



**Ongoing Professional Practice Evaluation (OPPE)
for Advanced Practice Providers**

Dear Advanced Practice Provider:

In accordance with applicable accreditation standards, Kettering Health (KH) is required to perform Ongoing Professional Practice Evaluation (OPPE) on all providers at each KH hospital where the provider is granted privileges. A copy of the KH Medical Staffs' OPPE Policy can be found on the KH Intranet under Policies and Skills.

Enclosed you will find the Advanced Practice Provider OPPE form to be completed at each KH hospital where the provider is granted privileges for the annual OPPE review period of January 1 – December 31 and returned no later than December 31st.

Return the completed APP OPPE form to: Soin/KH Greene
3535 Pentagon Blvd.
Attn: Andrea Lewis
Beavercreek, OH 45431
Fax: 937-522-8308
Email: MedicalStaffServicesSoin-KHGM@ketteringhealth.org

Thank you for your cooperation with this quality improvement process. Should you have any questions regarding the enclosed documents, please contact our office at 937-702-4033.

Enclosure: APP OPPE Form



Soin/KH Greene APP Ongoing Professional Practice Evaluation

APP NAME:		
TYPE of APP (select one): ☐ Certified Nurse Midwife (CNM) ☐ Certified Nurse Practitioner (CNP) ☐ Certified Registered Nurse Anesthetist (CRNA) ☐ Clinical Nurse Specialist (CNS) ☐ Physician Assistant ☐ Surgical Assistant (e.g., RNFA, CSFA, etc.) ☐ Other type of APP granted privileges (specify, if other):		
APP OPPE Evaluation Period: Annual (January 1 – December 31) Specify applicable year covered by evaluation period:	KEY: 2 = meets 1 = partially meets 0 = does not meet NA = not applicable	
HOSPITAL ACTIVITY: Peer Evaluator to complete the form below based upon patient encounters at Soin/KH Greene during the OPPE period. If no patient encounters, indicate below. ☐ No patient encounters at Soin/KH Greene during the OPPE period.		
<i>Evaluate in terms of completeness, accuracy, and appropriateness for the type of provider</i>	Patient #1	Patient #2
Basic Medical/Clinical Knowledge		
Professional Performance		
Professional Judgment		
Professional/Ethical Conduct		
Competence - Clinical Skills		
Appropriate clinical care provided within the provider's scope of practice and consistent with the privileges granted including but not limited to, as applicable, history and physical exam, initial/ongoing patient assessment, rounds/progress notes, etc.		
Appropriate patient management, as applicable, within the provider's scope of practice and consistent with the privileges granted.		
Appropriate use of medications, as applicable, within the provider's scope of practice and consistent with the privileges granted.		
Appropriate use of orders and order sets per policy and/or protocol, as applicable, within the provider's scope of practice and consistent with the privileges granted.		
Competence - Technical Skills		
Appropriate use of techniques, as applicable, within the provider's scope of practice and consistent with the privileges granted.		
Appropriate use of universal precautions including handwashing, exposure, infectious substances, etc.		
Citizenship: Cooperative, professional, and able to work with others in a collegial manner? ☐ yes ☐ no (If no, please explain) Timely, complete, and accurate preparation of medical record documentation? ☐ yes ☐ no (If no, please explain) Efficient use of hospital resources? ☐ yes ☐ no (If no, please explain) Positive interpersonal/communication skills with patients, hospital staff, colleagues? ☐ yes ☐ no (If no, please explain)		
What are the provider's strengths/weaknesses?		
Is there anything this provider needs to change to be a better clinician?		
Is the provider able to competently exercise the privileges granted with or without reasonable accommodation? ☐ yes ☐ no (If no, please explain)		
☐ Provider is performing within established expectations. ☐ Provider is not performing within established expectations: ☐ quality concern ☐ conduct concern ☐ impairment concern ☐ other (please explain)		

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Proceed to next page (OPPE Case Evaluations) and complete.

Privileged and confidential peer review document pursuant to Ohio Revised Code §§2305.25, et seq. Peer review documents are not to be copied or distributed to unauthorized individuals or entities.



Soin/KH Greene APP Ongoing Professional Practice Evaluation

Maintain HIPAA compliance – Please do not list patient name.

Note: The medical records selected for review must be from patient encounters at Soin/KH Greene during the OPPE evaluation period.

PATIENT 1 MEDICAL RECORD #: DIAGNOSIS: PROCEDURE (if applicable): Case evaluation/comments:
PATIENT 2 MEDICAL RECORD #: DIAGNOSIS: PROCEDURE (if applicable): Case evaluation/comments:

SIGNATURE OF PEER EVALUATOR

Completed by Peer Evaluator/Signature: _____ Date: _____

STOP!

The completed form MUST be submitted to Medical Staff Services at:

3535 Pentagon Blvd., Beavercreek, OH 45431

Email: MedicalStaffServicesSoin-KHGM@ketteringhealth.org

Fax: (937) 522-8308

FOR MEDICAL STAFF USE ONLY

Reviewed by Responsible Medical Staff Leader/Signature: _____ Date: _____

Title of Responsible Medical Staff Leader: _____

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