Title: HMFP/APHMFP, Department of Anesthesia, Critical Care and Pain Medicine (OPPE) for Physicians and CRNAs

Protocol #: *Ongoing Professional Practice Evaluation (OPPE), Department of Anesthesia, Critical Care and Pain Medicine for the Physicians and CRNAs*

Purpose: *To define and standardize peer review and credentialing of anesthesia practitioners to maintain high quality patient care. The OPPE will be conducted every 6 months in alignment with the credentialing cycle at any of the following locations:*
BIDMC, BID-Needham, BID-Milton, BID-Plymouth, New England Baptist Hospital, Mount Auburn Hospital, Cambridge Health Alliance, LPS, Boston IVF

Clinician OPPE Metrics

The following metrics are tracked for individual clinicians every six months: (Appendix A)

- Total number of cases for which anesthesia services were provided
- Attributable complications related to anesthesia care as determined by the safety committee, division directors or site chiefs depending on the nature of the complication (numbers)
- Percentage of cases where neuromuscular monitoring was not performed when muscle relaxants were used. (in a sample of 10 cases)
- Percentage of cases where adequate post-operative nausea and vomiting prophylaxis was not provided based on department guidelines (in a sample of 10 cases)
- FFPE for cause triggered (yes/no)
- Substantiated Patient/Family/Peer complaints
- Malpractice claims and Board of Registration in Medicine complaints (yes/no)
- Maintenance of BLS & ACLS certification and PALS if applicable

Additional OPPE Requirements
Every six months the following are reviewed:

1. Annual compliance with vaccination and screening requirements including mandatory influenza vaccination and respiratory fit testing.
2. Physicians must maintain ABA board certification or with exemption, which is determined on a case by case basis by the Chair.
3. Certified Registered Nurse Anesthetists must maintain professional certification as determined by the American Association of Nurse Anesthetists.
4. Maintenance of Massachusetts Medical License
5. Evaluation by the Department Chief or designee for satisfactory performance in each of the six ACGME core competencies
6. Annual evaluations by peers (faculty and CRNAs)

Additional OPPE Requirements (Continued)

7. Annual completion of the following MyPath Modules/on line training

MyPath Module Name	**Frequency**	Providers
Medication and Solution Labeling	Annual –From Department	Required for HMFP/APHMFP MDs & CRNAs
Medication and Solution Labeling Quiz	Annual – From Department	Required for HMFP/APHMFP MDs & CRNAs
Universal Protocol in the OR	Annual – From Department	Required for HMFP/APHMFP MDs & CRNAs
Universal Protocol in the OR Quiz	Annual – From Department	Required for HMFP/APHMFP MDs & CRNAs
Ultrasound Guided Central Line Placement & Ultrasound Guided Confirmation of Central Line Placement (2 modules)	Every two years – From Department	Required for HMFP & APHMFP MDs & CRNAs
Arterial line placement module	Every two years – From Department	Required for HMFP & APHMFP MDs & CRNAs
Anesthesia Compliance Policy for New Hires	Once	This should be assigned when ITS is granted
Compliance Education Refresher for Physicians Modules	Annual – From MEC in October	Required for HMFP & APHMFP MDs Only
Physician Comprehensive Education (Core Education for Physicians, General Infection Control Physicians , Blood borne Pathogens for Physicians)	Annual – From MEC in October	Required for HMFP & APHMFP MDs Only
Promoting a Cultural of Respect: HMFP/APHMFP Sexual Harassment Awareness Training	Annual – From MEC in October	Required for HMFP & APHMFP MDs and CRNAs
MRI safety training basic level 1 and MRI employee screening form	Annual - From Radiology	Required for HMFP MDs and CRNAs
Compliance Education Refresher	Annual – From MEC	Required for HMFP/APHMFP CRNAs Only
Core Education for Health Care workers- Refresher	Annual – From MEC	Required for HMFP/APHMFP CRNAs Only

In addition to the above metrics, the following measures are also tracked to get a broader sense of the clinician's performance.

Departmental Quality Assurance (QA) and Case Review

Cases with an adverse event are reviewed periodically by the safety committee or site chiefs. It is expected that each provider present cases as and when they occur as evidence that they are tracking their adverse events and contributing to the quality improvement efforts of the department. Several divisions have their own quality measures (obstetric, regional, cardiac, pain).

General Measures Reviewed in the confidential QA field: **(Appendix B)**

Additional Departmental Peer Review Activities

Continual: All adverse events, complaints and incident reports are reviewed in real time by departmental members of the division of Quality and Safety or site chiefs. They are then all brought to the attention to the Vice Chair for Quality and Safety. Minor individual care issues are dealt with by the anesthesia division director/ site chief /director of QA and the QA form or a note is sent to the clinician's peer review file. Major clinical concerns, evidence of recurrent errors or other patterns, and other serious issues are cause for a Focused Professional Practice Evaluation by the Professional Standards Committee.

Annual: Each staff's performance is reviewed by the Division Directors/ Site Chiefs in which she/he works, the floor managers, the members of the divisions (for division directors), and the trainees. These reviews use an objective Likert scales on a confidential on line form. These forms include assessment of clinical, cognitive, professional, communication, system, teamwork, and other skills. The results of these reviews and over-all job performance are discussed with the department chief at an annual review.

Re-appointment:
At each reappointment cycle the Professional Standards committee reviews all of the data described above. In addition, we track the total number of subspecialty cases that require separate privileging. The Chief of Service Review form is completed at this time.

