

MEMORIAL HEALTH

**JACKSONVILLE MEMORIAL
HOSPITAL**

**ONGOING PROFESSIONAL
PRACTICE EVALUATION POLICY
(OPPE)**

Adopted by the MEC: July 28, 2022
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ONGOING PROFESSIONAL PRACTICE EVALUATION POLICY (OPPE)

TABLE OF CONTENTS

	<u>PAGE</u>
1. SCOPE OF POLICY	1
2. OPPE DATA TO BE COLLECTED	1
2.A Department Data Elements	1
2.B Data Elements for All Practitioners	1
2.C Guidelines	1
3. OPPE REPORTS	1
3.A Frequency and Content	1
3.B Review by PPE Specialists	2
(1) Initial Review	2
(2) Data Within Expected Parameters of Performance/No Concerns	2
(3) Data Reflects Exceptional Performance or Significant Improvement	3
(4) No Activity/Insufficient Volume	3
(5) Data Not Within Expected Parameters of Performance or Raises Questions	3
3.C Review by Department Chair	3
(1) Acceptable Performance	4
(2) Exceptional Performance or Significant Improvement	4
(3) Review OPPE Report with Practitioner/Initial Mentoring Efforts	4
(4) Forward for Review under Other Applicable Policy	4
(5) Insufficient Volume	4
4. DELEGATION OF FUNCTIONS	5
5. DEFINITIONS	5
6. AMENDMENTS	6
6.A Review by System Leadership Group	6
6.B Amendments Relevant to Only the Hospital	6
6.C Amendments Relevant to More Than One MH Hospital	6
6.D Board Action	7
APPENDIX A: Flowchart of OPPE Process	8

ONGOING PROFESSIONAL PRACTICE EVALUATION POLICY (OPPE)

1. ***Scope of Policy.*** All Practitioners who provide patient care services at Jacksonville Memorial Hospital (the “Hospital”) are subject to ongoing professional practice evaluation (“OPPE”).
2. ***OPPE Data to Be Collected.***
 - 2.A ***Department Data Elements.*** Each Department, in consultation with the PPE Specialists and Chief Medical Officer, shall determine the OPPE data to be collected for each Practitioner in the Department and, where appropriate, the expected parameters of performance for each data element. All Department data elements and parameters shall be approved by the Leadership Council.
 - 2.B ***Data Elements for All Practitioners.*** The Leadership Council shall also establish OPPE data elements that are relevant to all Practitioners irrespective of Department and, where appropriate, the expected parameters of performance for each data element.
 - 2.C ***Guidelines.*** The following guidelines will be used in determining the OPPE data elements to be collected:
 - (1) quality and performance improvement department representatives shall be consulted to inform and support the assessment process;
 - (2) medical informatics/information technology department representatives shall be consulted to determine the available information system capabilities;
 - (3) for Department OPPE elements, the type of data that would reasonably be expected to reflect clinically significant issues for the specialties within the Department shall be considered; and
 - (4) when possible, the expected parameters of performance shall be based on relevant clinical literature.
3. ***OPPE Reports.***
 - 3.A ***Frequency and Content.*** An OPPE report for each Practitioner shall be prepared at least every 12 months. A copy shall be placed in the Practitioner’s file and considered in the reappointment process and in the assessment of the Practitioner’s competence to exercise the clinical privileges granted. A Practitioner’s OPPE report may include:

- (1) the Practitioner’s activity during the OPPE period (i.e., numbers of procedures, admissions, and consults);
- (2) clinical performance as measured by the approved Department and other OPPE data elements;
- (3) the number of Informational Letters sent pursuant to the Professional Practice Evaluation Policy (Peer Review) (“PPE Policy”) (Informational Letters are a non-punitive, educational tool to make sure that Practitioners are aware of certain performance issues and to help them improve solely through the use of timely feedback);
- (4) the number of cases reviewed pursuant to the PPE Policy and the dispositions of those cases; and
- (5) the number of complaints addressed pursuant to the Medical Staff Professionalism Policy and the disposition of those matters.

