

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: III-102 PROCTORING OF PROVIDERS	POLICY #: 1219
	VERSION: 1
APPROVED BY: ASC Approvers	
DATE APPROVED: 07/31/2015	

PURPOSE: To ensure that all licensed medical practitioners are granted privileges based on the recommendations of proctors and in accordance with the requirements set forth in this policy.

POLICY: Licensed independent practitioners, during their initial period of provisional privileges, as well as existing practitioners, who request new or additional privileges, shall undergo a formal period of proctoring.

PROCEDURE:

I. Assignment of Proctor

- A. Upon granting of provisional privileges to a licensed independent practitioner (for initial, new or additional privileges), the Medical Director shall assign one or more proctors.
- B. Proctors need not be of the same specialty or subspecialty as the person being observed.
- C. No fee will be charged by the proctor for this specific service.
- D. In a situation where the provisional practitioner has insufficient cases to complete the proctoring, proctoring data may be accepted from other hospitals/ambulatory surgical centers (reciprocal proctoring), to supplement actual observation on the premises, provided the proctor is someone who would have been eligible to serve as a proctor in the second health care facility on the basis of his/her credentials, and the range and level of privileges evaluated is the same. The proctor at the other health care facility should have privileges at the HDHS Ambulatory Surgical Center (ASC) whenever possible. The provisional practitioner must consent to authorize the other health care facility to release copies of his/her proctoring reports (with all patient identification information deleted) or provide a summary of proctoring activities.

It is within the discretion of the Service Chief at the HDHS-ASC to determine whether the proctoring at the area health care facility meets the proctoring requirements of the HDHS-ASC.

- E. The person to be proctored shall be told the names and duties of his proctors.

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II. Function and Responsibility of the Proctor

- A. The proctor shall be responsible for evaluating the practitioner's performance in the exercise of the clinical privileges that have been granted according to the specified criteria. If surgery or an invasive procedure is performed, the proctor shall evaluate the indication for the procedure, the technique for the procedure, how it is performed and the preoperative, operative and postoperative care of the patient.
- B. The proctor shall utilize the patient's chart, discussions with the practitioner and actual observation as necessary, as the basis for the review. Invasive medical and surgical procedures will be proctored by observation.
- C. For each case that is proctored, the proctor shall complete the Proctoring Report form.
- D. Though the proctor's primary responsibility is to evaluate the proctored practitioner's performance, if the proctor believes that intervention is warranted in order to avert harm to a patient, he or she may take any action necessary to protect the patient.
- E. If the proctor and the proctored practitioner disagree on the appropriate treatment of a patient, the dispute shall be referred to the Medical Director for resolution.

III. Responsibility of the Proctored Practitioner:

The practitioner shall provide the information that is requested by the assigned proctor regarding the patient and the planned course of treatment.

IV. Scope and Duration of Proctoring:

- A. Each practitioner granted clinical privileges must be proctored on a minimum number of cases identified by the Medical Director. There should be a sufficient variety and number (recommended minimum standard – six (6)) of cases observed, depending upon the scope of privileges requested. Cases are to be a representative of the full scope of practice of the physician.
- B. The period of proctoring shall be a minimum of six (6) months.

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C. In those cases where insufficient activity has occurred, or further proctoring is deemed justifiable to satisfy the proctoring requirements, the Medical Director shall notify the practitioner. Proctoring shall be extended for a specific period of time, not to exceed 12 months. In the event the practitioner fails to satisfactorily complete the proctoring requirements after the time period allotted, the Medical Director shall report the deficiencies to the Medical Advisory Committee.

V. Proctoring Review

- A. Proctoring report forms are to be forwarded to the Service Chief (if applicable), who after review and approval, maintains the case reviews in the physician’s file. A summary of the proctoring reports is forwarded to Medical Administration Office, where they are maintained in the credential file.

- B. Results of proctoring and recommendations must be submitted, on or before expiration of the proctoring period, to the Medical Advisory Committee, who reviews and makes its recommendations relative to the granting or withdrawal of privileges to the Medical Director, who makes final recommendations to the Governing Body regarding privileges.

- C. The privilege form shall be completed for each practitioner who is granted clinical privileges for anesthesia, invasive and/or operative procedures. A copy of the form indicating the approved privileges shall be maintained in areas where the procedures are or might be performed.

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