Policy Owner: Sugantha Sundar MD
Created: December 2012
Reviewed: December 2015, October 2019, January 2020, March 2020, February 2021
Due for review: February 2022

Appendix A

HMFP/APHMFP, Department of Anesthesia, Critical Care and Pain Medicine
OPPE for Physicians and CRNAs

Name: _____

Time Period: _____

Location: Please check the appropriate box

BIDMC	
BID- NEEDHAM	
BID – MILTON	
BID – PLYMOUTH	
NEBH	
CAMBRIDGE HEALTH ALLIANCE	
BOSTON IVF	
LPS	
ANNA JAQUES HOSPITAL	
MOUNT AUBURN HOSPITAL	

Volume Data[1]	**Total**
General Anesthesia	
Monitored Anesthesia Care	
Spinal	
Epidural	
Regional Blocks	
Central Venous Line	
Peripheral Nerve Block	
Grand Total	

Performance Data[2]	**Number**	**MD/CRNA Rate**	**Events within 6 months**
Attributable complications related to anesthesia care			
Percentage of cases where neuromuscular monitoring was not performed when muscle relaxants were used. (in a sample of 10 cases)			
Percentage of cases where adequate post-operative nausea and vomiting prophylaxis was not provided based on department guidelines (in a sample of 10 cases)			
Substantiated Patient/Family/Peer complaints			
Board of Registration of Medicine Inquiry (investigated or patient complaint) (yes or no) If yes, list the number of investigations or complaints.			
Malpractice Claims Suits (Yes or No) If yes, number of suits			
TOTAL			
Please answer the below as Yes or No	**Yes**	**No**	
FFPE for cause triggered (yes/no)			
Maintenance of BLS & ACLS certification and PALS if applicable (up-to-date)			
Has the provider satisfied all local mandatory requirements for on-line trainings?			

*Number of events occurring within 6 months of current event, if applicable.

The above performance data were reviewed by me as Chief of the Anesthesia Department and demonstrate acceptable representation for competency purposes.

CORE COMPETENCIES: (Refer to MS-30 Monitoring the Performance of Medical Staff Members)	SATISFACTORY PERFORMANCE	UNSATISFACTORY PERFORMANCE	COMMENT IF UNSATISFACTORY
	✓	✓	
PATIENT CARE (1,3,4)			
MEDICAL / CLINICAL KNOWLEDGE (1,2,3,4)			
PRACTICE-BASED LEARNING AND IMPROVEMENT (8)			
INTERPERSONAL & COMMUNICATION SKILLS (2,4,7)			
PROFESSIONALISM (2, 4, 7)			
SYSTEMS BASED PRACTICE (8)			

_____ _____

Chief of Anesthesia/Designee Signature Date

[1]Volume data are generated from claims data and may under represent the total number of procedures for the reason that billing for anesthesia services only captures one anesthesia provider, whereas more than one may have been involved in the delivery of care.
[2]Preventability of events is not addressed in the profile but is addressed in other forums.

Practitioners who did not perform any procedures are included for this period and will have a Credentialing Data Report with zero data. The performance profiles of HMFP/APHMFP providers with low volume numbers in this time period were discussed with chiefs of other HMFP/APHMFP facilities at which they are privileged. Unless otherwise indicated, these providers were found to have met all general competencies as noted herein.

The information contained herein and all accompanying and related documents and correspondence are deemed confidential and were created by, for, or as a result of the work product, proceedings and reports of a medical peer review committee and are subject to all privileges and protections established pursuant to applicable law.

Appendix B

Summary of Events

Agitation	Hypoglycemia	Spinal/Epidural Anesthesia Complication
Air embolus	Hypotension- prolonged requiring treatment	Stroke
Airway injury (non-dental)	Hypothermia	Surgery cancelled by anesthesia day of surgery
Anaphylaxis/Severe Allergic Reaction	Impaired Practitioner	Tachycardia- prolonged requiring treatment
Anticoagulation Complications	Inadequate analgesia	Threat of litigation
ARDS - new onset	Infant resuscitation required	Tongue Laceration
Aspiration Issue	Infection	Transfusion Issue
Atelectasis	Intravascular injection	Tracheotomy-unplanned
Awareness under GA	Intubation- difficult	Vision Loss
Birth Related Injury	Intubation- failed	Unplanned Admission
Bradycardia- prolonged requiring treatment	Laryngospasm	Vocal Cord Injury
Brain injury	Line Access Complication	Wet tap
Bronchospasm-Severe	Local anesthetic toxicity	Wrong site block
Cardiac arrest	Malignant Hyperthermia	Wrong surgery/procedure
Cardiac arrhythmia	Medication Administration Error	Wrong patient
Complaint- Patient or Patient's family complains about anesthesia care	Metabolic Abnormality Requiring Treatment	
Congestive heart failure	Myocardial infarction within 48 hours of anesthesia	
Consent Issue	Myocardial ischemia within 48 hours of anesthesia	
Death within 48 hours of anesthesia care	Nausea/vomiting	
Delayed arrival by anesthesia personnel	Near Miss	
Delayed emergence	Negative pressure pulmonary edema	
Delirium	Nerve Block Issue	
Dental Injury	Other	
Desaturation - severe or prolonged	Paresthesia-prolonged	
Epidural Hematoma	Patient Fall	
Equipment/Medical Device Malfunction	Peripheral Nerve Injury	
Error/Unanticipated Event by a Surgeon/Medical Specialist that causes harm to a patient	Post-Dural Puncture Headache	
Esophageal intubation with sequelae	Post-op Delirium	
Extubation/Reintubation Issue	Pneumothorax	
Eye Injury	Pulmonary Edema	
Fire/Burn injury	Pulmonary Embolus	
Foreign Body Retention	Respiratory depression	
Hearing Loss	Respiratory Failure	
Hemorrhage	Renal Failure/issue	
High Spinal or Epidural Level	Seizure	
Hyperglycemia	Skin/Soft Tissue Injury	
Hypertension- prolonged requiring treatment	Spinal Cord Injury/Paralysis	