This policy applies to: UCSD Health	Last Approval Date: 8/23/2022
Name of Policy: Medical Staff Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE)	**Page** 1 **of** 5
Policy Number: MSP 028	
Departments Affected: All Departments	

Goal

To create an ongoing, systematic, data-based process for the UC San Diego Health ("UCSDH") Medical Staff to evaluate Practitioner performance and maintain accountability for addressing opportunities for improvement.

Scope

- This policy addresses the Ongoing Professional Practice Evaluation ("OPPE") of Practitioners under the evaluation of the UCSDH Medical Staff. It also addresses the Focused Professional Practice Evaluation ("FPPE") of those Practitioners that arise from concerns identified by OPPE and/or information presented to the UCSDH Medical Staff.
- OPPE and FPPE are performance monitoring tools and are not considered a disciplinary measure by the UCSDH Medical Staff, rather, as information gathering activities. OPPE and FPPE do not give rise to the procedural rights described in the UCSDH Medical Staff Bylaws ("Bylaws") and UCSDH Medical Staff Fair Hearing Plan ("FH Plan"), nor is it considered an Investigation for purposes of the Bylaws.
- This policy does <u>not</u> address FPPE required to establish current competency of newly appointed Practitioners, Practitioners applying for new privileges, or Practitioners returning to active practice after a prolonged period of inactivity. Routine FPPE proctoring is addressed in the UCSDH Medical Staff Credentials Policy.

Policy

OPPE is conducted for each Practitioner not to exceed 12 months. The review is performed by the Practitioner's Division Chief and/or Service Chief. Each Service is responsible for evaluating and recommending their Service specific performance targets and thresholds. The Service Chief, in coordination with the Division Chief, the Service's Quality Improvement Representative ("SQIR"), the Patient Care and Peer Review Committee ("PCPRC"), and the UCSDH Medical Staff Executive Committee ("MSEC") also evaluates and recommends Service-based OPPE indicators.

FPPE may be conducted if the results of OPPE indicate a potential issue with Practitioner performance based on data exceeding acceptable target levels as defined by the UCSDH Medical Staff, if there are recurrent episodes of unacceptable performance/behavior related to clinical care processes, and/or if recurrent episodes of disruptive and/or unprofessional behavior are identified. In addition, a single serious or egregious case may also give rise to the initiation of an FPPE.

Process

I. Ongoing Professional Practice Evaluations (OPPE)

A. Selection of Practitioner Performance Measures for OPPE

1. Practitioner performance measures will be selected that:

a. Provide data to evaluate the six general Practitioner Competencies;

b. Are appropriate for the Practitioner's specialty;

c. Reflect Practitioner performance; and
d. Can be attributed to individual Practitioners.

2. *OPPE information may be acquired through, but is not limited to, information from the following sources:*
   a. Review of unexpected occurrences;
   b. Periodic chart review and/or peer review;
   c. External Peer Reviews (if applicable);
   d. Direct observation of procedures and patient care interventions; and/or
   e. Proctoring.
3. *The Service Chief may additionally review referrals from the following sources:*
   a. Clinical occurrences reported by the UCSDH Department of Risk Management;
   b. Sentinel event information identifying Practitioner-specific clinical concerns;
   c. Staff observations or concerns related to a Practitioner's clinical skill and performance;
   d. Patient or family observations, concerns or complaints related to a Practitioner's clinical skill and performance;
   e. Discussion with those involved in the care of a patient under Practitioner's care;
   f. Referrals from other UCSDH Medical Staff committees or hospital committees related to a Practitioner's clinical skill and performance;
   g. Referrals from external agencies related to a Practitioner's clinical skill and performance;
   h. Other event and/or data information as determined by the MSEC; and/or
   i. Other information or events reported to the Service Chief and/or Division Chief.

B. OPPE Report

1. *OPPE Metrics*
   a. The UCSDH Quality Department coordinates all types of indicator data, including volume data for the OPPE report based on the current OPPE metrics. The UCSDH Quality Department provides the Service Chief and/or Division Chief with Practitioner specific data relative to the quantitative measures as maintained by the PCPRC and presented for review to the MSEC in a timeframe not to exceed every 12 months. The OPPE metrics will continue to be refined over time to allow a thorough evaluation of Practitioner performance. The Report will encompass hospital-wide indicators and specialty specific indicators.
   b. These OPPE measures shall be consistently implemented, applied to all appropriate Practitioners, and assessed in a fair and reasonable manner. Assessment information related to these measurements shall be used by the UCSDH Medical Staff to resolve performance issues whenever reasonably possible.
2. *Evaluation of OPPE Metrics*

a. The evaluation of OPPE data will be conducted on an ongoing basis by the appropriate Service Chief and/or Division Chief, under the oversight of the MSEC, PCPRC, SQIR, or QIR.
b. OPPE Reports are available for review by the Division Chief and Service Chief at any time in the Tableau database. The report will be reviewed and evaluated in a timeframe not to exceed 12 months.
c. The Division Chief will review the OPPE data, which will include all Practitioners in the Division, and communicate any opportunities for improvement to the Practitioners and the Service Chief. This process may trigger an FPPE as set forth below. The Division Chief may also review and determine that no action is indicated or that an action is indicated which does not necessarily require direct discussion with and/or comments from the involved Practitioner and/or Service Chief.
d. Additionally, at the time of reappointment, the Division Chief and Service Chief will review the most current 24 months of OPPE and FPPE data (if available), and document the interpretation and any improvement activities for each Practitioner.

