

Office of Origin: Medical Staff Office

I. PURPOSE

The purpose of Ongoing Professional Practice Evaluation is to provide detailed information on the professional practice and related activities of practitioners with privileges at UCSF every six months in accordance with The Joint Commission Medical Staff Standard MS.08.01.03. Department Chairs are expected to review and sign the data every six months. Ongoing Professional Practice Evaluation (OPPE) is designed to allow any potential problems with a practitioner's performance to be identified and resolved as soon as possible and to foster a more efficient evidenced-based privilege renewal process. When necessary, intervention by the organized medical staff may be required.

II. POLICY

Continual monitoring of a practitioner's clinical competence involves collection, verification, and assessment of information regarding each practitioner's granted privileges by the organized medical staff. Such monitoring will assist each practitioner with providing patient care that is compassionate, appropriate, effective, and safe.

Each practitioner will have his/her professional practice reviewed by the Chair or his/her designee(s) every six months in keeping with the goal of providing quality and safe patient care and in compliance with The Joint Commission Standard MS.08.01.03. The evaluation will be documented in the electronic Ongoing Professional Performance (eOPPE) tool. Data will be updated every six months. Management of the eOPPE system is the responsibility of the Medical Staff Services Department and the Department of Patient Safety and Quality Services. The eOPPE is a privileged communication protected by California Evidence Codes 1156 and 1157

Categories* of metrics for review include the following grouped in accordance with the Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties' (ABMS) areas of general competency: Patient Care, Medical/Clinical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-Based Practice.

- Case Characteristics and Volume
- Inpatient Utilization
- Outpatient Utilization
- Patient Safety and Quality
- Patient Satisfaction
- Patient Relations
- Risk Management
- Administrative Activity
- Core Competencies

*See appendix A for a further description of each category and a breakdown of subcategories.

Department-specific metrics will also be considered.

These categories can be revised by the Credentials Committee.

III. The eOPPE PROCEDURES

A. DEFINITIONS

Chair - Physician with the ultimate responsibility to review and sign off on the professional practice information of each practitioner in his/her department. If needed, the Chair will designate one Chief for each practitioner within the Department. The Chair may also designate a faculty member to review and sign off on records.

Chief – Physician designated by the Chair of the Department to review a set of practitioners.

Practitioner – Professional provider with privileges at UCSF Medical Center.

QI Champion – Physician liaisons to the Quality Improvement Department appointed by the Chairs of the Departments.

Credentials Committee – Interdisciplinary clinical and administrative representatives of the Medical Center and clinical departments appointed by the President of the Medical Staff. The committee shall be responsible for recommending appointments and reappointments to the Medical Staff, delineation of staff privileges, and application of corrective actions where indicated. The Credentials Committee shall be composed of at least one member from each Department and eight members shall constitute a quorum. This committee will monitor compliance with this policy.

eOPPE - Is the electronic Ongoing Professional Performance Evaluation tool designed to aggregate practitioner-specific data from a variety of sources and display this information on a secure password protected website. All the information is stored on a SQL server under UCSF IT Security Policy.

eOPPE Steering Committee – A sub-committee of the Credentials Committee designed to provide oversight of the ongoing development of the electronic tool and process and provide compliance reports to the Credentials Committee.

B. eOPPE Procedures

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1. The eOPPE will be updated with the latest available data every six months in April and October.
 - a) Two years of data for each indicator will be displayed
 - b) Internal and external benchmark data will be provided for specified metrics
2. The Chair or his/her designee will review and sign off on each practitioner within 60 days of posting. For Departments with designated Chiefs and Chairs, and the Chair each will have 30 days to review and sign off on each assigned practitioner.
3. Data will be password protected with security levels linked to roles assigned by the Chair. (e.g. Chair, Chief or individual practitioner views).
4. Security practices must be maintained in order to protect confidentiality:

- a) Do not show eOPPE report to an unauthorized person
- b) Only the Medical Staff Services Department will have printing capability
5. The long-term goal is to have the Medical Staff Services Department send a broadcast email to all active practitioners with privileges at UCSF with an updated randomly-generated password for each individual allowing access to the eOPPE, notification that the updated information is available and the link to the online tool. Each practitioner with a UCSF network login ID and password can login using that login ID and password. Each practitioner without a UCSF network login ID and password can login using their MSO provider ID and the password provided in the email notification. Security levels (Chair, Chief, individual, and Administrative) are assigned by MSO based on the login ID .

