Peer Review

(OPPE & FPPE -- IPPE)
Why do Peer Review?

• “Since the continuation of clinicians’ privileges at a hospital hinges on the quality and safety of care delivered to patients, the review of privileges is a critical – and sensitive – process. This responsibility falls on the medical staff (Credentialing committees), which monitors the performance of all practitioners who are granted privileges and makes recommendations to the governing body of the hospital (Hospital Advisory Committee) concerning which medical staff members should receive new or maintain existing privileges.”

The Joint Commission, Aug 21, 2013
Results in OPPE/FPPE:

- OPPE/FPPE determines if the care provided by a provider is at or below an acceptable level.

- Organizations that have been able to collect meaningful data in an ongoing way, and provide that data to individual providers (particularly if accompanied by peer or benchmark data) have found that practitioners become actively engaged both in validating the data and in self-evaluation and modifications in practice.
  - This results in quality improvement.
Definitions

• OPPE: Ongoing professional practice evaluation

• FPPE: Focused professional practice evaluation
  – Initial/Increased FPPE: IPPE
    • IPPE is a subset of TJC FPPE -- UIHC term
    • Initial or Increased = when a practitioner requests new or increased privileges
  – Triggered FPPE
    • Triggered by a concern or series of concerns about practice or professionalism
Peer Review

Privileged Provider Timeline

Start Date

Event

Initial FPPE

Increased FPPE

Triggered FPPE

OPPE
IPPE – Initial or increased

INITIAL OR INCREASED PROFESSIONAL PRACTICE EVALUATION (IPPE)

DEPARTMENT SUMMARY AND RECOMMENDATION

April 24, 2015

Clinical Staff Member: 

Assigned Proctor: 

Specialty: 

Subspecialty: 

Date of initial or modified privileges: Click here to enter a date.

Proctor Period Ends: Click here to enter a date.

(Due to the Clinical Staff Office within 5 days following the end of the proctor period)

Summary of Practice Evaluation
"according to the Departmental FPPE policy"

The primary practice site and origin of data was:

☐ University of Iowa Hospital and Clinics
☐ Other practice site (please specify): 

Scope of Evaluation:

☐ The observations of medical care and procedures reviewed adequately represent the spectrum and volume of practice for this practitioner.

☐ The observations of medical care and procedures reviewed do not represent the spectrum and volume of practice for this practitioner.

Medical Management: (check one box)

☐ All reviewed episodes of care and practice data demonstrate adequate clinical competence
☐ Minor problems with practice identified
☐ Major problems with practice identified

Procedure Based Practice (if applicable, check one box):

☐ Not applicable
☐ All procedures reviewed demonstrate adequate clinical competence
☐ Minor problems with procedural practice identified
☐ Major problems with procedural practice identified

Recommendation (check one box):

☐ Approval of this practitioner for unrestricted performance of the requested clinical privileges.

☐ Extension of observation

☐ Peer review, proctoring and data collection with continue for an additional 6 months. This observation period will be used to obtain additional provider-specific practice information. This data includes the following:

☐ Due to lack of cases/proctoring
☐ Unresolved minor issues
☐ Major issues
☐ Other (please specify): 

☐ Withdrawal of this privilege request

Proctor ___________________ Date ___________________

Division Director (if applicable) ___________________ Date ___________________

Clinical Service Head ___________________ Date ___________________

Please return a copy of this form to the University Hospital Advisory Committee - Credentials Subcommittee c/o: The Clinical Staff Office, C123 GRH for the clinical staff member's file.
Peer Review

Privileged Provider Timeline

- Start Date
- Event
- OPPE
- Initial FPPE
- Increased FPPE
- Triggered FPPE
• Ongoing Professional Practice Evaluation (OPPE) is required of all privileged medical staff in all departments and services. It is a mechanism to continually track medical staff with respect to the core competencies necessary to maintain privileges. These competencies should include: 1) medical and clinical knowledge, 2) patient care, 3) interpersonal skills and communication, 4) practice based learning, 5) professionalism and 6) system based practice.

• A successful OPPE/FPPE program should include all of these components.
OPPE Scorecard - Internal Medicine

**Practice Based Learning - DRG Query**

<table>
<thead>
<tr>
<th>Provider</th>
<th>2014 Q4</th>
<th>2015 Q1</th>
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</thead>
<tbody>
<tr>
<td>Brennan, Theresa M</td>
<td>Goals Met</td>
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**Practice Based Learning - OP Prob List**

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**Systems-based Practice - Bumped Sessions**

<table>
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<th>2015 Q1</th>
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<tbody>
<tr>
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<td>No Data</td>
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**Systems-Based Practice - LOS Index**

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<tbody>
<tr>
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<td>Mostly Meets</td>
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# OPPE Scorecard - Internal Medicine

## Professionalism - Flu Shot
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<th>2015 Q1</th>
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</thead>
<tbody>
<tr>
<td>BRENNAN, THERESA M</td>
<td>✔️</td>
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## Professionalism - TB Test
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## Professionalism - Delinquent Letters
<table>
<thead>
<tr>
<th>Provider</th>
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<th>Goals Met</th>
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## Metrics Guide

### Patient Care
- Mean score: composite mean score of care provider statements. Goals Met at or above mean score of 60, Mostly Meets 55-59, Needs Review below 55.

