

# 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. ”

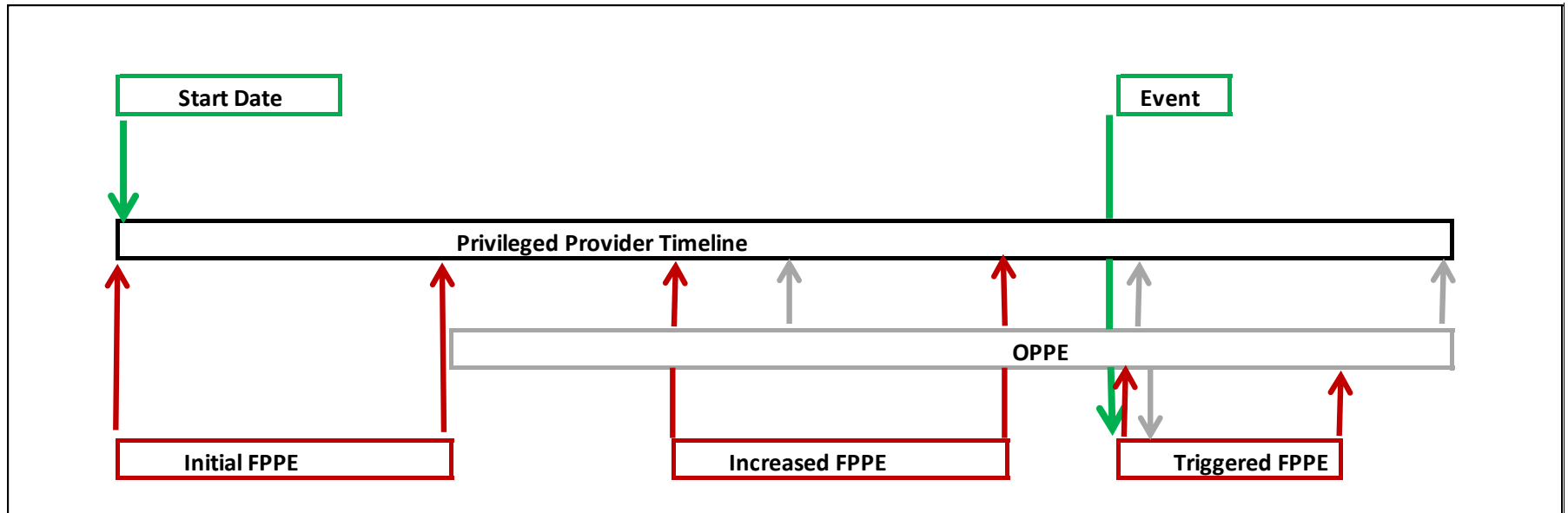
# Results in OPPE/FPPE:

- 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



# 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):

I verify that I have reviewed this practitioner's clinical performance. Based upon the Departmental Focused Professional Practice Evaluation I recommend:

- 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)