C. Informal Evaluations

1. The following activities, if not anticipated to result in corrective action as defined in the Bylaws and FH Plan, are considered information evaluations and are not FPPE:
    a. Educational letters based on case reviews;
    b. External Peer Reviews;
    c. Informal Practitioner improvement opportunity discussions and improvement plans from case reviews; and/or
    d. OPPE not requiring formal ongoing monitoring.
2. As it relates to the Practitioner's quality of care, if the SQIR, QIR, or PCPRC identifies the potential for individual Practitioner improvement, the following procedure will be used for creating an improvement plan for the Practitioner:
    a. If identified by the SQIR or QIR, they will communicate the potential Practitioner improvement opportunities to the PRPRC;
    b. The PCPRC will determine if an improvement plan is necessary, or may direct a request to the MSEC, Service Chief, or President of Medical Staff that a formal FPPE be initiated.
    c. If an improvement plan is indicated, the PCPRC will either create the improvement plan or will have the Service Chief create the plan with the Practitioner and report back to the PCPRC. The plan will include specific metrics and a timeframe for improvement. The Service Chief and Division Chief will be notified of any improvement plan created for a Practitioner by the PCPRC.
    d. Following development of the plan, the PCPRC and/or Service Chief will document the discussion and plan.

3. As it relates to the Practitioner's behavior, the process outlined in the UCSDH Medical Staff Professionalism Committee ("MSPC") Policy will be used to create any improvement plan for the Practitioner.
4. The MSEC, President of Medical Staff, and/or Service Chief may also initiate an improvement plan for the Practitioner based on concerns related to the Practitioner's quality of care or behavior.

II. Focused Professional Practice Evaluations (FPPE)

A. Initiation of an FPPE

1. An FPPE may be initiated in the following circumstances:

a. Recurrent episodes of unacceptable performance/behavior related to clinical care processes;
b. The identification of recurrent episodes of disruptive and/or unprofessional behavior;
c. Practitioner-specific involvement that led to or could have resulted in a clinically significant unexpected adverse event resulting in death or permanent injury to a patient where the cause of the event has been determined by the UCSDH Medical Staff to be directly related to a Practitioner's clinical performance, clinical decision making or egregious behavior;
d. Results of OPPE that indicate a potential issue with Practitioner Performance based on data exceeding acceptable target levels or a pattern of Minor Improvement Opportunities as defined by the UCSDH Medical Staff; or
e. 3 Peer Review Major Improvement Opportunities per rolling 12 months.

2. The UCSDH Medical Staff Committee who receives information that meets the criteria set forth in Section 1 above is responsible for alerting the MSEC, President of Medical Staff, and applicable Service Chief. Upon receipt of the information, the MSEC, President of Medical Staff, and/or Service Chief may initiate an FPPE.

a. The MSEC, President of Medical Staff, and/or Service Chief may also initiate an FPPE if they receive any information that meets the criteria set forth in Section 1 above, regardless of the source.

3. When a Formal FPPE is initiated, the following events shall occur:

a. The involved Practitioner will be given both verbal and written notice regarding the specific concerns which have been identified and are the basis of initiating the FPPE.
b. The involved Practitioner will be given access to health records and other appropriate information necessary to respond to the cases or events. "Appropriate information" does not include access to complaints, iReports, or QIR case reviews, but rather a summary of the issue(s) relevant to the cases and/or events under review.

c. The Practitioner shall be given an opportunity to respond to the concerns either in writing or through an in-person meeting. The involved Practitioner shall be strongly encouraged to submit a written response to all identified concerns.

4. *Creation of an FPPE and Accountability*
   a. If an FPPE is required, it will include the following elements:
      i. Improvement action;
      ii. Improvement goal and/or milestones;
      iii. Method of monitoring;
      iv. Timeframes for achieving goal and/or milestones; and
      v. Next steps if goals are not achieved
   b. Medical Staff Administration will track results and report to the appropriate committee or Officer regarding the status of the FPPE, and the Practitioner's progress while under the FPPE. Such reporting will occur as frequently as needed.
   c. If the results of FPPE raise competency issues regarding privileges or membership, the MSEC will be advised and may take any action, as appropriate, including formal Investigation or corrective action.

III. Confidentiality

A. The following language will be added to all OPPE documentation; *i.e.* minutes, agendas, and attachments.
   1. "Privileged & Confidential; Protected under California Evidence Code Section 1157."
B. OPPE electronic or paper documentation will be kept in the following confidential, protected areas: UCSDH Quality Department, Tableau database, and/or Medical Staff Administration.
C. Copies of any OPPE information reviewed in conjunction with reappointment will be documented in the Practitioner's credential file. Access to the credential file is in accordance with the UCSDH Medical Staff Bylaws, Plans, Policies, and Rules.