

PROVIDENCE HEALTH & SERVICES – OREGON

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PROFESSIONAL PRACTICE EVALUATION POLICY (PEER REVIEW)

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PROFESSIONAL PRACTICE EVALUATION POLICY (PEER REVIEW)

1. DEFINITIONS & ACRONYMS

1.A Definitions

CASE means any circumstance, concern, or issue that is reviewed in alignment with this policy.

CLINICAL SPECIALTY REVIEWER (CSR) means a Practitioner, or an individual who has been granted clinical privileges at another entity affiliated with Providence Health & Services – Oregon, who is requested by the Department Chair, the CPER, or the Oregon CPER to either: (i) serve as a consultant and assist performing the review; or (ii) conduct a review, document their clinical findings, submit the form to the individual or committee that assigned the review, and be available to discuss their findings and answer questions. The functions of a CSR may also be performed by a standing or ad hoc committee as requested by the Department Chair, the CPER, or the Oregon CPER. If an individual from another system entity will function as a CSR, the individual must sign a HIPAA Business Associate Agreement before receiving a patient’s protected health information.

COMMITTEE for PROFESSIONAL ENHANCEMENT and REVIEW (CPER) is a hospital-specific multi-specialty peer review committee under Oregon law that oversees the professional practice evaluation process, conducts case reviews, and works with Practitioners in a constructive and educational manner to help address clinical performance issues as described in this policy. The CPER has no disciplinary authority.

DEPARTMENT CHAIRS are appointed as set forth in the Professional Staff Policies and Procedures. Department Chairs are delegated to by the CPER to perform the functions set forth in this policy for a particular Department or specialty. Department chairs receive cases for review, obtain input from CSRs as needed, complete case reviews, and make recommendations as described in this policy.

INAPPROPRIATE PROFESSIONAL CONDUCT also referred to as “lack of professionalism” or “unprofessional behavior” means behavior that, as determined by the CPER or the Oregon CPER, adversely affects the healthcare team’s ability to work effectively and/or has a negative effect on the communication and collaboration necessary for quality and safe patient care. To aid in both the education of Practitioners and the enforcement of this policy, ***“Inappropriate Professional Conduct”*** includes, but is not limited to:

- (1) abusive, threatening, degrading, demeaning, discriminatory or condescending language directed at or regarding patients, nurses, hospital personnel, residents, students, volunteers, visitors, or

Practitioners (e.g., belittling, berating, or non-constructive criticism that intimidates, undermines confidence, or implies stupidity or incompetence);

- (2) refusal or failure to answer questions, or return phone calls or pages in a timely manner, or otherwise demonstrating a lack of responsiveness;
- (3) intentional misrepresentation to hospital administration, Professional Staff Leaders, or other Practitioners, in an attempt to gain a personal benefit or to avoid responsibility for an action taken, or filing an intentionally false report about another individual;
- (4) offensive language (which may include profanity or similar language) while in the hospital or while speaking with or about patients, nurses, or other hospital personnel;
- (5) retaliating against any individual who may have reported a quality or behavior concern about a Practitioner, provided information related to such a matter, or otherwise been involved in the PPE/peer review process in any way (this means a Practitioner may not, under any circumstances, approach and discuss the matter with any such individual, nor may the Practitioner engage in any other retaliatory or abusive conduct such as confronting, ostracizing, or discriminating against such individual);
- (6) unprofessional physical contact with another individual or other aggressive behavior that is threatening or intimidating;
- (7) throwing an object of any kind, including but not limited to any medical/surgical instrument or supply;
- (8) derogatory comments about the quality of care being provided by the hospital, another Practitioner, or any other individual outside of appropriate Professional Staff or hospital administrative chain of command;
- (9) unprofessional medical record entries impugning the quality of care being provided by the hospital, Practitioners, or any other individual, or criticizing the hospital or the hospital's policies or processes, or accreditation and regulatory requirements;
- (10) altering or falsifying any medical record entry or hospital document (including, but not limited to, incorrectly dating or timing an entry or document to give the impression it was completed prior to when it was actually completed);

- (11) completing medical record entries based on a template without considering the care actually provided to the patient, or using the “copy and paste” or “pull forward” functions of the medical record to populate fields without verifying that the information is accurate for the patient in question;
- (12) refusal or failure to use or use properly, documentation technology (e.g., CPOE, EHR, and other approved technology);
- (13) unprofessional access, use, disclosure, or release of confidential patient information;
- (14) audio, video, or digital recording that is not consented to by others present, including patients and other members of the care team;
- (15) use of social media in a manner that involves inappropriate professional conduct;
- (16) disruption of hospital operations, hospital or Professional Staff committees, or departmental affairs;
- (17) failure or refusal to abide by Professional Staff requirements as delineated in this policy, the Professional Staff bylaws, policies and procedures, other hospital policies, and/or the Professional Staff Expectations of Member Behavior, Conduct, and Performance document;
- (18) conduct that is inconsistent with the ethical obligations of health care professionals;
- (19) engaging in harassment or discriminatory conduct; to include verbal or physical conduct that is: unwelcome and offensive to an individual who is subjected to it or who witnesses it; could be considered harassment from the objective standpoint of a “reasonable person”; and is covered by state or federal laws governing discrimination; and/or;
- (20) any other behavior that undermines the culture of safety.

