



22nd Annual Midas+ User Symposium



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22nd Annual Midas+ User Symposium • June 2–5, 2013 • Tucson, Arizona

## Implementing Statit PPR: Transforming Provider OPPE Reporting from Paper to an Electronic Solution

*Monday, June 3, 2:30 pm*

During this session a brief overview of the organizational structure and methodology for addressing the Ongoing Professional Practice Evaluation (OPPE) process at Advocate Good Shepherd Hospital will be presented, along with the challenges faced by this hospital in implementing a system-wide provider profiling and review process. This session will benefit those who are new to the Midas+ Statit application, as well as those who are still considering the Statit application at their organization.

CEU: NAHQ / NAMSS

**Presented By:**

Tammy Gray, Sr. Clinical Analyst, Advocate Good Shepherd Hospital

Dan Schober, VP, Statit Product Manager, Midas+ Solutions

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# Implementing Statit PPR: Transforming Provider OPPE Reporting from Paper to an Electronic Solution

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Midas+ Solutions

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## Objectives

OPPE – a little history  
Share our journey and some tips  
Next Steps

## My Background

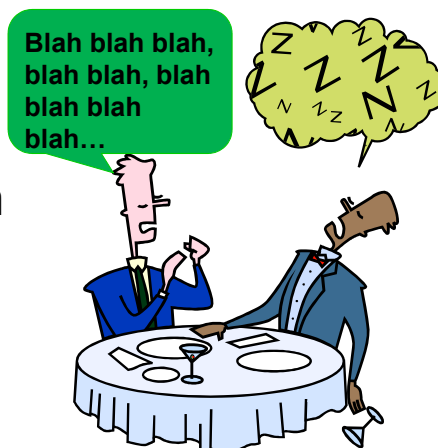
Quality Discipline  
MIDAS+ System Manager  
Medical Informatics

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## A little history on OPPE

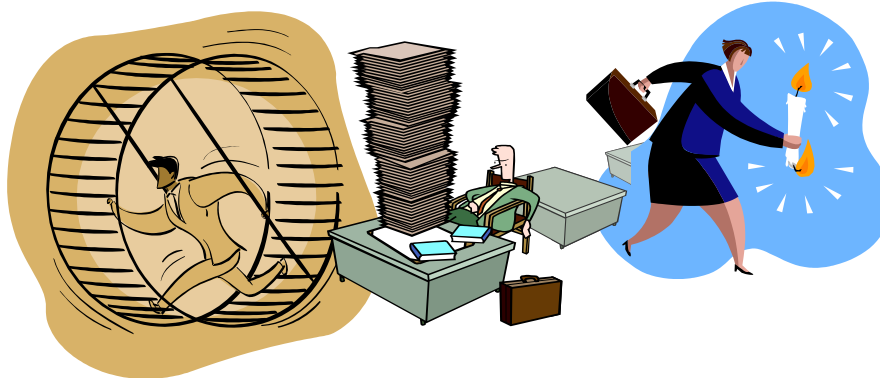
Pre-2007  
The Joint Commission  
was bored...



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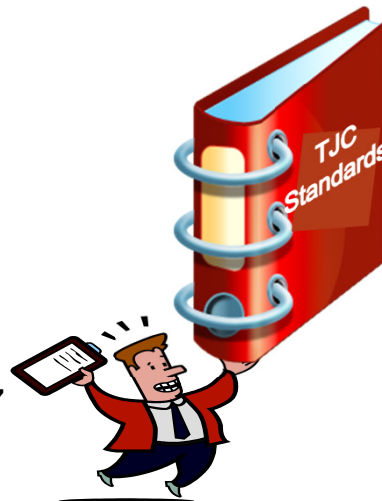
...and decided we didn't have enough to do...



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...so they proudly presented us with Revised Medical Staff Credentialing and Privileging Standards for 2007



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## “Old Way”

Produce data on a physician once every two years at reappointment

Translation: data run once a year on half of the medical staff

Only the department head saw the data

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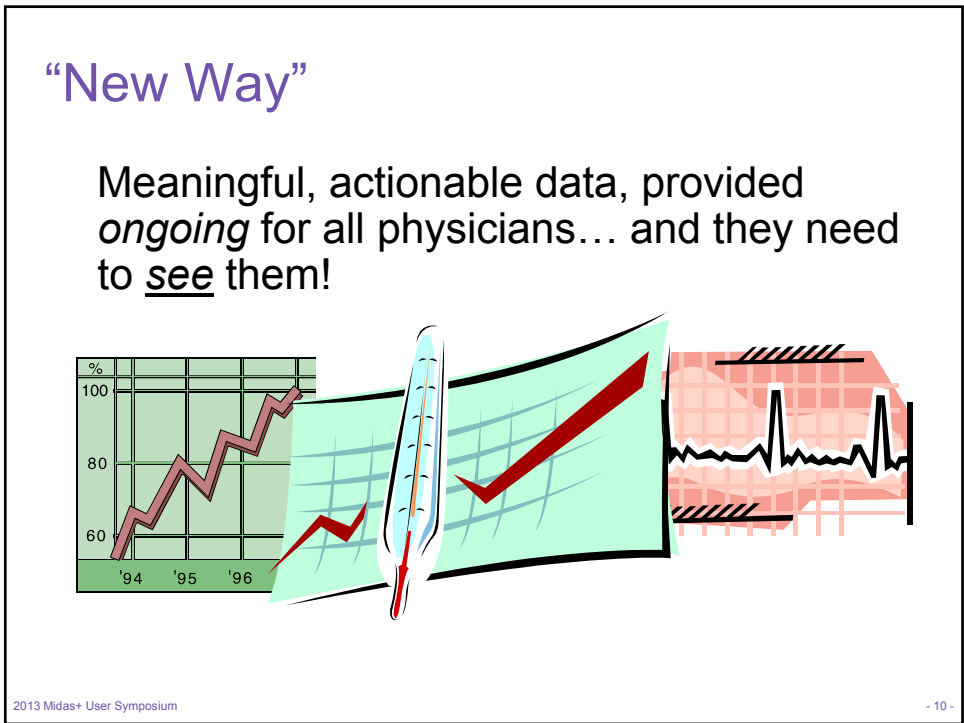
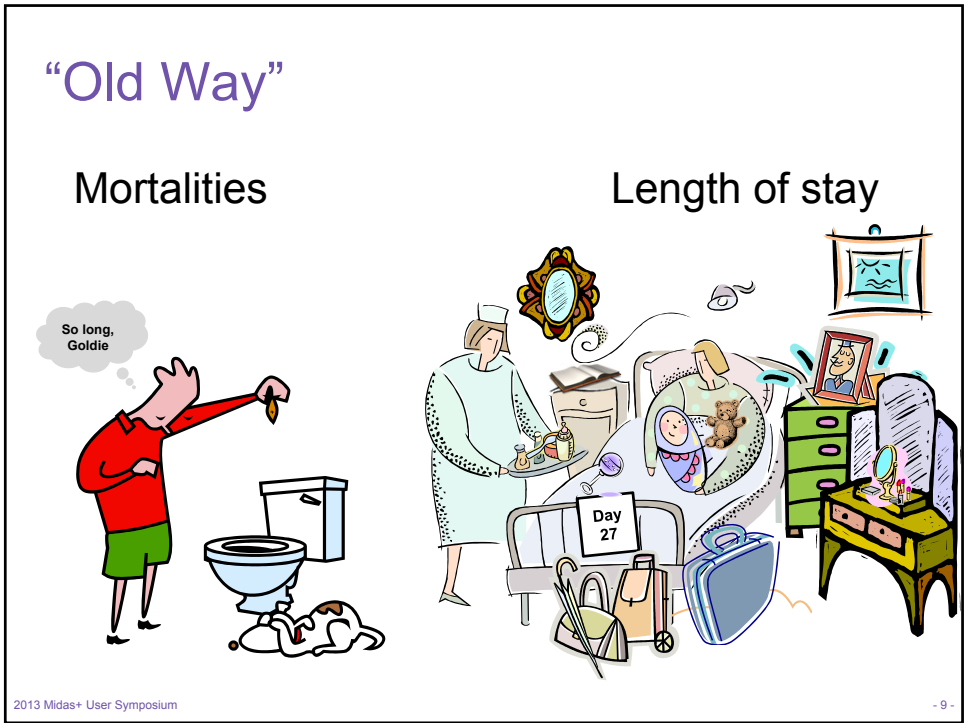
## “Old Way”

