

Title: Medical Staff Ongoing Professional Practice Evaluation	
Number: 758, Version: 5	Original Date: 10/26/2011
Effective: 02/14/2020	Last Review/Revision Date: 02/14/2020
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Approved by: Peer Review Council, Facility Medical Executive Committees, Administrative Policy Committee, Chief Clinical Officer, Clinical Leadership Team, PolicyTech Administrators 02/14/2020	
Discrete Operating Unit/Facility: Banner Baywood Medical Center Banner Behavioral Health Banner Boswell Medical Center Banner Casa Grande Medical Center Banner Churchill Community Hospital Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Fort Collins Medical Center Banner Gateway Medical Center Banner Goldfield Medical Center Banner Heart Hospital Banner Ironwood Medical Center Banner Lassen Medical Center Banner Ocotillo Medical Center Banner Payson Medical Center Banner Thunderbird Medical Center Banner—University Medical Center Phoenix Banner—University Medical Center South Banner—University Medical Center Tucson Community Hospital East Morgan County Hospital McKee Medical Center North Colorado Medical Center Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional MedCenter Washakie Medical Center	Banner Corporate Ambulatory Services Banner Health Clinics Banner Imaging Services Banner MD Anderson Cancer Center Banner Surgery Centers Banner Urgent Care Centers Occupational Health/Employee Services Rural Health Clinics Banner Home Care and Hospice Banner Pharmacy Services Insurance Banner Health Network Banner Plan Administration University Physicians Health Plans Post-Acute Care Services (PACS) Research

I. Purpose/Population:

- A. **Purpose:** To define a process to evaluate the performance of all Providers on an ongoing basis.
- B. **Population:** All Providers

II. Definitions:

- A. **External Review** is a review conducted by an unbiased physician or other practitioner in an appropriate specialty or subspecialty who is actively in practice or has retired within the past year, but who is not a member of the Medical Staff.
- B. **Just Culture** is a methodology used in evaluating care or conduct. This standardized approach focuses on the intent/behavioral choices of the provider, rather than the outcome of the event.
- C. **On-going Professional Practice Evaluation (OPPE)** is a process to identify professional practice trends and provide on-going evaluation of a Provider's clinical performance and professional conduct that could impact clinical care and patient safety.
- D. **Peer Review** is the objective measurement, assessment and evaluation, by Peer Reviewers or Peer Review Committees, of the quality of care provided by individual Providers, as well as the identification of opportunities to improve care and report the Committee's conclusions and recommendations to other Peer Review Committees and/or the Medical Executive Committee for appropriate action.
- E. **Peer Review Committee** is a department, committee or subcommittee charged under the Medical Staff Bylaws with responsibility for conducting Peer Review.
- F. **Peer Reviewer** is a qualified practitioner who performs Peer Review and who possesses the appropriate clinical expertise, including training, education, and experience.
- G. **Provider** includes any practitioner who is credentialed and privileged through the Medical Staff at Banner facilities, including allied health professionals and advanced practice providers.
- H. **Rate-based Measurements** are indicators defined or adopted by the appropriate Clinical Consensus Groups (CCGs) that are reviewed as aggregated cases in order to determine whether performance is outside of an established target. Targets are developed from benchmark data, statistical variation from the average, or internal targets.

III. Policy:

- A. It is the policy of Banner Health to assess Provider performance and conduct and to support patient safety and quality improvement initiatives. Banner Health supports Medical Staff quality and performance improvement activities through on-going data collection for the purpose of assessing a Provider's clinical competence and professional behavior.
- B. The Medical Staff is responsible for conducting Ongoing Professional Practice Evaluation to identify opportunities for improvement in a Provider's professional practice and/or conduct that impacts quality of care and patient safety, and for intervening appropriately when such trends are identified.