C. Chair (or designee) responsibilities:

1. Review each practitioner's activity information.
2. Review the chief's comments, if available, for the practitioners within his/her department.
3. Provide comments, if necessary.
4. Sign off on the data (identified in red) provided for each practitioner within his/her department.
5. Forward concerns to the Credentials Committee, immediately after review.
6. The Chair may assign each practitioner within his/her Department to one Chief with the primary responsibility to review that practitioner. The Chair must keep the Medical Staff Services Department advised of any changes or updates.
7. Arrange for coverage to review and manage reports when absences are planned.

D. Chief responsibilities:

1. Within 30 days, review data for all practitioners assigned to him/her by his/her Chair.
2. Indicate issues or no issues for each of the six competencies.
3. Provide comments on performance as necessary.
4. Sign off on each practitioner that falls within his/her primary responsibility.
5. Provide additional comments about those practitioners within his/her Department but outside of his/her primary responsibility, when requested by the practitioner's Chief or the Chair of the Department.
6. Arrange for coverage to review reports when absences are planned.

E. Practitioner

1. May review his/her data.
2. May add additional information for the Chief and Chair to review.
3. Communicate with his/her Chief and Chair any concerns regarding the content of the data.

F. Oversight

1. The Medical Staff Services Department will automatically be notified when the Chair signs off on each practitioner. The Medical Staff Services Department will print the individual practitioner's data for inclusion in the credentials file to be reviewed by the Credentials Committee.

VI. HISTORY

Approved by Credentials Committee, November 17, 2009
Approved by EMB, November 24, 2009
Approved by GAC, November 25, 2009

Approved by the Medical Staff Credentials Committee: 04/19/11
Approved by the Medical Staff Executive Medical Board: 04/26/11
Approved by the Governing Advisory Council: 04/28/11

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<u>CATEGORY</u>	<u>SUBCATEGORIES</u>	<u>CATEGORY DESCRIPTION</u>
Case Characteristics and Volume	Total Inpatient Cases	This category is used to report total inpatients cases by MS-DRG attributed by attending physician.
	Severity of Illness (SOI) – Inpatient	This category is used to report total inpatient cases by APR-SOI attributed by attending physician.
	Total Outpatient Visits	This category is used to report total outpatient visits by principal diagnosis (ICD9 Code) attributed by attending physician.
Inpatient Utilization	Average Length of Stay	This category is used to report average length of stay by MS-DRG attributed by attending physician.
	Total Inpatient Procedures – ICD9 Codes	This category is for inpatient utilization based on coded ICD9 procedures by attending physician.
	Total Inpatient Procedures – CPT4 Codes	This category is for inpatient utilization based on billed CPT4 services and procedures by billing physician.
Outpatient Utilization	Total Outpatient Procedures – ICD9 Codes	This category is for outpatient utilization based on coded ICD9 procedures by attending physician.
	Total Outpatient Procedures – CPT4 Codes	This category is for outpatient utilization based on billed CPT4 services and procedures by billing physician.
Patient Safety and Quality	Focused Professional Practice Evaluation	This category is for peer reviews such as SCHRMC and FPPE.
	AHRQ Patient Safety and Quality Indicators	This category is for AHRQ Patient Safety and Quality Indicators selected for inclusion and attribution determined by the eOPPE Steering Committee.
	Joint Commission Quality Indicators	This category is for Joint Commission Quality Indicators, attribution of indicators is determined by the eOPPE Steering Committee.
	Other (TBD)	This category is for additional patient safety and quality indicators that may become available and approved for inclusion by the eOPPE Steering Committee.
Patient Satisfaction	Press Ganey Patient Satisfaction Indicators – Ambulatory and Emergency Medicine Department Survey Only	This category is reserved for indicators related to patient satisfaction and may be expanded when more indicators become available and approved for inclusion by the eOPPE Steering Committee.
Patient Relations	Patient Relations	This category is for complaints, complements and grievances reported to the Patient Relations Department by patients regarding the care provided by UCSF practitioners.
Risk Management	TBD	This category is for risk management indicators that may become available and approved for inclusion by the eOPPE Steering Committee.
Administrative Activity	TBD	This category is for indicators such as Medical Records Suspensions and Committee Activities that may become available and approved for inclusion by the eOPPE Steering Committee.