

 Yale Radiology and Biomedical Imaging Title: Yale Radiology OPPE	SOP 11	Effective Date: Sept 2022
	Version Number: 3	RAD Mission: Clinical
Prepared By: Jay Pahade, MD		Date: Sept 2022
Management Approval: Rob Goodman, MD		Date: Sept 2022

1.0 Purpose:

The purpose of this Standard Operating Procedure (SOP) is to describe the policy and provide guidance for Ongoing Professional Practice Evaluation (OPPE) within YDR.

2.0 Scope:

This SOP applies to all radiologists and licensed independent practitioners employed by YDR with medical staff privileges.

3.0 Materials:

Appendix 1 – Yale New Haven Health System (YNHHS), Radiology OPPE Form

4.0 Procedures:

4.1 The Joint Commission (TJC) requires “Ongoing Professional Practice Evaluation” (OPPE) forms to be completed for all medical providers at the frequency of about every nine months, but not to exceed greater than every 12 months. Per the TJC, an OPPE identifies professional practice trends that may impact the quality and safety of care and applies to all practitioners granted privileges via the Medical Staff chapter requirements. A well-designed process supports early detection and response to performance issues that could negatively impact patient outcomes.

4.2 For Yale Radiology, we have modeled our OPPE to use similar categories as used by the ACGME core competency model encompassing: (1.) Patient Care, (2.) Interpersonal & Communication Skills, (3.) Professionalism, and (4.) Systems-Based Practice (See Appendix 1 for YNHHS Radiology OPPE Form).

4.3 The Departmental Program Manager is responsible for generating OPPE forms for review by the Vice Chair Quality of Safety, Vice Chair Clinical Affairs and/or Section Chief for review and approval, and then final submission to Departmental Chairman for review.

4.4 Forms will be prepared with pre-populated provider/metric data by departmental administration where applicable. An “X” will be placed within the appropriate column of ‘Acceptable’, ‘Needs Improvement’, or ‘Not Applicable’ for remaining metrics by designee assessing the practicing radiologist/LIP.

There are four qualitative assessments on the form within each of the categories, where Division/Section chiefs can provide comments/recommendations for providers who receive 'Needs Improvement' designation.

- 4.5 Metrics scored as "Needs Improvement" may identify performance issues that could negatively affect patient care. An OPPE is a broad screening tool and it is recognized that many providers who do not meet acceptable or threshold goals for assessed categories will not be deemed as an outlier after further investigation. A "Focused Professional Practice Evaluation" (FPPE) may need to be conducted based on review of the OPPE form if the provider is felt to be an outlier for what the department deems acceptable standard of care. Final decision to consider a FPPE will be made by Chairman upon review of overall physician performance.
- 4.6 If physicians were not in the Department for part or all of the identified dates for OPPE, their data will either be pro-rated or labeled Not Applicable (N/A).

5.0 Definitions/Abbreviations:

SOP: Standard Operating Procedure

YNHHS: Yale New Haven Health System

OPPE: Ongoing Professional Practice Evaluation

YDR: Yale Department of Radiology & Biomedical Imaging

TJC: The Joint Commission

N/A: Not Applicable

FPPE: Focused Professional Practice Evaluation

LIP: Licensed Independent Practitioner

6.0 References:

<https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/medical-staff-ms/000001500/>

7.0 Revision History:

Version	Date	Reason For Revision
1.0	05/18/21	Create OPPE SOP
1.0	02/22/2022	Reviewed by JPahade and no updates required

YNHHS Radiology Ongoing Professional Practice Evaluation (OPPE) Form

	Provider Metric/Data (when applicable)	Acceptable	Needs Improvement	Not Applicable
PATIENT CARE:				
1. Clinical competence and judgement (no referral to PPEC, no complaints regarding read accuracy or unexpected procedural complications)				
2. DR- Report TAT Monday to Friday - Goal= ≥ 90% of all cases with final report within 24 hours of completion*				
3. IR- Report TAT Monday to Friday - Goal= ≥ 90% of all cases with full procedural prelim or final report within 24 hours of completion				
Comments/Recommendations:				
INTERPERSONAL & COMMUNICATION SKILLS:				
1. Reports follow department standards				
Comments/Recommendations:				
PROFESSIONALISM:				
1. Accountable for acceptable behavior in department/reading rooms (no resident complaints, punctuality, etc.)				
2. Compliance with professionalism expectations set by the Medical Staff Code of Conduct and YNHHS Standards of Professional Behavior (Trigger = Referral to Medical Staff Professionalism Committee or >3 complaints within the past 2 rolling years, identified through Patient Relations)				
3. Section/departmental meeting attendance & multidisciplinary conferences/tumor board participation				
Comments/Recommendations:				
SYSTEMS BASED PRACTICE:				
1. Participate in peer review/learning case submissions (minimum= 2 cases/month)				
2. Attend sectional (where applicable) or departmental peer review/learning meeting (goal= ≥ 50% attendance).				
3. Contrast reaction training program (goal= completed 1x/year). Online training or relevant CME course certificate required at sites that do not offer course. IR Providers exempt				
Comments/Recommendations:				
*Department supplied data reflects boxes in grey				
OPPE EVALUATION FOR:				
Physician Name, Print				
EVALUATION COMPLETED BY:				
Department of Radiology, Section Chief or Vice-Chair, Signature				
Date:				
EVALUATION REVIEWED BY:				
Department of Radiology, Chair, Signature				
Date:				
A Focused Professional Practice Evaluation (FPPE) is REQUIRED - check here				
Abbreviations:				
DR = Diagnostic Radiology				
IR = Interventional Radiology				
OPPE = Ongoing Professional Practice Evaluation				
FPPE = Focused Professional Practice Evaluation				
TAT = Turnaround Time- based on exams completed Monday to Friday 8am-5pm				
PPEC = Professional Practice Evaluation Committee				
M&M = Morbidity & Mortality Conference				
* = select exams requiring prior imaging (such as screening mammograms) or biopsy results before report finalization are exempt from TAT data				