MEDICAL EXECUTIVE COMMITTEE (MEC) means the Medical Executive Committee of each hospital.

OREGON COMMITTEE FOR PROFESSIONAL ENHANCEMENT AND REVIEW (Oregon CPER) is an Oregon regional multi-specialty peer review committee under Oregon law that oversees the professional practice evaluation process, conducts case reviews, works with Practitioners in a constructive and

educational manner to help address any clinical or inappropriate professional conduct issues, reviews and/or develops PIPs as described in this policy. The Oregon CPER has no disciplinary authority.

OREGON MEDICAL EXECUTIVE COMMITTEE (OMEC) means the Oregon Medical Executive Committee of the Professional Staff.

PRACTITIONER means any individual who has been granted clinical privileges and/or membership by the Board, including Allied Health Professionals.

PROFESSIONAL PRACTICE EVALUATION (PPE) refers to the hospital's routine peer review process. The PPE process outlined in this policy is applicable to all Practitioners and is not intended to be a precursor to any disciplinary action, but rather is designed to promote improved patient safety and quality through continuous improvement.

PROFESSIONAL PRACTICE EVALUATION SPECIALISTS (PPESs) means the staff who support the professional practice evaluation process described in this policy. This can be an individual or a group of individuals.

PROFESSIONAL STAFF LEADER means any Professional Staff Officer, Department Chair or Committee Chair.

1.B Acronyms

CSR	Clinical Specialty Reviewer
FPPE	Focused Professional Practice Evaluation
MEC	Medical Executive Committee
OCPER	Oregon Committee for Professional Enhancement and Review/ Oregon CPER
OMEC	Oregon Medical Executive Committee
OPPE	Ongoing Professional Practice Evaluation
PPE	Professional Practice Evaluation
PPES	Professional Practice Evaluation Specialist
CPER	Committee for Professional Enhancement and Review
PIP	Performance Improvement Plan

2. OBJECTIVES AND SCOPE OF POLICY

2.A Objectives

The primary objectives of the Professional Practice Evaluation (PPE) process of each hospital operated by Providence Health & Services – Oregon are to:

- (1) Establish a positive, educational approach to performance and inappropriate professional conduct issues to support a culture of continuous improvement for individual Practitioners, which includes:

- (a) fairly, effectively, and efficiently evaluating the care being provided by Practitioners, comparing it to established patient care protocols and benchmarks whenever possible;
- (b) providing constructive feedback, education, and performance improvement assistance to Practitioners regarding:
 - (i) the quality, appropriateness, and safety of the care they provide; and
 - (ii) the professionalism of their conduct;
- (2) Effectively disseminate lessons learned and promote education sessions so that all Practitioners in a relevant specialty area will benefit from the PPE process and participate in the culture of continuous improvement; and
- (3) Promote the identification and resolution of system process issues that may adversely affect the quality and safety of care being provided to patients (e.g., protocol or policy revisions that are necessary, addressing patient handoff breakdowns or communication problems).

2.B Scope of Policy

- (1) This policy applies to services provided at the hospital by Practitioners.
- (2) This policy outlines collegial and progressive steps that can be taken to address clinical and behavioral concerns of a Practitioner. However, a single incident or pattern of care or inappropriate professional conduct may be of such concern that more significant action is required. Therefore, nothing in this policy precludes an immediate referral of a matter to the MEC/OMEC, a request for the practitioner to voluntarily refrain, the imposition of a precautionary suspension, or the elimination of any particular step in the policy when deemed necessary under the circumstances.
- (3) The hospital's PPE process includes several related but distinct components:
 - (a) The PPE process described in this policy is used when questions or concerns are raised about a Practitioner's clinical performance and/or professional conduct. This process has traditionally been referred to as "peer review".
 - (b) The process used to confirm an individual's competence to exercise newly granted privileges is described in the FPPE policy to confirm

Practitioner competence and professionalism (New Members/New Privileges).

- (c) The process used to evaluate a Practitioner's competence on an ongoing basis is described in the Ongoing Professional Practice Evaluation (OPPE) policy.

3. STEP-BY-STEP REVIEW PROCESS. This section describes each step in the review process. These steps are illustrated in the associated workflow found in Appendix A.

3.A Cases to Be Reviewed.

- (1) **Reported Concerns or Issues.** May come from:
 - (a) Hospital approved reporting mechanism (e.g., Datix the safety event reporting system); and/or
 - (b) Reports received by the Department Chair, Hospital or Professional Staff Leadership, and/or the Quality Management Department.
- (2) **Other Cases or Issues.** Cases or issues identified by any means brought forth regarding a Practitioner's clinical care or professional conduct. This could include: patient complaints, pattern of reported concerns, clinical trends or specific cases that require further review, OPPE data that reveal a practice pattern that requires review, a trend in non-compliance with Professional Staff bylaws, policies, procedures, and/or expectations, disruptive or unprofessional behavior, and any other information that may come to the attention of the Professional Staff from any source.

