

OPPE: <<Provider Name>>

Department:

Division:

Date:

A

Standard Elements

Clinician Activity Report

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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

Date

E

Cancel

Submit

[Back to Top](#)

Annotations

- A

Autocompleted fields when the evaluator accepts a request.
- B

Proceeding fields are disabled until the field prior is completed, to ensure that the evaluation is completed fully.
- C

Evaluator can attach additional necessary information not given in the fields provided.
- D

Digital signature and writing down date of evaluation can demonstrate the authenticity of the OPPE form.
- E

Evaluator can submit 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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- Madeline

B

Digital Signature

Madeline Sanabria

Date:

05/13/17

C

Annotations

- A

Require fileds in order to send request to the proper deparment head.
- B

Wirte down the detailed requests and explanations about OPPE, such as when the deadline is or how to completely summit it.
- C

Digital signature and writing down date of a request can demonstrate the autenticity of the OPPE request.

Cancel

Submit

OPPE Review Form

Department Chair: (Recipient)

Provider Name: 


Department:


Division:

Message:

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- Madeline



Do you also want to send a notification to the recipient’s e-mail? 

☐ Yes ☐ No

Digital Signature

Madeline Sanabria


Date:


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.