**HUNTINGTON MEMORIAL HOSPITAL**

**MEDICAL STAFF POLICY & PROCEDURE**

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| **SUBJECT:**  **PROCTORING PROTOCOL FOR FOCUSED PROFESSIONAL PRACTICE EVALUATION** | **POLICY NO:** | **PAGE: 1 of 6** |
| **AUTHORIZED APPROVAL:** | **EFFECTIVE DATE:**  **02/25/2016** | **SUPERCEDES/REPLACES:**  **11/30/2012** |

**POLICY:**

In order to evaluate the privilege-specific competence of each Practitioner who has been recently granted clinical privileges, all new members, applicants who have been granted temporary Privileges, and members granted additional Privileges generally must be observed for a specified period of time or for a minimum number of cases as outlined on the delineation of privileges form, except as otherwise provided in the Medical Staff Bylaws and this Proctoring Plan. The scope of such observation shall include the Practitioner’s clinical competence, judgment, skills, ethics, and adherence to the Huntington Memorial Hospital (“Hospital” or “Huntington Hospital”) Medical Staff Bylaws, Medical Staff Rules and Regulations, and Hospital and Medical Staff policies.

**PROCEDURE:**

1. **PRACTITIONERS TO BE PROCTORED**
   1. New practitioners appointed to the Medical Staff
   2. Practitioners on the Medical Staff who have been granted additional privileges, including but not limited to privileges for new technology or procedures
   3. Practitioners granted temporary Privileges as indicated
   4. Any Practitioner for whom the Executive Committee determines a need for specific monitoring
2. **PROCTORING REQUIREMENTS**
   1. A Provisional member, i.e., a new appointee to the Medical Staff, shall undergo a period of observation by designated monitors. The observation shall be to evaluate the Practitioner's proficiency in the exercise of Clinical Privileges and overall eligibility for new or continued Staff membership and advancement to either Courtesy or Active Staff. The initial Provisional period generally shall be for twenty-four (24) monthsand can be extended for a maximum period of 36months, except as otherwise permitted by this Proctoring Protocol and the Medical Staff Bylaws. **At each Provisional review period six (6) month, twelve (12) month and eighteen(18) month review period, those provisional staff members who have 20 or more patient encounters and fail to submit proctoring reports to the Medical Staff Department may be subject to a temporary suspension until the proctoring has been satisfied.**
   2. Proctoring shall consist of concurrent/direct as well as retrospective/indirect review, depending upon the scope of privileges granted to a Provisional member, or additional privileges granted to any member after the initial appointment date. Proctoring may also consist of non-surgical and non-invasive cases that have been peer reviewed through routine quality assessment and monitoring programs established by the Medical Staff. In order for the Medical Staff to determine that a member or applicant who is subject to proctoring has competed the proctoring satisfactorily, the proctors’ reports must demonstrate that the care provided by the Practitioner was clinically pertinent and appropriate, and the quality of care provided *was within the Hospital standard*.
   3. The member or applicant shall be proctored on an adequate variety and number of cases at the discretion of each Department and/or Section Chair to determine whether clinical competence has been demonstrated.
   4. Proctoring shall be performed by at least two (2) different proctors, with no more than 50% by practice associates, except as otherwise permitted by the Section/Department on a showing of good cause based upon the circumstances (e.g., the need for an outside proctor to observe a new procedure).
   5. Current staff members, who have been granted additional privileges, will be observed according to the requirements outlined on the privilege form.
3. **COMPONENTS OF THE PROCTORING PROCESS**
   1. The number of cases generally required to complete proctoring is specified in each member’s Specialty Privilege Card.
   2. A more extensive period of time or number of cases may be specified by the Section or Department Chair or be requested by the Executive Committee for a total proctoring period generally within the *36*-month time frame. The Department/Section may establish the specific number of cases applicable to the particular Practitioner and clinical privileges involved.
   3. Each new member, applicant granted temporary Privileges, and Medical Staff member granted additional Privileges will be provided with a list of eligible members of the Medical Staff in the practitioner’s specialty who may serve as proctors. Whenever possible, a practitioner should select proctors who are not associated or in practice with the practitioner to be proctored. The member or applicant is responsible for contacting one of the proctors, informing him/her of planned admissions, consultations or procedures, and arranging for the proctor to be present and proctor the cases.
   4. A single case may not be “unbundled” to count for multiple procedures; one trip to OR/one anesthesia will be counted as one case and should be submitted on one proctoring report.
   5. Proctoring forms are available in the Medical Records Department, on the nursing units, in the Medical Staff Office, or on the Huntington Hospital website.
   6. The proctoring process shall be conducted in a manner that respects the doctor/patient relationship and conforms to the applicable portion(s) of the Rules and Regulations and/or the Bylaws of the Medical Staff, as well as this Proctoring Plan.
   7. Ideally, concurrent proctoring will be done whenever possible, or whenever required by the Department/Section.
   8. Proctoring requirements may be determined by each Section with the approval of the Department and the Executive Committee.
   9. No proctor is required in an emergency situation.
   10. A proctor may or may not assist in surgery, as determined by the surgeon and the proctor to be appropriate under the circumstances, unless otherwise specified by the Department or Section Chair.
4. Reciprocal Proctoring

