Implementing an Effective Faculty Performance Evaluation Process(FPPE/OPPE)

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Carey York-Best, MD, Division Director Obstetrics and Benign Gynecology, Mass General Hospital Harvard Medical School

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Disclosures

- Amy E. Young, MD - Nothing to disclose
- Carey York-Best, M.D. –Nothing to disclose
- Laurie Swaim, M. D.- Nothing to disclose

Objectives

- Understand context of OPPE/FPPE as it relates to institution and Joint Commission
- Learn how different programs manage OPPE/FPPE within their institutions and departments
- Gain skills to implement division level OPPE/FPPE policies and practices within their institutions
- Provide resources to implement these tools

Run of Show

- General Introduction
- Institutional OPPE/FPPE Implementation and Monitoring - Amy Young
- Divisional OPPE/FPPE for new providers and ongoing providers - Carey York Best
- Laurie Swaim - OPPE/FPPE process and utilization of direct oversight
- Group discussion/Panel discussion of best practices and challenges including the low volume provider, and general competencies, how to report results to provider, how these results are communicated to Medical Staff office

History of FPPE/OPPE

- Introduced by the Joint Commission to bring objectivity to the credentialing process.
- Implemented in January 1, 2008
- Usually managed at the department/service line level
- Focused Professional Practice Evaluation (FPPE) for new providers- evaluated after one year or for those providers requesting new privileges or those noted to have potential deficiencies noted through ongoing professional practice evaluation (OPPE)
- Ongoing Professional Practice Evaluation used in recredentialling- every two years

What it is not?

“Opie”

“Fippie”

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How to choose metrics?

Metrics

- Meaningful to providers and to the division
- Surrogates
- Reproducible (Valid)
- Can change related to issues are concerns within an institution
- Can be tied to compensation
- TJC –Some common to all providers and some are service specific

What do you want to measure?

1. Professionalism
2. Medical Knowledge
3. Patient Care
4. Communication and Interpersonal Skills
5. Practice Based Learning
6. Systems Based Care

Demographics

of Admissions _____ # of Encounters/Consultations _____ # of Surgical Procedures _____

Top 3 DRGs:

1. DRG _____ ALOS _____
2. DRG _____ ALOS _____
3. DRG _____ ALOS _____

DRAFT -

Gyn

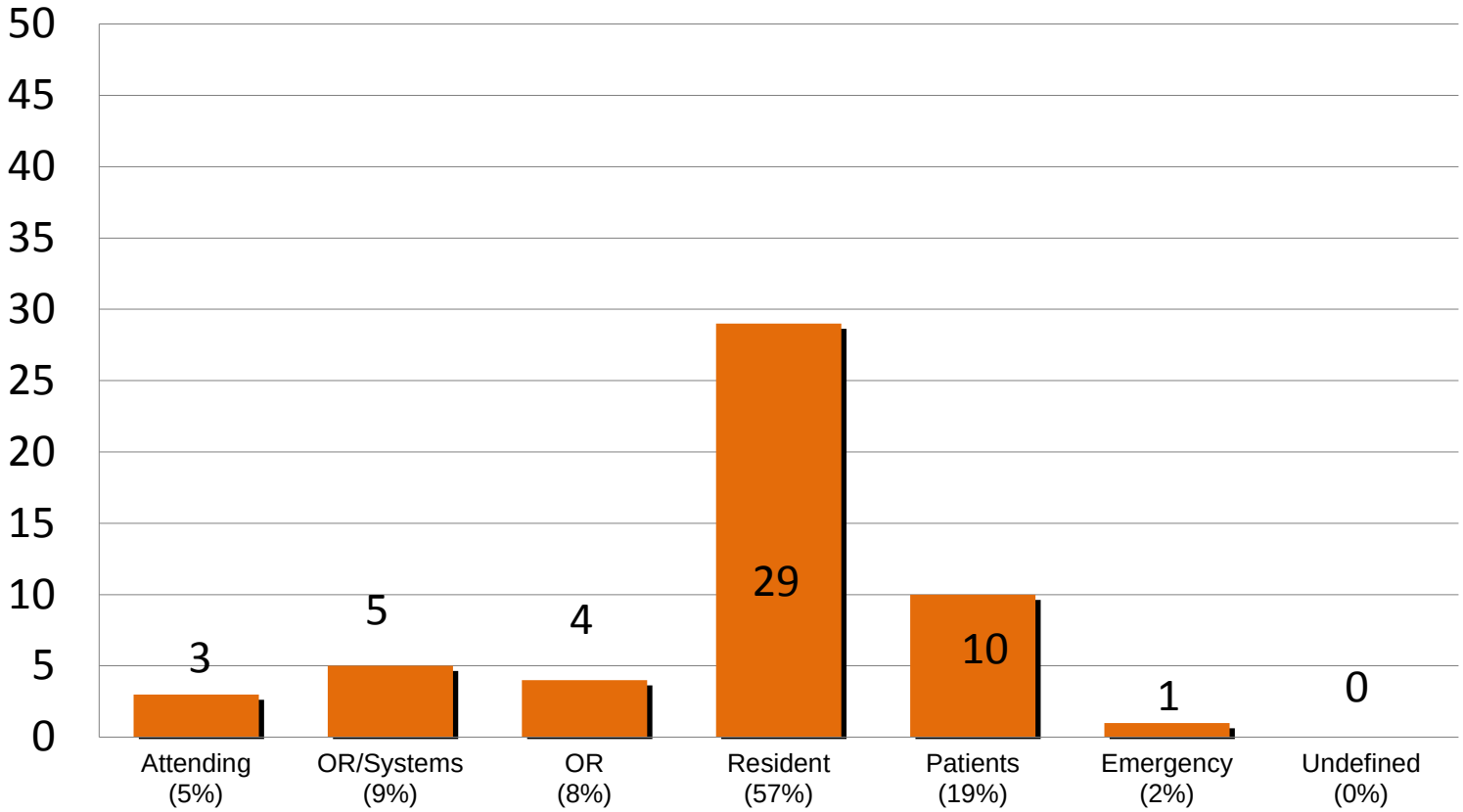
Ongoing Professional Practice Evaluation (OPPE) Indicator/Criteria	Trigger	Group
PATIENT CARE ***Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life***		
Health Plan Employer Data Information (HEDIS) Quality Indicators* Other relevant community standard indicators*	Criteria met	Family Medicine Podiatry Dental OB-Gyn
Unanticipated readmission within 30 days of discharge	Rule < 4/year	Inpatient Services
SSI higher than 1 SD above the national norm. Tracked for C/S and TAH and VH		
# of Readmissions within 72 hours	2 or more	Emergency Dept
SCIP & Core Measures	Criteria met- antibiotics and perioperative DVT prophylaxis	
Peer Reviews – Care Inappropriate	1 or more	All Depts.
Quality Indicators (Perioperative and peripartum blood transfusions> ?Fetal birth trauma	two SD above the mean for the service)	OB-Gyn
Death (Medical death with low severity of illness) • medical – unexpected • surgical/perioperative	Review < 13/year	All Depts.
MEDICAL/CLINICAL KNOWLEDGE ***Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, as well as the application of that knowledge to patient care and the education of others***		
Board Certification – Initial or Renewal (all those with grandfathered boards must voluntarily recertify annually)	Criteria met	All Depts.
Chart Review (who to do?)	Criteria met	All Depts.
INTERPERSONAL AND COMMUNICATION SKILLS ***Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of healthcare teams***		

When do you want to measure?

- Must occur more often than every 12 months
- For OPPE need to have at least two reviews available prior to recredentialing - 6 to 9 months usually recommended
- Resources significant to track and collate

Reasons for First Case Delay

March 2014



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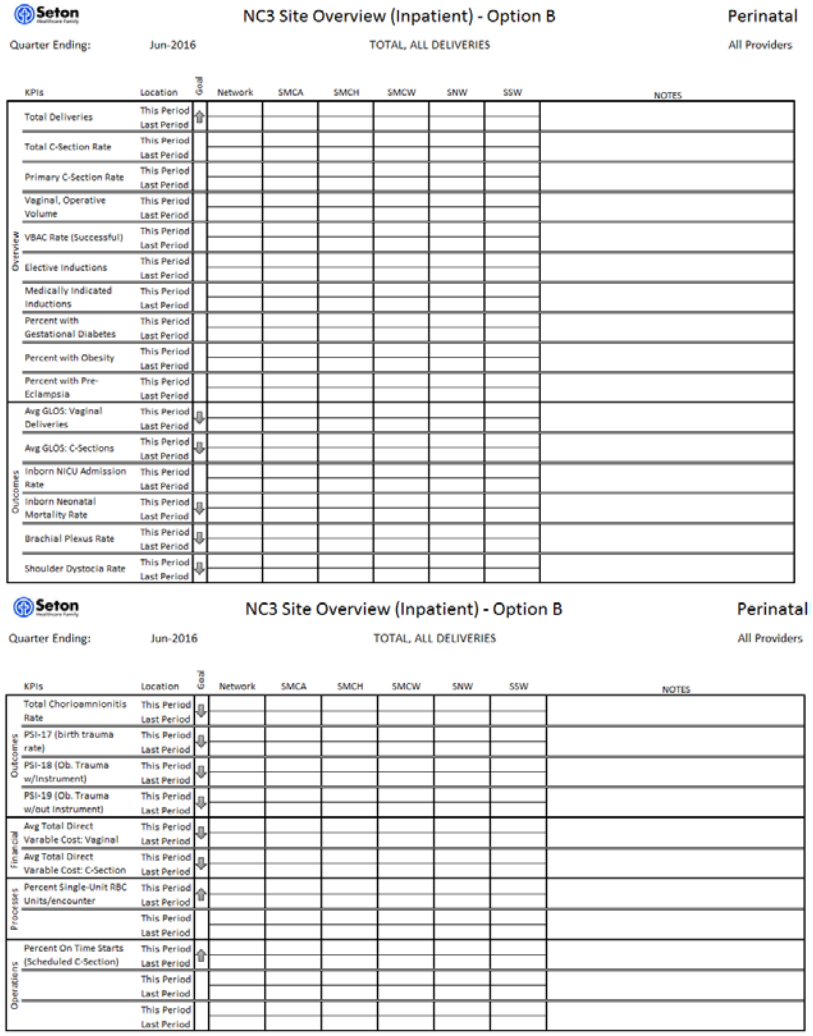
Network Reports



