

Vanderbilt University Medical Center

Department of Anesthesiology

Standard Operating Procedure Title: Peer Review, Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE)

Policy Number:

Date Established:

Date Reviewed

Date Revised: 11/25/2019

Purpose: To set forth the procedure for conducting peer review, ongoing professional practice evaluation and focused professional practice evaluation of members of the Department of Anesthesiology of the Vanderbilt University Medical Center. The following procedures for OPPE, FPPE and peer review are designed to supplement VUMC policy OP10-10.05, "Clinician Professional Practice Evaluation"

Background: The Department of Anesthesiology engages in activities to measure, assess and improve performance in an ongoing, timely, non-biased, department wide manner. Anesthesiology faculty members and staff are responsible for fostering a culture of quality and professionalism. All faculty are responsible for participating in non-routine event reporting, event analysis, and process improvement. A subset of faculty are also engaged via the Peer Review Committee, OPPE, and FPPE Processes in rendering judgement regarding professional performance and assisting in measuring compliance with activities designated to improve the quality of care delivery. The following procedures for Peer Review, OPPE and FPPE are established in support of these goals.

Procedures:

Peer Review Process

1. The Peer Review Committee (PRC) is composed of senior faculty from each division
 - a. PRC faculty are of the rank of Associate Professor or higher and appointed by each division chief with approval by the PRC chair.
2. The Peer Review Committee Chair pre-reviews cases which are referred for evaluation. The following are examples of this process:
 - a. Referral for medical decision making or medical care
 - b. Referral for professionalism
 - c. Referral for other unethical or illegal behavior
 - d. Referral for actions contrary to Medical Staff Bylaws, or disruptive to VUMC operations

3. When indicated, the Peer Review Committee Chair convenes the PRC
 - a. PRC reviews the concern
 - b. PRC makes a recommendation to the Division Chief, Vice Chair for Clinical Affairs, Executive Vice Chair and Chair
 - i. No action
 - ii. Feedback regarding peer's assessment of performance
 - iii. FPPE
 - iv. Recommendation to Quality Improvement committee for process change

Other action as determined by PRC

FPPE Process

1. If concerns with a clinician's professional practice are identified, the Chair, the Executive Vice Chair, Clinical Vice Chair, Division chief, or the PRC Committee chair, may request a period focused review. The following are examples triggering a request:
 - a. Medical decision making or medical care
 - b. Professionalism
 - c. Other unethical or illegal behavior
 - d. Actions contrary to Medical Staff Bylaws, or disruptive to VUMC operations
2. FPPE is initiated for a period of 6 months.
3. On initiating FPPE, The Vice Chair for Clinical Affairs or the Executive Vice Chair sends an email letter to the Chair of the Credentials Committee of the institution indicating that an FPPE is in process for an individual and the start and anticipated end date of the FPPE.
4. The individual selected for FPPE is notified
5. The PRC Chair and the Division Chief and/or the Executive Vice Chair identify the concerns that will be evaluated during the FPPE and a plan for monitoring progress.
6. The Division Chief is expected to make a written record of progress each month, and then review progress as needed with the Peer Review Committee Chair.
7. At 4.5 months the Division Chief reports to the Peer Review Committee chair projecting whether the individual is expected to complete FPPE at the end of 6 months

8. At the 6th month of FPPE, a recommendation is made as to whether to complete FPPE, extend FPPE, or take other action.

Semi-annual OPPE Review

1. The Peer Review Committee Chair performs an OPPE Peer Evaluation Database query for every physician twice annually which includes data from the prior two 12 month periods.
2. If a physician's performance is determined to be significantly different from the norm the PRC Chair will notify the appropriate Division Chief and Clinical Vice-chair.
3. The PRC Chair, Division Chief, and Clinical Vice-chair will determine what, if any, interventions are appropriate, including the potential initiation of a FPPE.

OPPE Process and Biannual Credentialing (see Appendix A):

1. Each month, the Credentialing Coordinator sends the Peer Review Committee Chair an email with the names and committee dates of physicians with files scheduled to be presented to the Credentials Committee in the current and next 2 months.
2. The Peer Review Committee Chair runs an OPPE query on each physician listed above and will review the PRC, OPPE Peer Evaluation Database (Appendix A), and Quality databases for information from the past 2 years.
3. The Peer Review Committee Chair emails a report letter to the division chief and Credentialing Coordinator. The letter will either indicate that Peer Review Committee Chair has reviewed all current FPPE/OPPE, PRC, and quality data and there are no issues of concern, or that there is a concern that requires further discussion and management.
4. The letters are electronically stored in the Department of Anesthesiology Office of Credentialing and Appointments.

Appendix A: Ongoing and Continuous OPPE Peer Evaluation

Peer Evaluation Database: Each month every member of the attending staff is assigned 2 other attendings to evaluate. Assignments are made by a computerized algorithm which selects peers by proximity matching using a point system based on case handoffs, department division and practice location. Matches are determined by highest point score unless matches have been evaluated by the same evaluator in the last 12 months. Each faculty member evaluates his/her matches based on the following questions. Each question has four categorical answers (poor, fair, good, excellent) and abstain.

1. Engages in evidence-based practice. Integrates new evidence to improve his/her own patient care practices (competency in practice-based learning and improvement)
2. Demonstrates medical knowledge about established and evolving science related to the practice of anesthesia care.
3. Behaves in a manner that exemplifies professionalism (honesty & integrity, work ethic, punctuality, altruism, bringing honor to the profession)
4. Communicates in a manner that demonstrates respect toward coworkers, facilitates interdisciplinary teamwork, & results in effective information exchange and optimal patient care (competency in interpersonal and communication skills)
5. Adapts well to changing clinical demands affecting workload and resource allocation (competency in systems-based practice)
6. Is organized and well-prepared for his/her clinical assignment. Provides excellent and compassionate patient care and demonstrates excellence in clinical skills (competency in patient care)
7. Appropriately seeks and accepts consultation from colleagues (competencies in practice-based learning and improvement, professionalism, & interpersonal and communication skills)
8. Makes you comfortable handing over care of a patient to, accepting a hand-over of care from, or sharing responsibility for the care of a patient with him/her (all competencies)
9. Makes you comfortable referring a friend or loved one for clinical care by him/her (all competencies)

The chi-square statistic is calculated to identify individuals who are different from the general population at the $p < 0.001$ level.