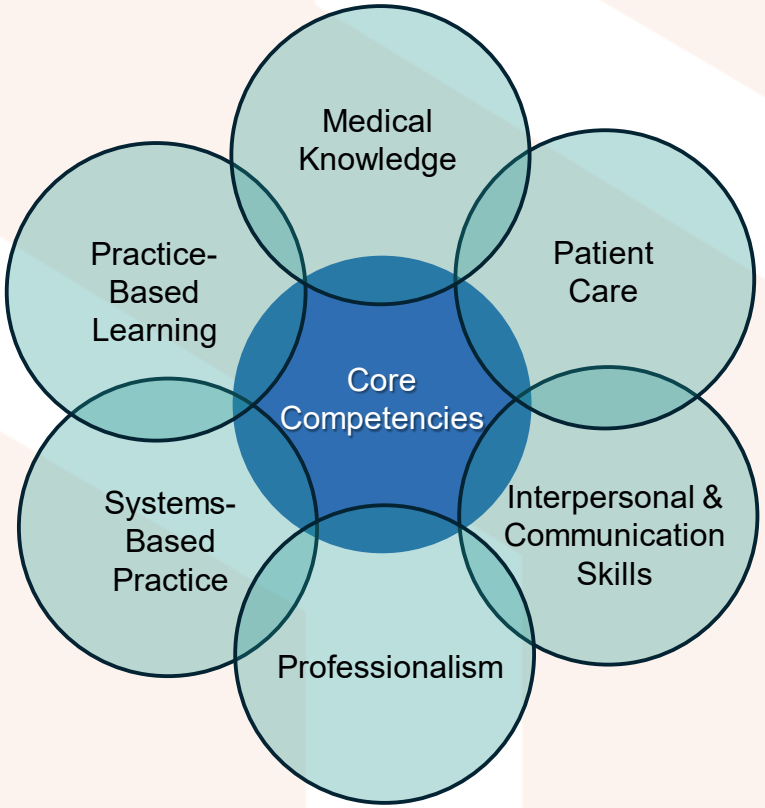
OPPE Requirements

General "Core" Competencies Assessment ~ *Everyone* ~



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Indicators by Service Line

"Triggers" are unacceptable levels of performance within established defined criteria

- Prolonged Length of Stay compared to peers

> Ongoing Professional Practice Evaluation (OPPE) is the routine monitoring and evaluation of professional performance for Providers with clinical privileges, thereby evaluating the strengths and opportunities for a Provider. All Providers are provided a confidential report bi-annually to identify potential problems early to allow for correction/improvement. The content and format of the OPPE is standardized across all Departments, with each Department approving indicators unique to the scope of services provided to facilitate the evaluation of each Provider's professional practice. OPPE information is factored into the decision to maintain existing privilege(s), revise existing privilege(s) or to revoke an existing privilege prior to or at the time of re-appointment.

- Failure to meet core measure guidelines – stroke, sepsis and cardiac alerts
- Outliers in patient satisfaction data/high level of complaints
- Utilization of tests, procedures, and consultants
- Blood and pharmaceutical usage

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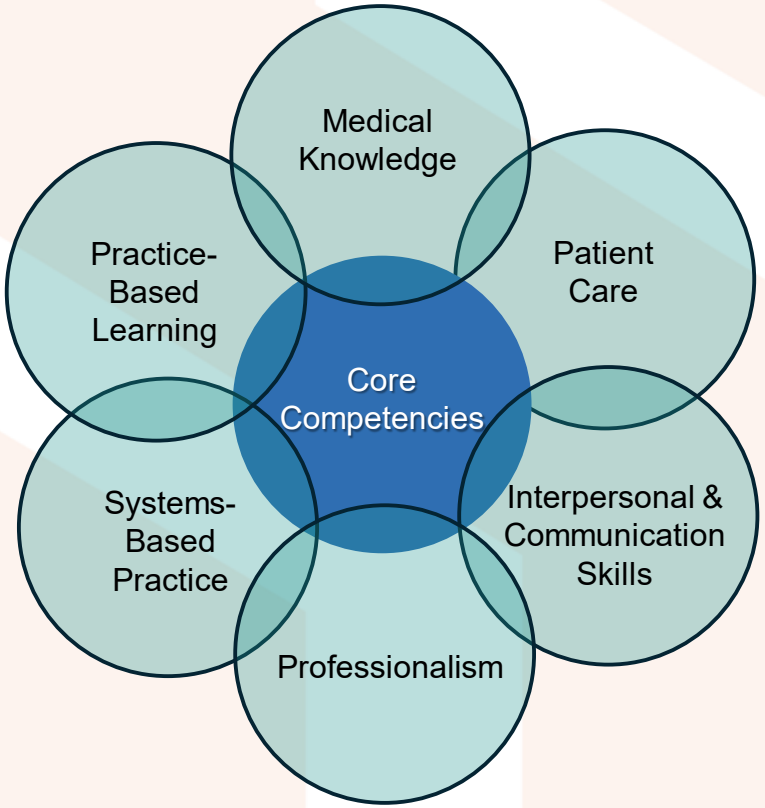
OPPE Requirements