### Mortalities



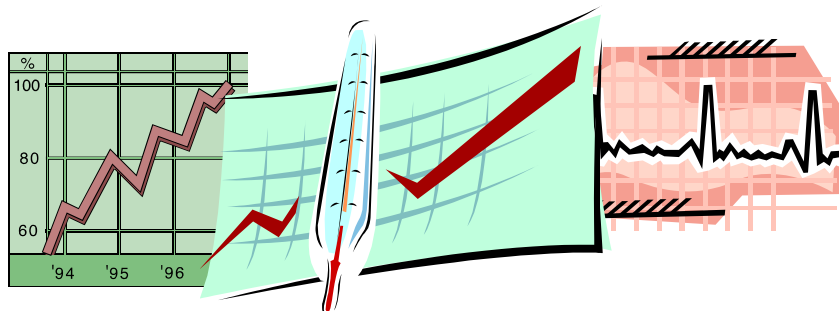
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## “New Way”

What does *ongoing* mean again?



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New standards, new concepts

Focused Professional Practice  
Evaluation (FPPE) – i.e. *competency*

Ongoing Professional Practice  
Evaluation (OPPE) – i.e. *performance*

Ongoing means? Well, less than once a year. . . that's periodic

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## Framework

The Joint Commission offered the Accreditation Council for Graduate Medical Education (ACGME) Six Core Competencies as an option, but does not require that they be used.

- Patient Care
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- System-based Practice

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## The “Lite” Report

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Reminder Notes

File Edit View Function SmartMenu Tools Window Help

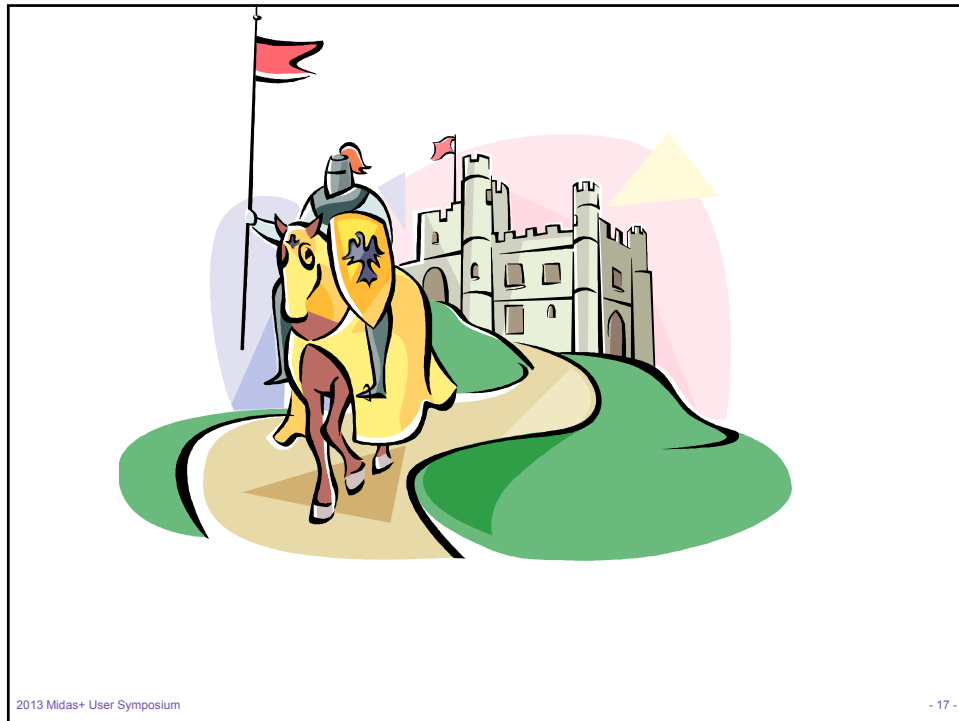
Provider:  Sort By:

Default Service:  Default Specialty:

Indicator	Jul-Dec 2011	Jan-Jun 2012	Jul-Dec 2012	Total
Inpatient Admissions	40	39	34	113
Number of Inpatient Discharges (Excludes Nursery)	38	37	35	110
Number of Inpatient Nursery Discharges	2	2	0	4
Inpatient Consults (Includes Nursery)	7	3	3	13
Surgical or Procedure Cases (e.g., transfusion) All Pts	96	101	251	448
Number of Surgery/Procedure Cases	2	0	0	2
Observation Cases	14	12	21	47
Outpatients (Obs/DaySurg/ER/Recur/Outpt)	552	556	659	1767
Pathology Surgical Cases	0	0	0	0
CDB137 - Acute Care - % Readmit within 30 Days	13.513	10.811	8.571	11.009
Mortalities (IP & OBS Excl. Nsy)	1	0	0	1
% of Inpatient and Observation Mortalities (Excl. Newborns)	1.923	0	0	0.637
% Neonatal Mortality	0	0	0	0
Peer Review Ranked OFI	0	0	0	0

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**Good Shepherd leaders dedicated  
1 FTE to develop the processes,  
indicators, relationships, and  
actualize the OPPE program**

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## Job Description

- Develop and maintain OPPE database
- Working with the Medical Staff, identify and develop pertinent and relevant clinical and non-clinical indicators to be included on the OPPE report
- Provide ongoing accurate reporting of the OPPE report to medical staff
- Provide consultation/training regarding the design of quality measurement plans identifying and analyzing key processes
- Provide data analysis for Administration, Management, Medical Staff, Quality Management, and Advocate Performance Enhancement

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Good Shepherd



Christ



Good Samaritan



Trinity

Once upon a time... a long time ago in lands far, far away...