- C. The On-going Professional Practice Evaluation Process:
1. Provides for the continuous evaluation of each Provider's professional practice and conduct through the use of clearly defined indicators and criteria as defined by the CCGs as well as general indicators applicable across all disciplines and the expectations for appropriate behavior defined in Medical Staff Bylaws, Rules and Regulations, and the [Professional Conduct](#) Policy for the Medical Staff;
 2. Is a clearly defined process for collecting, investigating, and addressing clinical practice data, including using Rate-based Measurements, as well as the process utilized to identify trends that impact quality of care and patient safety;
 3. Ensures that reported concerns regarding a privileged Provider's professional practice are uniformly investigated using Just Culture and addressed as defined by the Medical Staff Bylaws, policies and applicable law; and
 4. Monitors and improves Medical Staff quality of care processes and documents that the standard of quality medical care and conduct are being met;
 5. Recommends the implementation of changes to improve performance and/or conduct when opportunities are identified.
- D. Organized Medical Staff Committees conduct On-going Professional Practice Evaluation using Just Culture. Information used in the ongoing evaluation process may be acquired through any reasonable means, and may include a review of the following:
1. Reported concerns from any sources, including cases that fell out based upon criteria/indicators and behavioral complaints;
 2. Focused review that is being conducted, which may include periodic chart review, observation forms or other monitoring activities;
 3. Peer Review
 4. Past Peer Review scores addressing conduct and/or quality of care;
 5. Frequency of occurrences that may be reported as numerators and denominators of events or total case volumes;
 6. Rate of adherence to approved clinical practices and safety QI indicators;
 7. Compliance with utilization management indicators;
 8. Quality data reports including but not limited to the following:
 - a. Medication Usage,
 - b. Blood and Blood Components,
 - c. Morbidity & Mortality Reviews,
 - d. Complication Rates,
 - e. Length of Stay,
 - f. Cost per Case,
 - g. Readmission;
 - h. Sentinel Events, and
 - i. Data Integrity Reports from HIMS.
- E. Quality data reports may include data from other Banner facilities where the practitioner has privileges. Quality data reports may also include external benchmarking data, such as Premier data.
- F. The list of criteria/indicators will be reviewed and approved on an ongoing basis by the Clinical Consensus Groups, Peer Review Committees, and the Medical Staff Executive Committee in conjunction with this policy.

- G. Summary reports of Provider data will be reviewed by the applicable Department Chair and Medical Staff Committees within established timeframes, not to exceed every nine (9) months. Medical Staff Services will give Providers a copy of their summary report upon request.
- H. This policy applies to all Providers.
- I. Relevant information from the Ongoing Professional Practice Evaluation process will be integrated into other Peer Review activities and will be utilized to determine whether to continue, limit or revoke existing privileges. Depending upon the findings of the Ongoing Professional Practice review, interventions may be implemented. The criteria utilized to determine the type of intervention includes a risk of severity and/or frequency of occurrence. Interventions include, but may not be limited to,
 - 1. Proctoring,
 - 2. Education,
 - 3. Counseling,
 - 4. Focused professional practice review, and
 - 5. Corrective action. (See [Medical Staff Focused Professional Practice Evaluation](#) Policy, [Peer Review, Medical Staff](#) Policy, and/or the [Professional Conduct](#) Policy)
- J. OPPE may result in highlighting exemplary performance as defined by the facility Medical Executive Committee.
- K. The activities of the Ongoing Professional Practice Evaluation are considered privileged and confidential in accordance with state law.
- L. If the Provider has minimal or no activity at any facility, peer references attesting to the Provider's competency at the time of reappointment may be accepted as OPPE.

IV. Procedure/Interventions:

- A. Identify indicators to be used for comparative analysis of each Provider's performance. **(Clinical Consensus Groups, Medical Staff Departments, Peer Review Committee, Medical Executive Committee)**
- B. Collect and compare aggregate data for these indicators. **(Quality, Medical Staff Services, Peer Review Committee)**
- C. Determine thresholds to identify variations in practice patterns. **(appropriate Medical Staff Committee, Peer Review Committee, Medical Executive Committee)**
- D. Review Provider data and information.
- E. Refer Providers about whom there are concerns or who exceed identified threshold for focused review or other corrective action.
- F. Make available the results of the review process.

V. Procedural Documentation:

- A. N/A

VI. Additional Information:

- A. N/A

VII. References:

- A. The Joint Commission MS 08.01.03

VIII. Other Related Policies/Procedures:

- A. [Medical Staff Focused Professional Practice Evaluation](#) Policy (#755)
- B. System [Peer Review, Medical Staff](#) Policy (#760)
- C. [Professional Conduct](#) Policy (#5988)
- D. [Post Discharge Patient Complaint and Grievance](#) Policy (#1342)
- E. Facility Professional Health/Wellness Policy
- F. [Event Reporting](#) Policy (#911)
- G. Medical Staff Bylaws at each facility
- H. Fair Hearing and Appeals Process within the Medical Staff Bylaws at each facility
- I. [Complaints of Sexual Harassment or other Prohibited Conduct by Medical Staff Members](#) (#748)

IX. Keywords and Keyword Phrases:

- A. Ongoing Reviews
- B. Peer Review
- C. OPPE
- D.

X. Appendix:

- A. N/A