3.B ***Review by PPE Specialists.***

- (1) ***Initial Review.*** The PPE Specialists will review each OPPE report. As needed, the PPE Specialists will consult with the Chief Medical Officer and/or a Medical Staff Leader in making the determinations set forth in this section. The PPE Specialists’ review of an OPPE report can be documented on the **OPPE Review Form** which is included as **OPPE-1** in the Ongoing Professional Practice Evaluation Policy Manual (“OPPE Manual”).
- (2) ***Data Within Expected Parameters of Performance/No Concerns.***
 - (a) If the OPPE report reveals that the Practitioner’s data is within, or exceeds, expected performance parameters and no other issues or concerns are noted, the PPE Specialists shall provide a copy of the report to the Practitioner or notify the Practitioner how to access the report. The PPE Specialists shall also indicate that the report is being provided solely for the Practitioner’s information and use in his or her patient care activities and that no response and no further review are necessary at that time. **A Notice to Practitioner – All Data Within Expected Performance Parameters** is included in the OPPE Manual as **OPPE-2**.
 - (b) The PPE Specialists shall provide reports to the applicable Department Chair that:
 - (1) identify all Practitioners in the Department for whom all data are within expected parameters and no concerns have been raised;

- (2) list the data elements included on OPPE reports for the Department and, where applicable, the approved parameters of performance; and
- (3) include a reminder for Department Chairs to notify the PPE Specialists if there are any concerns with a Practitioner on the list not reflected in the OPPE data.

The PPE Specialists shall retain copies of these reports and documentation of the Department Chairs acknowledgement of the report (e.g., the Department Chair's signature of a batch report).

- (3) ***Data Reflects Exceptional Performance or Significant Improvement.*** The PPE Specialists should forward a report to the Department Chair if the report reflects exceptional performance or significant improvement by the Practitioner. The Department Chair is encouraged to communicate with the Practitioner to acknowledge the Practitioner's efforts.
- (4) ***No Activity/Insufficient Volume.*** If the OPPE report indicates that the Practitioner has had no activity, or has clearly had insufficient volume at the Hospital to generate meaningful data, the PPE Specialists shall file the report in the Practitioner's quality file. In such case, review of the OPPE report by the Department Chair is not required, but the Department Chair shall receive a summary report of these determinations.
- (5) ***Data Not Within Expected Parameters of Performance or Raises Questions.*** If performance is not within expected parameters or raises any questions, the PPE Specialists shall:
 - (a) provide a copy of the report to the Department Chair with a request for further assessment; and
 - (b) provide a copy of the report to the Practitioner or notify the Practitioner how to access it and indicate that it has been forwarded to the Department Chair for review. The Practitioner will also be informed that the Department Chair will contact the Practitioner if he or she determines that any response or further review is required.

A Notice to Practitioner – Some Data Not Within Expected Performance Parameters is included in the OPPE Manual as OPPE-3.

- 3.C ***Review by Department Chair.*** When an OPPE report is forwarded to the Department Chair because performance is not within expected parameters or raises any questions, the Department Chair may review the underlying cases that make up the data or other relevant information. The Department Chair, acting on behalf of

the Leadership Council, shall make one of the following determinations (which can be documented on the **OPPE Review Form** which is included as **OPPE-1** in the OPPE Manual):

- (1) ***Acceptable Performance.*** The data do not reflect a pattern or issue regarding the Practitioner's performance that requires further review. In such case, the Department Chair shall document his or her findings and include them in the Practitioner's file along with the OPPE report.
- (2) ***Exceptional Performance or Significant Improvement.*** The data indicate that the Practitioner's performance has been exceptional or that there has been a significant improvement, in which case the Department Chair is encouraged to acknowledge the Practitioner's efforts.
- (3) ***Review OPPE Report with Practitioner/Initial Mentoring Efforts.*** The data reflect an issue or concern with the Practitioner's performance, but the issue or concern is not so significant that further review is necessary under the PPE Policy, the Medical Staff Professionalism Policy, or the Policy on Review of Concerns Related to Utilization. In such case, the Department Chair may engage in Initial Mentoring Efforts with the Practitioner (e.g., discussions, mentoring, coaching, and sharing of comparative data). Any such Initial Mentoring Efforts should be documented via a follow-up letter or e-mail to the Practitioner, with such documentation being included in the Practitioner's file along with the OPPE report.
- (4) ***Forward for Review under Other Applicable Policy.*** The data reflect a pattern or issue regarding the Practitioner's performance that requires further review. In such case, the Department Chair shall notify the PPE Specialists, who shall log the report and proceed in accordance with the PPE Policy, the Medical Staff Professionalism Policy, or the Policy on Review of Concerns Related to Utilization, as applicable.
- (5) ***Insufficient Volume.*** The data reflect insufficient activity at the Hospital to evaluate the Practitioner's practice, in which case the Department Chair shall document this conclusion so that the OPPE report is properly evaluated as part of any application for reappointment submitted by the Practitioner. At reappointment, procedures set forth in the Medical Staff Bylaws for obtaining information from low-volume practitioners shall be followed.

