OPPE: <<Provider Name>> Department: Surgery Vascular Division: 05/17/17 Date: **Standard Elements** Clinician Activity Report Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec in ipsum quam. Etiam luctus eleifend mi, tempus placerat dolor elementum vel. Cras in dapibus tellus. Nulla fringilla dolor ligula, et finibus arcu hendrerit id. In efficitur dapibus ex at dictum. Suspendisse potenti. Nulla porttitor ornare finibus. Maecenas ultrices velit at malesuada suscipit. Phasellus ultrices sagittis ante vitae pulvinar. Integer suscipit porta orci a tristique. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Patient Satisfaction Data (as available) Departmental M&M (or equivalent case review data) Departmental Performance Evaluations Findings from in-depth reviews of adverse events Findings from reviews of outcomes of operative and clinical procedures Patient/Peer complaints/compliments (as available) Personal Observation Physician Clinical Profile and/or CAREfx **Department Specific Elements** Please attach all necessary documents. Choose a File • Add another file... **Chief of Service / Division Head / Section Head Feedback** I have concerns regarding the ongoing clinical performance/competence or professionalism related to:

Action planned to resolve concerns:

Action Plan to document deficiencies:

Resolution or Outcome:

Additional Files (if necessary)

Choose a File

• Add another file...

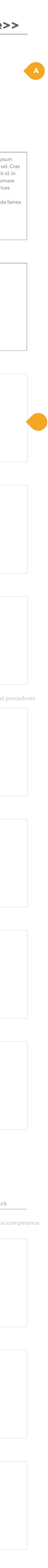
Digital Signature

Cancel

Date

Submit

Back to Top





- - Autocompleted fields when the evaluator accepts a request.
 - Proceeding fields are disabled until the field prior is completed, to ensure that the evaluation is completed fully.
 - Evaluator can attach additional necessary information not given in the fields provided.
 - Digital signature and writing down date of evalution can demonstrate the autenticity of the OPPE form.
 - Evaluator can summit or cancel the OPPE form, and also can look over entire form by clicking back to the top button.

OPPE Request

Department Chair:	Chair Name		(Recipient)
Provider Name:	Provider Name		A
Department:	Surgery		
Division:	Vascular		
Message:			
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Digital Signature		Date:	
Madeline Sanabria		05/13/17	C
Cancel		Submit	

Annotations

- Require fileds in order to send request to the proper department head.
- Wirte down the detailed requests and explanations about OPPE, such as when the deadline is or how to completely summit it.
- Digital signature and writing down date of a request can demonstrate the autenticity of the OPPE request.

OPPE Review Form

			1
Department Chair:	Chair Name		(Recipient)
Provider Name:	Provider Name		A
Department:	Surgery		
Division:	Vascular		
Message:			
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Do you also want to se	nd a notification to	o the recipient's e-mail?	C
Digital Signature		Date:	
Madeline Sanabria		05/13/17	
Cancel		Submit	

Annotations

- Autocompleted fields when Madeline click the review button of the certain OPPE form.
- Indicate a concern and request to the department chair giving specific details on the concern.
- Ask if Madeline wants to send a notification to the recipient by e-mail in order to make him/her address a concern more quickly.