Seton

NC3 Site Overview (Inpatient) - Option B

Perinatal

Quarter Ending: Jun-2016

TOTAL, ALL DELIVERIES

All Providers

	KPIs	Location	Goal	Network	SMCA	SMCH	SMCW	SNW	SSW	NOTES
Overview	Total Deliveries	This Period	⇧							
		Last Period								
	Total C-Section Rate	This Period								
		Last Period								
	Primary C-Section Rate	This Period								
		Last Period								
	Vaginal, Operative Volume	This Period								
		Last Period								
	VBAC Rate (Successful)	This Period								
		Last Period								
	Elective Inductions	This Period								
		Last Period								
	Medically Indicated Inductions	This Period								
		Last Period								
	Percent with Gestational Diabetes	This Period								
		Last Period								
	Percent with Obesity	This Period								
		Last Period								
	Percent with Pre-Eclampsia	This Period								
		Last Period								
Outcomes	Avg GLOS: Vaginal Deliveries	This Period	⇩							
		Last Period								
	Avg GLOS: C-Sections	This Period	⇩							
		Last Period								
	Inborn NICU Admission Rate	This Period								
		Last Period								
	Inborn Neonatal Mortality Rate	This Period	⇩							
		Last Period								
	Brachial Plexus Rate	This Period	⇩							
		Last Period								
	Shoulder Dystocia Rate	This Period	⇩							
		Last Period								

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NC3 Site Overview (Inpatient) - Option B

Perinatal

Quarter Ending: Jun-2016

TOTAL, ALL DELIVERIES

All Providers

	KPIs	Location	Goal	Network	SMCA	SMCH	SMCW	SNW	SSW	NOTES
Outcomes	Total Chorioamnionitis Rate	This Period	⇩							
		Last Period								
	PSI-17 (birth trauma rate)	This Period	⇩							
		Last Period								
	PSI-18 (Ob. Trauma w/instrument)	This Period	⇩							
		Last Period								
	PSI-19 (Ob. Trauma w/out instrument)	This Period	⇩							
		Last Period								
Financial	Avg Total Direct Varable Cost: Vaginal	This Period	⇩							
		Last Period								
	Avg Total Direct Varable Cost: C-Section	This Period	⇩							
		Last Period								
Processes	Percent Single-Unit RBC Units/encounter	This Period	⇧							
		Last Period								
		This Period								
		Last Period								
Operations	Percent On Time Starts (Scheduled C-Section)	This Period	⇧							
		Last Period								
		This Period								
		Last Period								
		This Period								
		Last Period								

Inpatient Report

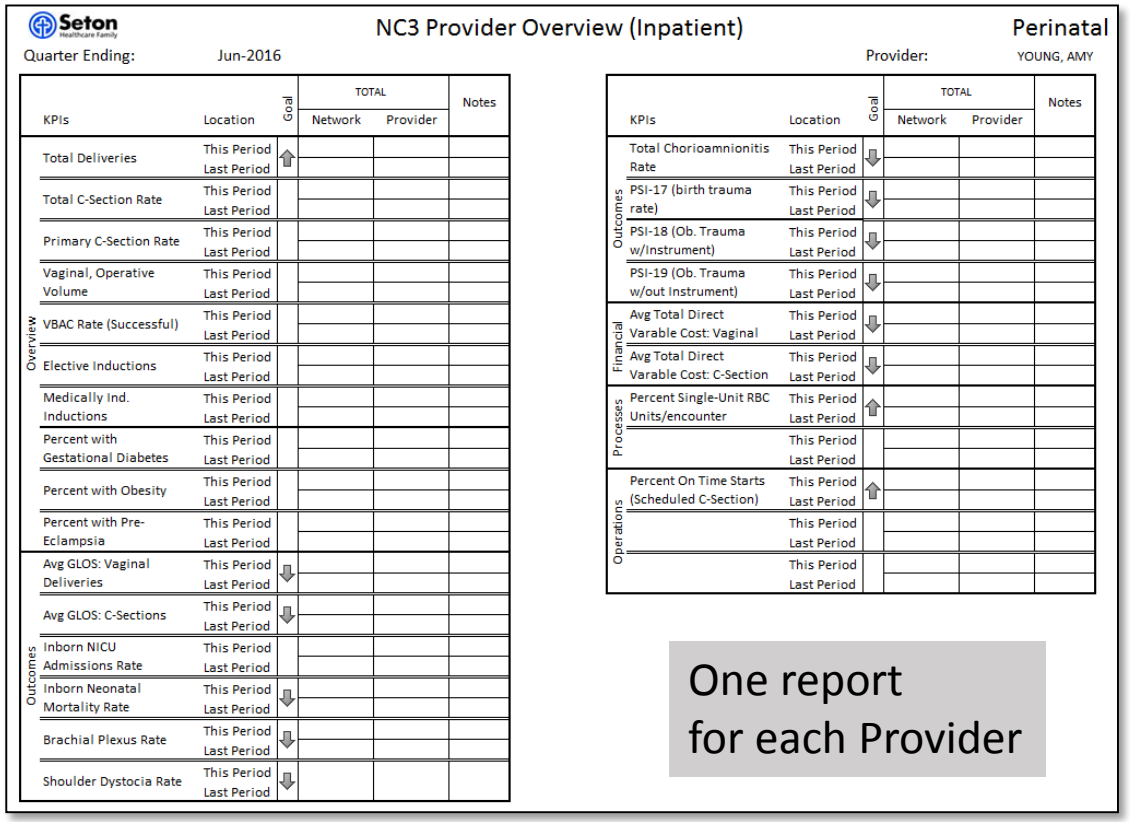
- 2 pages: table with all sites listed
- Followed by trending graphs (not shown here)
  - 16 metrics per page per site
- Total of 14 pages/report

Post-Encounter Report

- Same as above (but 7 pages)

Provider Reports

Sample Report



Seton Healthcare Family

NC3 Provider Overview (Inpatient) — Perinatal

Quarter Ending: Jun-2016 — Provider: YOUNG, AMY

	KPIs	Location	Goal	TOTAL Network	TOTAL Provider	Notes
Overview	Total Deliveries	This Period / Last Period	⇧			
	Total C-Section Rate	This Period / Last Period				
	Primary C-Section Rate	This Period / Last Period				
	Vaginal, Operative Volume	This Period / Last Period				
	VBAC Rate (Successful)	This Period / Last Period				
	Elective Inductions	This Period / Last Period				
	Medically Ind. Inductions	This Period / Last Period				
	Percent with Gestational Diabetes	This Period / Last Period				
	Percent with Obesity	This Period / Last Period				
	Percent with Pre-Eclampsia	This Period / Last Period				
Outcomes	Avg GLOS: Vaginal Deliveries	This Period / Last Period	⇩			
	Avg GLOS: C-Sections	This Period / Last Period	⇩			
	Inborn NICU Admissions Rate	This Period / Last Period				
	Inborn Neonatal Mortality Rate	This Period / Last Period	⇩			
	Brachial Plexus Rate	This Period / Last Period	⇩			
	Shoulder Dystocia Rate	This Period / Last Period	⇩			

	KPIs	Location	Goal	TOTAL Network	TOTAL Provider	Notes
Outcomes	Total Chorioamnionitis Rate	This Period / Last Period	⇩			
	PSI-17 (birth trauma rate)	This Period / Last Period	⇩			
	PSI-18 (Ob. Trauma w/Instrument)	This Period / Last Period	⇩			
	PSI-19 (Ob. Trauma w/out Instrument)	This Period / Last Period	⇩			
Financial	Avg Total Direct Varable Cost: Vaginal	This Period / Last Period	⇩			
	Avg Total Direct Varable Cost: C-Section	This Period / Last Period	⇩			
Processes	Percent Single-Unit RBC Units/encounter	This Period / Last Period	⇧			
		This Period / Last Period				
Operations	Percent On Time Starts (Scheduled C-Section)	This Period / Last Period	⇧			
		This Period / Last Period				
		This Period / Last Period				

One report for each Provider

Inpatient and Post-Encounter Reports

- 1st page: table with all metrics listed
- Followed by trending graphs
  - 1 graph for each metric
- Total of 2-3 pages

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Role of Resident Supervision

- Review and triage cases that may fail to meet quality standards as designated by The Joint Commission or as has been delineated by the operating room committee.
  - Unplanned returns to the OR within 24 hours
  - Retained foreign bodies
  - Readmissions within 30 days
  - Incident reports
- Leveled to attending/supervising attending through OPPE/FPPE process

