



# Ongoing Professional Performance Evaluation: Advanced Practice Registered Nurse Practice Competency Assessment

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## ABSTRACT

The Ongoing Professional Performance Evaluation and the Focused Professional Practice Evaluation have been required by The Joint Commission for providers, including advanced practice registered nurses, who are credentialed and privileged in an accredited hospital. There are 6 required domains for these evaluations. The objective of these evaluations is to monitor for competence in the credentialing and privileging process for hospitals. The 6 domains come from medical education competencies. Nursing must develop a set of competencies to measure the performance of advanced practice registered nurses or continue to be measured by physician metrics.

**Keywords:** APRN, competency, evaluation, FPPE, OPPE

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## INTRODUCTION

In 2014, the American Association of Nurse Practitioners estimated there were > 205,000 nurse practitioners (NPs) in the United States. Of that number, 44.8% hold hospital privileges.<sup>1</sup>

Although many NPs work full time in the hospital setting, most see patients in the ambulatory setting and are credentialed to see their patients who are hospitalized. NPs are 1 of the 4 types of advanced practice registered nurses (APRNs). The American

This CE learning activity is designed to augment the knowledge, skills, and attitudes of nurse practitioners and assist in understanding performance evaluations of APRNs.

**At the conclusion of this activity, the participant will be able to:**

- Describe the purpose of the Ongoing Professional Performance Evaluation (OPPE)/Focused Professional Practice Evaluation (FPPE)
- List 6 domains used for competency evaluation in OPPE/FPPE and medical education
- Compare/contrast competency requirements for PAs with APNs

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College of Nurse–Midwives found that, as of 2015, there are 11,018 certified nurse–midwives (CNMs) and 88 certified midwives (CMs). Although there are no specific numbers for hospital–credentialed CNM/CMs, 95% of births attended by CNM/CMs occur in the hospital setting.<sup>2</sup> Certified registered nurses (CRNAs) number around 48,000, with approximately 37% of them employed by hospitals and another 34% employed by an anesthesia group, with most credentialed to provide patient services in the hospital setting.<sup>3,4</sup> Although not all 50 states recognize the clinical nurse specialist (CNS) as an APRN role, the list is growing. It is difficult to find exact numbers for how many hold hospital privileges, but this too is known to be increasing. To simplify terminology, for the remainder of this report, the term APRN is used to represent NP, CNM/CM, CRNA, and the CNS designations. Herein I focus on those who hold credentialing and privileging in hospitals that are accredited by The Joint Commission and the requirement for the Ongoing Professional Performance Evaluation (OPPE) and the Focused Professional Practice Evaluation (FPPE).

APRNs, and other nonphysician providers, are now required to be evaluated based on criteria that come from physician competencies, rather than nursing competencies, for credentialing and privileging decisions. The OPPE and FPPE have been required since 2008 for all medical staff and providers who are granted privileges in hospitals accredited by The Joint Commission.<sup>5,6</sup> These providers include not only physicians but also physician assistants (PAs), APRNs, including CNM/CMs, and CRNAs.<sup>6</sup> The OPPE is a screening tool used on an ongoing basis to assess the competency of medical staff and providers. The OPPE/FPPE is used to evaluate the care provided to determine whether it meets accepted standards for provision of quality care.<sup>5</sup> The OPPE is also used identify those who may benefit by learning from the results of the OPPE measures and implement performance improvement. If there is a new provider to the system, or an identified area that needs evaluation focus, then the FPPE is implemented to examine specific measures.

Collecting meaningful data in a consistent and ongoing approach provides feedback opportunities for each provider so they may implement changes

immediately to their practice when needed.<sup>7</sup> The ongoing evaluation process also affords the opportunity for analysis and can be used for faster response for quality improvement at the level of the individual provider as well as a given set of providers in a specific practice. This is now part of the decision-making process when providers are reviewed for a new request for credentialing or privileging or for renewal of credentialing. The OPPE/FPPE is meant to be more objective and continuous in its approach as compared with older methods that were more subjective, such as letters of reference. The Joint Commission has left the specific methods for data collection up to the individual hospitals and departments.<sup>8</sup> This newer type of evaluation process has created some unique challenges for APRNs to have informative OPPE/FPPE collection methods that can show competency for their particular specialty and practice setting.

## BACKGROUND

The Institute of Medicine defines quality health care as, “The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”<sup>9</sup> Since 1996, the Institute of Medicine has initiated a succession of reports focused on improving the quality of health care in the United States. All these reports have demonstrated how wide the gap is in relation to what is known to be quality care versus what is delivered in practice.<sup>10,11</sup> The most recent report identifies 15 core metrics that stipulate benchmarks that will be used to improve health care in the nation as a whole as well as health care system performance. Two of these areas are patient safety and provision of evidenced-based care. Patient safety is a culture in which the priority is on prevention of errors and adverse effects through system performance throughout the organization. Evidenced-based care stresses the importance of using scientific evidence appropriately in the delivery of health care.<sup>12</sup>

The Agency for Healthcare Research and Quality, devoted to improving patient outcomes, has noted that quality measurement is a type of evaluation used in many industries and is now used increasingly in health care. When developing a quality measure the collection tool must be reliable,

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