General "Core" Competencies Assessment ~ *Everyone* ~



Criteria used in the ongoing professional practice evaluation may include, but not limited to, the following examples (see Exhibit A for specific criteria for current period):

- Medical assessment and treatment of patients;
- Use and monitoring of medications;
- Use of blood and blood components;
- Use of operative and other procedures;
- Efficiency of clinical practice patterns;
- Utilization review;
- Infection control;
- Practitioner's use of consultants;
- Discussion with other individuals involved in the care of each patient including consulting physicians, assistants in surgery, nursing, and administrative personnel;
- Patient safety;
- Patient satisfaction and complaint data;
- Credentialing review;
- Significant departures from establish patterns of clinical practice, including, but not limited to:
    1. Patient death;
    2. Operative procedures resulting in complications that place the patient at risk;
    3. Patient readmission within 30 days;
    4. Patient transfer to other facilities.
- Criteria specific to the specialty;
- Core measure data;
- Timeliness of medical records;
- Legibility.

9.1(b) Evaluation is accomplished through a review of various data are not limited to the following:

- Monitoring clinical practice patterns
- Complications
- Complaints/Compliments
- Volume
- Length of stay patterns
- Morbidity and mortality data
- Peer review cases/chart reviews
- Suspensions
- Medical record deficiencies
- Patient, peer, family, staff complaints
- Pharmacy, Therapeutics/Infection Control Committee
- Medical Records/Utilization Review Committee
- Patient Care Conferences
- Blood and Tissue Reviews
- Patient Safety data
- Quality Core Measures
- Occurrence reports
- Sentinel event data
- Mortality Reviews
- Other relevant criteria as determined by the organized

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OPPE Data

"Ongoing" = At Least Annually

OPPE – refer to data that exists, monitoring common practice areas

Compare to department norms

Compare to national norms

Specific Practitioner Feedback

Provide performance data on a routine basis to each physician & APP

Professional performance reviews, which include OPPE and FPPE, may include, but shall not be limited to:

- Periodic chart reviews;
- Use of external peer review;

Ongoing Professional Practice Evaluation (OPPE) is the routine monitoring and evaluation of professional performance for Providers with clinical privileges, thereby evaluating the strengths and opportunities for a Provider. All Providers are provided a confidential report bi-annually to identify potential problems early to allow for correction/improvement. The content and format of the OPPE is standardized across all Departments, with each Department approving indicators unique to the scope of services provided to facilitate the evaluation of each Provider's professional practice. OPPE information is factored into the decision to maintain existing privilege(s), revise existing privilege(s) or to revoke an existing privilege prior to or at the time of re-appointment.

- Operative and other procedures;
- Appropriateness of clinical practice patterns;
- Significant departures from established patterns of clinical practice;
- Use of developed criteria for autopsies;
- Monitoring of diagnostic and treatment techniques;
- Discussion with other individuals involved in the care of each patient, including consulting physicians, assistants at surgery, nursing and administrative personnel.

OPPE Data

"Ongoing" = At Least Annually

OPPE – refer to data that exists, monitoring common practice areas

Compare to department norms

Compare to national norms

Specific Practitioner Feedback

Provide performance data on a routine basis to each physician & APP

Data Benchmarks & Thresholds

- **Benchmarks** - Based on recognized standards when available, the expected results of a Provider practicing at the Hospital.
- **Thresholds** - The minimum results of a Provider practicing at the Hospital recognizing that low volumes can result in a short term sub-threshold result in a given indicator. When sub-threshold results persist, consideration must be given to identify opportunities for improvement.
- **Comparative Data** - De-identified comparative Department data may be presented in aggregate to influence performance.