Lutheran General



Illinois Masonic



South Suburban



Condell

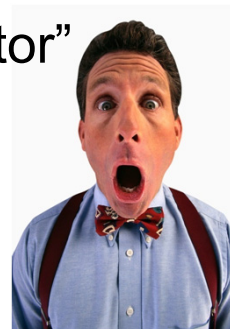
We weren't aligned  
We collected very different data  
We struggled to identify commonalities

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Mediocrity not an option...

They wanted "WOW Factor"



## Transition to Crystal Reports

**Advocate Good Shepherd Hospital**

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**Physician Performance Feedback Report (OPPE)**

**Patient Care Indicators for Dr. [REDACTED]**  
OB/GYN-OB/GYN

Result Type	Previous Periods				Current Physician-Specific Data		Compare Your Data Against These Groups		1. Your Attribution 2. Comparison Group
	Jan-Jul 2008	Jul-Dec 2008	Jan-Jun-2009	Specialty / Dept	Comparison Group Results				
Maternal Mortality Rate per 100,000 live births	Rate 0 44	0 28	0 39	0 871	4.3	Attending CDC2010 target			
Neonatal Mortalities >500g per 1,000 live births	Rate 0 43	0 40	0 48	0 895	2.9	Delivering CDC2010 target			
% Unplanned Return to Surgery Event	Percent 3.7 % 1 27	0 % 0 23	0 % 0 25	0.2 % 1 433	0.2 %	Procedure Specialty			
Peer Review Ranked 3 or 4	Count No Cases 0 -	No Cases 0 -	No Cases 0 -	No Cases 0 -	0	QM Event Phys NA			
OB Trauma Injury to Neonate (PSI 17)	Percent 0 % 0 23	0 % 0 40	0 % 0 48	0.2 % 2 893	0.5 %	Delivering COMP data State risk adj. avg. 0.308			
OB Trauma Vaginal with Instrument (PSI 18)	Percent No cases qualified 0 0	0 % 0 3	0 % 0 1	11.1 % 8 72	13.1 %	Delivering COMP data State risk adj. avg. 0.308			
OB Trauma Vaginal without Instrument (PSI 19)	Percent 0 % 0 0	0 % 0 0	1 % 1 1	1.1 % 5		Delivering COMP data State risk			

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## Physician Performance Feedback Reports

**Patient Care Indicators for**  
**Dr. [REDACTED]**  
 OB/GYN-OB/GYN

	Result Type
Maternal Mortality Rate per 100,000 live births	Rate
Neonatal Mortalities >500g per 1,000 live births	Rate
% Unplanned Return to Surgery Event	Percent
Peer Review Ranked 3 or 4	Count
OB Trauma Injury to Neonate (PSI 17)	Percent
OB Trauma Vaginal with Instrument (PSI 18)	Percent
OB Trauma Vaginal without Instrument (PSI 19)	Percent

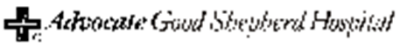
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## Transition Back Report (OPPE)

Previous Periods				Current Physician-Specific Data	
Jan-Jul 2008	Jul-Dec 2008	Jan-Jun-2009			
Results	Results	Results			
0	0	0	0	0	
44	28	39			
0	0	0	0	0	
43	40	48			
3.7 %	0 %	0 %	0 %	0	
27	23	25			
No Cases	No Cases	No Cases	No Cases	0	
-	-	-			
0 %	0 %	0 %	0 %	0	
23	40	48			
No cases qualified	0 %	0 %	0 %	0	
0	3	1			
n	n	1			

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Transition to Crystal Ball


  
 Page 1 of 2  
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Compare Your Data Against These Groups			
Specialty/Dept Results		Comparison Group Results	1. Your Attribution 2. Comparison Group
0	0 871	4.3	Attending CDC2010 target
0	0 895	2.9	Delivering CDC2010 target
0.2 %	1 433	0.2 %	Procedure Specialty
No Cases	0 -	0	QM Event Phys NA
0.2 %	2 893	0.5 %	Delivering COMPdata State risk adj avg Q308
11.1 %	8 72	13.1 %	Delivering COMPdata State risk adj avg Q308
1.1 %	5		Delivering COMPdata State risk

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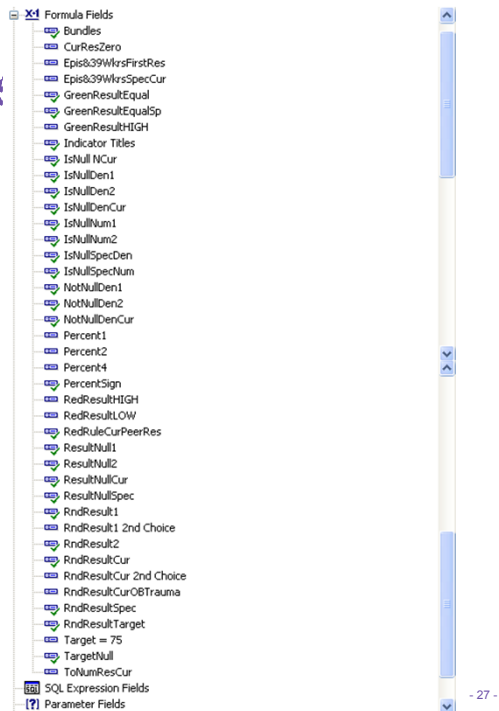
## Good Shepherd OPPE Departments

- Anesthesia
- Emergency Dept
- Family Medicine
- Internal Medicine (including subspecialties)
- OB-GYN
- Pathology
- Pediatrics and Neonatology
- Psychiatry
- Radiology
- Surgery (including subspecialties)

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## Transition to Crystal Reports

41 formulas  
for one profile



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Paper Profiles – 2 pgs

Cover Page – 1 pg

Data Definitions – 2 pgs

6,000 sheets of paper a year

Hours and hours of staff prep time

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## Key Partnerships (to achieve meaningful data)

- Medical Staff Office
- Chair persons
- HIM
- Quality Specialists/RNs
- IT department
- EDW staff
- Medical Quality Director

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## Scope of work:

- establish key relationships
- improve physician attribution
- develop visually appealing profiles
- maintain the physician dictionaries
- identify and capture meaningful data
- maintain indicator documentation (breadcrumbs)
- get the profiles out to physicians

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Did the Joint Commission really think through this idea?

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## Paper Crystal Reports

Numerous formulas

Vetting was critical

Unsustainable process

No one cared...

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1. Anyone using a paper/hybrid process to satisfy OPPE requirements?
2. Anyone currently using Statit PPR for OPPE?
3. Another vendor's solution?