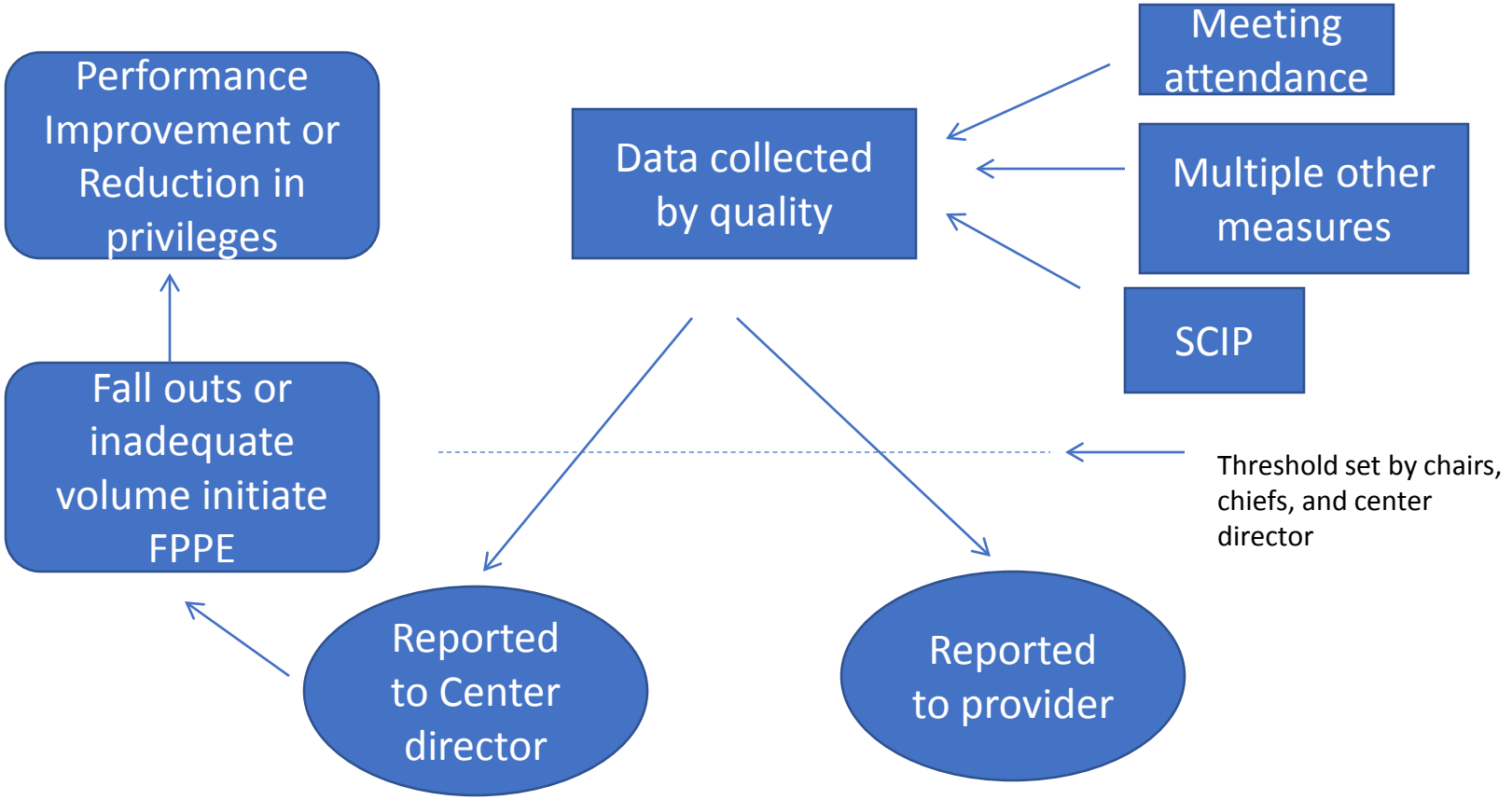
Tied to Credentialing

- Minimum number of experiences to evaluate
- Low Volume Providers
  - “Every hospital with a CCN number must collect data for FPPE related to a practitioner’s performance within its own hospital.
    Any additional information received from another hospital can be used as supplemental information but not in lieu of collecting hospital specific data.”
  - Bundled privileging - must have assessment of all privileges granted.

OPPE

Ongoing Professional Practice Evaluation

- Mandated by Joint Commission
- Every 6 months
- Used in Credentialing
- Competency based and specialty specific (privilege)
- Managed by quality



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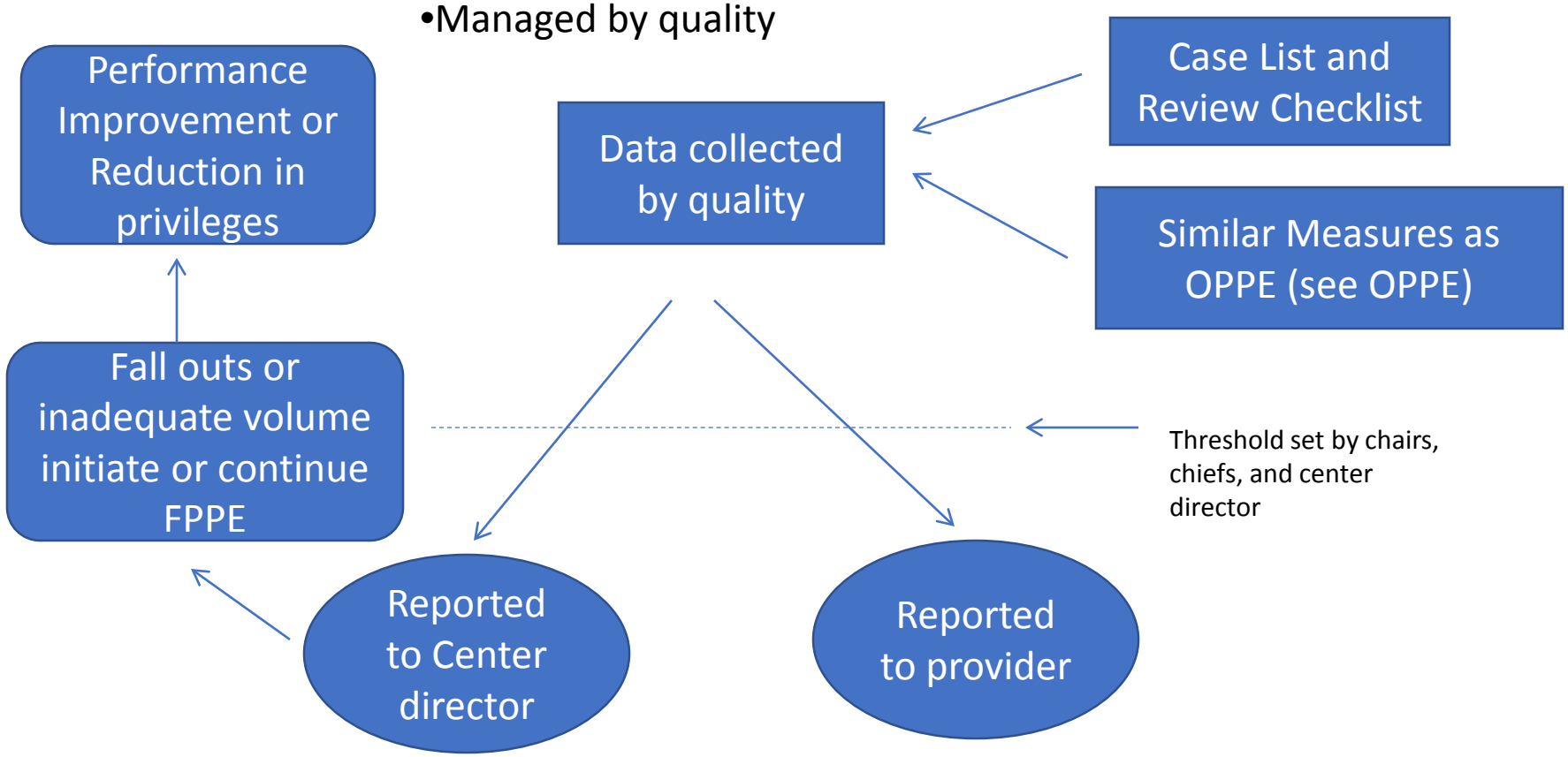
FPPE

Focused Professional Practice Evaluation

- Mandated by Joint Commission
- New Providers or providers that fall outside of institutional standards
- Used in Credentialing
- Competency based and specialty specific (privilege)
- Managed by quality



FPPE/OPPE Process Implementation for New Providers and Ongoing Monitoring

Carey York-Best,

Division Director Obstetrics and Benign Gynecology, Mass General Hospital, Assistant Professor, Harvard Medical School

MASSACHUSETTS GENERAL HOSPITAL
OBSTETRICS & GYNECOLOGY

HARVARD MEDICAL SCHOOL

Development of OPPE-FPPE

- Due 4/9/2012
- Requirements
  - Apply to all physicians within department
  - Two measures for each physician
  - FPPE for all new physicians and physicians under review
  - OPPE to be completed more often than 1x/yr (q 10months)
- Challenges
  - Find measures broadly applicable across department
  - Find measures easily extractable from electronic sources
  - Who responsible for review
  - Benchmark uncertain
- Evaluated domains of inquiry (PC, MK, ICS, PBLI, P, SBP)