3.B Professional Practice Evaluation Specialists (PPES).

- (1) **Log-in.** All cases identified for review shall be referred to the PPES, who will log the matter in a manner that facilitates the subsequent tracking and analysis of the case (e.g., a confidential database or spreadsheet).
- (2) **Initial Information Gathering.** The PPESs will review, as necessary, the medical record, other relevant documentation, and the Practitioner's PPE history. The PPESs may also interview and gather information from hospital employees, Practitioners, patients, family, visitors, core leaders, and others who may have relevant information.
- (3) **Review and Recommend.** The PPESs shall collaborate with the appropriate Department Chair, the Chair or a member of the CPER or Oregon CPER, or the CMO to recommend:

- (a) no further review is required and close the case. The PPESs will provide periodic reports to the CPER and the Oregon CPER of cases closed pursuant to this subsection. Such reports should include the specialty-specific trigger or event that caused the case to be identified so the CPER and the Oregon CPER can evaluate the utility of such triggers and track/trend themes; or
 - (b) send an Awareness Letter; or
 - (c) determine that further review is required.
- (4) ***Preparation of Case for Further Review.*** The PPESs shall prepare cases that require further review. Preparation of the case may include the following:
- (a) completion of the appropriate portions of the applicable case review form;
 - (b) as needed, modifying the case review form to reflect specialty-specific issues or behaviors, as may be directed by the Department Chair, the CPER or the Oregon CPER Chair, or the CMO;
 - (c) preparation of a timeline or summary of the concern; and
 - (d) identification of relevant literature, policies, practice guidelines, protocols, and procedures, as appropriate.
- (5) ***Referral of Case for Further Review.***
- (a) Unless otherwise directed by the CPER Chair or CMO, PPESs will refer cases to the appropriate Department Chair.
 - (b) ***Referrals Involving Certain Cases.*** The referral process below will apply, if a case involves:
 - (i) Practitioners from two or more specialties or departments;
 - (ii) The Practitioner practices at more than one hospital;
 - (iii) A Department Chair or CSR who would otherwise be expected to review the case;
 - (iv) A matter for which necessary clinical expertise is not available on the Professional Staff;

- (v) Conflict of Interest; or
- (vi) Reported concerns about behavior that involve: (1) more serious allegations, (2) all allegations of sexual harassment or other identity-based harassment or workplace violence, or (3) a pattern of behavior.

The PPESs will consult with the CPER Chair or CMO regarding referral of the case. The CPER Chair or CMO will determine the appropriate review process and may decide that two or more Department Chairs or CSRs will review the case and complete assessments simultaneously, that the case will be referred to the CPER so that an external review may be obtained, or that a case will need to go directly to the Oregon CPER for review based on the complexity of the case.

- (c) ***Referrals for Immediate or Expedited Review.*** The PPES shall refer a case to the CPER Chair, Oregon CPER Chair, and/or CMO as appropriate, if the case involves a concern for which immediate or expedited review is needed.

3.C ***Department Chair and Clinical Specialty Reviewer(s).***

- (1) ***Department Chair Review.*** When a case is routed to the Department Chair, they may conduct the review themselves or assign the review to a CSR. If a CSR conducts the initial review, they will then discuss the case with the Department Chair who is responsible for completing the recommendation. In making a recommendation, the Department Chair may reference and use the organization's high reliability tools and resources, such as the Performance Management Decision Guide (PMDG).
- (2) ***Input from Practitioner.*** If a Department Chair or CSR has any questions or concerns about the care provided by the Practitioner or a conduct related event, the Department Chair or CSR shall provide an opportunity for the Practitioner to provide input prior to completing the review.
- (3) ***Department Chair Recommendations.*** Department Chairs may, with the agreement of the CPER:
 - (a) determine that no further review is required, and the case is closed;
 - (b) send an Educational Letter to the Practitioner;
 - (c) conduct or facilitate Collegial Counseling with the Practitioner; or

- (d) refer the case to the CPER or the Oregon CPER for further review.

All case recommendations by the Department Chair will be affirmed by the CPER via consent agenda or notation of discussion in the CPER meeting minutes.