OPPE reports involving a Department Chair will be reviewed by the Medical Staff President (or designee).

4. *Delegation of Functions.*

- (a) When a function under this Policy is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a Practitioner or Hospital employee (or a committee of such individuals). Any such designee must treat and maintain all information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of this Policy. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.
- (b) When an individual assigned a function under this Policy is unavailable or unable to perform that function, one or more Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual as set forth above.

5. *Definitions.*

- (a) **“Medical Staff Leader”** means any Medical Staff Officer, Department Chair or committee chair.
- (b) **“OPPE”** means the ongoing review and analysis of data that helps to identify any issues or trends in Practitioners’ performance that may impact quality of care and patient safety. OPPE promotes an efficient, effective and meaningful evidence-based reappointment process. It is also part of the Hospital’s effort to provide educational opportunities that help all Practitioners consistently provide quality, safe, and effective patient care. A flow chart of the OPPE process is attached as [Appendix A](#).
- (c) **“PPE Specialists”** means the clinical and non-clinical staff who support the professional practice evaluation process described in this Policy and who act at the direction of the Leadership Council. Such individuals may include, but are not limited to, staff from the quality department, medical staff office, human resources, and/or patient safety department. Documentation the PPE Specialists create are records of the Leadership Council. The Leadership Council Chair or CMO may direct PPE Specialists to perform functions under this Policy on behalf of the Leadership Council.
- (d) **“Practitioner”** means any individual who has been granted clinical privileges and/or membership by the Board, including, but not limited to, members of the Medical Staff and Advanced Practice Professionals.

6. Amendments.

6.A Review by System Leadership Group.

- (1) If the MEC wishes to amend this Policy, it shall first submit the proposed amendments to a system leadership group comprised of the following:
(a) the CMO of each MH Hospital (or the CEO if the hospital has no CMO);
(b) the Medical Staff President of each MH Hospital; and (c) the MH General Counsel.
- (2) The role of this system leadership group is to assess whether the amendment is appropriate and helpful for the Hospital, but also whether it would be beneficial for other MH Hospitals and foster the goals of sharing expertise within the system and promoting consistency.
- (3) Following its assessment, the system leadership group will provide its report and recommendation to all relevant MH Hospitals.

6.B Amendments Relevant to Only the Hospital.

- (1) After receiving a favorable recommendation from the system leadership group, the MEC may approve the amendment by a majority vote and then forward it to the Hospital Board for review and adoption.
- (2) However, if the system leadership group has any questions or concerns about the proposed amendment, it will convene a meeting with the MEC to discuss and resolve whether to proceed with the amendment. If the disagreement cannot be resolved, the proposed amendment will be forwarded to the Hospital Board for its review with the concerns of the system leadership group being noted.

6.C Amendments Relevant to More Than One MH Hospital.

- (1) After receiving a favorable recommendation from the system leadership group, the MEC for each relevant MH Hospital may approve the amendment by a majority vote and then forward the amendment to its Board for review and adoption.
- (2) If there is any disagreement among the MECs concerning the amendment, a joint meeting of the MECs (or their representatives) and representatives of the system leadership group shall be scheduled to discuss and resolve the disagreement. In the unlikely event that a consensus cannot be achieved at that meeting, the proposed amendment shall be forwarded to the MH Board for further discussion and review.

6.D **Board Action.** No amendment shall be effective unless and until it has been approved by the Hospital Board.

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Appendix A: Flow Chart of OPPE Process