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## Choosing Statit

Voice of the Customer - physicians, frankly, didn't really want any solution, paper or electronic, for displaying their performance data

One physician did say the tool needed to show them the patients!

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## Choosing Statit

We knew Statit was the only true  
OPPE management tool available...

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## Choosing Statit

Installation was quick and relatively  
seamless...

Implementation, while keeping the old  
process going, is daunting

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**GSHP Emergency Department Profile Sample**  
**GROUP: GSHP EMERGENCY MEDICINE (EMED)**

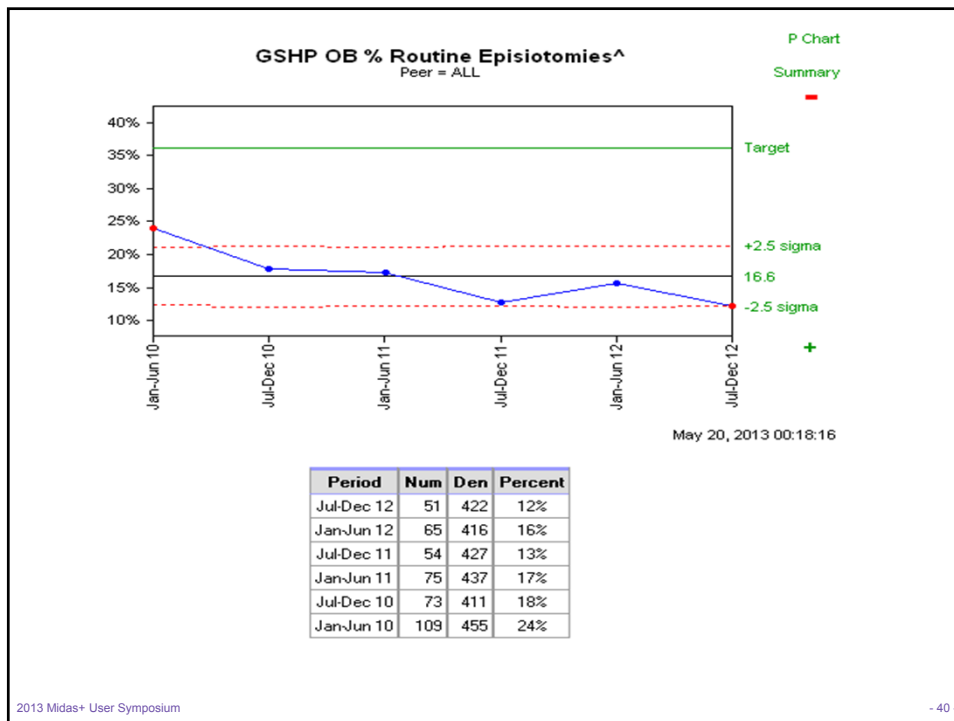
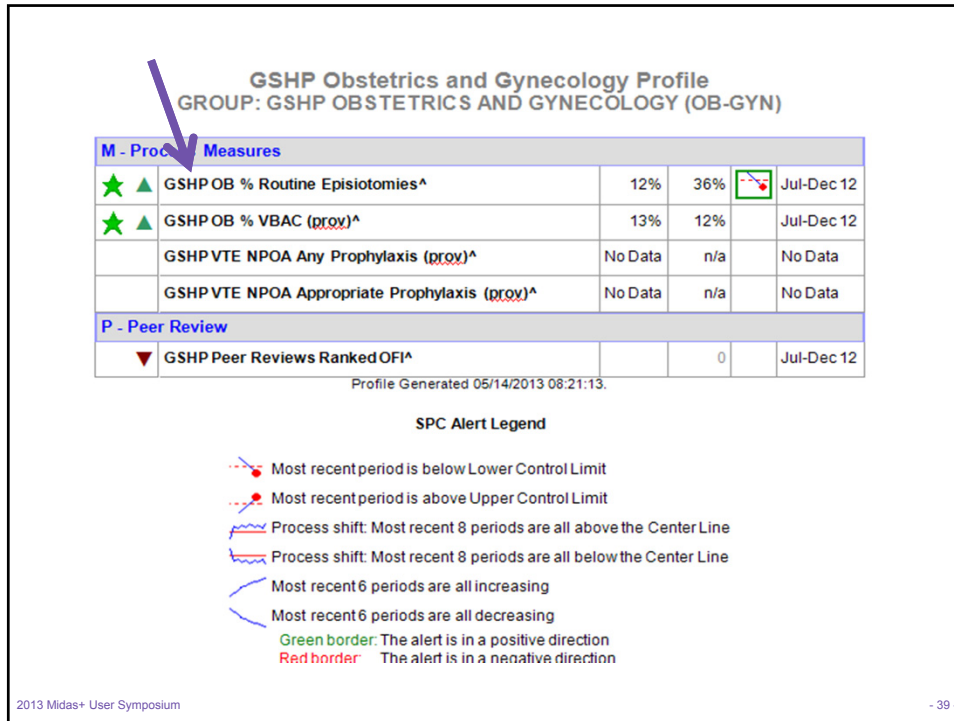
Status	Indicator	Peers Score	Target	SPC Alert	Current Period
<b>A - Acuity and Volume</b>					
▼	GSHP ED Volumes by Physician		ED EHR		Q2 2012
<b>D - Documentation and Timeliness</b>					
	GSHP % Unsigned Phone Orders (48 hrs.)		Excel doc		No Data
✗	GSHP % Unsigned Verbal Orders in 48 Hrs. (prov)		Excel doc		Sep 2011
▲	GSHP Verbal Orders Volume (prov)		Excel doc		Sep 2011
<b>M - Core Measures</b>					
★ ▲	GSHP ED Core AMI PCI Avg Times (prov)^		MIDAS+ indicator		Jul-Dec 12
★ ▼	GSHP ED Core Pneumonia Abx Selection (prov)^		MIDAS+ indicator		Jul-Dec 12
★ ▲	GSHP ED Core Pneumonia Blood Culture in ED (prov)^		MIDAS+ indicator		Jul-Dec 12
<b>M - Process Measures</b>					
★ —	GSHP ED % Intubation Appropriateness		QM Module		Jul-Dec 12
★ —	GSHP ED % Chest Tube Insertion Appropriateness		QM Module		Jul-Dec 12
★ ▲	GSHP ED tPA Given Appropriately		Excel doc		Jan-Jun 12

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**GSHP Radiology Profile Sample**  
**GROUP: GSHP RADIOLOGY (RAD)**