a. Reciprocal proctoring may be acceptable in the following situations:

1. The proctoring was performed at another licensed facility if:
   1. the proctor has privileges at the Hospital for the privilege(s) being proctored
   2. and the proctor is not subject to proctoring for the privileges being proctored, OR

(ii) The practitioner has proctoring evaluations and/or evidence of completed proctoring from an Enterprise Affiliate1 (Affiliate example is the Huntington Ambulatory Surgery Center or HASC). If the proctoring reports are for procedures performed more than two (2) years ago, the Affiliate should also provide documentation (such as outcome data, performance improvement data, copies of portions of medical records) that substantiates that the practitioner has competently performed the requested procedures during the past two (2) years, or (b) the applicable clinical leader submits a letter attesting to the practitioner’s or AHP’s current clinical competence to perform the requested privileges, and

b. The proctoring reports and any documentation received from another hospital and other documentation relied on (see Section 3.5-4a.(ii) shall be reviewed and evaluated by the Department Chair and then maintained in the practitioner’s or AHP’s credentials files. It is preferred that only 50% reciprocal proctoring be accepted.

c. Exceptions to Proctoring.

The Department Chair, with the Chief of Staff’s concurrence, may excuse a practitioner or AHP from any or all of the proctoring if:

(i) The practitioner is a medical staff member or member or of the AHP staff of an Affiliate and the Affiliate provides performance improvement, peer review data and such other documentation as the Department Chair deems necessary that substantiates that the practitioner or AHP has competently performed the requested procedures during the past two (2) years;

(ii) The practitioner was a Medical Staff member or member of the AHP staff of the Affiliate for at least the prior two (2) years; and

(iii) the applicable clinical leader of the other Affiliate submits a letter attesting to the practitioner’s or AHP’s current clinical competence to perform the requested privileges.

1. **REQUIREMENTS APPLICABLE TO THE PROCTOR**
   1. The proctor must be an Active medical staff member, in good standing at Huntington Hospital. Proctor must have unrestricted Privileges to perform the procedures(s) to be proctored, except as otherwise specified in this Proctoring Protocol, or as permitted by the Department or Section Chair upon documentation of good cause.
   2. It is the responsibility of all members of the Active Staff within each Department to proctor when asked to do so.
   3. In certain circumstances (e.g., new procedures/technology), proctors not meeting the above description may be acceptable, if approved by the Department or Section chair or designee, or by the Medical Staff President, for documented good cause.
2. **ASPECTS TO BE PROCTORED**
   1. The proctor will assess the Practitioner’s overall conduct of the care of the patient by evaluating at least the following aspects of the case:
      1. Evaluation Management
         1. Timeliness of visits
         2. Admission history and physical examination
         3. Accuracy and completeness of progress notes according to the standards of the Department.
         4. Clinical judgment
         5. Care management
         6. Accuracy, completeness and legibility of documentation
         7. Appropriate use of diagnostic tests and procedures
         8. Appropriate use of consultants
         9. Communications skills/teamwork
         10. Professional demeanor
      2. Procedures
         1. Indications for and appropriateness of procedure
         2. Documentation of the patient’s (or legally authorized representative’s) informed consent for each procedure
         3. Pre-operative management and assessment
         4. Technique
         5. Post-operative management
         6. Complication recognition and management
      3. Telemedicine (at a minimum):
         1. Timeliness of consultation
         2. Appropriateness of consultation
3. **RESPONSIBILITIES OF THE PRACTITIONER BEING PROCTORED**

It is the responsibility of the Practitioner to contact and obtain a proctor for each case to be proctored.