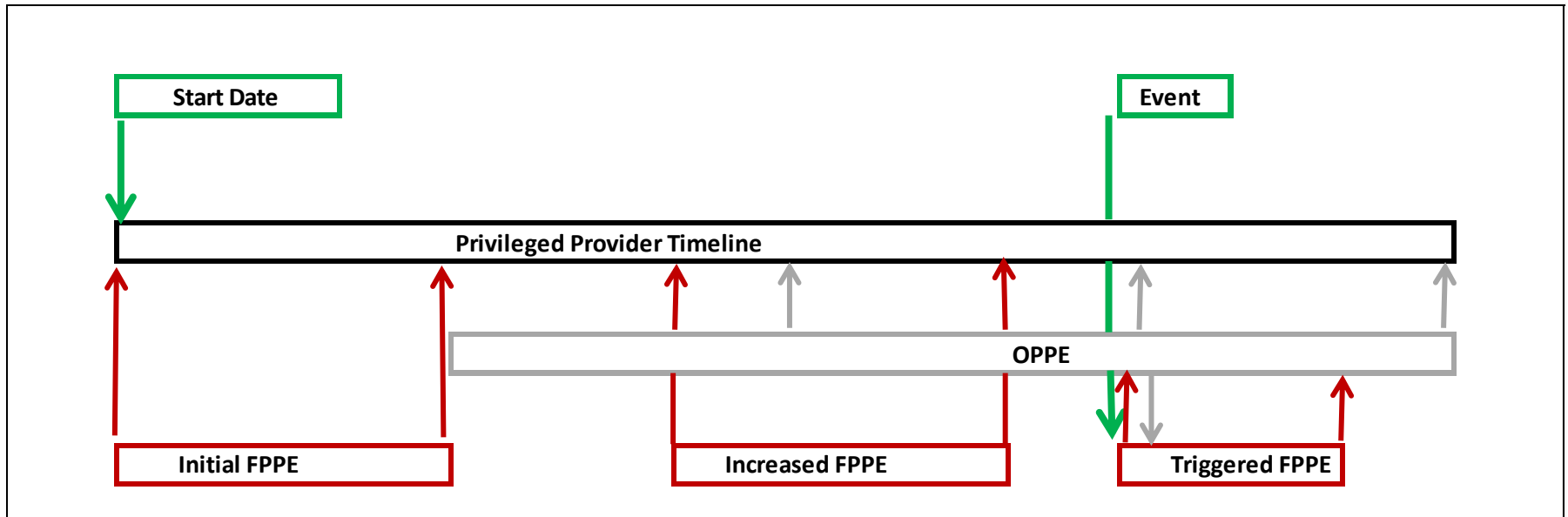
\_\_\_\_\_  
Date

\_\_\_\_\_  
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 GH for the clinical staff member's file.

# Peer Review

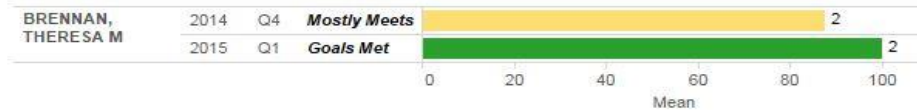


- Ongoing Professional Practice Evaluation (OPPE) is required of all privileged medical staff in all departments and services. It is a mechanism to continually track medical staff with respect to the core competencies **necessary to maintain privileges**. These competencies should include: 1) medical and clinical knowledge, 2) patient care, 3) inter personal 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

### Patient Care- Press Ganey



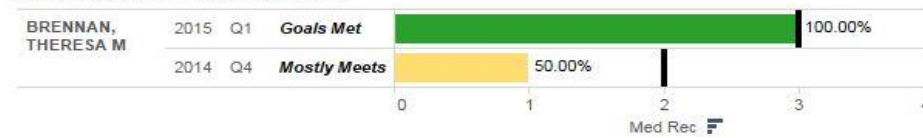
### Provider

BRENNAN, THERESA M


### Patient Care- HCAHPS



### Medical Knowledge- Med Rec



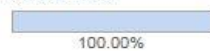
### Interpersonal and Communication- PARS Level 2 Interventions

Provider	2014 Q4	2015 Q1
	Goals Met	Goals Met
BRENNAN, THERESA M		

### Medical Knowledge- Documenting Care Plans on Patients Over 65

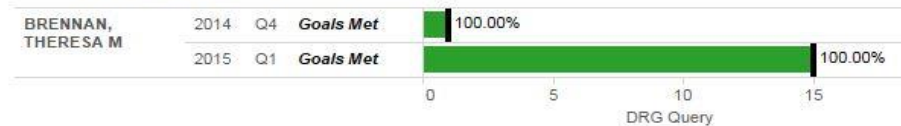


### Care Plan %



## OPPE Scorecard- Internal Medicine

### Practice Based Learning- DRG Query



### Provider

BRENNAN, THERESA M

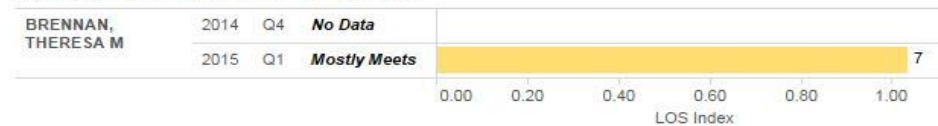
### Practice Based Learning- OP Prob List



### Systems-based Practice- Bumped Sessions

Provider	2014	2015
	Q4	Q1
BRENNAN, THERESA M	No Data	No Data

### Systems-Based Practice- LOS Index



## OPPE Scorecard- Internal Medicine

### Professionalism- Flu Shot

	2014 Q4	2015 Q1
<i>Provider</i>	<i>Goals Met</i>	<i>Goals Met</i>
BRENNAN, THERESA M	✓	✓

**Provider**

BRENNAN, THERESA M ▾

### Professionalism- TB Test

	2014 Q4	2015 Q1
<i>Provider</i>	<i>Goals Met</i>	<i>Goals Met</i>
BRENNAN, THERESA M	✓	✓

### Professionalism- Delinquent Letters

	2015 Q1
<i>Provider</i>	<i>Goals Met</i>
BRENNAN, THERESA M	✓

#### Legend

Goals Met  
 Needs Review  
 Mostly Meets  
 Not Applicable/No Data  
 No Threshold