Department Summary Grid

MASSACHUSETTS GENERAL HOSPITAL
OBSTETRICS & GYNECOLOGY

MASSACHUSETTS GENERAL HOSPITAL
VINCENT OBSTETRICS & GYNECOLOGY

OPPE/FPPE Measures Summary

GENERAL OB/GYN (SPECIALISTS)							
	Measure Name	Measure Description	Timing/Frequency of Audit	Threshold for Further Action	Plan if Performance Below Threshold	Measure Tools	Comments
FPPE: In- and Out-patient Practice Group							
	L+D Proctoring	Daily proctoring on labor and delivery for first 4 weeks: evaluation will be performed during the last two weeks	At New Hire or in response to concern (elements depend on specific concern)	Any categories of care indicated do not meet expectations	Extended proctoring for additional 2 weeks on labor and delivery for procedures designated as unsatisfactory	L+D Proctoring Tool (Form LADR1)	
	Surgical Proctoring of Major Gyn Cases	Double scrub first 5 major cases. Evaluation form completed for all cases by proctoring staff			Extended proctoring of 5 additional major cases for procedures designated as unsatisfactory	GYN Surgical Proctoring Tool (Form SURG#1)	
	Surgical Proctoring of Minor Gyn Cases	Double scrub first 5 minor cases. Evaluation form completed for all cases by proctoring staff			Extended proctoring of 5 additional minor cases for procedures designated as unsatisfactory	GYN Surgical Proctoring Tool (Form SURG#1)	
OPPE: In- and Out-patient Practice Group							
	Episiotomy Rate	Spontaneous vaginal deliveries with episiotomy/total spontaneous vaginal deliveries	Every 10 months / for period since last OPPE	>10% rate	Education/Feeback and Proctoring of L+D shifts until 10 vaginal deliveries observed		NQF Endorse Measure (0470) / OBEMR as Datasource
	Chart Audit	Audit of 2 charts (or 100%) for D&E procedures done in the OR		<90% of appropriate elements noted	Education/Feeback and department head audit of next 5 charts of D&E procedures done in the OR	D&E in OR Evaluation Tool (Form GYN#2)	Source: Williams Gynecology
	Chart Audit	Audit of 3 charts (or 100%) for IUD procedures done in the outpatient office		<90% of appropriate elements noted	Education/Feeback and department head audit of next 5 charts of IUD procedures done in the outpatient office	IUD Insertion Evaluation Tool (Form GYN#3)	Source: ACOG Bulletin 121
FPPE - Outpatient Gyn Only*							
	None		* No new hires planned in this category				
OPPE - Outpatient Gyn Only							
	LMR Note Completion	Timely completion of LMR notes	Every 10 months / for period since last OPPE	<80%	Proctoring/FPPE of outpatient practice	Data from MGH Endometrial Biopsy Audit Tool (Form OUT-GYN#1)	
	Endometrial Biopsy	Audit of 5 charts for endometrial bioppsy		<90% of required elements	Extend audit to 5 additional charts for endometrial bioppsy		Source: Williams Gynecology

GYNECOLOGIC ONCOLOGY							
	Measure Name	Measure Description	Timing/Frequency of Audit	Threshold for Further Action	Plan if Performance Below Threshold	Measure Tools	Comments
FPPE							
	Review of Case Logs from Training or Prior Position and Discussion with Division Director Regarding Service, Standards and Expectations		At New Hire or in response to concern (elements depend on specific concern)				
	Proctoring of First 3 major OR cases and then an Additional 2 in the First Month	Direct observation of surgical care		Any categories of care indicated do not meet expectations	FPPE extended for 5 cases	GYN Surgical Proctoring Tool (Form SURG#1)	
OPPE							
	Abstraction/Evaluation of Care for 5 Cases of Ovarian Cancer	Evaluation for recommendation regarding elements of perioperative care	Every 10 months / for period since last OPPE	<50% of elements present	Extend abstraction to 5 charts. If remains < 50% then proctoring of next 10 case of Ovarian cancer management	Ovarian Cancer Abstraction Form (ONC #1)	SGO Endorsed
	Completion of Operative Notes in Timely Fashion	From MGH data		<80%	FPPE with evaluation of next 5 surgical cases		Data from MGH

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OPPE/FPPE Measures Summary

MATERNAL FETAL MEDICINE							
	Measure Name	Measure Description	Timing/Frequency of Audit	Threshold for Further Action	Plan if Performance Below Threshold	Measure Tools	Comments
FPPE - Clinical MFM							
	Proctoring/Observation of Care during 1st Month's Assigned L+D Shifts	Evaluation by second staff member	At New Hire or in response to concern (elements depend on specific concern)	Any categories of care indicated do not meet expectations	Extend proctoring for one more month	L+D Proctoring Tool (Form LADR1)	
	Direct Observation of Inpatient Rounding During First Week of In-patient Service	Evaluation by second MFM staff member		Supervising staff MFM submits letter indicating he/she is satisfied with readiness to independently supervise service	Extend supervision for one more week		
	Review of First 5 MFM Consults	Review for needed elements		<90% of elements present	Extend review for 10 more consults	MFM Consult Review Form (MFM#2)	
OPPE - Clinical MFM							
	Episiotomy Rate	Spontaneous vaginal deliveries with episiotomy/total spontaneous vaginal deliveries	Every 10 months /For period since last OPPE	>10% rate	Education/Feeback and proctoring of L+D shifts until 10 vaginal deliveries observed		NQF Endorse Measure (0470) / OBEMR as Datasource
	Completeness of Ultrasound Surveys (for those who do Ultrasounds)	Sampling of 5 surveys from a session in month before OPPE		<90% of elements appropriate	Abstraction of 5 more cases. If rate remains < 90%, Ultrasound FPPE will be initiated (see below)	US Abstraction Form (MFM#1)	AIUM Proactice Guideline for the Performance fo Obstetric Ultrasound Examinations
	Review of 5 MFM Consults (for those whose practice does not include ultrasound)	Review for needed elements		<90% of elements present	Extend review for 5 more consults : if rate remains < 90% then initiate FPPE focused on outpatient practice	MFM Consult Reviewe Form (MFM#2)	
FPPE - Ultrasound Only Practice							
	Direct Proctoring/ Observation of First Three Ultrasound Sessions	Review of appropriate managment	At New Hire or in response to concern (elements depdend on specific concern)	Any categories of care indicated do not meet expectations	Extended review and proctoring for 5 more sessions	Ultrasound Proctoring Form (MFM#4)	
OPPE - Ultrasound Only Practice							
	Completeness of Ultrasound Surveys (for those who do ultrasounds)	Sampling of 5 surveys from a session in month before OPPE	Every 10 months /For period since last OPPE	<90% of elements appropriate	Abstraction of 5 more cases. If rate remains < 90%, Ultrasound FPPE will be initiated (see above)	US Abstraction Form (MFM#1)	AIUM Proactice Guideline for the Performance fo Obstetric Ultrasound Examinations
	Nuchal Tranlucency Certification	Maintainence of Nuchal Translucency Certification through FMF or other monitoring organization		Maintainence	Proctoring through application process/data submission for NT certification		data review assuring that range of measurements is in expected distribution and that sample images meet established criteria

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OPPE/FPPE Measures Summary

URO-GYNECOLOGY (FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY)							
	Measure Name	Measure Description	Timing/Frequency of Audit	Threshold for Further Action	Plan if Performance Below Threshold	Measure Tools	Comments
FPPE							
	Proctoring of First 5 Major OR Cases	Direct observation of surgical care	At New Hire or in response to concern (elements depend on specific concern)	Any categories of care indicated do not meet expectations	FPPE extended for 5 cases	Gyn Surgical Proctoring Form (GYN SURG #1)	
OPPE							
	Abstraction/ Evaluation of Care for 5 Cases of Pelvic Organ Prolapse	Evaluation for elements of recommended care	Every 10 months /For period since last OPPE	<80% of elements present	Extend abstraction to 5 charts. If remains < 80% then proctoring of next 10 case PUP evaluation	Pelvic Organ Prolapse Form (FPMRS#1)	ACOG Bulletin 2007
	Abstraction/ Evaluation of Care for 5 Cases of Incontinence	Evaluation for elements of recommended care		<80% of elements present	Extend abstraction to 5 charts. If remains < 80% then proctoring of next 10 case of UI Evaluation	Urinary Incontinence Form (FPMRS#2)	ACOG Bulletin 2005

REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY							
	Measure Name	Measure Description	Timing/Frequency of Audit	Threshold for Further Action	Plan if Performance Below Threshold	Measure Tools	Comments
FPPE							
	Division Director Operates with/Proctors all Major Cases in First 6 Months	Evaluate appropriateness of surgical care	At New Hire or in response to concern (elements depend on specific concern)	Any categories of care indicated do not meet expectations	FPPE extended for 5 cases	Gyn Surgical Proctoring Form (GYN SURG #1)	
	Senior Staff Proctors First Week of IVF Coverage Including Egg Retrievals, Embryo Transfers	Evaluation for elements of recommended care		Any categories of care indicated do not meet expectations	Extend proctoring for one more week	IVF Unit Proctoring Form (REI#1)	
OPPE							
	Abstraction/ Evaluation of 5 Cases of Office Hysteroscopy	Evaluate appropirate elements of care	Every 10 months /For period since last OPPE	<90% of elements present	Extend abstraction to 5 charts. If remains < 90% then proctoring of next 10 cases of office hysteroscopy	Hysteroscopy Abstraction Form (REI#2)	
	Abstraction/ Evaluation of 5 Cases of Egg Retrieval	Evaluate appropirate elements of care		<90% of elements present	Extend abstraction to 5 charts. If remains < 90% then proctoring of next 10 cases of egg retrieval	Egg Retrieval Abstraction Form (REI#3)	

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OBSTETRICS & GYNECOLOGY

Summary Grid Specialists (Ob-Gyn)

