



<b>Title:</b>	Ongoing Practitioner Practice Evaluation (OPPE)				
<b>Department/Service Line:</b>	Medical Staff				
<b>Location:</b>	WHS- Decatur				
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## SCOPE

This document applies to Wise Health System Decatur.

## DEFINITIONS

*When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the WHS Policy and Procedures Definitions document.*

**Practitioner** – any individual granted clinical privileges at WHS

## POLICY

WHS has a process to confirm the current competency of practitioners granted privileges.

## PROCEDURE

WHS Medical Staff has an ongoing review plan that outlines and defines the responsibilities and the process for ongoing review. The ongoing professional practice evaluation allows the organization to identify professional practice trends that impact quality of care and patient safety. The criteria used in this process may include the following:

1. Peer Review Reports
2. Review of operative and other clinical procedures performed and outcomes
3. Length of stay patterns
4. Mortality data
5. Hospital acquired infection rates
6. Core Measures data
7. Patient satisfaction results
8. Other relevant criteria as determined by the medical staff

This information may be acquired through the following:

1. Periodic chart review
2. Direct observation
3. Discussion with other individuals involved in the care of each patient

- I. Profiles will be constructed containing standard content and custom content specific to the practitioner's specialty. The time frame of particular data points may vary due to the availability of data at the time of profile formation.
- II. The Quality Assessment Utilization Review Committee provides oversight for the OPPE and reports to the Medical Executive Committee.
- III. OPPE information is factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal. The Medical Executive Committee, pursuant to the medical staff bylaws, evaluates and acts upon reported concerns regarding a privileged practitioner's clinical practice and or competence.
- IV. The Medical Staff will follow the peer review process for measures employed to resolve performance issues or circumstances under which monitoring by and external source is required.

## ATTACHMENTS

None.

## RELATED DOCUMENTS

None.

## REFERENCES

None

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.