

Community Hospitals and Wellness Centers
CHWC Montpelier Hospital (CAH)
CHWC Bryan Hospital
CHWC Archbold Hospital

MEDICAL STAFF SERVICES POLICY & PROCEDURE

SUBJ: ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)

DATE ISSUED: 11/09

REVISED:

REVIEWED: 10/11, 10/13, 10/15, 7/18

POLICY NUMBER: **MD0009**

I. ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)

- A. The professional practice of each medical staff member shall be evaluated on an ongoing basis and that information is used: 1) in privileging decisions specific to that practitioner, and 2) by the organized medical staff in the development of privileging policies and criteria.
- B. At a minimum, the professional practice evaluation may include the following information:
 - 1. Medication Usage
 - 2. Utilization Review
 - 3. Blood Usage – (Txm to transfusion percentage, appropriateness)
 - 4. Practitioners with low volume (<25 patients a year will result in 100% review of all charts)
 - 5. Practitioners with low volume procedures (<5 cases in 24 months).
 - 6. Operative/Procedure Review
 - 7. Core Measures Results (as applicable to the specialty of the practitioner being evaluated).
 - 8. Quality issues identified by Quality Improvement Committee.
 - 9. Medical Records - (i.e., timeliness of H & P Op notes, chart completion)
- C. The ongoing professional practice evaluation process may include chart review, direct observation, internal/external peer review, findings from hospital performance improvement/quality reports, and discussions with other individuals involved in patient care, (e.g., consulting physicians, surgical assistants, etc.).

- D. The review of the practitioners will be done at least on a quarterly basis.
1. The quarterly review is for practitioners who have completed the provisional period.
- E. After initial granting of privileges, the professional practice of each medical staff member shall be evaluated at least annually.
1. Initial granting of privileges addresses new practitioners appointed to the staff and who are appointed to the provision staff, or practitioners who may still be on the provisional staff.
 2. The Medical Staff Office/OI Department will generate a performance summary including the information described in I.B. above for each practitioner.
 3. The performance summary shall be reviewed by the appropriate Credential's Chair who shall forward a report to the MEC with his/her recommendations. The MEC will review and consider whether to continue, modify or restrict any existing privileges in accordance with the process as defined in the Medical Staff Bylaws.
 4. Results of the ongoing professional practice evaluation will be communicated to the practitioner and documented in his/her credentials file.

Approval:

Credential/Bylaws Committee: 07/18

Medical Staff: 08/18

Board of Directors: 08/18