3.D ***Committee for Professional Enhancement and Review.***

- (1) ***Review.*** The CPER shall review the case review forms, supporting documentation, input obtained from the Practitioners involved, the Department Chair recommendations, any findings, and recommendations for all cases referred to it. If necessary, the CPER may also review any relevant documentation, and meet with the individual who submitted the report, any witnesses to the event, and/or any other individual who would be helpful to the review.
- (2) ***Information Sharing with Peer Review Body of Employer.***
 - (a) If the Practitioner is employed by a hospital-related entity or private entity, the CPER may notify a representative of the Peer Review Body of the Practitioner’s employer if there is a peer review sharing agreement in place and request assistance in addressing the matter.
 - (b) If a Peer Review Body of the Practitioner’s employer is notified, a representative of the Peer Review Body may be invited to attend the CPER meetings, participate in discussions and deliberations, and participate in any interventions. The chair of the CPER has the discretion to recuse the Peer Review Body representative during any deliberations or vote on a matter.
 - (c) Information or documentation may be shared with a Peer Review Body of the Practitioner’s employer, if there is a peer review sharing agreement in place.
 - (d) In the absence of a peer review sharing agreement a special release can be obtained to allow for information sharing.
- (3) ***Case Presentation at CPER Meeting.*** CPER Member or designee shall present the case to the CPER.
- (4) ***Determination if Additional Expertise or Information is Required.*** The CPER or the CPER Chair shall determine whether any additional clinical expertise is needed to adequately identify, and address concerns raised in the case. If additional clinical expertise is needed, the CPER or the CPER Chair may:

- (a) invite a specialist on the Professional Staff with the appropriate clinical expertise to attend a CPER meeting (either in person or electronically) as a guest, without vote, to assist the CPER in its review of issues, determinations, and follow-up actions;
- (b) assign the review to any Practitioner on the Professional Staff with the appropriate clinical expertise, with a report of the assessment back to the CPER; or
- (c) arrange for an external review from an individual not on the Professional Staff.

The CPER or the CPER Chair shall also determine if additional cases or data related to the Practitioner should be reviewed, additional witnesses interviewed, and/or any other information gathered to better understand any potential concerns prior to the CPER making a determination.

- (5) ***Input from Practitioner.*** If the CPER has any questions or concerns about the care provided by the Practitioner or the reported behavior consistent with inappropriate professional conduct and input has not already been obtained from the Practitioner, the CPER shall provide the Practitioner an opportunity to provide input prior to completing the review.
- (6) CPER Determinations. The CPER may:
 - (a) determine that no further review is required, and the case is closed;
 - (b) send an Educational Letter to the Practitioner, providing guidance and counsel;
 - (c) conduct or facilitate Collegial Counseling with the Practitioner providing education and/or coaching;
 - (d) develop a PIP. The PIP is referred to the Oregon CPER for review. PIPs that are approved by the Oregon CPER will be implemented by the CPER;
or
 - (e) refer directly to Oregon CPER.

In making a determination, the CPER may reference and use as part of its decision-making process the organization's high reliability tools and resources, such as the Performance Management Decision Guide (PMDG).

3.E ***Oregon Committee for Professional Enhancement and Review.***

- (1) **Review.** The Oregon CPER shall review any case referred to Oregon CPER including: reviewing forms, supporting documentation, input obtained from the Practitioners involved, Department Chair recommendations, CPER determination, any findings, and recommendations for any cases referred to it. If necessary, the Oregon CPER may also review any relevant documentation, and meet with the individual who submitted the report, any witnesses to the event, and/or any other individual who would be helpful to the review.
- (2) **Information Sharing with Peer Review Body of Employer.**
 - (a) If the Practitioner is employed by a hospital-related entity or private entity, the Oregon CPER may notify a representative of the Peer Review Body of the Practitioner's employer if there is a peer review sharing agreement in place and request assistance in addressing the matter.
 - (b) If a Peer Review Body of the Practitioner's employer is notified, a representative of the Peer Review Body may be invited to attend the Oregon CPER meetings, participate in discussions and deliberations, and participate in any interventions. The chair of the Oregon CPER has the discretion to recuse the Peer Review Body representative during any deliberations or vote on a matter.
 - (c) Information or documentation may be shared with a Peer Review Body of the Practitioner's employer, if there is a peer review sharing agreement in place.
 - (d) In the absence of a peer review sharing agreement a special release can be obtained to allow for information sharing.
- (3) **Case Presentation at Oregon CPER Meeting.** The case will be presented at Oregon CPER for review and determination.
- (4) **Determination if Additional Expertise or Information is Required.** The Oregon CPER or the Oregon CPER Chair shall determine whether any additional clinical expertise is needed to adequately identify, and address concerns raised in the case. If additional clinical expertise is needed, the Oregon CPER or the Oregon CPER Chair may:
 - (a) invite a specialist on the Professional Staff with the appropriate clinical expertise to attend an Oregon CPER meeting (either in person or electronically) as a guest, without vote, to assist the Oregon CPER in its review of issues, determinations, and follow-up actions;

- (b) assign the review to any Practitioner on the Professional Staff with the appropriate clinical expertise, with a report of the assessment back to the Oregon CPER; or
- (c) arrange for an external review from an individual not on the Professional Staff.

The Oregon CPER or the Oregon CPER Chair shall also determine if additional cases or data related to the Practitioner should be reviewed, additional witnesses interviewed, or any other information gathered to better understand any potential concerns, prior to the Oregon CPER making a determination.