OPPE/FPPE Measures Summary

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FPPE: In- and Out-patient Practice Group							
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	Surgical Proctoring of Major Gyn Cases	Double scrub first 5 major cases. Evaluation form completed for all cases by proctoring staff			Extended proctoring of 5 additional major cases for procedures designated as unsatisfactory	GYN Surgical Proctoring Tool (Form SURG#1)	
	Surgical Proctoring of Minor Gyn Cases	Double scrub first 5 minor cases. Evaluation form completed for all cases by proctoring staff			Extended proctoring of 5 additional minor cases for procedures designated as unsatisfactory	GYN Surgical Proctoring Tool (Form SURG#1)	
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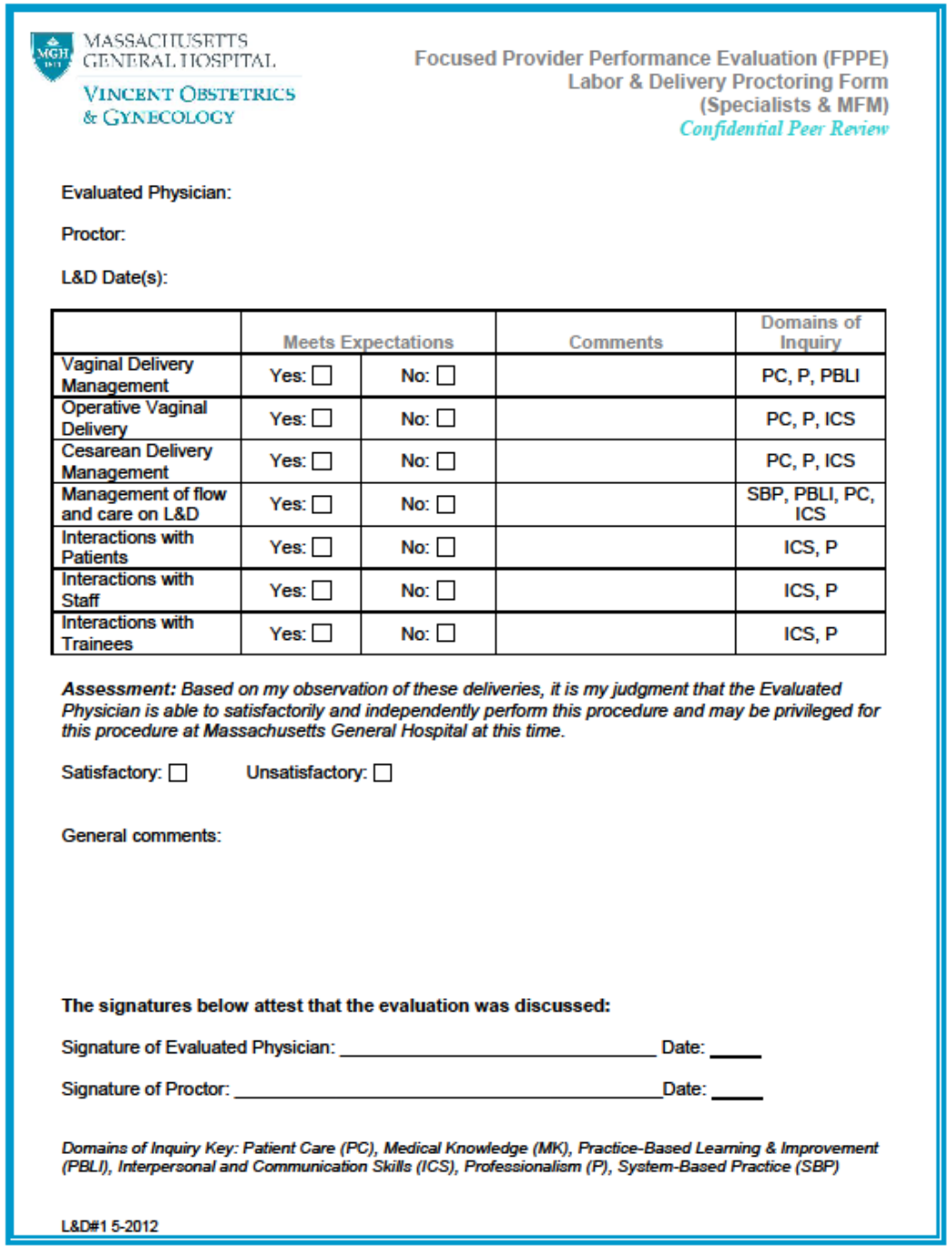
FPPE - Outpatient Gyn Only*							
	None		* No new hires planned in this category				
OPPE - Outpatient Gyn Only							
	LMR Note Completion	Timely completion of LMR notes	Every 10 months / for period since last OPPE	<80%	Proctoring/FPPE of outpatient practice	Data from MGH	
	Endometrial Biopsy	Audit of 5 charts for endometrial bioppsy		<90% of required elements	Extend audit to 5 additional charts for endometrial bioppsy	Endometrial Biopsy Audit Tool (Form OUT-GYN#1)	Source: Williams Gynecology

MASSACHUSETTS GENERAL HOSPITAL
OBSTETRICS & GYNECOLOGY

Focused Provider Performance Evaluation-FPPE

- Used at new hire
- Used for evaluation of faculty in response to specific concerns identified through perinatal or gynecologic surgery QA committees
- Vice Chair of Quality Equity and Safety oversees
- Division Directors responsible for division members
- Quality and Safety RN administers/keeps records
- New Hire responsible for filing appropriate proctoring sheets
- Surgical privileges determined by surgical volume, currently defined for hysterectomy only (5 of specific hysterectomy mode per 2 year period). On going proctoring for new or lower volume providers. Not currently part of FPPE or OPPE except in cases of concern as noted above.



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Focused Provider Performance Evaluation (FPPE)
Labor & Delivery Proctoring Form
(Specialists & MFM)
Confidential Peer Review

Evaluated Physician:

Proctor:

L&D Date(s):

	Meets Expectations		Comments	Domains of Inquiry
Vaginal Delivery Management	Yes: ☐	No: ☐		PC, P, PBLI
Operative Vaginal Delivery	Yes: ☐	No: ☐		PC, P, ICS
Cesarean Delivery Management	Yes: ☐	No: ☐		PC, P, ICS
Management of flow and care on L&D	Yes: ☐	No: ☐		SBP, PBLI, PC, ICS
Interactions with Patients	Yes: ☐	No: ☐		ICS, P
Interactions with Staff	Yes: ☐	No: ☐		ICS, P
Interactions with Trainees	Yes: ☐	No: ☐		ICS, P

***Assessment:** Based on my observation of these deliveries, it is my judgment that the Evaluated Physician is able to satisfactorily and independently perform this procedure and may be privileged for this procedure at Massachusetts General Hospital at this time.*

Satisfactory: ☐ Unsatisfactory: ☐

General comments:

The signatures below attest that the evaluation was discussed:

Signature of Evaluated Physician: _____ Date: ____

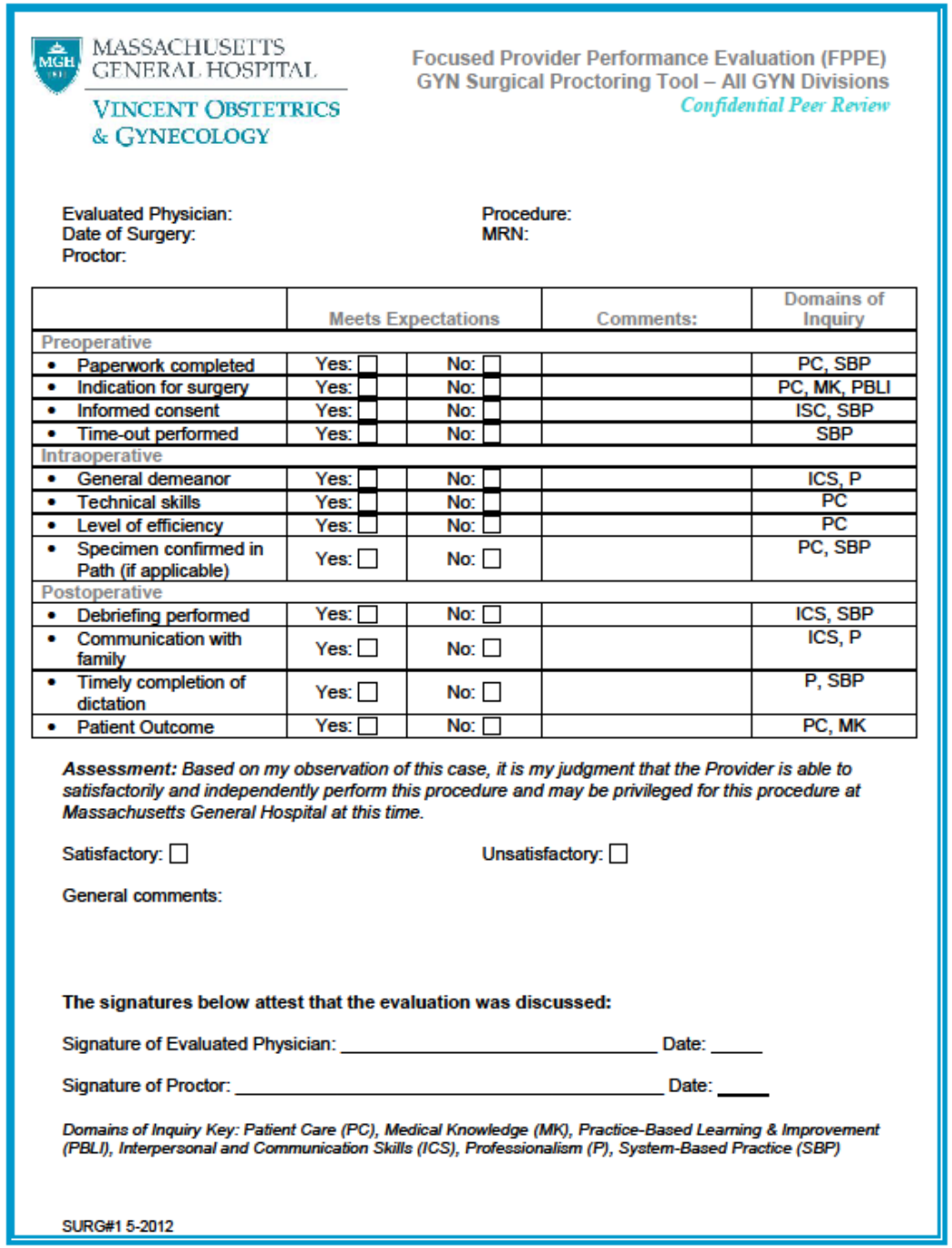
Signature of Proctor: _____Date: ____

Domains of Inquiry Key: Patient Care (PC), Medical Knowledge (MK), Practice-Based Learning & Improvement (PBLI), Interpersonal and Communication Skills (ICS), Professionalism (P), System-Based Practice (SBP)