Status	Indicator	Peers Score	Target	SPC Alert	Current Period
<b>M - Outcome Measures</b>					
★ ▲	GSHP Rad Mammography Recall Rate/100 (exp 10-15%)		Entered in a Focus		Jan-Jun 12
<b>M - Process Measures</b>					
★ ▲	GSHP Rad Cancer Detection Rate/1000 (exp 2-10)		Entered in a Focus		Jan-Jun 12
★ ▲	GSHP Rad TAT Complete to Final Avg (hours)		Excel doc		Jan-Jun 12
<b>P - Peer Review</b>					
★ ▲	GSHP Peer Reviews Ranked OFI^		QM Module		Jul-Dec 11
★ —	GSHP RadPeer Category 1 (prov)		Entered in a Focus		Mar 2013
★ —	GSHP RadPeer Category 2 (prov)		Entered in a Focus		Mar 2013
★ —	GSHP RadPeer Category 3 (prov)		Entered in a Focus		Mar 2013
★ —	GSHP RadPeer Category 4 (prov)		Entered in a Focus		Mar 2013
★ —	GSHP RadPeer Clinical Significant (prov)		Entered in a Focus		Dec 2012
★ ▼	GSHP RadPeer Reviews Completed (prov)		Entered in a Focus		Q1 2013

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**Peers Comparison Table**  
Dec 2012  
Target= 0.0% Alarm= 10.0%

	Target Status	Quality Status	SPC Chart	Unsigned	Phone Orders	Percent
			+ -			
	●	✗		8	29	27.6%
	●	✗		30	143	21.0%
	●	✓		3	23	13.0%
THER	●	✗		15	175	8.6%
	●	✓		6	123	4.9%
	●	✓		6	135	4.4%
	●	✓		3	121	2.5%
	●	✓		4	175	2.3%
	●	✓		4	182	2.2%
	●	✓		1	126	0.8%
	●	✓		1	170	0.6%
STAVA	●	★		2	360	0.6%
	●	★		1	371	0.3%
	●	✓		0	71	0.0%
	●	✓		0	185	0.0%
	●	✓		0	15	0.0%
	●	✓		0	6	0.0%

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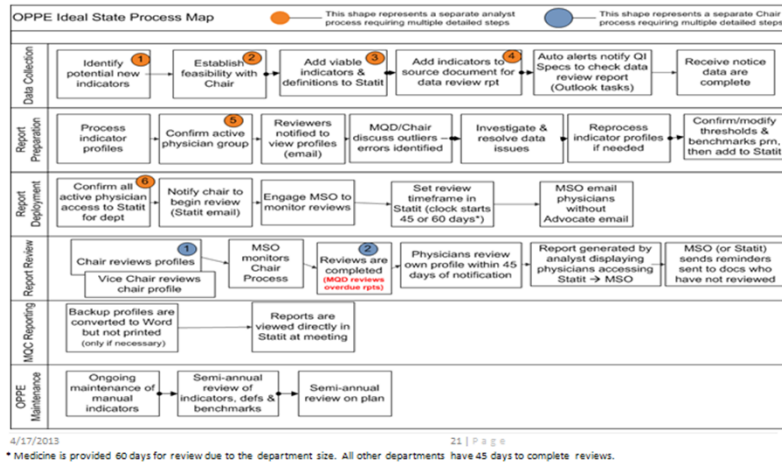
**GSHP Best Practices Inpt Care Profile**  
GROUP: BEST PRACTICES INPATIENT CARE, LTD.

Status	Indicator	Peers Score	Target	SPC Alert	Current Period
<b>A - Acuity and Volume</b>					
▲	GSHP Acute Care Inpatient Case Mix Index Age >64 (prac)	1.72	n/a		Apr 2013
▲	GSHP Acute Care Inpatient Case Mix Index All (prac)	1.57	n/a		Apr 2013
▲	GSHP Inpatient Discharges (prac)	183	n/a		Apr 2013
—	GSHP Mortalities as Attending [excl hospice] (prac)	2	n/a		Apr 2013
▼	GSHP Observation Cases (prac)	109	n/a		Apr 2013
<b>Core AMI</b>					
●	GSHP Core AMI10 % Statin Prescribed at Discharge (prac)	100%	100%		Mar 2013
●	GSHP Core AMI2 - Aspirin prescribed at DC (prac)	100%	100%		Mar 2013
<b>Core HOP</b>					
●	GSHP Core OP-6 - Antibiotic Timing (prac)	100.0%	100.0%		Sep 2012
●	GSHP Core OP-7 - Antibiotic Selection (prac)	100%	100%		Sep 2012
<b>Core Heart Failure</b>					
●	GSHP Core HF All-or-None Bundle (prac)	100%	100%		Mar 2013
●	GSHP Core HF1 - All Discharge Instructions (prac)	100%	100%		Mar 2013
●	GSHP Core HF1d-Medications at discharge (prac)	100%	100%		Mar 2013

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## Statit Tip: develop new process flow

Appendix B: OPPE Process Flow Diagram



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## Statit Tip: One-page Physician Guide

AKA, "Get into Statit in 4 Easy Steps"




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### Instructions for Statit login and Physician OPPE Profile Review

**1** Within any Advocate site, Statit can be found on the Doctor's Online webpage under Top Applications.



Remotely, log in to My Workspace (new Portal). Click on the Clinical Support Tools tab, then Statit

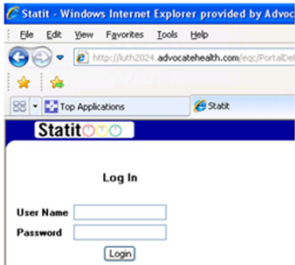
MyWorkspace\* = ahcws.advocatehealth.com




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**2** Check the accompanying letter for your user name and temporary password. The user name *is not* case sensitive, but the password *is* case sensitive. After login you will be requested to set a new password known only to you.

**Important:** if you are on staff at multiple Advocate hospitals your scorecard view may default to another hospital. Use the drop-down menu in the upper right corner and choose the one with GSHP in front of it.



**3** In the blue section on the *lower left* side of your screen you will note a link called **Training Info**. Click on it.



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**4** You will be taken to a linked PDF document entitled "Physician Experience". Clicking on the *faint* text "OPPE – The Physician Experience" will initiate a brief tutorial on reviewing your own profile.

**Physician Experience**

**OPPE - The Physician Experience**

This video shows Statit PPR from the physicians' perspective  
Video length - 11:34 min

**Note:** if you are a department Chair you will have other options on this document.

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Your department Chair will review your profile semi-annually and the review will appear similar to this.

Review Date	Reviewed By	Outcome	Notes
Jun 07, 2012 (Pending)		Exceptional Performance	The Provider's performance meets expectations.

