

Medical Staff Policies & Procedures	
Document Owner: Medical Staff of Community Medical Center	Date Approved: 6/2023
Author: Medical Staff Director	

**Purpose:** To assure that the Organized Medical Staff assesses the ongoing professional practice and competence of its members and uses the results of such evaluations and assessments to identify practice trends that may impact on quality of care and patient safety and to improve professional competency, practice and care. The focused efforts towards individuals complements but does not replace ongoing efforts to evaluate and improve systems of care. Toward these ends the organized Medical Staff conducts ongoing professional practice evaluations (OPPE).

- (1) in order to provide a structured format to identify and resolve any potential problems with a staff member's medical performance, and
- (2) to provide an efficient, evidenced based privilege renewal process, and
- (3) to determine if Focused Professional Practice Evaluation (FPPE) is required or the need to limit, revise or revoke existing privileges prior to or at the time of reappointment.

**Scope:** All Members of the Medical Staff and Allied Health Professional Staff.

**Policy:** In accordance with Joint Commission, it is the Policy of RWJBH to conduct appropriate monitoring of the care delivered by its staff members and to promote safety and high-quality health care for its patients.

The practice of all staff members will also be monitored whenever relevant data is available and during reappointment with file audits. Ongoing evaluation may identify patterns, outcomes, complications or other indicators associated with the practice of a specific individual, which suggest the need for a focused professional practice evaluation (FPPE). Additionally, privileges of all new members and newly approved privileges for existing staff members will require focused evaluation.

OPPE differs from other Quality Improvement activities in that it focuses on each individual's professional performance and competence rather than appraising the activities of groups of clinicians or the system of care.

OPPE uses multiple sources of information and is based on generally recognized standards of care, thus providing staff members with feedback for personal improvement or confirmation of personal effectiveness.

All findings and information associated with any OPPE shall be considered as confidential and protected under the New Jersey State Statutes regarding peer review activities.

**Procedure:**

1. OPPE is conducted in a manner that is objective, equitable and consistent.
  - a. Aggregate data used is available for most members of the section.
2. OPPE frequency: whenever relevant data is available and during annually for those going through reappointment.
3. OPPE will assess the performance of staff members with respect to the six domains of competency defined by the Accreditation Council for Graduate Medical Education (ACGME) for resident training in medicine (Patient Care, Medical Knowledge, Practice-Based Learning, Systems-Based Practice, Professionalism, and Interpersonal and Communication Skills) and The Commission on Dental Accreditation for resident training in dentistry.
4. If the Department Chair or Section Chair determines that a staff member's aggregate data is significantly different from their peer group or if peer/case review suggests that the staff member's care has not met the department's standard, they may recommend:
  - a. Focused Professional Practice Evaluation (FPPE), and/or
  - b. Conditional reappointment to the Medical/Dental Staff; and /or
  - c. To limit, revise or revoke existing privileges.
5. RWJBH will generate practitioner profiles containing measurable aggregate data in each of the six areas of competency. The type of specialty specific data to be collected will be determined by the individual departments and approved/reviewed by the Organized Medical Staff's Credentialing Committee.
6. All contracted groups must provide the Medical Staff Office with their Quality/OPPE performed data for each of their individual member(s). This information will be brought to the Credentialing Committee along with their departments' metrics for review as it pertains to their contracts.
7. If the OPPE discloses a pattern of practice that is felt by the Section Chair and the Chairman of the department to pose an imminent threat to patient safety, the matter will be referred to the President of the Medical Staff in consultation with and/or the Chief Medical Officer for consideration of summary suspension in accordance with the Medical Staff Bylaws.



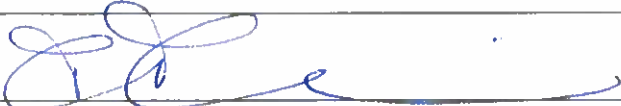
8. Any staff member subject to summary suspension or other limitations on their privileges shall be entitled to a Fair Hearing process subject to the terms defined in the Medical Staff Bylaws.

**REFERENCES:** JC Standard MS 08.01.03

Developed By (Local Policy Owner by Job Title):	Iris Iliopoulou, Director, Medical Staff
Committee Approvals:	

Original Date:	6/23
Reviewed:	
Revised:	

**SIGNATURES**

	6/4/2023
Joseph J. Albanese, DO, President of the Medical Staff	Date
	6/2/2023
Karambir Dalal, Credentials Committee Chair	Date
	5/31/2023
Iris Iliopoulou, Director, Medical Staff Office	Date