OPPE Use in Assessing Competency

PATIENT CARE
provides appropriate and effective patient care for the treatment of health problems.

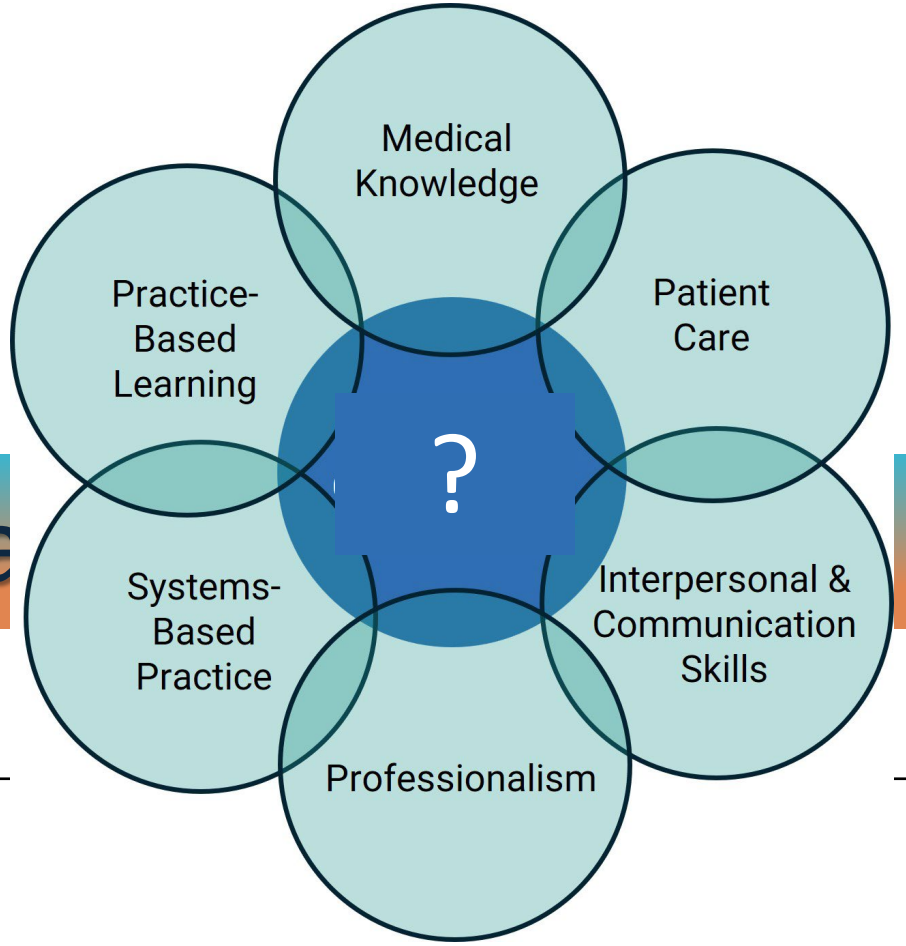
MEDICAL KNOWLEDGE
Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application to patient care.

PRACTICE-BASED LEARNING AND IMPROVEMENT
Demonstrates the ability to investigate and evaluate patient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self- evaluation and life-long learning.

PROFESSIONALISM
Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles.

SYSTEMS-BASED PRACTICE
Demonstrates awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on other resources in the system to provide optimal health care.

Fine Tune OPPE Indica



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OPPE Use in Assessing Competency

Fundamentally, organizations must collect all performance data covering all elements of performance

- Each practitioner's OPPE should ***(must)*** be evaluated by a Medical Leader for current competency *(Chief of Department)*
- Comparative Reports
  - Physician profiles should ***(must)*** be compared to external benchmark data & compared to others in the same department
- OPPE must be done more often than annually – *practically, every 6 or 8 months*
- Specific Practitioner Feedback
  - **Provide performance data on a routine basis to each physician**
- Low volume providers can be challenging to assess
- Time intensive – *automate data collection & report generation as much as is feasible to ease the burden on the Quality Team and Medical Staff leaders*

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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OPPE Use in Assessing Competency

- Comparative Reports
  - Physician profiles must be compared to external benchmark data and compared to others in the same department

OPPE Use in Assessing Competency

Stretch your dollars…

STS National Database™
Trusted. Transformed. Real-Time.