- (5) ***Input from Practitioner.*** If the Oregon CPER has any questions or concerns about the care provided by the Practitioner or the reported behavior consistent with inappropriate professional conduct, the Oregon CPER may obtain additional input from the Practitioner beyond what has already been obtained, prior to making any final determinations or findings
- (6) ***Oregon CPER Determinations.*** Based on its review of all information obtained, including input from the Practitioner, the Oregon CPER may:
 - (a) review, endorse, and/or make recommendations or revisions related to PIPs developed by the CPER;
 - (b) refer the matter back to the CPER for further consideration;
 - (c) refer to the MEC; or
 - (d) after consultation with the Peer Review Body of the Practitioner's employer, refer the matter to the Peer Review Body for disposition, with a report back to the Oregon CPER regarding the action taken by the Peer Review Body. If the Oregon CPER determines the Peer Review Body's action is insufficient, the Oregon CPER may also make one of the other determinations set forth in this subsection.

In making a determination, the Oregon CPER may reference and use as part of its decision-making process the organization's high reliability tools and resources, such as the Performance Management Decision Guide (PMDG).

3.F Time Frames for Review.

- (1) ***General.*** The time frames specified in this section are provided only as guidelines. However, all participants in the process shall use their best

efforts to adhere to these guidelines, with the goal of completing initial determination, within 30-45 days.

(2) **Department Chairs.** Department Chairs are expected to complete their case review within 14 days.

(3) **External Reviewers.** If an external review is sought those involved will use their best efforts to take the steps needed to have the report returned within 14 days of the decision to seek the external review (e.g., by ensuring that relevant information is provided promptly to the external reviewer, and that the contract with the external reviewer includes an appropriate deadline for the review).

3.G **No Further Review Required.** Cases may be closed if a determination is made that there are no clinical issues or concerns presented in the case that require further review. Documentation of cases that are closed shall be provided to the PPESs, notated in the practitioner's file and reported to the CPER via consent agenda. The Practitioner shall also be notified of the closure.

3.H **Exemplary Care.** If the CPER or the Oregon CPER determines that a Practitioner provided exemplary care in a case under review, the Practitioner should be sent a letter recognizing such efforts.

3.I **Referral to the MEC**

(1) **Referral by the CPER or the Oregon CPER.** The CPER or the Oregon CPER may refer a matter to the MEC if:

(a) the Practitioner refuses to participate in a PIP developed by the CPER and endorsed by the Oregon CPER;

(b) the Practitioner fails to abide by a PIP;

(c) the Practitioner fails to make reasonable and sufficient progress toward completing a PIP or the PIP was unsuccessful; or

(d) the Practitioner does not engage in necessary and/or requested information gathering or participate in an interview request from the CPER or the Oregon CPER.

(2) In the event the CPER and the Oregon CPER do not agree on a course of action, they will jointly escalate the issue to MEC for review.

(3) **Immediate Referral to MEC.** Any case may be referred immediately to the MEC by the Department Chair, CPER, Oregon CPER, or CMO at any time

and at any step in the process, if there is a concern that more significant or immediate action should be considered.

- (4) The MEC shall be apprised of the actions taken previously by the CPER or the Oregon CPER to address the concerns. When it makes such a referral, the CPER or the Oregon CPER may also suggest a recommended course of action.

4. OPTIONS TO ADDRESS CONCERNS

4.A **Options.** Professional Staff Leaders have multiple options to address any performance or professionalism issues that may be identified, some of which are outlined below. This list is not exclusive and does not limit any additional plan or step that may be available to assist in addressing the concern.

(1) ***Awareness Letters.***

- (a) Awareness Letters are intended to make Practitioners aware of an expectation or requirement (rule-based). They are non-punitive, informational tools to help Practitioners self-correct and improve their performance or professionalism through timely feedback.
- (b) The Professional Staff maintains a list of objective occurrences for which an Awareness Letter will be sent to a Practitioner in line with Professional Staff expectations, bylaws, Policies, procedures, and protocols (e.g.- rule based documentation).
- (c) PPESs will generate an Awareness Letter to be sent to a Practitioner. The Awareness Letter will be signed by the CPER Chair or Department Chair.

(2) ***Educational Letters.***

- (a) Educational Letters describe the opportunities for improvement that were identified in the course of the case review and offer specific recommendations for future practice.
- (b) Educational Letters may be sent by a Department Chair with the agreement of the CPER Chair, or by the CPER, or by the Oregon CPER.