### Medical Knowledge
- Med Reconciliation: rate at which medication reconciliation is documented, provided by HCPs (Meaningful Use Reports). Goals Met at 50% or above, Mostly Meets 50% or above, Needs Review below 50%.

### Practice Based Learning
- Oper Prob List: outpatient problem documentation rate (Meaningful Use Reports). Goals Met at 50% or above, Mostly Meets 50% or above, Needs Review below 50%.

### Interpersonal and Communication
- PARS Level 2 Interventions: Goals Met at 0 interventions.

### Systems Based Practice
- Bumped Sessions: future metric, no data.
- LOS Index: provided by UHC, attributed to discharge physician, Goals Met at or below 1.00, Mostly Meets at or below 1.00, Needs Review above 1.00. Excludes outliers.

### Professionalism
- Flu and TB: within compliance at end of quarter.
- Delinquent Letters: sent by UHC in response to uncorrected instances of unsigned notes (30+ notes on average > 14 days old). Goals Met at 0, Mostly Meets at 1, Needs Review at 2+ letters.
OPPE Ratings (using latest quarter)

• REVIEW (any red)
  – At least one of the metrics is UNFAVORABLE
  – Requires action plan for improvement developed by faculty and Clinical Service Head (DEO)
  – Serious concerns, or lack of improvement over 2 cycles may result in Triggered FPPE

• MEETS MOST GOALS (no red, some yellow)
  – No metrics are unfavorable, however, one or more may need improvement to reach the ideal goal

• GOALS MET (all green)
  – All metrics for which there is data are favorable to goal
Periodic Report

date

Ongoing Professional Practice Evaluation

Department of: Choose an item.

Reporting Period: Quarter and year

Confidential Peer Review Document

Date: Click here to enter a date.

Practitioner being reviewed: Click here to enter text.

As the Department Chair for Choose an item, I have reviewed the results of the Ongoing Professional Practice Evaluation for the above named practitioner. I have taken the following action:

☐ I reviewed the findings and no further action is needed at this time, based on:

Choose an item. Click here to enter text.

☐ I reviewed the findings and discussed them with the practitioner. The practitioner has been informed that if the metric is not met within 12 months, a focus review will be initiated based on the FPPE Policies.

Plan: Click here to enter text.

Goals: Click here to enter text.

Metrics: Click here to enter text.

Timeline: Click here to enter text.

☐ I reviewed the findings and discussed them with the practitioner. As a result, I am recommending that the Chief Medical Officer review for Focus Professional Practice review. The results should be forwarded to me as part of the Practitioner’s bi-annual review.

Other Comments: Click here to enter text.

Dr. Click here to enter text.

Department Chair

Department of
Triggered FPPE –

Frequently referred to as “Peer Review”
Three Peer Review Committees

- Medical Committee
- Surgical Committee
- Professional/Behavioral Committee
UIHC PEER REVIEW WORKFLOW

FPPE WORKFLOW

Evaluation triggered by the Clinical Service Head/Department Executive Officer (DEO), Chief Executive Officer (CEO) or Chief of Staff (COS)

Evaluation is received in the Clinical Staff Office (CSO) and assigned to the appropriate Committee Chair by the Chief Medical Officer (CMO)

Peer Review Committee Chair evaluates trigger to assure case meets criteria for review

YES

Committee member evaluates, completes form, and assigns rank

Rank 1:
Referred for second evaluation

Second panelist evaluates and agrees with ranking of 1

Case discussed at full Committee Meeting; ranking assigned, with possible recommendations

Case ranked 1

No further action; place in CSO file

Rank 2 or 3 or uncertain

Case discussed at full Committee Meeting; ranking assigned

Case ranked 2:
Report sent to DEO, who drafts an educational and performance improvement letter to LIP, copy of report and letter to CMO, OPPE oversight and placed in CSO and department files

Case ranked 3:
Report sent to DEO and LIP, DEO reviews and makes recommendations, takes action and sends a copy of report and letter to CMO, OPPE oversight and placed in CSO and department files

Case discussed at full Committee Meeting; ranking assigned

LIP AGREES

Education plan, including follow up time line and consequences of noncompliance established with DEO

LIP DISAGREES

Referral may be made to Corrective Action detailed under Article IV, Section 6. of the Bylaws Rules and Regulations of the UIHC and Its Clinical Staff

LIP AGREES

Performance Improvement plan, timeline and consequences of noncompliance agreed on by Chair, LIP, CMO, Risk Management and Assistant Dean Faculty Affairs

NO

CMO repeats Evaluation

AGREE

No further action; place in CSO file
Contact

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Pager: 4088
I am available on VoalteMe

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