Commission on Cancer® ACCREDITED PROGRAM

A QUALITY PROGRAM *of the* AMERICAN COLLEGE OF SURGEONS

ACS NSQIP
National Surgical Quality Improvement Program
American College of Surgeons

MBSAQIP
METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM

ACS tqip TRAUMA QUALITY IMPROVEMENT PROGRAM

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OPPE Data

Data Evaluation

Who?

When?

Then What?

Data Review & Evaluation

Data review and evaluation is performed by the Department Chair prior to distribution to the Provider. The data is confidential and used by the Department Chair during the Reappointment process.

- **Exemplary Care** – no changes in monitoring
- **High-Level Quality Care** - no changes in monitoring
- **Potential Opportunity for Improvement** – continued monitoring, with education provided as needed
- **Opportunity for Improvement** –
  - If indicator is met with next OPPE period, continue monitoring
  - If not ➡☐a ***Focused PPE*** plan may be implemented with more frequent monitoring

OPPE Use in Assessing Competency

Competency: Patient Care

Metric
Adherence to MRI Safety Protocol (Assessment)
IP Mortality
Unplanned return to OR
Unplanned readmission
Chart Reviews. APP must meet crite per 3 case reviews.
Completeness of chart
Consents completed prior to proced

Competency: Patient Care

Metric	Inclusion	Exclusions	Target	Data Source	Comments
Adenoma Detection Rate for screening colonoscop					
Adenoma Detection Rate for screening colonoscop					
Antibiotic initiated within 60 minutes of presentati neutropenic fever*					
Cecal intubation rate for screening colonoscopy					
Cecal intubation rate for surveillance colonoscopy					
Percentage of Inpatient consults completed within the time consult is entered into the EHR					
Percentage of the rate DVT Prophylaxis is ordered upon admission in the absence of a contraindication	Hospitalists Only		>8		
Restraint Compliance	Critical Care Only				
Time between referral to patient seen in Undiagnosed Clinic*	Undiagnosed Clinic				

Competency: Medical Knowledge

Metric	Inclusion	Exclusions	Target	Data Source	Comments
Sepsis Training Completion	All Practitioners	Pathology, Radiation Medicine, Pediatrics, Anesthesiology		HR	**2nd Measurement cycle: new & refresher module**
Quality of Teaching in Clinic	Radiation Medicine		>4 excellent; ≥3 satisfactory	Radiation Medicine	
Resident Education - Contribution to Resident Education					

Competency: Interpersonal + Communication

Metric	Inclusion	Exclusions	Target	Data Source	Comments
Attendance at MDC/Tumor Board					
Completion of Goals of Care					
Compliance with policies for critical values notification					
Endoscopy fine needle aspirate evaluation and report is complete ≤20 minutes per specimen					
Frozen section interpretation and report completed ≤20 minutes per block					
Patient Satisfaction Survey Score					
Radiation Medicine Patient Satisfaction Survey					
Report Turnaround Time. Average elapsed time from "Completed and Awaiting Interpretation" to "Final Signature"					

Competency: Professionalism

Metric	Inclusion	Exclusions	Target	Data Source
HRO Universal Skills Completion	All practitioners			HR

Competency: System Based Practice

Metric	Inclusion	Exclusions	Target	Data Source
Transfusion Committee meetings	Dr. Becker		≥50% attendance per 6 months	Sign-in sheets

Competency: Practice Based Learning

Metric	Inclusion	Exclusions	Target	Data Source
Practice-based learning and improvement	Completion of all quarterly mandatory inservice programs	All Practitioners	100%	HR

