Four Ways Your Hospital Can Overcome Professional Evaluation Pitfalls

Evaluating and monitoring practitioners' professional performance is an ongoing requirement of The Joint Commission (TJC) or Det Norske Veritas (DNV) standards. It requires hospitals to identify "professional practice trends that may impact the quality and safety of care… A well-designed process supports early detection and response to performance issues that could negatively impact patient outcomes." Premier's team of program and technology experts have worked with thousands of healthcare professionals navigating Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) under both TJC and DNV accreditation. Through this we have uncovered some of the most effective tactics for overcoming evaluation process pitfalls and to make our members' processes as efficient as possible.

1. Utilize your credentialed practitioner list. The first key to successfully using any practitioner evaluation technology, including Premier's CPM Hospital (CPMH), is it to make sure you are evaluating the right practitioners! With all the electronic systems we use in healthcare, you likely have multiple practitioner lists with significant variation in who is on each list. For accreditation purposes you must perform evaluations for all privileged practitioners. The team responsible for credentialing at your facility should be the source of the most up-to-date and accurate privileged practitioner roster.

2. Use relevant and appropriate data. Today's accrediting agencies aren't accepting "check the box" compliance anymore, so you must ensure that the data you're reviewing is appropriate to the practitioner's specialty and scope of practice. Premier's discussions with TJC leadership include key takeaways that evaluation isn't only making sure you have specialty-specific metrics included, it also means excluding data that isn't relevant to someone's clinical practice.

3. Review and analyze metrics. Each clinical department or specialty needs to regularly review the metrics they have chosen for their group and decide if changes are necessary. Practitioner evaluation design should not be a one-time exercise. As quality improves, some measures may be topped out, and you may want to focus on something else where your department has opportunity. Or maybe the clinical practice patterns of your specialty have changed. You need to have a process and structure for evaluating your evaluations and making the changes to your program accordingly. Premier's team of consultative professionals have measurable experience and currently work with member organizations to transform data-driven insights into outcomes.

4. Define criteria that trigger further evaluation for performance concerns. Each clinical department must demonstrate that it has established criteria that trigger additional review or even a focused practice evaluation. Premier's technology supports this need through risk adjustment, peer benchmarks and measure targets that you can customize to each clinical department's needs.

These are just a few recommendations among what is available from Premier's team of accreditation and technology experts. CPMH is part of Premier's Quality Enterprise, and CPMH members have ondemand access to blog posts and resources within our user group community and can post questions and interact with other users anytime. In addition, the Premier Education Network has a library of available tools including training videos and job aids for using CPMH effectively.

For more information, contact us at QualitySolutions@premierinc.com.

Further Reading:
Getting Back to Regulatory Readiness
Are You Ready for a COVID-19 Joint Commission Survey?

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