* 1. It is the responsibility of the practitioner to comply with the requirements for the number of cases to be proctored.
  2. If the practitioner to be proctored timely notifies the Department Chair that the practitioner has been unable to obtain a commitment from any proctor for a particular case after reasonable effort, then the Department or Section Chair, or designee, will appoint a proctor.
  3. If a practitioner fails to take the steps necessary to ensure that he/she completes proctoring of the required number and mix of procedures within the initially specified time-frame, the privileges at issue will expire automatically at the end of that period with no right to a hearing. If proctoring is not completed within the initial period for reasons beyond the practitioner’s control, extension of the proctoring period will be at the discretion of the Department and the Executive Committee (subject to approval by the Governing Body).

1. **TEMPORARY PRIVILEGES – METHOD OF PROCTORING**
   1. Upon approval of temporary privileges, a list of proctors will be made available to the practitioner by the Medical Staff Office, or designee. The practitioner shall be informed of the obligation to be observed for the required number of cases. It shall be incumbent upon the practitioner granted temporary privileges to obtain a proctor for each procedure.
2. **DOCUMENTATION OF THE PROCTORING PROCESS**
   1. Proctoring Form

Proctoring evaluation forms shall be supplied to the practitioner by the Medical Staff Office. It shall be the practitioner’s responsibility to provide the proctor with the form. This form, when completed by the proctor, shall be forwarded to the Medical Staff Office by the proctor. The Medical Staff Office will make the completed proctoring evaluation forms available to the Department/Section Chair, or designees, for their review and recommendations. The proctoring form is thereby considered a confidential peer review document protected by California Evidence Code Section 1157 and, as such, the proctoring form is not subject to civil discovery.

* 1. Adverse Recommendation of Action

If proctoring concludes with an adverse recommendation or action, the Department Chair, or designee, shall promptly forward the recommendation and supporting documentation to the Executive Committee via the Credentials Committee, in accordance with the Medical Staff Bylaws.

1. **PROVISION FOR WAIVER**

Upon the recommendation of the Department Chair and approval by the Executive Committee and Governing Body, a practitioner who is Board Certified, has been a previous member of the medical staff and completed proctoring, upon joining the staff, may be excused from this proctoring period. The Department Chair shall document thoroughly the specific grounds for the determination that the practitioner meets the criteria for the requested clinical privileges without the necessity for proctoring.

1. **CONFIDENTIALITY**
   1. All practitioners must adhere strictly to the confidentiality requirements set forth in Chapter 9 of the Medical Staff Bylaws.
   2. The proctoring reports shall be filed in the proctored practitioner’s confidential credentials file in the Medical Staff Office.
   3. For reasons of confidentiality, proctoring reports may not be reproduced. Summaries may be prepared as necessary (e.g., for the Hospital’s legal counsel).
   4. Cases may be proctored at Huntington Ambulatory Surgery Center (“HASC”) ***or other licensed facilities (as outlined in Article IV)*** and such cases shall be considered equivalent to cases proctored at Huntington Hospital. A proctoring form completed by the proctor at HASC will be accepted, or in lieu of proctoring forms, HASC must provide a summary of proctored cases for each practitioner proctored at HASC, which shall include for each case: date, procedure, proctor, and outcome summary, including the elements listed in Section V of this Proctoring Plan.
2. **ADVANCEMENT**

If the proctoring reports submitted demonstrate that the proctored practitioner’s care in the required number and mix of proctored cases was satisfactory and within the standard of care at this Hospital, the Department/Section Chair will forward a recommendation to Credentials Committee and Medical Executive Committee that proctoring be discontinued and, if applicable, that the Practitioner be advanced to either Active or Courtesy Staff. The Medical Executive Committee will, in turn, forward its recommendation to the Board of Directors for final approval.

1. **RECOMMENDATIONS, OTHER THAN ADVANCEMENT**

In all other cases, the appropriate Department shall make its report to the Credentials Committee and Medical Executive Committee, which, in turn, shall make its recommendation to the Governing Body regarding a modification or termination of Clinical Privileges of a Provisional staff member or a member who was granted additional privileges, or an extension of proctoring. The consequences of failing to complete proctoring timely and successfully shall be as provided in the Medical Staff Bylaws.

1. **NOTICE TO MEDICAL STAFF OFFICE AND STAFF MEMBER**

When the Medical Staff Office receives notice of any action by the Board of Directors concerning proctoring, the Medical Staff Office will update the Hospital’s computer system to reflect any advancement in Staff category, modification or termination of privileges, or further proctoring requirements. A letter notifying the practitioner of the action by the Board of Directors will be sent to the Practitioner. If the action entitles the Practitioner to the hearing rights set forth in Chapter 8 of the Medical Staff Bylaws, the notice of the action will so state.

Medical Staff Website/Medical Staff Bylaws, Rules and Regulations and policies: Proctoring Plan Final 1-2016