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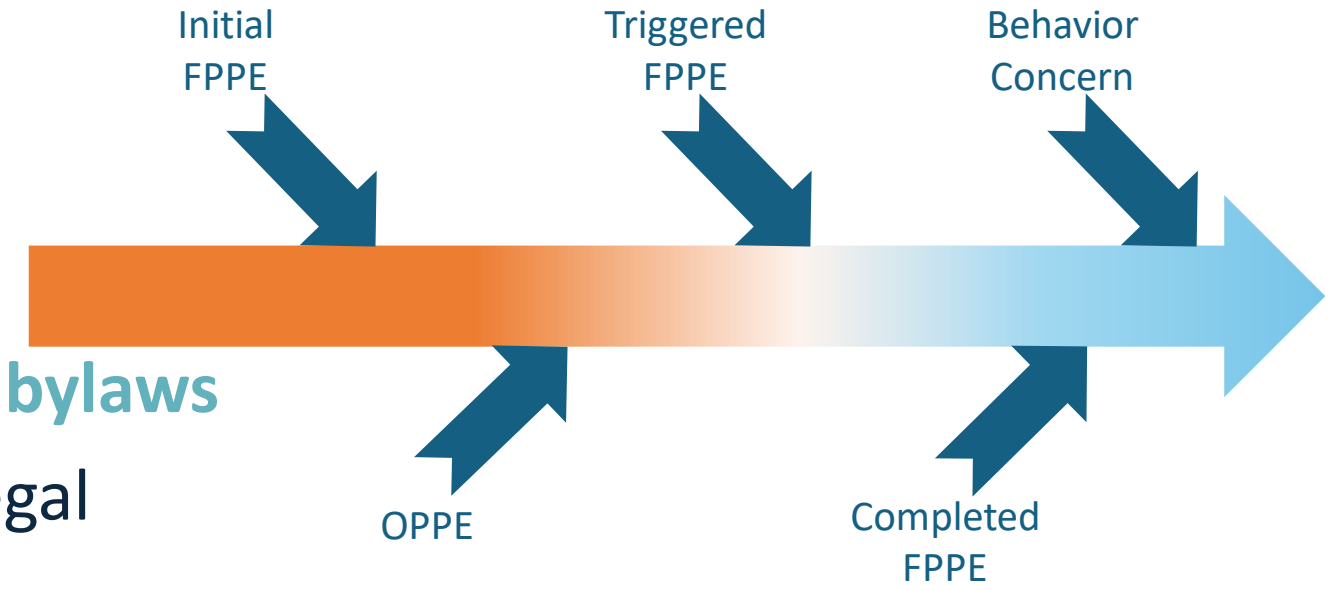
Medical Staff Professional's Role

Supporting Medical Staff Leaders

- Provide dedicated time for Medical Staff Leaders
- Complete documentation
  - **"The whole (hi)story"**
  - **Demonstrate timeline & interventions as outlined by bylaws**
- Arrange availability of HR and Legal teams as required
- Ensure accountability