1. Should you have any questions after reviewing your profile, or if you are in need of Statit technical support, please do not hesitate to contact: Tammy Gray (847) 620-6946 or [tammy.gray@advocatehealth.com](mailto:tammy.gray@advocatehealth.com)
2. \*For assistance with My Workspace, contact the ITC at (630) 990-7000

## Statit Tip: Attribution

Addressing physician attribution is no longer optional

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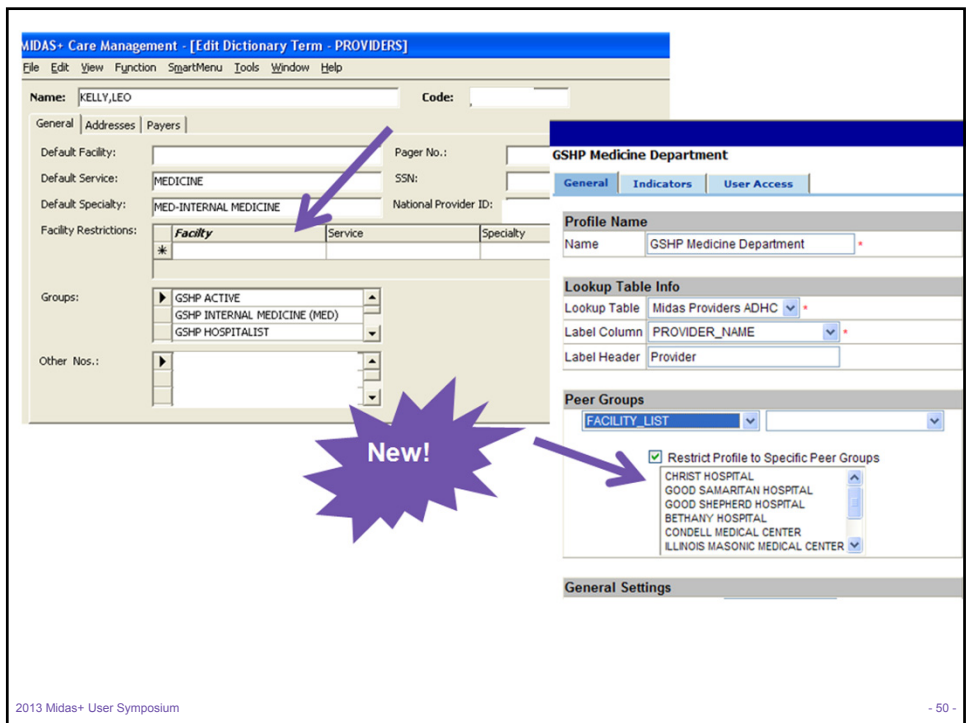
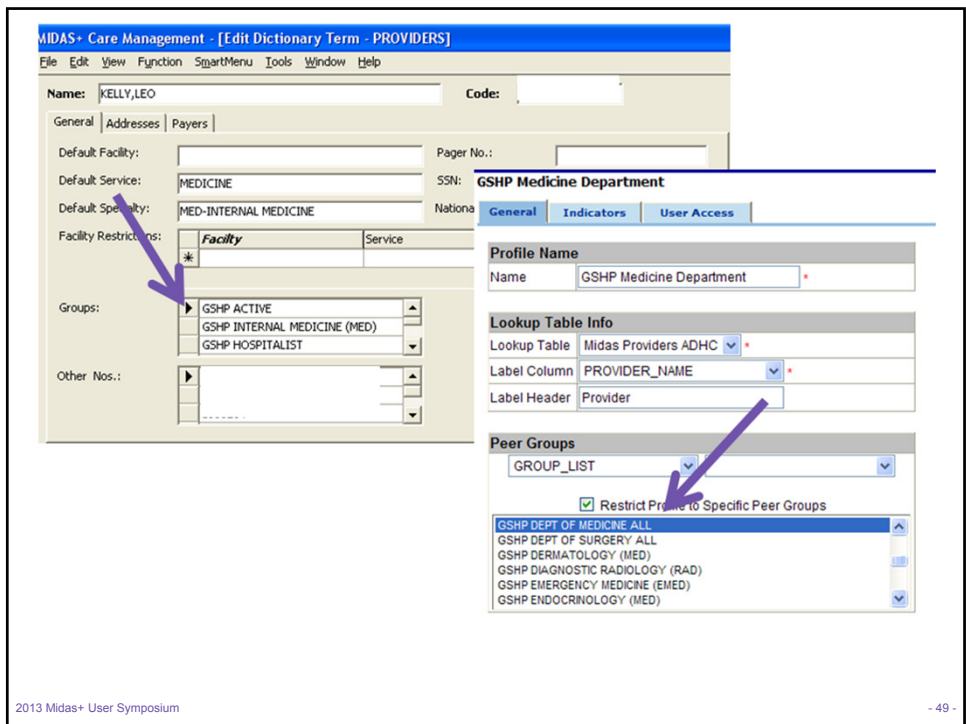
### GUIDELINES TO ASSIGN ATTENDING, ADMITTING, REFERRING and PRIMARY CARE PHYSICIAN

	ED Patients Upon Admission	All Other Admits	Post discharge
<b>Admitting</b>	Physician, including hospitalists, who agrees to accept the admission when speaking to the ER physician.	As specified by ordering physician and documented by Bed Board when order is received. If not specified, default to ordering physician.	
<b>Attending</b>	Admitting physician. If change is necessary after admission, order to be written <u>by current Attending</u> .		<p>A. Physician who completed the H&amp;P and the discharge summary, <b>OR</b></p> <p>B. Delivering Obstetrician, <b>OR</b></p> <p>C. Discharging Pediatrician or Neonatologist <b>OR</b></p> <p>D. Physician who completed the H&amp;P and discharge order if no summary present at the time of coding, <b>OR</b></p> <p>E. Physician who completes the H&amp;P and performs a procedure requiring sedation and anesthesia. (unless surgeon reassigns)</p> <p>If conditions in A, B, C, D, or E are not met, then:</p> <p>F. Physician who provided the preponderance of care.</p> <ol style="list-style-type: none"> <li>HIM staff will count the number of days non-consultants saw the patient. Assign the physician who saw the patient the greatest number of days</li> <li>If there is a tie, default to the physician from F1 who is <i>also</i> the discharging physician</li> <li>Or, if the discharging physician was not one of the preponderant physicians, select physician from F1 who <i>also</i> completed the H&amp;P</li> </ol>
<b>PCP</b>	Primary Care Provider as reported by patient upon registration as their "regular doctor", or who they see when they are sick ( <u>is populated into the PCP Doctor field</u> ).		
<b>Referring</b>	The physician who referred patient to hospital, for example a cardiologist or obstetrician, but may be the PCP ( <u>is populated into the Referring Doctor field</u> ).		

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## Four steps to building a profile in Midas+ Statit

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## Statit Physician Profiles

1. Create the Data Source
2. Build an indicator
3. Create a Profile
4. Add indicator to the Profile

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## Important Distinction

Statit piMD =

## Important Distinction

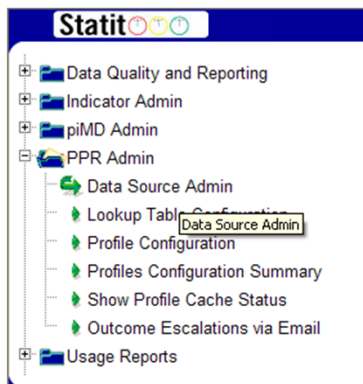
Statit piMD = Performance Indicator and  
Management Dashboard

Statit PPR = Physician Profile and Review

## Create the Data Source

Where do I do this?