L&D#1 5-2012

MASSACHUSETTS GENERAL HOSPITAL
OBSTETRICS & GYNECOLOGY

All Obstetric Providers (Specialists and MFM)
- Same form
- 5 forms collected
- Completed by Specialist or MFM proctoring faculty



MASSACHUSETTS GENERAL HOSPITAL
VINCENT OBSTETRICS & GYNECOLOGY

Focused Provider Performance Evaluation (FPPE)
GYN Surgical Proctoring Tool – All GYN Divisions
Confidential Peer Review

Evaluated Physician:
Date of Surgery:
Proctor:

Procedure:
MRN:

	Meets Expectations		Comments:	Domains of Inquiry
Preoperative				
• Paperwork completed	Yes: ☐	No: ☐		PC, SBP
• Indication for surgery	Yes: ☐	No: ☐		PC, MK, PBLI
• Informed consent	Yes: ☐	No: ☐		ISC, SBP
• Time-out performed	Yes: ☐	No: ☐		SBP
Intraoperative				
• General demeanor	Yes: ☐	No: ☐		ICS, P
• Technical skills	Yes: ☐	No: ☐		PC
• Level of efficiency	Yes: ☐	No: ☐		PC
• Specimen confirmed in Path (if applicable)	Yes: ☐	No: ☐		PC, SBP
Postoperative				
• Debriefing performed	Yes: ☐	No: ☐		ICS, SBP
• Communication with family	Yes: ☐	No: ☐		ICS, P
• Timely completion of dictation	Yes: ☐	No: ☐		P, SBP
• Patient Outcome	Yes: ☐	No: ☐		PC, MK

Assessment: *Based on my observation of this case, it is my judgment that the Provider is able to satisfactorily and independently perform this procedure and may be privileged for this procedure at Massachusetts General Hospital at this time.*

Satisfactory: ☐ Unsatisfactory: ☐

General comments:

The signatures below attest that the evaluation was discussed:

Signature of Evaluated Physician: _____ Date: _____

Signature of Proctor: _____ Date: _____

Domains of Inquiry Key: Patient Care (PC), Medical Knowledge (MK), Practice-Based Learning & Improvement (PBLI), Interpersonal and Communication Skills (ICS), Professionalism (P), System-Based Practice (SBP)

SURG#1 5-2012

MASSACHUSETTS GENERAL HOSPITAL
OBSTETRICS & GYNECOLOGY

All Gyn Providers (Specialists, Gyn-Onc, MIGS, REI, FPMRS)
- Same form
- 5 minors and 5 majors
- Completed by current faculty within division

Ongoing Provider Performance Evaluation-OPPE

MASSACHUSETTS GENERAL HOSPITAL
OBSTETRICS & GYNECOLOGY

OPPE: In- and Out-patient Practice Group				
	Episiotomy Rate	Spontaneuous vaginal deliveries with episiotomy/total spontaneous vaginal deliveries	Every 10 months / for period since last OPPE	>10% rate
	Chart Audit	Audit of 2 charts (or 100%) for D&E procedures done in the OR		<90% of appropriate elements noted
	Chart Audit	Audit of 3 charts (or 100%) for IUD procedures done in the outpatient office		<90% of appropriate elements noted
FPPE - Outpatient Gyn Only*				
	None		* No new hires planned in this category	
OPPE - Outpatient Gyn Only				
	LMR Note Completion	Timely completion of LMR notes	Every 10 months / for period since last OPPE	<80%
	Endometrial Biopsy	Audit of 5 charts for endometrial bioppsy		<90% of required elements

- Completed by QA RN every 10 months
- 2 measures used for each provider
- Submitted to hospital at time of re-credentialing

OPPE: Dilation and Evacuation

MASSACHUSETTS GENERAL HOSPITAL
OBSTETRICS & GYNECOLOGY

MASSACHUSETTS GENERAL HOSPITAL
VINCENT OBSTETRICS & GYNECOLOGY

Ongoing Provider Performance Evaluation (OPPE) – Specialists
Procedure Evaluation Form
First Trimester Suction D&C in OR (listed as D&E)
Confidential Peer Review

Physician:
MRN:
Procedure Date:

Were the following documented in the medical record?

1) Patient History (check off one)		
a) Missed abortion	Yes: ☐	No:☐
b) Incomplete abortion	Yes: ☐	No:☐
c) Therapeutic abortion	Yes: ☐	No:☐
d) Retained products of conception	Yes: ☐	No:☐
2) Documentation of dating of pregnancy by LMP or PUS	Yes: ☐	No:☐
3) Pelvic ultrasound done which documents IUP or retained POCs	Yes: ☐	No:☐
4) Blood type known	Yes: ☐	No:☐
5) CBC done within past 3 months	Yes: ☐	No:☐
6) Signed consent (including risk of bleeding, infection, incomplete procedure and uterine perforation)	Yes: ☐	No:☐
7) Antibiotic prophylaxis given	Yes: ☐	No:☐
8) Rhogam given if indicated	Yes: ☐	No:☐
9) Pathology checked at post op visit or by phone call	Yes: ☐	No:☐

Comments:

Quality Issues Identified: Yes: ☐ No:☐

Reviewer:

Review Date:

Sources: Williams Gynecology I. Schorge, John O. McGraw-Hill Companies 2008

OPPE: IUD Insertion

MASSACHUSETTS GENERAL HOSPITAL
VINCENT OBSTETRICS & GYNECOLOGY

Ongoing Provider Performance Evaluation (OPPE) – Specialists
Procedure Evaluation Form
IUD Insertion - Outpatient
Confidential Peer Review

Physician:
MRN:
Procedure Date:

Were the following documented in the medical record?

1) No patient history of:		
a) Active genitourinary infection	Yes: ☐	No:☐
b) Unexplained uterine bleeding	Yes: ☐	No:☐
c) Current pregnancy	Yes: ☐	No:☐
2) Contraception options reviewed	Yes: ☐	No:☐
3) Signed consent including risk of expulsion, failure and perforation	Yes: ☐	No:☐
4) Normal pap smear within 3 years (or 5 yrs if HPV neg)	Yes: ☐	No:☐
5) GC and Chlamydia cultures obtained in high risk patients (<25 yo, h/o multiple partners at or prior to insertion)	Yes: ☐	No:☐
6) Normal pelvic exam	Yes: ☐	No:☐
7) Uterus sound documented at 6-10 cm	Yes: ☐	No:☐
8) Post insertion visit to check string in 1-3 months (if no visit performed, was appointment made for visit?)	Yes: ☐	No:☐

Comments:

Quality Issues Identified: Yes: ☐ No:☐

Reviewer:

Review Date:

Source: ACOG Bulletin 121, July 2011

MASSACHUSETTS GENERAL HOSPITAL
OBSTETRICS & GYNECOLOGY

Alternative Measures

- Cases for providers found in billing and OR data bases
- If not enough cases of selected measure use alternative measures
- For office only gyn (eg. menopause providers) endometrial biopsy or appropriate use of HRT measures
- Hospital measure of timeliness of record keeping through Epic

FPPE/OPPE
Competency Breakout

Laurie S. Swaim, MD
Professor and Director, Division of Gynecologic and Obstetric Specialists
Department of Obstetrics and Gynecology
Baylor College of Medicine
Chief, Gynecologic Services Texas Children's Pavilion for Women
Houston TX

FPPE: Prior to 2017

- Obstetrics and Gynecology: separate services with separate service chiefs
  - Separate DOP's
  - Separate Service Plans
- All OBGYN's complete FPPE and OPPE for *both* services
  - MFM and OB Hospitalists unable complete gynecology FPPE (lack of activity)
- Obstetric Provider metric dashboard developed
- Gynecology FPPE subcommittee created for case review
- Gynecologic provider metric dashboard under development

FPPE: After 2017

- Obstetrics and Gynecology remain separate services with separate service chiefs
  - DOP's merged in 2017
  - Separate Service Plans to be merged 2018
- Obstetric Provider Metric Dashboard fully operational
- Gynecology provider metric dashboard partially complete
- Gynecology service plan change to metric dashboard and case review as needed

Texas Children's Hospital
Focused Professional Practice Evaluation (FPPE)
Chief Service Plan Tool

1. Review Delineations: Delineations (privileging) documents have been previously agreed on by Service Chief and are available in Medical Staff Services.
2. Determine and list elements for review. The review must be consistently applied to all applicants.

