



THE UNIVERSITY OF
KANSAS HEALTH SYSTEM

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Owner Katy Edwards:
OPPE
Coordinator
Area Medical Staff
Applicability TUKHS- Kansas
City Division

Ongoing Professional Practice Evaluation

Scope:

This policy applies to all practitioners who hold clinical privileges through the Medical Staff Office (MSO) and provide a medical level of care at The University of Kansas Health System Kansas City Division.

Purpose:

To establish a systematic process for ongoing professional practice evaluation (OPPE) of all practitioners. This process will help to identify practice trends that impact quality of care and patient safety and to improve professional competency, practice and care. Relevant information obtained from the evaluation is integrated into performance improvement activities and early identification of these trends will lead to early intervention. This information will also be factored into the decision to maintain, modify or revoke existing clinical privileges. It is also used, when appropriate, to recommend further evaluation such as Focused Professional Practice Evaluation (FPPE).

Definitions:

Practitioner:

Any medical staff member or allied health professional granted clinical privileges who provides medical level of care

Peer:

Any practitioner who possesses the same or similar knowledge and training in a medical specialty as the practitioner whose care is the subject of review

Policy:

In accordance with The Joint Commission standard MS.08.01.03, it is the policy of The University of Kansas Health System, Kansas City Division, to conduct appropriate monitoring of the care delivered by its staff members and to promote safety and high-quality health care for its patients.

The practice of all practitioners will be monitored on an ongoing basis and may identify patterns, outcomes, complications or other indicators associated with the practice of a specific individual which suggests the need for FPPE. OPPE focuses on each individual's professional performance and competence rather than appraising the activities of groups of practitioners or the system of care.

Procedure:

A. OPPE is conducted in a manner that is objective, equitable and consistent.

1. OPPE reports will be available to all practitioners and will include both Health System wide and specialty-specific measures.

B. Measure Selection

1. The American College of Graduate Medical Education core competencies will be used to guide appropriate measure choice.
2. Clinical services will determine specialty-specific measures and targets for their clinical service. All measures will be approved by the Executive Committee of the Medical Staff (ECMS).
3. Measures will be evaluated on an ongoing basis to allow for a thorough and applicable evaluation of performance.
4. Practitioners who do not have electronic data will have a minimum of 3 chart reviews/peer evaluations completed every 6 months.

C. Data Collection

1. Data will be collected on an ongoing basis
 - a. Data can be collected by the following methods:
 - i. Information from the electronic health record (EHR)
 - ii. Chart reviews
 - iii. Patient satisfaction surveys
 - iv. Clinical and behavioral reports
 - v. Peer evaluations

D. Data Reporting

1. Data will be compiled into an electronic report for each practitioner. These reports will be available for review on an ongoing basis.
 - a. A notification will be sent to the Clinical Service Chief or other designee every six months. They are responsible for reviewing and signing off on all reports for their service. They have 30 days from the time of notification to sign off on reports.

E. Data Evaluation

1. If there are concerns or questions, an email should be sent to the OPPE Coordinator.
 - a. All concerns will be investigated and addressed.
2. All metrics will include a set target
 - a. If a practitioner falls outside of that set target, the Clinical Service Chief or other designee will determine a course of action that may include but is not limited to:
 - i. The need for further monitoring
 - ii. Implementation of FPPE
 - iii. Determination of need to continue certain privileges
3. The OPPE data shall be considered in making the recommendation for reappointment and/or privileging by the Clinical Service Chief and MSO.

F. Oversight

1. All provider reports that require action will be reviewed by the OPPE Coordinator and sent to the MSO and Credentialing Committee.
 - a. Reports for APRNs and CRNAs will also go to the Nurse Credentialing Committee.
 - i. If there is a behavioral concern, the manager will be involved and should also follow policy 5.15 Employee Counseling.
2. Any reports that result in FPPE will also be reviewed by ECMS and the Hospital Authority Board.

Confidentiality:

All activities and documentation surrounding OPPE shall be classified as peer review and therefore pursuant to Kansas statute 65-4915.

- A. OPPE data will be stored electronically and will only be accessed by those that have a need to know.

1. The outcomes of the evaluation will be documented in the credentials file and will be considered at reappointment.

References:

1. The Joint Commission Program Manual, Chapter: Medical Staff. February 4, 2022.

Reviewed/Approved By:

Accreditation and Regulatory Compliance

Executive Committee Medical Staff

Note: The University of Kansas Health System policies are maintained electronically and are subject to change. Printed copies may not reflect the current official policy.

Approval Signatures

Step Description

Approver

Date

Step Description	Approver	Date
	Jennifer Palmer: Health System Policy Administrator	12/2022
Executive Committee Medical Staff	Judi Smedra: DIR OF MEDICAL STAFF AFFAIRS	12/2022
	Judi Smedra: DIR OF MEDICAL STAFF AFFAIRS	12/2022
	Katy Edwards: OPPE Coordinator	11/2022