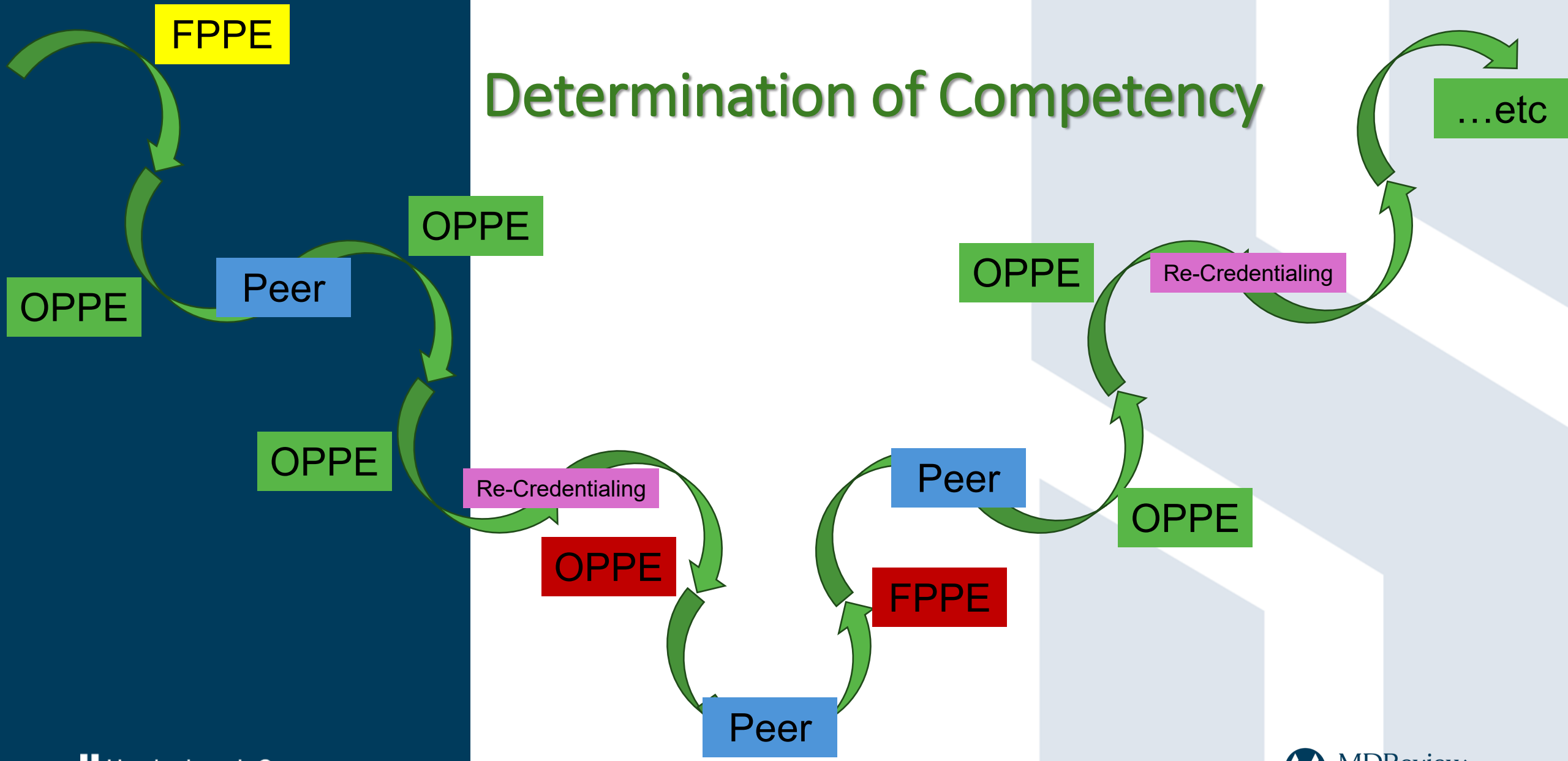
Determination of Competency

F / OPPE

TJC and DNV surveyors will be looking for documentation of the hospital's FPPE/OPPE processes and how they are applied to the credentialing and privileging process for its practitioners.

- Facilities can be cited for lack of robust OPPE/FPPE processes
- Initial FPPE can be cited for lack of timeliness and lack of documentation
- "For cause/Triggered" FPPE frequently gets cited for lack of action and on-going measurement
- Does OPPE and FPPE data feed back to the credentialing body?
- **Bottom Line : OPPE/FPPE must be more than just a paper process**

Determination of Competency



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F / OPPE

Reporting Requirements

OPPE and FPPE information is reported to the MEC and the Board

OPPE and FPPE are parts of the peer review process – protected

- They are not adverse actions
- They are not “investigations”
- They are not reportable to the National Practitioner Data Bank or State Medical Board
- They are part of feedback and, if needed, managing poor performance

F/OPPE Information Flow

Peer Review / Professional Practice Committee

Department Chair

Provider

Credentials Committee

Medical Executive Committee

Peer Review Committee

This recommendation is then forwarded to the Board of Directors.

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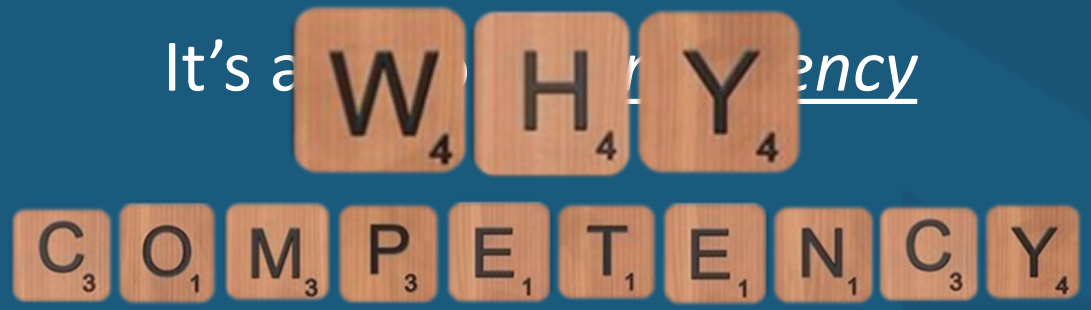
Why Do We Credential and Appropriately Privilege Physicians & APPs?

It's a WHY *ency*



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thank you

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Let's Chat!

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