**OPPE and FPPE**

In 2007 [The Joint Commission](https://www.jointcommission.org/) announced the new standards that requires Hospitals to evaluate their Physicians and Advance Practice professional in an objective manner and more frequently than the every 2 year Recredentialing Cycle.

* **OPPE (Ongoing Professional Practice Evaluation)**
* Brief Description: -
* OPPE Information is factored into a decision to: Maintain existing privileges, Revive existing privileges, or to Revoke existing privileges prior to or at the time every new Privileges.
* Privileges are defined as the permission granted to a Hospital or other Healthcare institution to position or advance practice professional to render specific diagnostic or therapeutic services.
* Clinical privileges are limited by the individuals’ professional license and experience and competence.

**NOTE : Medical Staff members must realise that privileges are earned and that provider’s demonstration at ongoing clinical and behavioural competence allows them to maintain these privileges throughout the appointment cycle.**

* Purpose of OPPE:

The purpose of OPPE is to ensure that the medical staff assess the ongoing professional practice and competence of its members, conduct professional practice evaluation and uses the results of such assessment and evaluation to improve professional competency, practice and the system of care.

OPPE is an attempt to put some structure behind the process of evaluating clinical competency.

Its goals are

1. To monitor practice and performance in order to identify and prevent opportunities for both individuals and systems of care,
2. To monitor significant trends and performance by analysing aggregate data in case findings,
3. To ensure that the process for professional practice evaluation is clearly defined, defensible, timely and helpful
4. To identify and address opportunities for system improvement.

OPPE is well designed program which is able to demonstrate that a provider with privileges is competent in excersing those privileges.

* Measures:

1. Review of operative & other clinical procedure(s) performed and their Outcomes

2. Patterns of blood and pharmaceutical usage

3. Requests for tests & procedures

4. Length of stay patterns

5. Morbidity & mortality data

6. Practitioner’s use of consultants

7. Other relevant criteria as determined by Medical Staff

**NOTE: When OPPE identifies problem FPPE comes into play.**

* **FPPE (Focused Professional Practice Evaluation )**
* Brief Description:

Focused Professional Practice Evaluation (FPPE) involves more specific and time-limited monitoring of a provider’s practice performance in three situations:

1. When a provider is initially granted practice privileges.
2. When new privileges are requested for an already privileged provider.
3. When performance non-conformance involving a privileged provider are identified (through the OPPE process or by any other means such as complaints or significant departure from accepted practice.)

* Measures:

1. All new appointments

2. All new privileges for existing practitioners

3. All practitioners returning from prolonged leave of absence\*

4. OPPE triggers need for FPPE\*

* **Software Solution for OPPE and FPPE**

There is one Software Solution available for OPPE and FPPE provided by [Safe Care Group](http://www.safecaregroup.com/) named [OPPERA (OPPE Readiness App)](https://www.youtube.com/watch?v=nmNT1841OOc).

Features:

1. Automated OPPE Reviews.
2. FPPE Appraisals.
3. ICMs at-a-glance innovation.
4. Speciality Specific.

Acquires all Six Core Competencies defined by The Joint Commission.

1. Patient Care
2. Communications
3. System based practice
4. Pr4ofessionalism
5. Practice Based Learning
6. Medical Knowledge