- (3) ***Low Level Conversation.***
- (a) A low level conversation is an informal discussion intended to provide timely feedback regarding a minor concern, observation, or opportunity for improvement. The purpose of a low level conversation is to promote professional reflection, reinforce expectations, and support continuous improvement in a respectful and constructive manner.
 - (b) Low level conversations are documented on the peer review form only.
- (4) ***Collegial Counseling.***
- (a) Collegial Counseling is a formal, planned, face-to-face discussion between the Practitioner and one or more Professional Staff Leaders, with the goal of mentoring and coaching.
 - (b) Collegial Counseling shall be followed by a letter or a summary of the discussion and the recommendations and expectations regarding the Practitioner's future practice in the hospital. A copy of the letter or summary will be included in the Practitioner's file.
- (5) ***Performance Improvement Plan (PIP).***
- (a) The CPER and/or Oregon CPER may develop a PIP to bring about sustained improvement in an individual's practice. In developing PIPs, the Oregon CPER will consider any recommendations of the CPER. PIPs will be endorsed by the Oregon CPER and implemented by the CPER.
 - (b) One or more members of the CPER or the Oregon CPER should personally discuss the PIP with the Practitioner to help ensure a shared and clear understanding of the elements of the PIP. The PIP will also be presented in writing, with a copy being placed in the Practitioner's file, along with any statement the Practitioner would like to offer.
 - (c) If a Practitioner agrees to participate in a PIP, such agreement should be documented in writing.
 - (d) If a Practitioner disagrees with the need for a PIP or the elements of the PIP, the Practitioner is under no obligation to participate in the PIP. In such case, the CPER and the Oregon CPER cannot compel the Practitioner to agree with the PIP. Instead, the Oregon CPER will refer the matter to the MEC for review.
- (6) ***PIP Options.*** A PIP may include, but is not limited to, one or more of the actions in this section.

- (a) ***Education/Continuing Medical Education (“CME”)*** which means that, within a specified period of time, the Practitioner must arrange for education or CME of a duration and type approved by the CPER or the Oregon CPER. Such education or CME might address, for example, education related to increasing knowledge or competency related to a certain skill, how to improve communications with patients or other health care professionals, how to better function as part of a health care team, or the effect of behavior on patient safety;
- (b) ***Meeting with Designated Group to Conduct Enhanced Collegial Counseling.*** The Practitioner may be invited to meet with a designated group (including the CPER or the Oregon CPER, another Professional Staff committee, or an ad hoc group) to discuss the concerns with the Practitioner and the need to modify the Practitioner’s performance and/or professionalism. An ad hoc group may include any combination of current or past Professional Staff Leaders, hospital leaders, outside consultants, and/or the Board Chair or other Board members if Board member involvement is reasonably likely to impress upon the Practitioner involved the seriousness of the matter and the necessity for the Practitioner’s performance and/or professionalism to improve. A letter outlining the discussion and expectations for performance and/or professionalism shall be sent to the Practitioner after the meeting;
- (c) ***Periodic Meetings with Professional Staff Leaders or Mentors.*** The CPER or the Oregon CPER may recommend that the Practitioner be required to meet periodically with one or more Professional Staff Leaders, or a mentor designated by the CPER or the Oregon CPER. The purpose of these meetings is to provide input and updates on the Practitioner’s performance and/or professionalism, as well as to offer assistance and support with any challenging issues the Practitioner may be encountering;
- (d) ***Review of Literature Concerning the Connection Between Behavior and Patient Safety.*** The CPER or the Oregon CPER may recommend that the Practitioner review selected literature concerning the established connection between behavior and patient care and safety and then prepare a report summarizing the information reviewed and how it can be applied to the individual’s practice;
- (e) ***Behavior Modification Course.*** The CPER or the Oregon CPER may recommend that the Practitioner complete a behavior modification course. The cost of this external assistance shall be borne by the Practitioner, unless the CPER or the Oregon CPER determines otherwise;
- (f) ***Personal Code of Conduct.*** The CPER or the Oregon CPER may develop a “personal” code of conduct for the Practitioner, which

provides specific guidance regarding the expectations for future conduct and outlines the specific consequences of the Practitioner's failure to abide by it; and/or

- (g) **Other.** Elements not specifically listed above may be included in a PIP. The CPER and/or the Oregon CPER has wide latitude to tailor PIPs to the specific concerns identified, always with the objective of helping the Practitioner to improve their performance and to protect patients and staff.

4.B **Documentation.** Awareness Letters, Educational Letters, follow-up letters to Collegial Counseling, and PIP documentation will be placed in the Practitioner's confidential file.

5. OBTAINING INPUT FROM THE PRACTITIONER

5.A **Practitioner Input.** Obtaining input from the Practitioner under review is an essential element of a transparent and constructive review process. Accordingly, no Educational Letter, Collegial Counseling, or PIP shall be implemented until the Practitioner is notified of the specific concerns and is provided an opportunity to provide input as described in this section. A request for input is not required before an Awareness Letter is sent to a Practitioner.

5.B **Manner of Providing Input.** The Practitioner shall have the opportunity to provide input regarding the care provided, responding to any specific questions posed to the Practitioner (e.g., email, letter, interview, or in-person conversation). Any documentation will be added to the Practitioner's file.

5.C **Sharing Identity of Any Individual Reporting a Concern.** Since this policy does not involve disciplinary action or restrictions of privileges, the specific identity of any individual reporting a concern or otherwise providing information about a matter (the "reporter") will not be disclosed to the Practitioner unless the individual consents or the information is later used to support an adverse professional review action that results in a Professional Staff hearing, or as otherwise required by law.