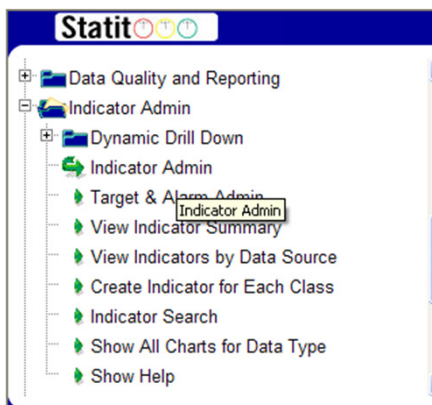
- PPR Admin\Data Source Admin



## Build an Indicator

Where do I do this?

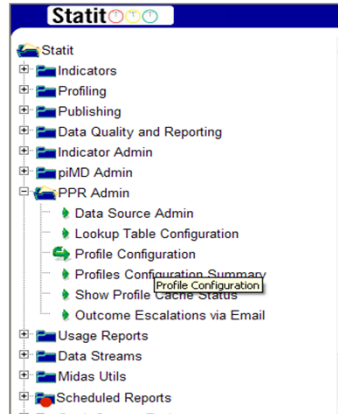
- Indicator Admin\Indicator Admin



## Create a Profile

Where do I do this?

- PPR Admin\Profile Configuration

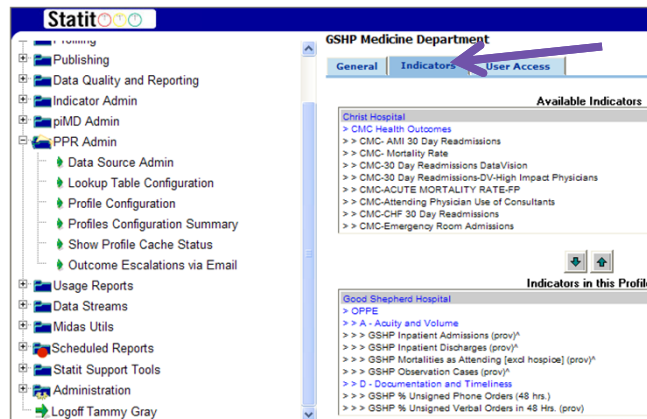


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## Add indicators to the Profile

Profile Configuration Indicators tab



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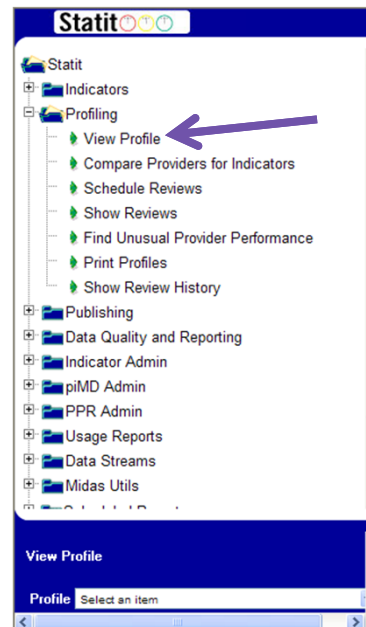
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## View the Profile

Where do I do that?

- Profiling\View Profile



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## Statit Tip: Decide your strategy early

- Will all physicians have logins, or only those who ask?
- How will they get them?

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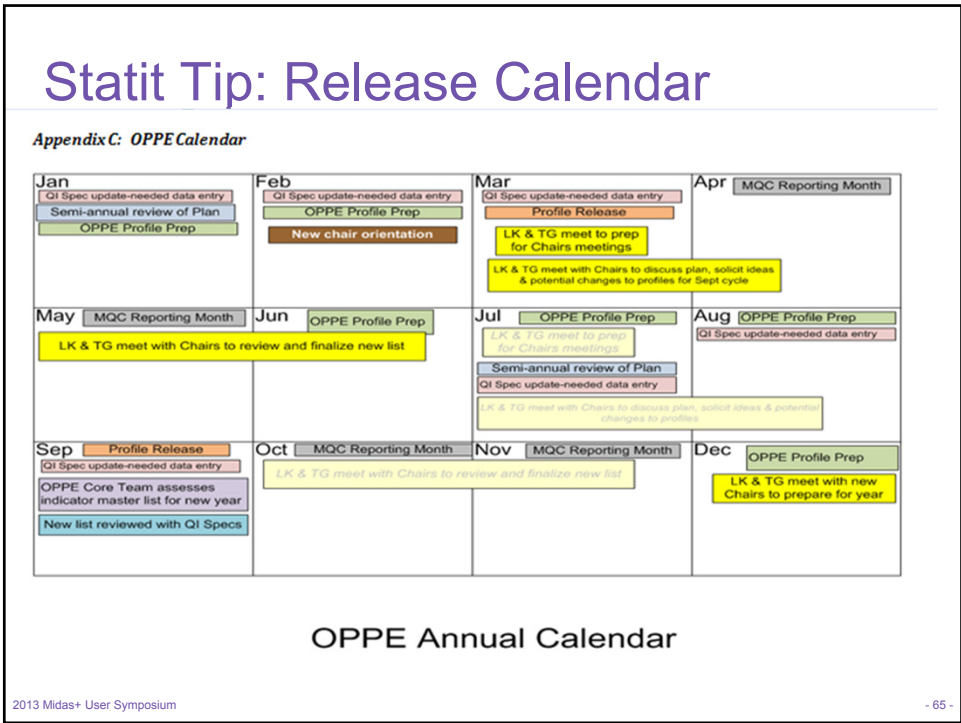
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**Provider User Upload**

	A	B	C	D	E	F	G	H
1	Login	Password	First	Middle	Last	Email	PROVIDER OID	PROVIDER CODE SPECIALTY
2		C4E9744C						SURG-PODIAT
3		6EA46924		P.				PATH-PATHOL
4		A4E9B44C						MED-INTERNA
5		5409B44C		A.				MED-MEDICIN
6		D4E9444C						MED-PULMON
7		8EC43924						PEDS-NEONA
8		9EC47934		S.				MED-INFECTIO
9		D469B44C						MED-GASTRO
10		R459544C						SURG-OPHTH
11								MED-PHYS MI
12								SURG-ORTHO
13								PATH-PATHOL
14								MED-CARDIOL
15		CEB4E964						PEDS-PEDIAT
16		AEB46964						SURG-ORTHO
17		8459544C		A.				PEDS-PEDIAT
18		9E842924						SURG-OTOLAI
19		7E444964						SURG-NEURO
20		B4E9444C						MED-CARDIOL
21		E468448C		M.				MED-NEUROL
22		9EB40914						SURG-ORTHO
23		E459742C		A.				SURG-OPHTH
24		7E84E914						RAD-RADIOLO
25		8EE47974						MED-INTERNA
26		5469444C						MED-INTERNA
27		AEF44924						MED-ALLERG
28		B429249C		N.				MED-GASTRO
29		AFF47944						MED-GASTRO

## Statit Tip: Decide your strategy early

- How often will you release Statit OPPE?
- When?



