

ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE) POLICY

PURPOSE

OPPE is a screening tool introduced by the Joint Commission in 2007 to evaluate all practitioners who have been granted privileges and to identify those clinicians who might be delivering an unacceptable quality of care. This responsibility falls on the medical staff, which monitors the performance of all practitioners who are granted privileges and makes recommendations to the governing body of the hospital concerning which medical staff members should receive new or maintain existing privileges.

FPPE is the follow up process to determine the validity of any outliers (whether true or false) found through OPPE. This process is applied only to the small number of clinicians who were either; identified by OPPE, new to a service or procedure, or to those who cannot be evaluated through OPPE due to insufficient clinical activity within the hospital setting.

PROCEDURE

The OPPE process will be centralized in and monitored by the Office of the Chief Medical Officer with ongoing practitioner evaluations to be compiled every 8 months. The Chief Medical Officer will provide practitioner specific reports, benchmarked to local/national standards (where applicable), to the department Chair. These reports will include a combination of metrics, approved by the Chairs, with a focus on measures of quality of clinical care.

Data for these reports will come from various sources, potentially including but not limited to; risk-adjusted outcome measures provided by a third-party vendor, measures defined for the Centers for Medicare and Medicaid Services (CMS) Promoting Interoperability program, and departmental quality metrics.

Once reports are generated and data are validated, the CMO will distribute the reports to department Chairs. The Chair is then responsible for disseminating and discussing the findings of the reports with the individual practitioners as well as confirming that the OPPE report appropriately reflects the performance of a practitioner.

The Chair may, for the purposes of a more detailed and useful review, delegate the review process to a Division Chief within the department or a Clinical Vice Chair.

The Chair or their delegate may, at the time of review, recommend a more focused review of cases to more completely evaluate the practitioner's overall performance

If the review is completed by a delegate, it is expected that the delegate will report and review recommendations with the Chair for concurrence.

Signature by the delegate signifies that review with the Department Chair has occurred and may replace the Chair's signature on the practitioner OPPE form.

After review and recommendation by the Chair/delegate, the signed OPPE reports will be submitted to the Office of the CMO, with recommendations for FPPEs for those who fail to meet standards.

The FPPE reports must be completed within the 8 month cycle and reported back by the Chair/delegate to the Office of the CMO within that period.

Appeals will be handled by the Chair/delegate.

Both the CMO and the Chair/delegate must concur on the final reports of OPPE and FPPE, or the case will be sent to Medical Board for review.

The final OPPE and FPPE reports will be submitted to the Medical Staff Office to be used at the time of reappointment.

All data pertinent to the OPPE process will be stored and maintained in a secure environment under the supervision of the Stony Brook CIO or his/her deputy.

Those practitioners on whom an OPPE cannot be performed due to lack of identifiable Clinical Activity must be identified. Those Voluntary Faculty on whom an OPPE report cannot be generated will be moved to affiliate referring status.

Stony Brook full-time faculty and those in the Stony Brook Network (Captive) on whom there is insufficient data to perform an OPPE will be notified, as will their Chairs/delegates. An immediate FPPE will be triggered at the time of commencement of any clinical activity.

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