Medical Staff of PRMCE  
Ongoing Professional Practice Evaluation (OPPE) Policy/Procedure (7/2009)

Purpose:

- To provide for continuous and concurrent monitoring for the six standard competencies for each member.
- To ensure care provided meets division approved standards of practice, quality and optimized patient safety. To provide an objective tool for the biannual reappointments of members.
- To identify trends that may need a Focused Professional Evaluation.

Rationale:

The continuous monitoring of competencies for physician and allied health providers leads to increased patient safety and quality of care.

References:
JC Standards MS4.40; 4.45; 4.70; RCW 70.41.210; RCW 18.130.180; RCW 43.24.250, RCW 70.41.200(3); RCW42.17.310; PRMCE -Proctoring & Monitoring Policy of May 2008.

Policy:

The Medical Staff will develop and maintain a system for continuous monitoring of the practice patterns of all active staff members.

Procedure:

I. There are six standard general competencies included in the concurrent and continuous monitoring of members of the medical staff:
   a. Patient care
   b. Medical-clinical knowledge
   c. Practice-based learning and improvement
   d. Interpersonal and communication skills
   e. Professionalism
   f. System-based Practice.

On an on-going basis, the six standards of general competencies will be reviewed and/or revised by each division. The competencies measurements are defined as but not limited to:

Patient Care:
Practitioners are expected to provide care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and care at the end of life. These competencies will address the physician’s delivery of care and communication skills with patients, family and hospital staff.

Measurements may include:
   Grievances or patient concerns
   Patient Satisfaction survey results
   Letters/Phone calls to administration/staff
**Medical-Clinical Knowledge:**

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

Measurements may include:
- Division Chief or Section Medical Director/leader Recommendation
- Medical Staff Peer Review and recommendation
- Certification/recertification
- Evidence based Continued Medical Education (CME)

**Practice-based Learning Improvement**

Practitioners are expected to be able to use scientific evidence and methods to investigate evaluate and improve patient care practices.

Measurement may include:
- Medical Staff Peer Review and recommendation
- Certification/recertification
- Evidence based Continued Medical Education (CME)

**Interpersonal & Communication Skills:**

Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationship with patients, families and members of the medical staff.

Measurement may include:
- Grievances or patient concerns
- Patient Satisfaction survey results
- Letters/Phone calls to administration/staff
- Division Chief or Section Medical Director/leader Recommendation

**Professionalism:**

Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and an understanding and sensitivity to diversity (race, culture, gender, religion, ethnic back ground, sexual preference, language, mental capacity and physical disability) as well as a responsible attitude toward their patients, their profession and society.

Measurement may include:
- Required performance improvement mandates:
- Patient Satisfaction survey results
- Grievances or patient concerns
- Letters/Phone calls to administration/staff
- Division Chief or Section Medical Director/leader Recommendation
- CME activity
**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.

Measurement may include:
- Outcomes
- Length of Stay
- Mortality Rate & Index
- Complicating Factors

II. Quality reviews (every six months) of all active medical staff will be completed by Division Chief, Section Medical Director/Leader or Designee before documents are added to the quality file. The purpose is to identify areas of concern or trending that are not consistent with the competencies standards. Practitioners who deviate from the standards of competency may be recommended for a Focused Practice Evaluation (see FPPE Policy).

III. The information resulting from the evaluation may be used to provide recommendation to the Credentials Committee regarding further evaluation or action consistent with medical staff policy. Based on analysis, several possible actions could occur, including but not limited to:

- determining that the practitioner is performing well or within desired expectations and that no further action is warranted
- determining that issue exist that require a focused evaluation
- revoking the privilege because it is no longer required
- suspending the privilege, which suspends the data collection, and notifying the practitioner that if they wish to reactivate it they must request a re-activation
- determining that the zero performance should trigger a focused review (MS.4.30 EP 5) whenever the practitioner actually performs the privilege.
- determining that the privilege should be continued because the organization's mission is to be able to provide the privilege to its patients

IV. Medical Staff providers, who do not admit to the hospital or are in a specialty that does not provide hospital care as an attending provider, will be responsible for providing the Division Chief, Section Medical Director/Leader or Designee information that will allow the committee to make an informed recredentialing decision.

Criteria may include:
- Patient Satisfaction survey results
- Grievances or patient concerns
- Letters/Phone calls to administration/staff
- Other relevant criteria as determined by the Division Chief, Section Medical Director/Leader of a specialty section.

V. At the time of reappointment, the Quality folder will be reviewed by the Chair of Medical Staff Quality Review Committee for the six standard general competencies included in the concurrent and continuous monitoring of members of the medical staff. Documentation of his/her review and recommendations regarding reappointment will be included in the quality folder.