	Date:3/9/17	**Service:Gynecology**		**Service Chief Signature/Agreement:Dr. Swaim**		
	Element(s) to Review	**Type of Monitoring** Choose any combination	**Who will Complete** Choose Either/Both	**Duration of Monitoring** Choose Either/Both	**Extension** (When Applicable) Please List: • Circumstances by which extension will occur • Must include allowed duration	**External Review** (When Applicable) Please List: • Circumstances by which external review will occur • May be used only if Chief/Designee has limited knowledge of requested privilege
1	Gynecology Surgical Procedures	☐ Chart Review - Prospective ☐ Chart Review - Concurrent ☐ Chart Review - Retrospective ☐ Proctoring ☒ Prospective Clinical Practice Monitor ☒ Discussion with other individuals ☐ External Review ☐ Simulation	☒ Chief ☒ Designee	☒ Event Based- • Up to first 20 cases	☐ N/A If any % of reviewed cases are unsatisfactory If there are fewer than 1 case during the period of review Period of extension will not exceed 24 months from initial privileging date	☒ N/A

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Texas Children's Hospital
Focused Professional Practice
Monitoring Review- Surgical/Procedure

Practitioner:	**Review Type:** Proctoring Prospective Concurrent Retrospective		
MRN:	**Admit Date:**	**D/C Date:**	
Admitting Diagnosis:			
Procedure(s) Performed:			
Complication(s):			
Patient Care	**No Concerns**	**Some Concerns**	**N/A**
Clinical Judgement			
Surgical Technique/Skills			
Blood Loss Appropriateness			
Procedure Length			
Post-Operative/Post Procedure Care			
Medical/Clinical Knowledge			
Management of Complications			
Diagnostic/Treatment Planning			
Preoperative findings versus Postoperative findings			
Practice Based Learning & Improvement			
Surgical Safety Checklist Appropriateness			
Interpersonal & Communication Skills			
Documentation Appropriateness			
Documentation Legibility			
Professionalism			
Attitude/Behavior			
Practitioner created an environment conducive to optimal teamwork			
System Based Practice			
Appropriate use of consultants			
H&P Appropriateness			
Post op note completed before transfer of patient to next level of care			
Operative Note Appropriateness			

Comments:
_____

Overall Management of Case: No Concerns Some Concerns

Chief of Service _____ Date _____

This information is privileged and confidential pursuant to Texas Health Safety Code sections 161.031161.033 and Texas Occupations Code section 160.007 and/or T.R.C.P. 192.5
(Form: MT2)

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Texas Children's Hospital
Focused Professional Practice Evaluation (FPPE)
Chief Service Plan Tool

1. Review Delineations: Delineations (privileging) documents have been previously agreed on by Service Chief and are available in Medical Staff Services.
2. Determine and list elements for review. The review must be consistently applied to all applicants.

	Date: 4/20/17	**Service:Obstetrics**		**Service Chief Signature/Agreement:Dr. Timmins**		
	Element(s) to Review	**Type of Monitoring** Choose any combination	**Who will Complete** Choose Either/Both	**Duration of Monitoring** Choose Either/Both	**Extension** (When Applicable) Please List: • Circumstances by which extension will occur • Must include allowed duration	**External Review** (When Applicable) Please List: • Circumstances by which external review will occur • May be used only if Chief/Designee has limited knowledge of requested privilege
1	OB/GYN Provider-Level Report Card	☐ Chart Review - Prospective ☐ Chart Review - Concurrent ☐ Chart Review - Retrospective ☐ Proctoring ☒ Prospective Clinical Practice Monitor ☒ Discussion with other individuals ☐ External Review ☐ Simulation	☒ Chief ☒ Designee	☒ Event Based- • UP to 20 cases ☐	☐ N/A If any % of reviewed cases are unsatisfactory If there is fewer than 1 case during the period of review Period of extension will not exceed 24 months from the date of initial privileging	☒ N/A

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Texas Children's Hospital - Focused Professional Practice Evaluation (FPPE)
Evaluation Form

Name: _____ – Obstetrics & Gynecology

Board Approval Date: _____ FPPE Initiated on: _____
Temporary Privileges Date: _____ Reason for FPPE: _____
Note: Provider with history of residency or fellowship at Texas Children's Hospital, abbreviated process used.

PRACTICE ELEMENTS	METHOD (**If chart review see Monitoring Review – Surgical/Procedure Form)	EVALUATION (* Requires further comment)
Patient Care: Patient Care- Provides patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health	☐ Chart Review – Prospective** ☐ Chart Review – Concurrent** ☐ Chart Review – Retrospective** ☐ Proctoring ☐ Prospective Clinical Practice Monitor ☐ Discussion with other Individuals ☐ External Review ☐ Simulation	☐ No Concerns ☐ Some Concerns* Comments:
Practice Based Learning and Improvement: Demonstrates the ability to investigate and evaluate their care of patients to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning promotion of health	☐ Chart Review – Prospective** ☐ Chart Review – Concurrent** ☐ Chart Review – Retrospective** ☐ Proctoring ☐ Prospective Clinical Practice Monitor ☐ Discussion with other Individuals ☐ External Review ☐ Simulation	☐ No Concerns ☐ Some Concerns* Comments:
Interpersonal and Communication Skills: Demonstrates interpersonal communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals	☐ Chart Review – Prospective** ☐ Chart Review – Concurrent** ☐ Chart Review – Retrospective** ☐ Proctoring ☐ Prospective Clinical Practice Monitor ☐ Discussion with other Individuals ☐ External Review ☐ Simulation	☐ No Concerns ☐ Some Concerns* Comments:
Professionalism: Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles	☐ Chart Review – Prospective** ☐ Chart Review – Concurrent** ☐ Chart Review – Retrospective** ☐ Proctoring ☐ Prospective Clinical Practice Monitor ☐ Discussion with other Individuals ☐ External Review ☐ Simulation	☐ No Concerns ☐ Some Concerns* Comments:
System-based Practice: Demonstrates an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care	☐ Chart Review – Prospective** ☐ Chart Review – Concurrent** ☐ Chart Review – Retrospective** ☐ Proctoring ☐ Prospective Clinical Practice Monitor ☐ Discussion with other Individuals ☐ External Review ☐ Simulation	☐ No Concerns ☐ Some Concerns* Comments:

This information is privileged and confidential pursuant to Texas Health Safety Code sections 161.031-161.033 and Texas Occupations Code section 160.007 and/or T.R.C.P. 192.5 (Form: Cover R1)

PRACTICE ELEMENTS	METHOD (**If chart review see Monitoring Review – Surgical/Procedure Form)	EVALUATION (* Requires further comment)
Medical Knowledge: Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care	☐ Chart Review – Prospective** ☐ Chart Review – Concurrent** ☐ Chart Review – Retrospective** ☐ Proctoring ☐ Prospective Clinical Practice Monitor ☐ Discussion with other Individuals ☐ External Review ☐ Simulation	☐ No Concerns ☐ Some Concerns* Comments:

Comments: _____

Number of QOC Concerns (minor or above): _____

Number of Behavioral Complaints (minor or above): _____

☐ Based on this review, I/we recommend completion of FPPE.
☐ Based on this review, I/we recommend further evaluation through FPPE extension. Time frame _____ (not to exceed 2 years from initial privilege date)
☐ Continue FPPE as this Physician has had no activity at Texas Children's Hospital with which to evaluate clinical competence of his/her privileges. Time frame: 6 months (not to exceed 2 years from initial privilege date)
☐ Other. See comments above.

_____ _____
Chief of Service Date

_____ _____
Department Head Date

This information is privileged and confidential pursuant to Texas Health Safety Code sections 161.031-161.033 and Texas Occupations Code section 160.007 and/or T.R.C.P. 192.5 (Form: Cover R1)

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Texas Childrens Hospital
Ongoing Professional Practice Evaluation (OPPE)
*****NAME OF SERVICE*****
Jul 2017 - Dec 2017

The purpose of this report is to provide you with the information about how you and others in your service have performed on the following quality measures during the selected reporting period. For some metrics, a departmental goal has been established and included here. Please see separate attachment containing metric definitions.
This report is intended solely for Texas Children's Hospital quality & operational purposes and should only be used for the requested purpose(s).
These reports and their contents cannot be reproduced or distributed outside of Texas Children's.
The data cannot be used for research purposes without an approved IRB on record with Baylor College of Medicine IRB.

	Metric Type	Goal	Total by Specialty
Core Metrics	Behavioral Complaint		
	Medical Record Delinquency		
	Non-Actionable Review		
	Quality of Care Concern		
Service Metrics			

ID	Provider	Core Metrics				Service Metrics			
		Behavioral Complaint	Medical Record Delinquency	Non-Actionable Review	Quality of Care Concern	Inpatient (Hospital) Days Billed	Outpatient Clinic Visits Billed		

_____ Approve Scorecard. Please disseminate report to individual providers.
_____ Disapprove. Comments: _____

_____ _____
Service Chief/Designee Signature Date

THIS INFORMATION IS PRIVILEGED AND CONFIDENTIAL PURSUANT TO TEXAS HEALTH AND SAFETY CODE 161.031-161.033 AND TEXAS OCCUPATIONS CODE SECTION 160.007 AND/OR T.R.C.P. 192.5.

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Texas Children's Hospital® | Pavilion for Women

Provider Quality Metric Report

Pavilion for Women Provider Metrics App Version : 1.0 Data last updated: 04/19/2018 07:11

Texas Children's Hospital

Current Selections

DischargeHalfYearlyEvaluati ALL
ProviderNM SWAIM, LAURIE S

Date Filters

Admit | Delivery | Discharge

Discharge

Discharge

Provider Quality Metrics

Service Line	Provider	Measure	Goal	Provider Numerator	Provider Denominator	Provider Rate	Service Line Rate	All Services Rate
Obstetrics and Gynecology	SWAIM, LAURIE S	Early Elective Delivery	< 5%					
		Episiotomy	< 5%					
		Third Degree Perineal Injury	-					
		Fourth Degree Perineal Injury	-					
		VBAC	-					
		Cesarean Delivery (Total)	-					
		Cesarean Delivery (NTSV)	< 23.9%					
		Cesarean Delivery (Primary)	-					
		Cesarean Delivery SSI	< 0.82%					
		Gyn Abdominal Hysterectomy SSI	-					
		OB Inpatient Readmission	-					
		Gyn Inpatient Readmission	-					
		Peripartum Hysterectomy SSI	< 0.82%					
		Gyn Abdominal Hysterectomy	-					
		Gyn Vaginal Hysterectomy	-					
		Gyn Laproscopic Hysterectomy	-					
		Gyn Laproscopic & Vaginal Hysterectomy	-					