5.D **Retaliation Prohibited.** Retaliation by the Practitioner against anyone who is believed to have reported a concern or otherwise provided information about a matter is consistent with inappropriate professional conduct and will be addressed through this policy.

5.E **Discussions Outside Committee Meetings.** Individual members of the CPER or Oregon CPER should not engage in separate discussions with a Practitioner regarding the review of a case unless the committee in question has asked the individual committee member to speak with the Practitioner on its behalf. Similarly, unless formally requested to do so, Practitioners may not provide verbal input to the PPEs or to any other individual and ask that individual to relay that verbal input to an individual or committee involved in the review. The goal of these requirements

is to ensure that all individuals and committees involved in the review process receive the same, accurate information. Practitioners must also refrain from any discussions or lobbying with other Professional Staff members or Board members outside the authorized review process outlined in the PPE policy. All communications related to PPE are confidential and privileged under state and federal law and should take place as described in this policy.

6. ADDITIONAL PROVISIONS GOVERNING THE REVIEW PROCESS

- 6.A ***System Process Issues.*** Quality of care and patient safety depend on many factors in addition to Practitioner performance. If system processes or procedures that may have adversely affected, or could adversely affect, outcomes or patient safety are identified through the process outlined in this policy, the issue shall be referred to the appropriate hospital department or committee and/or the Quality Management department. The referral shall be reported to the CPER and will stay on the CPER's agenda until it determines, based on reports from the hospital department or individuals charged with addressing the system issue, that the issue has been sufficiently addressed.
- 6.B ***Dissemination of Shared Learnings.*** Dissemination of educational information and reflection regarding quality and safety events are an integral part of the PPE/peer review process and assists Practitioners in continuously improving the quality and safety of the care they provide. These activities will be conducted in a confidential manner, consistent with their confidential and privileged status under the state peer review protection law and any other applicable federal or state laws.
- 6.C ***Confidentiality.*** Maintaining confidentiality is a fundamental and essential element of an effective PPE process.
- (1) ***Documentation.*** All documentation that is prepared in accordance with this policy shall be managed in a manner reasonable to assure privacy and shall be maintained in appropriate Professional Staff files. All documents (whether paper or electronic) should be marked with the notation consistent with their privileged and protected status under Oregon or federal law. However, failure to mark documents in this manner shall not be viewed as an indication that the document is not privileged.
 - (2) ***Verbal Communications.*** Telephone and in-person conversations should take place in private at appropriate times and locations to minimize the risk of a breach of confidentiality (e.g., conversations should not be held in hospital hallways).
 - (3) ***E-mail.*** Hospital e-mail may be used to communicate between individuals participating in the PPE process, including with those reviewing a case and with the Practitioner whose care is being reviewed. All e-mails should include a standard convention, such as "Confidential PPE/Peer Review Communication". All participants in the PPE process are strongly encouraged to use their hospital e-mail accounts to maximize peer review

and HIPAA privacy protections. E-mail may also be sent to non-hospital accounts when the e-mail merely directs recipients to check their hospital e-mail. Any Practitioner who provides medical records or other documents containing a patient's protected health information via e-mail must abide by the hospital's policies governing compliance with the HIPAA Security Rule.

- (4) ***Risk Management.*** Information that is generated pursuant to this PPE policy may not be documented in risk management files or disclosed as part of any risk management activities.
- (5) ***Participants in the PPE Process.*** All individuals involved in the PPE process (Professional Staff and hospital employees) will maintain the confidentiality of the process. Any breaches of confidentiality by Practitioners will be reviewed under this policy as inappropriate professional conduct. Breaches of confidentiality by hospital employees will be referred to Human Resources.
- (6) ***Practitioner Under Review.*** The Practitioner under review must also maintain all information related to the review in a strictly confidential manner, as required by Oregon law. The Practitioner may not disclose information to, or discuss it with, anyone outside of the review process set forth in this policy without first obtaining written permission of the CPER and/or the Oregon CPER, except for any legal counsel who may be advising the Practitioner. Violations of this provision will be reviewed under this policy.

6.D ***Communications to Practitioner/ Responsibility of Practitioner.*** As required by all members, Practitioners must keep a current phone number, mailing address, and email address on file with the Medical Staff Office, and regularly check these communications paths. Any communications to a Practitioner's contact information listed in their file is deemed effective and assumed to be received by the Practitioner. If any paper or electronic correspondence includes a deadline for a response (for example, a request for input or to attend a meeting) reasonable attempts will be made to confirm with the Practitioner receipt of correspondence, however, the Practitioner retains responsibility for responding by the deadline.

6.E ***Supervising Physicians and Allied Health Professionals.*** Except as noted below, a physician who has a supervisory or collaborative relationship with an Allied Health Professional for state licensure purposes may be kept apprised of any concerns that are reviewed pursuant to this policy involving the Allied Health Professional and may be invited to participate in any meetings or interventions.

