AHMC Anaheim Regional Medical Center
PROFESSIONAL PRACTICE EVALUATION POLICY

Purpose:
A. The purpose of this policy is to establish an OPPE mechanism to incorporate relevant information from the medical staff performance improvement and peer review activities into the ongoing evaluation of medical staff members and allied health professionals.

Definition of Terms:

A. Ongoing Professional Practice Evaluation (OPPE): OPPE identifies professional practice trends that impact the quality of care rendered and patient safety using the routine monitoring and evaluation of clinical competency and performance for members of the medical staff and allied health professionals.

B. Focused Professional Practice Evaluation (FPPE): an intensified review of data related to clinical practice or outcomes where a concern or adverse trend is identified, from either peer review or the OPPE process.

C. FPPE is also the process used to establish current competency for new medical staff and allied health professional members, or for practitioners requesting new clinical privileges.

D. FPPE activities comprise what has been formerly been called proctoring, peer review or focused review, depending on the nature of the circumstances.

E. ACGME: Accreditation Council for Graduate Medical Education

F. Peer: A peer is a practitioner (as defined by Medical Staff By-laws) who has expertise in the appropriate subject matter. If the question is one of general medical care, then any unbiased practitioner can serve as a peer reviewer. If there are specialty-specific clinical issues, then the peer reviewer must be of the same specialty or have like privileges, and have sufficient clinical experience and training to provide an evaluation of the significant issues involved in the review of either the individual case or an undesirable pattern of care.

G. Committee: One or more members of the medical staff who review individual cases or aggregate practitioner data for the purpose of peer review under the auspices of a clinical department/section, the Medical Executive Committee, or an interdisciplinary body set up especially for the review. Members to conduct a review shall be selected based upon their professional knowledge, lack of bias and availability. The Chief of Staff, the Department/Section Chair or their designee may appoint members.
H. Case: An event occurring during a patient’s hospital stay that corresponds with medical staff approved criteria for review, but is not limited to those criteria. Cases may be derived from generic or departmental screens; medical staff monitors; sentinel events; third party complaints or other sources that suggest undesirable processes or outcomes of care.

SCOPE AND RESPONSIBILITY: COMPETENCY FRAMEWORK FOR ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)

The practitioner’s evaluation is based on generally recognized standards of care. Through this process, practitioners receive feedback for personal and performance improvement, or confirmation of personal and professional achievement related to their professional practice effectiveness, as defined by the six (6) Joint Commission/AGME general competencies described below:

Patient Care: Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, during and at the end of life.

Medical Knowledge: Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and application of their knowledge to patient care and the education of others.

Practice-Based Learning and Improvement: Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate and improve patient care.

Interpersonal and Communication Skills: Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and members of the health care team.

Professionalism: Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession and society.

Systems-Based Practice: Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

PROCEDURE FOR OPPE:

Performance measures or indicators will be selected to reflect the six (6) general competencies and will use multiple sources of data as described in this section. Each department is responsible for defining its own review criteria and for determining
thresholds for physician review. Performance indicators and thresholds are evaluated periodically by the Medical Staff departments/sections.

Once the quality indicators to be measured have been approved, the organization will employ those processes necessary to assure that information on practitioners can be collected, aggregated, analyzed and acted upon. The data will be generated to produce a practitioner report card on a semi-annual basis in order to identify professional practice trends that impact the quality of care and patient safety.

The organization will screen patient care for quality and appropriateness through the following mechanisms. Sources of input into the practitioner’s performance evaluation report card may include, but not be limited to:

1. Any occurrence that requires review by the medical staff per the Medical Staff Peer Review policy.
2. Any risk management or case management indicator (practitioner behavior or quality of care issue) after being evaluated that results in follow-up action per the Code of Conduct, the peer review policy, the Medical Staff By-laws or the Medical Staff Rules and Regulations.
3. Patient and/or family complaints and compliments.
4. Case(s) resulting from the trending of performance improvement initiatives wherein a practitioner’s performance is below established targets set by the Medical Staff.
5. Compliance with established best practice protocols (i.e., Core Measures).
6. Utilization of resources.

Additionally, information used in OPPE may also be acquired through the following sources:

1. Periodic chart review
2. Direct observation
3. Monitoring of diagnostic and treatment techniques
4. Discussion with other individuals involved in the care of each patient
5. Collection and review of clinical data
6. Review of operative and other clinical procedure performed and their outcomes
7. Pattern of blood and pharmaceutical usage
8. Requests for tests and procedures
9. Length of stay and readmission patterns
10. Morbidity and mortality data
11. Practitioner’s use of consultants

OPPE data and information is factored into the decision to maintain existing privileges, or to revoke an existing privilege prior to or at the time of renewal.

If there is uncertainty regarding the practitioner’s professional performance, the medical staff should follow the course of action defined in its governing document.
If the results of an OPPE indicate a potential issue with physician performance, a Focused Professional Practice Evaluation (FPPE) may be initiated to determine if a problem exists with the current competency of the practitioners, for either specific privileges or for more global dimensions of performance. Each department will define the number of cases per review period, or rate of cases for each performance measure, or single events that will constitute a trigger for physician review. Care issues for which performance measures have not been defined by the department will be presented to the Departmental Chair or Subsection Chair for consideration. At that time, the Chair will determine if the care issue should be captured in a new performance measure, and if so indicated, it will then be presented to the department as a revision of performance criteria requiring approval.

PROCESS FOR REPORTING OPPE:

After the data or information has been collected by the organization and the physician performance evaluation report card has been generated and forwarded to Medical Staff Services, the designated medical staff leadership will review the information.

Anaheim Regional Medical Center will follow its established Peer Review policy and procedure regarding review, rate and rule indicators, and report accordingly.

Specific rate indicators are tracked by medical staff/quality over a rolling one-year period. Trend data for all practitioners will be reviewed at least every six (6) months. Practitioner review occurs once a threshold is not met under OPPE or a review indicator warrants individual case review (FPPE).

Note: Not all review indicators that warrant individual case review will automatically trigger a FPPE. Results of individual case review may indicate care was appropriate, in which case FPPE would not be warranted.

If the results of an OPPE indicate a potential issue with practitioner performance, a Focused Professional Practice Evaluation (FPPE) may be initiated to determine if there is a problem with current competency for either specific clinical privileges or for more global dimensions of performance. When a patient care concern is identified through OPPE, the issue may be referred for FPPE.

The following are sources of input into the Physician Performance Evaluation Process:

1. Any occurrence that fails to meet the standards identified in the Medical Staff approved Review Criteria.
2. Any Risk Management or Case Management indicator that reflects a quality of care concern involving a member of the Medical Staff.
3. A patient and/or family complaint as it relates to the quality of patient care.
4. A Third party payor/outside regulatory or accreditation agency notice.
5. An Unusual occurrence report that is referred by Risk Management that involves medical staff quality of care.
6. A case resulting from the trending of performance improvement initiatives wherein a practitioner's performance is below the established performance target set by the Medical Staff.