Confidential

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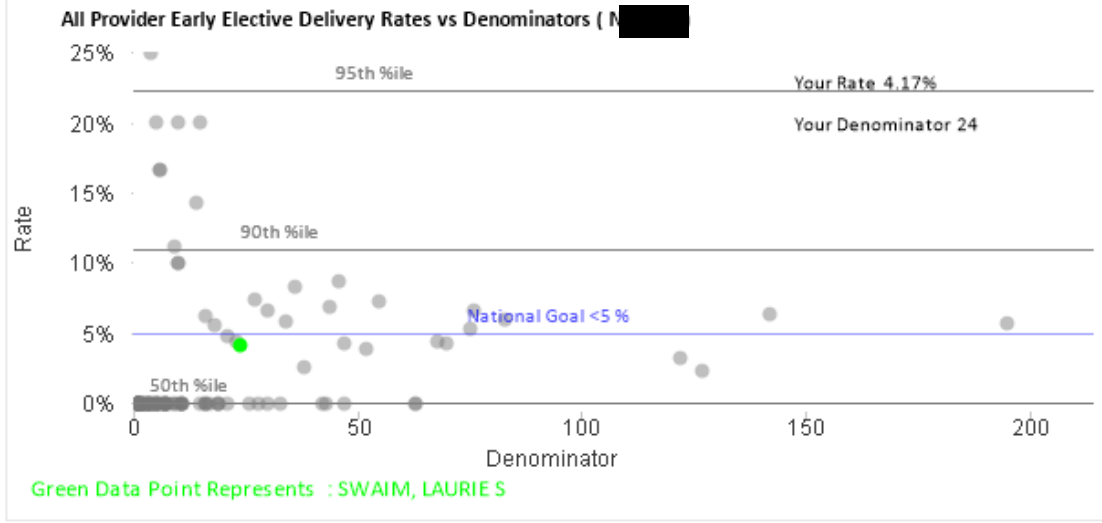
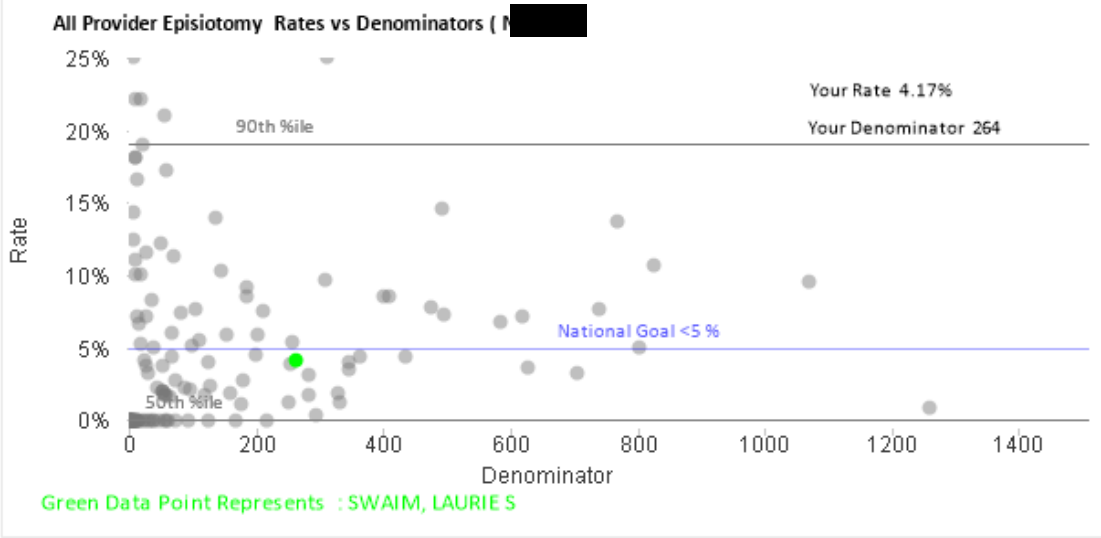
Texas Children's Hospital | Pavilion for Women

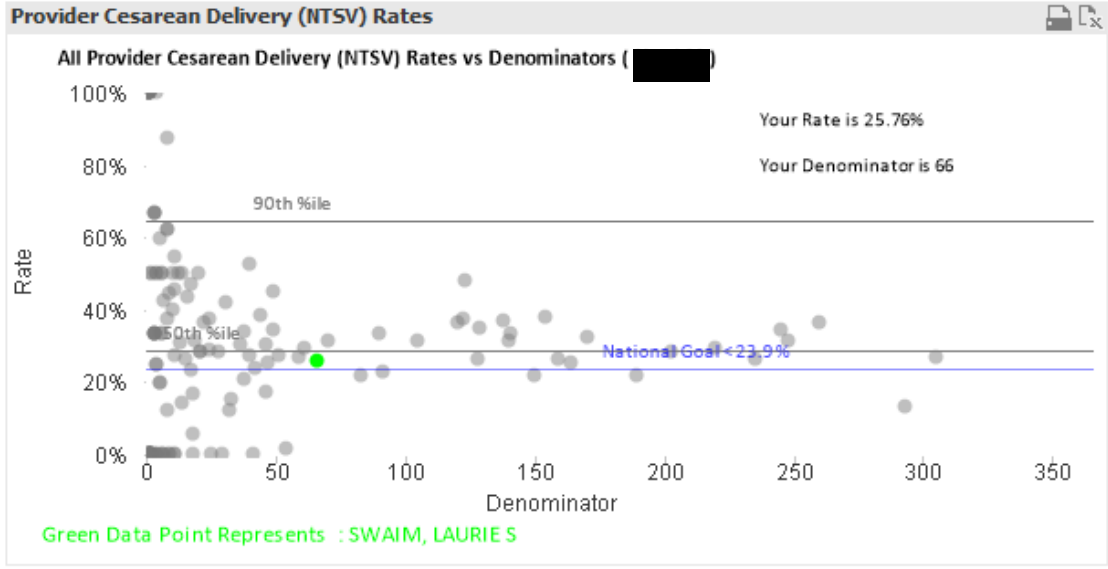
All PFW Provider Early Elective Delivery Rates



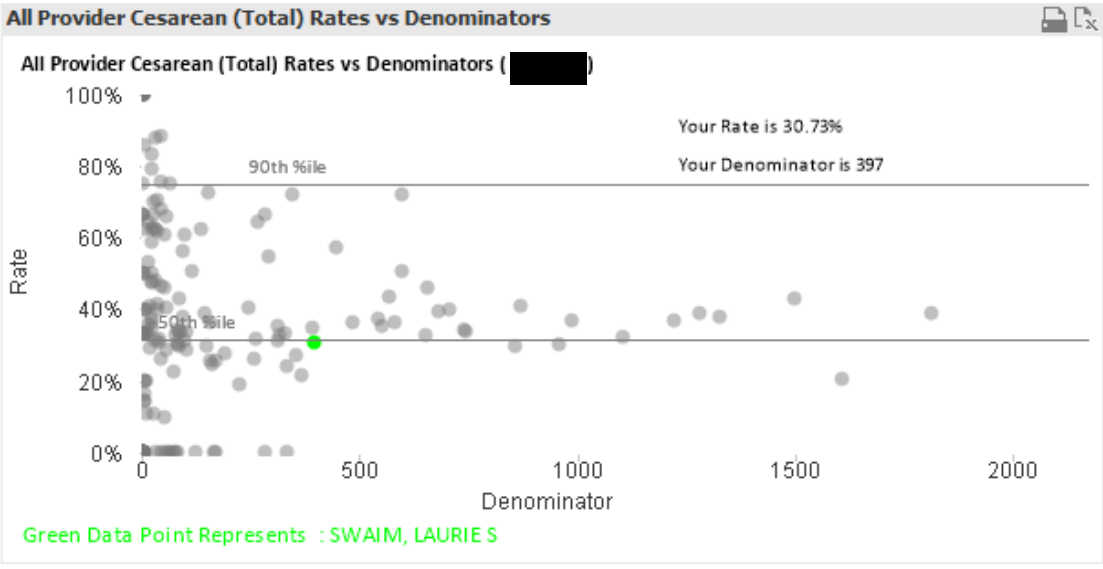
All PFW Provider Episiotomy Rates



Provider Cesarean Delivery (NTSV) Rates



All Provider Cesarean (Total) Rates vs Denominators



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Pavilion for Women

Check Surgeon Pilot Project

-Senior surgeon observation of GO division members during entire gynecologic surgical procedure
-All division members informed about process and start date
-Surgical schedules sent to check surgeon quarterly

-Check surgeon:
    -arrived to the OR unannounced
    -observed and scored attending surgeon using modified learner surgical evaluation tool
    -provided immediate feedback to surgeon
    -able to scrub at his discretion for assistance with skills improvement

-Observe each surgeon at least twice greater than 6 months apart
-May choose to observe and or assist surgeons more frequently if deemed necessary

Check Surgeon

Attending Provider Surgical Skill Assessment-Department of OBGYN

Surgeon:_____ Date of Evaluation:_____

Procedure: _____

Skill:	poor/ never	marginal/ rarely	average/ sometime	good/ frequent/	excellent /
PRE OP:					
time out					
patient positioning					
draping					
appropriate instrument availability					
INTRA OP:					
timeliness of motion/time wasting					
flow of operation					
understanding of anatomy					
tissue handling/respect for tissue					
appropriate dissection/dexterity					
instrument selection					
suture selection					
knot tying					
management of unanticipated findings					
management of complications					
appropriate use of consultants for skill level					
situational awareness: time of procedure					
situational awareness: EBL, patient stability					
communication with team members: anesthetist, RN, residents					
CONFIDENCE:					
Teaching: appropriate direction of learners					
Teaching: appropriate designation of learner to case by level					
Flexibility					
Recognizes need to intervene for patient safety					
Professionalism, composure					

COMMENTS:

Areas of strength

Areas of weakness

Discussion with surgeon date: / / Signature:

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Discussion

Discussion-Best Practices and Challenges

- Low Volume Providers
- General Competencies
- Distribution of Results to Providers
- Interaction with Medical Staff