6.F ***Delegation of Functions.***

- (1) The Oregon CPER is responsible for the PPE/quality assurance process described in this policy, subject to the oversight of the OMEC and Board. To promote a prompt and effective review process, the Oregon CPER

hereby expressly delegates to the PPEs, Department Chairs, CSRs, CPER members, Professional Staff Leaders, and the CMO the authority to perform the functions described in this Policy on behalf of the Oregon CPER.

Reviews undertaken by these individuals will be reported to and reviewed by the CPER and the Oregon CPER as set forth in this policy.

- (2) The CPER and the Oregon CPER are responsible for peer review and quality assurance as described in this policy subject to the delegation of authority for such by the MECs, OMEC, and the Board.
- (3) When a function under this policy is to be carried out by any delegated designee, they must treat all information in a strictly confidential manner and are bound by all other terms, conditions, and requirements of this policy.
- (4) When an individual assigned a function under this policy is unavailable or unable to perform that function, one or more Professional Staff Leaders may perform the function personally or delegate it to another appropriate individual as set forth above.

6.G ***No Legal Counsel or Recordings During Collegial Meetings.***

- (1) To promote the collegial and educational objectives of this policy, all discussions and meetings with a Practitioner shall generally involve only the Practitioner and the appropriate Professional Staff Leaders and hospital personnel. No counsel representing the Practitioner or the Professional Staff or the hospital shall attend any of these meetings.
- (2) Practitioners may not create an audio or video recording of a meeting, nor may they broadcast it in any manner (e.g., via live streaming). If a recording is made in violation of this rule, the recording shall be destroyed. In their discretion, Professional Staff Leaders may require that smart phones, tablets, and similar devices be left outside the meeting room.

6.H ***Professional Practice Evaluation Reports.***

- (1) ***Practitioner PPE History Reports.*** A Practitioner history report showing all cases that have been reviewed for a Practitioner within the past two years and their dispositions should be generated for each Practitioner for consideration and evaluation by the appropriate Department Chair and the Oregon Credentials Committee in the reappointment process.
- (2) ***Aggregate Reports.*** The CPER and/or Oregon CPER shall prepare reports at least annually that provide aggregate information regarding the PPE process (e.g., numbers of cases reviewed by department or specialty; types and numbers of dispositions for the cases, including numbers of cases closed at each level of the process; listing of education initiatives based on reviews; listing of system issues identified). These reports shall be disseminated to the Oregon CPER, MEC, OMEC, and the Board for the

purposes of reinforcing the primary objectives of this policy and permitting appropriate oversight.

- (3) ***Reports on Request.*** The Quality Management department or Medical Staff Services department shall prepare reports as requested by the Department Chair, Oregon Credentials Committee, CPER, Oregon CPER, MEC, OMEC, or the Board.
- 6.I ***PPE Documents.*** The Oregon CPER shall approve forms, checklists, template letters and other documents that assist with the implementation of this policy. Collectively, these documents are known as the PPE documents. Such documents shall be developed and maintained by the PPEs. Individuals performing a function pursuant to this policy may use the document currently approved for that function and revise, as necessary.
- 6.J ***Substantial Compliance.*** While every effort will be made to comply with all provisions of this policy, only substantial compliance is required. Technical or minor deviations from the procedures set forth within this policy do not invalidate any review or action taken.
- 6.K ***Coordination with Other Policies That Govern Professional Conduct.*** If a report of unprofessional behavior involves an issue that is also governed by another hospital policy that governs professional conduct (including, but not limited to, alleged violations of the hospital's HIPAA or corporate compliance policies by a Practitioner), the Professional Staff President or CMO will notify the person or committee responsible for that other policy of the substance of the report. Efforts will be made to coordinate the review that occurs under this policy with the review under such other policy. For example, individuals responsible for such other policies (such as the hospital's HIPAA Privacy Officer or Corporate Compliance Officer) may be invited to take part in the witness interviews described in the Professionalism policy or may discuss the matter with the CPER or Oregon CPER or their representatives.
- 6.L ***Agreement to Voluntarily Refrain from Exercising Clinical Privileges or Other Practice Conditions.***

 - (1) At any point in the review process described in this policy, the Practitioner may agree to voluntarily refrain from exercising clinical privileges while the review proceeds. As an alternative, Professional Staff Leaders and the Practitioner may also agree upon practice conditions that will protect the Practitioner, patients, and staff during the review process.
 - (2) This agreement is not considered to be disciplinary and does not imply any admission by the Practitioner or final finding of responsibility for the concerns that have been raised. Such an agreement is a temporary

arrangement and reflects professionalism and cooperation with the review process.

- (3) An agreement to voluntarily refrain from practicing privileges may result in a report to federal and/or state agencies.

7. **AMENDMENTS**

This policy is a “model policy” as defined in the Professional Staff bylaws of Providence Health & Services – Oregon. It may be amended as set forth in the Professional Staff bylaws.

Adopted by the Oregon Medical Executive Committee on February 12, 2026.

Approved by the Board on February 13, 2026.

APPENDIX A

PROFESSIONAL PRACTICE EVALUATION WORKFLOW