#### Metrics Guide

##### Patient Care

Press Ganey- Std Care Provider Mean score, clinic patient satisfaction, composite mean score of "care provider" statements. Goals Met at or above mean score of 90, Mostly Meets 75-89, and Needs Review below 75.  
 HCAHPS- Hospital Rank Mean Score, inpatient patient satisfaction overall mean score. Same thresholds as Press Ganey, else Does Not Meet Criteria at 75% and N of 2 or less or No Data, attributed to discharge physician.

##### Medical Knowledge

Med Reconciliation- rate at which medication reconciliation is documented, provided by HCIS (Meaningful Use Reports), Goals Met at 80% or above, Mostly Meets at 50% or above, Needs Review below 50%.  
 Documenting a Care Plan for Patients over 65- provided by HCIS, no threshold currently.

##### Practice Based Learning

Op Prob List- outpatient problem documentation rate (Meaningful Use Reports). Documentation of 90% or greater- Goals Met, 80-89%- Mostly Meets, and below 80%- Needs Review.  
 DRG Query- rate at which attending physician responds to chart queries (inpatient). Same thresholds as OP Prob List.

##### 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 1.06, Needs Review above 1.06. Excludes outliers.

##### Professionalism

Flu and TB within compliance at end of quarter.  
 Delinquent Letters- sent by UIP in response to unexcused instances of unsigned notes (30+ notes on average > 14 days old). Goals Met at 0, Mostly Meets at 1, Needs Review at 2+ letters.

- 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.

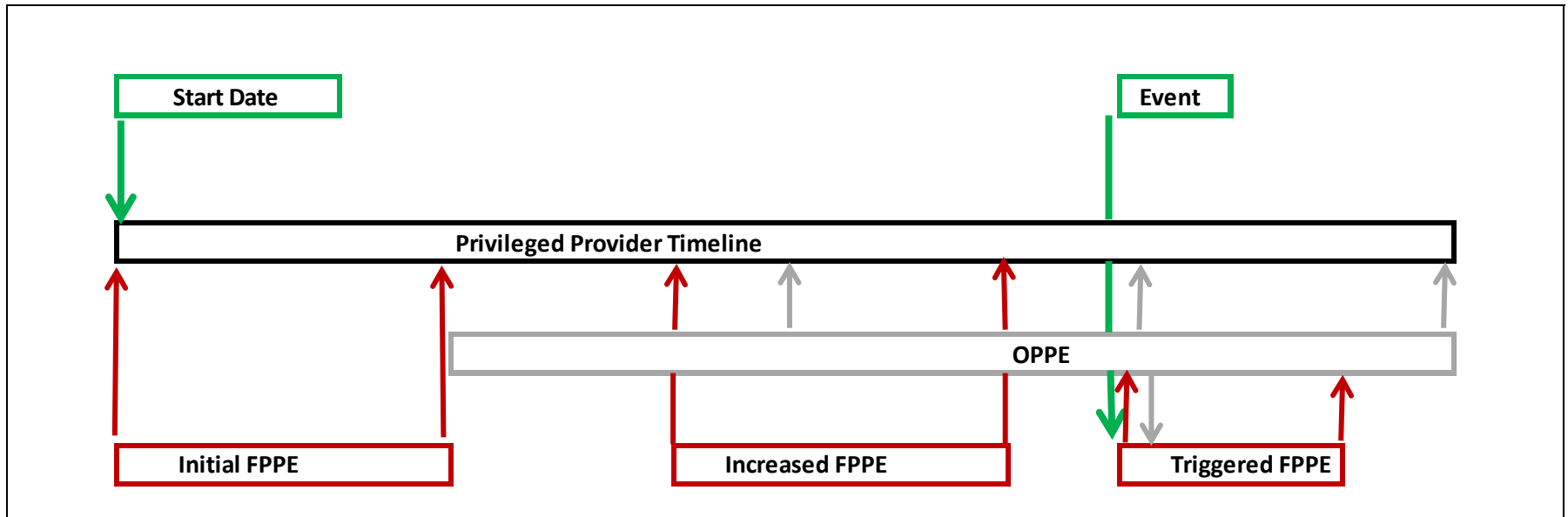
**Dr.** Click here to enter text.

