



## **Ongoing Professional Practice Evaluation (OPPE) Process**

### **OPPE Definition:**

Ongoing professional practice evaluation (OPPE) is a process whereby HSHS St. Mary's Hospital, HSHS St. Nicholas Hospital, HSHS St. Clare Memorial Hospital, and HSHS St. Vincent Hospital continually evaluate the current competence of practitioners (Medical Staff Appointee or Advanced Practice Clinician) appointed at each Hospital, who have been granted privileges. This OPPE process is utilized consistently with every credentialed practitioner who is granted privileges. This OPPE process is utilized in order to assure all existing privileged practitioners are providing safe, high quality patient care and current competence. The OPPE information is factored into the decision to maintain an existing privilege(s), to revise an existing privilege(s), or revoke an existing privilege(s) prior to or at the time of reappointment. The OPPE process will be carried out in a manner that is in accordance with the hospital's Medical Staff Bylaws and Credentials Policy and the hospital's Policy on Advanced Practice Clinicians.

### **OPPE Performance Monitoring Process:**

#### **Process for all Credentialed Practitioners that are granted privileges:**

- Each credentialed practitioner who is granted privileges will be regularly monitored by having relevant clinical practice information reviewed such as statistical patient information, peer review and department specific information. The OPPE process outlines sample triggers that will make up the review recommendations. The process will be reviewed by the Medical Staff Department Committee, Credentials Committee and Medical Executive Committee.  
\*St. Clare Memorial Hospital APCs providers will be allowed to utilize the process for Rural Healthcare Chart Review Guidelines to meet the OPPE requirements.
- The OPPE process for medical staff and APCs will be done at least every eight months per an established schedule. (Attachment)
- Dependents will be evaluated every 11 months with the supervising physician signing off within 30 days of completion per an established schedule. (Attachment)
- The Medical Staff Services Department staff will review the OPPE findings available thru documentation provided, which may include but not limited to, quality reports, peer review, proctoring forms, practitioners practice logs, Advanced Practice Clinician Assessment of Competence-Ongoing and nursing/administrative personnel feedback.

### **Findings of OPPE Reporting:**

- A. Following the review of these findings, the Medical Staff Services Department staff will provide documentation to the Department Chairpersons to determine:
  1. If the OPPE review findings have no issues/concerns per the assessment of the practitioner's ongoing competence, practice behavior and ability to perform privileges in a safe, high-quality manner. The profile will be shared with the practitioner and a copy will be placed in their credentials file.

- B. If the OPPE review identifies any issues or concerns, the OPPE review findings will be reviewed with the Department Chairperson to determine the following:
1. If the OPPE review findings are appropriate per the assessment of the practitioner's ongoing competence, practice behavior and ability to perform privileges in a safe, high-quality manner.
  2. If there are any identified performance issues with the practitioner that would require additional review or monitoring, which may include Focused Professional Practice Evaluation (FPPE).
  3. If there are any required measures or changes that should be employed to resolve the practitioner's performance issues
  4. If there is any relevant information from the practitioner's OPPE process that should be integrated into the hospital's performance improvement activities.
  5. If the OPPE process is satisfactorily identifying any potential areas of concern or if there are recommended amendments to this process.
  6. The Department Chairperson will document their review of the OPPE findings and will make recommendations as appropriate. The findings will be shared with the practitioner.
  7. The Department Chairperson's OPPE recommendation for each practitioner will be forwarded on to the Credentials Committee and the Medical Staff Executive Committee.
  8. Copy of recommendation will be placed in the credentialing file.

**Confidentiality and Protection of Privileged Information:**

All OPPE review documents, documentation and recommendations will be considered confidential and protected under WI statutes 146.37 and 146.38. Copies or electronic method of the OPPE recommendations will be maintained in the practitioner's credentialing file. OPPE review through the peer review process will be done in accordance with the hospital's approved peer review process.

**Departments Primarily Involved With OPPE:**

The OPPE process for each practitioner will be initiated, conducted, and monitored by the Medical Staff Service Department and reviewed by the appropriate Medical Staff Department Chairperson on a regular basis. The Medical Staff Services Department, in conjunction with the Peer Review staff, will coordinate the associated peer review and outcomes monitoring process. Any performance improvement opportunities identified thru the OPPE process will be referred to the appropriate department for further review and additional consideration and implementation.

**\*Reference:** Policy Number: QMSSD107 and QMSSD104



## Ongoing Professional Practice Evaluation (OPPE) Schedule

### **Medical Staff Members:**

January 2021	(Date for May 1, 2020 to December 31, 2020)
September 2021	(Date for January 1, 2021 to August 31, 2021)
May 2022	(Date for September 1, 2021 to April 30, 2022)
January 2023	(Date for May 1, 2022 to December 31, 2022)
September 2023	(Date for January 1, 2023 to August 31, 2023)
May 2024	(Date for September 1, 2023 to April 30, 2024)
January 2025	(Date for May 1, 2024 to December 31, 2024)
September 2025	(Date for January 1, 2025 to August 31, 2025)
May 2026	(Date for September 1, 2025 to April 30, 2026)
January 2027	(Date for May 1, 2026 to December 31, 2026)
September 2027	(Date for January 1, 2027 to August 31, 2027)
May 2028	(Date for September 1, 2027 to April 30, 2028)

### **Advanced Practice Clinicians:**

March 2021	(Date for July 1, 2020 to February 28, 2021)
November 2021	(Date for March 1, 2021 to October 31, 2021)
July 2022	(Date for November 1, 2021 to June 30, 2022)
March 2023	(Date for July 1, 2022 to February 28, 2023)
November 2023	(Date for March 1, 2023 to October 31, 2023)
July 2024	(Date for November 1, 2023 to June 30, 2024)
March 2025	(Date for July 1, 2024 to February 28, 2025)
November 2025	(Date for March 1, 2025 to October 31, 2025)
July 2026	(Date for November 1, 2025 to June 30, 2026)
March 2027	(Date for July 1, 2026 to February 28, 2027)
November 2027	(Date for March 1, 2027 to October 31, 2027)
July 2028	(Date for November 1, 2027 to June 30, 2028)

### **Dependent Clinicians:**

June 2021	(Date for June 1, 2020 to May 31, 2021)
May 2022	(Date for May 1, 2021 to April 30, 2022)
April 2023	(Date for April 1, 2022 to March 31, 2023)
March 2024	(Date for March 1, 2023 to February 28, 2024)
February 2025	(Date for February 1, 2024 to January 31, 2025)
January 2026	(Date for January 1, 2025 to December 31, 2025)
December 2026	(Date for December 1, 2025 to November 30, 2026)
November 2027	(Date for November 1, 2026 to October 31, 2027)
October 2028	(Date for October 1, 2027 to September 31, 2028)

OPPE report cards are run mid-month after the cycle ends

For Medical Staff members in January, September and May

For Advanced Practice Clinicians in March, November and July

Assessment of Competence and Case Logs for Advanced Practice Clinicians are sent 6 weeks prior to cycle end.