## Statit Tip: Decide your strategy early

Other Considerations...

- How many profiles will there be?
- Are there indicators common to all?
- Who will be the indicator experts?
- Who gets contacted for data errors?
- Who will monitor profile review completions?
- Build vetting into your process because there will be errors (but Statit lets you fix them ***real time***)


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## Lean Tips for Navigating

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## Statit Tip: Easily Identify Indicators “Under Construction”

	Indicator	SPC	Expert	Admin	Period	Last Period	
●	GSHP Core AMI4 -Smoking Cessation Counseling (prov) *UC*		Tammy Gray	Tammy Gray	SemiAnnual	Jul-Dec 11	EDIT
●	GSHP Core HF4 - Smoking Cess Counseling (prov) *UC*		Tammy Gray	Tammy Gray	SemiAnnual	Jul-Dec 11	EDIT
●	GSHP Core OP-4c Aspirin at Arrival CP (prov) *UC*		Tammy Gray	Tammy Gray	SemiAnnual	Jul-Dec 10	EDIT
●	GSHP Core OP-5c Mean Time to ECG CP (prov) *UC*		Tammy Gray	Tammy Gray	SemiAnnual	Jul-Dec 10	EDIT
●	GSHP Core PN4 - Smoking Cess Counseling (prov)*UC*		Tammy Gray	Tammy Gray	SemiAnnual	Jul-Dec 11	EDIT
●	GSHP Core PN5c - Abx w-in 6 hrs of arrival (prov) *UC*		Tammy Gray	Tammy Gray	SemiAnnual	Jul-Dec 11	EDIT
●	GSHP Core SCIP-Inf-1a - Antibx within 1 hr (prov)*UC*		Tammy Gray	Tammy Gray	SemiAnnual	Jan-Jun 12	EDIT
●	GSHP Core SCIP-Inf-6 - Appropriate hair removal (unit)*UC*		Tammy Gray	Tammy Gray	Month	Mar 2012	EDIT
●	GSHP PSI 06 Iatrogenic Pneumothorax/1000 *UC*		Tammy Gray	Tammy Gray	SemiAnnual	Jul-Dec 10	EDIT

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## Statit Tip: Same Indicator – different purposes

	Indicator	SPC	Expert	Admin	Period	Last Period	
●	GSHP Core HF All-or-None (unit)		Tammy Gray	Tammy Gray	Month	Mar 2013	EDIT
●	GSHP Core HF All-or-None Bundle (prac)		Tammy Gray	Tammy Gray	Month	Mar 2013	EDIT
●	GSHP Core HF All-or-None Bundle (prov)^		Tammy Gray	Tammy Gray	SemiAnnual	Jul-Dec 12	EDIT
●	GSHP Core HF All-or-None Bundle (unit)		Tammy Gray	Tammy Gray	Month	Mar 2013	EDIT
●	GSHP Core HF All-or-None Bundle w/dynamic DD		Tammy Gray	Tammy Gray	SemiAnnual	Jul-Dec 12	EDIT

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## Tips for Managing Manual & Core Data

### Considerations to assure indicator integrity over time

- Master Indicators list
  - Details due dates for getting data entered
  - Includes manual data pulls by analyst
  - Includes data owners
- Maintaining changes with Core indicators
  - Partner with your abstractors
  - Review definitions every six months

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**Data Schedule for Manual OPPE Indicators**

**Completion Month: *February 2013***

<b>Carrie</b>							
Indicator	Dept	Data Source	Data Through	Vet?	Profile Release Date	MQC Dt	Done?
NSQIP Indicators	Surgery	Excel file	12/31/2012		3/31/2013	5/15/2013	

<b>Donna</b>							
Indicator	Dept	Data Source	Data Through	Vet?	Profile Release Date	MQC Dt	Done?
Elective deliveries <39 weeks	OB-Gyn	QM Module	12/31/2012		3/31/2013	6/19/2013	
Peer Review OFI/No OFI	OB-Gyn	QM Module	12/31/2012		3/31/2013	6/19/2013	
Unplanned return to surgery	OB-GYN	QM Module	12/31/2012		3/31/2013	6/19/2013	
Unplanned return to surgery	Surgery	QM Module	12/31/2012		3/31/2013	5/15/2013	

<b>Jeri</b>							
Indicator	Dept	Data Source	Data Through	Vet?	Profile Release Date	MQC Dt	Done?
Pathology Reviews	Pathology	Focus Study	12/31/2012		3/31/2013	6/19/2013	

<b>Karen</b>							
Indicator	Dept	Data Source	Data Through	Vet?	Profile Release Date	MQC Dt	Done?
ACC PCI data	Cardiology	Excel file	12/31/2012		3/31/2013	5/15/2013	
Peer Review OFI/No OFI	Cardiology	QM Module	12/31/2012		3/31/2013	5/15/2013	
tPA data	Emergency	Excel file	12/31/2012		3/31/2013	6/19/2013	

<b>Linda</b>							
Indicator	Dept	Data Source	Data Through	Vet?	Profile Release Date	MQC Dt	Done?

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Our Next Steps

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## 2012 Changes to Our Accreditation

- TJC accreditation ceases
- DNV accreditation begins
  - Follows CMS Conditions of Participation
  - FPPE/OPPE is not specified
- FPPE/OPPE embedded in our Medical Staff Bylaws

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## 2013 and Beyond

- To date Good Shepherd has successfully run two OPPE cycles with our entire medical staff using Statit PPR *exclusively*
- *Next steps Allied Health*

ADHC Employees Lookup Table

General | Data Source Connections

General Lookup Information

Name: ADHC Employees

File Name: ADHC Employees

Unique Identifier: EMPLOYEES\_ID

Provider Name Field: EMPLOYEE\_NO

Column Name	Unique
DEPARTMENT	<input type="checkbox"/>
EMPLOYEES_ID	<input checked="" type="checkbox"/>
EMPLOYEE_NO	<input checked="" type="checkbox"/>
HOSPITAL	<input type="checkbox"/>
HOSPITAL_CODE	<input type="checkbox"/>
JOB_TITLE	<input type="checkbox"/>
JOB_TITLE_CODE	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STATUS	<input type="checkbox"/>

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## 2013 and Beyond

- Continue to increase physician interest
- Increase physician access to their profiles
- Add more specialty-specific indicators

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## Summary

Origins of OPPE

Good Shepherd's transfer from paper to  
electronic OPPE

Decision to choose Statit

Sample profiles

Tips for navigating Statit

Developing a Statit OPPE strategy

Our next steps

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Thank you for attending.

Questions?

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