Department Chair

Department of

OPPE department  
response form

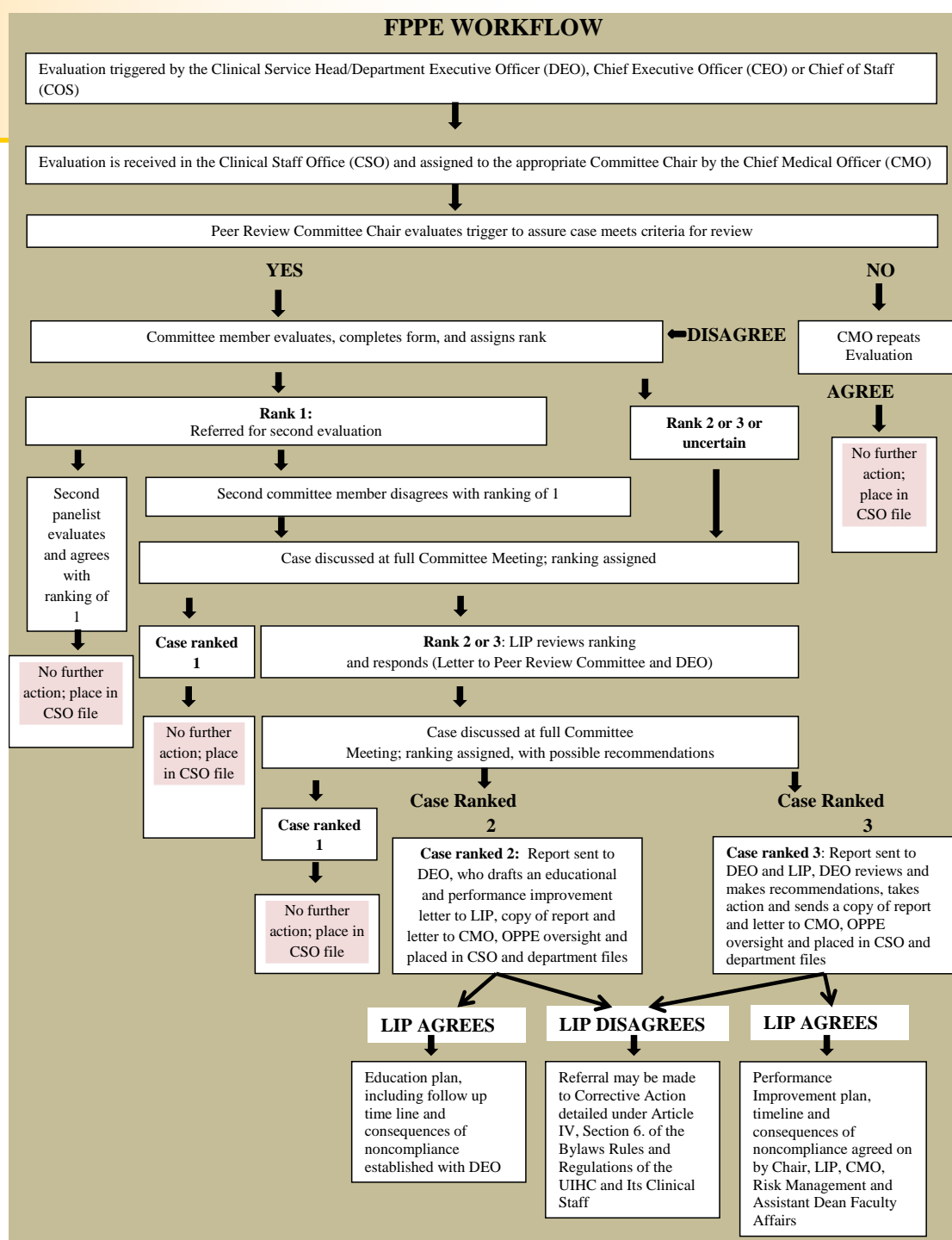
Frequently referred to as “Peer Review”



# Three Peer Review Committees

- Medical Committee
- Surgical Committee
- Professional/Behavioral Committee

# UIHC PEER REVIEW WORKFLOW





# Contact

Teri Brennan

[theresa-brennan@uiowa.edu](mailto:theresa-brennan@uiowa.edu)

Office of the CMO: (319) 467-5700

Pager: 4088

I am available on VoalteMe

Holly Kolfenbach

[holly-kolfenbach@uiowa.edu](mailto:holly-kolfenbach@uiowa.edu)

Office: (319) 384-9289